

Vocational Training and Employment Demonstration Project for Refugees with Disabilities: Early Evaluation Findings

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Introduction

In 2022, SourceAmerica launched a pilot project to provide employment services for refugees with disabilities, known as the Vocational Training and Employment Demonstration Project for Refugees with Disabilities (the pilot). SourceAmerica set out to develop and test a public service model that could enhance economic stability for refugees with disabilities, beginning by piloting such a model in Northern Virginia for Afghan refugees with disabilities.

The pilot aims to demonstrate how federal and state governments can apply aspects of existing public service programs to establish or enhance services and employment outcomes for refugees with disabilities. Gaps in modern public service have resulted in refugees with disabilities being underserved or even unserved regarding their employment goals. The lack of more inclusive programs limits the social and economic outcomes of refugees with disabilities and might lead to increased reliance on public assistance and federal benefits.

To inspire a public service model, SourceAmerica structured the pilot to mirror government practices. The program involves two main organizations. The first was established to act in the capacity of a state public service agency. The second organization was set up as a vendor of vocational training and employment services. This setup mimics the arrangement of public organizations, such as vocational rehabilitation agencies and Supplemental Nutrition Assistance or Housing Choice Voucher Programs. To track and incentivize the provision of services, SourceAmerica adopted typical government practices for block grants, using milestone payments for services provided and employment outcomes within the pilot.

Mathematica was engaged to evaluate and provide technical assistance for the pilot. In this report, we describe the pilot's implementation and early outcomes during the period from January 2023 to May 2024. By developing a better understanding of the implementation and early outcomes of the pilot, this report aims to inform community actors and policymakers about the need for and value of such a program to support the employment of refugees with disabilities.

Population of Focus: Refugees with Disabilities from Afghanistan

Refugees can face challenges to employment and economic stability, including language barriers, legal and bureaucratic hurdles, transportation and housing issues, and a lack of recognition by employers and individuals in their host countries of their educational and professional credentials. Many refugees also experience significant physical or mental health challenges that can make it difficult to find and retain employment. According to the 2018 Annual Survey of Refugees, about 21 percent had a self-reported physical, mental, or other health condition that lasted for six or more months and which either limited the kind or amount of work they can do at a job or prevented them from working at a job (Kaur et al. 2023).

Although refugee resettlement agencies offer some employment services to refugees, refugees with disabilities might not be able to access employment services that can address or accommodate their mental and physical needs related to diagnosed or undiagnosed conditions. They could benefit from services that help in identifying jobs compatible with their health limitations or help in advocating for workplace accommodations. SourceAmerica's pilot sought to help refugees with disabilities overcome any additional barriers they faced in attaining and maintaining employment and economic stability.

SourceAmerica's engagement with the Office of Refugee Resettlement led to the consideration of multiple geographic regions for the pilot's focus. The organizations decided to focus the efforts of the pilot in a single location before considering future scalability. The Office of Refugee Resettlement recommended Fairfax, Virginia, for the initial pilot given the receptivity of local stakeholders and an influx of refugees from Afghanistan. This increase has been spurred in large part by war and political instability in the Afghanistan region. In fiscal year 2023, nearly 7,000 refugees from Afghanistan arrived at the United States (U.S. Department of State 2024). The greater Washington, DC, area, including Northern Virginia, is a hub for Afghan immigrants. From 2018 to 2022, Virginia was home to 14 percent of the Afghan immigrants in the United States, the second highest concentration of Afghan immigrants in the country (Montalvo and Batalova 2024).

Pilot Design

Multiple organizations and partners have participated in the pilot. The three key partners in Northern Virginia are (1) Lutheran Social Services of the Northern Capital Area (LSSNCA), a refugee resettlement agency; (2) ServiceSource, an experienced provider of employment services for people with disabilities that also operates multiple privatized state vocational rehabilitation service contracts; and (3) Melwood, an experienced provider of employment services for people with disabilities. **Exhibit 1** describes their roles within the project.

Experienced Employment coordinator of Resettlement service services and agency providers partnerships **LSSNCA** ServiceSource Melwood Screened referrals. Serves refugees for Conducted intake of up to five years after clients who were eligible **Gathered information on** their arrival in the U.S. and wanted to join the availability and interest by providing legal, pilot. in working, educational educational, and other and professional Case managers provided services. background, goals, and several services to help **Referred potentially** disabilities to determine participants attain and eligible people to eligibility for the pilot. maintain employment. ServiceSource (Afghan **Shared list of potential** Monitored participants' refugees with disabilities pilot participants with achievement of pilot and an interest in milestones. Melwood's employment employment). service providers. **Continued to provide** support for 90 days after employment.

