

*The Intersection of
Migration and Child
Welfare: Emerging Issues
and Implications*

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Protecting Children & Animals Since 1877



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The Migration and Child Welfare National Network (MCWNN) and American Humane would like to express appreciation to Alan Dettlaff and Ilze Earner for their leadership in producing this issue of *Protecting Children*.

The guest editors' vision for this volume honors the work of the past 18 months by the MCWNN, a dedicated group of organizations and individuals committed to addressing the issues child welfare agencies encounter when serving children from immigrant families. The leading organizations in the MCWNN include the American Bar Association Center on Children and the Law, American Humane, the Annie E. Casey Foundation, Bridging Refugee Youth and Children's Services/U.S. Conference of Catholic Bishops, Child Welfare League of America, D.C. Family and Children's Services, the Family Violence Prevention Fund, the Immigrant Legal Resource Center, Loyola University Chicago, Hunter College, University of Illinois at Chicago/Jane Addams College of Social Work, and The University of Texas at Arlington.

The MCWNN was born at a policy forum convened by American Humane and Loyola University Chicago in July 2006. The Statement from the roundtable group reads:

1. The migration of children and families to the United States is a very important—but largely unaddressed—issue affecting the child welfare system.
2. Immigrant children who are involved in the programs that provide child protection and child welfare services must be afforded services that will address their needs for safety, permanency, and general well-being.
3. Child welfare services should be available to all children regardless of immigration status.
4. Federal, state, and local policies should encourage full integration of immigrant families into U.S. society through an expanded delivery of child welfare services.
5. All child welfare agencies, courts, and the professionals who work within these settings must, individually and through their membership organizations, become better informed about immigration laws and best practices affecting the immigrant children and families they are serving.
6. Delivering services to migrating children and families should be a focus at major national child welfare conferences, in the work of the federal child welfare resource centers, and in new research and demonstration projects.
7. The roots and causes of migration issues impacting child welfare cannot begin to be resolved unless collaboration with other countries exists; the issues that impact U.S. systems do not start and stop at our borders, but are the result of larger, more complex problems that need to involve transnational activities and a global approach.

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The Intersection of Migration and Child Welfare: Emerging Issues and Implications

Alan J. Dettlaff, PhD, MSW Ilze Earner, PhD, MSW

Dr. Dettlaff is an assistant professor in the Jane Addams College of Social Work, University of Illinois at Chicago. His practice experience includes 6 years as a practitioner and administrator in public child welfare, during which time he specialized in investigations of abuse and neglect. Dr. Dettlaff's research interests focus on outcomes for children of color in the child welfare system. Specifically, Dr. Dettlaff is actively involved in research addressing the disproportionate overrepresentation of African American children in the child welfare system and effective practice with immigrant Latino children and families. Dr. Dettlaff is principal investigator of a grant designed to evaluate an intervention to reduce racial disproportionality in the Texas child welfare system, and is the evaluator of a federal grant from the Administration for Children and Families that is providing training to child welfare staff on the use of systems of care with Latino children and families. In addition, Dr. Dettlaff provides training and consultation to several state child welfare agencies on cultural competence and promising practices with children of color.

Dr. Earner is an assistant professor at the Hunter College School of Social Work and specializes in the field of family and children's services. She is the founder and director of the Immigrants and Child Welfare Project, providing consulting, technical

assistance, and training on issues related to foreign-born populations and child welfare. For over 10 years Dr. Earner has been instrumental in raising awareness about the special needs of immigrant families, children, and youth involved in public child welfare systems. She and Dr. Hilda Rivera co-edited a special edition of the *Journal of Child Welfare*, "Immigrant and Refugee Families and Public Child Welfare," which was published by the Child Welfare League of America in September 2005. Dr. Earner has published numerous articles on child welfare with regard to immigrant and refugee families, children, and youth.

Dr. Earner is a member of the National Child Welfare Advisory Board and the Migration and Child Welfare National Network. She is also a consultant with the National Resource Center for Family Centered Practice and Permanency Planning and with BRYCS (Bridging Refugee Youth and Children's Services of the United States Conference of Catholic Bishops). She sits on the New York City Administration for Children's Services Sub-Committee on Immigrant Issues. Her current research interests are focused on immigrant parents and child welfare, refugee children and youth, trafficking, and training social work students on immigrant issues. Dr. Earner received her PhD from Columbia University and a master's in social work from the California State University in Fresno. Dr. Earner is herself an immigrant; she was born in a refugee camp in France.

Immigrant children and families represent one of the largest and fastest growing populations in the United States.¹ During the 1990s, more than 15 million immigrants entered the United States, an increase of 50% since the 1980s and over 100% since the 1970s (Capps & Fortuny, 2006). As of 2005, foreign-born immigrants comprised 12% of the total U.S. population, while children of immigrants represented one-fifth of all children under 18 (Capps & Fortuny, 2006). Immigrants from Latin American countries account for over half of the immigrant population in the United States, with immigrants from Mexico accounting for 31% of all immigrant families in the United States (Capps & Passel, 2004). Additionally, the number of undocumented residents in the United States continues to rise each year, with data indicating 11 million undocumented residents as of 2005, of which approximately 1.7 million are children (Passell, 2005).

Children in immigrant families are often considered at increased risk of maltreatment due to the stress and pressure resulting from families' migration and acculturation (Korbin & Spilsbury, 1999; Roer-Strier, 2001). Fear, stress, loss, isolation, and uncertainty about the future are factors immigrants often experience as a result of migration. Following the migration experience, pressures resulting from acculturation—including differences in culture, language, and traditions—serve as additional sources of stress and may create barriers to accessing needed resources. Additionally, recent legislation (both federal and state) specifically barring immigrants from accessing government services and benefits may act to increase risk in immigrant families, and at the same time, impede child

welfare agencies' ability to provide effective services to immigrant children and families (Earner, 2007; Siegel & Kappaz, 2002).

Given the complexity of these issues, along with the rapid growth of the immigrant population, child welfare agencies must be equipped to effectively respond to the unique needs of immigrant children and families who come to the attention of the child welfare system. Doing so will promote safety, permanency, and well-being.

In response to this emerging issue, the American Humane Association and the School of Social Work at Loyola University Chicago began a dialogue about the growth of the immigrant population and the challenges this poses for child welfare systems. This dialogue resulted in the creation of a transnational roundtable focused on the impact of migration on child welfare services in the United States. The roundtable's purpose was to inform and impact policy and practice at the local, state, and national levels. Held in July 2006, this roundtable featured over 70 participants from 10 states and Mexico, representing higher education, child welfare, international immigration, legal practice, and other fields. The roundtable resulted in the identification of several emerging issues that require child welfare system workers' attention if they are to facilitate positive outcomes, reduce risk, and address the special needs of immigrant children and families. The articles in this special issue of *Protecting Children* represent a next step in the response to these issues.

¹ The most recent data reported from the 2006 American Community Survey of the U.S. Census Bureau indicate the total foreign-born population in the United States consists of 37.5 million individuals, of which 58% are non-citizens. Due to variability among reporting sources as well as the lack of reliable data concerning undocumented populations, statistical data used to document the immigrant population may vary throughout the articles presented in this volume. Additionally, child welfare data vary across states and counties, making comparisons difficult.



Research

Currently, the number of immigrant children involved in the child welfare system is unknown, as this information is not collected uniformly at the local, state, or national levels.

Several factors contribute to the lack of reliable data, including a lack of understanding of how immigration status impacts service delivery, fears of reporting immigration status, confusion regarding mixed immigration statuses within families, and inadequate reporting systems that are not designed to capture this information. Additionally, little empirical information is available on the unique needs and experiences of immigrant children and families who are involved in the child welfare system, or on effective practices to respond to the special needs of this population. In the absence of empirically based information on these needs and promising practices, barriers exist to developing evidence-based practices and achieving positive child welfare outcomes. In this issue, Rowena Fong provides an overview of the current state of knowledge in working with immigrant families in the child welfare system, along with a discussion of the challenges the child welfare system faces in providing culturally competent services to this population. Tracy Vericker, Daniel Kuehn, and Randy Capps provide one of the first empirical studies to examine the number of immigrant children and families involved in the child welfare system. Using administrative child welfare data from Texas matched to birth records, this study is the first to examine differences in child welfare outcomes for children of immigrants as compared to children of native parents.

Workforce and Training

Positive child welfare outcomes require a child welfare workforce that understands

the needs and issues affecting immigrant children and families. Culturally competent practice requires that child welfare practitioners understand the effects of migration and acculturation on immigrant family systems in order to conduct adequate assessments that address the underlying causes of maltreatment in order to develop interventions that result in positive outcomes. To respond to these needs, Julie Cooper Altman and Suzanne Michael provide a strengths-based assessment tool, the Assessment of Immigration Dynamics (AID), which aims to improve the assessment process and resulting interventions for immigrant children and families, while Elena Cohen provides an overview of the impact of exposure to violence within immigrant families, along with a framework to identify families affected by lifetime exposure to violence.

Cross-Systems/Field Integration

Cross-systems collaboration is needed to effectively meet the complex needs of immigrant children and families involved in the child welfare system. Often, service delivery to immigrant families is complex and fragmented, resulting in families that do not receive needed services. When working with immigrant children and families, it is important that immediate crises and concerns are addressed, so families can concentrate on the issues that led to their involvement with the child welfare system. For many families, these immediate concerns involve their immigration status and citizenship. Service delivery can be coordinated through collaborative relationships between child welfare agencies and immigrant service providers who work as a team to meet the complex needs of families. Similarly, many child welfare cases involving immigrant families have transnational dimensions that require collaboration between the child

welfare and human service systems in both the sending and receiving countries. Ken Borelli, Ilze Earner, and Yali Lincroft present common scenarios child welfare workers may encounter that often require cross-system and transnational collaboration, along with guidelines for developing best practice approaches to effectively address these and other challenges.

Policy and Advocacy

Child welfare practitioners must be familiar with federal and state policies that affect immigrant children and families and understand how these policies affect service delivery. In certain circumstances, these policies may create barriers for child welfare agencies aiming to provide effective services to immigrant children and families. Child welfare agencies and administrators must address these barriers to service delivery and advocate for policy change within the agency as well as within larger systems. These barriers are often present when families are undocumented or have mixed immigration statuses. Similarly, many challenges exist when working with immigrant youth who are unaccompanied or separated from their parents. When barriers are present, service providers, legal professionals, and child welfare practitioners should work together to provide a coordinated system of service delivery to eliminate barriers to needed services. Practitioners must be knowledgeable of these issues in order to educate their clients and make appropriate referrals.

Micah Bump and Elzbieta Gozdziaik discuss the current system of care for unaccompanied undocumented children who are placed in federal custody, along with recommendations for improvements to this system. Howard Davidson and Julie Gilbert Rosicky also address the care and custody of unaccompanied and separated

youth, along with the challenges that exist for these youth and recommendations for policy improvements to better ensure their protection.

Conclusion

Building on the work of the many professionals and organizations that answered American Humane and Loyola University Chicago's call to participate in the transnational roundtable during the summer of 2006, this special issue of *Protecting Children* attempts to respond to some of the major issues identified by roundtable participants to effectively ensure the safety, permanency, and well-being of immigrant children and families involved in the child welfare system. It is the hope of the issue editors that these articles will provoke further discourse and provide the impetus for additional studies that continue to add to the knowledge base of child welfare practice. The goal is to improve the child welfare system's response to all children and families, regardless of citizenship status or country of origin. The issue editors are thankful to each author who contributed to this issue and to the expert reviewers who contributed through their knowledge, insight, and dedication. The issue editors are especially grateful to the American Humane Association for its ongoing commitment to this issue and for its dedication of resources to support this important new effort in child welfare.



References

Capps, R., & Fortuny, K. (2006). *Immigration and child and family policy*. Washington, DC: Urban Institute.

Capps, R., & Passel, J. (2004). *Describing immigrant communities*. New York: Foundation for Child Development.

Earnar, I. (2007). Immigrant families and public child welfare: Barriers to services and approaches for change. *Child Welfare, 86*(4), 63-91.

Korbin, J., & Spilsbury, J. (1999). Cultural competence and child neglect. In H. Dubowitz (Ed.), *Neglected children* (pp. 69-88). Thousand Oaks, CA: Sage.

Passel, J. (2005). *Estimates of the size and characteristics of the undocumented population*. Washington, DC: Pew Hispanic Center.

Roer-Strier, D. (2001). Reducing risk for children in changing cultural contexts: Recommendations for intervention and training. *Child Abuse & Neglect, 25*, 231-248.

Siegel, W. L., & Kappaz, C. M. (2002). *Strengthening Illinois' immigrant policy: Improving health and human services for immigrants and refugees. A project report of the Health and Human Services Immigrant Policy Working Group*. Chicago, IL: Illinois Immigrant Policy.



Administrators in Public Child Welfare: Responding to Immigrant Families in Crisis

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Dr. Earner is an assistant professor at Hunter College School of Social Work and specializes in the field of family and children's services. She is the founder and director of the Immigrants and Child Welfare Project, providing consulting, technical assistance, and training on issues related to foreign-born populations and child welfare. For over 10

years, Dr. Earner has been instrumental in raising awareness about the special needs of immigrant families, children, and youth involved in public child welfare systems, and has published numerous articles on the subject. She is a member of the National Child Welfare Advisory Board in Washington, D.C., and serves on the New York City Administration for Children's Services Subcommittee on Immigration and Language Issues. Her research interests include refugee children and youth, trafficking, and training social work students on immigrant issues.

Ms. Lincroft is a consultant with the Annie E. Casey Foundation's (AECF's) Family to Family Initiative. For the past 15 years, she has been a child and family policy planner. She has written many policy reports on child care, mental health, and foster care, including the recent AECF report, "Undercounted. Underserved. Immigrant and Refugee Families in the Child Welfare System," which is available online at <http://www.aecf.org/upload/PublicationFiles/IR3622.pdf>. Ms. Lincroft is a founder and on the steering committee of the Migration and Child Welfare National Network, founding board member of the Infant/Toddler Consortium, appointed member of the Alameda County Local Child Care Planning Council, and president of the Neighborhood Parents Network. She recently co-authored an article on immigrants in the child welfare system, which was published in the June 2007 issue of Child Welfare League of America's *Children's Voice*.

Introduction

Immigrants, refugees, and asylum-seekers—especially families and children—are arriving in record numbers and rapidly changing the demographics of many communities (Capps, Passel, Perez-Lopez, & Fix, 2003; Delgado, Jones, & Rohani, 2005). In many states and localities that have recently witnessed a large-scale influx of new immigrant populations there is concern that factors related to the stress of migration, overall economic hardship, and linguistic and cultural differences put immigrant families at greater risk for involvement with the child welfare system (Segal & Mayadas, 2005). Recent evidence suggests that migrating families and their children are appearing on the caseloads of child welfare services in significant numbers (Vericker, Kuehn, & Capps, 2007), and questions are now being raised as to how well child welfare services providers are prepared to handle the special needs of this population (Pine & Drachman, 2005; Lincroft & Resner, 2006). In describing the challenges faced by Latino families, who constitute the largest group of immigrant populations across the United States, Ortega (in press) bluntly states, “Latino families are largely disadvantaged in terms of system responsiveness and access to ancillary services and safe havens. Considerable concern has been raised about the system’s capacity to adequately serve this population.”

While language and culture do play significant roles in affecting the quality and scope of services provided to families and children, conflicting legislative mandates between child welfare and immigration are also contributing to fragmented service provision, especially when immigration status affects access to services or benefits (Davidson, 2006). Few child welfare agencies have developed handbooks, protocols, or training strategies to address this confusion. As a result, in most localities, immigrant

families who do come to the attention of child welfare services providers are dealt with largely on a case-by-case basis (Chahine & van Straaten, 2005). This situation does little to ensure accountability, consistency, or equitable provision of mandated services to families and children.

With regard to the provision of child welfare services, all decisions made about children and families must be based on the federal and state laws that define abuse and neglect. While there are subtle differences in each state and among communities, the Child Abuse Prevention and Treatment Act (CAPTA) defines abuse for all public child welfare agencies. Most children enter the child welfare system because of neglect, with a smaller percentage entering based on physical and sexual abuse (Baum, 2002). Poverty is an important predictor of negative child outcomes, and poverty rates are typically higher among children of immigrants than among children of natives (Capps et al., 2003). While generally accepted child welfare practices prefer the provision of services to maintain a child safely in the home, immigration status issues affecting either parents or siblings within a family do impact access to many needed services. Therefore, immigrant families may be ineligible for services mandated to ensure the safety of their children. In turn, the children in these families are more likely to either never receive the services they need or end up in out-of-home placements.

Additionally, the Adoption and Safe Families Act of 1997 (ASFA), federal legislation guiding all public child welfare agencies, clearly states that if a child cannot be safely maintained in the home, the first priority is to seek placement with relatives. Again, as documented in small studies, there is evidence that immigration status is a complicating factor in making decisions about the placement of children

with extended family members (Earner, 2007). Child welfare agencies are unlikely to conduct extensive international searches for appropriate placements of children with relatives.

This article addresses the special considerations and nuances for child welfare cases involving immigrant families. Recommended intervention strategies are based on the premises of concurrent planning and collaborative team decision making to ensure the safety, permanency, and well-being of all children, regardless of immigration status issues affecting the family.

Understanding Key Immigration Issues Related to Child Welfare

To work effectively with immigrant families, child welfare staff must have an understanding of their clients' immigration and language issues. Title VI of the 1964 Civil Rights Act requires any recipient of federal funding (which includes virtually all state and local government social service agencies) to make its services or programs reasonably accessible to individuals with limited English proficiency. It is important at initial contact to identify a client's primary language and seek interpretation services when necessary. In some immigrant communities where there is a low literacy rate or where the population does not find written documents to be a meaningful method of communication, spoken explanations of important child welfare documents may be a better method of communication.

Identifying the immigration status of the client and family members is a controversial issue and must be handled sensitively and, if possible, in a way that assures confidentiality (New York City Administration for Children's Services, 2005). Clients need to be informed that knowledge of their immigration status is strictly for the purpose of providing appropriate referrals to services or ascertaining eligibility for benefits. In case

planning, workers need to understand that many immigrants are reluctant to interact with government officials for fear of being reported to the United States Citizenship and Immigration Services (USCIS, formerly known as Immigration and Naturalization Service or INS).

The following is not an exhaustive list but provides some common immigration-related issues that child welfare staff may encounter when working with immigrant clients.

- Assessment of Immigration Status:** There are many different classifications of immigration status. These include, but are not limited to: naturalized U.S. citizen; lawful permanent resident (i.e., "green card" holder); refugee, parolee, or asylee; one who has been granted employment-based status; student or tourist visa holder; and undocumented resident (Santa Clara County Department of Family and Children's Services, 2006). It is very common for one household to have members with different immigration statuses (for example undocumented immigrant parents with one or more U.S.-citizen children born in the United States).

