



Collaboration in Refugee Resettlement Efforts: Opportunities and Strategic Recommendations

Insights From the Health Equity for Afghan Refugees (HEAR) Project

Authors

Maliha Ali, Trenita Childers, Elodie Awate
American Institutes for Research, Health Division

February 2024

Contributing Partners

Susannah Lepley | Ellen Andrews
Church World Service

Abdulaziz Kamus
MCC-Medical Clinic



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Glossary

- **Health equity.** Health equity is achieved when everyone has a fair and just opportunity to attain their highest level of health. Achieving health equity requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and health care; and eliminate preventable health disparities.¹
- **Refugee integration.** A multifaceted two-way process in which refugees increase their preparedness to adapt to their new country without having to forgo their own cultural identity and host communities and public institutions increase their readiness to welcome refugees and meet their needs. The process of integration is complex and gradual, comprising distinct but interrelated legal, economic, social, and cultural dimensions that increase refugees' ability to integrate successfully as fully included members of the host society.²
- **Refugee resettlement.** A process in which refugees selected through the U.S. Refugee Admissions Program (or other refugee admissions and placement programs) are made eligible for assistance or support from nonprofit resettlement agencies that participate in the Reception and Placement program under a cooperative agreement with the U.S. Department of State. Refugees are eligible for the Reception and Placement program up to 90 days from arrival.³
- **Social determinants of health.** Social determinants of health are the nonmedical factors that influence health outcomes. They include the conditions in which people are born, grow up, work, live, and age and the wider set of forces and systems shaping the conditions of daily life. These systems include economic policies and systems, development agendas, social norms, social policies, racial attitudes, climate change, and political systems.⁴
- **Systems alignment or cross-sector alignment.** Systems alignment is achieved through actions that help medical, social, and public health systems operate in more integrated and coordinated ways, ultimately leading to improved health and health equity for a defined population of interest. Systems alignment is a deliberate process of coordinating the work of multiple independent systems and sectors.⁵

Executive Summary

Background

In one of the largest humanitarian evacuations in modern history, more than 75,000 Afghan citizens were evacuated to the United States in 2021 under [Operation Allies Welcome](#). Lessons from Operation Allies Welcome, the Afghan Placement and Assistance Program, and the experiences of Afghan refugees provide important insights into how the resettlement system may be strengthened. However, system transformations require time, political will, and buy-in from system representatives. In the meantime, the focus should be on what can be done within the current resettlement system to advance health equity for refugees, while also improving the effectiveness of various resettlement efforts to enable refugee self-sufficiency and full integration.

How to Read This Paper

The resettlement system involves many system representatives whose efforts influence the well-being of refugee communities. This paper is written for policymakers, practitioners, and researchers that interact with or shape services for refugees at different phases of resettlement and integration, and work across health and human services, including government agencies, resettlement agencies, and community-based organizations.

- Section 1 introduces the HEAR project and describes how the public health lens is applied to refugee resettlement and integration. Based on insights from the HEAR project's research, this section lays out the significance of sustainable collaboration in refugee resettlement efforts. Appendix A provides more details about the HEAR project, and the methodology, and analyses that informed the development of the recommendations.
- Section 2 describes the purpose of the strategic recommendations. Drawing from the findings of the HEAR project, this section lays out recommendations for sustainable collaboration across resettlement efforts. The recommendations fall into four categories of collaboration challenges: lack of funding, systemic barriers, limitations in capacity and resources, and barriers to the implementation of partnerships. Where appropriate, recommendations for policymakers and practitioners are described separately.
- The paper concludes with a description of how the HEAR Learning Network supports sustainable cross-sector collaboration across resettlement efforts to address some of the challenges experienced by Afghan and other refugees and by the organizations aiding their resettlement and integration.

Section 1: The Significance of Sustainable Collaboration Across Resettlement Efforts

Funded by the [AIR Equity Initiative](#), the [Health Equity for Afghan Refugees \(HEAR\) project](#) generated and used evidence to enable organizations to center their resettlement efforts around the concerns of the refugees they serve. The HEAR project conducted qualitative research to understand the resettlement landscape, the experiences of refugees, and the perspectives of organizations supporting them.

To put evidence into action, the HEAR project team applied insights from the project's research findings to design the HEAR Learning Network—a learning community of 11 organizations, including three resettlement agencies, five community organizations, two health agencies, and

one healthcare clinic. All participating organizations provide services or supports to Afghan refugees in Maryland and Virginia as they resettle and integrate into the community.

The HEAR project's findings emphasize collaboration across different resettlement efforts as an essential strategy to address key challenges faced by Afghan and other refugees and by the organizations serving them. Resettlement services cover the spectrum of social determinants of health, and support refugees' access to food, housing, education, and employment. On average, social determinants of health influence over 80% of a person's health and well-being. Offering resettlement services in a manner that aligns with refugees' priorities and concerns would meaningfully contribute to the health and well-being of a group already vulnerable to health inequities.

The long-term self-sufficiency and integration goals of the U.S. refugee resettlement system are more likely to be achieved when refugees are healthy, and their health and well-being are supported during the resettlement and integration process. By aligning diverse efforts

There is great potential for the resettlement system to contribute to the broader interests of public health and well-being, because when refugees integrate into U.S. communities, their social and health needs become part of state and local constituencies' needs, thus impacting health and well-being within these communities.

through sustainable collaboration that is centered on refugees' resettlement experiences, organizations can more effectively support refugees' health and well-being and enable their self-sufficiency and full integration. There is great potential for the resettlement system to contribute to the broader interests of public health and well-being. When refugees integrate into U.S. communities, their social and health needs become part of state and local constituencies' needs and broadly influence community health and wellbeing.

Section 2: Strategic Recommendations to Support Collaboration in Refugee Resettlement

Based on a comprehensive analysis of resettlement challenges experienced by Afghan refugees and representatives of organizations supporting refugee resettlement, the HEAR project team developed a set of recommendations to help policymakers and practitioners address four types of challenges to organizational collaboration in refugee resettlement: insufficient funding to support long-term collaborative partnerships, systemic barriers to collaboration, limitations in organization capacity and resources, and barriers to partnership implementation. These recommendations serve as a practical guide to facilitate meaningful collaboration among organizations in health care, social services, workforce development, and legal services. Section 2 describes the recommendations in detail; however key recommendations are summarized below.

Policy recommendations for federal and state decision-makers include the following:

- Develop new or modify existing funding mechanisms to incentivize collaboration between resettlement agencies and community-based organizations (CBOs) in a manner that does not detract from resettlement agencies' existing funding.
- Develop infrastructure to enable representatives involved in refugee resettlement to identify, discuss, and address systemic barriers that prevent collaboration. For example, collaborating organizations could
 - utilize existing quarterly consultation meetings to facilitate collaboration, and
 - assign a separate organization the responsibility for implementing quarterly consultation meetings, providing technical assistance, and evaluating outcomes related to organizational collaboration and refugee resettlement outcomes.
- Allocate or modify funding to enable resettlement agencies to build and maintain capacity for collaborative efforts with or among CBOs, especially those that represent refugees. For example, forward-funding of resettlement agencies can enable proactive, long-term planning versus reactionary service provision.

Practice recommendations for service providers (resettlement program implementation staff at resettlement agencies, government programs, and CBOs) include the following:

- Resettlement agencies and local CBOs should collaborate closely to address capacity and resource gaps. For example, resettlement agencies can look for opportunities to build the capacity of local community partners.
- Organizations should invest in or share resources to support staff training while also ensuring staff well-being. Mitigating secondary trauma to case managers is critical for reducing staff burnout and turnover, both of which impact the delivery of resettlement services and supports.
- Collaboration among resettlement agencies, CBOs, and health care providers may include thought partnerships to figure out how to obtain funding specifically for collaborative programs and/or advocacy efforts.
- Using asset-based framing to improve cultural orientation programs helps increase uptake by refugees. Asset-based framing focuses on the strengths, skills, and resources that refugees bring to their new communities, rather than framing them solely as individuals in need of assistance or support.
- Partnering organizations should invest time in developing a shared understanding and building trust early in the collaborative process. They should also establish communication practices that facilitate transparency and knowledge sharing, both of which help build trust.

Conclusion. Applying a public health approach emphasizes the significance of collaboration across resettlement efforts to minimize adverse social impacts on refugees' health and well-being. Sustainable collaboration across diverse resettlement agencies and organizations empowers them to overcome individual programmatic and capacity limitations. By working together, organizations can provide a more holistic, culturally sensitive, and comprehensive support system for all refugees and ultimately achieve more successful resettlement outcomes. These strategic recommendations offer guidance to organizations that are striving to provide people in need with critical resources to assist them in becoming self-sufficient and integrated members of U.S. communities.

