U.S. Resettlement and Integration Research

Overview of Reviews

2020-2025

switchboard
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Executive Summary

This report synthesizes findings from 124 systematic and scoping reviews (2020–2025) on the resettlement and integration of refugees and other humanitarian newcomers in the United States. Guided by Ager and Strang's integration framework, the analysis spans key domains: work, housing, education, health, mental health, language, digital skills, social connections, and leisure.

Across domains, newcomers demonstrate resilience but face entrenched barriers including occupational downgrading, housing shortages, health inequities, gaps in education access, and limited opportunities for language and digital skill development. Structural challenges—service fragmentation, short program timelines, and lack of longitudinal data—further limit program effectiveness and long-term stability.

Evidence highlights promising strategies: culturally and linguistically tailored interventions, community-based and peer-delivered models, hybrid in-person/digital services, and strong partnerships among schools, employers, healthcare providers, and community organizations. These initiatives show potential to reduce isolation, improve health and educational outcomes, and foster workforce integration. However, most remain small-scale, underfunded, and unevenly evaluated.. Building on effective practices, strengthening evaluation, and investing in sustainable approaches can enhance outcomes and provide clearer pathways to long-term integration success.

Introduction

Resettlement and integration of refugees and other humanitarian newcomers in the United States involves a wide range of factors that influence adjustment and long-term outcomes. While these newcomers bring diverse skills, experiences, and resources, they also face challenges related to employment, housing, education, health, and social integration. Understanding these factors is essential for refining the quality, effectiveness, and efficiency of programs that support both immediate needs and sustainable integration. This report provides a narrative overview of recent evidence across key domains of resettlement and integration. It examines how structural conditions, service delivery, and individual characteristics interact to shape integration outcomes for adults, children, and families.

The organizing structure for this overview is Ager and Strang's (2008) classic refugee integration framework (updated by Ndofor-Tah, 2019). This framework defines integration as "communities where people, whatever their background, live, work, learn and socialize together, based on shared rights, responsibilities and opportunities." It identifies 14 domains of integration: work, housing, education, health and social care, leisure, social connections (consisting of social bonds, bridges, and links), language and communication, culture, digital skills, safety, stability, and rights and responsibilities. The framework highlights the linkages between the domains. By consolidating evidence across these domains, this report aims to provide a clearer understanding of resettlement and integration in the United States, offering a foundation for higher quality, more effective, and efficient approaches.

Search Strategy and Results

This overview sought studies published in the prior five years (2020-2025) on resettlement and integration in the United States. The populations of interest were those eligible for benefits and services through the U.S. Office of Refugee Resettlement (ORR): refugees, asylees, Cuban/Haitian entrants, Afghan and Iraqi special immigrants, Amerasians, victims of trafficking, Afghan and Ukrainian humanitarian parolees, survivors of torture, unaccompanied refugee minors, and unaccompanied alien children (ORR, 2025). Hereafter, these populations are collectively referred to as "humanitarian newcomers."

Due to the large number of published studies on U.S. resettlement and integration during this time period, it was decided to conduct an overview of existing reviews. By taking advantage of existing syntheses, overviews of reviews create efficiency and address broad aims such as those of this report. Fundamentally, overviews of reviews are a way to bring together, summarize, and enhance accessibility of existing evidence (Gates et al., 2020; Hunt et al., 2017).

This overview focused on systematic reviews and scoping reviews. Systematic searches were conducted in ProQuest, PubMed, EBSCO, Google Scholar and ChatGPT using various combinations of the keywords "refugee" "resettlement" "integration" and the above-identified domains. Results were filtered for review studies published since 2020 with a final search date in September 2025. The search identified 496 potential studies. After removing duplicates, 424 studies were screened. Of

these, 264 were determined to be irrelevant to this search. 160 full-text articles were assessed for eligibility. 33 full-text articles were excluded because they did not include or minimally included U.S. "humanitarian newcomers" as defined above; were not a systematic or scoping review; were not published in peer-reviewed journals; or were focused on refugee law, policy, admissions, or placement. 124 studies were eligible for inclusion.

Organization of the Report

The following overview is broken down first by age group (adults and children/youth) and second by integration domain. Each section summarizes the findings of the reviews, identifies barriers and facilitators to integration in that domain, highlights evidence-based interventions and promising practices, and suggests implications for programming. Domains in which no studies were identified are not included.