Clients need to be informed that knowledge of their immigration status is strictly for the purpose of providing appropriate referrals to services or ascertaining eligibility for benefits.



It is important for the child welfare agency to understand the different types of immigration status and their implications for access to different services. It is also important for child welfare staff to not make assumptions about immigration status based on language ability, ethnicity, or country of origin. Even a lack of documents does not necessarily imply that an individual is not legally present in the United States.

- **Special Immigrant Juvenile Status:**

In 1990, Congress passed Special Immigrant Juvenile Status (SIJS) as an immigration relief option for undocumented children in long-term foster care. SIJS allows those children who have no possibility of reunification to gain permanent residency in the United States (Kinoshita & Brady, 2005). The child must be unmarried, under 21 years of age, and in long-term foster care. SIJS application can take 1 or more years to process. The public child welfare agency needs to file the appropriate application to immigration officials, including documents to prove age, such as a passport, birth or baptismal certificate, doctor or dentist evaluation, etc. In addition, public child welfare agencies often need to work with the appropriate foreign consulates to gather much of the relevant SIJS documentation, which can further delay the process. Since SIJS cases are time-sensitive to the age of the child, it is important for child welfare staff to file before a child “ages out” of the child welfare system (Earner, 2005). Many agencies have delayed a child’s dependency status to 21 until the SIJS has been approved in order to protect the undocumented foster youth from the risk of deportation after emancipation.

- **The Violence Against Women Act (VAWA):** A collection of federal laws, known generally as VAWA, was first enacted in 1994 to address a widespread problem: non-citizen spouses who stay in abusive relationships because their partners and abusers have U.S. citizen or legal permanent resident status and are sponsoring the family’s visa petition. Until a non-citizen has legal immigration status, she or he can be deported at any time and cannot get permission to work legally. Often, the abusive spouse will use the immigration sponsorship as a way to control the undocumented spouse (Catholic Legal Immigration Network and Immigrant Legal Resources Center, 2002). The VAWA legislation attempted to acknowledge and address these complexities by helping lawful permanent residents leave dangerous situations without prejudicing pre-existing immigration petitions. Domestic violence safety planning should be shaped by the entire family constellation, including who in the family is undocumented and which community resources are available to assist clients before and after their VAWA applications have been approved.

Documentation is key in VAWA cases. Domestic violence clients only qualify for VAWA when their abusers are either legal permanent residents or U.S. citizens. While a VAWA petition is not automatic, it can lead to residency for the spouse and children in question. Credible evidence of abuse must be provided, but this does not necessarily include a police record. For example, a petition may be filed on a domestic violence incident. The case may show that one count is against the father and



another is against the mother for her failure to protect the children. Thus, this matter may be held against the mother in her VAWA petition. Child welfare staff should work closely with domestic violence advocates and shelters to understand how best to support immigrant women and their children in these types of VAWA cases.

A Toolkit for Practice With Immigrant Families: Concurrency Planning and Team Decision Making

The literature is rich with best or promising practice models in child welfare; two that can prove useful in working with immigrant families are concurrent planning and team decision making that involves a neighborhood-based approach. The “concurrency model” has been identified as an effective tool to ensure permanency in the lives of children, regardless of whether they remain with their families of origin or in alternative settings (Schene, 2001). Concurrent planning assumes two different case goals are developed at the same time, the primary goal being reunification of the child and parent. However, should the primary goal not succeed there is a back-up plan already in place for another permanent home for the child (National Resource Center for Family-Centered Practice and Permanency Planning, 2001). Integrating immigration services into the “concurrency” model can also be helpful in preventing or ameliorating out-of-home placements when a child from an immigrant family enters the child welfare system. This involves helping either the parent or child resolve immigration status issues, thereby making access to services possible.

Concurrency planning can also address one of the more tragic consequences of “foster placement drift” by encouraging child welfare workers to identify and apply for SIJS for those eligible children who may

otherwise be emancipated into a downward spiraling existence as undocumented people. Furthermore, the early identification of immigration status within a concurrent model can stabilize a family through the immediate initiation of a relevant relative search, including those family members living outside of the child welfare area or abroad. Identifying immigration status also helps workers focus on the relevant documentation the family/child has or needs in the event a permanent plan (adoption, guardianship, or an independent living plan) is necessary.

Another promising practice model that can be a useful tool in working with immigrant populations is the development of relationships between child welfare agencies and both formal and informal support networks that can then participate as meaningful members in team decision-making efforts. This type of neighborhood-based service approach can be invaluable in helping develop culturally and linguistically appropriate services, break down barriers, and facilitate outreach to families. It also is an effective way to keep children safe, stabilize families, and recruit resources (Rivera, 2001).

One of the more promising outcomes of proactive concurrent planning has been the improvement of relations between child welfare agencies and foreign consulates. Mexico has taken a leadership role in many localities where there are large settled populations of Mexican nationals. Specifically, the country is providing technical assistance, supporting families involved with the child welfare system, and sharing national child welfare resources with local U.S. child welfare agencies. Several child welfare agencies have established best practice protocols or memorandums of understanding with Mexico in an attempt to improve and refine internal assessment, placement,



and support services. These include the provision of critical documentation to both the income maintenance or fiscal and service components of the agency.

A Review of Four Common Scenarios Involving Immigrant Families

The scenarios that follow are common to many child welfare agencies, whether located in one of the six major immigrant receiving states (California, Texas, New York, Florida, Illinois, and New Jersey) or in one of the new fast-growth secondary migration states, including those in the Rocky Mountain, Midwest, and Southeastern regions (North Carolina, Nebraska, Arkansas, Nevada, and Georgia). Child welfare agencies may have hundreds of cases like these each month or just one or two per year that invite alternative case planning strategies. Depending on the number of cases involving immigrant families, child welfare agencies may consider different models of services, such as a dedicated staff/bilingual unit or a service contract with a community-based agency that specializes in working with immigrant families.

Please note that each child welfare case and immigrant family is unique. The following scenarios are intended to provide general information and discussion about the topic, and are current and accurate as of the publication date. However, immigration and child welfare laws change constantly. The authors advise that qualified legal and professional advice should always be sought before taking any action.

- **SCENARIO 1 - EMERGENCY RESPONSE REFERRAL:** *As a mandated child abuse reporter, a school employee contacts a child protective services hotline because a student has been truant, comes to school with dirty clothes, and is hungry. The social worker assigned to the case completes an*

assessment classifying the case as a low-risk prevention situation due to neglect. The worker sends the case to community diversion as part of a differential response plan. However, he is unable to close the case because family members cannot attend parenting classes (due to long or evening work hours) and cannot receive welfare, job training, or other supportive services because of their immigration status or because they fear the child will be classified as a “public charge.”

POTENTIAL SERVICE PLAN

FOR SCENARIO 1: Diversion to community services is by far the most common case plan for calls made to child abuse hotlines. If the child welfare agency is not opening a dependency case, community partners are critical players in diversion cases. If, in the process of conducting an assessment, the agency determines that immigration issues are impeding the delivery of services, and yet the family situation meets the threshold for diversionary services, the best possible scenario would be to provide a referral to a community-based organization. That community-based agency must have the sensitivity, understanding, and the resources to assist with the underlying referral. Potential service plans for diversion plans depend heavily on the comfort and trust level for the immigrant family; there must be an understanding that the service plan will not jeopardize family members' immigration status, which could cause them to run away, resist, or simply ignore the plan. In this sense, the service plan will not so much resolve the problem as recognize the dilemma facing the family.

Service referrals could include Food Stamps (eligible for the citizen child of the undocumented immigrant), Head Start or subsidized child-care programs—some of which do not depend on immigration status—legal services, free health or mental health clinics, access to Victim/Witness Protection funding (which is available to eligible families, regardless of immigration status), etc. It is important to connect resources and support to the families as a prevention strategy so that child welfare problems can be solved at the lowest level of intervention.

- SCENARIO 2 - ASSESSMENT/ FRONT-END SERVICES:** *A newborn tests positive for drug exposure. The mother is undocumented and speaks only Spanish. Furthermore, there are no linguistically/ culturally appropriate substance abuse treatment services available. No relative in the United States is willing to care for the child because each one's own immigration status is precarious. A grandparent living in Mexico has been identified for placement but the public child welfare agency has no experience with the Mexican consulate or conducting a home visit out of the United States.*

In the event that there are no parent caretakers available, it is imperative that workers conduct a relative search as soon as possible.

POTENTIAL SERVICE PLAN

FOR SCENARIO 2: In the event that there are no parent caretakers available, it is imperative that workers conduct a relative search as soon as possible. A bilingual/bicultural social

worker should complete a thorough assessment, since information is often lost in the assessment process using translation services. Or, the public child welfare agency can work closely with a contracted community-based agency to help with this type of assessment. Just because a family member may reside outside of the United States does not preclude a placement. Finding such family members rests heavily on understanding the population served and how to secure the services and resources to not only assess but also support a family member who may be able to take care of the child.

Additionally, it is the responsibility of the public child welfare agency to inform the Mexican Consulate when there is a dependency hearing for a national and if there are no known relatives in the United States willing or able to care for the child. The child welfare agency should obtain more information on the appropriateness of any maternal grandparents who reside in Mexico and make phone contact with them. After the

initial contact, the public child welfare agency should complete a home assessment and work with the Mexican child welfare agency, Desarrollo Integral de la Familia (DIF). DIF will provide a preliminary assessment through intervention with the Mexican Consulate. If the assessment meets DIF's community standards, the U.S. child welfare agency can conduct a home visit to further assess the appropriateness of the placement.



If there is a chance of reunification that meets the 18-month federal timeline, then it may be necessary to place the child in foster care with visitations and support opportunities during the reunification period. In the event reunification is not feasible (for example, the mother is incarcerated for a period longer than 18 months), it is imperative to connect the child with appropriate relatives. Likewise, even if a relative may not serve as an appropriate placement due to economic or other reasons, this does not preclude the child maintaining contact with his or her relative.

Because of the fluidity and proximity of the border countries (i.e., Canada and Latin American countries), visits from relatives should be encouraged and supported, including participation in family group conferences. In cases where a parent is deported to Mexico but the child is born in the United States, the child may or may not go back to Mexico with his or her parent, depending on the individual case and legal representation.

- **SCENARIO 3 - PERMANENCY AND INDEPENDENT LIVING:**

An immigrant youth, presumed to be undocumented, has languished and is “growing up” in the system. No paperwork was ever found for the child because the parents fled and could not be located after the child’s removal. After years in foster care, the issue of his unresolved immigration status figures prominently during his mandated emancipation/independent living program planning conference. The court, attorney, and foster parent for the child are demanding an immigration action plan prior to emancipation.

POTENTIAL SERVICE PLAN FOR SCENARIO 3:

It is critical to understand and gather documentation early in the case assessment regarding the migration history of the child.

If it was previously determined that the child was undocumented, a more thorough immigration assessment needs to be conducted. The birth parents’ immigration status is particularly important. In the initial assessment, if there is a dependency action (i.e., a filing petition against the parents), all relevant immigration documents should be shared with child welfare agencies in juvenile courts. This may be an issue in cases where the family refuses to surrender critical documents such as a passport or birth certificate. For example, the child may be eligible for derivative U.S. citizenship through a birth parent even though the parent is no longer directly involved in supervising the child. There have been anecdotal cases of children assumed for years to be undocumented immigrants, when in fact they were legal residents or derivative U.S. citizens. Also consider that in cases where it’s been determined a child is undocumented, it may not be in the best interest of the child to return him to the country of origin, because the child has acculturated to the United States and reunification is no longer possible. In these situations, it is critical to apply for SIJS prior to emancipation from foster care.

- **SCENARIO 4 - SERVICES TO VICTIMS OF DOMESTIC VIOLENCE:**

A U.S. citizen child is injured during a domestic abuse altercation. The mother, who is undocumented, is fearful of leaving the abuser since he has legal immigration status and is petitioning for his spouse.

The child welfare agency handling the case has never filed a VAWA (Violence Against Women Act) claim and does not know how to help or support the mother after she is required to leave the shelter. The mother does not want to file a restraining order due to her fears of deportation. However, both mother and child are in physical danger of re-abuse, and the social worker is faced with the dilemma of providing out-of-home care for the child due to his/her inability to protect the non-offending parent.

POTENTIAL SERVICE PLAN FOR

SCENARIO 4: This is probably one of the most challenging scenarios facing child welfare agencies. Households where domestic violence occurs can be particularly dangerous for a child, but removal from the abused parent, who has otherwise been a fit parent, and whose only crime was to be involved with a man who hit her, can also be devastating to the child. In order for the mother and child to be eligible for VAWA, the batterer must be either a U.S. citizen or a lawful permanent resident. Unfortunately, no relief is available under these laws if the abuser is neither a U.S. citizen nor a legal resident. In these situations, the child welfare agency should make an appropriate referral to a domestic violence shelter with lawyers or staff specifically trained to handle VAWA petitions.

Child welfare agencies that use decision-making team models (such as team decision making, family group conferencing, family unit meeting, etc.) involving the family and community-based agencies can be especially effective in determining case plans for these types of cases (Annie E. Casey Foundation, 2006).

Team decision making is based on the premise that involving families along with supportive community members results in the creation of a network that helps ensure permanency plans' success. The social worker will need to determine the level of services appropriate for the domestic abuse victim and the child without putting the child in harm's way. Providing services early in the case is critical. It allows the non-offending parent to achieve safety in a faster way because it helps her overcome obstacles making it difficult to leave. For example, if she has access to ethnic-specific counseling, new housing, help with immigration papers, or programs that can help find an alternative source of income, she will be better prepared to part with an abusive partner.

- **SCENARIO 5 - FISCAL CONSTRAINTS:** *Child welfare management must make a presentation to fiscal authorities regarding an action plan to maximize federal claims. Management needs to address the growing list of children who are not eligible for federal claims. Many of these locally funded cases involve undocumented children. Several others involve older youth placed in group homes, which are generally the most expensive out-of-home care option.*

POTENTIAL SERVICE PLAN

FOR SCENARIO 5: Knowing cases' immigration realities is the key to an efficient use of an agency's discretionary, limited local dollars. This is one of the fundamental advantages of using a concurrent model, especially at the emergency-response level. What may have been interpreted as resistance or unwillingness to engage in a



preventative service plan may be all, or partly, an immigrant family’s fear of dealing with the immigration system. By knowledgeably demonstrating an awareness of this reality, agencies can eliminate a major obstacle to engaging the family. Likewise, the service plan “connects” with the family and real change can occur, reducing the risk factors that brought the referral to the agency in the first place and increasing referrals to a skilled and appropriate community-based agency. In addition, if further child welfare intervention services become necessary, this basic core immigration knowledge is invaluable in determining eligibility for categorical programs and claims. It also helps resolve which documents are available and necessary in order to assist the dependent minor and family.

Another benefit of being familiar with immigration realities surfaces when agencies assist families with SIJS, VAWA, and other forms of immigration relief. Basic personal documents and records are already in place to immediately move to the next level of claiming and expedite the fiscal process to resolve a minor’s immigration status. It certainly is not best practice to wait until family reunification services are terminated before beginning to gather immigration documents. For the agency, the lack of proper funding and claiming for this same minor could have all been avoided by a focused and

knowledgeable concurrent response. Case reassignments, transfers, and “hand-offs,” while often an agency necessity, lend themselves to many continuity problems in service plans. They also invite clients’ often-repeated claim: “This is my *n*th worker in a year!” The most tragic scenario occurs when the public child welfare agency is negligent and hasn’t responded to a minor’s immigration needs for the life of the case. As a result, the dependent minor is emancipated out of the system into a very bleak future as an undocumented immigrant.

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Conclusion

New immigrant populations are enormously diverse in culture, language, socio-economic status, and reason for migration; however, given the increasingly conflictual legislative climate surrounding immigration status and access to resources, providing services to these populations is becoming more complicated (Fong, 2004). In developing models of practice with immigrant families in child welfare, service providers would do well to remember that immigrants are not a new phenomenon to social work. The evolution of the profession itself, from its historic roots in the Settlement House Movement, was accomplished through practice with immigrant families and children (Addams, 1990). Possible differences today include the impact of new immigrant populations on communities that have not had a historic relationship with migration, a countervailing set of growing regulatory guidelines, and the psychosocial dynamics of outreach, integration, and problem-solving within a child welfare context.



Regardless of the current debates about immigration, one thing is clear: In the near future communities across the United States will be more diverse than ever before in our history. The challenge is now upon child welfare services administrators and providers to identify and address the needs of these communities. This requires bold leadership, the ability to take risks, and a willingness to be innovative—all of which can help ensure the safety, permanency, and well-being of families and children.

References

- Addams, J. (1990). *Twenty years at Hull House*. Chicago, IL: University of Illinois Press.
- Annie E. Casey Foundation. (2006). *Family to family key elements in team decision-making*. Retrieved October 12, 2007, from <http://www.aecf.org/upload/pdf/files/familytofamily/keyelements.pdf>
- Baum, J. (2002, July 11). *Problems facing immigrant families in the child welfare system*. Testimony presented by the Legal Aid Society before the Committee on Children and Families and Legislative Task Force on New Americans of the New York State Assembly, New York.
- Capps, R., Passel, J.S., Perez-Lopez, D., & Fix, M.E. (2003). *The new neighbors: A user's guide to data on immigrants in U.S. communities*. Washington, DC: The Urban Institute.
- Catholic Legal Immigration Network and Immigrant Legal Resources Center. (2002). *The VAWA manual: Immigration relief for abused immigrants*. Washington, D.C.: Author
- Chahine, Z., & van Straaten, J. (2005). Serving immigrant families and children in New York City's child welfare system. *The Journal of Child Welfare*, 84(5), 713-724.
- Davidson, H. (2006, July). Child welfare law, immigration policy and their intersection. Presentation at the meeting of the American Humane Association on *Migration, a critical issue for child welfare: A transnational research and policy forum*, Loyola University, Chicago, IL.
- Delgado, M., Jones, K., & Rohani, M. (2005). *Social work practice with refugee and immigrant youth in the United States*. Boston, MA: Allyn and Bacon.
- Earner, I. (2005). Immigrant children and youth in the child welfare system – Immigration status and special needs in permanency planning. In G. Mallon & P. Hess (Eds.), *Child welfare in the 21st century: A handbook of practices, policies and programs*. New York: Columbia University Press.
- Earner, I. (2007). Immigrant families and child welfare: Barriers to services and approaches to change. *The Journal of Child Welfare*, 88(3), 63-91.
- Fong, R. (Ed.). (2004). *Culturally competent practice with immigrant and refugee children and families*. New York: Guilford Press.
- Kinoshita, S., & Brady, K. (2005). *Special immigrant juvenile status – for children under juvenile court jurisdiction*. Washington, DC: Immigrant Legal Resources Center. Retrieved October 12, 2007, from <http://www.ilrc.org/resources/sijs/2005%20SIJS%20manual%20complete.pdf>
- Lincroft, Y., & Resner, J. (2006). *Undercounted. Underserved. Immigrant and refugee families in the child welfare system*. Baltimore, MD: Annie E. Casey Foundation.
- National Resource Center for Family-Centered Practice and Permanency Planning. (2001). *Permanency planning today*. Retrieved November 16, 2007, from <http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/newsletter/ppt-summer-2001.pdf>
- New York City Administration for Children's Services. (2005). *Immigration and language guidelines for child welfare staff* (2nd ed.). Retrieved November 16, 2007, from http://www.nyc.gov/html/acs/downloads/pdf/immigration_language_guide.pdf

Ortega, R. (in press). The changing Latino family. In R. Fong, R. McRoy, & C. Hendricks (Eds.), *Intersecting child welfare, substance abuse and family violence: Culturally competent approaches*. Alexandria, VA: Council on Social Work Education.

