

# YOUNG CHILDREN OF REFUGEES IN THE UNITED STATES: INTEGRATION SUCCESSSES AND CHALLENGES



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## **Integration Successes and Challenges**

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## Executive Summary

Conflict and instability in the Middle East, Africa, Asia, and Central America are generating record numbers of refugees. While migration pressures continue to mount in Europe and the Middle East, it remains the case that the United States operates the world's largest formal refugee resettlement program. In response to the growing humanitarian crisis, the Obama administration in 2015 offered to accept more refugees for the first time in more than a decade, including most controversially some from Syria. In the wake of terror attacks in Paris and California during fall 2015, the U.S. House passed a bill that would have restricted refugee resettlement from Middle Eastern countries; a vote on the legislation was blocked in the Senate in January 2016. Thirty-one governors have objected to the resettlement of Syrian refugees in their states.

These political controversies are new to the U.S. refugee program, which has resettled more than 3 million refugees since its inception in 1980. Nonetheless, the increasing diversity of the refugee population since that time has complicated the provision of services to refugees and their families. From fiscal year (FY) 2002 through FY 2013, refugees from 113 nationalities were resettled, with those from Liberia, Somalia, Burma, and Ukraine the most likely to be resettled as children.

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This report describes the 941,000 children ages 10 and younger with refugee parents living in the United States in 2009-13, the latest five-year period for which Census Bureau data were available at the time the report was written. (Five years of data are employed to improve the precision of the estimates.) Young children of refugees comprised 9 percent of all young children of immigrants (11 million), and 2 percent of all young children in the United States (43 million) during this period.

Most young children of refugees (89 percent) are U.S. born. Their parents most often belong to groups that have resettled in the United States in the most significant numbers over time, not necessarily those resettled in large numbers in recent years. The largest groups of children have parents from Vietnam (22 percent), Cuba (12 percent), Laos (6 percent), and Ukraine, Somalia, Haiti, and Russia (5 percent each).

Like all immigrant families, refugees are highly concentrated in a few states. More than half of children with refugee parents live in five states (California, Florida, New York, Texas, and Washington), and more than two-thirds live in ten states. These states generally have extensive experience resettling refugees, but the strength of their safety nets for immigrant and other low-income families varies, with safety nets much stronger in California, New York, and Washington than Florida and Texas. For instance, children of refugees were much more likely to be uninsured in Florida and Texas than the other three major resettlement states. Smaller but still significant populations can be found across a wide range of other states, since the U.S. refugee resettlement program disperses refugees to locations across the country.

The data support some general observations about the well-being of refugees' children, despite their diverse backgrounds:

- ***Many children in refugee families benefit from protective factors such as strong family structures, high parental employment, and high parental education.*** In the 2009-13 period, 81 percent of refugees' children lived with two parents, versus 75 percent of children of other immigrants and 62 percent of children of the U.S. born. Children of refugees were more likely than children of the U.S. born to have a working parent in the home: 89 percent versus 84 percent. Refugee parents were better educated than other immigrant parents, but slightly less well-educated than U.S.-born parents.



- ***Children of refugees also face risk factors such as low parental English proficiency and high poverty.*** Refugees resettled in 2013 spoke 162 different languages—not in itself a risk factor. More importantly, almost one-third of their children lived in linguistically isolated homes where no one age 14 or over spoke English very well. (Children of other immigrants were similarly likely to be linguistically isolated.) One-quarter of these children lived in families with incomes below the federal poverty level, a rate above that for children of the U.S. born (22 percent), but below that for children of other immigrants (28 percent). Additionally, refugee children may have experienced trauma before resettlement, and U.S.-born children of refugees may suffer from the long-term mental health effects of trauma experienced by their parents—factors not assessed in the data employed for this report.
- ***Children of refugees generally have better access to health coverage and public benefits than children of other immigrants.*** Refugees qualify for cash welfare, food stamps, and Medicaid or other public health insurance immediately upon arrival, and are often linked to these benefits by resettlement agencies. By contrast, unauthorized immigrants—and, in some states, recent legal immigrants—are ineligible for most benefits. During the 2009-13 period, 30 percent of refugees' children lived in households receiving food stamps; 8 percent received cash welfare, and 6 percent received Supplemental Security Income (SSI) for the disabled. These receipt rates exceeded those for children of other immigrants, even though refugees' children were less likely to be poor. Children of refugees were also slightly more likely to have health insurance coverage than children of other immigrants (93 percent versus 90 percent), with coverage coming mostly from their parents' employers.

Taken together, the data suggest that refugee families with young children are, in the main, integrating successfully and achieving self-sufficiency. Children of refugees fare better than children of other immigrants on almost all indicators—perhaps because refugee parents benefit from U.S.-government resettlement services while nonrefugee parents include unauthorized immigrants who face multiple barriers to socioeconomic integration and receipt of public benefits and services. Refugees' children also fare as well or almost as well as children with U.S.-born parents on several indicators.

There are some exceptions to this largely positive story, however. Linguistic isolation is high among refugee families, including Cubans and Vietnamese, the two largest and most established groups. This may be a sign that refugees live in enclaves where English use is uncommon and where the upward mobility of refugee parents (and the development of their children) may be at risk. This risk appears to be higher for children in Cuban refugee families, who have a relatively high poverty rate, than for children in Vietnamese families, whose poverty rate is lower.

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### *Children of refugees fare better than children of other immigrants on almost all indicators.*

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Risk factors are also relatively high among children with parents born in the African nations of Liberia, Somalia, and Sudan, and the Asian countries of Bhutan, Burma (Myanmar), Iraq, and the Lao People's Democratic Republic. All except Iraq are among the poorest countries in the world, with gross domestic product per capita near or below \$2,000 annually in 2014.<sup>1</sup> Low incomes—combined, in some cases, with linguistic isolation, low parental education levels, and weak family structures—make children in these families particularly vulnerable to poor developmental and academic outcomes.

Finally, young children of refugees were less likely to be enrolled in preschool than children of the U.S. born (42 percent versus 48 percent of children ages 3 to 4). Preschool enrollment rates were below one-third for some of the most vulnerable groups (including children of Iraqi, Laotian, and Cambodian refugees).

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1 World Bank, "GDP per Capita (current US\$)," accessed September 28, 2015, [http://data.worldbank.org/indicator/NY.GDP.PCAP.CD?order=wbapi\\_data\\_value\\_2011+wbapi\\_data\\_value&sort=asc](http://data.worldbank.org/indicator/NY.GDP.PCAP.CD?order=wbapi_data_value_2011+wbapi_data_value&sort=asc).



## I. Introduction

Conflict and instability in the Middle East, Africa, Asia, and Central America have enlarged the worldwide refugee population to a record size in the post–World War II era.<sup>2</sup> The vast majority of refugees and other forced migrants are hosted in developing regions.<sup>3</sup> A smaller but still significant number, meanwhile, seek shelter in Europe, North America, and other developed areas through resettlement programs or by claiming asylum. Of these areas, Europe has felt recent migration pressures most acutely: more than 1 million asylum seekers arrived on its Mediterranean shores or land borders in 2015 alone.

Meanwhile, the United States continues to operate the world’s largest formal refugee resettlement program, with an annual ceiling in recent years of 70,000 to 80,000 admissions. The Obama administration raised the ceiling to 85,000 in fiscal year (FY) 2016, with 10,000 slots for Syrian refugees, and has proposed an increase to at least 100,000 in FY 2017—the first increases since 2008. Although the proposed increase in U.S. refugee admissions is far smaller than the wave of asylum seekers now reaching Europe, any increase has become controversial in the wake of the recent terror attacks in Paris and San Bernardino, California.<sup>4</sup> Indeed, in November 2014, 31 governors objected to resettling any Syrian refugees in their states, and the U.S. House overwhelmingly passed a bill with stringent security screening procedures that would further delay resettlement of almost all refugees for months, if not years.<sup>5</sup> The refugee-screening bill was blocked in the Senate in January 2016, and as of March 2016—when this report was written—the Obama administration was resettling Syrian refugees over the objections of governors in states such as Georgia, Indiana, and Texas.<sup>6</sup>

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Even though the U.S. refugee program has recently become politically controversial, research indicates that the long-term outcomes for refugees resettled in the country are mostly positive.<sup>7</sup> Any comprehensive understanding of such outcomes, however, requires information about how the children in refugee families—not just the adults—are faring. Most studies of refugee integration focus on refugee adults, and not on the almost 1 million children in refugee families.

To narrow this substantial knowledge gap, the Foundation for Child Development (FCD) awarded the Migration Policy Institute (MPI) a grant to launch an interdisciplinary research initiative on young children in refugee families. As part of this initiative, MPI sought to understand the characteristics, experiences, and needs of children from birth to age 10 living in refugee families. This report, one of a series on children of refugees, presents the results of analysis comparing them to children of other immigrants and of the U.S. born on a number of demographic and socioeconomic indicators.

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2 United Nations High Commissioner for Refugees (UNHCR), *UNHCR Global Trends: Forced Displacement in 2014* (Geneva: UNHCR, 2015), [www.unhcr.org/556725e69.html](http://www.unhcr.org/556725e69.html).

3 Ibid.

4 By contrast, 442,000 migrants lodged first-time asylum applications in Germany during 2015, and 1.26 million applied across the European Union. See Eurostat, “Asylum and first time asylum applicants by citizenship, age and sex Annual aggregated data (rounded) [migr\_asyappctza],” last updated March 2, 2016, <http://ec.europa.eu/eurostat/data/database>.

5 Ashley Fantz and Ben Brumfield, “More than Half the Nation’s Governors Say Syrian Refugees Not Welcome,” CNN, November 19, 2015, [www.cnn.com/2015/11/16/world/paris-attacks-syrian-refugees-backlash](http://www.cnn.com/2015/11/16/world/paris-attacks-syrian-refugees-backlash); Lauren French and John Bresnahan, “House Approves Syrian Refugees Bill,” Politico, November 19, 2015, [www.politico.com/story/2015/11/syria-refugee-bill-vote-216053#ixzz3ryDUKHvU](http://www.politico.com/story/2015/11/syria-refugee-bill-vote-216053#ixzz3ryDUKHvU).

6 Jon Kamp, “Nonprofits and Governors Clash over Syrian Refugees,” *Wall Street Journal*, December 18, 2015, [www.wsj.com/articles/nonprofits-and-governors-clash-over-syrian-refugees-1450434601](http://www.wsj.com/articles/nonprofits-and-governors-clash-over-syrian-refugees-1450434601).

7 For a full discussion of the integration outcomes of U.S. refugees, see Randy Capps, Kathleen Newland, Susan Fratzke, Susanna Groves, Michael Fix, Margie McHugh, and Gregory Auclair, *The Integration Outcomes of U.S. Refugees: Successes and Challenges* (Washington, DC: Migration Policy Institute, 2015), [www.migrationpolicy.org/research/integration-outcomes-us-refugees-successes-and-challenges](http://www.migrationpolicy.org/research/integration-outcomes-us-refugees-successes-and-challenges).



There are reasons to believe that refugees' children may be particularly vulnerable to poor developmental and academic outcomes, given that their parents—and possibly the children themselves—fled violence and persecution, often arriving in the United States with little to no economic resources, social networks, or understanding of the country's language and culture. For these reasons, one might expect children of refugees to face greater risks than children with immigrant parents who are not refugees. At the same time, the United States formally admits refugees and provides them with substantial initial resettlement assistance; these factors may protect refugees' children—especially when compared with children of other immigrants who may be unauthorized.

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In an attempt to address these and other research questions, this report analyzes data on the 941,000 young children of refugees living in the United States during 2009-13—the most recent five-year period for which Census Bureau data were available at the time this report was written. (Five years of data were used to increase the precision of the estimate). Young children of refugees are defined as those ages 10 and younger residing with at least one refugee parent. The total includes first-generation (foreign-born) children who are refugees themselves, and second-generation (U.S.-born) children with at least one refugee parent.

The next section of this report defines the refugee population in the United States and provides a brief overview of U.S. resettlement policies. The report then describes recent U.S. refugee admissions in terms of the shares of refugees who are children, their national origins, and their exposure to refugee camps, among other factors. The following section of the report uses U.S. Census data to explore the risk and protective factors present in refugee families with children and to examine these families' use of public benefits. Children's socioeconomic status and access to health insurance coverage and public benefits are explored next. The report concludes with a summary of findings and their policy implications. An Appendix briefly discusses the methods and the two main data sources employed: the American Community Survey (ACS) and U.S. administrative data on resettled refugees.

## II. Refugee Resettlement in the United States

The U.S. refugee population is composed of three main groups: refugees, asylees, and Cuban and Haitian entrants. All three groups are eligible to receive benefits and services through the U.S. refugee resettlement program, and after six to seven years, U.S. citizenship. (It might be noted that most refugees in the United States, Canada and Australia are resettled from overseas, while in Europe the vast majority arrive of their own accord.)<sup>8</sup> The three groups are defined as follows:

**Refugees.** The United States defines a refugee as “any person who is outside any country of such person's nationality or, in the case of a person having no nationality, is outside any country in which

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8 In fiscal year (FY) 2015, the United States resettled about 70,000 refugees and in FY 2013 (the most recent data available) granted asylum status to 25,000 people. In 2014, Australia resettled 11,000 refugees and granted asylum to 3,000 people, while Canada resettled 16,000 refugees and granted asylum to 8,000 people. See Jie Zong and Jeanne Batalova, “Refugees and Asylees in the United States,” *Migration Information Source*, October 28, 2015, [www.migrationpolicy.org/article/refugees-and-asylees-united-states#Asylees](http://www.migrationpolicy.org/article/refugees-and-asylees-united-states#Asylees); Government of Canada, “Facts and figures 2014 – Immigration overview: Permanent residents,” last updated August 1, 2015, [www.cic.gc.ca/english/resources/statistics/facts2014/permanent/02.asp](http://www.cic.gc.ca/english/resources/statistics/facts2014/permanent/02.asp); Australian Government, Department of Immigration and Border Protection, “Fact Sheet – Australia's Refugee and Humanitarian Programme,” accessed March 10, 2016, [www.border.gov.au/about/corporate/information/fact-sheets/60refugee](http://www.border.gov.au/about/corporate/information/fact-sheets/60refugee).





such person last habitually resided, and who is unable or unwilling to return to, and is unable or unwilling to avail himself or herself of the protection of that country because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion.”<sup>9</sup>

The U.S. Department of Homeland Security (DHS) grants refugee status to individuals overseas;<sup>10</sup> they then undergo medical screening by the International Organization for Migration (IOM) or a doctor approved by a local U.S. embassy.<sup>11</sup> Refugees are then brought to the United States by the U.S. Department of State for resettlement. Upon arrival in the United States, refugees are immediately eligible to receive benefits and services from the U.S. Office for Refugee Resettlement (ORR). Refugees remain eligible for ORR-funded benefits and services for up to five years, although many receive resettlement services for a shorter period.

**Asylees.** Asylees are individuals who meet the definition of a refugee, but who travel to the United States of their own accord, with any authorized or unauthorized status.<sup>12</sup> Asylees may seek asylum defensively, through U.S. immigration court after being placed in deportation proceedings, or affirmatively, by applying for asylum through U.S. Citizenship and Immigration Services (USCIS), typically when arriving in the United States at a port of entry.<sup>13</sup>

**Cuban and Haitian entrants.** These are Cuban or Haitian nationals in the United States who are (1) granted parole status by the U.S. government, (2) have a pending asylum application, or (3) may be deportable but have not yet been issued a final deportation order.<sup>14</sup> Once granted Cuban/Haitian entrant status (which, for Cuban parolees, occurs on the date they are granted parole), they are eligible for ORR benefits and services.

ORR also provides services and benefits to some other groups of immigrants requiring humanitarian assistance, such as victims of torture, victims of trafficking, and unaccompanied migrant children. These groups, however, are not the focus of this report.

When refugees arrive in the United States, they are assigned to a domestic refugee resettlement agency funded by the Department of State’s Reception and Placement (R&P) program.<sup>15</sup> Resettlement agencies provide refugees with housing, food, clothing, and logistical support such as enrolling children in schools, registering with a doctor, applying for a Social Security number, and obtaining social and language services.<sup>16</sup> R&P services are provided within refugees’ first three months in the United States. After their first 30 days in the United States, refugees are expected to be either employed or supported by benefits and

9 8 U.S.C. § 1101(a)(42); U.S. Office of Refugee Resettlement (ORR), “Who We Serve—Refugees,” October 2, 2012, [www.acf.hhs.gov/programs/orr/resource/who-we-serve-refugees](http://www.acf.hhs.gov/programs/orr/resource/who-we-serve-refugees).

10 The United States accepts three categories of resettlement cases: (1) cases referred by UNHCR, nongovernmental organizations (NGOs), or U.S. embassies or consulates; (2) members of groups identified as a protection priority by the United States, who can apply for resettlement within their country of origin—examples include nationals from Cuba and Iraq, and minors from Honduras, El Salvador, and Guatemala; and (3) immediate family members of refugees resettled in the United States or U.S. citizens/permanent residents from certain national-origin groups. See Government of the United States of America, “Country Chapter: The United States of America,” in *UNHCR Resettlement Handbook* (Geneva: UNHCR, 2014), 4, [www.unhcr.org/3c5e5a764.html](http://www.unhcr.org/3c5e5a764.html).