Adults

Humanitarian newcomers' resettlement needs are complex and varied, shaped by their human and social capital, cultural background, and resettlement context. Service fragmentation, short-term timelines, and administrative complexity hinder coordination and leave many needs unmet, while the absence of large-scale longitudinal data distinguishing humanitarian newcomers from other immigrant groups limits the ability to measure integration, make comparisons, and evaluate program effectiveness. (Abood et al., 2021; Donato & Ferris, 2020; Phillimore et al., 2022; Subramanian et al., 2022; Wenger et al., 2025).

Work

Humanitarian newcomers often face occupational downgrading upon arrival, entering low-wage or low-status jobs. Even after developing English proficiency, many remain concentrated in service or manual labor sectors. Over time, some achieve upward mobility, with rising earnings and reduced reliance on public services. Yet underemployment and poverty remain common outcomes. Contributing factors include limited training opportunities, hiring practices favoring domestic education and experience, traditional family roles, and reliance on co-ethnic ties, which often confines humanitarian newcomers to low-skilled sectors. Humanitarian newcomer entrepreneurship provides an alternate employment pathway, though it is frequently necessity-driven and centered in small-scale, co-ethnic businesses with limited growth potential.

Employers and human resources professionals can be key partners in creating pathways for workplace integration and achievement. Structured onboarding, credential validation, and partnerships with community organizations are promising strategies. Broader definitions of integration that consider not only employment levels but also job quality, stability, and career progression are needed to capture the full picture of economic outcomes (Donato & Ferris, 2020; Hirst et al., 2023; Kraly et al., 2023; Lai et al., 2022; Lee et al., 2020; Linjean et al., 2025; Naseh et al., 2024; Seff et al., 2025; Wenger et al., 2025).

Strengthening Workforce Integration

- Leverage Humanitarian newcomers' Skills for U.S. Labor Needs
  - Improve credential recognition so qualified humanitarian newcomers can enter sectors facing shortages, such as healthcare, skilled trades, and technology.
  - Partner with employers to create fast-track onboarding and job-specific training.
- Promote Long-Term Self-Sufficiency
  - Expand access to vocational and technical training aligned with U.S. labor market demands.
  - Support workforce programs that reduce reliance on public assistance by moving humanitarian newcomers into stable, higher-wage employment.

Housing/Safety/Stability

Stable, safe, and suitable housing creates the foundation for successful integration into community life. However, humanitarian newcomers face limited affordable options, overcrowding, and neighborhoods with higher safety risks. Settlement in disadvantaged areas can increase isolation, whereas resource-rich communities support better adjustment. Access to parks, gardens, and safe public spaces has been shown to improve well-being by offering opportunities for recreation and social interaction (Ermansons et al., 2023; McShane et al., 2025; Rana et al., 2025; Yashadhana et al., 2023).

Supporting Housing and Neighborhood Stability

- Partner with local developers, landlords, and community organizations to increase access to safe, affordable rental units.
- Incentivize private landlords to rent to humanitarian newcomer families through risk-sharing or guarantees.
- Encourage local partnerships that strengthen neighborhood safety and community cohesion.

Education

High tuition costs, limited financial aid, disrupted prior schooling, and language challenges are impediments to humanitarian newcomers desiring higher education. Institutions often lack consistent mechanisms to identify and support these students. As a result, many face rejection, early dropout, or difficulty navigating complex academic and administrative systems. Even when enrolled, humanitarian newcomers may experience exclusion, limited advising, and inadequate recognition of prior learning. Adult and community-based education programs aim to fill these gaps by offering English language instruction, digital literacy, and vocational training. Integrated programs that combine English learning with job readiness can support economic self-sufficiency and social participation (Arar, 2021; Berg, 2023; Liboon, 2023).

Educating for Workforce Preparation

- Support ESL, digital literacy, and vocational training programs that accelerate employment readiness.
- Expand community college and technical training options that link directly to U.S. labor market needs.

Health

Access to Care

Humanitarian newcomers have difficulty accessing preventive, reproductive, and mental health services. Barriers include language limitations, low health literacy, financial strain, lack of insurance, fragmented healthcare systems, and immigration-related fears. Cultural and religious beliefs, stigma around certain conditions, and premigration trauma further influence care-seeking and engagement. Language and communication challenges are particularly pervasive, contributing to misdiagnosis, reduced treatment adherence, and mistrust of providers. Although professional interpretation improves satisfaction, diagnostic accuracy, and outcomes, interpreters are inconsistently available, and reliance on family members or untrained community members compromises confidentiality and trust. These barriers extend beyond healthcare, intensifying resettlement stress and limiting participation in employment, physical activity, and social networks.