Pine, B., & Drachman, D. (2005). Effective child welfare practice with immigrant and refugee children and their families. *The Journal of Child Welfare, 84*(5), 537-562.

Rivera, H. (2001, Summer). Child welfare agencies: Developing working connections with the community. *Permanency Planning Today*. Retrieved November 16, 2007, from <http://www.hunter.cuny.edu/socwork/nrcfcpp/newsletters.html>

Santa Clara County Department of Family and Children's Services. (2006). *Financial assistance for immigrants*. Retrieved November 16, 2007, from <http://www.sccgov.org/portal/site/scc/chlevel3?path=%2Fv7%2FSCC%20>

Public%20Portal%2FHealth%20and%20Human%20Care%2FFinancial%20Assistance%2FFinancial%20Assistance%20for%20Immigrants

Schene, P. (2001). *Implementing concurrent planning: A handbook for child welfare administrators*. National Child Welfare Resource Center for Organizational Improvement. Retrieved November 16, 2007, from <http://muskie.usm.maine.edu/helpkids/rcpdfs/concurrent.pdf>

Segal, U.A., & Mayadas, N.S. (2005). Assessment of issues facing immigrant and refugee families. *The Journal of Child Welfare, 84*(5), 563-584.

Vericker, T., Kuehn, D., & Capps, R. (2007). *Title IV-E funding: Funded foster care placement by child generation and ethnicity*. Washington, DC: Urban Institute.



Latino Children of Immigrants in the Texas Child Welfare System

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Introduction

The distinctive characteristics and experiences of immigrant families have significant implications for child welfare practice and the outcomes for families involved with child welfare authorities. This article presents the results of a study that uses a unique dataset, composed of child welfare administrative data matched to birth records from Texas, to assess differences in the child welfare outcomes for children of immigrants and those for natives. The data include all children removed from their homes by the Texas Department of Family and Protective Services (DFPS) and living in out-of-home care on March 31, 2006, due to abuse or neglect.

Study results show that first- and second-generation Latin American children of immigrants were *underrepresented* in the



child welfare system in Texas, while native-born Hispanic children (i.e., the third or higher generation) were *overrepresented*. First- and second-generation children were more often removed for sexual abuse than other children in care. First-generation children were less likely to be eligible for Title IV-E reimbursement, the largest source of federal funding for state child welfare agencies (Scarcella, Bess, Zielewski, & Geen, 2006). Both first- and second-generation children were less often placed with relatives or given permanency goals associated with them. In addition, once removed from their homes, first- and second-generation children of immigrants had different child welfare system experiences from children of natives.

Literature Review

Researchers have conducted a number of studies to explain why immigrants come to the United States and track how they fare while they are here. There is also a great deal of knowledge about what immigrant families do to cope with the hardships they experience, including their participation in and receipt of public services. However, relatively little is known about immigrants' receipt of child welfare services and the contact that immigrant children have with child protective services (CPS). This review primarily discusses children in immigrant families because they are a major focus of the data analysis. It does not focus on Latino children more generally, as they are not the central topic of this article.

Texas Immigration

According to Urban Institute tabulations of data from the 1980 U.S. Census and the March 2005 U.S. Current Population Survey, the population of immigrants in the United States increased substantially in the last 25 years—from about 14 million in 1980 to over 35 million by 2005—with Texas experiencing a large share of this influx (Ruggles et al.,

2004; U.S. Bureau of the Census, 2006). Texas has the longest land border with Mexico of any state, and many immigrants use Texas as an entry point into the United States. From 1980 to 2005, Texas witnessed a 178% increase in the number of immigrant children (i.e., the first generation), most of whom originated in Latin America, and Mexico in particular (Ruggles et al., 2004; U.S. Bureau of the Census, 2006). Over the same period, Texas experienced an increase in the number of second-generation children—those born in the United States with at least one foreign-born parent—of 240% (Ruggles et al., 2004; U.S. Bureau of the Census, 2006). It would stand to reason that this rapid increase in the immigrant population would bring an increase in contact with social service systems, including the child welfare system.

While some immigrants may pass through the border into Texas and then move to another part of the country, many stay for at least a short period of time. Nearly 10% of the foreign-born population in the country resides in Texas (U.S. Bureau of the Census, 2006). And further, Urban Institute tabulations of U.S. Census data show that 30% of children in Texas have at least one foreign-born parent, compared with only 22% of children nationally (U.S. Bureau of the Census, 2006).

Push and Pull Factors Affecting Immigration

The “push” and “pull” factors driving immigration nationally are also useful for understanding immigration into Texas. Push factors are those economic, social, and political conditions that lead immigrants to seek employment elsewhere. In contrast, pull factors are conditions in the destination that attract immigrants across the border. A vital push factor for Latino immigrants is the relative weakness of the Mexican labor market and the *maquiladoras*, or factories, that are scattered across the Mexican-U.S.



border, especially the border with Texas (Davila & Saenz, 1990). Many have argued that the economic hardships in Mexico have led to an outward migration of people in search of better opportunities. For instance, the general weakness of the Mexican economy following the 1995 devaluation of the peso may have led many Mexicans to leave their communities in search of better opportunities in the booming U.S. economy. *Maquiladoras* have created many jobs and have spurred Mexicans to move to the area along the border (Lederman, Menendez, Perry, & Stiglitz, 2001). As more and more people move to the border area in northern Mexico, it has increasingly become a launching pad for illegal migration to the United States (Fussell, 2004). Another important push factor for other Latin American countries is oppressive regimes and civil wars—for instance, in Guatemala—that have led many to seek refuge in the United States (Keely, 2001).

The comparatively stronger labor markets in Texas and other border states are essential pull factors in attracting immigrants to the United States (Hanson & Spilimbergo, 1999). However, in a study of Mexican immigrants, Massey and Espinosa (1997) suggest that wage differentials are less influential than human and social capital formation in the decision to immigrate. Regardless of whether human capital formation opportunities or the immediate wage differential between the United States and Mexico provides a stronger impetus for immigration, it is clear to most researchers that short- and long-term employment opportunities provide substantial motivation for immigrating to the United States.

Another pull factor for immigrants is the network of social services potentially available in receiving communities (Borjas, 1999). Communities that are able to provide substantial services are less charitably known as “welfare magnets,” and may be relevant to immigrant involvement with child welfare services. While it is unlikely that an immigrant family would settle in a community for the quality and availability of its CPS agency, other more attractive services could bring these families into contact with mandatory reporters of child maltreatment, such as teachers, doctors, or social workers. Meyer (1998) and Brueckner (2000) provide evidence that welfare magnets do influence

domestic migration choices, but the impacts are modest compared to other factors.

Although social services may attract immigrants to specific communities in the United States, immigrants still underutilize these services when compared

to natives, due to fears of repercussions associated with their immigrant status (Holcomb, Tumlin, Koralek, Capps, & Zuberi, 2003). Texas, however, has one of the weakest social safety nets of any state (Pindus et al., 1998)—with among the least generous levels of welfare benefits, generally, and one of the most restrictive policies with regard to non-citizens’ eligibility for public benefits (Zimmerman & Tumlin, 1999). Thus, one would not expect availability of public benefits to be a major factor pulling immigrants to Texas.

Universal schooling is another potential pull factor. In Texas, as elsewhere in the United States, all children can attend public schools regardless of their or their parents’

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citizenship and legal status (Capps et al., 2005).

Finally, immigration enforcement along the border has increased dramatically in recent years, with ever greater resources devoted to the U.S. Border Patrol and interior enforcement agencies. There is no consensus on whether or not increased enforcement has deterred migration, but there is some evidence it has led to a decline in return and circular migration—and therefore an increase in the overall size of the undocumented, mostly Latin American immigrant population in the country, particularly in southwestern border states such as Texas (Cornelius, 2005; Durand & Massey, 2001).

Risk and Protective Factors Associated With Child Welfare System Involvement

Poverty and Access to Benefits

Immigrants are more likely to be poor than natives, and prior research has found that poverty is associated with increased rates of child abuse and neglect reporting (Coulton, Korbin, Su, & Chow, 1995; Paxson & Waldfogel, 1999). Immigrants from Latin America are poorer on average than those from other world regions (Hernandez & Charney, 1998), and the majority are undocumented (Passel, 2006). Moreover, as a result of eligibility restrictions, many non-citizen parents—those who are undocumented as well as some groups of legal immigrants—do not have access to public benefits and services such as Temporary Assistance to Needy Families (TANF), Food Stamps, and Medicaid (National Conference of State Legislatures, 2007).

Even when their children are eligible, confusion over eligibility may make non-citizen parents less likely to access public benefits. Without such benefits, it would

be more difficult for immigrant families to access adequate child care, health care, and housing. As a result, immigrant families may be more likely to be reported for inadequate supervision, medical neglect, or general child neglect.

Family Structure

Immigrant families have a key protective factor that might lead to their underrepresentation in the child welfare system. Despite higher poverty and hardship, children of immigrants are relatively less likely to live with single parents, potentially lowering their involvement with child welfare systems. Only 14% of children under age 6 whose parents are immigrants live with single parents, compared with about a quarter of natives' children (Capps et al., 2004). By adolescence (12 to 17), the single-parent share rises to 23% for children of immigrants, compared with 33% for children of natives (Urban Institute, 1999).

Distrust of Government and Fear of Deportation

General distrust of CPS in low-income communities may be compounded by the fear of deportation in immigration communities (Segal & Mayadas, 2005). Undocumented parents may fear contact with government agencies due to deportation or other possible immigration consequences, even though most state and local agencies are not required to verify legal status to access services (Hagan, Rodriguez, Capps, & Kabiri, 2003). This fear could cause immigrants to avoid contact with mandatory reporters such as teachers, social service providers, and health care professionals, making children in immigrant communities less likely to be reported to child welfare authorities (this scenario is often referred to as a “surveillance effect”) (Shook, 1999). Fear and mistrust are especially prevalent among Latin American immigrants—the majority of whom are

undocumented—and among immigrants in border states like Texas, where enforcement operations are widespread and intensive.

Similarly, undocumented women may be less likely to report domestic violence because they fear their abusive spouse would report them to immigration authorities. Despite the Violence Against Women Act (VAWA) protections, which offer legal status to undocumented victims of domestic violence, undocumented women may be considerably less likely to report domestic violence because their abusive spouses tell them they will be deported if they report the abuse (Family Violence Prevention Fund and Learning Systems Group, 2005).

Finally, immigrant families may not want to become foster or kinship parents because they fear contact with government agencies. Particular requirements of the foster care licensing process—such as fingerprinting—might deter participation by immigrants who fear the revelation of their undocumented status.

Differing Cultural Norms

Many immigrant families come from countries with cultural norms that differ significantly from those of the United States. In particular, there are different cultural norms surrounding the appropriate discipline and medical treatment of children, which may be considered abuse or neglect in the United States (Thomas, 2001; Mendez, 2006). These different cultural norms extend to child supervision, as some cultures count on young children to care for even younger siblings or infants (Schmidt, 2006). In many child welfare agencies, this is considered inadequate supervision, a category of neglect (Zielewski, Malm, & Geen, 2006).

Child welfare agencies may also disapprove of multiple families living together. Because immigrant families are more likely

than natives to live in crowded housing, immigrants may also be more likely to be reported to CPS and less likely to become licensed to care for related children. Rates of crowded housing are higher for immigrants in Texas than in many other states (Capps, 2001).

Language Difficulties

Immigrant parents may be reported for abuse and neglect because they fail to understand and follow regulations concerning their children. When immigrant families are reported to child welfare agencies, both parents and children may have difficulty communicating with the agencies due to language barriers and cultural misunderstandings. Latin Americans have a relatively high rate of limited English proficiency when compared to other immigrants, and language barriers are often worse for immigrant adults than for children, because children usually learn English in school (Capps et al., 2005). Following the report to the agency, there may not be an interpreter during the investigation, or interpretation may be inadequate (Lincroft & Resner, 2006). As a result, inaccurate information may be gathered, or the victim may be asked to speak as an interpreter for the alleged perpetrator.

Once removed from the home, children of immigrants may be placed in a home where their caregivers do not speak their native language. As their cases progress, attorneys or other advocates may not be able to speak the language of these children and their parents. Finally, immigrant parents may not be able to understand or meet the new, more rigid requirements in timelines for termination of parental rights (Social Security Act, 2004), particularly if hearings or forms are not available in their native languages.



Lack of Social Support

Immigrant families may lack social support networks outside of the family that might reduce the risk of child abuse and neglect. For example, a parent who does not have a neighbor she can ask to watch her children while she runs errands might leave the children unattended or in the care of an inappropriate caregiver. Immigrant parents are less likely to know where to go in the community for support (Capps, Fix, Ku, Furgiuele, & Perez-Lopez, 2002) and to volunteer in their communities (Reardon-Anderson, Fix, & Capps, 2002). Building on research showing a higher share of rates of abuse and neglect among children of migrant farm workers as compared to the general population, Tan, Ray, and Cate (1991) suggest that immigrant children, and particularly children of migrant agricultural workers, are at much greater risk of being abused than the general population. They attribute this to the instability and weakness of the neighborhoods, schools, and labor markets into which immigrant children and their families are embedded. Tan, Ray, and Cate (1991) argue that these institutions are often incapable of supporting immigrant children in the same way that they provide support and protection for the general population.

Local social service agencies, which could potentially act as an extended support network, may not be accessible due to language barriers or immigrants' fears of interacting with service providers. An important example is mental health services. Hough, Hazen, Soriano, Wood, McCabe, and Yeh (2002) find that Latino youth were

significantly less likely than white youth to receive specialty mental health services, even after accounting for diagnosis type. This is especially disconcerting given the increased levels of post-traumatic stress among immigrants (particularly refugees) from Latin America (Cervantes, de Snyder, & Padilla, 1989; Smart & Smart, 1995). Latin American immigrants' mental health is not only threatened by the experience of migration itself; it is also impacted by the assimilation process (Dettlaff & Rycraft, 2006; Finno, de Haymes, & Mindell, 2006).

Local social service agencies, which could potentially act as an extended support network, may not be accessible due to language barriers or immigrants' fears of interacting with service providers.

Despite these theoretical risk and protective factors and the large increase in immigration in the last 25 years, little is actually known about the number of children of immigrants involved with child welfare systems, because administrative data do not routinely identify the

nativity of parents and children (Lincroft & Resner, 2006; Liebman, 2007). To bridge this knowledge gap, this study links child welfare administrative data with vital statistics records using probabilistic matching techniques to assess the frequency with which children of immigrants came into the care of the Texas DFPS and their experiences in care.

Data and Methodology

Data

This study compares four groups of children in Texas: Latin American immigrant children, the first generation ($N = 200$); U.S.-born children of Latin American immigrants, the second generation ($N = 1,697$); U.S.-born non-Hispanic children of natives ($N = 6,589$);

and U.S.-born Hispanic children of natives, known as the third generation ($N = 11,920$).

These groups are identified using two data sources: child welfare administrative data from the Texas DFPS and vital statistics data from the Texas Department of State Health Services (DSHS). The child welfare administrative data include key case history information—such as removal reasons, placements, and case goals—collected from all children living in out-of-home care on March 31, 2006. The child welfare administrative data also contain information on the state or country of birth for children—and therefore identify first-generation immigrants. Children of immigrants are not identifiable in the child welfare data, however, since there is not an indication of parental nativity.

Parents' nativity is included in vital statistics data from birth certificates. This information allows identification of native-born children who have at least one foreign-born parent (i.e., the second generation). The vital statistics data used included every child born in Texas from April 1988 through December 2004.

Linking Methodology

Since the common identifiers in child welfare administrative data and vital statistics data, such as Social Security numbers (SSNs), are often inaccurately reported or omitted altogether, this study used multiple variables to link the files. Linking was accomplished with a set of linking rules and probabilistic matching software, LinkageWiz 4.1 (available online at www.linkagewiz.com), which is used in Australia with vital statistics data. In addition to handling large data sets and being set up for vital statistics information, this software helps to resolve the issue of typographical errors in the data by allowing for phonetic or near matches.

The variables used to link the data were:

- Child's first name
- Child's last name
- Child's date of birth
- Child's SSN
- Mother's first name
- Mother's SSN
- Father's first name

Once LinkageWiz matched cases, the researchers evaluated the links by establishing additional linking rules and adjusting the cutoff thresholds of the weights to determine appropriately matched cases. Using this matching strategy, the study achieved a 92% match rate between the child welfare administrative data and the vital statistics administrative data (child welfare file $N = 22,419$; matched file $N = 20,658$). The denominator in the match rate excludes two groups of cases that the study was unable to match because they were not in the vital statistics files: (a) children born after 2004 ($N = 2,906$); and (b) children born out of state ($N = 2,376$). In developing the matching rules, researchers also took care to exclude as many false positives as possible by closely inspecting the matched and unmatched cases.

Limitations

There are several key limitations of this analysis. First, the matching process did not match all cases, so some children were excluded from the analysis. Many of the unmatched cases were children born out-of-state, who were older than children born in Texas, and children born after December 2004, who would have been the youngest children in care. This could bias results by disproportionately selecting children of intermediate ages into the sample.



Another limitation is that first- and second-generation children from countries outside of Latin America were not studied, due to their small sample sizes. However, Latin Americans make up by far the largest immigrant group in Texas, and so the results should be meaningful for agency practice.

A third limitation is that only data on children removed from their homes are available in the data set used for this study, rather than rates of system involvement. In the next phase of this study, researchers will assess rates of system involvement using data on CPS reports as well as removals.