Section 1: The Significance of Organizational Collaboration in Refugee Resettlement

Background

In one of the largest humanitarian evacuations in modern U.S. history, more than 75,000 Afghan citizens were evacuated to the United States in 2021 under Operation Allies Welcome.⁶ This monumental evacuation marked the beginning of a new chapter for thousands of people. But it also underscored the pressing need to establish distinct resettlement procedures that were outside of the purview of the conventional U.S. Refugee Admission Program (USRAP).⁷ More than two years later, the experience of Operation Allies Welcome⁸ and the Afghan Placement and Assistance Program,⁹ along with recommendations from resettlement agencies and other organizations, offer important insights into how the resettlement system may be strengthened.^{10,11} However, system transformations require time, political will, and buy-in from system representatives. In the meantime, the focus should be on what can be done within the current resettlement system to advance health equity for refugees while improving the effectiveness of various resettlement efforts to enable refugee self-sufficiency and full integration.

Applying a Public Health Approach to Refugee Resettlement: The HEAR Project

For all refugees, resettlement and integration^a is a phased process that lasts from arrival to naturalization. Though the circumstances of arrival may vary for different refugee groups, the resettlement process involves an initial 90-day period of resettlement followed by a variable period of integration,¹² during which refugees experience different levels of self-sufficiency^b. The integration period may last up to five years.^{13,14} As refugees resettle and integrate into their new communities, they navigate and receive supports from different systems and organizations in health care, social services, education, and legal services.¹⁵ Presently, the goal of the refugee resettlement program is rapid self-sufficiency.¹⁶ This goal drives the delivery of essential or core services during the initial 90-day period, followed by supportive programs. The core services are provided through resettlement agencies. They include services to assist refugees in obtaining housing, food, and clothing and case management services to assist them in applying for Social Security cards and Medicaid, registering children for school, making medical appointments, and

^a The first 90 days a refugee is in the country is considered the resettlement period and the rest of the first 5 years is called integration. The U.S. Department of State, specifically the Bureau of Population, Refugees, and Migration, funds resettlement, and the Office of Refugee Resettlement funds integration. Source: HEAR project partner conversations (March 2022–December 2024) and landscape analysis (May–July 2022).

^b “Self-sufficiency” is defined as a level of economic well-being requiring no government support. More information can be found at: U.S. Government Accountability Office. (2012, July 26). Refugee resettlement: Greater consultation with community stakeholders could strengthen program. <https://www.gao.gov/products/gao-12-729>

procuring referrals to other organizations for English classes, employment training, and other types of social support. The way in which resettlement services are planned and delivered to refugees assumes that resettlement experiences are consistent across refugees and follow a linear path. However, that is not the case.^c For Afghan refugees who arrived without preparation for residence in the U.S., did not speak English, or had physical disabilities which impacted their search for employment, the path to self-sufficiency and integration may take much longer than the U.S. refugee resettlement system typically estimates.^d

The Public Health Opportunity in Refugee Resettlement

- Resettlement and integration services address refugees' social determinants of health.
- Centering resettlement services around refugee experiences and concerns advances health equity.
- Cross-sectoral collaboration helps align diverse resettlement efforts and supports the provision of holistic and person-centered resettlement and integration services.

Applying a public health lens to refugee resettlement and integration offers an opportunity to achieve a whole-person approach to the integration, health, and well-being of refugees.

Just as refugee resettlement engages actors across numerous sectors and agencies, public health involves sectors such as health care, public safety, education and youth development, and the environment.¹⁷ One approach to generate collective impact in public health is to engage multiple sectors in improving social determinants of health such as housing, education, and

"By the time we receive [clients], they may have started seeking out services on their own. There's a checklist at the doctor's office to assess patients health needs. But there's a lack of coordination when it comes to the 'whole person' approach. Extraction was the primary concern [for Afghan refugees], but what happens when they get here? How can we work together to make sure that there are connections or links between organizations that are providing services?"

—CBO representative at HEAR project listening session

employment.¹⁸ On average, social determinants of health influence more than 80% of a person's health and well-being.¹⁹ Moreover, to improve community health and well-being, the systems that serve communities need to center their efforts on local concerns and priorities and make sure their efforts are aligned.²⁰ Rather than providing resettlement services and supports through siloed service delivery, a public health approach aligns services and supports around refugee community concerns, and identifies ways to prioritize refugees' social determinants of health – not just in the first 90 days of the resettlement process but at different points along the resettlement and integration continuum.

The [Health Equity for Afghan Refugees \(HEAR\) project](#) used this public health approach to examine and address challenges to multisector collaboration in resettlement efforts. A 24-

^c HEAR project findings based on synthesis of partner discussions (March 2022–November 2024) and listening sessions (May 2022–July 2022).

^d HEAR project findings based on synthesis of modified ethnography study (July 2022–December 2024) and partner discussions.

month research and technical assistance project at the American Institutes for Research (AIR), the HEAR project generated and applied evidence to help organizations align refugee resettlement efforts with the priorities of the refugees they serve. The HEAR project team examined the unique circumstances surrounding the resettlement process for Afghan refugees in the United States to understand the resettlement process from two perspectives: the perspective of the refugees striving to integrate into their new communities and the perspective of the organizations serving them through diverse federal, state, and local programs.

"I have a chronic heart disease and can't work. Also, I am the guardian for my three grandchildren. ... My caseworker at [resettlement agency] was helping but now he is not answering my phone calls and [resettlement agency] is not supporting me. Since I can't work, there is no one to help me with housing/rent support. I'm not sure how to apply or where to go. And is there someone that can help me bring my grandchildren's parents to the US? My grandchildren are in distress without their parents."

—Fifty-one-year-old female Afghan refugee, arrived in U.S. 1 year ago, HEAR project ethnography study participant

The Case for Sustainable Collaboration Across Resettlement Efforts

Provisions in the Immigration and Nationality Act (INA)²¹ that guide the work of the Office Refugee Resettlement (ORR) emphasize the pivotal role of collaboration in resettlement efforts.

Collaboration is integral to the success of the resettlement system.²² Insights from the project's landscape analysis, key informant interviews, listening sessions, and modified ethnography study (see **Appendix A** for more details)

underscore that collaboration in resettlement efforts is essential for addressing key challenges faced by Afghan and other refugees and by the system representatives and organizations serving them. We share some of the project's findings below.

Policies and strategies, developed by the Director of ORR, for the placement and resettlement of refugees within the US, shall "provide for a mechanism whereby representatives of local affiliates of voluntary agencies regularly (not less often than quarterly) meet with representatives of State and local governments to plan and coordinate placement of refugees among the various States and localities."

—Title IV, chapter 2 of the Immigration and Nationality Act (INA), section 411

Holistic and Whole-Person Care for Refugees Across the Resettlement and Integration Continuum

Collaboration among organizations across the different phases of resettlement can enable a holistic and tailored response to the diverse needs of Afghan refugees. To support resettlement and integration for Afghan refugees, the U.S. Department of State and ORR²³

"[I had to wait] 2 years. I was asking every month, every single month, about our asylum because others were applying and I wanted to apply for my asylum as well. But the agency kept changing staff, so I kept asking. They put my name in the system and then finally a couple months ago they assigned me a lawyer."

—HEAR project ethnography study participant

implemented the Afghan Placement and Assistance (APA) program²⁴ in 2021 with support from Afghan Supplemental Appropriations funding.²⁵ The APA program provided much needed

benefits to Afghan nationals resettling in the United States. However, 2 years later, Afghan refugees continue to experience unique resettlement and integration challenges.^e

Most Afghans arrived without prior preparation and received very limited cultural orientation to prepare them for life in the United States.^f The majority of Afghans evacuated under Operation Allies Welcome were humanitarian parolees with temporary protection status and were eligible to apply for asylum. The complex asylum application and decision process often feels like a period of “legal limbo” for refugees, where work permits expire and need to be renewed, and the uncertainty can wear on refugees’ hopes and desire to resettle and integrate.²⁶ Any inefficiency in the work permit renewal process under the jurisdiction of the U.S. Citizenship and Immigration Services (USCIS) could lead to sudden unemployment and a need for resettlement supports and services for a refugee who had previously advanced in their resettlement journey.²⁷

Two years after their arrival in the United States, Afghan refugees participating in the HEAR Project continued to face resettlement challenges such as housing and employment instability, mental health concerns, language barriers, lack of cultural integration, and difficulty navigating legal status requirements. The path and pace on the resettlement continuum varied based on an individual’s education, English language proficiency, and health status.²⁸ For example, one study participant arrived with a college degree and learned to speak English within a few months of arriving. Two years after the evacuation, she now has a job, stable housing, and a driver’s license. By contrast, another study participant arrived with her three school-aged grandchildren whose parents were left behind at the airport in Afghanistan. She has chronic health problems that prevent her from working, she only speaks Dari, and when rental assistance from the resettlement agency phased out, she struggled to make ends meet. Such challenges can extend the timeline for full integration.