Physical Health

Humanitarian newcomers show elevated rates of chronic disease compared with both U.S.-born and other immigrant groups, including cardiovascular disease, diabetes, hypertension, obesity, vitamin D deficiency, elevated blood lead levels, and untreated dental conditions. Initial health screenings emphasize infectious diseases, leaving non-communicable conditions underdetected and undertreated. Vaccination rates are lower among humanitarian newcomer populations than U.S.-born populations. Cultural beliefs about health often combine biomedical and traditional explanations, with illness attributed to the pressures of paying rent, working multiple jobs, and supporting family back home, as well as spiritual factors.

Interventions that provide culturally tailored education, use trusted messengers, and expand access through community clinics show promise in improving health outcomes. Targeted health interventions are feasible and acceptable to both providers and patients, but scaling remains difficult due to limited resources, shortages of interpreters, and workflow constraints (Almoussa & Mattei, 2023; Al-Rousan et al., 2022; Bang et al., 2023; Bitterfeld et al., 2025; Daniels et al., 2022; de-Graft Aikins et al., 2023; Kraly et al., 2023; Kumar et al., 2021; Potocky, 2024; Veginadu et al., 2023; Yazdani et al., 2024).

Food Security and Nutrition

Humanitarian newcomers struggle with diet, nutrition, and food security. Dietary patterns often reflect a “double burden of malnutrition,” where undernutrition, anemia, and micronutrient deficiencies coexist with overweight and diet-related chronic disease risks. For example, many African humanitarian newcomers maintain traditional practices such as consuming grains and fresh vegetables, but also report greater reliance on processed and fast foods, decreased fish intake, and high rates of food insecurity. High food insecurity contributes to elevated rates of depression and anxiety, while dietary acculturation away from plant- and fish-based diets compounds health vulnerabilities. Humanitarian newcomers use pragmatic strategies—shopping at discount stores, pooling community resources, and adjusting meal practices—to stretch limited budgets. Access to culturally familiar foods remains important for both nutritional quality and social integration.

Nutrition education programs that employ hands-on strategies—such as cooking classes, grocery store tours, and peer-led approaches—have helped humanitarian newcomers navigate unfamiliar food environments and preserve healthier aspects of their traditional diets. Urban agriculture initiatives such as community and backyard gardens improve diet quality and physical activity levels, and yield skills for future employment. However, most nutrition and gardening initiatives are small-scale, short-term, and insufficiently evaluated, leaving little evidence on long-term outcomes (Dualle et al., 2024; Gingell et al., 2022; Khuri et al., 2022; Langerman et al., 2025; Mbogori, et al., 2022; Nur et al., 2021; Wood et al., 2021; Zheng et al., 2025).

Women's Health

Humanitarian newcomer women experience distinct reproductive and preventive health patterns compared with U.S.-born women. They are less likely to use contraception, initiate timely reproductive care, or maintain consistent services, contributing to higher rates of unintended pregnancy and abortion. Despite gaps in care, maternal outcomes are often more favorable than expected, with lower rates of some complications and preterm births, partly attributed to protective factors such as lower smoking and alcohol use. Humanitarian newcomer women have lower participation in cancer screening compared with U.S.-born women, contributing to higher mortality and later-stage diagnoses. Gender-based violence further increases health risks and care utilization. Female humanitarian newcomers have a 44% estimated lifetime prevalence of sexual violence. Survivors experience higher rates of poor health outcomes, post-traumatic stress disorder, depression, and anxiety, and often face stigma in healthcare settings.

Interventions that increase access to female providers, use community health workers, offer culturally tailored education, and emphasize safety and trauma-informed care improve outcomes. Effective approaches typically combine multiple elements such as peer education, interpreter support, financial assistance, and community outreach (Abdi et al., 2020; Agbemenu et al., 2022; Cayreyre et al., 2024; Chalmiers et al., 2022; Davidson et al., 2022; Gozzi et al., 2024; Inthavong & Pourmarzi, 2024; Luft et al., 2021; Mathis et al., 2024; Nassur et al., 2025; Ramadan et al., 2023; Siddiq et al., 2020; Stirling-Cameron et al., 2024; Yeo et al., 2023).