A fourth limitation is that this study only looks at immigrants in the Texas child welfare system. Although immigrant populations and CPS systems vary by state, findings may be broadly applicable to other states with significant immigrant populations.

A fifth limitation of this study is that the data do not allow researchers to account for immigrant children placed in private relative foster care. In these cases—often referred to as “voluntary” placements—children are removed from their homes, but they are not taken into the custody of the state; instead, the CPS agency works out an agreement for the child to live with a relative. While not specific to Texas, an analysis of the 2002 National Survey of America’s Families (NSAF) found that as many as 542,000 children may be involved with child welfare services and placed with relatives, and less than half these children were taken into state custody (Ehrle, Geen, & Main, 2003). It is possible that a disproportionate share of immigrants’ children are voluntarily placed in relative care, versus children of natives; this could affect the results of the analysis of relative placements in the child welfare administrative data. For this analysis, no data were available, however, on private foster care.

Another key limitation is that this study does not look at differences between rural and urban areas in rates of CPS involvement and experiences in the child welfare system. This is not a major limitation, as nearly 90% of Texas’ population resides in urban areas (United States Department of Agriculture, 2007). Research in another state or set of states with a higher rural population share would be necessary in order to address this issue.

Finally, these data do not include children who were involved with the juvenile justice system but not the child welfare system. A small number of cases showed involvement in both systems. Researchers categorized these placement types as “other.” Because Latin American immigrant children are older, they could have more involvement with juvenile justice, which may or may not make them likely to come into the care of child welfare authorities. Many undocumented youth involved with the juvenile justice system, however, are subject to deportation for committing crimes, and therefore might never be referred to foster care in the United States. Urban Institute tabulations of the 2005 Current Population Survey, which were augmented with assignments of legal status to non-citizens, indicate that the undocumented youth population could represent approximately 70% of Latin American immigrant children in Texas (U.S. Bureau of the Census, 2006).

Findings

This study found significant differences in child welfare system experiences—from entry into care to events while in care—based on child generation and ethnicity. Key differences the study illuminates include: population representation in the child welfare system, demographic characteristics, and child welfare case history characteristics.

Disproportionality

To assess the composition of the child welfare system, this study compared numbers of children removed from their homes by Texas CPS to Texas population estimates based on the U.S. Current Population Survey for March 2005 (U.S. Bureau of the Census, 2006). Results indicate that Latin American immigrant children and children of Latin American immigrants were underrepresented in the Texas child welfare system, while Hispanic children of natives were overrepresented. Latin American immigrants represented approximately 1% of all children in care, but they made up 7% of all children in Texas in 2005. Similarly, approximately 8% of all children in care were Latin American children of immigrants, versus almost 20% of all children living in Texas in 2005. While approximately 33% of the children in care in Texas were Hispanic natives, they only

represented 22% of all children in Texas.

Demographic Characteristics

Latin American immigrant children were older and more likely to be female than the other three groups of children in care (see Table 1). Second-generation children, however, were younger on average than other groups. Of Latin American immigrant children, 59% were female, compared with 49% of second-generation Latin American children and Hispanic children of natives and 48% of non-Hispanic children of natives. Latin American immigrant children were substantially older than other children in the data: 37% of the children were ages 16 to 18, compared with 12% of second-generation Latin American children, 15% of Hispanic natives, and 18% of non-Hispanic natives. Just over half (54%) of the non-Hispanic

Table 1

Demographic Characteristics of Children Living in Out-of-Home Care in Texas as of March 31, 2006				
Age	A. Latin American immigrant children (N = 200)	B. U.S.-born children of Latin American immigrants (N = 1,697)	C. U.S.-born non-Hispanic children of natives (N = 6,589)	D. U.S.-born Hispanic children of natives (N = 11,920)
1 - 5 years	7	32	32	30
6 - 10 years	20	35	29	28
11 - 15 years	37	21	24	24
16 - 18 years	37	12	15	18
Gender				
Female	59	49	49	48
Male	41	51	51	52

Source: Urban Institute tabulations of Texas child welfare administrative data (March 31, 2006) and birth certificate administrative data (1988-2004).

Significance: Significant differences assessed at the 95% confidence level. Age: 1-5 years: all groups significantly different except B and C; 6-10 years: all groups significantly different; 11-15 years: all groups significantly different except C and D; 16-18 years: all groups significantly different. Gender: all groups significantly different except B and C and B and D.

Notes: The values represent percentages. Estimates do not include children born after December 31, 2004, children born outside of the United States in a non-Latin American country, children born out-of-state, or children who could not be matched with vital statistics records.



natives in the sample were White, while just under half (46%) were African American. Less than 1% of non-Hispanic native children were identified as Native American, Asian, Pacific Islander, or multiracial.

Child Welfare Case Histories

This study also revealed a number of differences in child welfare case histories between groups based on child generation and ethnicity. Four key differences are discussed: placement types, permanency planning, reasons for removal, and Title IV-E eligibility.

Placement Type

Four placement types—using the latest placement setting—were examined in this study: relative foster family homes, non-relative foster family homes, group homes and institutions, and other placements. Relative foster family homes refer to placements in which a child is related to

the foster caregiver. Non-relative foster family homes refer to placements in which a child lives with a family, but that family is not related to the child. Group homes and institutions can include a variety of settings, from secure facilities to campus-style residential facilities. The “other placements” setting represents a group of less common placements, such as independent living programs, hospitals, and jails.

Both first- and second-generation Latin American children were placed in relative foster care less often than other children (see Table 2). In 2006, only 8% of immigrant children and 20% of second-generation children were living in relative foster care compared with 28% of children of natives. Conversely, first-generation immigrant children were more likely to be living in group homes and institutions than their counterparts. After accounting for age, no significant differences remained between immigrant children and native-born children

Table 2

Latest Placement Settings of Children Living in Out-of-Home Care in Texas as of March 31, 2006				
	A. Latin American immigrant children (N = 200)	B. U.S.-born children of Latin American immigrants (N = 1,697)	C. U.S.-born non-Hispanic children of natives (N = 6,589)	D. U.S.-born Hispanic children of natives (N = 11,920)
Foster family home (relative)	8 (B, C, D)	20 (A, C, D)	28 (A, B)	28 (A, B)
Foster family home (non-relative)	51 (C, D)	52 (C, D)	41 (A, B)	42 (A, B)
Group home/Institution	28	20 (D)	20 (B, D)	17 (B, C)
Other	14	7 (C, D)	11 (B, D)	13 (B, C)

Source: Urban Institute tabulations of Texas child welfare administrative data (March 31, 2006) and Texas birth certificate administrative data (April 1988–2004).

Notes: The values represent percentages. Estimates do not include children born after December 31, 2004, children born outside the United States in a non-Latin American country, children born out-of-state, or children not matched with vital statistics records.

A. Significantly different from Latin American immigrants at the 95% confidence level.
 B. Significantly different from Latin American children of immigrants at the 95% confidence level.
 C. Significantly different from Hispanic natives at the 95% confidence level.
 D. Significantly different from non-Hispanic natives at the 95% confidence level.

living in group homes and institutions, meaning that age is likely the reason for the differences found. However, both first- and second-generation children were less likely to be in relative care, even after factoring in age.

Permanency Planning

Six basic types of case goals—using the goal most recently associated with the child—were compared: reunification, adoption, relative conservatorship, long-term foster family care, independent living, and other goals. Reunification refers to returning a child to the home from which he or she was removed. Relative and non-relative adoptions refer to a situation in which a relative or non-relative takes legal responsibility for the child, assuming all the rights of a parent. Relative conservatorship is like guardianship; the relative caring for the child is the legal custodian of that child. Long-term family foster care refers to a goal in which the child is in the custody of the Texas DFPS and living in a non-relative family foster home.

Independent living is a placement option combined with services or programs intended to help prepare youth for living on their own. The “other” category includes atypical placement options such as hospitals and other institutions. As mentioned previously, private, or voluntary, foster care cases are not included in this analysis.

Latin American immigrant children had case goals associated with relatives less often, just as they were less frequently placed with relatives (see Table 3). The most striking differences are between Latin American immigrants and all other children (however, non-Hispanic natives have some similar trends in case goals as immigrant children). In general, Latin American immigrants were much less likely than other children to have reunification and relative adoption as case goals. For example, 29% of Latin American immigrants had a goal of reunification, compared with 40% of Latin American children of immigrants and 36% of Hispanic natives. Interestingly, Latin American

Table 3

Latest Case Goals for Children Living in Out-of-Home Care in Texas as of March 31, 2006				
	A. Latin American immigrant children (N = 200)	B. U.S.-born children of Latin American immigrants (N = 1,697)	C. U.S.-born non-Hispanic children of natives (N = 6,589)	D. U.S.-born Hispanic children of natives (N = 11,920)
Reunification	29	40	36	28
Relative conservatorship	8	8	6	8
Adoption, relative	7	10	14	13
Adoption, non-relative	25	30	28	27
Long-term family foster care	16	5	9	14
Independent living	12	4	5	7
Other	2	2	2	3

Source: Urban Institute tabulations of Texas child welfare administrative data (March 31, 2006) and Texas birth certificate administrative data (April 1988-2004).

Notes: The values represent percentages. Estimates do not include children born after December 31, 2004, children born outside of the United States in a non-Latin American country, children born out-of-state, or children not matched with vital statistics records. Sample sizes were too small in most cases to detect statistically significant differences.



children of immigrants were comparable to Hispanic native children. Latin American immigrants also had a goal of adoption less frequently than other children (33% of Latin American immigrants versus 40% of Latin American children of immigrants and non-Hispanic natives and 42% of Hispanic natives). However, most of this difference was attributable to far fewer Latin American immigrants having a goal of relative adoption than other children. Only 7% of immigrant children had a goal of relative adoption compared with 10-14% of other children in care, whereas a comparable percentage of immigrants had a goal of non-relative adoption. Thus, Latin American immigrants in Texas were less likely to have case goals associated with relatives.

Additionally, 12% of Latin American immigrants had a goal of independent living—3 times higher than Latin American children of immigrants, over twice as high as Hispanic natives, and nearly twice as high as non-Hispanic natives. Finally, 16% of Latin

American immigrants had a case goal of long-term family foster care, which was much higher than other children in care, except for non-Hispanic natives (14%).

Sexual Abuse

The data also suggest that immigrant children and children of immigrants in out-of-home care differed markedly from Hispanic and non-Hispanic children of natives in the reasons for which they were removed from their homes. Nearly three times as many Latin American immigrant children were removed for sexual abuse (32%) as either Hispanic or non-Hispanic natives (both 11%). The magnitude of the discrepancies between groups in removal for sexual abuse is not reproduced for neglect, emotional abuse, or physical abuse. Previous research has identified a link between immigrant children and increased rates of abuse and neglect (Tan et al., 1991), but not a relationship between nativity and sexual abuse specifically. The finding that a

Table 4

Removal Reasons of Children Living in Out-of-Home Care in Texas as of March 31, 2006				
	A. Latin American immigrant children (N = 200)	B. U.S.-born children of Latin American immigrants (N = 1,697)	C. U.S.-born non-Hispanic children of natives (N = 6,589)	D. U.S.-born Hispanic children of natives (N = 11,920)
Neglect	73 (C, D)	78 (C, D)	28 (A, B)	28 (A, B)
Emotional abuse	51 (C, D)	52 (C, D)	41 (A, B)	42 (A, B)
Physical abuse	28	20 (D)	20 (B, D)	17 (B, C)
Sexual abuse	14	7 (C, D)	11 (B, D)	13 (B, C)

Source: Urban Institute tabulations of child welfare administrative data (March 31, 2006) and Texas birth certificate administrative data (1988–2004).

Notes: The values represent percentages. Estimates do not include children born after December 31, 2004, children born outside the United States in a non-Latin American country, children born out of state, or children not matched with vital statistics records. Columns do not add up to 100% because removal reasons were not mutually exclusive; a child could be removed for multiple types of abuse.

A. Significantly different from Latin American immigrants at the 95% confidence level.
 B. Significantly different from Latin American children of immigrants at the 95% confidence level.
 C. Significantly different from Hispanic natives at the 95% confidence level.
 D. Significantly different from non-Hispanic natives at the 95% confidence level.

higher share of immigrant children in care is removed for sexual abuse is therefore important, requiring further research.

Title IV-E Eligibility

Title IV-E funding is the primary source of federal funding states receive to conduct a variety of child welfare activities (Scarcella, Bess, Zielewski, & Geen, 2006). However, to receive these matching funds, states must request them from the federal government and fulfill certain income and immigrant status eligibility criteria. Children who do not meet the income and immigrant status criteria are not IV-E eligible; the state is wholly responsible for the cost of child welfare services for these children.

Comparing the four groups, the study revealed a huge discrepancy between IV-E eligibility status for Latin American immigrant children and U.S.-born children. Only 8% of Latin American immigrant children were Title IV-E eligible compared with 62% of Latin American children of immigrants, 61% of Hispanic children of natives, and 55% of non-Hispanic children of natives.

Discussion

An important question raised by the data is why Hispanic children of natives are overrepresented in the Texas child welfare system while Latin American children of immigrants are underrepresented. The reason is not likely related to ethnicity differences, as virtually all Hispanic children in Texas are of Mexican origin.

The disproportionately low removal of children from immigrant families may mean that protective factors, such as living in a two-parent household, outweigh risk factors such as poverty and economic hardship. Alternatively, children of immigrants may be less likely to come into contact with reporters,

as parents may be fearful of agency contact due to their legal status. Previous research suggests that Latinos are not uniformly under- or overrepresented in child welfare. Unlike African Americans, whose share of the child welfare population consistently exceeds their share of the general population, Latinos are overrepresented in some jurisdictions and underrepresented in others (Casey Family Programs, 2007). Therefore, the observed disproportionality may have less to do with nativity status itself, and more to do with unobserved qualities of the jurisdictions in which immigrants live. Federal policies may also affect who ends up in the child welfare system and their experiences once in care.

The Multiethnic Placement Act and Relative Placements

The Multiethnic Placement Act (MEPA) was enacted in 1994 in an effort to reduce the length of time children in foster care wait to be adopted, facilitate the recruitment of foster and adoptive parents who meet the needs of waiting children, and prevent discrimination based on race, color, or national origin during placement decisions. The Interethnic Adoption Act was amended to MEPA in 1996 and allowed for financial penalties to be assessed against states that had received warning of a MEPA violation and had not provided a corrective action plan within 6 months of the violation. MEPA requires diligent efforts by the state to recruit potential foster and adoptive families that reflect the diversity of the children in their care. It also prohibits the use of the child's or the prospective parent's race, color, or national origin as a basis for the delay or denial of a child's foster care or adoptive placement, or as the sole factor when making placement decisions. This may be difficult, however, if immigrant families are unavailable or face legal status barriers to becoming foster parents.



Reasons for differences in permanency planning and case goals may be due to child age, family legal status, or the availability of relatives to serve as foster parents. Because immigrants are new to the country, they are less likely than natives to have extensive kin networks in close proximity. With fewer relatives available, immigrant children may be placed with relatives and have case goals associated with relatives less often. With regard to child age, older children are more likely than younger children to be placed in group homes and institutions. Additionally, older children are more likely to have case goals such as independent living and long-term family foster care. Legal status of a child's family may also play a role in placement type and case goals. Prior research has shown that undocumented adults are less likely to use public benefits and services (Holcomb et al., 2003). This phenomenon may extend to the likelihood of serving as a foster parent, especially as nearly half of immigrant parents nationally were undocumented in 2005 (U.S. Bureau of the Census, 2006). Deportation fears may also inhibit these families from stepping forward to serve as foster parents. Additionally, the goal of adoption may be particularly difficult for immigrant youth, as adoption cannot be initiated by a U.S. state; rather, adoption of immigrant children must be initiated at the international level.

The prevailing belief in the field is that children should be placed with relatives whenever possible, and placements should be as unrestrictive and as similar to a home setting as possible (Geen, 2003). Given the

divide between the results of this study and the prevailing beliefs in the field about placement and permanency planning, it is clear that more thought needs to be given to how to handle immigrant children in care. One possibility would be to provide special training to foster caregivers with immigrant children in their care, focusing on the special needs of these children (e.g., language and cultural sensitivity training). Another possibility, though there is no evidence that this is a preferred option, is to allow immigrant children to be placed outside of the country with relatives. Foster parent outreach is another option—with a focus on immigrant communities and adults with fluency in languages spoken by immigrant children in care.

Given the divide between the results of this study and the prevailing beliefs in the field about placement and permanency planning, it is clear that more thought needs to be given to how to handle immigrant children in care.

Unaccompanied Alien Children, Victims of Trafficking, and Removals for Sexual Abuse

Unaccompanied minors are immigrants under the age of 18, not attached to a parent,

and not in the custody of a guardian. The Unaccompanied Alien Children (UAC) program provides a number of temporary services in addition to placement for the interim period beginning when an unaccompanied minor is detained by immigration officials. In 2004, approximately 6,200 unaccompanied alien children entered federal custody (National Conference of State Legislatures, 2005). The United States is one of very few countries that detain children. Most other countries adhere to the United Nations High Commissioner for Refugees guidelines, which suggest alternatives to detention such as placing unaccompanied



minor children in child welfare programs. Some immigrant children identified in the Texas CPS system may be unaccompanied alien minors.

The Trafficking Victims Protection Act (TVPA) of 2000 makes both adult and child victims of severe forms of trafficking eligible for benefits to the same extent as refugees. The TVPA defines severe forms of trafficking as “(a) sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age; or (b) the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery” (U.S. Department of Justice, 2005). Adults must be certified by the U.S. Office of Refugee Resettlement as victims of trafficking, but children are eligible for services based on the certification of their parents.

Findings from this study are consistent with unaccompanied minors and victims of trafficking coming under the authority of CPS in Texas, although there is no direct evidence of this relationship. Nevertheless, a higher share of Latin American immigrant children than other children were removed because of sexual abuse. There are a variety of possible reasons that a higher share of Latin American immigrants would be removed for sexual abuse, including the age and gender profiles of immigrant children (English, 1998) and the fear of the consequences of reporting abuse. Reasons could also include unaccompanied alien minors, runaways, or victims of commercial sexual exploitation coming into contact with the child welfare system after first being involved with law enforcement agencies. However, the study found that age and gender are not substantial contributing factors to the disproportionate

share of immigrant children removed for sexual abuse.

While it cannot be validated by the data, a possible reason Latin American immigrants are more likely to be in care for sexual abuse could be that CPS receives reports of only the most serious cases of abuse and neglect in immigrant communities. Nationally, the majority of young children of immigrants (81%) live with a non-citizen parent, and nearly 50% live with an undocumented parent (Capps et al., 2004). Since mixed-citizen, legal non-citizen, and illegal non-citizen families are already known to underutilize public services, it is reasonable to assume that they might avoid contact with typical reporters (e.g., teachers, lawyers, police officers, and social services staff), for fear of the consequences for their legal status (Capps et al., 2004).