Resettlement efforts and programs that are not informed by or aligned with refugees’ specific experiences and concerns can contribute to persistent economic instability, health disparities, and social exclusion for Afghans and other refugees. A **whole-person approach** to resettlement would move away from siloed service provision based on a uniform checklist and encourage the development of programs and services that align with refugees’ needs, span the continuum of resettlement phases, and are tailored to different populations.

Aligning Diverse Systems and Organizations Involved in Resettlement

The large number of systems and representatives involved in offering resettlement and integration services underscores the importance of collaboration at each stage of the resettlement process. The U.S. Department of State’s Bureau of Population, Refugees, and Migration oversees USRAP, with support from the U.S. Department of Homeland Security (DHS)

^e HEAR project findings from modified ethnography study conducted July 2022–Dec 2024

^f HEAR project findings from landscape analysis conducted April–June 2022

and ORR, an office housed under the Administration for Children and Families in the U.S. Department of Health and Human Services. In addition, federal agencies like the U.S. Department of State and ORR offer resources and funding to state and local agencies, resettlement agencies, community-based organizations (CBOs), and private groups to provide supports and services to refugees.²⁹

"When [refugees] get here, they're already disoriented. ... They're being bumped from one organization to another, and sometimes they're having to find services on their own. There is communication between some of these agencies, but if somebody falls through the cracks, we don't know. We don't know. If we make a referral to somebody, we don't know if it's being followed through from another organization. That's a big, big issue."

—CBO representative at HEAR project listening session

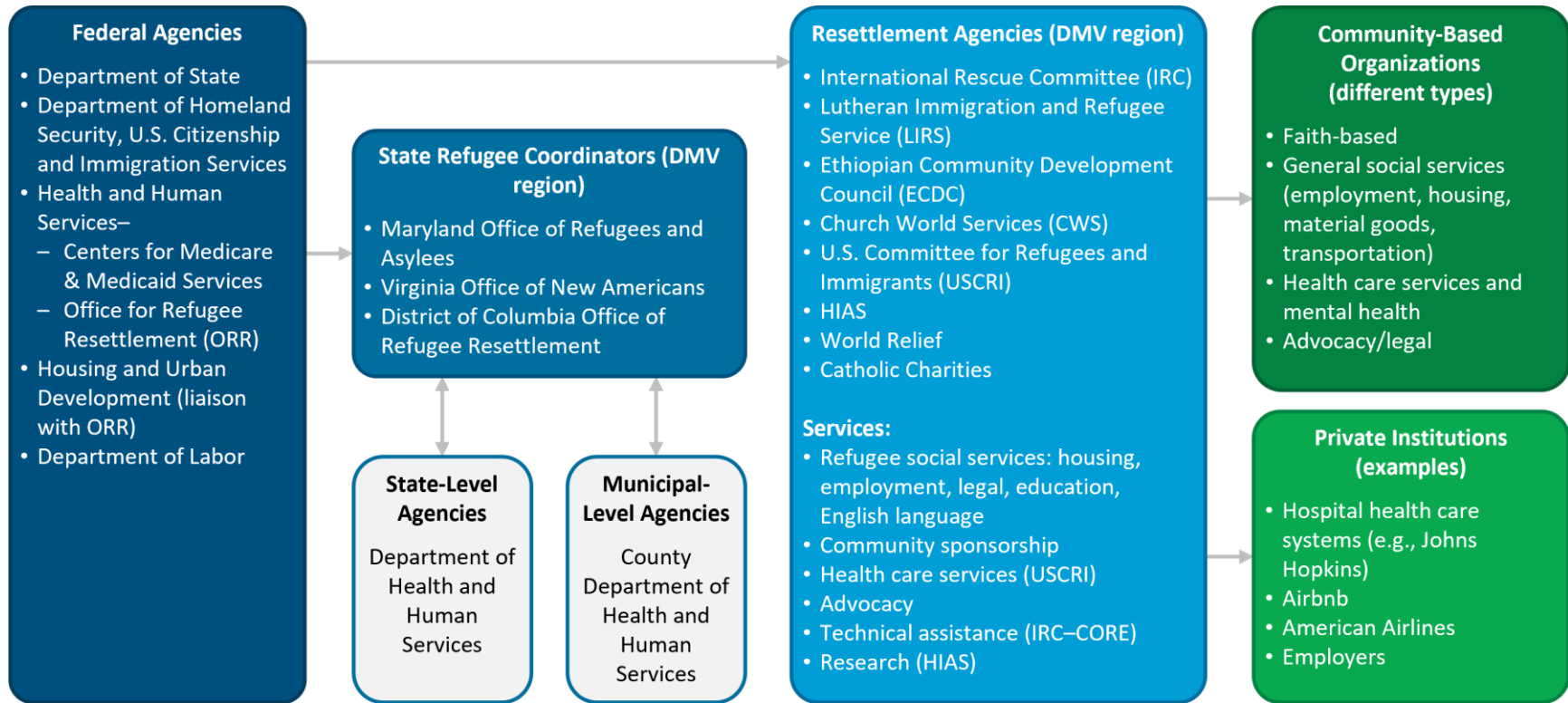
No single system representative or organization has the complete spectrum of resources, expertise, and capacities needed to address the resettlement and integration needs of refugees. Moreover, successful integration is the result of multiple factors, such as access to health care, legal services, and social connections, where different types of organizations may have more or less of a role.³⁰ By integrating resources, knowledge, and services, organizations can complement one another's strengths and fill in organizational gaps as needed to achieve full and successful integration. Moreover, collaboration enables different representatives involved in the resettlement process to be more aware of the different ways in which their clients interact with their respective programs and services.^{31,32} **Exhibit 1** shows the different system representatives involved in resettlement and integration services.⁸ Refugee resettlement experts and practitioners emphasize the importance of collaboration across sectors and organizations for attaining the self-sufficiency and integration goals of the resettlement system,³³ especially by mitigating resettlement challenges faced by refugees and supporting their health and well-being.

Summary

A public health approach to refugee resettlement emphasizes collaboration across resettlement efforts to minimize adverse impacts on refugees' social determinants of health. The long-term self-sufficiency and integration goals of the U.S. refugee resettlement system are more likely to be achieved when refugees are healthy and supported during the resettlement and integration process.³⁴ The resettlement system can contribute to public health and community wellbeing. As refugees integrate into U.S. communities, their social and health needs become part of state and local community needs. If resettlement programs and efforts are informed by the experiences and trajectories of refugees, collaborative contributions could address key public health concerns, such as housing instability, chronic unemployment, and mental health crises.

⁸ HEAR project findings from landscape analysis conducted April–June 2022

Exhibit 1. Representatives in the Resettlement System and Their Relationships^h



*DMV = District of Columbia, Maryland, and Virginia.

^h HEAR project findings from landscape analysis conducted April–June 2022

Section 2: Strategic Recommendations for Collaboration in Resettlement Efforts

Purpose of the Strategic Recommendations for Collaboration

The HEAR project team developed a set of recommendations to help policymakers and practitioners address four categories of challenges to organizational collaboration:

1. Insufficient and inconsistent funding to support long-term collaborative partnerships
2. Systemic barriers to collaboration
3. Limitations in organizational capacity, knowledge, and resources
4. Barriers to implementing partnerships

The HEAR project team recognizes these challenges as opportunities for improvement. In this section, we describe the opportunities and recommendations to encourage sustainable collaboration across resettlement efforts. As organizations collaborate, they may identify additional opportunities not mentioned here.

Audience. These recommendations can inform **policymakers** who are instrumental in shaping policies and programs that influence the timing, duration, and structure of resettlement efforts. They are intended to motivate federal, state, and local entities that serve refugees in some capacity, including the Centers for Disease Control and Prevention, the Office of Refugee Resettlement, the Office of New Americans, and departments of health and human services, to consider adjusting existing policy levers and program requirements or to create new ones to enable efficient and effective collaboration across organizations that serve refugees. Some recommendations extend to **practitioners** who, guided by funding requirements, develop and implement the programs that serve refugees. Practitioners include staff working within multi-sector organization (MSO) coalitions, resettlement agencies, state and local agencies, and nonprofit community-based organizations that specialize in health care and social services and offer refugees housing, food, workforce development, language, education, and legal assistance—all of which play a pivotal role in addressing the range of refugees' resettlement and integration concerns.