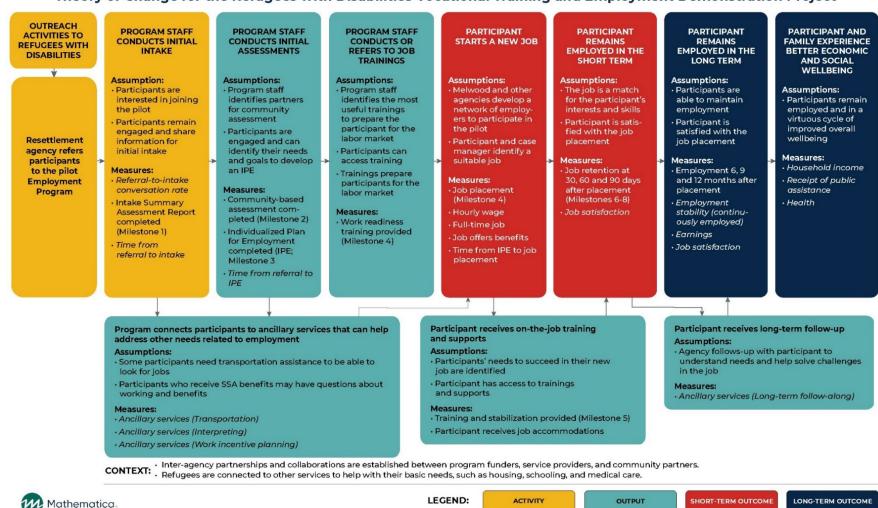
Exhibit 1. Partnering organizations and their roles in the pilot

These three organizations worked closely to identify and recruit participants, assess their eligibility and suitability for the pilot, enroll them, offer services, and track their progress toward employment goals. To track the progress of participants in the pilot toward attaining and maintaining employment, the organizations developed eight milestones.

The theory of change (**Exhibit 2**) shows the sequence of actions and expected resulting outcomes that lead to the achievement of the pilot's ultimate goals. It starts with a resettlement agency (LSSNCA) contacting a refugee and referring them to the pilot. Vocational rehabilitation specialists (ServiceSource) then confirm the refugee's interest and refer them to the employment service providers (Melwood). At this stage, a participant starts receiving services from Melwood. These services include an initial intake (Milestone 1), assessments and career planning (Milestones 2 and 3), job placement (Milestone 4), on-the-job training and stabilization (Milestone 5), and job retention for 30, 60, and 90 days (Milestones 6 to 8). The participant exits the pilot after job retention, but continued employment will likely have long-term benefits on their economic and social well-being. SourceAmerica developed this theory of change in partnership with the pilot organizations before the start of recruitment of pilot participants.

Exhibit 2. Pilot theory of change

Theory of Change for the Refugees with Disabilities Vocational Training and Employment Demonstration Project



Measures in Italia: potential measures that we do not expect to have the data to measure during this pilot.

Findings from the Early Implementation Period

In the rest of this report, we provide updates on implementation of the pilot since its planning phase in January 2023 through May 2024. The pilot officially launched in April 2023 and began recruiting participants in August 2023. We discuss the perspectives of staff and participants on the pilot and present statistics on service use and employment outcomes. We base the findings on information gleaned from several sources:

- / Program data on the 27 participants who enrolled in the pilot during the period from August 1, 2023, to May 15, 2024
- / Quarterly reports submitted to SourceAmerica by ServiceSource from April 2023 to April 2024
- / Participation in regular work group meetings with the organizations involved in the pilot during the period from January 2023 to May 2024
- / Key informant interviews with frontline staff from partner organizations in February and March 2024
- / Two focus group discussions with pilot participants (six participants in total) in May 2024

Referrals of refugees with disabilities to the pilot

The key partner organizations initially had different understandings of the factors associated with eligibility and suitability for the pilot. At the pilot's outset, partner organizations agreed on a broad definition of eligibility as any Afghan refugee with a physical or medical health condition that could pose a challenge to employment. However, in implementing the pilot, the partners had different understandings of this eligibility definition. The resettlement agency referred people who had a broad interest in working even if not at the moment; as a result, the disability specialist organization found fewer eligible participants than expected from the pool of initial referrals. Resettlement agencies reported referring participants with significant disabilities who had a desire to be employed. However, employment specialists reported that some of these participants opted to leave the pilot because they felt that their disabilities presented difficulties to attain and maintain employment at the moment. Partly as a result of these challenges, only 27 of the 46 individuals referred to the pilot by May 15, 2024, enrolled in the pilot.