11 U.S. Department of State, “Refugee Resettlement in the United States” (fact sheet, Bureau of Population, Refugees, and Migration, Washington, DC, January 31, 2013), [www.state.gov/j/prm/releases/factsheets/2013/203578.htm](http://www.state.gov/j/prm/releases/factsheets/2013/203578.htm).

12 8 U.S.C. § 1158; ORR, “Who We Serve—Asylees,” October 2, 2012, [www.acf.hhs.gov/programs/orr/resource/who-we-serve-asylees](http://www.acf.hhs.gov/programs/orr/resource/who-we-serve-asylees).

13 Ibid.

14 *Refugee Education Assistance Act of 1980*, Title V, Public Law 96-422, 94 STAT. 1809; ORR, “Who We Serve—Cuban/Haitian Entrants,” October 2, 2012, [www.acf.hhs.gov/programs/orr/resource/who-we-serve-cuban-haitian-entrants](http://www.acf.hhs.gov/programs/orr/resource/who-we-serve-cuban-haitian-entrants).

15 As of February 2015, the Department of State had cooperative refugee resettlement agreements with nine national agencies: Church World Service, the Domestic and Foreign Missionary Society of the Protestant Episcopal Church of the USA, the Ethiopian Community Development Council, the Hebrew Immigrant Aid Society, the International Rescue Committee, the Lutheran Immigration and Refugee Service, the U.S. Conference of Catholic Bishops, the U.S. Committee for Refugees and Immigrants, and the World Relief Corporation of National Association of Evangelicals. See ORR, “About Preferred Communities,” accessed February 5, 2015, [www.acf.hhs.gov/programs/orr/orr/programs/rph/about](http://www.acf.hhs.gov/programs/orr/orr/programs/rph/about).

16 U.S. Department of State, “The Reception and Placement Program,” accessed February 5, 2015, [www.state.gov/j/prm/ra/receptionplacement/index.htm](http://www.state.gov/j/prm/ra/receptionplacement/index.htm).



services funded by ORR or mainstream public assistance programs. Unlike other legal immigrants, refugees, asylees, and Cuban/Haitian entrants are eligible for all the major federal public assistance programs immediately upon their arrival in the United States (see Table 1). These programs include Temporary Assistance for Needy Families (TANF), the Supplemental Nutrition Assistance Program (SNAP, or food stamps), Medicaid, and the Children’s Health Insurance Program (CHIP). Refugees ineligible for TANF can receive similar benefits through Refugee Cash Assistance (RCA) and those ineligible for Medicaid can receive similar benefits through Refugee Medical Assistance (RMA). RCA and RMA are only available to refugees in the United States for eight months or less. Some refugees qualify for matching grants that cover a full range of benefits in lieu of TANF, RCA, Medicaid, or RMA; these grants involve matches between federal and private resettlement agency funding, and are only given for four- to six-month periods.<sup>17</sup>

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*Refugees, asylees, and Cuban/Haitian entrants are eligible for all the major federal public assistance programs immediately upon their arrival in the United States.*

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Refugees, asylees, and Cuban/Haitian entrants are also eligible for longer-term support from ORR, support that provides a number of benefits and services through states and nongovernmental organizations (NGOs) for a period of up to five years.<sup>18</sup> ORR reimburses states for medical screenings, offers follow-up health-care treatment and education. Refugees may also obtain employment services (education, training, and job search assistance) and other related services like interpretation, translation, and child care through ORR’s Refugee Social Services (RSS) program; the eligibility period for RSS services is five years. ORR offers modest Refugee School Impact Grants to districts and counties disproportionately affected by refugee inflows and related fiscal demands.<sup>19</sup>

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17 These eligibility periods are determined based on arrival for refugees and Cuban/Haitian entrants, and based on date of final asylum grant for asylees; asylees are generally ineligible for these benefits while applying for asylum, in most states. Other, smaller groups—such as certified victims of trafficking, Iraqi or Afghan special immigrants, Amerasians, and lawful permanent residents (LPRs) who have held one of these statuses in the past—are also eligible for these benefits and services. See National Immigration Law Center (NILC), “Table 1: Overview of Immigrant Eligibility for Federal Programs,” last updated October 2011, [www.nilc.org/issues/economic-support/table\\_ovrw\\_fedprogs/](http://www.nilc.org/issues/economic-support/table_ovrw_fedprogs/); ORR, “Fact Sheet: ORR Benefits-at-a Glance,” accessed March 10, 2016, [www.acf.hhs.gov/sites/default/files/orr/orr\\_fact\\_sheet\\_benefits\\_at\\_a\\_glance.pdf](http://www.acf.hhs.gov/sites/default/files/orr/orr_fact_sheet_benefits_at_a_glance.pdf).

18 For more details on these services, see ORR, “Divisions—Refugee Assistance,” October 3, 2012, [www.acf.hhs.gov/programs/orr/resource/divisions-refugee-assistance](http://www.acf.hhs.gov/programs/orr/resource/divisions-refugee-assistance).

19 Refugee School Impact Grants totaled \$14,580,000 in annual awards in October 2015, with grants going mostly to state social service agencies, state refugee and immigration offices, major city school districts, and nonprofit refugee resettlement agencies. See ORR, “School Impact Grants,” last updated October 27, 2015, [www.acf.hhs.gov/programs/orr/resource/schoold-impact-grants](http://www.acf.hhs.gov/programs/orr/resource/schoold-impact-grants).

**Table 1. Refugee Eligibility for Major Means-Tested Federal Public Benefit Programs**

Program	Type of Benefit	Which Refugees Are Eligible?	For How Long Does Eligibility Last?
Temporary Assistance for Needy Families (TANF)	Monthly cash payments (vary by state), access to child care	Low-income families with children	Five years by federal law, with states setting alternative (generally lower) time limits
Supplemental Security Income (SSI)	Monthly cash payments	Low-income, disabled adults and children, and senior citizens	Seven years unless refugees become U.S. citizens
Supplemental Nutrition Assistance Program (SNAP)	Monthly payments for food assistance	Low-income people	No time limits
Medicaid	Health insurance coverage	Low-income children and some adults	No time limits in most states; seven years unless citizens in some states
Children's Health Insurance Program (CHIP)	Health insurance coverage	Low-income children	No time limits
Refugee Cash Assistance (RCA)	Monthly cash payment (comparable to TANF)	Low-income refugees ineligible for TANF or SSI (generally adults without children)	Eight months
Refugee Medical Assistance (RMA)	Health insurance coverage (comparable to Medicaid)	Low-income adults ineligible for Medicaid	Eight months
Matching Grants (combined public and private funding)	Housing, transportation, case management, and food assistance	Some low-income refugee adults and families, depending on the state and resettlement agency	120-180 days
Refugee Social Services (RSS)	English language, education, training, employment, employability and related services	All refugees	Five years

*Notes:* Refugees, asylees, and Cuban/Haitian entrants are generally eligible for these programs on the same terms. Length of eligibility is based on arrival date for refugees and entrants, and on date of final grant of asylum for asylees (who are generally ineligible for these programs before obtaining asylum).

*Source:* National Immigration Law Center (NILC), "Table 1: Overview of Immigrant Eligibility for Federal Programs," last updated October 2011, [www.nilc.org/issues/economic-support/table\\_ovrw\\_fedprogs/](http://www.nilc.org/issues/economic-support/table_ovrw_fedprogs/); U.S. Office of Refugee Resettlement (ORR), "Fact Sheet: ORR Benefits-at-a Glance," accessed March 10, 2016, [www.acf.hhs.gov/sites/default/files/orr/orr\\_fact\\_sheet\\_benefits\\_at\\_a\\_glance.pdf](http://www.acf.hhs.gov/sites/default/files/orr/orr_fact_sheet_benefits_at_a_glance.pdf).

Refugees' economic self-sufficiency is the central goal of the U.S. refugee resettlement program, defined by ORR as "earning a total family income at a level that enables a family unit to support itself without receipt of a cash-assistance grant"—with an emphasis on early employment.<sup>20</sup> This report offers a number of indicators used to assess the economic self-sufficiency of refugee families with young children, indicators that include parental employment, poverty status, housing conditions, and use of public benefits.

20 *Code of Federal Regulations*, Public Welfare, Title 45, volume 2, sec. 400.2, (October 1, 1998), [www.gpo.gov/fdsys/granule/CFR-1998-title45-vol2/CFR-1998-title45-vol2-sec400-2/content-detail.html](http://www.gpo.gov/fdsys/granule/CFR-1998-title45-vol2/CFR-1998-title45-vol2-sec400-2/content-detail.html).



### III. Increasingly Diverse Refugee Origins

The refugee population in the United States is becoming increasingly diverse, complicating the provision of services to refugee families and making it more difficult to draw generalizations about the well-being of refugees' children. In the period FY 2002–13, the United States resettled approximately 645,000 refugees from 113 countries, and from 66 countries per year, on average. Compare this to 1980, when the U.S. resettlement program began with a reported 11 nationalities. The number of primary languages spoken by refugees, meanwhile, rose considerably within a recent decade, from 114 in FY 2004 to 162 in FY 2013.<sup>21</sup>

#### A. Origins of Refugee Parents

The origins of refugee parents reflect the diversity of the resettled population. In total, there were 941,000 young children ages 10 and under with refugee parents in the United States during the 2009–13 period (see Table 2); no single country of parental origin was associated with a group larger than 200,000.

The United States has resettled more refugees from Vietnam and Cuba than any other country, by far. As a result, children of Vietnamese and Cuban refugees accounted for 22 percent and 12 percent, respectively, of children of refugees under age 11, followed by children of Laotian refugees (6 percent). No other single origin group accounted for more than 5 percent.

**Table 2. Young Children of U.S. Refugees, by Parental Country of Birth, 2009-13**

Country	Total	Share of All Young Children of Refugees (%)
<b>U.S. Total</b>	<b>941,200</b>	<b>100</b>
Vietnam	204,600	22
Cuba	117,200	12
Laos	56,200	6
Ukraine	51,100	5
Somalia	49,500	5
Haiti	49,100	5
Russia	43,200	5
Iraq	42,200	4
Ethiopia	32,300	3
Cambodia	25,500	3
Burma	23,500	2
Iran	23,400	2
Bosnia	23,000	2
Afghanistan	18,800	2
Nicaragua	18,000	2
Colombia	16,700	2
Sudan	14,000	1
Liberia	11,100	1
Yugoslavia	11,000	1
Armenia	9,600	1
Other	101,400	11

*Note:* Includes children ages 10 and younger residing with at least one refugee parent.

*Source:* Migration Policy Institute (MPI) analysis of data from the U.S. Census Bureau, American Community Survey (ACS) for 2009–13, pooled.

<sup>21</sup> Capps, Newland, Fratzke, Groves, Fix, McHugh, and Auclair, *The Integration Outcomes of U.S. Refugees*, 7–10.



## B. Share of Children among Refugee Arrivals

Though most children of refugees are U.S. born, a significant number of child refugees have been resettled in recent years. Twenty-eight percent of refugees resettled during FY 2002-13 were under the age of 14 when they arrived.<sup>22</sup> This includes more than 30 percent of the Liberians, Somalis, Burmese, and Ukrainians resettled in this period (see Table 3).<sup>23</sup>

**Table 3. Top 10 Country Origins of Refugee Arrivals to the United States, and Shares of Children (under age 14) among Arrivals, FY 2002-13**

Country	Total Refugee Admissions	Admissions under Age 14	Admissions under Age 14 as Share of Total (%)
Liberia	20,802	7,511	36
Somalia	70,569	24,104	34
Burma	118,807	38,462	32
Ukraine	23,840	7,390	31
Iraq	94,556	25,628	27
Russia	20,437	5,568	27
Vietnam	16,561	4,369	26
Bhutan	70,341	15,274	21
Cuba	40,498	7,813	19
Iran	36,485	4,799	13

Source: MPI analysis of data from the U.S. Department of State's Worldwide Refugee Admissions Processing System (WRAPS) for fiscal years (FY) 2002-13, pooled.

## C. Share of Foreign-Born Refugee Children and Parents' Length of Residence

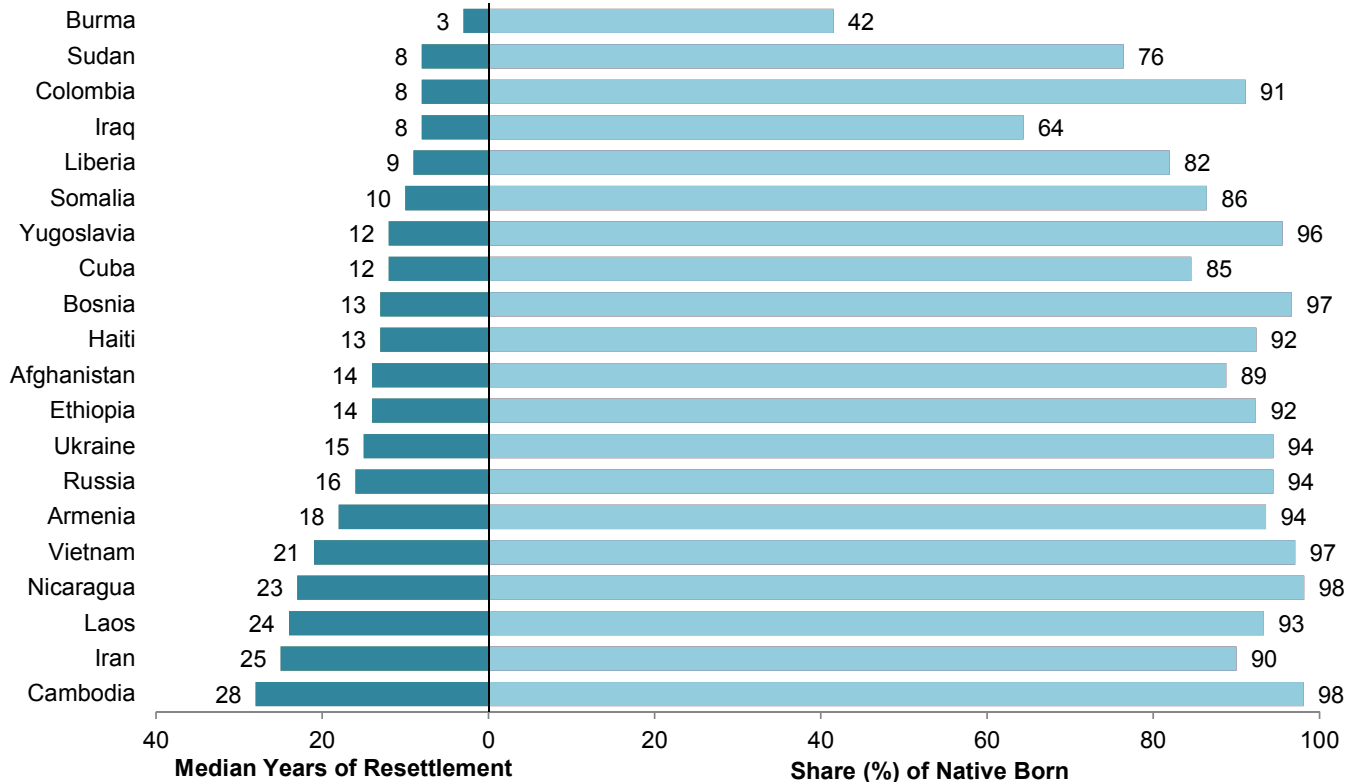
In the 2009-13 period, 89 percent of young children of refugees were U.S. born. Not surprisingly, recent refugees were most likely to have foreign-born children in their families, while those with more years of U.S. residence were likely to have U.S.-born children (see Figure 1). For example, Burmese refugee parents averaged three years of U.S. residence, and 42 percent of their children were U.S. born. Iraqi refugees averaged eight years of residence, and 64 percent of their children were U.S. born. More than three-quarters of children with refugee parents from other origins were U.S. born, peaking at over 95 percent for children of Vietnamese, Cambodian, and Nicaraguan parents. The refugee parents from these origins had resided in the United States for more than 20 years, on average.

22 The U.S. Department of State's Worldwide Refugee Admissions Processing System (WRAPS) data disaggregate refugees under age 14, but not those of younger ages.

23 For more detail, see Capps, Newland, Fratzke, Groves, Fix, McHugh, and Auclair, *The Integration Outcomes of U.S. Refugees*, 30-32.



**Figure 1. Median Years of Parental U.S. Residence, and U.S.-Born Children (ages 10 and under) of Refugees by Parental Country of Birth, 2009-13 (%)**



*Notes:* Years of parental resettlement are based on the mother, unless the mother is not a refugee or not present in the household, in which case the father's years of resettlement are used. Includes children ages 10 and younger residing with at least one refugee parent.

*Source:* MPI analysis of pooled 2009-13 ACS data.