The Texas DFPS also confirms that runaways and victims of commercial sexual exploitation of children (CSEC) receive child welfare services, although it is important to note that CSEC cases cannot be investigated by CPS agencies in Texas unless the child is abused by a relative (D. Capouch, personal communication, March 21, 2007). Latin American immigrant children are particularly at risk of being CSEC victims, so this could be an important factor in the high share of removals for sexual abuse (Miller, 2006).

If a higher share of immigrant children in care are removed for sexual abuse because they are more likely to be vulnerable runaways, or because they are more susceptible to crimes like CSEC, then policymakers should provide local law enforcement with the resources not only to apprehend, but also to prevent the formation and operation of the networks that victimize children for a profit. But, if a higher share of Latin American immigrants in care are removed for sexual abuse because immigrant



communities fear contact with public agencies, then strategies that build trust and communication between immigrant communities and agencies that typically report abuse could be considered.

Title IV-E Eligibility for Non-Citizens and State CPS Funding Issues

Title IV-E is the largest federal funding source for child welfare activities, and for most states is the main source of funding for costs associated with foster care and adoption. The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 altered eligibility requirements for the Title IV-E Foster Care and Adoption Assistance Programs, and in doing so, changed the way child welfare agencies interact with immigrant children and families—including foster care families.

Under PRWORA's changes, state child welfare agencies are required to determine the immigration status of children receiving Title IV-E benefits. The legislation created the term “qualified alien” and included in the definition legal permanent residents, refugees and asylees, Cuban and Haitian entrants, aliens who have been battered or subjected to extreme cruelty, and aliens whose deportation is being withheld or who have been granted conditional entry (Personal Responsibility and Work Opportunity Reconciliation Act, 1996). The legislation restricted eligibility for Title IV-E foster care maintenance and adoption assistance to immigrant children who are qualified aliens. If state or local agencies provide foster care maintenance or adoption assistance to children who are not qualified aliens, they must pay for these services using state or local funding.

Non-citizens are allowed to care for foster children regardless of their legal status, but PRWORA restricted the eligibility of many non-citizen foster parents for Title IV-E foster

care maintenance payments. PRWORA does not require state or local agencies to check the immigration status of applicants to license a foster home, because a foster care license is not considered a professional license. Foster parents do, however, have to show they are qualified aliens in order to receive federally funded foster care maintenance payments. Moreover, foster parents who are qualified aliens and who entered the United States after August 22, 1996, are not eligible for federal reimbursement until they have maintained qualified immigrant status for 5 years or more. The only exceptions for receiving foster care and adoption assistance benefits occur when both the child and the foster parents are qualified aliens, or when the child falls within an exempted group (refugees, asylees, aliens whose deportation is withheld, Cuban or Haitian entrants, Amerasian immigrants, veterans, active duty military personnel) (Interim Guidance on Verification of Citizenship, 1997).

Children's legal status is the likely reason for such extreme differences found in this study with regard to IV-E eligibility between Latin American immigrant children and native-born children. Since approximately 70% of Latin American immigrant children in Texas are undocumented (U.S. Bureau of the Census, 2006), it is likely that many in the child welfare system are undocumented as well, and therefore not IV-E eligible. As the immigrant population grows, PRWORA rules will likely mean that more and more children will not be IV-E eligible. The more children who are not IV-E eligible, the more Texas will have to be the sole source of financing for these children.

Federal Programs Allowing Undocumented Immigrant Children to Adjust Their Status

Federal law allows undocumented children who are under supervision of a court to seek Special Immigrant Juvenile Status (SIJS)

(Immigration and Nationality Act, 1990a). SIJS provides undocumented children the opportunity to immediately file for legal permanent residency in the United States (Immigration and Nationality Act, 1990b). It should also be noted that there is a potentially punitive aspect of SIJS that may discourage applications. Children submitting an application for SIJS are at risk of deportation if their cases are not approved. This might deter some applicants if they are counseled about the risk.

Immigrant children who come into contact with the child welfare system may also be eligible for a “U visa,” a temporary visa for victims who aid law enforcement in finding the perpetrators of serious crimes that happen in the United States. The U visa is temporary, but it can lead to legal permanent residence status after 3 years (Freedman & Metsch-Ampel, 2007).

Victims of trafficking are also eligible for a “T visa” if they help law enforcement. This visa is similarly temporary, but can lead to a green card (Freedman & Metsch-Ampel, 2007).

The Violence Against Women Act (VAWA) allows an abused spouse or child of a U.S. citizen or lawful permanent resident to self-petition for legal permanent residency without the cooperation of the abuser. Eligible children include undocumented children abused by parents or spouses who are U.S. citizens or legal permanent residents, as well as children who were not abused but whose parents were abused by U.S.-citizen or permanent resident spouses. In addition to allowing eligible children to remain in the United States and eventually obtain legal permanent residency, VAWA also provides an employment authorization document that allows the child to work and serves as a government-issued identification card. Children receiving VAWA protection may be

eligible to receive public benefits that would otherwise be restricted to qualified aliens.

SIJS, the U visa, the T visa, and VAWA all represent potential ways for undocumented children to stay in the United States permanently. These policies allow an avenue for children to become legal residents, and would provide the state with the opportunity to seek IV-E eligibility for children who have become legal residents. It is unknown how many undocumented children emancipate from foster care without obtaining legal permanent residency.

Conclusion

Evidence from a linked file of child welfare administrative records and vital statistics data suggests that Latin American children of immigrants are underrepresented in the Texas child welfare system, compared to children of natives, both Latino and non-Latino. This underrepresentation exists despite the large influx of immigrants into Texas in the last two decades. Further, this study reveals that children of immigrants have very different experiences in the child welfare system from children of natives.

The study finds that Latin American immigrant children in the Texas child welfare system are less likely than children of natives to have placement goals or placement histories associated with relatives and are more likely to be placed in group homes and long-term foster care. One possible contributor to the lower share of Latin American immigrant children placed with relatives is that immigrant children have less extensive kin networks in the country than children of natives. Moreover, relatives that are in the country may be unwilling or unable to serve as foster parents. Additionally, many more Latin American immigrant children are removed by child protective services for sexual abuse. Finally, many fewer Latin American immigrant children are eligible for



Title IV-E funding than other children, which is likely due to the undocumented status of these children. These findings suggest that Latin American children of immigrants may be challenging to serve in terms of reasons for removal, difficulties finding placements, and limitations on federal funding.

References

- Borjas, G. (1999, October). Immigration and welfare magnets. *Journal of Labor Economics*, 607-637.
- Brueckner, J.K. (2000). Welfare reform and the race to the bottom: Theory and evidence. *Southern Economic Journal*, 66(3), 505-525.
- Capps, R. (2001). Hardship among children of immigrants: Findings from the 1999 National Survey of America's Families. *Assessing the new federalism: Series B, No. B-29*. Washington, DC: The Urban Institute.
- Capps, R., Fix, M., Ku, L., Furgiele, C., & Perez-Lopez, D. (2002). *How are immigrants faring after welfare reform? Preliminary evidence from Los Angeles and New York City. Final report to the U.S. Department of Health and Human Services*. Washington, DC: The Urban Institute.
- Capps, R., Fix, M., Murray, J., Ost, J., Passel, J., & Hernandez, S.H. (2005). *The new demography of America's schools*. Washington, DC: The Urban Institute.
- Capps, R., Fix, M., Ost, J., Reardon-Anderson, J., & Passel, J. (2004). *The health and well-being of young children of immigrants*. Washington, DC: The Urban Institute.
- Casey Family Program. (2007). *Disproportionality fact sheet*. Retrieved September 1, 2007, from <http://www.casey.org/MediaCenter/MediaKit/DisproportionalityFactSheet.htm>
- Cervantes, R.C., de Snyder, V.N.S., & Padilla, A.M. (1989). Posttraumatic stress in immigrants from Central America and Mexico. *Hospital & Community Psychiatry*, 40, 615-619.
- Cornelius, W. (2005). Controlling 'unwanted' immigration: Lessons from the United States, 1993-2004. *Journal of Ethnic and Migration Studies*, 31(4), 775-794
- Coulton, C.J., Jorbin, J.E., Su, M., & Chow, J. (1995). Community level factors and child maltreatment rates. *Child Development*, 66(5), 1262-1276.
- Davila, A., & Saenz, R. (1990). The effect of maquiladora employment on the monthly flow of Mexican undocumented immigration to the U.S., 1978-1987. *International Immigration Review*, 24(1), 97-107.
- Dettlaff, A., & Rycraft, J. (2006). The impact of migration and acculturation on Latino children and families: Implications for child welfare practice. *Protecting Children* 21(2), 6-21.
- Durand, J., & Massey, D.A. (2001). Mexican migration to the United States: A critical review. *Latin American Research Review*, 27(2), 3-42.
- Ehrle, J., Geen, R., and Main, R. (2003). Kinship foster care: Custody, hardships, and services. *Snapshots of America's Families III* (pp. 14). Washington, DC: The Urban Institute.
- English, D.J. (1998). The extent and consequences of child abuse. *The Future of Children*, 8(1), 39-53.
- Family Violence Prevention Fund and Learning Systems Group. (2005). *Understanding children, immigration, and family violence: A national examination of the issues*. Retrieved June 8, 2007, from <http://www.brycs.org/documents/immigrationDV.pdf>

Finno, M., de Haymes, M.V., & Mindell, R. (2006). Risk of affective disorders in the migration and acculturation experience of Mexican migrants. *Protecting Children* 21(2), 22-35.

Freedman, K., & Metsch-Ampel, G. *You are not alone. Lawyers for children.* Retrieved September 1, 2007, from <http://www.lawyersforchildren.org/sitecontent.cfm?page=handbooksandresources>

Fussell, E. (2004). Sources of Mexico's migration stream: Rural, urban, and border migrants to the United States. *Social Forces*, 82(3), 937-967.

Geen, R., (Ed.). (2003). *Kinship care: Making the most of a valuable resource.* Washington, DC: Urban Institute Press.

Hagan, J., Rodriguez, N., Capps, R., & Kabiri, N. (2003). The effects of recent welfare and immigration reforms on immigrants' access to health care. *The International Migration Review*, 37(2), 444-463.

Hanson, G.H., & Spilimbergo, A. (1999). Illegal immigration, border enforcement, and relative wages: Evidence from apprehensions at the U.S.-Mexico border. *The American Economic Review*, 89(5), 1337-1357.

Hernandez, D., & Charney, E. (1998). *From generation to generation: The health and well-being of children in immigrant families.* Washington, DC: National Academy Press.

Holcomb, P.A., Tumlin, K.C., Koralek, R., Capps, R., & Zuberi, A. (2003). *The application process for TANF, Food Stamps, Medicaid and SCHIP: Issues for agencies and applicants, including immigrants and limited English speakers.* Washington, DC: The Urban Institute.

Hough, R.L., Hazen, A.L., Soriano, F.I., Wood, P., McCabe, K., & Yeh, M. (2002). Mental health services for Latino adolescents with psychiatric disorders. *Psychiatric Services*, 53(12), 1556-1562.

Immigration and Nationality Act, 8 USC 1101(a)(27)(J)(i), (1990a).

Immigration and Nationality Act, 8 USC 1255(h), (1990b).

Interim Guidance on Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 62 Fed. Reg. 61344 (1997). Retrieved June 8, 2007, from [http://frwebgate.access.gpo.gov/cgi-bin/multidb.cgi?WAIStemRule=%24WAIStemRuleString&WAIStemRuleName=1997_register+Federal+Register%2C+Volume+62+%281997%29&WAIStemRuleString=%22November+17%22+AND+%22immigrant%22&WAIStemHits=50&WrapperTemplate=fr_wrapper.html](http://frwebgate.access.gpo.gov/cgi-bin/multidb.cgi?WAIStemplate=multidb_results.html&WAIStemRule=%24WAIStemRuleString&WAIStemRuleName=1997_register+Federal+Register%2C+Volume+62+%281997%29&WAIStemRuleString=%22November+17%22+AND+%22immigrant%22&WAIStemHits=50&WrapperTemplate=fr_wrapper.html)

Keely, C.B. (2001). The international refugee regime(s): The end of the Cold War matters. *International Migration Review*, 35(1), 303-314.

Lederman, D., Menendez, A.M., Perry, G., & Stiglitz, J. (2001) *Mexico – five years after the crisis.* Washington DC: The International Bank for Reconstruction and Development/ The World Bank.

Liebmann, T. (2007). Family court and the unique needs of children and families who lack immigration status. *Columbia Journal of Law and Social Problems*, 40, 583-604.

Lincroft, Y., & Resner, J. (2006). *Undercounted. Underserved. Immigrant and refugee families in the child welfare system.* Baltimore, MD: The Annie E. Casey Foundation.

Massey, D.S., & Espinosa, K.E. (1997). What's driving Mexico-U.S. migration? A theoretical, empirical, and policy analysis. *The American Journal of Sociology*, 102(4), 939-999.

Mendez, J.A.O. (2006). Latino parenting expectations and styles: A literature review. *Protecting Children*, 21(2), 53-61.



Meyer, B.D. (1998). Do the poor move to receive higher welfare benefits? *JCPR working paper #58*. Chicago, IL: Joint Center for Poverty Research, Northwestern University/ University of Chicago.

Miller, J. (2006). *Remarks on the 2006 trafficking in persons report*. Remarks delivered at the U.S. Department of State, Washington D.C. Retrieved June 8, 2007, from <http://www.state.gov/g/tip/rls/rm/67521.htm>

National Conference of State Legislatures. (2005). *Unaccompanied immigrant and refugee minors*. Retrieved September 7, 2007, from <http://www.ncsl.org/programs/immig/unaccompaniedminorsfactsheet.htm>

National Conference of State Legislatures. (2007). *Immigrant eligibility for health benefits: Federal action and state laws in 2005-2006*. Retrieved June 8, 2007, from <http://www.ncsl.org/programs/immig/immigranthealth0506.htm>

Passel, J.S. (2006). *The size and characteristics of the unauthorized migrant population in the U.S. Pew Hispanic Center*. Retrieved September 7, 2007, from http://extras.mnginteractive.com/live/media/site200/2006/0307/20060307_062949_pew_030806.pdf

Paxson, C., & Waldfogel, J. (1999). Parental resources and child abuse and neglect. *The American Economic Review*, 89(2), 239-244.

Personal Responsibility and Work Opportunity Reconciliation Act, Pub.L. 104-193, 110 Stat. 2105 (1996). Retrieved June 11, 2007, from: http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=104_cong_bills&docid=f:h3734enr.txt.pdf

Pindus, N., Capps, R., Gallagher, J., Giannarelli, L., Saunders, M., & Smith, R. (1998). Income support and social services for low-income people in Texas. *Assessing the new federalism state report*. Washington, DC: The Urban Institute.

Reardon-Anderson, J., Fix, M., & Capps, R. (2002). The health and well-being of children in immigrant families. *Assessing the new federalism: Series B, No. B-52*. Washington, DC: The Urban Institute.

Ruggles S., Sobek, M., Alexander, T., Fitch, C., Goeken, R., Hall, P., King, M., & Ronnander, C. (2004). *1980, 1990, and 2000 5 percent integrated public use microdata series: Version 3.0*. Minneapolis, MN: Minnesota Population Center. Retrieved January 11, 2007, from <http://usa.ipums.org/usa/>

Scarcella, C.A., Bess, R., Zielewski, E.H., & Geen, R. (2006). *The cost of protecting vulnerable children V: Understanding state variation in child welfare financing*. Washington, DC: The Urban Institute.

Schmidt, S. (2006). *Refugees and the U.S. child welfare system: Background information for service providers*. Retrieved June 11, 2007, from <http://www.brycs.org/documents/CWToolkit.pdf>

Segal, U.A., & Mayadas, N.S. (2005). Assessment of issues facing immigrant and refugee families. *Child Welfare Journal of Policy, Practice, and Program*, 84(5), 563-583.

Shook, K. (1999). Does the loss of welfare income increase the risk of involvement with the child welfare system? *Joint Center for Poverty Research working paper #65*. Chicago, IL: Joint Center for Poverty Research, Northwestern University/University of Chicago.

Smart, J.F., & Smart, D.W. (1995). Acculturative stress of Hispanics: Loss and challenge. *Journal of Counseling and Development*, 73, 390-396.

Social Security Act, 42 U.S.C. 8 675(5). (2004). Retrieved September 7, 2007, from http://thomas.loc.gov/home/gpoxmlc108/h4504_ih.xml

Tan, G. G., Ray, M. P., & Cate, R. (1991). Migrant farm child abuse and neglect within an ecosystem framework. *Family Relations*, 40, 84-90.



Thomas, J. (2001). Race, ethnicity, and culture: Impact on child neglect occurrence, assessment, and response. In T.D. Morton & B. Salovitz (Eds.), *The CPS response to child neglect: An administrator's guide to theory, policy, program design, and case practice* (pp. 97-107). Duluth, GA: National Resource Center on Child Maltreatment.

United States Bureau of the Census. (2006). *March, 2005 Current Population Survey*. Retrieved January 11, 2007, from http://www.bls.census.gov/cps_ftp.html#cpsmarch

United States Department of Agriculture, Economic Research Service. (2007). *State fact sheets: Texas*. Retrieved September 4, 2007, from <http://www.ers.usda.gov/StateFacts/TX.htm>

United States Department of Justice. (2005). *Distinctions between human smuggling and human trafficking fact sheet*. Retrieved September 7, 2007, from http://www.usdoj.gov/crt/crim/smuggling_trafficking_facts.pdf

Urban Institute. (1999). *1999 National survey of American families*. Retrieved January 11, 2007, from Urban Institute internal use file of the National Survey of American Families. National Survey of American Families public use data available at <http://anfdata.urban.org/drsurvey/login.cfm>

Zielewski, E., Malm, K., & Geen, R. (2006). *Children caring for themselves and child neglect: When do they overlap?* Washington, DC: Urban Institute.

Zimmermann, W., & Tumlin, K. (1999). *Patchwork policies: State assistance for immigrants under welfare reform*. Washington, DC: Urban Institute.



Exploring the Immigrant Experience: An Empirically Based Tool for Practice in Child Welfare

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Introduction

Today, 1 in 5 children in the United States are either foreign-born or the children of immigrants (Urban Institute, 2006). No group of children in America is growing faster than children in immigrant families (Hernandez, 2004). As some of these extraordinarily diverse families come to the attention of the child welfare system, workers must untangle the numerous systemic factors that contribute to a child's risk and a family's capacity to protect and nurture (Lincroft, Resner, Leung, & Bussiere, 2006; Velazquez,

Vidal de Haymes, & Mindell, 2006). Although few child welfare resources have been developed, a small but growing knowledge base exists that moves beyond traditional views of cultural competency to focus on current problems' immigration-related antecedents and the identification of related individual and community strengths on which to build (Molina, Garrett, & Monterio-Leitner, 2006; Pine & Drachman, 2005).