The strategic recommendations provide guidance for policymakers and practitioners to amplify the impact of collective action across organizations that are serving refugees, in health care, social services, workforce development, and legal services. Based on a comprehensive analysis of resettlement challenges experienced by Afghan refugees and by the representatives of organizations supporting refugee resettlement, the recommendations incorporate the insights provided by HEAR Learning Network members and project partners (see **Appendix A** for the methodology and development process).ⁱ Since organizations supporting resettlement and integration serve a range of clients other than Afghans, refugees from other backgrounds may also benefit from the recommendations.

ⁱ Unless otherwise noted, the recommendations and descriptions of opportunities presented in this section are based on a synthesis of HEAR project data from monthly partner conversations with resettlement agency and CBO partners (March 2022–December 2024), listening sessions/focus groups with representatives from CBOs and resettlement agencies (May–July 2022), and HEAR Learning Network learning session discussions (November 2022–October 2023).

Opportunity 1: Insufficient and Inconsistent Funding to Support Long-Term Collaborative Partnerships

Funding is program focused, conditional, and does not provide operational resources to support partnership development. Developing sustainable partnerships requires an investment of time and resources to establish shared goals, coordinate operations, and strengthen communication among partnering organizations. Unfortunately, organizations supporting resettlement have limited and inconsistent funding for nonprogrammatic and operational activities. For instance, an organization that offers language and workforce development training may notice that clients do not have childcare, which interrupts their training and affects their ability to find long-term employment. Although the organization may have funding to implement the training program, it may not have the staff capacity to seek, establish, or sustain collaboration with a service partner to provide childcare during training sessions. While short-term collaboration on service provision is easier, lack of sustainability threatens to disrupt the continuum of services and supports needed to support long-term integration for refugees. Funding for operational activities to support developing and maintaining sustainable partnerships can help streamline service referral processes, minimize duplication of efforts, and maintain connections to deliver consistent services and support important for refugee integration.

“The word that sticks out for me is ‘consistent’. I’m at a State agency. [Regarding funding,] there’s always a terminal end ... and then [there’s this question of] how do we make things sustainable after the funding? ... So really, this piece about consistency and sustainability, yes, we can have funding to do this one thing, but it’s time bound ... once that is over, what happens next? For government agencies [funding] takes a long time right, especially if it’s new. And so, the [desire] to collaborate is there. ... It’s not that for us the funding isn’t there, it’s the consistency with it.”

—State health agency representative

Funding is short term while resettlement and integration takes longer. Refugees’ resettlement and integration needs evolve along a continuum as the refugees move through the phases of resettlement. However, resettlement agencies and their community partners receive specific funding allocations to deliver phased services that operate under strict time constraints. Resettlement agencies receive federal funding from the U.S. Department of State to help meet refugees’ needs (e.g., housing, employment, and English-language education) for the first 90 days following arrival. ORR is responsible for providing additional funding after the initial 90-day period for up to 5 years through other federal and state grants and programs, such as Refugee Health Education and Outreach, Services for Older Refugees, and the Refugee Student Achievement Program. This approach front-loads the majority of direct assistance to the first 3–6 months of residence in the United States, which can leave people in the lurch if they lose their

“Basically, [community organizations] need to partner with resettlement agencies to get any of the federal dollars. We hope to change that with the state behavioral department, and ... make it a direct funding process.”

—CBO representative

jobs or experience a health crisis after that initial period. Funding allocations are closely tied to projected expectations of how long refugees will take to complete their resettlement process, which may not align with the reality of refugees' resettlement experiences. For instance, refugees who have trouble finding secure employment or do not receive their work permits may require support for rent and utilities for a longer duration.

Current funding structures do not incentivize collaboration. Under the current system, federal government funding for resettlement services is provided to resettlement agencies.

Resettlement agencies may or may not then collaborate with CBOs. The absence of a direct and separate government funding stream for CBOs to support resettlement services disincentivizes collaborative work. Programs that encourage CBO involvement by redirecting a proportion of funding previously earmarked for resettlement agencies toward CBOs, inadvertently create more competition between the two. Without collaboration, resettlement agencies and CBOs are more limited in their capacity to effectively meet the vast range of refugees' needs. Some funding mechanisms restrict CBOs to work with resettlement agencies, rather than award CBOs directly to do the work.

"The whole resettlement system is, in my view, pretty weak and does not foster collaboration ... it actually fosters competition and also fosters a great deal of hierarchies that impugn the ability to collaborate."

—CBO representative

Both types of arrangements contribute to a competitive environment and work dynamics that hinder the building of trust and shared understanding between partners—CBOs

"Organizations do not have sufficient or consistent funding that would support the development of long-term collaborative partnerships."

—Medical clinic representative

experience inefficiencies and limited ownership of program design and implementation, and resettlement agencies struggle to offer services that are fully aligned with the long-term trajectory of refugee integration.

Recommendations to Address Funding-Related Challenges to Collaboration

Recommendations for Policymakers

1. **Develop funding mechanisms that incentivize and sustain collaboration in refugee resettlement.**

Funding mechanisms can support the shift in resettlement priorities toward a whole-person approach that supports long-term self-sufficiency and well-being for refugees. This approach requires incentivizing collaboration between different organizations supporting resettlement. Funders may consider adjusting existing funding mechanisms or developing new funding structures that accomplish the following:

- a. Create separate funding streams allocated for capacity-building activities, especially for CBOs (see **Appendix B** for examples of how organizations would use additional funding to support capacity building).
- b. Incentivize collaboration between organizations supporting resettlement. For example, resettlement agencies could receive supplemental funding if they collaborate with CBOs.

Recommendations to Address Funding-Related Challenges to Collaboration

- c. Designate specific funding for CBOs that is independent of funding provided to resettlement agencies. For example, create a direct pipeline of funding between the state government or the state refugee coordinator's office and CBOs. Some states (e.g., Virginia) have been successful in allowing CBOs to apply directly for separate CBO-designated funding, while in other states resettlement agencies and CBOs continue to compete for the same pool of funds.
- d. Tailor resource allocation to help resettlement agencies better meet refugees' needs. For example, consider extending funding for longer time periods for specific resettlement needs that require longer and more consistent support, such as mental health services and workforce development, and include the cost to resettlement agencies for capacity building efforts to achieve sustainability.

Recommendations for Practitioners

- 1. Sustain existing partnerships to maximize established relationships.** Losing a partner can cost time and resources. Since funding is often short term, practitioners need to keep successful partnerships warm during periods where there are gaps in funding. For example, before a funded program ends, partners may agree to have standing meetings or regular email communication to support future collaborative efforts or identify additional funding opportunities to implement solutions they have identified.
- 2. Diversify funding opportunities by identifying government or private funding through foundations or state grants for serving marginalized communities.** When applying for funding, organizations could do the following:
 - a. Consider opportunities to use planning grants to build coalitions that strategize collaboratively on how to build and implement programs together.
 - b. Demonstrate "what" the collaborative effort will achieve and "how" program goals will be attained by mapping out accountability processes, collaborative decision-making, the leadership structure, and community involvement.
 - c. In proposals to funders, demonstrate how collaborative efforts can help funders maximize local impact while allocating finite resources.
 - d. Understand funders' primary approaches or frameworks related to service delivery or program impact, and incorporate them into proposal applications. For example, some foundations apply a "two-generational impact" model that focuses on systems changes versus individual outcomes.
 - e. Identify technical assistance grants that can support organizational operations and/or administrative work. Some funders offer funding specifically to support administrative operations.
- 3. Advocate for additional funding to support collaborative resettlement efforts.** Funders may benefit from insights from grantees on how funding to support collaboration can increase the effectiveness of existing program funding. Identify opportunities to co-create proposed programs in conversation with funders. Conversations with funders can help practitioners shape program design in alignment with funding requirements.
- 4. Create hybrid funding for collaborative efforts.** While funding can support collaboration in resettlement efforts, collaboration can also be a solution to the lack of funding. Partnering organizations can combine their strengths to create hybrid funding from multiple sources for a program that cannot be funded through a single source.

Opportunity 2: Systemic Barriers to Collaboration

When resettlement agencies provide services, they often work with different systems and organizations, such as departments of health and human services, social services, public school districts, public safety officials, housing organizations, and other community partners.

Partnering organizations may experience systemic barriers to collaboration due to conflicting organizational priorities, processes, and procedures or a lack of shared understanding. Such barriers can make it difficult to coordinate, communicate, and maintain accountability in collaborative efforts. Moreover, resettlement agencies desire a more proactive and planned approach to working with refugees. A lack of ongoing evaluation of existing programs prevents the identification of ongoing barriers to resettlement and integration efforts and the implementation of improvements.

“There is a lack of systems, communication structures, and procedures for follow-up and accountability in the referral process making it difficult to collaborate in support of refugees.”