Being U.S. born could be a strong protective factor, since many foreign-born refugee children face risks associated with their migration and premigration experiences. Prior to resettlement, refugee children may have been exposed to trauma, leading to poor mental health (including post-traumatic stress disorder, or PTSD) and behavioral and cognitive difficulties.<sup>24</sup> They may have also received poor nutrition, with possible long-term consequences.<sup>25</sup> Their preparation for the U.S. educational system might be compromised by disrupted, limited, or poor-quality formal education in sending countries or countries of first asylum, coupled with limited English-language instruction.<sup>26</sup> U.S.-born children are less likely to have experienced these risks, although there is evidence that some refugee populations continue to experience trauma after U.S. resettlement.<sup>27</sup>

24 Selcuk R. Sirin and Lauren Rogers-Sirin, *The Educational and Mental Health Needs of Syrian Refugee Children* (Washington, DC: Migration Policy Institute, 2015), [www.migrationpolicy.org/research/educational-and-mental-health-needs-syrian-refugee-children](http://www.migrationpolicy.org/research/educational-and-mental-health-needs-syrian-refugee-children).

25 Elizabeth Dawson-Hahn, Suzinne Pak-Gorstein, and Jasmine Matheson, *The Nutritional Status of Refugee Children Resettled in Washington State at the Overseas Medical Exam* (Washington, DC: Migration Policy Institute, forthcoming).

26 Sarah Dryden-Peterson, *The Educational Experiences of Refugee Children in Countries of First Asylum* (Washington, DC: Migration Policy Institute, 2015), [www.migrationpolicy.org/research/educational-experiences-refugee-children-countries-first-asylum](http://www.migrationpolicy.org/research/educational-experiences-refugee-children-countries-first-asylum); Dina Birman and Nellie Tran, *The Academic Engagement of Newly Arriving Somali Bantu Students in a U.S. Elementary School* (Washington, DC: Migration Policy Institute, 2015), [www.migrationpolicy.org/research/academic-engagement-newly-arriving-somali-bantu-students-us-elementary-school](http://www.migrationpolicy.org/research/academic-engagement-newly-arriving-somali-bantu-students-us-elementary-school).

27 B. Heidi Ellis, Erin N. Hulland, Alisa B. Miller, Colleen Barrett Bixby, Barbara Lopes-Cardozo, and Theresa Betancourt, *The Family Context of Young Children with Somali and Bhutanese Refugee Parents* (Washington, DC: Migration Policy Institute, forthcoming).



## D. Exposure to Refugee Camps Prior to Resettlement

Some groups of refugees are much more likely than others to have lived in a refugee camp prior to U.S. resettlement. For example, from FY 2002 through FY 2013, all Bhutanese (100 percent) and most Somali (60 percent) refugees lived in camps immediately before arriving in the United States, while very few Iranian or Iraqi refugees reported living in camps.<sup>28</sup>

Although camp conditions vary widely, refugees living in camps often have limited access to legal work opportunities, leaving them reliant on aid and unable to use their skills, or forcing them to enter the informal economy.<sup>29</sup> Living in a refugee camp may also expose children to trauma, factors causing poor health, a lack of educational opportunities, and other risks.

On the other hand, published school enrollment data suggest that camp residence can be advantageous for children. Generally, primary school enrollment rates are higher among refugee children in refugee camps than among those in urban settings (78 versus 70 percent).<sup>30</sup> Enrollment rates varied dramatically by camp, however, even within the same country. In 2009, for example, the primary school enrollment of refugees in two Kenyan camps was 56 percent (Dadaab) and 79 percent (Kakuma).<sup>31</sup>

## E. Languages Spoken, Literacy, and English Proficiency

Refugees resettled in FY 2013 spoke at least 162 languages, and the majority of these languages (92) were spoken by fewer than 50 new arrivals.<sup>32</sup> Moreover, refugees from the same national origin do not necessarily speak the same language. For example, Burmese arrivals in FY 2004-13 spoke 61 different languages, though many individuals spoke more than one language.<sup>33</sup> Speaking a rare language may be a risk factor for refugees' children, as it could complicate their parents' interaction with schools and early childhood education and care (ECEC) providers. Resettling refugees with diverse language backgrounds also involves difficulties finding interpreters and translators, which in turn complicates the provision of services to both families and children.

Another risk factor is the low education level or illiteracy of a parent. Lacking reliable data on refugees' educational attainment at resettlement, this study employs data on native-language literacy as a proxy.<sup>34</sup> Among refugees resettled during FY 2004-13, 94 percent of Cuban Spanish speakers reported being literate in their native language, compared with just 25 percent of Somali speakers, and 18 percent of Laotian Hmong speakers (see Figure 2). The most recent refugee groups (from Bhutan, Liberia, Somalia, and

28 The authors did not systematically investigate the share of refugees with camp experience from all origins. For more detail, see Capps, Newland, Fratzke, Groves, Fix, McHugh, and Auclair, *The Integration Outcomes of U.S. Refugees*, 15.

29 Women's Refugee Commission, *Building Livelihoods: A Field Manual for Practitioners in Humanitarian Settings* (New York: Women's Refugee Commission, 2009), [http://womensrefugeecommission.org/joomlatools-files/docman-files/livelihoods\\_manual.pdf](http://womensrefugeecommission.org/joomlatools-files/docman-files/livelihoods_manual.pdf); T. Alexander Aleinikoff, *From Dependence to Self-Reliance: Changing the Paradigm in Protracted Refugee Situations* (Washington, DC: Migration Policy Institute, 2015), [www.migrationpolicy.org/research/dependence-self-reliance-changing-paradigm-protracted-refugee-situations](http://www.migrationpolicy.org/research/dependence-self-reliance-changing-paradigm-protracted-refugee-situations).

30 Based on gross enrollment ratios (GERs), these data describe primary school enrollment as a percentage of the total population of children of appropriate age. The data may be unreliable due to a lack of birth certificates and accurate population data, the mobility of refugee families, and the fact that native-born children attend school with refugees. Sarah Dryden-Peterson, *Refugee Education: A Global Review* (Geneva: UNHCR, 2011), 24-29, [www.unhcr.org/4fe317589.html](http://www.unhcr.org/4fe317589.html).

31 Ibid.

32 Capps, Newland, Fratzke, Groves, Fix, McHugh, and Auclair, *The Integration Outcomes of U.S. Refugees*, 9-10.

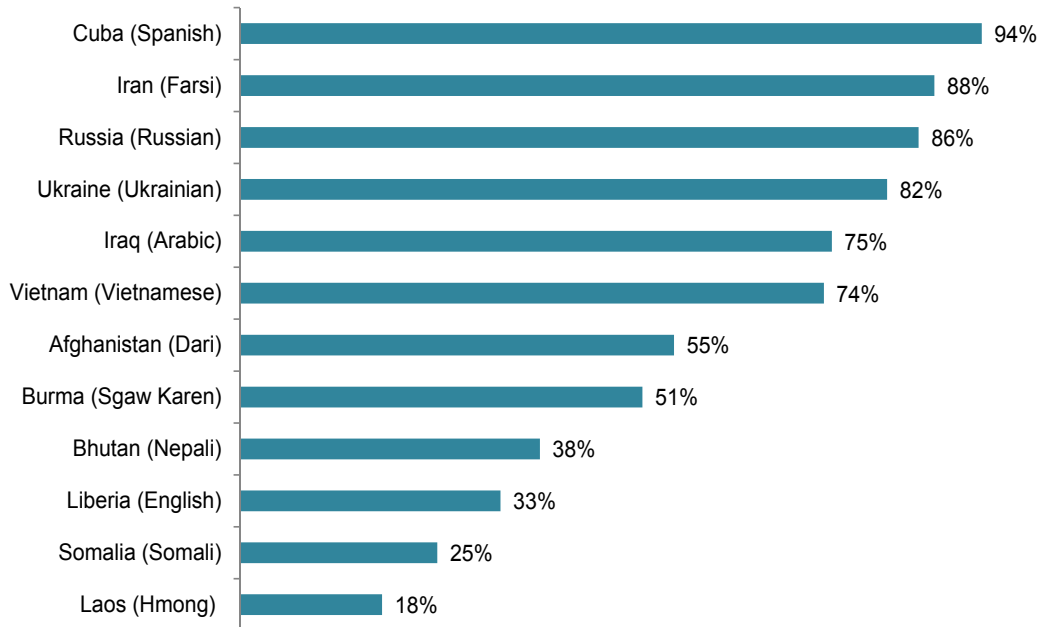
33 WRAPS data on the native languages and literacy of refugees admitted to the United States from FY 2002 to 2003 are incomplete, and these years are excluded from the analysis. In WRAPS, only one native language is coded per individual, even if he or she is proficient in multiple languages—and some of them more common in the United States. For example, an interview conducted with a Chaldean human services agency in metro Detroit revealed that many Chaldean-speaking refugees can also read and write in Arabic. See Capps, Newland, Fratzke, Groves, Fix, McHugh, and Auclair, *The Integration Outcomes of U.S. Refugees*, 10.

34 When exploring the WRAPS data on educational attainment, MPI researchers uncovered the inconsistent recording of educational attainment across years and nationalities, with missing data on a substantial share of refugee arrivals. The researchers were unable to determine whether refugees' literacy in their native language was self-reported or determined by a test during prearrival screenings. The literacy analysis described in this report focuses on some of the most common languages spoken by refugees, and excludes languages without a commonly written form.



Burma) have relatively low literacy levels. Low literacy makes it harder for adults to build English language and job skills after resettlement, and for parents to engage in schools and otherwise support their children's education.<sup>35</sup>

**Figure 2. Arriving Refugees Literate in their Native Languages, Selected Nationalities and Linguistic Groups, FY 2004-13 (%)**



*Note:* Literacy in native language is self-reported.

*Source:* MPI analysis of FY 2004-13 WRAPS data.

Lack of English proficiency also makes it difficult for refugee parents to prosper in the U.S. labor market and support their children's education. The English proficiency of arriving refugees has been improving.<sup>36</sup> One-third of refugees resettled between FY 2008 and FY 2013 reported being able to speak some English, up from one-quarter of refugees resettled between FY 2004 and FY 2007.<sup>37</sup> However, the number of refugees who reported speaking English well remained low (7 percent) throughout the period (FY 2004-13).

The English-language skills of arriving refugees varied widely according to their origins (see Figure 3). Eighty-nine percent of Liberians reported speaking some English (with 44 percent speaking good English), but only 4 percent of Cubans made the same claim (with less than 1 percent speaking good English). More recent arrivals (e.g., from Bhutan and Liberia) were more likely to speak English prior to resettlement than some of the larger groups with longer U.S. residence (from Ukraine, Russia, and Cuba)—further evidence that the English proficiency of refugee arrivals has risen over time. Parents with higher levels of English proficiency are at an advantage in communicating with schools and other institutions serving

35 Lorrie Stoops Verplaetse and Naomi Migliacci, eds., *Inclusive Pedagogy for English Language Learners: A Handbook of Research-Informed Practices* (New York: Lawrence Erlbaum, 2008); Jill Rutter, *Refugee Children in the UK* (Maidenhead: Open University Press, 2006); Annette Woods, "Learning to be literate: Issues of pedagogy for recently arrived refugee youth in Australia," *Critical Inquiry in Language Studies*, 6, (1-2) (2009): 81-101.

36 English language proficiency data were self-reported during prearrival screening.

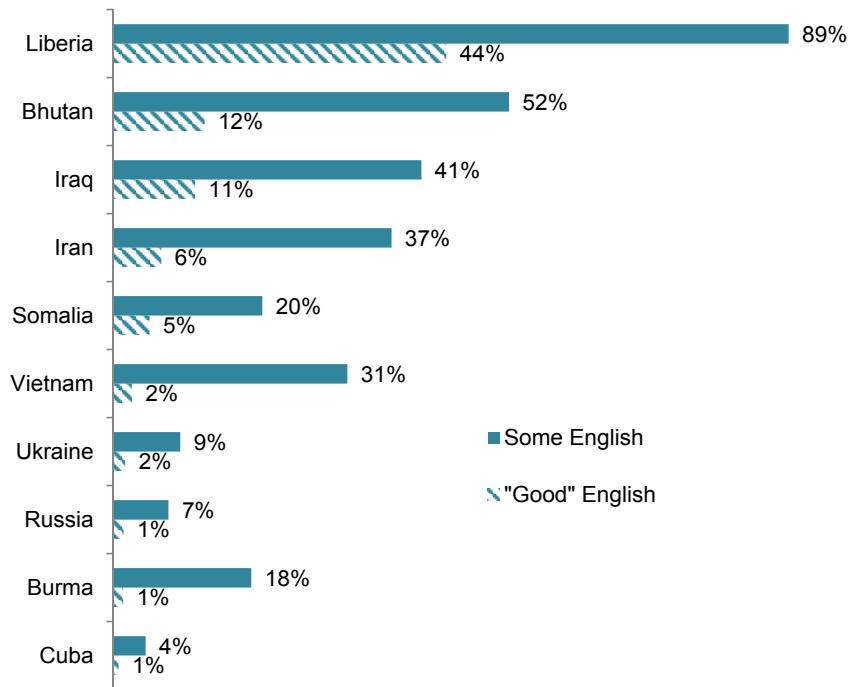
37 Capps, Newland, Fratzke, Groves, Fix, McHugh, and Auclair, *The Integration Outcomes of U.S. Refugees*, 11-13.





their children, while children of refugees growing up in English-speaking families fare better academically than those who grew up speaking a language not common in the United States.<sup>38</sup>

**Figure 3. English Proficiency of Arriving Refugees among Ten Largest National-Origin Groups, FY 2004-13 (%)**



Note: English proficiency is self-reported.

Source: MPI analysis of FY 2004-13 WRAPS data.

## IV. Risk and Protective Factors for Children of Refugees

This study uses 2009-13 ACS data to compose an overview of the risk and protective factors facing children in refugee families (see Appendix for methods). On all indicators, children of refugees are compared with children of U.S.-born parents, used as a benchmark for the overall U.S. child population. They are also compared with children whose parents are immigrants but not refugees, a group that includes legal immigrant families as well as families with unauthorized parents. Given their parents' experiences with persecution, violence, and trauma, one might expect children of refugees to fare poorly on most indicators. But on some measures, particularly the strength of family structures, refugees' children fare better than other children. In most cases, children of refugees fall in the middle between children of other immigrants and of the U.S. born.

The middle-of-the-road performance of refugees' children masks tremendous variation, with strong protective factors evident in some refugee-origin groups and strong risk factors seen in other groups. A comparison of the 20 most common origins for refugee parents (made possible by ACS data) highlights a

38 Suet-ling Pong and Nancy Landale, "Academic Achievement of Legal Immigrants' Children: The Roles of Parents' Pre- and Post-migration Characteristics in Origin-group Differences," *Child Development* 83, no. 5 (2013): 1543-59, [www.ncbi.nlm.nih.gov/pmc/articles/PMC3442927/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3442927/); Barbara Schneider, Sylvia Martinez, and Ann Owens, "Barriers to Educational Opportunities for Hispanics in the United States," in *Hispanics and the Future of America*, eds. Marta Tienda and Faith Mitchell (Washington, DC: The National Academies Press, 2006), 179-224, [www.nap.edu/read/11539/chapter/7#223](http://www.nap.edu/read/11539/chapter/7#223); Maki Park and Margie McHugh, *Immigrant Parents and Early Childhood Programs: Addressing Barriers of Literacy, Culture, and Systems Knowledge* (Washington, DC: Migration Policy Institute, 2014), [www.migrationpolicy.org/research/immigrant-parents-early-childhood-programs-barriers](http://www.migrationpolicy.org/research/immigrant-parents-early-childhood-programs-barriers).



few groups in which children fared better than the U.S. average on almost every indicator (e.g., Russians and Iranians), as well as several groups in which the children generally fared worse (Burmese, Iraqis, Laotians, Liberians, Somalis, and Sudanese).

### A. Geographic Concentration

In the 2009-13 period, just over half of all children in refugee families lived in five states: California (20 percent), Florida (16 percent), New York (7 percent), Texas (6 percent), and Washington (4 percent). (For comparison, the top five states of residence for children of immigrants were California, Texas, New York, Florida, and Illinois.) More than two-thirds of all children of refugees lived in ten states (see Table 4), most of which have a long history of receiving refugees and immigrants.

Some origin groups concentrated in one state, while others were more widely dispersed. Children in Armenian, Cuban, and Haitian refugee families were the most concentrated: more than 80 percent of children of Armenian refugees resided in California, while close to 80 percent of children of Cuban refugees and more than half of children of Haitian refugees lived in Florida (not shown in Table 4). Meanwhile, children in Ethiopian, Bosnian, and Sudanese refugee families were the least geographically concentrated; no state accounted for more than 15 percent of these populations.

**Table 4. Top Ten States of Residence for Young Children of Refugees, 2009-13**

State	Number	Share (%)
<b>U.S. Total</b>	<b>941,200</b>	<b>100</b>
California	187,600	20
Florida	152,000	16
New York	66,600	7
Texas	58,900	6
Washington	41,600	4
Minnesota	39,700	4
Virginia	28,200	3
Massachusetts	27,700	3
Georgia	24,500	3
Illinois	23,700	3

*Note:* Includes children ages 10 and younger residing with at least one refugee parent.

*Source:* MPI analysis of pooled 2009-13 ACS data.