Healthcare Delivery Models

Primary care initiatives that integrate family-centered approaches and interpreter support have shown effectiveness in building trust and continuity. Community-based programs play an important role in bridging service gaps. Health workers, ethnic media, and school-based outreach have been effective in addressing chronic disease prevention, maternal care, and mental health. Medical-legal partnerships that combine legal aid with healthcare services have also shown potential. Factors that enable access, increase engagement, and improve outcomes include community networks, culturally tailored navigation support, and continuity of care (Ho et al., 2023; Iqbal et al., 2022; Kraly et al., 2023; League et al., 2021; Lee et al., 2025; Riza et al., 2020; Wenger et al., 2025).

Promoting Health for Stability and Self-Sufficiency

- Focus on Preventive Health
  - Expand access to screenings to reduce long-term healthcare costs.
  - Encourage community-based clinics to deliver low-cost preventive services.
- Improve Access Through Efficiency
  - Strengthen interpreter services and navigation programs to reduce miscommunication and unnecessary repeat visits.
  - Partner with faith-based and nonprofit providers to expand care without expanding bureaucracy.

Mental Health

Studies consistently show elevated rates of post-traumatic stress disorder, depression, and anxiety among humanitarian newcomers. Prevalence levels often exceed those in conflict zones, suggesting that post-migration stressors such as unemployment and poverty add to pre-migration trauma. Prevalence does not decrease with longer residence in the U.S., indicating that these challenges are ongoing rather than transitional.

Limited English proficiency predicts higher rates of depression, post-traumatic stress, and psychological distress. Older humanitarian newcomers often face poorer mental health than younger groups. Violence exposure is a major determinant of mental health. While premigration trauma is well documented, humanitarian newcomers also face ongoing risks of community violence and discrimination-related assaults. Current interventions often overlook this continuing dimension of violence, limiting their effectiveness in addressing humanitarian newcomer mental health.

Evidence highlights the importance of financial security, social support, and self-efficacy in reducing negative outcomes and fostering resilience. Stable, high-quality jobs not only reduce psychological distress but also improve physical health and integration. Strong family networks, religious practices, and ethnic identity buffer the impacts of resettlement stressors.

Mental Health Programs and Interventions

Small community-based mental health programs have shown promise in improving outcomes for humanitarian newcomer mental health, though most remain limited in scope and not integrated with broader healthcare systems. Virtual mental health services are a potential way to expand access, particularly in under-resourced communities. However, humanitarian newcomers face substantial barriers to using these services, including low digital literacy, inadequate access to devices and broadband, and concerns about privacy and confidentiality. Hybrid models that combine digital platforms with in-person support, such as interpreter services or technology training, show promise

in improving engagement (Berry et al., 2025; Blackmore et al., 2020; Byrow et al., 2020; El-Refaay et al., 2025; Elshahat & Moffat, 2022; Fennig & Denov, 2021; Henkelmann et al., 2020; Hynie et al., 2023; Krystallidou et al., 2024; Lai et al., 2022; Montemitro et al., 2021; Nickerson et al., 2023; Nguyen et al., 2024; Scoglio & Salhi, 2021; Siddiq et al., 2023; Tahir et al., 2022; Tippens et al., 2023).

Evidence supports both individual and group counseling as effective for reducing depression and distress and improving quality of life. Peer-delivered models, which draw on shared experience to build trust, are well-suited to humanitarian newcomer contexts. These approaches have demonstrated improvements in engagement, reduced stigma, and better outcomes in community-based settings (Bunn et al., 2025; Due et al., 2024; Peterson et al., 2020; Uhr et al., 2025).

Although providers recognize the importance of cultural competence in healthcare, approaches often emphasize surface-level cultural traits, which can unintentionally reinforce stereotypes. Mental health concerns often go undetected due to inconsistent or poorly validated screening tools. Research highlights the need to embed cultural competence in organizational policies, accreditation standards, and workforce development, while also investing in interpreter services and multilingual resources. Interventions adapted to cultural frameworks and family dynamics generally yield stronger results than those that are not. However, few studies apply systematic, theory-driven models of cultural adaptation, and reporting on adaptation decisions is often incomplete, making replication and scaling difficult. Together, the evidence underscores that cultural adaptation is not simply a matter of translation or surface-level modification but requires systematic, theoretically guided processes that are carefully documented and evaluated (Lau & Rodgers, 2021; Magwood et al., 2022; McCleary & Horn, 2020; McDermott et al., 2024; Theodosopoulos et al., 2024).