The aim of the research reported here was to improve child welfare prevention and intervention services to the immigrant community through the development and piloting of a new strengths-based assessment tool for work with immigrant families. This article describes the developed Assessment of Immigration Dynamics (AID) guide and documents empirical evidence of its effectiveness. Implications for practice are then offered as a means to contribute to more efficacious child welfare practice with immigrant families.

Child welfare practice is sometimes characterized as more difficult than rocket science. The array of knowledge, skills, and abilities child welfare workers need to effectively practice has grown and matured along with the field itself, prompting attention at the federal level to the recruitment, training, and retention of a professional (master's in social work-level) child welfare workforce (Zlotnick, DePanfilis, Daining, & Lane, 2005). Competent practice with the increasingly diverse newcomer population now seen in many child welfare agencies requires that practitioners possess even more

knowledge and skills in order to thoroughly understand the complex effects of migration and acculturation on immigrant families' capacity to nurture and protect their children (Earner, 2005; Dettlaff & Rycraft, 2006; Pine & Drachman, 2005).

Engagement and assessment are recognized as two stages critical to successful intervention with child welfare clients. Yet, despite implicit knowledge of the importance of these foundations for effective intervention, knowledge of empirically based practices and tools specifically applied to these phases is limited (Hartman, 1978; Altman, 2005; Yatchmenoff, 2005). Child welfare training and practice resources generally focus on assessing the veracity of allegations of abuse and neglect (Milner, Murphy, Valle, & Tolliver, 1998) or risk assessment (DePanfilis & Zuravin, 2001). Resources available for work with immigrant clients typically relate to cultural dynamics, not immigration dynamics (Hancock, 2005; Miller & Gaston, 2003), are likely to be conceptually based (Drachman, 1992; Drachman & Paulino, 2004), and lack empirical evaluation (Cohen, 2003). Furthermore, their focus is on immigrant clients in general (Congress, 1994; Matthews & Mahoney, 2005); they do not specifically address child welfare issues.

Engagement is defined as “positive involvement in the helping process” (Yatchmenoff, 2005). It is a complex and multilevel phenomenon that involves the establishment of a helping relationship so that active work toward change can begin. It is a dynamic, two-way process whose outcome is determined not only by how

committed a client is to collaboratively addressing the issues that led him or her to the agency, but also by how warm, empathetic, and genuine an environment the social worker creates. With the 1997 passage of the Adoption and Safe Families Act (H. Res. 867, 1997), which requires that decisions about termination of parental rights be made within a limited time, the sense of urgency surrounding family engagement has only intensified.

Engaging any family in child welfare services can be daunting (Dawson & Berry, 2002). But problems of engaging immigrant parents in the child welfare system can be even more challenging (Earner, in press). Workers may be unfamiliar with the history and culture of a client population, or may generalize and fail to inquire about the client's particular world view (Seeley, 2004).

There may be language barriers. For the client, there can be significant cultural and social differences, incomplete knowledge of U.S. policies, and/or limited understanding of dominant norms with respect to education and child welfare. Given the nature of some public agencies in immigrants' nations of origin and/or their anxieties about immigration status, many immigrant clients may be afraid of any involvement with an actual or quasi-governmental agency. In addition, many may infer—but may not fully understand—that failure to comply with child welfare service planning may have grave consequences (Earner, 2005). Engaging immigrant clients, especially if the engagement is mandatory, requires extensive worker skills and efforts to reduce any gaps between differing world views, cultural

Workers may be unfamiliar with the history and culture of a client population, or may generalize and fail to inquire about the client's particular world view.



norms, life experiences, and socioeconomic statuses, as well as concerns about stigma (Abney, 2000; Dettlaff & Rycraft, 2006).

Similarly, while many families that child welfare agencies serve have multiple complex needs, those of immigrant children and families entering the system can have even more (Segal & Maydas, 2005). For example, there may be a history of protracted separations between parents and their children as well as different cultural expectations about child rearing. There may also be different norms and experiences in respect to family life, including significant interdependence of the nuclear family with an extended family or other social networks (Baptiste, 1993). Despite the potential impact of these factors, child welfare workers do not routinely receive training about—or assess clients for—immigration-related issues (Earner, 2005). Critical first steps for child welfare workers to address the special challenges of immigrant families must involve finding ways to reduce the cultural and experiential distance between these families and child welfare workers. In addition, workers must learn to recognize and understand the impact of immigration on a client's and his or her family's ability to function in a new society. And child welfare workers need to more explicitly address immigrant-related issues (e.g., loss of a family support network) in the development of interventions and service plans.

In response to these practice challenges, two university-based faculty researchers collaborated with the staff of a multi-service community-based agency in an urban setting to develop a strength-based assessment tool for use in preventive and interventive child welfare service delivery with immigrant families. The tool developed and piloted in this action-research project, the AID, incorporates the observations and insights of frontline agency staff. It is informed by a

conceptual framework in which immigration is viewed as a dynamic experience that continually shapes lives—before, during, and after migration (Drachman, 1992). The AID goes beyond the exploration of child protective and cultural issues by providing a series of stimulus questions. Using these, worker and client can explore immigration-related and systemic factors that may have contributed to a child's risk and/or the family's capacity to protect and nurture. As such, the guide reflects strength-based assessment and intervention techniques for agency workers and promotes worker-client engagement (Cheung, Leung, & Stevenson, 1994).

Method

Development of the AID Guide

A senior program director at a community-based multi-service agency was the impetus for what became the AID research. Interested in improving her staff's efficacy and engagement with immigrant clients, she invited the authors to work with her, resulting in the initiation of a university-community collaborative project (Michael & Altman, under review). The group developed and distributed a flyer inviting frontline staff and supervisors in the agency's child welfare programs to participate in the project. Next, a series of lunch/work group sessions were scheduled for interested staff. At the first session, the researchers and staff discussed the stimulus for the project along with the goal to collaboratively develop a tool for assessment and practice. Written, voluntary informed consent was requested from all staff who decided to participate ($n = 12$).

The staff who participated were diverse. While the median age was 30.5, worker ages ranged from 23 to 57. Half had a master's degree in social work. One third were White, 59% Black, and 8% Hispanic. Half were immigrants themselves. Staff had worked in

human services an average of 5 years and at this particular agency for 1.5 years.

At the first work session, staff completed a survey designed by the authors, which solicited information about their experience working with immigrants. This survey also sought to measure the relative value workers placed on, and their exploration of, their clients' immigration histories; their knowledge and observations about the immigrant experience; as well as their views of the contributing factors that brought clients to their agency. Staff were then engaged in a discussion about their work with immigrant clients. Questions such as the following were asked: "What are the specific practice challenges you have encountered working with immigrant families?" and "What strategies do you employ to engage and work successfully with immigrant families?"

Integrating the themes that emerged from the first two sessions with agency workers with an analytic rubric previously developed in the field of immigrant health (Fruchter, 1993; Michael, 2000), the authors developed a draft interview guide. Named the "Assessment of Immigration Dynamics" (AID), the guide established a framework of domains and probes to stimulate and facilitate workers' deliberate exploration and integration of immigrant experiences, including clients' pre-migration life, the process of migration, and settlement. The guide also focused the workers' attention on immigration-related strengths and resources that could be reflected back to the client, and that might serve as a foundation for building risk-reducing and/or ameliorative interventions. Further, the purposeful neutrality of the stimulus questions had the potential to lessen the inherent stress of the initial interview and thereby help foster engagement—and, ideally, a more collaborative relationship between worker and client.

The first draft of the guide was shared and discussed with frontline staff at a third lunchtime meeting. The authors solicited candid feedback as to what worked and what did not, as well as specific suggestions. The AID draft was then revised, incorporating staff feedback.

While there had been inconsistent attendance at the first few work sessions, at the fourth and final session, all project participants were present. Staff reviewed and discussed the refined guide. Many workers shared their excitement about the potential benefits of the guide in their practice. In addition, staff stated that the process of developing the guide had been a positive and affirming experience, and they were grateful that their observations and suggestions had been integrated into the final tool.

Staff agreed to pilot the AID over the next 3 months whenever they worked with an immigrant family. They also agreed to record their reactions about its utility as well as log ideas for its further refinement. Each participant received a notebook to record future reactions.

Data Collection and Analysis

During the pilot period, the authors maintained contact with staff via phone and e-mails, encouraging their use of the AID and keeping abreast of implementation issues. After 3 months, post-pilot survey data on staff knowledge and observations about the immigrant experience were collected. The authors also scheduled individual interviews with frontline staff, their immediate supervisors, and the senior program director who had initiated the project. In these interviews, staff were asked how they had used the AID interview guide and in what ways it had been helpful in working with families. The authors also asked staff to reflect on their experiences in developing



the AID guide and the collaborative process in general. All interviews were recorded and later transcribed.

The AID Guide

The AID interview guide was developed to help workers:

- Move beyond culture and acculturation issues to a greater awareness and comprehension of the immigrant experience and its continued resonance in their clients’ lives;
- Promote client engagement through the exploration of potentially less threatening pre-migration life experiences that also might help client and worker identify potential antecedents of the immigrant family’s current problems;

- Facilitate the identification of pre-migration and migration-related coping strategies and strengths that might be used to overcome present difficulties; and
- Identify personal and social resources that might remediate the difficulties that brought the individual and/or family to the attention of child welfare staff.

The AID tool was formatted into a colorful, handy mini flip-chart of suggested open-ended questions for workers to use in the early stages of engagement and intervention with families. Questions typically begin with one of three roots: “Tell me about...”, “What...”, and “How...” These help workers maximize an empathic and affirming style in gaining information and fostering a working relationship. The guide, as shown in Table 1, is structured into four overlapping areas of exploration.

Table 1

Framework for the Assessment of Immigration Dynamics (AID)
<i>Tell Me About ...</i>
Individual/Family problem solving or coping strategies Resources to overcome hardships Locus of control – what can/can’t I control Experience with parents or parenting Tensions between different cultural expectations Tensions between expectations and post-arrival realities Unresolved issues of loss/separation Experienced stressors and traumas – emotional/physical Anxieties and fears Support systems
<i>In the Context of...</i>
Pre-migration Migration process/arrival/settlement Current life Future life



Pre-Migration Experiences

While all families have strengths, it may be difficult to remember them in the throes of immigration, adjustment, and the “crisis” of child welfare issues. The AID stimulus questions about the client’s life prior to arrival may therefore help identify some of their less recognized or less visible strengths, and may provide clues about family kin supports, decision making, past problem solving, goals/expectations, and disappointments. In turn, this information may help shape later interventions. The exploration of pre-migration life, which often involves discussing less emotionally charged material than the family’s current involvement with the child welfare agency, may create an affirming social context for the beginning worker-client relationship. This exploration can also provide the foundation for future work.

Questions and prompts suggested in this section of the guide include: “Tell me who you were back in your country...”; “Tell me about growing up in your country...”; “What was life like for you before you left?”; “Who made the decision about migration, and why?”; and “What were your expectations coming here?”

Migration, Arrival, and Settlement Experiences

More specific knowledge about family members’ migration process and their arrival in the United States can provide critical information about a client’s and/or his family’s experience of separation, physical trauma, fear, exploitation, isolation, and/or loneliness. In addition, knowledge of the family’s expectations and possible disappointments can provide a lens through which to explore, if not begin to make sense of, current realities.

Sometimes there can be prolonged separations before family members are reunited. A worker’s recognition of the strains frequently experienced by separated families (Kaplan, 2001; Thompson & Bauer, 2000; Thorne, Orellana, Lam, & Chee, 1999) can be validating for the parent, potentially facilitating communication about difficult issues. For example, reunification can be a time of great stress in the midst of happiness, and it may have very different meanings for parent and child (Suarez-Orozco, Todorova, & Louie, 2002), including mutual disappointments. Many times children who stay behind are materially dependent on those who migrate, but form close emotional bonds with their caregivers. After reunification, when there has been prolonged parent-child separation and neither truly knows the other, there may be a greater sense of emotional loss than gain (Michael, 1998; Parrenas, 2001; Suarez-Orozco, Todorova, & Louie, 2002). Parents who have felt they have sacrificed so much may expect gratitude that is not forthcoming, causing post-reunification family tensions (Michael, 1998). In addition, some parents may have found new partners and/or have had additional children. In these contexts, the arrival of family members from the nation of origin requires a reconfiguration of family dynamics, which may be difficult for one or more members. Even when families migrate together there may be significant changes in family roles and expectations, including new responsibilities placed on children to act as interpreters and/or mediators between their parents and the new community (Valenzuela, 1999).

Understanding the dynamics of the family’s social ties, relationships, and roles may, therefore, help identify specific burdens and stressors that have contributed to concerns about a child’s welfare or well-being. In addition, it can help bring to the



surface competencies and personal and social strengths the client had not realized he/she had.

Questions and prompts in this part of the AID guide include: “Tell me about coming here”; “Tell me about life here since your arrival”; “How has life here been different from back home?”; “How has life been different from what you expected?”; “What unanticipated problems have emerged?”; “How have you negotiated these challenges?”; and “Who has helped you?”

Current Experiences

Questions need to be asked about how family life has changed since migration. Guiding the family in a reassessment of gender and family roles, the relationship between home and school, use of leisure time, the adequacy of child care arrangements, and the impact of popular culture on the family can facilitate awareness of current dilemmas that may need to be addressed. In addition, while immigration status is a sensitive topic, it may be important to gain some understanding of how it is affecting all household members. Documentation status can help determine eligibility for specific services for the family. Further, knowledge about a family member’s lack of legal status may facilitate a discussion about underlying family tensions and/or unarticulated fears (Douglas-Hall & Koball, 2004).

The economic well-being of an immigrant family needs to be understood in relationship to the family’s economic and social status prior to migration and the degree to which post-migration realities fit with expectations.

Differences in job opportunities, educational and licensing requirements, and lack of English proficiency may cause some families to experience downward mobility. Thus, on top of other adjustments, these families need to transition to a less comfortable lifestyle than what they experienced “back home.” Other families may be struggling as a result of low levels of education and jobs in the low-wage service sector (Douglas-Hall & Koball, 2004; Hernandez, 2004). Housing costs and the size of available and affordable housing may impact household composition, and thus family roles. Tensions may also develop over the need to share small spaces and beds or the limited opportunity for an “outside” life.

Further, social status may shift. As a result,

individual family members may have to deal with a sense of diminished prestige in the post-migration period, along with social isolation and racism. To explore all these issues, the AID guide again suggests the use of open-ended prompts and questions, such as: “Tell me about your life now”; “Tell me about how you support the

family”; “Tell me about what you are good at”; “Tell me about your child(ren)”; “Tell me who you are now...here in this country”; and “What has been difficult for you?”

Future Life

The goal of work with most clients is to help them improve their current and future lives. Given the many changes that immigrant families have already faced, it is particularly important for them to spend time assessing how they are doing in the present, as well as put into words their vision for a

Differences in job opportunities, educational and licensing requirements, and lack of English proficiency may cause some families to experience downward mobility.



better future (Fontes, 2001). As part of this discussion, it may be important to help each client articulate how he or she has been able to succeed thus far as well as identify what needs to happen in order to move forward and reach his or her goals. Workers need to understand and value the importance many immigrant families place on the educational achievement of their children, which at times is the stimulus for migration. How clients see their roles as parents, therefore, may be a key to helping them achieve their goals for their children. For many, this exploration will include the client's perception of the "American dream" as well as clarification of what is possible and realistic.

Attitudes or perceptions about seeking and using help are important areas to explore as part of a future-based assessment. Many immigrants who are eligible for a variety of health and social services do not access them out of distrust and/or fear of jeopardizing their own or a family member's adjustment of status (Douglas-Hall & Koball, 2004; McPhatter, 1997). Other immigrants may not feel comfortable seeking services—especially mental health services (Berger, 2001). For some, to avoid stigma, individual and/or family problems remain unspoken or must be kept within the family (Seeley, 2004). Prompts and questions to trigger exploration of these issues include: "Tell me about what you would like your life to be like"; "Tell me what you would like to be good at"; "What kind of relationship would you like with your child(ren)?" "What are your goals for yourself and your child(ren)?" and "What do you consider helpful when you feel sad or depressed?"

Findings

Analysis of pre-pilot data showed that one third of the participating workers viewed gathering information about their clients' immigration experiences essential, but only

one quarter of the workers reportedly did this consistently. One third of workers reported no training specific to immigration-related work; all reported desiring more knowledge in this area.

Qualitative data gathered prior to the development and use of the AID guide suggest that workers neglected discussing immigration-related issues with their clients for two primary reasons: their own ignorance of its potential importance and/or the primacy of more pressing concerns. Comments from three workers the authors interviewed during the pre-pilot phase follow:

"We tend to deal with other things first... and, you know, if they bring that up we'll go there, but it's not, I mean...it's not something that we get to ..."

-Worker A

"The whole immigration aspect of it... um...I never thought about asking to compare their life back home to here...I never thought about it."

-Worker E

"...all the cases are very complicated—severely complicated—and as you get deeper and deeper into them, and meeting with the client, and the work is just...there is so much to uncover and there is never enough time..."

-Worker D

Data from post-pilot surveys reveal an increase in the importance workers gave to the use of immigration information during assessments and treatment planning with families in their caseloads (from an "essential" rating of 37.5% to 50%). There was also an increase in the reported importance workers gave to gathering information on foreign-born parents' childhoods in their nations of origin and immigration and post-arrival experiences, and in the actual exploration of these areas in practice.



Qualitatively, analyses of the post-pilot data indicate that workers found the AID practice guide useful. Workers reported that the guide provided them with a different way of approaching their interaction with clients. Its open-ended questions were found to be useful in engaging clients more positively and, for some, with more relevance. Not only did it change their practice with immigrant families, but also the AID guide and the process of collaboratively developing it expanded their self-awareness and raised their consciousness about immigration-related issues. For some, this included exploring their own family histories of migration and its impact on their lives. Staff stated they felt affirmed. What some knew or had observed but not given special value to was now recognized as important. Some experienced increased “ownership” of their own personal migration narratives. Further, they felt legitimized in integrating migration issues with their practice, including the use of their own families’ personal migration histories to connect with their clients. Post-pilot comments included:

“You know, this is where you were... and how you adjusted, how you did the adjustment, the acculturation and helping them see that they have the innate strengths. I did use the tool with some of the women, and it was very enlightening, some of the ways these women answered the questions...I was able to help them compare [pre- and post-migration life], when they’re going through a lot of problems...”