Because of its size and long history of refugee resettlement, California was the primary state of residence for children with parents from Armenia (81 percent), Iran (49 percent), Afghanistan (46 percent), Cambodia (41 percent), Vietnam (38 percent), Laos (29 percent), Nicaragua (27 percent), and Ukraine (18 percent). Children whose families arrived recently were more likely to continue living in the states in which they were initially resettled. For example, 26 percent of children of Somali refugees lived in Minnesota, 24 percent of children of Iraqi refugees lived in Michigan, and 15 percent of children of Burmese refugees and 11 percent of children of Sudanese refugees lived in Texas.

These geographic concentration patterns shift over time, as refugees move after resettlement. In 2012, for example, the states of Florida and Minnesota each received more than 1,000 refugee “secondary migrants,” while Texas had an outflow of almost 1,000 such migrants.<sup>39</sup>

The relatively high concentration of refugee families in a few states makes state policies with regard to

39 ORR, “Secondary Migration Data for FY2012 (Sorted by State),” accessed June 30, 2015, [www.acf.hhs.gov/programs/orr/resource/refugee-arrival-data](http://www.acf.hhs.gov/programs/orr/resource/refugee-arrival-data).



resettlement, education, early education, and other services to children particularly important. These states generally have extensive experience resettling refugees, but the strength of their safety nets for immigrant and other low-income families varies. Relatively low benefit levels for programs like TANF and relatively weak health care and social-service safety nets may generate some risks for refugee families living in states like Florida, Georgia, and Texas. As described later in the report, refugees' children in these states are significantly less likely to have health insurance coverage than children in the other major resettlement states.

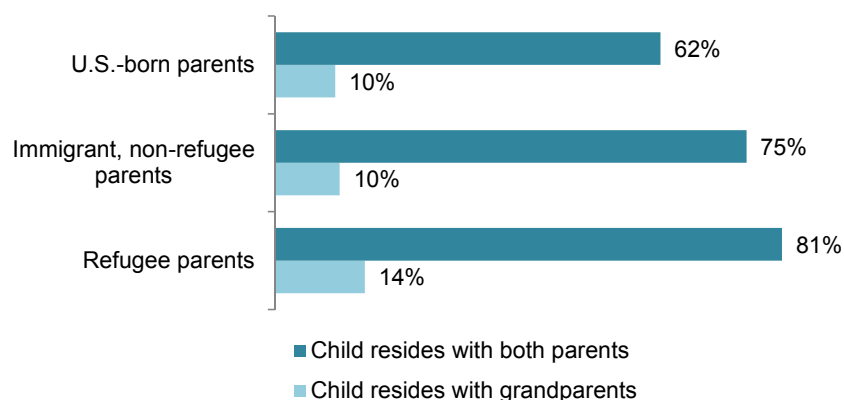
## B. Family Structure and Family Size

Perhaps the most significant protective factor observed among refugees' children is a strong family structure. In 2009-13, children of refugees were considerably more likely to live in a two-parent family (81 percent) than were all U.S.-born children (65 percent). By contrast, only 75 percent of children of other immigrants and 62 percent of children of the U.S. born lived with both their parents (see Figure 4). With the exception of children of Liberian and Somali refugees, all refugee groups were more likely to live with two parents than the U.S. average (see Figure 5). At least 90 percent of children with refugee parents from Iran, Ukraine, Iraq, Burma, Afghanistan, and the former Yugoslavia lived in two-parent families. Family structure has a marked effect on children's future. For example, research indicates that children in two-parent families have better educational outcomes than children in one-parent families.<sup>40</sup> Two-parent families are more likely to have two workers, and thus higher incomes, than one-parent families, and two-parent families have greater resources for child direction and supervision.<sup>41</sup>

Refugees' children were also more likely than other children to live with their grandparents. Grandparents and other extended family members can help parents nurture and care for children in the home, contributing to their adjustment and socialization; the presence of extended family members also offset some of the risks associated with living in single-parent families.<sup>42</sup>

Although children of Liberian, Haitian, and Cuban refugees were among the least likely to live with two parents, they were relatively more likely to live with grandparents. In contrast, children with Somali refugee parents appeared to be the most at-risk group, as they were the least likely to reside in a two-parent family or live with grandparents.

**Figure 4. Young Children Residing with Two Parents or with Grandparents, by Parental Origin, 2009-13 (%)**



*Note:* Includes children ages 10 and younger.

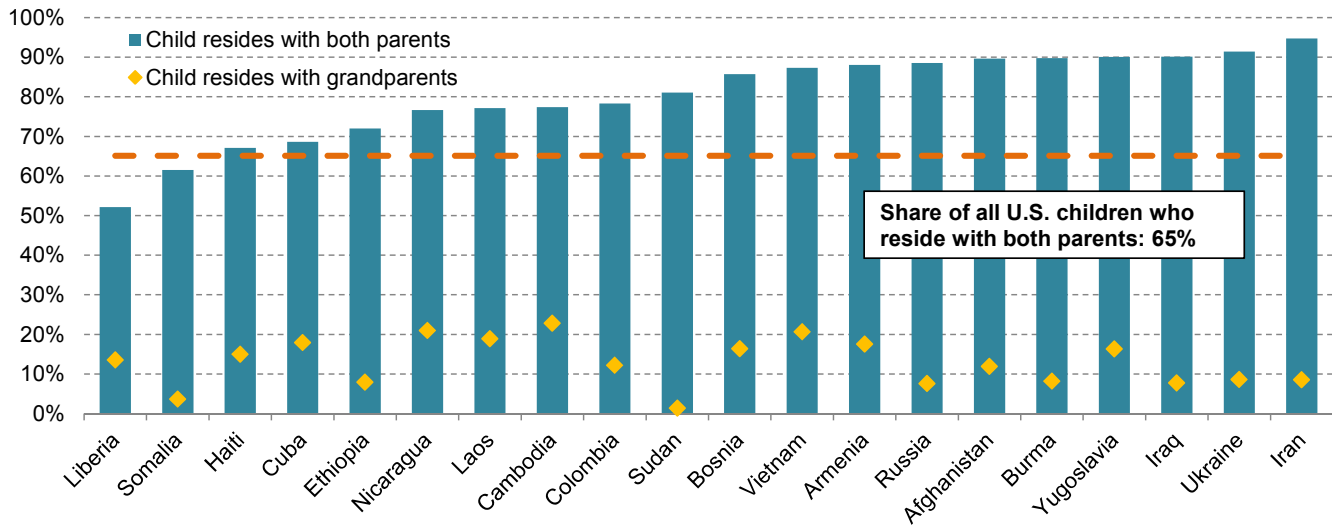
*Source:* MPI analysis of pooled 2009-13 ACS data.

40 Donald J. Hernandez, *Changing Demography and Circumstances for Young Black Children in African and Caribbean Immigrant Families* (Washington, DC: Migration Policy Institute, 2012), 6, [www.migrationpolicy.org/research/CBI-changing-demography-black-immigrant-children](http://www.migrationpolicy.org/research/CBI-changing-demography-black-immigrant-children).

41 Ellis, Hulland, Miller, Bixby, Lopes-Cardozo, and Betancourt, *The Family Context of Young Children*.

42 Hernandez, *Changing Demography and Circumstances*, 7; Ellis, Hulland, Miller, Bixby, Lopes-Cardozo, and Betancourt, *The Family Context of Young Children*.

**Figure 5. Young Children of Refugees Residing with Two Parents or with Grandparents, by Parental Country of Birth, 2009-13 (%)**

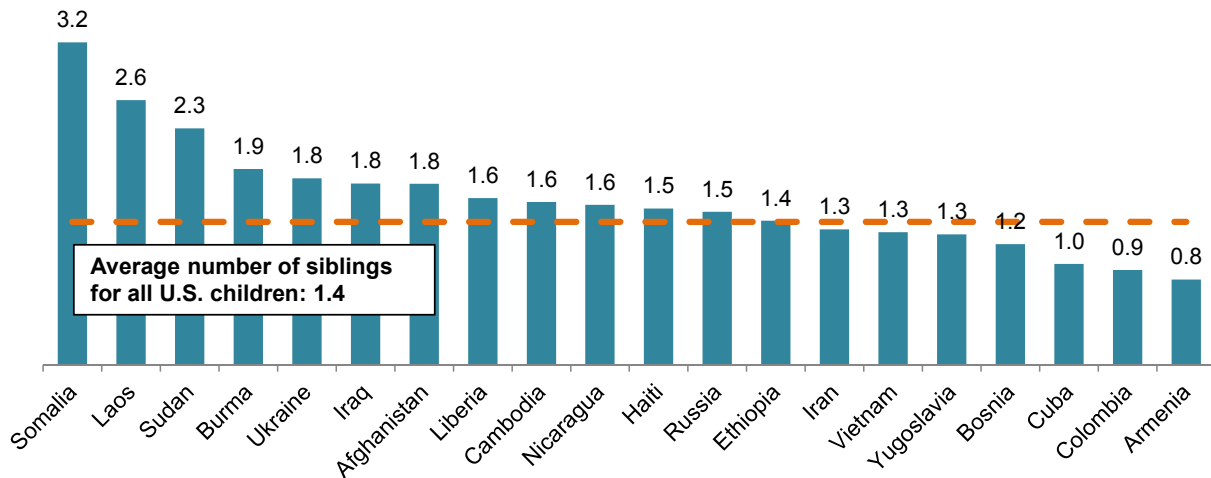


*Note:* Includes children ages 10 and younger residing with at least one refugee parent. Dotted line indicates the average for all U.S. children (with both immigrant and U.S.-born parents).

*Source:* MPI analysis of pooled 2009-13 ACS data.

Family size is similar among children of refugees (1.6 siblings), children of nonrefugee immigrants (1.5 siblings), and children of U.S.-born parents (1.4 siblings). Refugees' family size, meanwhile, varies widely by parental origin (see Figure 6). Children of Somali refugees grow up in the largest families (with an average of more than three siblings), while children of Armenian and Colombian refugees live in the smallest families—often as only children (with less than one sibling on average).

**Figure 6. Young Children of Refugees, Average Number of Siblings, by Parental Country of Birth, 2009-13**



*Note:* Includes children ages 10 and younger residing with at least one refugee parent. Dotted line indicates the average number of siblings of all U.S. children (with both immigrant and U.S.-born parents).

*Source:* MPI analysis of pooled 2009-13 ACS data.

While growing up in a large family with the additional support of siblings may be beneficial to a child's well-being, large families can also strain financial resources and parents' time—potentially limiting children's academic performance and eventually leading to poorer occupational outcomes and lower wages.<sup>43</sup>

<sup>43</sup> Hernandez, *Changing Demography and Circumstances*, 8.



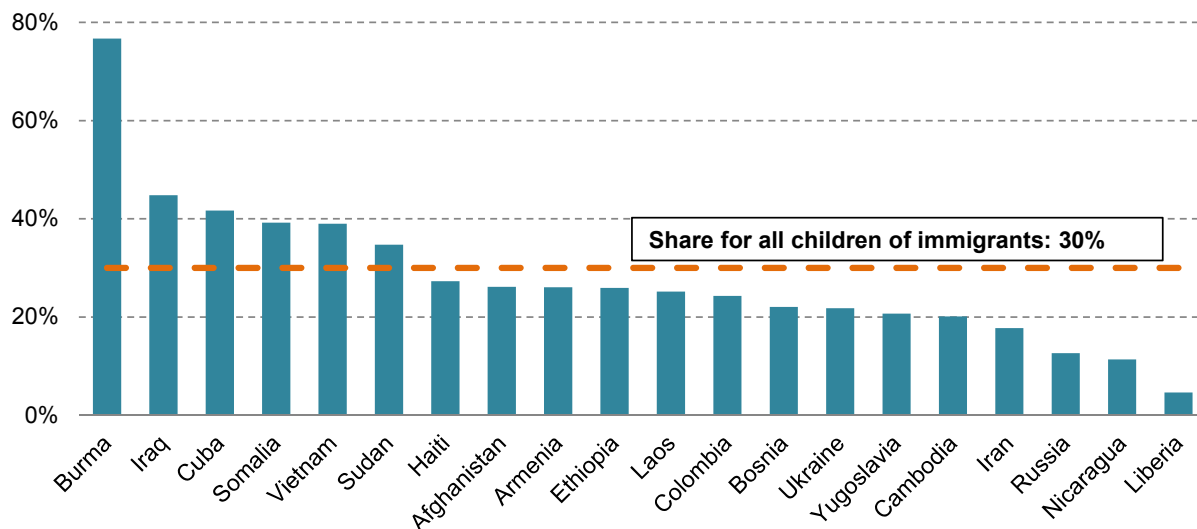
Thus, large family size represents an additional potential risk factor for children with Somali, Laotian, and Sudanese parents.

### C. Household Linguistic Isolation

A significant risk factor faced by refugees' children is a lack of English skills among the adults and older siblings in their households. As described earlier, most refugee adults come to the United States with limited English skills (though English proficiency has improved somewhat among recent arrivals).

During 2009-13, almost one-third (31 percent) of children of refugees resided in linguistically isolated households (that is, where no household member age 14 and older speaks English "very well"). This is comparable to the share (30 percent) of children of other immigrants. Children of refugees were most likely to live in linguistically isolated households if their parents came from Burma (77 percent), Iraq (45 percent), Cuba (42 percent), Somalia (39 percent), and Vietnam (39 percent). Notably, linguistic isolation was relatively high among the two largest and longest-settled refugee groups: Vietnamese and Cubans (see Figure 7).

**Figure 7. Young Children of Refugees Residing in Linguistically Isolated Households, by Parental Country of Birth, 2009-13 (%)**



*Note:* Linguistically isolated households are those where no one age 14 and older speaks English as a first language or "very well." Children living in group quarters are excluded. Includes children ages 10 and younger residing with at least one refugee parent. Dotted line indicates the average share of all children of immigrants living in such households.

*Source:* MPI analysis of pooled 2009-13 ACS data.

Linguistic isolation may have serious ramifications for children. Compared with those living in households with fluent English speakers, individuals in such households tend to be poorer and less educated, and experience more difficulties accessing health, social, and other needed services.<sup>44</sup> Higher poverty and lack of access to health and social services could in turn impede the well-being and development of children in these households.<sup>45</sup> Lack of English proficiency could also hinder refugee parents' ability to engage in schools or preschool programs and otherwise advocate for their children in formal U.S. institutions.<sup>46</sup> Most children of refugees face these risks, even those whose parents are members of long-settled and well-established refugee groups.

44 Paul Siegel, Elizabeth Martin, and Rosalind Bruno, *Language Use and Linguistic Isolation: Historical Data and Methodological Issues* (Washington, DC: U.S. Census Bureau, 2001), 1-3, [www.census.gov/hhes/socdemo/language/data/census/li-final.pdf](http://www.census.gov/hhes/socdemo/language/data/census/li-final.pdf).

45 Pong and Landale, "Academic Achievement of Legal Immigrants' Children."

46 Schneider, Martinez, and Owens, "Barriers to Educational Opportunities for Hispanics;" Park and McHugh, *Immigrant Parents and Early Childhood Programs*.

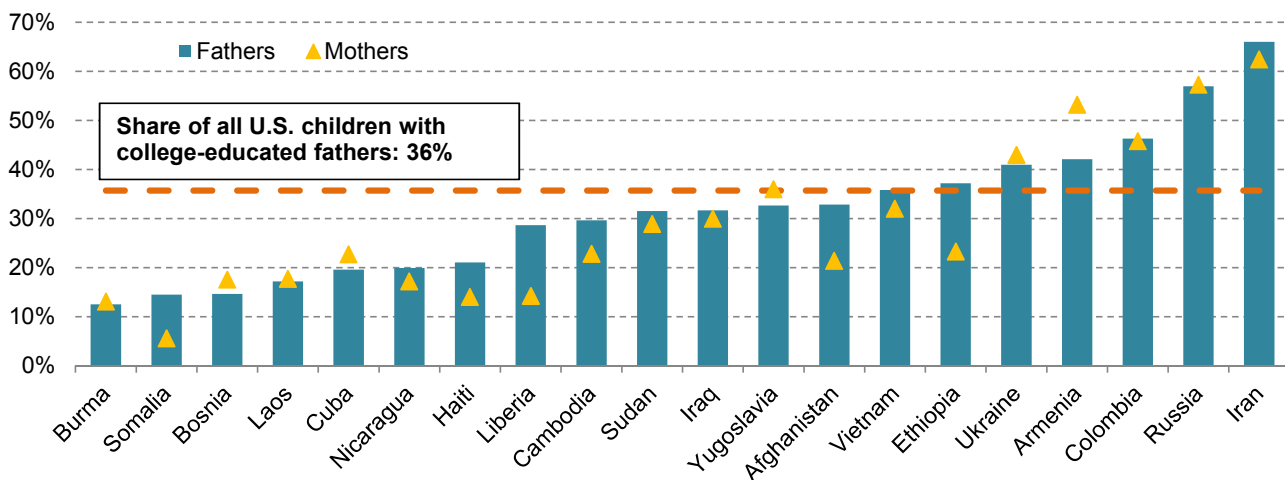
## D. Parental Education

Having parents with limited formal education is another potential risk factor for children of refugees, though a less common risk than lack of English proficiency. In 2009-13, almost one-third of refugees' children had college-educated parents. Thirty-three percent had college-educated fathers, and 30 percent had college-educated mothers, putting them ahead of children with other immigrant parents (30 percent of fathers and 29 percent of mothers). Children of the U.S. born, meanwhile, were the most likely to have college-educated parents (38 percent of fathers and 37 percent of mothers). Among all U.S. children (of immigrants and of the U.S. born), 36 percent had fathers with a college education.