Referral partners had limited staff capacity to dedicate to the task of maintaining a steady flow of referrals to the pilot. Key informant interviews and work group meetings revealed that the resettlement agency that served as the original referral partner in the pilot (LSSNCA) had limited resources and incentives to support the project's additional workload. The agency was responsible for nearly all services refugees used during a resettlement process, including legal, housing, education, and employment support. This means staff at the resettlement agencies had limited bandwidth to dedicate to identifying potential participants for this pilot. Pilot partners eventually expanded the source of referrals beyond LSSNCA. Although LSSNCA is still the main source of referrals, other organizations, such as Catholic Charities and contacts at job fairs, have also referred participants to the pilot.

Services used by pilot participants

As of May 2024, the pilot had 27 participants—that is, individuals who had completed the intake process (Milestone 1). **Exhibit 3** shows key characteristics of these 27 pilot participants.

Exhibit 3. Characteristics of pilot participants

Male
Age
Orthopedic impairment
59

Average age of participants who were male

Average age of participants with an orthopedic impairment (most common disability)

Source: Program data for the period from August 1, 2023, to May 15, 2024.

After the initial referral, the employment specialist organization conducted assessments to identify participants' employment goals and services that would help them to achieve those goals (Milestone 1). As part of this process, the organizations intended for participants to complete a community-based assessment (Milestone 2) and sign their individual plan for employment (IPE, Milestone 3). Although 21 participants (78 percent) signed an IPE (Milestone 3), they all skipped the community-based assessment (Milestone 2). Therefore, participants typically did not complete all steps in the theory of change (Exhibit 2). Conversations with the employment specialist organization (Melwood) conveyed that participants had not shown interest in this type of assessment—plausible reasons include a desire not to delay starting their job search by first completing the assessment. Case managers thought the choice to skip the assessment reflected participants' individual priorities and availability and did not compromise their employment prospects. Future iterations of the pilot could consider other assessment formats or modifications that are mindful of participants' needs and time constraints.

Participants spoke positively of the services they received from the employment specialists and highlighted the key role played by their case managers in their employment. After the initial assessment, employment specialists provided or referred participants to services and trainings that could help them get a job. Interviewed participants noted they attended job fairs and hiring events with their case managers; received consultation on resume building, interviewing, and establishing optimal conditions for successful employment; and received assistance with translation at interviews. Those interviewed participants who had jobs also felt supported by their case manager as they navigated job onboarding, scheduling, and ongoing communication in their positions.

Case managers with Afghan-specific linguistic and cultural competencies have been crucial to the success of the pilot. Interviews with key informants and pilot participants suggested that the lived experience of program staff involved in the pilot enabled pilot organizations to connect with participants and adjust pilot operations as needed. As participants applied for jobs, case managers provided support crafting resumes and online employment profiles, assisting with job applications, and providing translation at job interviews. When hired, case managers continued to provide support with participants' onboarding, trainings, and advocating for participants with employers, including requesting accommodations. Case managers also worked behind the scenes to connect with potential employers through job fairs and other events and individual meetings with potential employers. Case managers

personally appealed to the network of employers they built, and, with their lived experience, they educated employers about the possibilities and processes involved in hiring refugees with disabilities.

Pilot participants often needed additional supports beyond the services the pilot offered, which focused on connecting jobseekers to jobs. Pilot participants and program staff alike described participants' needs for supplemental services and supports that could facilitate sustained employment. Several interviewees emphasized the challenges that language barriers posed. Some pilot participants enrolled in English as a Second Language (ESL) courses through resettlement agencies or other organizations, but most still reported they felt their lack of English prevented them from obtaining employment or finding jobs with high wages or better benefits. However, because case managers were fluent in participants' preferred or primary language, language barriers were not present while the participants worked with the employment service provider. Staff provided interpreting assistance at job interviews, job fairs, orientations, and trainings, and no participant required additional interpreting services at that time. Still, language barriers emerged as a barrier to longer-term employment. Future iterations of the pilot could consider replacing interpretation services with other types of language supports that could help participants become more independent in their communication. Case managers also noted that transportation was often a major barrier to employment for newly arrived refugees, a common challenge for refugees nationwide according to resettlement agency specialists involved in the pilot. Many potential pilot participants lived far from potential employers and where public transportation options were limited, leading to long commute times, or participants were uncomfortable with navigating the transportation options available to them, further limiting the jobs they could seek or job offers they could accept. Nearly half of pilot participants (48 percent) used some kind of service related to transportation, which included financial assistance with fuel, public transport, or ride shares for up to three months and \$77 per month. However, the services provided might not have been enough to circumvent transportation barriers such as discomfort with navigating public transit or the high fuel costs of daily commutes.