—Resettlement agency representative

Lack of coordination, communication, and accountability makes collaboration across systems more difficult. Some organizations lack an established infrastructure for coordination,

communication, and accountability across the different public and private systems supporting resettlement. This makes it difficult for resettlement agencies to maintain efficient and timely collaboration with state and local partners to

respond to the continuum of refugee resettlement needs. Often there is no way of knowing the status of referrals, or whether refugees access and receive services after referrals are made. As refugees resettle, they receive services from different systems including

healthcare (Medicaid), social services (WIC, SNAP), and legal/immigration services (USCIS). The processes, and procedures across these systems may not always be streamlined to ensure refugees can navigate them and receive benefits and services in a timely manner. For example,

one resettlement agency representative noted how a period of high staff turnover in Social Security Administration offices led to significant

delays for refugees receiving Social Security cards. Closer communication between resettlement agencies, Social Security Administration offices, or Medicaid offices, may allow resettlement agencies to anticipate

problems and appropriately adjust their administrative processes, and programs. Language barriers also pose a significant challenge to refugees’ abilities to access services and navigate systems. Establishing efficient interpretation services or cultural competency training for

“Some systemic changes need to happen to allow agencies to spend more time with Afghan refugees, because resettlement doesn’t happen in 90 days or 4 months. The system is very time bound, there is very limited time to really follow up and close the loop or referrals.”

—Resettlement agency representative

“Collaboration is easier when it’s a ‘win-win’. For example, the Department of Social Services is required to provide services, and we’re required to provide services. We work together to get that done.”

—Resettlement agency case manager

service providers at the state or county level may reduce language-related access barriers that Afghan and other refugees are likely to experience. In the context of behavioral health services, for example, a health care organization may partner with a CBO to provide interpreters for refugee support groups or counseling sessions.

“Some of our organizations [have] received conditional funding from the federal government, and of course, based on the conditional funding from the government ... they have their own protocols [and processes], I mean frameworks ... [that] would be driving [the work]. They would be trying to do some sort of calibrations, but ... the protocols will not allow them [the program] to calibrate to another [organization’s program], or to step away from the [existing] system.”

—Resettlement agency representative

A uniform approach to resettlement may not be effective across all refugee groups. Systemic barriers to collaboration may emerge when funded program requirements cannot be tailored based on the needs of different refugee populations. The resettlement experience differs for refugees due to differences in culture, education, health status, and ability to find and sustain work. Moreover, the need for specific resettlement supports is associated with a person’s level of education, English language proficiency, and health status. Refugees who are less proficient in the English language may need different employment-related services than refugees who arrived in the U.S. with professional degrees. Recognizing which programs and services are a higher priority for specific refugee groups early on, can help resettlement agencies tailor the process for offering resettlement services. For example, refugees from Ukraine may not require the level of language proficiency training or workforce development that refugees from Afghanistan may prioritize.

Recommendations to Address Systemic Barriers to Collaboration

Recommendations for Policymakers

- 1. Adjust or tailor the implementation of resettlement programs to support a whole-person approach to refugee resettlement.** A whole-person approach moves away from siloed service provision based on a uniform checklist and encourages the development of programs and services that align with refugees’ needs during all resettlement phases and can be tailored to different populations. By moving away from a standardized checklist for all refugees, policy and program developers can adopt a more flexible system of resettlement services that can be adjusted in response to the ongoing assessments of refugees’ priority needs and their stage in the resettlement process. For example, after 6 months in the country, the resettlement phase will look different for a refugee with a college degree who speaks English and a refugee with no English proficiency.
- 2. Develop an infrastructure through which system representatives can identify, discuss, and address systemic barriers that prevent collaboration among organizations.** Resettlement agencies conduct quarterly consultation meetings to coordinate with community partners. These meetings can be strategically implemented to build coalitions among organizations and establish shared understanding and shared goals that support refugee resettlement over time. Funders can consider adjusting the requirements for these meetings to enable the development of partnerships, capacity building, and shared decision-making. These meetings can provide the

Recommendations to Address Systemic Barriers to Collaboration

infrastructure to improve the effectiveness and efficiency of resettlement efforts through shared learning and collective capacity building. For example, consultation meetings modeled after the HEAR Learning Network approach (see Exhibit 2) may facilitate greater engagement and buy-in from public and community partners and help achieve sustainable collaboration.

- 3. Involve a third-party evaluation or accountability partner to assess the effectiveness of existing programs and funding systems for delivering refugee resettlement services in accordance with identified goals.** Evaluation of existing programs can help identify systemic barriers and measure their impacts on resettlement and integration outcomes.
 - a. Solicit input on alternative approaches and adjust the scope and scale of existing programs to consider addressing outcomes such as social determinants of health when developing program goals and implementation requirements.
 - b. Conduct research and data collection to document utilization of available benefits and identify discrepancies between benefit access and utilization. Longitudinal data collection using a combination of qualitative and quantitative methods may reveal points of disconnect between resettlement efforts and resettlement outcomes and help identify areas for improvement.
- 4. Develop a plan for rapid scale-up of the refugee resettlement process.** Federal and state policymakers supporting refugee resettlement may consider developing contingency plans and protocols in collaboration with resettlement agencies, CBOs, and other state partners that facilitate rapid scale-up of resettlement efforts.

Opportunity 3: Limitations in Organizational Capacity, Knowledge, and Resources

Organizations supporting resettlement recognize the need to refer their clients to other organizations to fill in service gaps; however, many need additional capacity, knowledge, and resources to build collaborative relationships with these organizations. Gaps in organizational capacity, knowledge, and resources can render delivered services ineffective or irrelevant for refugees, who may experience long waiting periods and delays in communication from their service providers or fall through cracks in the referral process. Although collaboration with CBOs can help resettlement agencies address service delivery gaps, community-based partners may be unfamiliar with processes related to partnership, such as existing resettlement program constraints or federal reporting requirements. Since resettlement agencies are accountable to federal funding programs, they may be hesitant to partner with CBOs that are unfamiliar with or have limited capacity to fulfill federal program requirements.

“When refugees get comfortable with you, they share a multitude of needs, and we may not be able to support all of them. We would like to know who to go to.”

—CBO representative

Gaps in capacity and experience reduce effectiveness. Staffing constraints impact refugee resettlement efforts and outcomes. For example, a resettlement case manager could be

assigned to support up to 30 refugees.^j Often, case workers may not have the appropriate resources to manage clients experiencing mental health crises. Secondary trauma for case managers who support refugees can lead to increased staff turnover, and many organizations supporting refugee resettlement experience staffing shortages. Staffing constraints impact the referral process, which disrupts efforts to address refugees' resettlement needs and makes navigation between different service providers more difficult. Late referrals or communication gaps between organizations could compromise an organization's reputation or contribute to a breakdown of trust between refugees and service providers.

CBOs often provide services that are complementary to those provided by resettlement agencies, such as culturally relevant services, including interpretation, while also distributing material resources such as food, clothing, and household items. Some CBOs offer transportation services and free or subsidized health and dental care. However, resettlement agencies experience challenges identifying community partners that provide services at a high volume in alignment with federal requirements. When community partners face capacity limitations, it can lead to long waitlists, inconsistent referrals, and/or ineffective service delivery. To facilitate consistent service delivery, resettlement agencies tend to engage organizations that have demonstrated sufficient capacity and experience to deliver services effectively and meet federal requirements.

"We need[ed] access to new and different organizations that we had never collaborated with before and we didn't know who to call and how to get in touch. We didn't have the time or mental space [or] the capacity, time to get in touch, to add anything else to our place [at the start of the APA program]. In terms of my action plan for collaboration, I need to know what [organization] can do what, before the crisis hits so I can have a plan. An action plan for collaboration is developing as many relationships as we can before a crisis."

—Resettlement agency representative

Organizations have gaps in their knowledge of existing services. Organizations that would benefit from partnerships may not be aware of the resources that other organizations provide. By actively learning about the strengths and contributions of each partner, organizations can expand their ability to deliver services and address refugees' needs. Resettlement agencies use different resource repositories, and agency offices often have a list of community resources to use when making referrals. However, these repositories require regular updates and may not include sufficient details about service delivery processes, including follow-up and referral procedures; key points of contact; and experience with refugee resettlement. Bridging these

"We were constantly picking up the balls they [a partner organization] were dropping. They strung our clients along for weeks, and in the end, we had to do the service at the last minute on our own cost."