The averages mask tremendous variation across refugee-origin groups. More than half of children of refugees from Iran and Russia had both fathers and mothers who had completed at least a four-year college degree (see Figure 8). By contrast, less than one-quarter of children of refugees from Burma, Somalia, Bosnia, Laos, Cuba, Nicaragua, and Haiti had parents with college degrees.

Refugee fathers tended to be better educated than mothers. Gaps in college completion between fathers and mothers were greatest among Liberian, Ethiopian, Afghani, and Somali parents. Meanwhile, Armenian mothers were significantly better educated than Armenian fathers, and mothers from the former Yugoslavia, Cuba, Bosnia, Ukraine, Laos, and Burma were also slightly more likely to hold bachelor's degrees than fathers from these countries.

**Figure 8. Young Children of Refugees with College-Educated Parents, by Parental Country of Birth, 2009-13 (%)**



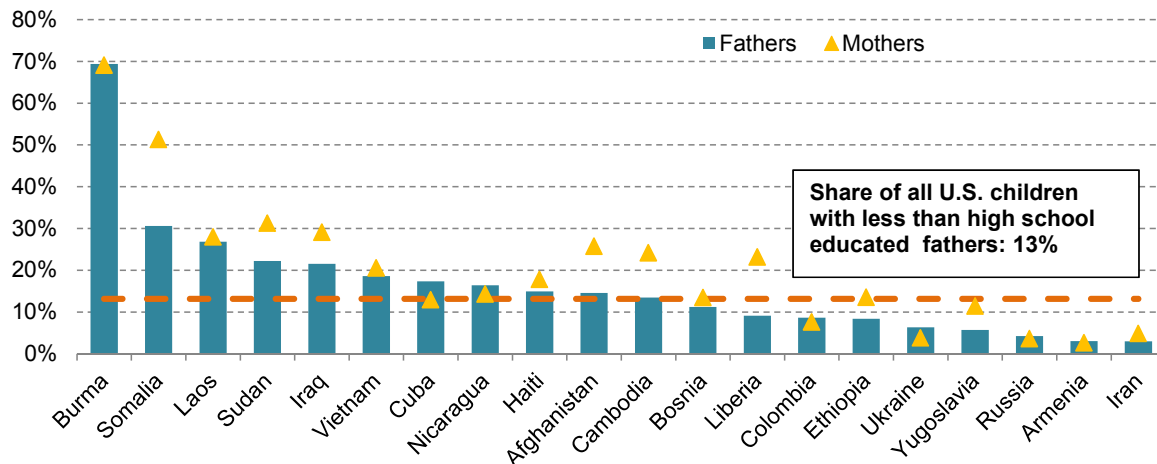
*Note:* Includes children ages 10 and younger residing with at least one refugee parent age 25 or older. “College-educated” parents have a four-year college (bachelor’s) degree or higher. Dotted line indicates the average share of college-educated parents among all U.S. children (with both immigrant and U.S.-born parents).

*Source:* MPI analysis of pooled 2009-13 ACS data.

In the study period, most children of refugees had either a father or a mother who had graduated from high school. Only 17 percent had fathers without a high school degree, and only 19 percent had mothers without a high school degree. In contrast, 31 percent of children of other immigrants had fathers without a high school degree, and 29 percent had mothers without this level of education. (Only 7 percent of children of the U.S. born and 13 percent of all U.S. children meanwhile, had parents without a high school diploma.) In general, the parental-origin groups with the lowest college completion rates were also the most likely to lack a high school diploma or equivalent (see Figure 9).



**Figure 9. Young Children of Refugees Whose Parents Lack a High School Diploma, by Parental Country of Birth, 2009-13 (%)**



*Note:* Includes children ages 10 and younger residing with at least one refugee parent age 25 or older. Dotted line indicates the share of fathers who had not completed high school among all U.S. children (with both immigrant and U.S.-born parents).

*Source:* MPI analysis of pooled 2009-13 ACS data.

Parental education, alongside English proficiency, has been linked with economic indicators such as parental employment, wage, and household income. Parental education influences children's school experiences by affecting parents' ability to engage in school activities and navigate the U.S. school system on behalf of their children.<sup>47</sup> Children of parents who left school early are themselves more likely to drop out before graduation—and to obtain lower-paying jobs as adults.<sup>48</sup> Thus, for the most part, relatively high parental education represents an important protective factor for children of refugees when compared with children of other immigrants. There are, however, exceptions to this pattern (e.g., Burmese, Somali, and Laotian parents).

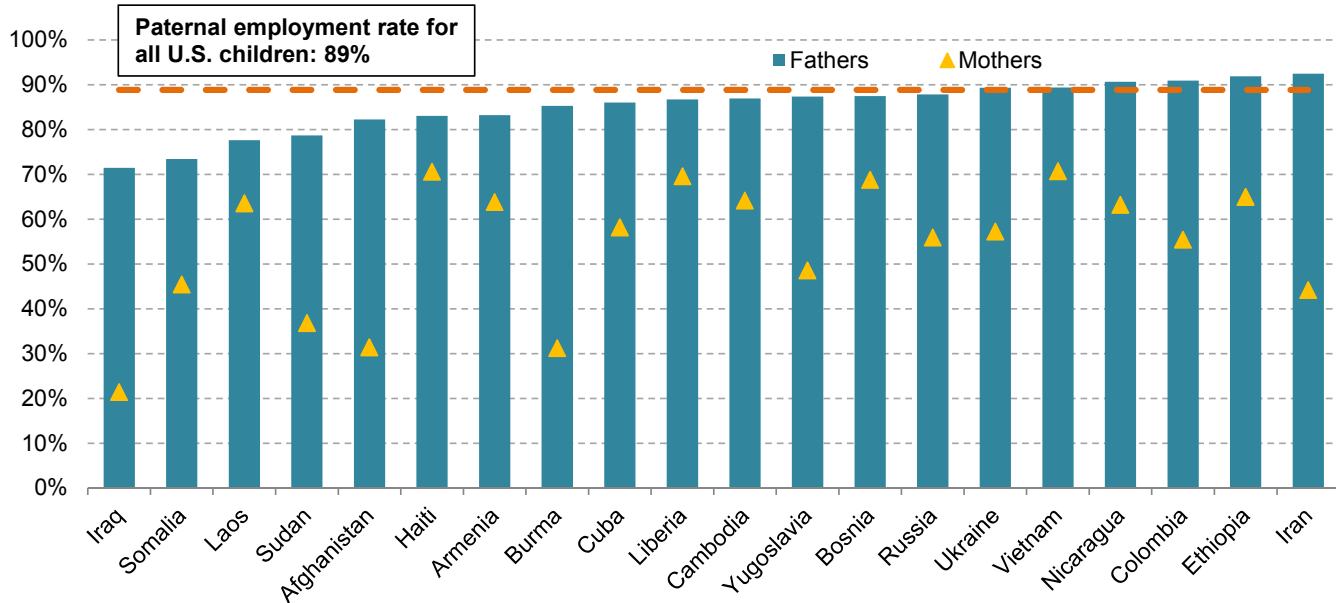
### E. Parental Employment

High levels of parental employment represent another protective factor for refugees' children. Almost all children in refugee families had employed fathers in the study period (86 percent), though this rate was slightly lower than for children with other immigrant fathers (90 percent) and those with U.S.-born fathers (89 percent). Parental employment was high across almost all refugee origins, varying from 71 percent to 92 percent (see Figure 10). Refugee fathers from Iran, Ethiopia, Colombia, and Nicaragua were the most likely to be employed—all above the U.S. average. The lowest paternal employment rates (below 80 percent) were recorded for children with parents from Iraq, Somalia, Laos, and Sudan—and all but those from Laos were relatively recent arrivals.

<sup>47</sup> Ellis, Hulland, Miller, Bixby, Lopes-Cardozo, and Betancourt, *The Family Context of Young Children*; Hernandez, *Changing Demography and Circumstances*, 12-13; Schneider, Martinez, and Owens, "Barriers to Educational Opportunities for Hispanics."

<sup>48</sup> Hernandez, *Changing Demography and Circumstances*, 12-13.

**Figure 10. Young Children of Refugees with Employed Parents, by Parental Country of Birth, 2009-13 (%)**



Note: Includes children ages 10 and younger residing with at least one refugee parent age 16 or older and in the civilian population. Dotted line indicates the share of employed fathers among all U.S. children (with both immigrant and U.S.-born parents).

Source: MPI analysis of pooled 2009-13 ACS data.

In general, better-educated fathers were the most likely to be employed (compare Figures 8, 9, and 10). Other factors that might influence fathers' employment included their literacy and English proficiency levels, described earlier in the report. But it must be noted that some well-educated fathers proficient in English may be unemployed (or underemployed) because their foreign-earned degrees or professional credentials are not recognized in the United States.<sup>49</sup>

Children in refugee families were less likely to have employed mothers than employed fathers (see Figure 10). The share of refugees' children with working mothers (58 percent) was higher than children of other immigrants (50 percent), but lower than children of the U.S. born (63 percent). Unlike paternal employment, maternal employment was not always correlated with educational attainment. The majority of children of refugees from Vietnam and Haiti (71 percent each), Liberia (70 percent), and Bosnia (69 percent) had mothers with jobs—and these were all groups with relatively low education levels. Meanwhile, only 44 percent of children of Iranian refugees had working mothers, despite the fact that nearly two-thirds of these mothers held a bachelor's degree or higher (see Figure 9). Children of refugees from countries in the Middle East and North Africa (Iraq, Afghanistan, and Sudan) had the lowest maternal employment rates, ranging from 21 to 37 percent. Female labor force participation rates have been generally low in this region of the world, especially among young women.<sup>50</sup> In 2013, for instance, the employment-to-population ratio for women (ages 15 and above) was just 14 percent in Afghanistan, 11 percent in Iraq, and 25 percent in Sudan (compared to 74 percent, 60 percent, and 66 percent for men, respectively).<sup>51</sup>

49 Ellis, Hulland, Miller, Bixby, Lopes-Cardozo, and Betancourt, *The Family Context of Young Children*; Jeanne Batalova and Michael Fix with Peter A. Creticos, *Uneven Progress: The Employment Pathways of Skilled Immigrants in the United States* (Washington, DC: Migration Policy Institute: 2008), [www.migrationpolicy.org/research/uneven-progress-employment-pathways-skilled-immigrants-united-states](http://www.migrationpolicy.org/research/uneven-progress-employment-pathways-skilled-immigrants-united-states).

50 The United Nations Children's Fund (UNICEF), *Regional Overview for the Middle East and North Africa. MENA Gender Equality Profile: Status of Girls and Women in the Middle East and North Africa* (Amman: UNICEF, 2011), 5, [www.unicef.org/gender/files/REGIONAL-Gender-Eqaulity-Profile-2011.pdf](http://www.unicef.org/gender/files/REGIONAL-Gender-Eqaulity-Profile-2011.pdf).

51 The employment-to-population ratio is the proportion of a country's population ages 15 and above that is employed. The International Labor Organization (ILO), "Employment to Population Ratio, 15+, Modeled ILO Estimate," in the World Bank's *Key Indicators of the Labour Market Database*, 8<sup>th</sup> edition (Geneva: ILO, 2013).



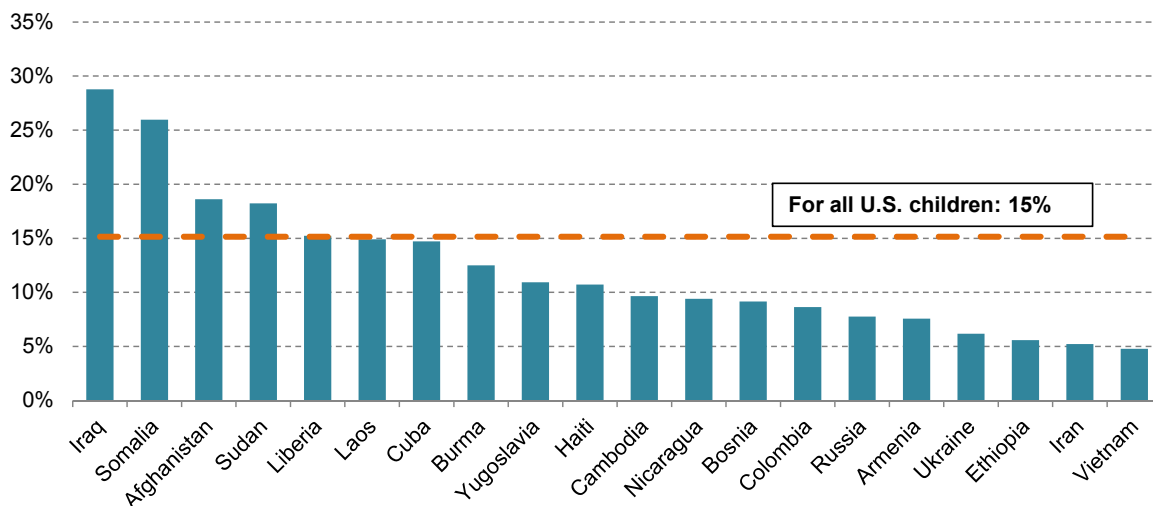


Maternal employment could be influenced not only by education and job skills but also by a lack of child care. In general, immigrant parents have been shown to have difficulty accessing child care, whether due to lack of parental education, limited English skills, or income.<sup>52</sup> Family size could also be an issue, as maternal employment is relatively low among national origin groups with large family sizes: Somalia, Sudan, Afghanistan, Burma, and Iraq.

With both parents considered, in 2009-13 children of refugees were substantially less likely to have no working parents in the home than were children of the U.S. born, at 11 percent versus 16 percent. But children with refugee parents born in Iraq, Somalia, Afghanistan, and Sudan were more likely to have no employed parents than the average for all children (15 percent). Indeed, 29 percent children of Iraqi refugees and 26 percent of children of Somali refugees had no employed parents (see Figure 11). Children of Somali and Iraqi refugees were particularly likely to live in households receiving food stamps or cash assistance. They were also more likely to reside in linguistically isolated families, with more than two siblings and with relatively less educated parents—all factors that could pose substantial barriers to their well-being and future development.

The low employment rates of Somali, Iraqi, Afghani, and Sudanese refugee parents represent a significant risk factor for their children, given that parental unemployment has been linked not only to low family income but also to children's poor educational attainment and physical and mental health outcomes.<sup>53</sup> On the other hand, the relatively high employment rates of parents from the other major origin countries could be considered protective for their children.

**Figure 11. Young Children of Refugees with No Employed Parents, by Parental Country of Birth, 2009-13 (%)**



*Note:* Includes children ages 10 and younger residing with at least one refugee parent age 16 or older and in the civilian population. Dotted line indicates the share of parents without jobs among all U.S. children (with both immigrant and U.S.-born parents).

*Source:* MPI analysis of pooled 2009-13 ACS data.

## V. Socioeconomic Status and Use of Public Benefits

As discussed, children of refugees fare better than children of other immigrants in terms of most risk and protective factors, and even better than children of the U.S. born when it comes to family structure

<sup>52</sup> Hannah Matthews and Deeana Jang, *The Challenges of Change: Learning from the Child Care and Early Education Experiences of Immigrant Families* (Washington, DC: Center for Law and Social Policy, 2007), [www.clasp.org/resources-and-publications/files/0357.pdf](http://www.clasp.org/resources-and-publications/files/0357.pdf).

<sup>53</sup> Ellis, Hulland, Miller, Bixby, Lopes-Cardozo, and Betancourt, *The Family Context of Young Children*.

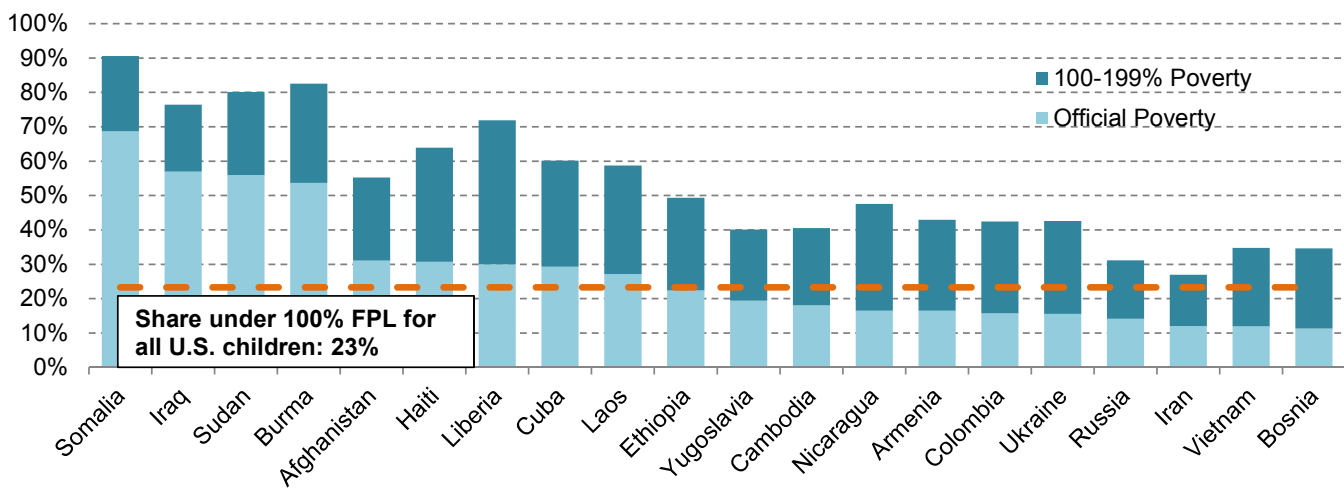


and parental employment. As a result of protective factors, children of refugees are less likely to be poor than children of other immigrants. At the same time, refugees’ children also benefit from better access to health care and public benefits, mostly because eligibility restrictions apply to unauthorized (and some legal) immigrants but not to refugees. Refugees’ children are similar to other immigrants’ children only when it comes to preschool enrollment, with both groups much less likely to be enrolled than children of the U.S. born.