Promoting Mental Health for Resilient Communities

- Expand Community-Based Support
  - Train peer mentors and community leaders to deliver basic mental health support and reduce stigma.
  - Encourage hybrid models that use both virtual and in-person care to reach underserved areas.
- Promote Work and Stability as Protective Factors
  - Link mental health programming with employment services, recognizing that stable work reduces stress and reliance on public programs.
  - Support family-centered approaches that strengthen resilience across generations.

Leisure

Two reviews examined leisure activities, focusing on physical activity. Overall participation rates in leisure physical activity among humanitarian newcomers are low. For some, cultural clothing requirements, lack of gender-segregated facilities, and neighborhood safety are barriers. Weak pedestrian and cycling infrastructure and high costs further restrict opportunities. Crowded housing and disadvantaged neighborhoods limit children's opportunities for safe play as parents often restrict outdoor activities due to concerns about traffic, crime, or bullying. Improvements to recreational facilities—such as upgraded parks, safe equipment, and better lighting—are associated with increased participation in physical activity. Programs that include family support and culturally adapted, affordable services show potential to increase activity (Chen et al., 2021; Elshahat & Newbold, 2021).

Encouraging Physical Activity

- Expand Affordable Recreation Options
  - Support cost-effective fitness and sports programs that promote physical health and reduce long-term medical expenses.
  - Encourage partnerships with local gyms and community centers to provide discounted access for humanitarian newcomer families.
- Promote Safe Use of Public Spaces
  - Improve lighting, equipment, and safety in parks and playgrounds so families can use existing community assets confidently.
  - Work with law enforcement, neighborhood associations, and faith groups to build a welcoming environment in shared spaces.

Social Connections

Robust social connections, whether through community groups, schools, or faith organizations, serve as protective factors that enhance integration and well-being. Humanitarian newcomers who develop strong ties both within co-ethnic communities and with mainstream society report lower rates of loneliness, depression, and stress, and higher life satisfaction. However, many remain socially isolated. Women face particular risks of exclusion, as caregiving responsibilities may reduce opportunities for participation in public life (Briozzo et al., 2024; Crawford et al., 2023; Nguyen et al., 2024; Song et al., 2025).

Social Capital Interventions

Interventions that strengthen social connections, whether bonding within ethnic groups, bridging across communities, or linking to institutions, are associated with reduced stress, depression, and trauma symptoms. Community-based approaches such as mentorship, sponsorship, and group activities have demonstrated benefits for belonging and mental health. Peer-delivered models, which draw on shared experience, have shown particular promise in building trust and reducing stigma. These initiatives foster empowerment, confidence, and community connection—especially among humanitarian newcomer women—helping to mitigate isolation, depression, anxiety, and trauma symptoms. Urban agriculture and community gardening programs provide both social interaction and cultural continuity by connecting participants with food traditions and shared spaces.

Although promising, most social capital interventions remain small in scale and lack rigorous evaluation. Research often treats social support as a secondary variable rather than a central focus, and measurement tools are not always validated for diverse populations. Stronger, culturally appropriate tools and systematic evaluation would improve understanding of how social connections contribute to resettlement outcomes (Boateng et al., 2024; Gower et al., 2022; Langerman et al., 2025; Mahon, 2023; Villalonga-Olives et al., 2022; Wachter et al., 2020, 2022).

Strengthening Social Connections

- Build Trust Through Community Partnerships
  - Support mentorship, sponsorship, and group activities that connect humanitarian newcomers with local residents.
  - Engage schools, faith organizations, and civic groups to reduce isolation and foster belonging.
- Promote Peer-Led and Low-Cost Models
  - Train peer mentors and community leaders to draw on lived experience, reducing stigma and improving service navigation.
  - Use affordable community initiatives such as gardening and volunteer projects to encourage cultural continuity and local engagement.

Language

English proficiency is a key factor in all areas of integration. Limited English skills consistently emerge as the most significant barrier to accessing services. Interpreter services are frequently insufficient or inconsistent. Community-based supports, peer networks, and culturally tailored programs can improve service navigation, but underfunding and fragmented delivery limit reach. Strengthening service literacy, interpreter provision, and coordinated support systems is essential to improving long-term integration outcomes (Abood et al., 2021; Linjean et al., 2025).