—Resettlement agency representative

^j HEAR project findings based on monthly partner conversations with resettlement agency partners (March 2022–November 2023).

knowledge gaps requires ongoing dialogue with existing and new partners. A clearer understanding of what organizations expect to provide and receive in a partnership can guide early stages of collaboration and help set expectations for longer term partnerships. For example, while resettlement agencies may have community partners that provide dental services for clients without health insurance, they could benefit from a partner that offers transportation for refugees to and from those services. Having a transportation partner who can communicate with refugees in their language would be more effective, and such issues could be discussed internally when determining the right organization to partner with or externally when setting expectations for potential partnerships between organizations. Seeking the right partner requires time and experience. For partnering organizations with limited bandwidth, it is important to enter collaborative relationships with intentionality and clear expectations. Potential partnerships risk premature abandonment during periods when resettlement agencies are stretched thin and may lack sufficient staff or time to give adequate attention to establishing sustainable relationships.

"We don't know what's out there in terms of how other organizations are working. I don't want to say there's a lack, and there could be a lot of resources that [are] out there, you know, or you know a lot of processes and stuff that's out there, and I just don't know. So, you don't know what you don't know."

—Resettlement agency representative

Resource repositories that clearly outline partnership needs and offerings can help organizations identify additional opportunities for collaboration beyond service delivery, such as training or advocacy. For example, data from the HEAR project indicated that Afghan refugees experienced mental health needs that significantly impacted their quality of life. However, many refugees were hesitant to access existing mental health services, either because they did not identify mental health support as a need or felt that mental health providers lacked cultural and linguistic competence. Resettlement agencies would thus benefit from engaging community partners to conduct outreach into refugee communities to provide social support and reduce the stigma around mental health care. These partners may also offer culturally competent care training for health care providers to improve care for refugees. In addition, collaborating organizations may form thought partnerships to explore potential approaches to providing mental health care. CBOs and health agencies supporting refugees have experience providing services in different contexts to nonrefugee communities. These organizations may benefit from creating time and space to learn from one another's approaches and perhaps identify ways of creating new programs to achieve common objectives. For example, a resettlement agency could hire a staff member from a CBO to support a specific federally funded program. That staff member could receive training on federal reporting guidance, which may benefit the CBO in future partnerships. While additional funding can support collaboration,

"If we don't have appropriate assessment of who is doing what, we cannot map out our resources."

—Resettlement agency representative

collaboration itself can help organizations address service delivery gaps and funding constraints.

Recommendations to Address Capacity, Knowledge, and Resource Limitations

Recommendations for Policymakers

- 1. Support the development of geographically based partnership hubs and localized resource inventories to support resettlement efforts.** Strengthening the infrastructure needed for collaboration between resettlement agencies and community organizations could facilitate sustainable partnerships and reduce referral gaps.
 - a. Use federally mandated quarterly consultation meetings as an opportunity for participating organizations to co-develop regional resource inventories and support collaboration. Additional funding for quarterly consultation meetings can help resettlement agencies invest in maintaining resource inventories and partnerships.
 - b. Sponsor meet-and-greet networking events for organizations.
- 2. Invest in the hiring, training, and professional development of staff for resettlement programs and auxiliary programs.** There is significant variation in how different organizations deliver resettlement services. All organizations that support local resettlement programs, including the diverse CBOs, will benefit from access to trauma-informed staff training that incorporates cultural competence. Greater investment in training and professional development will address staff turnover and help reduce caseloads for case managers, allowing them more time to participate in professional development activities. Moreover, existing approaches to funding resettlement agencies makes it challenging to hire adequate staff, thereby contributing to staff burnout.
 - a. A centralized training approach to implementing federal resettlement programs can create a baseline standard of expectations, capabilities, and approaches among different resettlement agencies and community partners.
 - b. State agencies and other funders may have existing tools and resources to offer resettlement agencies and community organizations to support planning and collaboration with other organizations.
 - c. Consider adjusting the federal funding structure to enable resettlement agencies to proactively plan by hiring more staff and expand capacity for program implementation and service delivery. Presently, resettlement agencies are only reimbursed a certain amount after refugees arrive, and the reimbursement is per person. A potential approach to adjusting the funding structure is to forward fund agencies based on a projected number of refugees. This would allow resettlement agencies to ensure they can staff and plan resources accordingly.
- 3. Invest in building knowledge and capacity in partnering organizations such as community organizations.** Resettlement agencies should partner with CBOs to offer training on federal program requirements and trauma-informed approaches to refugee resettlement. If provided funding to support capacity building, resettlement agencies might be well positioned to offer technical assistance and training to their community partners. Technical assistance resources for CBOs that are interested in collaborating with resettlement agencies on federal grants may reduce knowledge gaps related to federal procedures and protocols, encourage adoption of best practices, and address practical inefficiencies in service delivery. For instance, resettlement agencies can set up workshops or webinars to help CBOs build skills and knowledge to facilitate effective partnerships with resettlement agencies.

Recommendations to Address Capacity, Knowledge, and Resource Limitations

Recommendations for Practitioners

1. Ensure sufficient staffing and provide resources to support staff well-being and effectiveness.

- a. Organizations supporting refugee resettlement may address capacity challenges and staffing shortages by training and hiring refugees. Organizations should hire refugees as program staff to include community voice, build trust among clients, and better understand how to address client priorities.
- b. CBOs should receive compensation for their services. While many CBOs are served by volunteers, adequate compensation from their resettlement agency and local government partners can ensure sustainability of services.

2. Optimize existing staff capacity by improving service delivery and access to resettlement and integration benefits. Resettlement agencies can identify ways to simplify the steps that refugees need to complete to access services and benefits (e.g., reducing the number of steps required to file documentation as part of accessing benefits).

- a. Identify the primary needs of the refugee populations to prioritize services and assess whether capacity for delivering those services is sufficient or lacking.
- b. Consider reallocating resources to expand capacity in areas that have a higher demand. For example:
 - i. Include representation from housing agencies in collaborative efforts to help address refugees' primary concerns about housing instability.
 - ii. Include community partners that offer mentorship and social supports for refugees through building social networks.
- c. Tailor cultural orientation programming to include context-specific orientation relevant to specific refugee populations. For instance, refugees who will be resettling in rural locations may benefit from orientation that is not limited to urban settings. When implemented effectively, cultural orientation can help refugees set expectations, address assumptions or mistrust, and prevent barriers to accessing resettlement services.
- d. Collaboration between resettlement agencies, community organizations, and health departments or providers should extend beyond service delivery and include thought partnership. Collaboration of this type can support future funding opportunities, advocacy efforts, and collective knowledge building.

3. Continuous improvement of cultural orientation programs to include asset-based framing.

Cultural orientation helps refugees understand their new communities as they integrate. It is an opportunity to help refugees identify the strengths of their own cultural identity and how it may align with and contribute to their new community. Asset-based framing focuses on the strengths, skills, and resources that refugees bring to their new communities, rather than framing them solely as individuals in need of assistance or support. When cultural orientation includes information that is vetted by people with lived experience, it can be more effective in addressing barriers to integration, navigating systems, and utilizing benefits. Most refugees attend cultural orientation programs before they start work, but many may also benefit from a follow-on orientation later in their resettlement process. Cultural orientation often has a shelf life and may need to be adjusted depending on the phase of resettlement.

- a. The timing and content of cultural orientation training should be planned to align with different phases of resettlement.

Recommendations to Address Capacity, Knowledge, and Resource Limitations

b. Work with partners and people with lived experience (refugees) to evaluate existing cultural orientation training and create guidance for tailoring cultural orientation programs based on the experiences of different refugee groups.

4. Develop or contribute to a localized resource inventory that is shared with partnering organizations and is regularly updated. Partnering organizations should develop a repository of resources and services provided by each organization to set clear expectations for collaborative relationships.

a. Resource inventories should specify whether organizations operate at the local, county, and/or city levels to clarify the context for collaboration and points of contact.

b. Organizations can create centralized resources for partners, such as trauma-informed training for case workers that incorporates cultural competence training. They may utilize resource inventories to identify potential partnerships and leverage the services of partner organizations to address specific refugee needs, such as workforce training, transportation, and childcare.

Opportunity 4: Barriers to Implementing Partnerships

Organizations may experience barriers to implementing collaborative work effectively and sustainably. Barriers to implementation include a lack of shared understanding between partners, limited transparency and communication, and minimal implementation guidance. These barriers can lead to the dissolution of partnerships before strategies can be implemented to sustain them.

Partnerships are harmed by the lack of shared understanding. Resettlement agencies, health care providers, and other community organizations often refer their clients to partner organizations that provide specialized services (e.g., counseling, language interpretation, youth mentorship, and English language proficiency training). When experiencing an unusually high volume of clients in a short period, these organizations should nonetheless take the time to consider their partners' expectations and the constraints they are functioning under.

Understanding the limitations and competing priorities of partners can help set expectations and build trust. For example, resettlement agencies need to convey to partnering CBOs that although the former receive federal funding for resettlement services, they also have budget shortfalls and require CBO partners to meet specific reporting criteria. Transparent communication can facilitate shared

understanding and build trust between partners.