### A. Poverty

During the 2009-13 period, 25 percent of refugees’ children lived in families with incomes below the federal poverty level (FPL).<sup>54</sup> The poverty rate for children of the U.S. born was lower (22 percent), but the rate for children of other immigrants was higher (28 percent). While more than half of children with refugee parents from Somalia, Iraq, Sudan, and Burma lived in poverty, the poverty rate of children with refugee parents from 11 other national origins was below 20 percent (see Figure 12). Their relatively low poverty rates indicate that refugee families of most origins are integrating successfully in the U.S. economy.

**Figure 12. Young Children of Refugees with Family Incomes below 100 and 200 Percent of the Federal Poverty Level, by Parental Country of Birth, 2009-13 (%)**



*Note:* The federal poverty level (FPL), calculated based on total family income before taxes (excluding capital gains and noncash benefits such as food stamps), was \$23,834 for a family of four in 2013. Children living in group quarters are excluded. Includes children ages 10 and younger residing with at least one refugee parent. Dotted line indicates the share of all U.S. children (with both immigrant and U.S.-born parents) living below the federal poverty line.

*Source:* MPI analysis of pooled 2009-13 ACS data.

Children whose parents arrived recently (e.g., from Burma, Somalia, Sudan, and Iraq) were relatively likely to be poor or low-income. Meanwhile, children of refugees in some of the longest-settled groups (e.g., those from Bosnia, Vietnam, Russia, and Iran) were much less likely to be poor or low-income or live in poverty, suggesting that refugee families’ incomes improved with time. Indeed, a separate MPI analysis of refugees’ income showed marked improvements over time, with refugees nearly reaching income parity with U.S. natives after 20 years of U.S. residence.<sup>55</sup> But not every long-settled refugee group had a low poverty rate: children with parents from Haiti, Cuba, and Laos had poverty rates above the U.S. average and substantially above the rates of other well-settled groups. Why poverty rates are higher for these families than other well-settled refugee groups remains an important topic for further research.

54 The federal poverty level (FPL), calculated based on total family income before taxes (excluding capital gains and noncash benefits such as food stamps), was \$23,834 for a family of four in 2013. See U.S. Census Bureau, “Poverty: Poverty Thresholds,” accessed July 1, 2015, [www.census.gov/hhes/www/poverty/data/threshld/index.html](http://www.census.gov/hhes/www/poverty/data/threshld/index.html).

55 Capps, Newland, Fratzke, Groves, Fix, McHugh, and Auclair, *The Integration Outcomes of U.S. Refugees*, 22.



Overall, refugees from most origins—especially those with significant U.S. experience—have relatively low poverty rates, boding well for their children’s development. Growing up in a low-income family has been associated with poor health outcomes (low birth weight and malnutrition), poor cognitive outcomes (developmental delays and learning disabilities), and poor performance in school.<sup>56</sup> Growing up in poverty has also been associated with worse jobs and lower incomes in the future.<sup>57</sup> The earlier the onset of poverty, the worse the effects: children experiencing poverty in early childhood are less likely to graduate from high school, compared with children who experience poverty as adolescents.<sup>58</sup> Being poor over a prolonged period can have a greater detrimental effect on children than either limited parental education or living in a one-parent family.<sup>59</sup>

## B. Use of Public Benefits

Many newly arrived refugee families are poor, underscoring the economic hardships they face at resettlement. Refugee families qualify for cash welfare benefits, food assistance, and public health insurance upon arrival, while most other legal immigrants are ineligible to receive these benefits for their first five years of legal U.S. residency, and unauthorized immigrants are barred altogether.<sup>60</sup> As a result, the refugee population as a whole is more likely to receive food stamps, cash welfare benefits, or public health insurance than either the nonrefugee immigrant or the U.S.-born populations.<sup>61</sup>

Receiving public assistance is associated with poverty, and may mean that refugee parents are unable to find employment providing adequate wages or benefits such as health insurance coverage. On the other hand, public assistance also buffers the effects of poverty and thus reduces the risks faced by children living in low-income families.<sup>62</sup>

### I. Supplemental Nutrition Assistance Program (SNAP/Food Stamps)

Based on data from 2009-13, 30 percent of children of refugees lived in households receiving benefits through the Supplemental Nutrition Assistance Program (SNAP, or food stamps). By comparison, 26 percent of children with nonrefugee immigrant parents and 27 percent of children with U.S.-born parents received SNAP benefits. SNAP offers monthly coupons or benefits to eligible, low-income individuals and families to buy food, and the federal government sets uniform eligibility rules and benefit levels across the United States.<sup>63</sup> Refugees, asylees, and Cuban and Haitian entrants can receive benefits immediately upon arrival if their households meet income and other eligibility requirements.

Children with recently arrived parents (in particular those from Somalia, Burma, Iraq and Sudan) were the most likely to receive SNAP benefits; these were also among the poorest. The share of children in households receiving SNAP benefits was lower than 27 percent of the U.S. average for 11 out of the 20 major refugee origin groups. Meanwhile, children with parents from Cuban, Laos, and Haiti—all long-settled groups—had SNAP receipt rates above the U.S. average.

56 Jeanne Brooks-Gunn and Greg J. Duncan, “The Effects of Poverty on Children,” *Future of Children* 7, no. 2 (1997): 55–71.

57 Hernandez, *Changing Demography and Circumstances*, 21.

58 Brooks-Gunn and Duncan, “The Effects of Poverty on Children,” 68.

59 Hernandez, *Changing Demography and Circumstances*, 21.

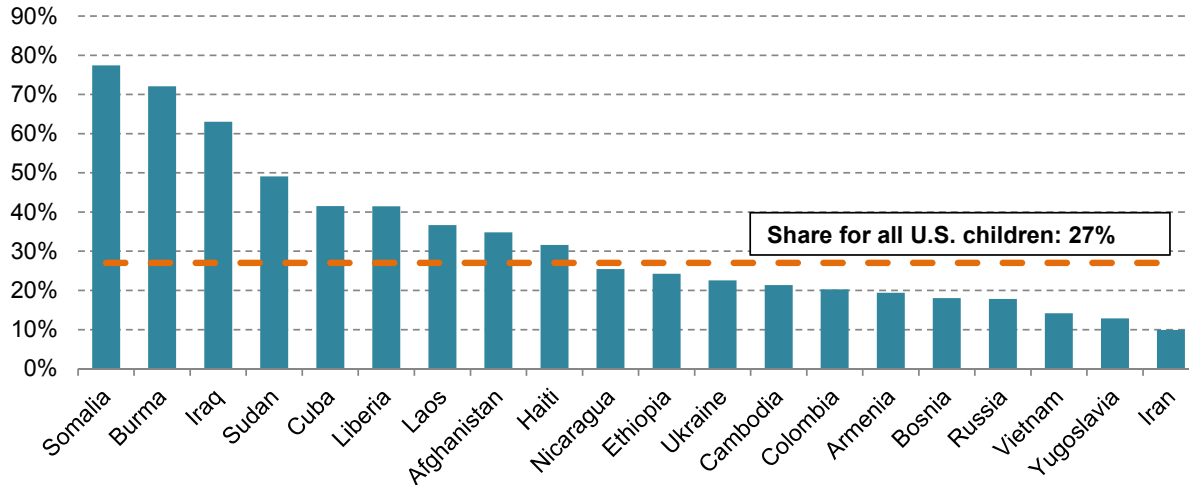
60 LPRs are barred from receiving these benefits for their first five years in the United States. Nonimmigrants (such as students and temporary workers) and unauthorized immigrants are barred from receiving federal public benefits altogether. See HHS/Assistant Secretary for Assistance and Planning and Evaluation (ASPE), *Summary of Immigrant Eligibility Restrictions under Current Law* (Washington, DC: HHS/ASPE, 2009), <http://aspe.hhs.gov/hsp/immigration/restrictions-sum.shtml>.

61 Capps, Newland, Fratzke, Groves, Fix, McHugh, and Auclair, *The Integration Outcomes of U.S. Refugees*, 24.

62 Jennifer Van Hook and Frank D. Bean, “Immigrant Welfare Receipt: Implications for Immigrant Settlement and Integration,” in *Immigrants and Welfare: The Impact of Welfare Reform on America’s Newcomers*, ed. Michael E. Fix (New York: Russell Sage Foundation, 2009).

63 Food Research and Action Center, “SNAP/Food Stamps,” accessed February 13, 2015, <http://frac.org/federal-foodnutrition-programs/snapfood-stamps/>; U.S. Department of Agriculture, Food and Nutrition Service, “Supplemental Nutrition Assistance Program (SNAP),” August 21, 2015, [www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-snap](http://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-snap).

**Figure 13. Young Children of Refugees in Households Receiving SNAP Benefits in Past 12 Months, by Parental Country of Birth, 2009-13 (%)**



*Note:* SNAP refers to the Supplemental Nutrition Assistance Program, formerly the Food Stamp Program. Includes children ages 10 and younger residing with at least one refugee parent. Dotted line indicates the share of all U.S. children (with both immigrant and U.S.-born parents).

*Source:* MPI's analysis of pooled 2009-13 ACS data.

## 2. Cash Assistance

Participation in cash welfare programs was much lower than SNAP participation among all children, including those in refugee families. During the 2009-13 period, 8 percent of children of refugees lived in households reporting income from public assistance: a slightly higher share than children of other immigrants (5 percent) and the U.S. born (6 percent).<sup>64</sup> Thus, as is the case for food stamps, slightly more children of refugees received cash assistance than other U.S. children. Nonetheless, with such a low rate of cash assistance receipt, refugee families were generally self-sufficient.

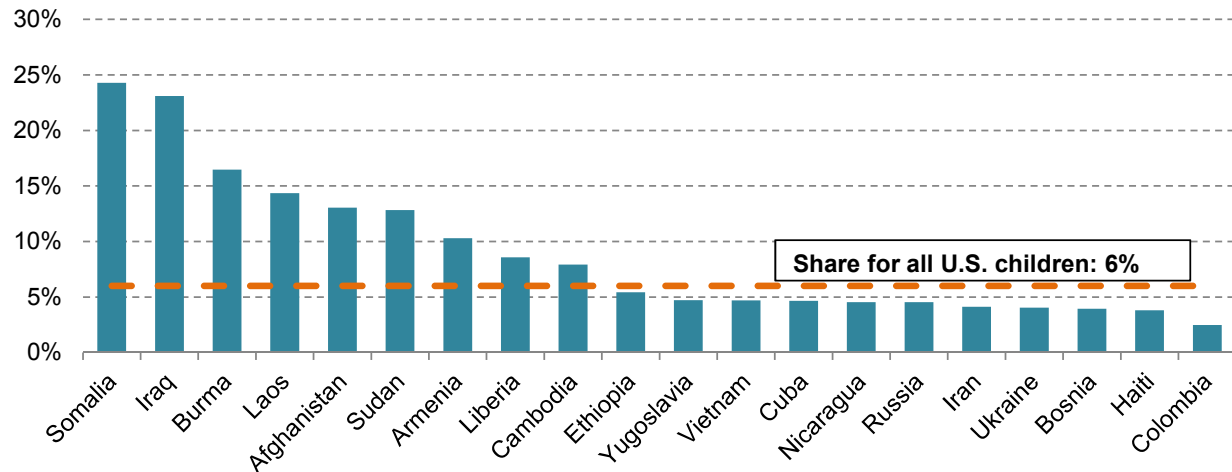
Patterns of cash assistance receipt for children of refugees closely tracked receipt of food stamps, with the highest receipt levels among children with parents from recent groups—particularly Somalia, Iraq, and Burma (see Figures 13 and 14 for comparison). However, the children of Cuban and Haitian refugees were relatively more likely to receive food stamps (41 percent and 32 percent, respectively), but relatively *less likely* to receive cash assistance (5 percent and 4 percent). The relatively low receipt of cash assistance among children of Cuban and Haitian refugees could partially be explained by the fact that they were highly concentrated in Florida, a state with some of the most restrictive eligibility rules and lowest cash benefit levels in the country.<sup>65</sup>

<sup>64</sup> Cash assistance refers to welfare payments from various public assistance programs, including Temporary Assistance for Needy Families (TANF), Refugee Cash Assistance (RCA), and General Assistance (GA). TANF provides cash benefits to certain groups of low-income families with children and is funded through federal block grants with broad state discretion on income eligibility thresholds, benefits levels, and limits on the time that families can receive TANF assistance. RCA and GA are generally for individuals or childless couples. See Liz Schott, *Policy Basics: An Introduction to TANF* (Washington, DC: Center on Budget and Policy Priorities, 2012), [www.cbpp.org/files/7-22-10tanf2.pdf](http://www.cbpp.org/files/7-22-10tanf2.pdf).

<sup>65</sup> Ife Floyd and Liz Schott, *TANF Cash Benefits Have Fallen by More than 20 Percent in Most States and Continue to Erode* (Washington, DC: Center on Budget and Policy Priorities, 2014), [www.cbpp.org/files/10-30-14tanf.pdf](http://www.cbpp.org/files/10-30-14tanf.pdf); Erika Huber, David Kassabian, and Elissa Cohen, *Welfare Rules Databook—State TANF Policies as of July 2013* (Washington, DC: The Urban Institute, 2014), <http://anfdatabook.org/wrd/databook.cfm>.



**Figure 14. Young Children of Refugees in Households Receiving Cash Assistance, by Parental Country of Birth, 2009-13 (%)**



*Note:* Cash assistance includes receipt of at least some income from welfare programs such as Temporary Assistance for Needy Families (TANF), Refugee Cash Assistance (RCA), or General Assistance (GA) during the past month. Program eligibility requirements and benefit levels vary greatly from state to state. Includes children ages 10 and younger residing with at least one refugee parent. Dotted line indicates share of all U.S. children (with both immigrant and U.S.-born parents).  
*Source:* MPI analysis of pooled 2009-13 ACS data.

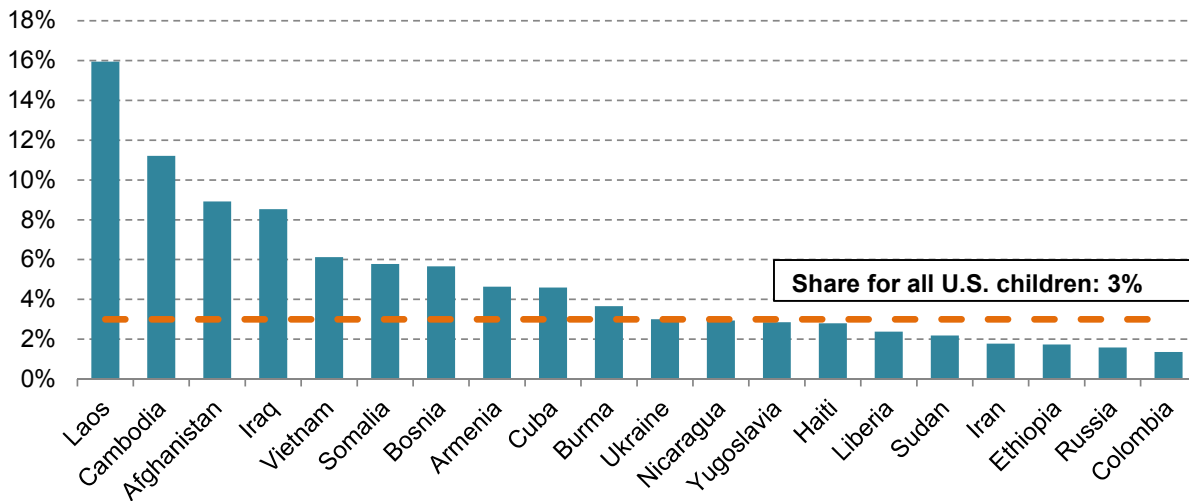
### 3. Supplemental Security Income

Relatively few refugee families with children received Supplemental Security Income (SSI), a federal program that makes monthly payments to low-income people who are age 65 or older, blind, or disabled. In the 2009-13 period, 5 percent of children of refugees lived in households receiving SSI, though this share was again higher than for children of other immigrants (2 percent) and children of the U.S. born (4 percent). Refugees could receive SSI benefits if they met all the requirements for eligibility (such as old age, disability, or having limited income and resources), with benefit levels and eligibility rules set nationally.<sup>66</sup> Children in refugee families could themselves be eligible for SSI if they were disabled, but SSI participation was calculated at the household level—meaning any adult or child member of the household could have received the benefit.