Improving English Proficiency and Service Navigation

- Invest in English language programs linked directly to employment, vocational training, and daily life tasks.
- Encourage employer partnerships to offer job-based language instruction that supports faster workplace integration.
- Provide reliable interpreter access to reduce errors and delays in healthcare, housing, and legal processes.

Digital Skills

Many humanitarian newcomers possess fragmented digital knowledge, adept at messaging but unable to complete more complex online tasks such as uploading documents or navigating benefits systems. Smartphone-only reliance limits deeper skill development, while data costs, misinformation, and privacy risks create new vulnerabilities. Older humanitarian newcomers use digital tools to sustain transnational family ties, cope with migration stresses through e-leisure, and maintain connections with their culture, but they face steep barriers of low digital literacy, affordability, and lack of training, leaving them especially at risk of exclusion from healthcare, civic participation, and social services.

Adult education and English language instructors often report limited preparation for teaching digital skills. Although humanitarian newcomers engage in multilingual writing, gaming, and mobile apps for learning, they often encounter deficit-oriented pedagogies that overlook these strengths. There is a need for asset-based curricula that build on humanitarian newcomers' existing skills. Targeted interventions such as peer navigator programs, simplified health websites, and mobile health applications show measurable improvements in digital health literacy when culturally and linguistically adapted (Alencar, 2020; Ekoh et al., 2023; Kisa & Kisa, 2025; Molin-Karakoç, 2025; Potocky, 2021; Yameogo et al., 2025).

Building Digital Skills for Independence

- Expand Job-Focused Training
  - Provide digital literacy programs tied directly to employment tasks such as online applications, document uploads, and workplace platforms.
  - Encourage employer and community partnerships to deliver cost-effective, hands-on training.
- Leverage Existing Strengths and Tools
  - Build on humanitarian newcomers' current technology use (smartphones, translation apps, messaging) to develop broader skills.
  - Use peer navigators and simplified websites or mobile apps to improve access to health, education, and civic services.

Children and Youth

Mental Health

Like adults, humanitarian newcomer children and youth experience elevated rates of post-traumatic stress, depression, and anxiety. These children arrive with pre-migration experiences of violence and poverty, compounded by migration dangers and possible detention and family separation. Detention settings are particularly harmful, associated with developmental delays, poor physical health, and long-term psychological effects. Family separations trigger long-lasting psychological harm. These layered stressors alter neurobiological development tied to attachment and emotion regulation, increasing risks of depression and anxiety.

Adolescents face acculturation stress while forming identities across family, peer, and community contexts. Differences in adaptation between parents and children may add to stress and contribute to conflict at home. Parents' trauma can affect their children through impaired parenting and family conflict, increasing risks of insecure attachment and behavioral problems. Language acquisition, strong cultural identity, mentoring, participation in faith communities, school connectedness, peer support, and family cohesion help youth adapt positively despite adversity (Abdi et al., 2023; Flanagan et al., 2020; Jafari et al., 2022; Shahimi et al., 2024).

Mental Health Interventions

Trauma-informed and community-based services that emphasize resilience are essential to safeguarding the well-being of humanitarian newcomer children. Evidence supports a range of effective supports in clinical, school, and community settings. Cognitive-behavioral approaches, particularly trauma-focused cognitive-behavioral therapy, have repeatedly shown reductions in post-traumatic stress and emotional distress. Family–based interventions, arts initiatives, and mentoring and leadership programs demonstrate potential for improving resilience and well-being.

School-based interventions can significantly reduce post-traumatic stress, anxiety, and depression, while strengthening coping, social relationships, and academic adaptation. However, most programs are wellness-promotion or multi-tiered models designed for broad student populations; few are deeply adapted to specific cultural groups or focused on early childhood, leaving many humanitarian newcomer students, particularly those with high trauma exposure, underserved (Charbonneau et al., 2021; Cohodes et al., 2021; Cowling & Anderson, 2023; Edyburn & Meek, 2021; Frounfelker et al., 2020; Garcia & Birman, 2022; Howard et al., 2024; Kalocsányiová et al., 2024; Lloyd et al., 2025; Lovato et al., 2025; Mares, 2021; Martinez et al., 2024; Nair et al., 2024).