However, at times organizations supporting refugee resettlement may face constraints regarding the information they can share with partners. For example, organizations receive funding from different sources, but organizational policy may limit their ability to

"The state did set aside [funding] for the Afghans but here's the rub: the rub is that we [CBOs] and other volunteers and our [community] network working with Afghans were told by the resettlement agency that they did not have any access to money, and meanwhile the state was saying, 'The resettlement agency has the funding. The Afghans should be fine, you don't know what you're talking about.'"

—CBO representative

share specific details related to the amount and source of their funding. Moreover, when funding is competitive, organizations may hesitate to be completely transparent about their programs and processes with partners. For instance, in emergency situations, planning and implementation may happen simultaneously, and resettlement agencies may need to exercise discretion in sharing how they use federal funding. Still, transparent communication—when possible—can build trust between resettlement agencies and CBOs.

“How do we make infrastructure [for collaboration] that’s supportive and integrated? When you work with other organizations, you run into issues with your board or their staff ... with patience and experience it works out. Having the same vision and mission and same goal makes the process of collaboration much easier.”

—State health department agency representative

Collaborative work requires standard operating processes and procedures for coordination and communication.

Standard operating procedures can provide team members with clear instructions on how to perform their roles in a partnership with another organization. Operating procedures should include a process for ensuring accountability, communicating information smoothly and transparently, and meeting partnership objectives. For example, when partnering organizations make and receive referrals, they should create a process for closing the referral loop to ensure that refugees’ needs are met.

“There was a time when we didn’t have any money and were providing services from private funds or just cobbling it together as best we could. But we did get money about 3–4 months after we had started providing services. Meanwhile the VA state procurement office took another 3–4 months to provide funding for integration. I’m sure there was not clear communication.”

—Resettlement agency representative

Recommendations to Address Barriers in Partnership Implementation

Recommendations for Practitioners

- 1. Invest time to develop shared understanding and build trust between partnering organizations early in the collaborative process.** Partners should outline clear expectations about roles and responsibilities. Engaging an organization with a similar mission and vision in a partnership can help develop shared goals and objectives.
 - a. Create a memorandum of understanding (MOU) to identify the scope of work and establish a shared understanding of capacity constraints.
 - i. Resettlement agencies can connect with local CBOs between surges in refugee arrivals and explain their service delivery processes and constraints.
 - ii. Resettlement agencies can reconnect with organizations they previously partnered with to re-establish partnerships that are viable and worth maintaining.
 - b. Set clear expectations around the scope of work. Limit scope creep to maintain partnerships, avoid staff burnout, and sustain resources.
 - i. MOUs take time to put into place. Before initiating collaborative activities, partners can articulate the scope of work and create clear communication and coordination processes.

Recommendations to Address Barriers in Partnership Implementation

2. Establish collective communication guidelines that facilitate transparency and knowledge sharing.

- a. Establish regular meetings for collaborative efforts (e.g., biweekly or monthly). Include in-person meeting opportunities to build rapport. Set aside time in the meetings to provide updates to all partners on any changes in organizational policies or programs. Note programs that are discontinued or programs that have additional funding and greater capacity for service delivery.
- b. Include staff from different levels in an organization (e.g., program leadership, supervisors, case managers, and associates) to avoid disrupting partnerships when staff turnover occurs. Changes in organizational leadership can disrupt existing partnerships and communication structures. To maintain effective partnerships in the long term, new leadership must be informed about the context of past work. Moreover, involving leadership or upper management (e.g., program directors) means that decision-makers are at the table and can help rectify systemic or operational challenges that are brought to their attention.
- c. To maintain consistent information and avoid knowledge loss due to staff turnover, develop a living document that includes collaborative structures, processes, and contact information related to the partnership.

3. Establish standard operating procedures. When partners implement collaborative activities, staff members may follow processes inconsistently. To address this, partners can establish standard operating procedures. In addition, partners may share procedures they have used successfully in prior collaborative efforts. Implementation processes should be outlined for all partners to streamline resources and protocols.

- a. Clear, concise, and timely communication between partnering organizations is essential for collaboration. For example, having an established point of contact and regular calls (e.g., biweekly or monthly).
- b. Figure out a process to identify and address problems as they come up.
- c. Partnerships should be sustained to limit the resource expenditure associated with finding new partners. When funding is short term, partners should identify ways to maintain collaborative relationships in the absence of funding and activities.
- d. Establish a contingency plan for emergency situations. For example, one option is to have a community partner provide one staff member who works with a resettlement agency as a liaison. The resettlement agencies could identify a funding stream to support the liaison.

Conclusion

The HEAR project applied a public health lens to refugee resettlement and integration with the goal of aligning diverse resettlement efforts with the concerns and priorities of the refugees they are meant to serve. Findings from this work emphasize the significance of collaboration across resettlement efforts to minimize adverse impacts on refugees' social determinants of health, and thereby help support their integration in the long term. Collaboration across resettlement efforts is integral to effective refugee resettlement and integration. When it is sustainable, cross-sector collaboration enables organizations to overcome individual capacity limitations, leverage collective knowledge and resources, and implement policy and practice changes to advance long-term self-sufficiency and well-being for refugees. The HEAR Learning

Network (**Exhibit 2**), a key component of the HEAR project, serves as an example of a practical framework for cross-sector collaboration in refugee resettlement. The opportunities and strategic recommendations for sustainable collaboration generated through insights from the HEAR Learning Network, along with the HEAR project’s research, offer guidance for organizations working to meet ORR’s main goal—to provide people in need with the critical resources they require to become integrated members of U.S. communities.

Exhibit 2. Sustaining Collaboration Across Resettlement Efforts: The HEAR Learning Network

Learning networks have an advantage of convening diverse actors with common goals by building shared understanding and relationships through collective learning and action. Learning network members, including the network conveners, are subject matter experts who exchange ideas, share their experiences, and learn from their peers. The HEAR Learning Network demonstrates one potential approach to establishing sustainable collaboration between resettlement efforts across different organizations.

The HEAR Learning Network is a regional community of 11 organizations, including resettlement agencies, state and local health departments, and community-based organizations, that support refugee resettlement efforts in Washington, D.C., Maryland, and Virginia.³⁵ Network members share a common vision—improving the health and well-being of all refugees. As part of the HEAR project, members engaged with one another over 1 year to build and deepen their working relationships. Through participating in seven meetings (six virtual and one in-person), network members identified barriers to collaboration and worked through practical solutions that help them align their efforts with the priorities and concerns of Afghan refugees. At the end of the year, HEAR Learning Network members co-created actionable guidance to help network members and similar organizations connect and work together.



HEAR Project Team and Learning Network participants at an in-person meeting on October 20, 2023.

The HEAR Learning Network included interactive learning sessions at each virtual meeting that were designed to encourage conversation and brainstorming and support collaboration and coordination in resettlement efforts. Network meetings were designed based on the HEAR project’s research and input from experts, to create an engaging environment in which organizations could set expectations for partnerships in resettlement program implementation.



HEAR Learning Network participants engage in group activities to build a shared understanding of collaboration challenges and solutions.

Participants of the HEAR Learning Network affirmed that the facilitated network helped them articulate their partnership priorities and barriers. Through ongoing conversation and discussions, they developed new partnerships, built on existing partnerships, and identified areas that could be strengthened. Moreover, through the HEAR Learning Network, participating organizations developed a resource inventory classifying the services and assets each organization could offer for refugee resettlement and integration efforts. Participants also developed a shared understanding of each other’s work, priorities, and readiness to collaborate on resettlement efforts. One participant from a resettlement agency said, *“With all the collective knowledge that this group has, it’s important to remember that the answers to our questions are in the room.”* Another said, *“I am excited that we identified shared passions and skills and resources that connect with interests that our organization has. As we prepare for a new project for [refugees] in January, we need partners here to discover about telemedicine, unaccompanied minors, [and many other] fields. So grateful to connect.”*



HEAR Learning Network members discuss and present solutions to collaboration challenges.

Contributors: HEAR Project Team

- **AIR:** Maliha Ali, Trenita Childers, Holly DePatie, Emily Elstad, Kirsten Firminger, Karen Frazier, Melissa Henry, Mary Lavelle, Regina Ledesma
- **Church World Service:** Ellen Andrews (Durham, NC), Susannah Lepley (Harrisonburg, VA)
- **Muslim Community Center-Medical Clinic:** Abdulaziz Kamus
- **Afghan Community Ambassadors:** Pacha Said Latoon, Zahra Yagana

Suggested citation:

Ali, M., Childers, T., & Awate, E. (2024). *Collaboration in refugee resettlement efforts: Opportunities and strategic recommendations*. (Report prepared for the AIR Equity Initiative). American Institutes for Research. www.air.org/hearproject

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Appendix A. HEAR Project Methodology and Analysis

The Health Equity for Afghan Refugees (HEAR) Project

The HEAR project was a 24-month research and technical assistance project at the American Institutes for Research (AIR). The HEAR project's goal was to generate and utilize evidence to help organizations align refugee resettlement efforts with the priorities of the refugees they serve. Through this work, we examined the unique circumstances surrounding the resettlement process for Afghan refugees in the United States to understand the resettlement process from the two perspectives: 1) the refugees striving to integrate into their new communities, and 2) the organizations serving them through diverse federal, state, and local programs.