Employment outcomes of pilot participants

Program data indicate that, as of May 15, 2024, about half the pilot participants (13 participants) had attained employment. Because participants enrolled on a rolling basis, we observed participants for varying durations after their intake into the pilot. On average, we have data on participation for four months after intake; however, a few participants enrolled in April or May 2024, and we observed them for only a few weeks. Therefore, the employment outcomes we observed likely underestimate the share of pilot participants who will eventually attain employment. **Exhibit 4** shows key job characteristics of employed participants.

Exhibit 4. Job characteristics of employed pilot participants



Percentage of participants who attained employment by May 15, 2024



Hours worked

32

Average hours per week worked by participants who attained employment



Wages

\$15

Average hourly wages of participants who attained employment



Job retention

92

Percentage of participants who had stayed in their jobs for at least 60 days, among participants who attained employment

Source: Program data for the period from August 1, 2023, to May 15, 2024.

Program data indicated high levels of job retention and job satisfaction among pilot participants who attained employment. All employed participants were satisfied or very satisfied with their job positions. They remained with similar levels of satisfaction at 30, 60, and 90 days after job placement. Job retention was also high: of the 13 employed participants, all (100 percent) were still employed after 30 days and nearly all (92 percent) remained employed after 60 days. Among pilot participants who had attained employment at least 90 days before the end of our data analysis period in May 2024, most (72 percent) remained employed over that period.

Interviewed participants did not highlight health challenges as a substantial impediment for finding a job. Although pilot participants have disabilities, their disabilities did not frequently emerge as a perceived barrier to their job search in interviews. One interviewed participant reported they were able to switch jobs when a health issue impeded with their previous position. Other interviewed participants received job accommodations (such as part-time scheduling so they could participate in required treatments or medical appointments). Program data, however, indicate that among employed participants, only a small share (15 percent) received some type of job accommodation.

Interviewed participants were disappointed that they could not find jobs related to their education and prior work experience in Afghanistan. Most participants had prior work experience and expressed a strong desire to work in the fields of their experience but had faced great difficulty in meeting different requirements for the same profession in the United States. For participants who had certifications from Afghanistan, it was not only challenging but also expensive to obtain equivalent certifications in the United States. For example, one participant was a business owner in Afghanistan and denied a loan to participate in a two-year, \$20,000 course to get the required certifications to operate the same business

type in this country. Several participants came into the pilot expecting to receive assistance finding a job they were certified for; however, with no support or financial assistance to work on transferring certifications or paying for new ones, they usually had to accept jobs unrelated to their previous experience. One participant noted they accepted their current position at the encouragement of their case manager, who emphasized that the participant could keep searching for a job in their prior sector while employed and thus gain local work experience and improve their English language skills.

However, interviewed participants reported a desire for higher-paying jobs that could support the cost of living in Northern Virginia. One participant shared that the rent for their apartment was more than \$2,000 a month and felt impossible to pay with their current minimum wage job, in addition to the costs associated with supporting their family with multiple dependents. Nearly all other participants interviewed shared this sentiment that their minimum wage jobs could not sufficiently cover their living expenses in the area, and searching for a higher paying job was a goal for almost all participants we interviewed.

Recommendations

The pilot achieved impressive benchmarks during the first 10 months of enrollment, with 27 refugees with disabilities participating in the pilot and nearly half of its participants attaining employment. Our early evaluation findings point to some lessons for the continued operation of the pilot and future implementations of similar programs:

- / **Eligibility criteria.** Partner organizations should communicate early and clearly about specific factors associated with not only eligibility but also suitability for the program. All partners should align on these criteria from the start of the enrollment period.
- / **Referrals.** Starting with a large and diverse set of referral sources can help support a steady stream of referrals. Programs could consider offering referral partners resources and incentives to support the extra work their staff must do to support the pilot (for example, by funding staff positions dedicated to referrals or offering bonuses for successful referrals).
- / **Program staff.** The linguistic and cultural competency of case managers at the employment service provider have been a key asset to the pilot and enabled it to successfully serve Afghan pilot participants. Future programs should similarly prioritize the careful hiring of frontline staff, which might be more challenging if the programs serve a broader population of refugees.
- / **Reconsider low-demand services.** Some services offered by the pilot, such as the community-based assessment, were not used by any participants. Funders can work with frontline staff to assess whether the delivery of such services should be revised (for example, to use other formats) or replaced with other trainings.
- / **Additional supports.** The pilot as currently designed focuses on connecting refugees with disabilities to suitable jobs. However, many refugees with disabilities experience language and transportation barriers that make it difficult to sustain employment or progress toward higher-wage jobs in the long term. Future program design and funding should consider including trainings or services to address these barriers or building strong connections to local resources to outsource the provision of such supports.

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