-Worker C

“...it was really funny, because after the training we had, just walking down the street, just looking around, I really paid attention, because I’ve always been here, but I never thought about it, and it was like wow, we’re surrounded [by immigrants]...

and then going to the second training...and like, wow...this is really making sense.”

-Worker D

“I have become aware of some of the things that we discussed...things to ask about and...maybe think about more, like, hey, they’re not in their homeland and they need help from us and...maybe...so it’s made me more aware...made me think more about what they’re going through...made us all think more about it...”

-Worker A

Discussion

There are several valuable implications for practice that have emerged from this study. First, as more immigrant families come to be served by the public child welfare system, workers’ capacities to help them must be expanded, including the development of service plans that incorporate immigration-related factors. To this end, the AID guide can be a useful tool.

Second, too often workers’ tacit knowledge and experience are neither sought nor recognized as critical to the development of theory and new practice models. In this project, however, the partnership between frontline staff and university faculty resulted in a guide that reflects staff observations and insights, affirming frontline workers’ contributions to the development of the profession (Michael & Altman, under review). In this way, the traditional dichotomy between “thinkers” and “doers” (Cohen, Philips, & Chierchio, 2001) was successfully modified. The result was a change in staff practice that was more intrinsic or organic than if it had been superimposed or prescribed.

The project’s bi-directional exchange and transfer of knowledge into practice were manifest in the interactive process of the



development and piloting of the AID, and reflected the use of several strategies: the use of cross-cultural reflexive dialogue (Yan & Wong, 2005); the deliberate elicitation of individuals' lived experience (Seeley, 2004); and modeling the migration inquiry with staff, mirroring what might be possible with clients.

Implications for Child Welfare Practitioners

The AID guide allows frontline workers to move beyond traditional attention to cultural factors impacting their own lives and those of their clients toward a type of “ethnographic inquiry” that can open up multiple layers of clients' lived experiences (Seeley, 2004, p. 125). In this process the worker moves away from cultural essentialism and assumptions about the migration experience, allowing both the worker and the client to more systematically examine how migration contributed to current problems—and how examination of prior experiences may identify solutions.

Fong (2004) has suggested that child welfare workers delay assessment questions that address migration and the transitions between environments until “a trusting relationship is established with the immigrant or refugee client” (p. 50). The preliminary data from this study suggest that this caution is unwarranted. In fact, workers using the AID found that open-ended questions focused on migration stages were useful in engaging clients and forming the beginnings of the type of helping relationships thought to be a prerequisite for change in child welfare service delivery (Altman, 2005).

In addition, while not yet empirically tested, the comments of the workers involved in the project suggest that the focus and open-ended exploratory structure of the AID complemented the more structured protocols that workers are required to complete when they initially interview a family in the child welfare system. Use of the AID guide encouraged a more creative construction of the interview process, not only widening the lens on the family's life space, but also stimulating the worker to use her inquisitive self. As a result, the client could perceive the worker as more genuine—less a judge and more a collaborating partner in dialogue and discovery. Concurrently, the worker experienced the client as an individual with a history and potential strengths that could

be used to reduce stress and restore positive functioning. The convergence of these processes opened up new paths to form a working relationship.

Implications for Child Welfare Supervisors and Managers

Workers in this pilot project expressed a desire for more clinical, process-oriented support

and supervision, particularly with the increasingly more complex immigrant families they were serving. In retrospect, it would have been desirable to have held sessions specifically for supervisors to collectively develop strategies to help workers assess and fully apply the AID guide's rich content. More active engagement of the supervisory staff would have also supported the further use and dissemination of the AID guide within the agency.

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Child welfare managers are increasingly noting the value of more effective practice with diverse families, while struggling with how to mold their organizations to deliver it (Mederos & Woldegiorguis, 2003). To equip their workers with current theory and/or state-of-the-art techniques, many agencies engage in staff development activities, either bringing in a consultant or sending staff to conferences and training workshops. And yet, it has been found that some of the more “valued” and formalized theories and models of development do not effectively transfer to and/or fit the realities of frontline practice, especially in settings with diverse client populations (Cornille, Mullis, & Mullis, 2003). Collaborative knowledge creation and implementation, as was used in this research, may well have contributed to the successful findings reported here.

Limitations/Next Steps

The research described in this article was based on an exploratory design. The sample used in the pilot was small and from a single agency. Quantitative data gathered on effectiveness was limited to self-reported perceptions of the workers involved. Qualitative data provided complementary evidence of its effectiveness in practice, but was also limited by the sole perspective of workers. Thus, while useful knowledge was gained from this study, empirical measures of the AID’s effectiveness must still be developed.

Further work is planned to expand knowledge of the AID’s utility in child welfare practice. In addition, outcome data on the AID’s effectiveness as a tool for engagement and change with immigrant clients will be sought quantitatively from both workers and clients using Yatchmenoff’s (2005) engagement scale, in a randomized post-test-only control group design. Also planned are more sophisticated ways of exploring how

workers evaluate and use the information gathered via the AID in the context of their supervision and practice.

Summary and Conclusions

The AID guide was found to enhance child welfare workers’ capacity to understand and engage immigrant client families. Quantitative and qualitative data suggest that the value workers placed on, and their use of, strengths-based, immigration-related areas of exploration expanded—as did their recognition and understanding of how immigrant-related experiences affected their clients’ lives.

The strengths approach to practice attempts to seek out, identify, and strengthen the maximum potential in families (Saleebey, 1997). It is thought to be particularly fitting for work in child welfare (Altman, 2005) and with immigrant families (Furuto, 2004; Cheung et al., 1994). Through its exploration of the migration experience, the AID explicitly recognizes the importance of clients’ unique life experiences. It recognizes the strengths that immigrant clients have used pre- and post-migration—strengths that have enabled them to establish new lives in the United States. It focuses attention on the unique abilities, knowledge, insight, and virtues that have already helped clients handle the demands and challenges of life, and which now might help them respond to new challenges. The guide’s lack of a prescriptive protocol also allows for an “on-going process of co-construction” (Yan & Wong, 2005, p. 187) in reference to both the content and the nature of the work to be done. The result is increased potential for healing, wholeness, empowerment, resilience, dialogue, and collaboration.

Enhancing workers’ capacity to engage, assess, and work meaningfully with immigrant families in the child welfare system is a difficult but necessary challenge.



Tools like the AID described here, and others that may be developed through similar processes, contribute to meeting this challenge.

References

Abney, V.D. (2000). What principles and approaches can I use to engage clients across cultures? In H. Dubowitz & D. DePanfilis (Eds.), *Handbook for child protection practice* (pp. 223-261). Thousand Oaks, CA: Sage.

Altman, J.C. (2005). Engagement in children, youth, and family services: Current research and best practices. In G. Mallon, G. & P. Hess (Eds.), *Child welfare for the twenty-first century: A handbook of practices, policies and programs* (pp. 72-86). New York: Columbia University Press.

Baptiste, D.A. (1993). Immigrant families, adolescents and acculturation: Insights for therapists. *Marriage & Family Review*, 19(3/4), 341-363.

Berger, R. (2001). Immigration and mental health: Principles for successful social work practice. In R. Perez-Koenig & B. Rock (Eds.), *Social work in the era of devolution* (pp. 159-176). New York: Fordham University Press.

Cheung, K.F., Leung, P., & Stevenson, K.M. (1994). A strengths approach to ethnically sensitive practice for child protective service workers. *Child Welfare*, 73, 707-21.

Cohen, C., Philips, M., & Chierchio, M. (2001). How are we doing? Agency/university collaboration for assessment of client outcomes. *Advances in Social Work*, 2, 12-25.

Cohen, E.P. (2003). Framework for culturally competent decision-making in child welfare. *Child Welfare*, 82, 2-10.

Congress, E.P. (1994). The use of the culturagram to assess and empower culturally diverse families. *Families in Society*, 75, 531-537.

Cornille, T.A., Mullis, A.K., & Mullis, R.L. (2003). A partnership model for family service agencies and universities to improve service utilization. *Journal of Family Social Work*, 7, 23-38.

Dawson, K., & Berry, M. (2002). Engaging families in child welfare services: An evidence-based approach to best practice. *Child Welfare*, 81, 293-317.

DePanfilis, D., & Zuravin, S.J. (2001). Assessing risk to determine the need for services. *Children and Youth Services Review*, 23, 3-20.

Dettlaff, A., & Rycraft, J. (2006). The impact of migration and acculturation on Latino children and families: Implications for child welfare practices. *Protecting Children*, 21, 6-21.

Douglas-Hall, A., & Koball, H. (2004). *Children of recent immigrants: National and regional trends*. New York: National Center for Children in Poverty.

Drachman, D. (1992). A stage-of-migration framework for services to immigrant populations. *Social Work*, 39, 68-72.

Drachman, D., & Paulino, A. (2004). *Immigrants and social work: Thinking beyond the borders of the United States*. Binghamton, NY: Haworth.

Earnar, I. (2005). Immigrant children and youth in the child welfare system. In G. Mallon & P. Hess (Eds.), *Child welfare for the twenty-first century: A handbook of practices, policies and programs* (pp. 655-664). New York: Columbia University Press.

Earnar, I. (in press). Immigrant families and public child welfare: Barriers to services and approaches to change. *Child Welfare*.

Fong, R. (2004). Contexts and environments for culturally competent practice. In R. Fong (Ed.), *Culturally competent practice with immigrant and refugee children and families* (pp. 38-59). New York: Guilford.

Fontes, L.A. (2001). Those who do not look ahead, stay behind. *Child Maltreatment*, 6, 83-88.

Fruchter, R. (1993). Epidemiological issues in immigrant communities. In *Integrated maternal and child health care for refugee and immigrant populations*. New York: Center for Immigrant Health.

Furuto, S.B.C.L. (2004). Theoretical perspectives for culturally competent practice with immigrant children and families. In R. Fong (Ed.), *Culturally competent practice with immigrant and refugee children and families* (pp. 19-38). New York: Guilford.

Hancock, T.U. (2005). Cultural competence in the assessment of poor Mexican families in the rural southeastern United States. *Child Welfare*, 84, 689-711.

Hartman, A. (1978). Diagrammatic assessments of family relationships. *Social Casework*, 59, 465-476.

Hernandez, D.J. (2004). Demographic change and life circumstances of immigrant families. *The Future of Children*, 14, 17-47.

H. Res. 867, 105th Cong., 143 Cong. Rec. 111 (1997) (enacted).

Kaplan, C. P. (2001). When children arrive later: Helping the separated and reunited immigrant child. In R. Perez-Koenig & B. Rock (Eds.), *Social work in the era of devolution* (pp. 135-158). New York: Fordham University Press.

Lincroft, Y., Resner, J., Leung, M., & Bussiere, A. (2006). *Undercounted. Underserved. Immigrant and refugee families in the child welfare system*. Baltimore, MD: The Annie E. Casey Foundation.

Matthews, L., & Mahoney, A. (2005). Facilitating a smooth transitional process for immigrant Caribbean children: The role of teachers, social workers, and related professional staff. *Journal of Ethnic and Cultural Diversity in Social Work*, 14(1/2), 69-92.

McPhatter, A.R. (1997). Cultural competence in child welfare: What is it? How do we achieve it? What happens without it? *Child Welfare*, 76, 255-278.

Mederos, E., & Woldegiorgis, I. (2003). Beyond cultural competence: What child protection managers need to know and do. *Child Welfare*, 82, 125-142.

Michael, S. (1998). *The web of identity: A study of adolescent girls in New York City*. Unpublished doctoral dissertation, Graduate Center of the City University, New York.

Michael, S. (2000). Template for the analysis of immigration and the immigrant experience. Unpublished chart.

Michael, S., & Altman, J. (under review). *Our mutual education: Lessons learned through university-community collaborative knowledge creation*. Unpublished manuscript.

Miller, O.A., & Gaston, R.J. (2003). A model for culture-centered child welfare practice. *Child Welfare*, 82, 235-250.

Milner, J.S., Murphy, W.D., Valle, L.A., & Tolliver, R.M. (1998). Assessment issues in child abuse evaluations. In J.R. Lutzker (Ed.), *Handbook of child abuse research and treatment* (pp. 75-115). New York: Plenum Press.

Molina, B., Garrett, M.T., & Monterio-Leitner, J. (2006). Communities of courage: Caring for immigrant children and families through creative multicultural counseling interventions. *Protecting Children*, 21, 62-83.

Parrenas, R. S. (2001). Mothering from distance: Emotions, gender and intergenerational relations in Filipino transnational families. *Feminist Studies*, 27(2), 361-390.

Pine, B., & Drachman, D. (2005). Effective child welfare practice with immigrant and refugee children and their families. *Child Welfare*, 84, 537-562.

Saleebey, D. (1997). *The strengths perspective in social work practice* (2nd ed.). New York: Longman.



Seeley, K. M. (2004). Short-term intercultural psychotherapy: Ethnographic inquiry. *Social Work, 49*, 121-130.

Segal, U.A., & Maydas, N.S. (2005).

Assessment of issues facing immigrant and refugee families. *Child Welfare, 84*, 563-583.

Suarez-Orozco, C., Todorova, I.L.G., &

Louie, J. (2002). Making up for lost time: The experience of separation and reunification among immigrant families. *Family Process, 41*, 625-643.

Thompson, P., & Bauer, E. (2000).

Jamaican transnational families: Points of pain and resources of resilience. *Wadabagei: A Journal of the Caribbean and its Diaspora, 3*(2), 1-36.

Thorne, B., Orellana, M.F., Lam, W.S.E., & Chee, A. (1999). Raising children and growing up across national borders. In P. Hondagneu-Sotelo (Ed.), *Gender and immigration* (pp. 241-262). Berkeley, CA: University of California Press.

Urban Institute. (2006). *Children of immigrants: Facts and figures*. Washington, DC: Author. Retrieved July 6, 2007, from www.urban.org.

Valenzuela, A. (1999). Gender roles and settlement activities among children and their immigrant families. *The American Behavioral Scientist, 42*, 720-746.

Velazquez, S., Vidal de Haymes, M., & Mindell, R. (2006). Migration: A critical issue for child welfare. *Protecting Children, 21*, 2-4.

Yan, M. C., & Wong, Y.L. (2005). Rethinking self-awareness in cultural competence: Toward a dialogic self in cross-cultural social work. *Families in Society, 86*, 181-188.

Yatchmenoff, D. (2005). Measuring client engagement from the client's perspective in nonvoluntary child protective services. *Research on Social Work Practice, 15*, 84-96.

Zlotnick, J.L., DePanfilis, D., Daining, C., & Lane, M.M. (2005, July). Retaining competent child welfare workers: Lessons learned from the research. *IASWR Research Brief 1. Child Welfare Workforce Series*. Washington, DC: Institute for the Advancement of Social Work Research.



More Than Meets the Eye: Lifetime Exposure to Violence in Immigrant Families

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When an immigrant family¹ comes to the attention of the public child welfare system, it becomes especially challenging

to effectively address the range of factors contributing to both the child's risk and the family's capacity to protect and nurture. Cultivating an awareness and understanding of the issues and obstacles that immigrant families confront becomes crucial to the design of supports, resources, and treatment interventions. Unfortunately, system workers seldom focus their attention on the assessment of emigration- and immigration-related antecedents, strengths upon which to build, immigration status, and/or the resettlement experience.

The high risk of exposure to family and community violence in immigrant populations points to the critical need to integrate assessments of exposure to violence into policies, protocols, and staff training in the child welfare system. Assessing the connection between different forms of exposure to violence and children's current behavior—in the context of age and developmental stage, gender, culture, ethnicity, socioeconomic status, and religious or community affiliation—can help minimize violence's negative effects on children, interrupt the transmission of violence, and empower families to better provide for children's safety and well-being.

It is important to point out that most immigrant families do not enter the child welfare system, and those that do, don't fit neatly into any single descriptive "box."

¹ Immigrant families are defined as those that the U.S. Department of Health and Human Services categorized as foreign-born (U.S. Department of Health and Human Services, 1960). This category includes refugees, undocumented and documented individuals, foreign-born children, and second-generation immigrants — that is, children born in the United States with at least one foreign-born parent.

Although some may carry with them memories of violence, their experiences and symptoms can be quite varied.

This article presents an overview of available research on the impact of exposure to family and community violence (child abuse and neglect, domestic and sexual violence, and types of community violence ranging from isolated incidents to war).

Using these data, the article then provides recommendations for identifying families with lifetime exposure to violence and engaging them in relevant interventions.

The recommendations provided do not suggest the need to create a new “issue” that only pertains to immigrants, that will affect decisions made about children’s risk, or that will label immigrant families solely on the basis of their exposure to violence. Instead, the article outlines an adaptable framework designed to help agencies infuse sensitivity to lifetime exposure to violence into the system when working with families.

How Exposure to Violence Impacts Partnering, Parenting, and Children’s Well-Being

Exposure to violence is considered a serious public health issue in the United States and around the world because of its impact on individuals, families, communities, and society (Pinheiro, 2006). Experts agree that adult survivors of physical abuse, sexual abuse, sexual assault, and domestic violence suffer from physical, mental, and behavioral problems such as gastrointestinal problems, eating disorders, asthma, arthritis, high

blood pressure, depression, panic attacks, substance abuse, and many other ailments (Stein & Barret-Connor, 2000). Persons with a history of four or more adverse childhood experiences are 4 to 12 times more likely to be treated for alcoholism, drug abuse, and depression (Anda et al., 1999). The more adverse a child’s experiences (e.g., physical and sexual abuse, childhood exposure to domestic violence, substance abuse), the

more likely that child is to become ill or exhibit risky behaviors during adolescence and as an adult (Felitti et al., 1998).

Childhood exposure to violence in infancy has a lasting effect on brain development, increasing hyperactivity, sleep disturbances, developmental delays, and aggressive behaviors (Perry,

1997). Children exposed to intimate partner violence are at significantly higher risk for mental health problems, including attachment disorders, depression, anxiety disorders, failure to thrive, speech disorders, and post-traumatic stress disorder (PTSD) (Graham-Bermann & Levandosky, 1998; Feerick & Silverman, 2006).

Most relevant to child welfare is the less widely known impact of exposure to violence on the capacity for safe partnering and nurturing parenting. The negative effects of this exposure may ultimately result in the intergenerational transmission of violence. Because parenting skills can be compromised by a history of victimization, adults who were exposed to violence as children have an increased likelihood of perpetrating child abuse (Dubowitz et al., 2001). Currently,

Parents who have unresolved issues involving exposure to violence may avoid experiencing their own emotions, potentially making it difficult for them to “read” and respond appropriately to their children’s emotional states.



millions of children who live in families with domestic violence are also abused or neglected (Kracke & Hahn, 2007). Parents who have unresolved issues involving exposure to violence may avoid experiencing their own emotions, potentially making it difficult for them to “read” and respond appropriately to their children’s emotional states. In addition, parents with traumatic histories may have difficulty providing safe environments for their children because they struggle to identify dangerous circumstances (Cook, Blaustein, Spinazzola, & van der Kolk, 2003).