To design and implement the HEAR project, the AIR team partnered with Church World Service (CWS), a resettlement agency, and the MCC-Medical Center, which is a community-based organization (CBO). This partnership ensured that experts involved in resettlement efforts were represented on the project leadership team.

Research. The project team conducted a *gray literature review* and *key informant interviews* to understand the landscape of programs, policies, and organizations influencing refugee resettlement under Operation Allies Welcome. The team also conducted *focus group discussions* or *listening sessions* with representatives from organizations supporting resettlement to understand their roles in the resettlement process and their perspective on barriers to and facilitators of collaboration. To learn about refugees' resettlement experiences over time, the HEAR project conducted a *modified ethnography study* that recorded over 18 months of the lived experience of eight Afghan refugees as they integrated.

Technical Assistance (HEAR Learning Network). Research findings from the HEAR project underscored the value of cross-sector collaboration for supporting the alignment of resettlement efforts with the priorities and concerns of Afghan refugees. To put evidence into action, the HEAR project team applied insights from the project's research findings to design the HEAR Learning Network—a learning community of 11 organizations, including three resettlement agencies, five community organizations, two health care agencies, and one health clinic. All participating organizations provide services or supports to Afghan refugees as they resettle and integrate in Maryland and Virginia.

The HEAR Learning Network started in October 2022. Two staff members from each member organization participated in the network, ensuring representation from leadership and program staff. Over 12 months, HEAR Learning Network members participated in six virtual learning sessions and one in-person meeting with a goal of establishing sustainable connections and aligning their resettlement efforts to improve the health and well-being of Afghan refugees.

Through the HEAR Network, members engaged in learning events and team activities to build and deepen working relationships with each other, identified barriers to collaboration, and worked through practical solutions to help them align their efforts in helping Afghan refugees with different resettlement supports and services. At the end of the year, HEAR Learning Network members co-developed actionable guidance to enable network members and similar organizations to align their efforts to support refugee resettlement and integration with the priorities of refugees. The members also worked with the project team to design a process for continuing the work of the network beyond the completion of the HEAR project.

Development of Strategic Recommendations: Methodology and Analysis

The project team developed strategic recommendations based on a synthesis of six qualitative data sources from the HEAR project: a gray literature review, key informant interviews, focus groups, seven learning network meetings, a modified ethnography study, and partner meeting notes. We applied an iterative process of data synthesis to develop and refine the recommendations over three stages of review and discussion with the project team and project partners. Following standard practice for qualitative data analysis, the team identified key challenges and recommendations from each data source. Next, the team triangulated information across all data sources to categorize challenges, record recommendations named in the data, and identify whether recommendations were relevant to policymakers or practitioners. Details on the methodology and analysis for each of the data sources are summarized below.

- **Gray literature review.** The project team conducted a gray literature review to understand the laws, policies, and organizations that influence Afghan refugee resettlement in the United States and in Maryland and Virginia specifically. The team reviewed 53 gray literature resources, including websites for government agencies, news publications, and websites to identify organizations involved in resettlement efforts. The gray literature review provided information about the resettlement process for Afghan arrivals, including insights about how the integration process differed for those with a special immigrant visa and those who arrived as humanitarian parolees (who made up the majority of arrivals). It offered an examination of the resettlement system’s landscape, policies, and actors and the experiences of organizations and refugees within and beyond the Afghan Placement and Assistance program.
- **Key informant interviews.** The project team also spoke with five content experts in March–April 2022 to understand their specific roles, relationships, and experiences with Afghan refugee resettlement in the District of Columbia, Maryland, and Virginia. The team conducted a thematic analysis of interview data to learn from representatives at resettlement agencies, government agencies, advocacy organizations, and CBOs.
- **Focus groups/listening sessions.** Building on the key informant interviews, in May–July 2022 the team conducted focus groups with 18 additional experts engaged in refugee

resettlement to explore the viewpoints of individuals with a range of professional and organizational backgrounds. Participants included representatives from resettlement agencies, local community organizations, faith-based and Afghan-led organizations, and advocacy organizations; staff at federal, state, and local government agencies; health care providers; lawyers; and coalition leaders. Analyses demonstrated the resettlement challenges experienced by Afghan refugees and organizations supporting their resettlement. Analyses also revealed the importance of cross-sector collaboration to align resettlement efforts across different organizations so that services and supports meet the needs and priorities of the Afghan refugees they served.

- **Modified ethnography study.** The project team worked with partners to recruit eight Afghan refugees to participate in monthly data collection activities over an 18-month period. This approach allowed the team to examine Afghan refugees' needs at different stages of the resettlement process. The team conducted six quarterly interviews lasting 45 minutes to 1 hour. Afghan Community Ambassadors conducted monthly 30-minute check-ins to manage engagement and connect participants to resources. Analytic subdomains provided insights on the barriers to and facilitators of navigating service providers (e.g., CBOs, health clinics, local government entities) to meet refugee needs (e.g., workforce development, family or domestic needs, and health care access).
- **HEAR Learning Network meetings.** Each virtual learning network meeting included a relevant thematic topic (e.g., partnership challenges, resource mapping, funding constraints) and small-group discussions where participants reflected on specific challenges faced by partners engaged resettlement efforts and possible solutions. Five types of collaboration challenges emerged: (a) funding structures that fail to support collaboration; (b) lack of systems and structures for follow-up and accountability in resettlement efforts; (c) lack of ability to tailor resettlement processes for population-specific needs; (d) lack of knowledge, resources, and capacity to collaborate on resettlement efforts; and (e) lack of shared understanding among organizations.
- **Partner discussions.** Between April 2022 and November 2023, the AIR project team met monthly with project partners – CWS and MCC-Medical Clinic – to discuss interim findings and receive feedback. The team analyzed notes from partner meetings to identify challenges in Afghan refugee resettlement and note key recommendations. Partners noted the following themes: inadequate funding, lack of sufficient prearrival cultural orientation for Afghan arrivals, an erosion of trust between organizations and refugees due to ineffective processes and procedures, and the importance of advocacy to facilitate resettlement policy changes that could benefit new arrivals from all backgrounds. Partners also described capacity challenges due to staff turnover and the inability to sustainably train and retain staff due to insufficient funding.

Appendix B. Examples of how funding could support collaboration in resettlement efforts

The project team asked members of the HEAR Learning Network: *If given a chance, how would you use funding to support collaboration in refugee resettlement?* A range of responses are included below. Organizations would use additional funding to support the following activities:

- Hire and train staff, especially case workers, case managers, and staff to support grant applications, project management, communication strategies, marketing, and social media.
- Invest time and resources in operational strategy, partner outreach, and establishing partnership related administrative procedures and communications.
- Provide professional development opportunities to build staff for collaborative activities, especially in resettlement policies and funding requirements. Professional development helps staff feel empowered and better prepared to address challenges and thus reduces staff turnover.
- Conduct regular needs assessments in refugee communities to identify specific areas where organizations should expand their capacity to offer services and supports.
- Build coalitions that jointly develop and design resettlement services and programs to ensure resettlement efforts are streamlined and jointly seek and apply for grant funding or identify opportunities to diversify funding.
- Expand services to localities that have a concentration of refugee communities but lack resettlement supports.
- Scale up services that resettlement agencies are unable to provide adequately, especially focusing on legal support, housing and utility assistance, mental health services, and employment-related training and supports.
- Conduct advocacy work, especially to support refugee families as they settle in their neighborhoods and schools.
- Develop physical locations where different organizations can share office space and supplies while offering their different services.
- Purchase materials for training and employment services for refugees (e.g., laptops, sewing machines, and school supplies).
- Increase awareness of mental health in refugee communities.
- Develop strategic plans to match one organization's needs with other organization's assets to fill in capacity gaps in resettlement efforts. For example, by providing credentialing and training services, some organizations can enable refugees to work within their field of education. Once refugees are trained, they may be hired by other organizations that have a need for culturally competent behavioral health interpreters.

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AIR® Headquarters

1400 Crystal Drive, 10th Floor
Arlington, VA 22202-3289
+1.202.403.5000 | [AIR.ORG](https://www.air.org)

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