Physical Health

Health profiles of humanitarian newcomer children and unaccompanied minors reveal malnutrition, micronutrient deficiencies, and infectious diseases such as TB and hepatitis B. Environmental exposures such as lead poisoning are disproportionately high among humanitarian newcomer children, with risks compounded by resettlement in substandard housing and inadequate follow-up care. Humanitarian newcomer children exhibit higher rates of untreated early childhood caries, linked not only to barriers in accessing preventive dental services but also violence and neglect. Access to healthcare is particularly precarious for unaccompanied minors—although initial screenings are provided in shelters, care declines sharply after release (Balza et al., 2023; Folayan et al., 2023; Misra et al., 2022; Phung, 2023).

Education

At school, humanitarian newcomer students often experience inappropriate grade placement, low expectations, stigma, and inadequate counseling for trauma-related needs. Cultural differences may be misinterpreted as lack of engagement, further reducing connections between families and schools. Limited prior education or health problems contribute to lower attendance and educational attainment. Teenage mothers are at particular risk of leaving school early. Foster care programs provide a powerful buffer for unaccompanied minors. Those who remain in foster care longer and whose foster parents offer tutoring, advocacy, and emotional support, are more likely to graduate and pursue higher education.

Schools struggle with limited resources, inconsistent policies, and lack of training in trauma-informed and intercultural pedagogy. These challenges are most evident in smaller or rural districts that have limited experience serving humanitarian newcomer students. School leaders and teachers play pivotal roles in bridging these gaps, navigating tensions between restrictive policies and the urgent

needs of their students.

Engagement and belonging are key to academic success. Strong school–family partnerships and recognition of students' cultural and linguistic assets improve participation. Bilingual instruction, cultural liaisons, and whole-school collaboration help reduce isolation and strengthen both academic outcomes and social integration. When schools adopt culturally responsive and trauma-informed approaches, humanitarian newcomer students show stronger motivation and achievement (Aleghfeli & Hunt, 2022; Antony-Newman & Niyozov, 2023; Arar et al., 2024; Brown, 2024; Huang & Breault, 2024; Molla, 2024; Radhouane, 2023).

Language

Compared to immigrant peers, humanitarian newcomer students often need more time to achieve English proficiency. Evidence points to several effective strategies: supporting parents to engage in literacy activities at home, encouraging preschool participation, applying culturally responsive teaching methods, drawing on students' prior knowledge, integrating language and academic content, and maintaining bilingual development. Digital tools can also support progress. Current studies are mostly small-scale and qualitative, and more rigorous research is needed to guide practice (Stolk et al., 2025).

Building Strong Futures for Children and Youth

- Support School Success
  - Invest in bilingual instruction and mentoring programs that help humanitarian newcomer students achieve grade-level performance.
  - Partner with local school districts to ensure smooth placement and prevent dropouts, especially among older arrivals.
- Promote Healthy Development
  - Expand cost-effective preventive care, including nutrition and oral health programs for children.
  - Encourage extracurricular and recreation opportunities that build leadership and reduce risky behaviors.

Conclusion

The findings of this overview highlight the complexities of resettlement and integration, showing how multiple, interconnected domains—including work, housing, education, health, mental health, language, digital skills, leisure, and social connections—shape the trajectories of adults, children, and families. Humanitarian newcomers bring skills and resilience, yet they face significant challenges such as occupational downgrading, housing shortages, health needs, limited educational opportunities, and insufficient access to language and digital literacy supports. Structural barriers, service fragmentation, and short program timelines further hinder long-term stability, while the absence of large-scale longitudinal data continues to constrain the ability to measure outcomes, evaluate programs, and guide evidence-based programming.

Despite these challenges, the evidence also identifies promising strategies for advancing integration. Community-based programs, culturally and linguistically tailored interventions, peer-delivered supports, and hybrid service models have demonstrated potential in building trust, strengthening participation, and improving health, educational, and social outcomes. Schools, employers, healthcare systems, and community organizations all play pivotal roles in facilitating belonging, stability, and opportunity. However, most initiatives remain small in scale, short-term in funding, and unevenly evaluated, limiting their sustainability and impact.

This overview may have missed some relevant studies. Additionally, the quality of the included reviews was not systematically appraised. Nonetheless, the overwhelming consensus among the large volume of studies within each domain provides strong support for the findings. Across domains, the evidence shows that many humanitarian newcomers remain entwined in a web of poverty that enfolds unaffordable housing, low wages, inadequate education, poor healthcare, and limited opportunities. As the U.S. resettlement system is at a crossroads, the time is ripe for a reimagining.

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