The pattern of SSI receipt differed from food stamps and cash welfare. Some of the refugee groups with the longest U.S. experience had relatively high rates of SSI receipt: Laos, Cambodia, Vietnam, and Bosnia (see Figure 15). Unlike food stamps and cash assistance, SSI is generally not made available to refugees immediately upon resettlement, and the complex rules governing the program could make it difficult to qualify and apply. It could be that it takes refugee groups some time to understand the system well enough (and to be identified as having qualifying disabilities) to qualify for the program. Additionally, long-settled groups might be more likely to have household members old enough (65 or over) to qualify based on age alone.

<sup>66</sup> Social Security Administration, “Supplemental Security Income Home Page—2014 Edition,” accessed February 13, 2015, [www.ssa.gov/ssi/](http://www.ssa.gov/ssi/).

**Figure 15. Young Children of Refugees in Households Receiving Supplemental Security Income within Past 12 Months, by Parental Country of Birth, 2009-13 (%)**



Note: Includes children ages 10 and younger residing with at least one refugee parent. Dotted line indicates the share of all U.S. children (with both immigrant and U.S.-born parents).

Source: MPI analysis of pooled 2009-13 ACS data.

### C. Health Insurance Coverage

Children of refugees, like other U.S. children, were almost universally covered by either private or public health insurance in 2009-13. But children of refugees were more likely to have private coverage than children of other immigrants. During the 2009-13 period, 93 percent of refugees' children were covered, just below the 95 percent rate for children of the U.S. born (see Figure 16). Children of other immigrants were somewhat less likely to have health insurance coverage (90 percent), mostly due to lower employer and other private coverage. In fact, 50 percent of refugees' children had coverage through their parents' employers or other private sources, compared to 44 percent of children of other immigrants. Private coverage was highest among children of the U.S. born, at 62 percent.<sup>67</sup>

Extensive health insurance coverage protects refugees' children, and has been shown to be an important determinant of health outcomes.<sup>68</sup> Additionally, high rates of private coverage—at least relative to children of other immigrants—is a sign that refugee parents often hold jobs with benefits, another potential protective factor.

Note that the data analyzed for this report ended with 2013—one year before the *Affordable Care Act* (ACA) was implemented in 2014. Many refugees became eligible for ACA's subsidies and tax credits (based on income) for the purchase of private coverage in 2014, and so one would expect private coverage in refugee families (like other U.S. families) to improve starting then.<sup>69</sup> Indeed, immigrant coverage improved dramatically during the first year of the ACA, with the uninsured rate for both naturalized citizens and noncitizens falling more rapidly than the uninsured rate for the U.S. born between 2013 and 2014.<sup>70</sup> MPI researchers did not analyze 2013 and 2014 coverage patterns separately for refugees.

67 If respondents recorded both public and private coverage, they were classified as having private coverage.

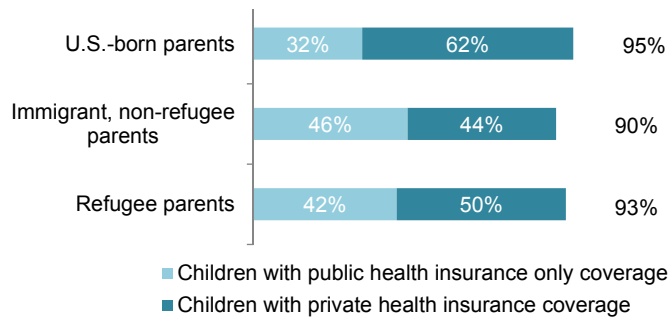
68 Hernandez, *Changing Demography and Circumstance*, 26.

69 Most refugee families had incomes below 400 percent of FPL, the cutoff for eligibility for *Affordable Care Act* (ACA) subsidies and tax credits for the purchase of private insurance.

70 Between 2013 and 2014, the uninsured rate dropped 5 percent for naturalized citizens (from 16 percent to 11 percent), 6 percent for noncitizens (from 46 percent to 40 percent), and 3 percent for U.S.-born citizens (from 12 percent to 9 percent), according to MPI analysis of 2013 and 2014 ACS data.



**Figure 16. Young Children with Public or Private Health Insurance Coverage, by Parental Immigrant/Refugee Status, 2009-13 (%)**

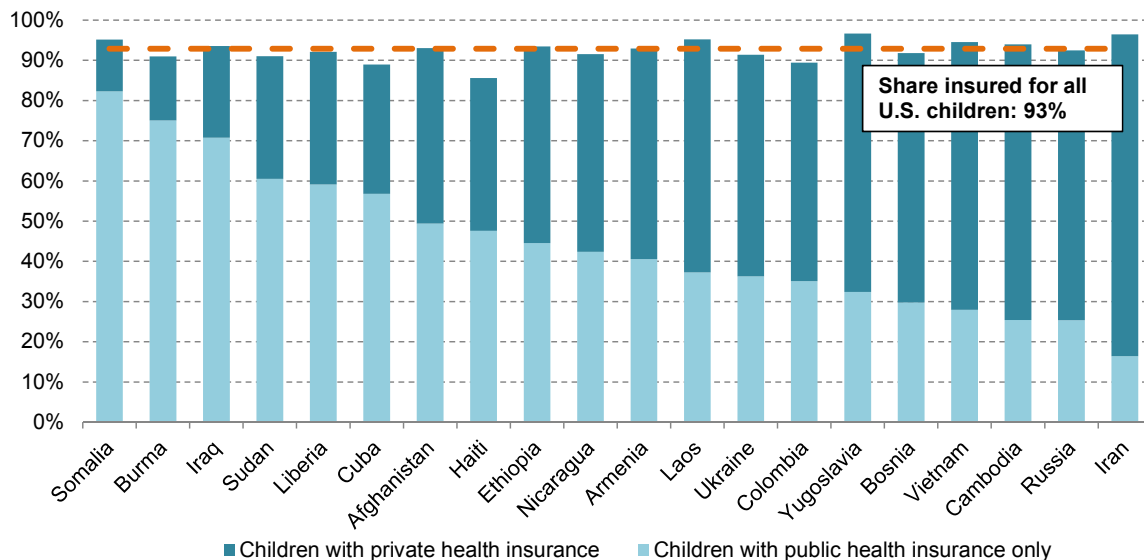


*Note:* Children with both public and private health insurance coverage are classified as having private coverage. Includes children ages 10 and younger residing with at least one refugee parent.  
*Source:* MPI analysis of pooled 2009-13 ACS data.

There was little variation in the overall coverage of refugees’ children by parental origin, though children with parents from Haiti (86 percent), Cuba (89 percent), and Colombia (89 percent) had slightly lower coverage rates (see Figure 17). Refugees from these three countries were highly concentrated in Florida, where all children were relatively likely to be uninsured, as described below. Private coverage was relatively low among children of Cuban and Haitian refugees, two groups with moderately high poverty rates (see Figure 26), and somewhat higher among children of Colombian refugees. The low private coverage of children in Cuban and Haitian refugee families might indicate that many of their parents had jobs without health insurance benefits.

Public coverage was highest among relatively recent arrivals: children of Somali refugees (82 percent), children of Burmese (75 percent), and children of Iraqis (71 percent). Children with parents from longer-term refugee groups and those in higher-income groups were more likely to have private coverage, presumably through their parents’ employers (again with the exception of Cubans and Haitians). Rising private coverage among refugee families with longer U.S. residence is another sign that refugees become self-sufficient and less reliant on public benefits over time.

**Figure 17. Share of Young Children of Refugees with Public or Private Health Insurance Coverage, by Parental Country of Birth, 2009-13 (%)**

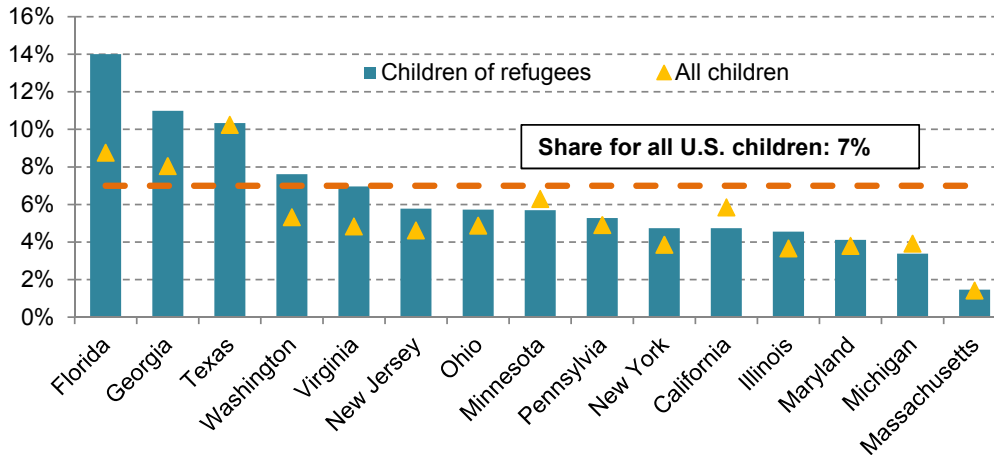


*Note:* Children with both public and private health insurance coverage are coded as having private coverage. Includes children ages 10 and younger residing with at least one refugee parent. Dotted line indicates the share of all U.S. children (with both immigrant and U.S.-born parents).  
*Source:* MPI analysis of pooled 2009-13 ACS data.



Health insurance coverage of children in refugee families, like all children, was lowest in the southern states of Florida, Georgia, and Texas (see Figure 18). Refugees' children living in Massachusetts were the most likely to be insured. Children of refugees were significantly less likely to be uninsured (by at least 2 percentage points) in Florida, Georgia, Washington, and Virginia; in the other states, patterns of coverage were similar across these two groups.

**Figure 18. Young Children of Refugees with No Health Insurance Coverage and Residing in 15 States with Largest Refugee Populations, 2009-13 (%)**



*Note:* Includes children ages 10 and younger residing with at least one refugee parent. Dotted indicates the average share among all children (with both immigrant and U.S.-born parents) nationwide. The triangles indicate the average rates of all children within the states labeled.

*Source:* MPI analysis of pooled 2009-13 ACS data.

#### D. Crowded Housing

Children of refugees and children of other immigrants are more likely to live in crowded housing than children of the U.S. born (see Figure 19). Twenty-five percent of children of refugees lived in crowded housing in 2009-13, more than twice the level observed among children of the U.S. born (10 percent), though lower than among the children of other immigrants. More than half of children with parents from Burma and Somalia lived in crowded housing, as did over 40 percent of children from Sudan and Laos (see Figure 20). The most crowded households included those of recent refugee groups, with the exception of Laos.

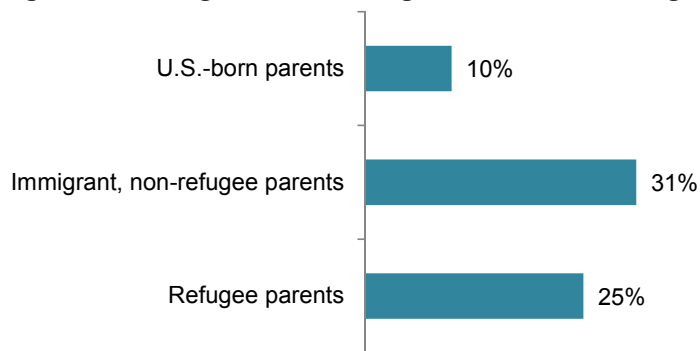
Crowded housing, defined as more than one person per room, has been linked to a number of risk factors for children's well-being and development. For instance, sleep deprivation may result in poor academic performance or behavioral problems, a greater risk of transmitting infectious diseases, and increased household stress.<sup>71</sup> At the same time, crowded housing may also represent a strategy for obtaining better living conditions by including more earners in the household. Crowding may have advantages for child development as well, if more adults are available to provide supervision. But, overall, high levels of crowding—observed among recent arrivals in particular—most likely represent a risk factor for refugees' children.

<sup>71</sup> Hernandez, *Changing Demography and Circumstances*, 24.





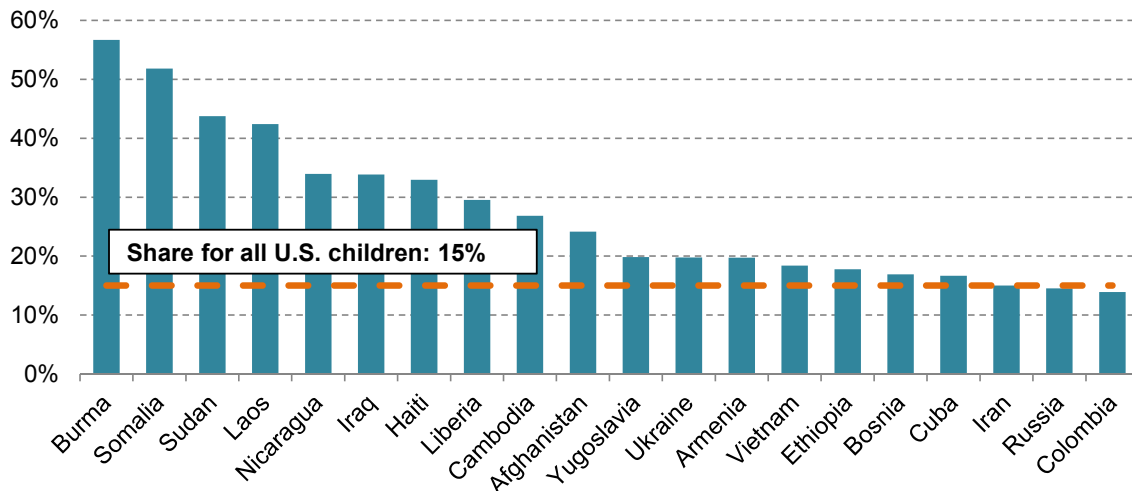
**Figure 19. Young Children Living in Crowded Housing, by Parental Immigration Status, 2009-13 (%)**



*Note:* Crowded housing is defined based on the ratio between the number of people in the household and the number of rooms. A household with a ratio greater than 1 is considered crowded. Children living in group quarters are excluded. Includes children ages 10 and younger residing with at least one refugee parent.

*Source:* MPI analysis of pooled 2009-13 ACS data.

**Figure 20. Young Children of Refugees Living in Crowded Housing, by Parental Country of Birth, 2009-13 (%)**



*Note:* Crowded housing is defined based on the ratio between the number of people in the household and the number of rooms. A household with a ratio greater than 1 is considered crowded. Children living in group quarters are excluded. Includes children ages 10 and younger residing with at least one refugee parent. Dotted line indicates the share of all U.S. children (with both immigrant and U.S.-born parents).

*Source:* MPI analysis of pooled 2009-13 ACS data.

## E. Prekindergarten Enrollment

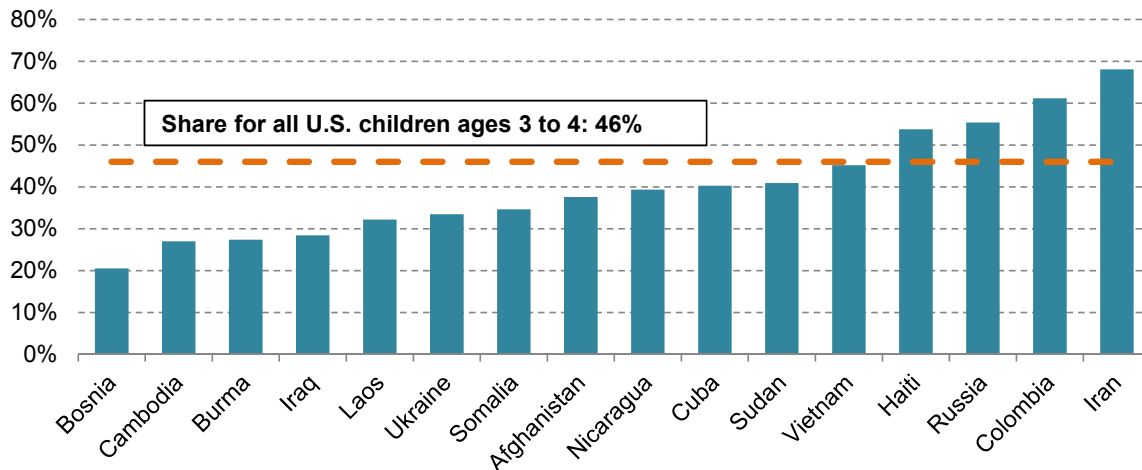
Another risk factor for refugees' children is their relatively low enrollment in preschool programs. In the 2009-13 period, 42 percent of children of refugees and a comparable share of children of other immigrants were enrolled in preschool, shares far below children of the U.S. born (48 percent).<sup>72</sup> In general, preschool enrollment rates tracked family income, with higher income groups (e.g., children of Russian, Colombian, and Iranian refugees) more likely to enroll than lower-income groups (e.g., Burmese, Iraqis, and Laotians). But children in some higher-income refugee groups (e.g., Bosnians and Ukrainians) also had low preschool enrollment rates.

Participation in preschool and other high-quality ECEC could benefit children's social, emotional, cognitive, and language development, and has been linked to long-term positive outcomes in academic perfor-

<sup>72</sup> When reporting their children's preschool enrollment in the ACS, parents referred to pre-K programs in public schools, Head Start programs, center-based child care, or other forms of child care outside the home.

mance, health, and employment.<sup>73</sup> ECEC participation could be particularly valuable for children whose parents have limited formal education or are not proficient in English: ECEC programs like Early Head Start and Head Start promise to improve children’s English language skills, literacy, and math skills.<sup>74</sup> Thus, the low preschool enrollment of most refugees’ children could put them at risk for poor performance in school.<sup>75</sup>

**Figure 21. Children of Refugees Ages 3-4 Enrolled in Preschool, by Parental Country of Birth, 2009-13 (%)**



*Note:* Children of refugees from Yugoslavia, Armenia, Sudan, and Liberia are excluded due to small sample sizes of children ages 3 to 4. Some children participating in Head Start and other forms of center-based care might go unmentioned by parents who do not consider these programs to be preschool. Children enrolled in kindergarten are excluded. Dotted line indicates the share of all U.S. children (with both immigrant and U.S.-born parents).

*Source:* MPI analysis of the pooled 2009-13 ACS data.

Refugees’ lower use of preschool and other formal child-care arrangements could be explained in part by the presence of a nonworking parent or another family member who provides child care. However, while all parents—regardless of their nativity—face barriers to child care like cost and proximity, refugee parents face additional obstacles, such as limited English proficiency. Cultural preferences, too, are likely to play a role.<sup>76</sup> Prior research suggests that lack of access to high-quality programs also discourages immigrants from enrolling their children in preschool.<sup>77</sup>

73 Lyn Morland, Nicole Ives, Clea McNeely, and Chenoa Allen, *Providing a Head Start: Improving Access to Early Childhood Education for Refugees* (Washington, DC: Migration Policy Institute, 2016), [www.migrationpolicy.org/research/providing-head-start-improving-access-early-childhood-education-refugees](http://www.migrationpolicy.org/research/providing-head-start-improving-access-early-childhood-education-refugees).

74 Hernandez, *Changing Demography and Circumstances*, 25; Morland, Ives, McNeely, and Allen, *Providing a Head Start*.

75 A recent report from the Organization for Economic Cooperation and Development (OECD) found a wide difference in the achievement test scores of immigrant children who arrived in the United States before age 6 between those who attended preschool education and those who did not. Using tests administered to children at age 15 by the OECD Program for International Student Assessment (PISA), analysts found a gap of 150 points or the equivalent of four years of schooling between children who had and had not attended preschool. See OECD and European Commission, *Indicators of Immigrant Integration 2015: Settling In* (Paris: OECD Publishing, 2015), 240-41, [http://ec.europa.eu/dgs/home-affairs/e-library/documents/policies/legal-migration/integration/docs/ec\\_oecd\\_joint\\_report\\_indicators\\_of\\_immigrant\\_integration\\_2015\\_en.pdf](http://ec.europa.eu/dgs/home-affairs/e-library/documents/policies/legal-migration/integration/docs/ec_oecd_joint_report_indicators_of_immigrant_integration_2015_en.pdf).

76 Morland, Ives, McNeely, and Allen, *Providing a Head Start*.

77 Maki Park, Margie McHugh, Jie Zong, and Jeanne Batalova, *Immigrant and Refugee Workers in the Early Childhood Field: Taking a Closer Look* (Washington, DC: Migration Policy Institute, 2015), [www.migrationpolicy.org/research/immigrant-and-refugee-workers-early-childhood-field-taking-closer-look](http://www.migrationpolicy.org/research/immigrant-and-refugee-workers-early-childhood-field-taking-closer-look).



## VI. Conclusion

There has been little systematic research on U.S. refugees and even less on their children. This research paper is part of a series that fills gaps in the research about young children with refugee parents.

The well-being of children in refugee families has policy significance in part because refugees are the only U.S. immigrants who benefit from a comprehensive, national integration program. While other groups of immigrants are often excluded from federal and state programs, refugees are eligible for an array of assistance programs including health care, food assistance, and cash welfare immediately upon their arrival. The goal of the U.S. resettlement program, broadly speaking, is to promote refugees' self-sufficiency—defined as gainful employment with incomes sufficient to lift their families out of poverty and reduce their dependence on public benefits.

When measuring the self-sufficiency of refugees and the well-being of their children, one must consider the great diversity of the U.S. refugee population. This diversity has grown over the decades as the U.S. resettlement system has changed the geographic scope of refugee admissions from a handful of Communist and formerly Communist countries to more than 100 countries with very different characteristics. Today the languages, cultures, migration histories, and trauma experiences of refugees vary tremendously. The characteristics of refugees and their children cannot be painted with a single, broad brush.

Nonetheless, some generalizations can be derived from the research described in this report. These are summarized, as follows:

***Children of refugees benefit from several factors that protect their well-being.*** Most notably, refugees' children are more likely than other children to live in a two-parent family. The presence of two parents and extended family members has several potential benefits; for example, it might indicate more workers in the households and more adults available for child direction and supervision.

The relatively high employment levels of refugee parents are another protective factor for their children. The share of children of refugees living in families with no employed parents is below the U.S. average, except for children of refugees from Iraq, Somalia, Afghanistan, and Sudan. The employment rates of refugee fathers and mothers are slightly below average, but these low rates are offset by the higher share of refugee families with two parents in the home. Having at least one working parent increases incomes in refugee families and promotes their integration and self-sufficiency.

Refugee parents are better educated than other immigrant parents, but slightly less well educated than U.S.-born parents. Contrary to public perception, only a small share of refugee parents (less than one-fifth) lacks a high school education, while almost one-third have at least a college education. Refugee parents from Iran, Russia, and Armenia are the most likely to have completed a four-year college degree or higher—well above the U.S. average. Gender patterns of parental education vary significantly: fathers from some origins (e.g., Ethiopia, Sudan, Afghanistan, Cambodia, Liberia, and Somali) are much better educated than mothers, while those from other origins (Armenia, Bosnia, Cuba, Russia, Ukraine, and the former Yugoslavia) are slightly less educated.

***Children of refugees also face significant risks to their well-being.*** Like children of other immigrants, almost one-third of children in refugee families live in linguistically isolated households (that is, no one over the age of 14 is proficient in English). Linguistic isolation can impede children's English acquisition and deter parental engagement in their schooling. Parents' limited English skills, meanwhile, are associated with poorer employment opportunities and lower earnings.

One-quarter of refugees' children live in families with incomes below the FPL, a higher share than children of the U.S. born but below that of other immigrants. The majority of families from the 20 most common refugee origins fare better than the U.S. average. Poverty rates are particularly low among children with parents from Bosnia, Vietnam, and Iran. But the poverty rate exceeds 50 percent, or more than twice the U.S. average, for children in Somali, Iraqi, Sudanese, and Burmese refugee families.



Many refugee children have experienced trauma prior to resettlement, and U.S.-born children of refugees may suffer the effects of the trauma experienced by their parents. The data employed for this report do not address the topic of mental health or trauma experiences in the population, but any such experiences clearly pose an additional risk for children of refugees, setting them apart from the average child in the United States.

***Children of refugees have broad access to health and public benefits.*** Because of favorable eligibility rules, children of refugees participate in public benefit programs at higher rates than do other children of immigrants, even though children of refugees have a lower poverty rate. The poorest, most recent groups of refugees have the highest rates of benefit use.

Refugees' children are also slightly more likely to have health insurance coverage than children of other immigrants, with coverage of both groups being nearly universal. Better private coverage drives better overall coverage for refugees' children, and is symptomatic of better jobs for refugee parents. Meanwhile, the coverage of several groups (Cubans, Haitians, and Colombians) is significantly lower than the average.

Better health coverage and access to benefits protect children of refugees relative to children of other immigrants. But this protection is not universal: safety nets are weaker in some major resettlement states than others. In major resettlement states like Texas, Florida, and Georgia not only are refugees' children less likely to have health coverage than in states such as California, New York, and Massachusetts, they also receive fewer benefits in general (benefit levels for refugees vary substantially across states).

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*Taken together the data suggest that refugee families with young children are, in the main, integrating successfully and achieving self-sufficiency.*

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Meanwhile, the preschool enrollment rate of refugees' children is similar to the rate for children of other immigrants, and well below children of the U.S. born. Enrollment rates are below the U.S. average for all refugee origins except Iran, Colombia, Russia, Haiti, and Vietnam. Not being enrolled in preschool may impede young children's social, emotional, cognitive, and language development.

Taken together the data suggest that refugee families with young children are, in the main, integrating successfully and achieving self-sufficiency. They fare better than children of other immigrants on almost all indicators—perhaps because refugee parents benefit from resettlement services, while other immigrants often have low socioeconomic status and may face substantial integration barriers including being unauthorized. Refugees' children also fare as well as children with U.S.-born parents on several indicators.

While these patterns promise good outcomes, the data point to a number of risks faced by children of parents from specific refugee-origins, most of them recently resettled: Iraq, the African nations of Liberia, Somalia, and Sudan, and the Asian countries of Bhutan, Burma, and Laos.

A key question is whether these risks are mostly due to recent arrival (though clearly not in the case of Laotians), or whether more recent cohorts of refugees come to the United States with lower human capital and greater vulnerabilities than did prior cohorts. Other explanations could be due to race/ethnic and other forms of discrimination against certain refugee groups, or variations in the climate of reception among the states and localities where refugees are resettled. Moreover, different waves of refugees may come from different ethnic, tribal, or class backgrounds even within the same origin countries—meaning that analyzing the data solely by origin country may miss important variations within nationalities.

The data provided in this report are not longitudinal; they are based on a snapshot of refugee families' well-being at a point in time—the period 2009-13. As such our findings do not record advances in self-sufficiency as refugee families integrate. Further longitudinal research on refugee families is needed to examine which groups make gains over time, and which do not.



## Appendix

The analyses described in this report are drawn primarily from the U.S. Census Bureau’s American Community Service (ACS), using pooled data from 2009 to 2013—the latest five years of data available when the analyses were conducted.<sup>78</sup> Five years of data are pooled to increase the sample size and the precision of the estimates. Since the ACS data do not disaggregate the immigrant population by refugee status, the authors match country of birth and year of arrival in the ACS against U.S. government administrative data on refugee, asylum, and Cuban-Haitian entrant admissions. The authors combine these groups into one “refugee” category, even though they appear as three separate groups in U.S. immigration law and the administrative data.

The administrative data are taken from three sources: the U.S. Department of State’s Worldwide Refugee Admissions Processing System (WRAPS), U.S. Department of Homeland Security (DHS) admissions data, and Office of Refugee Resettlement (ORR) data on service populations. WRAPS is the primary source of data on refugees’ nationalities, birth countries, and arrival years, but does not provide information on asylees or Cuban-Haitian entrants. DHS admissions data include the number of refugees arriving and the number of asylum grants by year, country of birth, and country of nationality. ORR data describe Cuban-Haitian entrant arrivals by year.<sup>79</sup>

The researchers assign “refugee” status to immigrants in the refugee, asylee, and Cuban-Haitian entrant populations based on different thresholds. Refugee status is assigned to every country/year combination for which refugee admissions in both the DHS and WRAPS data exceed 40 percent of the estimated foreign-born population identified in the ACS data.<sup>80</sup> Country/year combinations in which asylee admissions in the DHS data exceed 20 percent of the foreign-born population in ACS data are also assigned refugee status. Cuban immigrants are classified as refugees if the Cuban entrant grants in any year in the ORR data exceed 40 percent of all Cuban immigrants in the ACS data, and Haitians are classified as refugees if Haitian entrant grants exceed 20 percent of Haitian immigrants.<sup>81</sup>

Using this method, the researchers assign refugee status to 1.12 million foreign-born individuals in the ACS, accounting for 95 percent of the total admissions of refugees, asylees, and Cuban-Haitian entrants between 2000 and 2013 according to administrative data.<sup>82</sup>

Once all immigrants are classified as either refugees or other immigrants, young children of refugees are identified as those ages 10 and younger living with at least one refugee parent. Parental birth country is

78 The American Community Survey (ACS) data were accessed from the Integrated Public Use Microdata Series (IPUMS). See Steven Ruggles, J. Trent Alexander, Katie Genadek, Ronald Goeken, Matthew B. Schroeder, and Matthew Sobek, *Integrated Public Use Microdata Series: Version 5.0* [Machine-readable database] (Minneapolis: University of Minnesota, 2010), <http://usa.ipums.org/usa/>.

79 ORR provided data on Cuban and Haitian entrants separately for 2010–12, but only Cuban and Haitian entrants combined for 1983–2009. The numbers of Cuban and Haitian entrants in 1983–2009 are estimated based on their shares of the total in 2010–12.

80 In some country/year combinations, refugee admissions based on country of birth in the U.S. Department of State’s WRAPS data exceed 40 percent of the foreign-born population identified by ACS, but admissions fall below this 40 percent threshold in U.S. Department of Homeland Security (DHS) data, which uses country of nationality instead. Generally, discrepancies between birthplace and nationality reflect protracted refugee situations, during which refugees may have had children in the country of first asylum before being permanently resettled in the United States. In such cases, the researchers use ACS ancestry codes, which are considered to be equivalent to the DHS and WRAPS codes for nationality. For example, the number of refugees born in Kenya exceeds 40 percent of all Kenyan immigrants in some years, but generally these are not Kenyan refugees; instead, they are the children of Somali refugees born in Kenya. In this example, the researchers only code Kenyan-born immigrants who also report Somali ancestry as refugees.

81 MPI analysts created the refugee status assignments for immigrants entering the United States between 2000 and 2013, using the methods described here. Assignments for immigrants entering between 1980 and 1999 were conducted by Jeffrey S. Passel of the Pew Research Center, using a similar methodology. The researchers used both single-year (2013) and pooled (2009–13) ACS data to determine refugee or asylee status, in order to account for sampling errors of the foreign-born population (especially for less common groups) in the ACS across years.

82 The number of refugee admissions, asylum grants, and Cuban-Haitian entrants reported in the administrative data totaled 1.17 million from 2000 through 2013.



assigned based on the refugee mother's birth country unless the mother is not a refugee or is absent from the household, in which case the refugee father's birth country is used. Children of other immigrants have no refugee parents but at least one nonrefugee immigrant parent. Children of the U.S. born have only U.S.-born parents.

To further probe risk and protective factors for children of refugees, the researchers analyze the WRAPS data on refugee admissions provided to MPI for the 12 most recent years available at the time the report was written: fiscal years (FY) 2002 through 2013.<sup>83</sup> MPI's analysis primarily focuses on the largest national-origin groups arriving in this period: Bhutanese, Burmese, Cubans, Iranians, Iraqis, Liberians, Russians, Somalis, Ukrainians, and Vietnamese.<sup>84</sup> The administrative data are self-reported during the refugee resettlement application process overseas and collected by various agencies and organizations participating in the U.S. resettlement process.<sup>85</sup>

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83 For a more detailed analysis of the WRAPS administrative data, see Capps, Newland, Fratzke, Groves, Fix, McHugh, and Auclair, *The Integration Outcomes of U.S. Refugees*.

84 Bhutanese were not identified individually in the ACS data before 2012. Although researchers were able to identify Bhutanese refugees in the 2012 and 2013 ACS, the population was too small to analyze using only those two years of data.

85 Participating agencies include the International Organization for Migration (IOM), UNHCR, U.S. embassies and consulates, and U.S. government agencies such as the Department of Health and Human Services (HHS, which contains the Centers for Disease Control and ORR), and DHS.



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Dr. Capps, a demographer, has published widely on immigrant integration at the state and local level, including profiles of immigrant populations in Arkansas, Connecticut, and Maryland, as well as Los Angeles, Washington, DC, Louisville, KY, and Napa County, CA. He also has examined the impact of the detention and deportation of immigrant parents on children.

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Mr. Fix serves on the board of MPI Europe and is a Policy Fellow with IZA in Bonn, Germany. In December 2013, he was nominated to be a member of the National Research Council's Committee on the Integration of Immigrants into U.S. Society, which over its two-year life examined what is known about the integration of immigrants in the United States and identified any major gaps in existing knowledge on this topic.

Previously, he served on the National Academy of Sciences' Committee on the Redesign of U.S. Naturalization Tests and on the Committee on the Health and Adjustment of Immigrant Children. He also served as a member of the Advisory Panel to the Foundation for Child Development's Young Scholars Program. In 2005 he was appointed to the State of Illinois' New Americans Advisory Council, and in 2009 to the State of Maryland's Council for New Americans.

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The Migration Policy Institute is a nonprofit, nonpartisan think tank dedicated to the study of the movement of people worldwide. MPI provides analysis, development, and evaluation of migration and refugee policies at the local, national, and international levels. It aims to meet the rising demand for pragmatic and thoughtful responses to the challenges and opportunities that large-scale migration, whether voluntary or forced, presents to communities and institutions in an increasingly integrated world.

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