A broad range of literature indicates that witnessing parental violence is a significant predictor of adult violence against a female partner and a precursor to a cycle of violence. Mothers who were victimized by a partner are more likely to have maternal depressive symptoms and use harsher parenting techniques (DiLillo & Damashek, 2003). Such mothers’ depression and harsh parenting are directly associated with children’s behavioral problems (Rumm, Cummings, Krauss, Bell, & Rivara, 2000), and childhood exposure to violence increases an individual’s propensity to commit acts of violence later in life.

Exposure to Violence in Immigrant Families

Documented and undocumented immigrants are a diverse group that includes foreign-born adults, youth, and children who, along with second-generation immigrant children, constitute the fastest-growing segment of the population (Capps et al., 2004). These documented and undocumented immigrants’ experiences with immigration have immediate and long-term implications for the psychological and social well-being of individuals and families—implications that can be especially intense for children, people of color, and people living in poverty (Portes & Rumbaut, 2006).

Depending on country of origin, generational and legal status, reasons for emigration, and immigration and resettlement experiences, most immigrants function well in many domains but experience distress in other areas that are much less noticeable and difficult to understand (Birman et al., 2005). The history of migrating from one’s home country and adapting to a new culture can be devastating—especially when new residents are met with fear and discrimination. Immigrants may also suffer from feelings of abandonment due to periods of family separation that often occur during the migration process, as family members may migrate at different times. Other immigrants, such as refugees, have fled from violence and other traumatizing situations in their countries of origin. When they arrive in the United States, they may live in communities with high levels of violence and racial tension (Lara, 2002). Traditional familial roles and responsibilities are frequently challenged, exacerbated by sociocultural differences and a lack of supports. This lifetime of exposure to violence—coupled with the ongoing adaptation shifts—may impact parenting and partnering skills for first-, second-, and third-generation families and their children.

A strong relationship with a caregiver is the most critical protective factor in a child’s life. It is also the protection that children in the child welfare system—especially those from immigrant families with emotional scars due to a lifetime of exposure to violence—typically lack. When a child’s poor relationship with his or her caregiver is compounded by an ongoing sense of instability due to poverty, lack of supports, and/or disruptions in the family cycle, these problems begin to multiply. Furthermore, they can impact every area of the child’s functioning, increasing the likelihood of social, cognitive, and physical problems, as well as school problems. Later on in their

lives, these young people can be found in many social welfare systems as runaways, delinquents, substance abusers, and dropouts.

Unfortunately, immigrant youth with similar problems—many of whom experienced abuse, neglect, domestic violence or other traumas—often never come to the attention of the child welfare system (Hunt, Morland, Barocas, Huckans, & Caal, 2002).

Framework for Integrating Immigrants' Exposure to Violence in the Child Welfare System

The following framework is designed to help child welfare agencies develop a plan for addressing lifetime exposure to violence in their work with immigrant families. Each agency can determine how to best apply the framework elements depending on the community or communities it serves.

I. Assessing Lifetime Exposure to Violence

Traditionally, child welfare agencies fail to systematically gather information on children's, youth's, and adults' exposure to violence (Bender, 2005). This problem was documented by the Children's Bureau's Child and Family Services Reviews, which found in 22 of the 35 states reviewed, risk and safety assessments were often not sufficiently comprehensive to capture underlying family issues that may contribute to forms of maltreatment such as substance abuse, mental illness, and domestic violence (U.S. Department of Health and Human Services, 2005).

An assessment of the impact of lifetime exposure to violence provides a more solid basis for developing an effective service plan. Such assessments can facilitate interventions that help families resolve the concerns leading to their involvement with the child

welfare system in the first place. They can also support children's development and well-being. By the same token, failure to address lifetime exposure to violence may compromise the quality and effectiveness of child welfare interventions.

Assessments of exposure to violence throughout life are not necessary for every immigrant family member referred. When a child is referred to the child protection system, the immediate need is to gather information on safety and risk. Workers conduct an assessment of recent victimization through a review of information (for example, criminal record checks for violence-related charges, probation violations, domestic violence-related service calls made to 911 from the home). The goals are to determine the child's risk level and identify precautions in preparation for interviews with individual family members. In addition, a routine screening and assessment for domestic violence is recommended at every phase of the child protection process. Of course, there are variations in state and local child welfare statutes, policies, and practices that comprise different standards to follow when child exposure to domestic violence warrants child protective services' involvement (Spears, 2000).

The information gathered at the time of the report and screening then leads to decisions about the need for child protective services. If such services are warranted, a comprehensive family assessment is usually the best means to obtain information that can guide decisions on service planning (Schene, 2005).

Comprehensive family assessments are designed to achieve the following goals:

- Recognize patterns of parental behavior over time;



- Examine family strengths and protective factors;
- Address the family’s overall needs that are affecting the children’s safety, well-being, and permanency;
- Consider contributing factors such as domestic violence, substance abuse, health problems, and poverty; and
- Incorporate information from other assessments and sources to develop a service plan (Schene, 2005).

To obtain a thorough understanding of historical exposure and current violence, the essential task is to let family members tell *their stories*. The story may begin many years ago, and could take time to unravel. If it is at all possible, it is always better to conduct each assessment in the family’s language of origin; if this is not possible, use a qualified interpreter. The worker should also be sensitive to the tension between organizational time constraints and building a relationship of respect.

Any work with immigrant families should initially focus on engagement. Immigrants may feel intimidated and may not have much experience interacting with child welfare or other public agencies. They may have some problems differentiating among agencies—protective services as opposed to treatment agencies, for example. Also, it may be difficult to gather basic demographic information, as immigrant families often do not fit the traditional nuclear household model. A critical skill is listening to and recognizing these clients as successful survivors, an approach that affirms their wisdom and strengths.

Ideally, workers should gather information on the transgenerational immigration experiences (at least two or three generations) as well as specific family experiences at different points in the migration process, including:

- Events before migration—e.g., extreme poverty, war exposure, torture;
- Perimigration trauma—psychological distress occurring at the time of leaving the country of origin;
- Events during migration—e.g., parental separation, hunger, death of traveling companions;
- Experiences of rejection and suffering if seeking asylum—e.g., chronic deprivation of basic needs;
- Survival as an immigrant—e.g., substandard living conditions, lack of income, racism; and
- Transgenerational acculturation differences—particularly between adolescents, parents, and grandparents.

To obtain a thorough understanding of historical exposure and current violence, the essential task is to let family members tell their stories.

To gain knowledge about the level of acculturation and acculturative stress, it is useful to gather information on the immigrant’s interpretation of his or her culture. Asking specific questions about languages in the home, how many generations have lived in the United States, and the immigrant’s experiences with acculturation helps workers understand the entire family’s contextual background as well as the distinct level of acculturation between different generations of the same family.



Case workers should also realize that religious and cultural beliefs are important to immigrants when they try to sort through their emotions. Beliefs may influence their perceptions of the causes of violent experiences. These beliefs can affect their receptivity to assistance and influence the type of assistance that they will find most effective. Different groups may elaborate on the cultural meaning of suffering. Cultural norms, traditions, and values may determine the strategies that will effectively help them cope with the impact of violence. In addition, admission and expression of exposure to violence is affected by cultural background, geography, and traditions. It follows, then, that immigrants' different cultural, national, linguistic, spiritual, and ethnic backgrounds may cause them to view and define key symptoms using different expressions. Flashbacks may be "visions," anxiety may be "un ataque de nervios," and dissociation may be "spirit possession" (Manson, 1996).

II. Staff Training and Supports

Because staff come to the table with differing levels of knowledge and experience working with immigrants and/or with those who have been exposed to violence, each agency needs to assess the level of training required. Agencies can often incorporate such training into existing structures, minimizing any additional investment of resources. Training is best when provided in an atmosphere within the organization that allows staff members to share their thoughts and questions regarding how to best serve diverse populations. It should also build on the competencies that the agency and individual staff may already have and provide staff at different levels—not only staff assigned to work with particular populations—the opportunity to brainstorm ideas for working with immigrant families that may be exposed to violence.

Useful Tools for Assessment: Genograms and Culturegrams

Genograms are family-tree diagrams that record information about family members and their relationships over at least three generations. They provide a quick picture of family patterns, stimulate clinical hypotheses linking the clinical problem to the family context, and track the evolution of the presented problem and family relationships over time. Child-rearing histories, child-rearing attitudes and childhood experiences are explored with the aid of set questions and inventories (Ulloa-Estrada & Haney, 1998).

Culturegrams are intergenerational family maps that focus on issues related to cultural background. Culturegrams are useful in revealing family history and depicting ethnic cultural influences, values, thinking, spirituality, and traditions (McCullough-Chavis & Waites, 2004).

Key areas to address in training include:

- The impact of violence on children, youth, and adults;
- The impact on parenting and partnering;
- Immigrants and their exposure to violence;
- Understanding the legal context;
- Cross-cultural communication (including the use of translators);
- The role of mental health and other professionals;



- Psychosocial stressors relevant to diverse groups in the community (e.g., migration, acculturation stress, discriminatory patterns, racism, socioeconomic status); and
- Community resources (e.g., agencies, informal networks) and their availability to special populations.

When designing a training program, the agency should collaborate with other agencies, immigrant-specific providers, and community partners to ensure the trainings offered are properly developed and respectful of the diverse cultures and backgrounds of the clients served.

Unfortunately, there is currently a lack of trained bilingual, bicultural professionals with respect to serving multiple ethnic groups (Birman et al., 2005). Most clearly documented is the gap between Spanish-speaking service provider availability and the growing Latino population. In situations where bilingual professionals cannot be located, some programs are using ethnic paraprofessionals who may have lower levels of training in clinical issues. Some of these paraprofessionals, who are themselves immigrants or refugees, may have lived through traumatic events, and may become re-traumatized when working with refugee families. Extensive training and supervision are needed to address these issues.

Specialized Assessments

To address issues related to exposure to violence it is sometimes important to conduct specialized assessments of post-traumatic stress disorder (PTSD). A major concern regarding use of standardized instruments with refugee and immigrants is the lack of norms for this culturally diverse population. Improper use of assessment instruments can also be due to the lack of understanding or inexperience working with this population, which frequently leads to inaccurate assumptions about intent or reasons for behavior.

A formal diagnosis of PTSD or any other psychological disorder can only be made by a qualified professional. A client can be diagnosed with PTSD only if the following conditions are met:

- The client is experiencing, witnessing, or confronting an event or events that involve actual or threatened death, serious injury, or a threat to the physical integrity of him or herself or others.
- The client's response involves intense fear, helplessness, or horror (in children this may be expressed by disorganized or agitated behavior).
- The client has at least one of the following symptoms for longer than 1 month:
 - Re-experiencing the event through play, in nightmares, or in flashbacks, or through distress over events that resemble or symbolize the trauma.
 - Increase in sleep disturbances, poor concentration, startle reaction, and regressive behavior (American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders, 2000).

The *Journal of the American Medical Association* describes scales and instruments adapted for use in refugee research at <http://jama.ama-assn.org/cgi/content/full/288/5/611#REF-JRV20018-56>.

III. Linking Assessment Information to Services

When gathering information about lifetime exposure to violence, the goal is to identify and address clients’ needs with appropriate services and referrals. Once exposure has been identified, it is critical to take the time to ensure that family members have an understanding of what has to change and what outcomes are being pursued. From there, agencies can help families heal, build self-efficacy, and adopt safer health behaviors and relationships.

Each family’s motivation to begin the healing process is related to the members’

“stages of change.” According to the stages of change model originally developed for the substance abuse field (Bragg, 2003), for most people any personal change (for example, quitting smoking or stopping drinking) is a process that unfolds over time. People can range from having no interest in making changes (precontemplation), to having some awareness or mixed feelings about change (contemplation), to preparing for change (preparation), to having recently begun to make changes (action), to maintaining changes over time (Prochaska, DiClemente, & Norcross, 1992).

Three major forces move people through these stages in other areas (Walters, Clark,

Table 1

Attitudes and Strategies in the Stages of Change (adapted from Walters et al., 2007)		
Stage	Attitude	Strategies
Precontemplation	“Nothing needs to change.”	<ul style="list-style-type: none"> • Build rapport and trust • Increase problem awareness
Contemplation	“I’m considering change.”	<ul style="list-style-type: none"> • Acknowledge mixed feelings about change • Discuss pros and cons of change
Preparation	“I’m figuring out how to change.”	<ul style="list-style-type: none"> • Present information, options, and advice • Resist the urge to push
Action	“I’m working on reaching my goals.”	<ul style="list-style-type: none"> • Offer planning assistance • Support and encourage efforts to change
Maintenance	“I’ve made changes. Now I have to keep it up.”	<ul style="list-style-type: none"> • Support behavior changes • Talk about possible trouble spots
Relapse	“I’ve fallen back. But not all is lost.”	<ul style="list-style-type: none"> • Address relapse without adding feelings of shame • Discuss what went wrong • Raise importance of confidence for another attempt



Gingerich, & Meltzer, 2007). The first is developmental. As many people mature, they become more likely to make a behavior change. The second force is environmental. Many times a personal event, such as the birth of a child, the onset of an illness, or entering the child welfare system, may motivate someone to take action. The third force involves system efforts like sanctions, rehabilitation efforts, and interactions with responsive staff.

IV. Administrative Supports

Child welfare agencies vary widely in the degree to which they address the needs of immigrant families. Competence in this area cannot be achieved immediately; rather, it is a developmental process that evolves over an extended period of time.

Agencies promulgate a culture of awareness through their policies, procedures, and protocols. These are the written directions or standards that guide practice. They include state plans submitted to the federal government and state legislatures, policy manuals for the system and its staff, and practice standards and procedures for case practice. Many agencies need to reconsider the policies already in place and/or create new policies enabling them to be more responsive to the needs of immigrant families. Along the same lines, agencies need the appropriate administrative supports to institutionalize any changes across all levels of service.

Specifically, agencies should consider taking the following steps:

- Clarifying the role of risk, safety, and comprehensive family assessments, and noting when and how to conduct assessments of lifetime exposure to violence.

- Incorporating the workload implications of gathering this type of information into staffing needs and schedules.
- Balancing accountability with an understanding of exposure to violence, which will hopefully lead to more appropriate service plans and therapeutic supports. When parents engage in inappropriate behavior, it is critical to hold them accountable. However, in order for responses to be effective, they must reflect an understanding of the behavior's origin.
- Describing expectations, laws, and consequences. Immigrant families sometimes come from environments in which power is exercised arbitrarily and absolutely. It is important for these families to differentiate between methods that are abusive and those that are in their best interest.
- Using a framework for assessment that clearly guides staff through the process of gathering and using information on individual, family, and community protective factors in the service plan.
- Ensuring that the agency's staff represents the communities served.
- Involving consumers, communities, and key constituency groups in all planning and evaluation efforts.

V. Developing and Nurturing Community Partnerships

To respond to the needs of immigrant families the child welfare system needs the support of public and private agencies and organizations serving the community. However, this cross-program emphasis is difficult to achieve if there is not a culture of collaboration at different levels of the agency. Especially important is the development of



meaningful partnerships with organizations that have specific knowledge and expertise working with immigrant individuals so they can be used as resources to develop and deliver educational workshops. Cross-training opportunities as well as opportunities for mentoring and job sharing promote better understanding across systems and communities.

Involving “cultural brokers”—community leaders and groups that represent diverse groups and are knowledgeable about the community—is vital to achieving positive outcomes with immigrant families. Collaboration can be beneficial in assessing needs, creating community profiles, making contact with and gaining the trust of families, establishing program credibility, integrating cultural competence in training, and ensuring that strategies and services are culturally competent (Cohen, 2003).

Conducting outreach in communities that are underserved should be a strategic process that entails working closely with the community to create healthy environments for resident immigrants. Agencies need to examine which communities are in their jurisdiction, focusing on these communities’ history of service use and their demographics—including evolving trends related to occupation, race and ethnicity, and age distribution. In addition, it is important to understand the history guiding a particular community’s perception of services (e.g., domestic violence shelters, police, and children’s services) and then create a plan sensitive to community members’ perceptions and needs.

Conclusion

The quality and effectiveness of child welfare services to immigrant families can be improved through assessments of lifetime exposure to violence and the coordination of services and supports for families trying to heal. By explaining the connections among different forms of victimization, associated parenting and partnering skills, and associated risk behaviors, child welfare workers can take concrete steps to interrupt the transmission of violence and minimize its impact on children, families, and communities.

References

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (text revision). Washington, DC: Author.
- Anda, R.F., Croft, J.B., Felitti, V.J., Nordenberg, D., Giles, W.H., Williamson, D.F., et al. (1999). Adverse childhood experiences and smoking during adolescence and adulthood. *Journal of the American Medical Association*, 282(17), 1652-1658.
- Bender, E. (2005). Agencies often overlook need to assess trauma in children. *Psychiatric News*, 40(9), 10-14.
- Birman, D., Ho, J., Pulley, E., Batia, K., Everson, M.L., Ellis, H., et al. (2005). *Mental health intervention for refugees in resettlement*. White paper retrieved October 18, 2007, from http://www.nctsn.org/nctsn_assets/pdfs/promising_practices/MH_Interventions_for_Refugee_Children.pdf

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Bragg, L. (2003). Child protection in families experiencing domestic violence. *Child Abuse and Neglect, User Manual Series*. Washington, DC: U.S. Department of Health and Human Services.

Capps, R., Fix, M., Ost, J., Reardon-Anderson, J., Passel, S. (2004). *The health and well-being of young children of immigrants*. Washington, DC: The Urban Institute.

Cohen, E. (2003). Framework for culturally competent decision making in child welfare. *Child Welfare, LXXXII*(2), 143-156.

Cook, A., Blaustein, M., Spinazzola, T., & van der Kolk, B. (2003). *Complex trauma*. White paper retrieved from the National Child Traumatic Stress Network on October 18, 2007, from http://www.nctsn.org/nctsn_assets/pdfs/edu_materials/ComplexTrauma_All.pdf

DiLillo, D., & Damashek, A. (2003). Parenting characteristics of women reporting a history of sexual abuse. *Child Maltreatment, 8*(4), 319-333.

Dubowitz, H., Black, M.M., Kerr, M.A., Hussey, J.M., Morrel, T.M., & Everson, M.D. (2001). Type and timing of others' victimization: Effects on mothers and children. *Pediatrics, 107*, 728-735.

Feerick, M., & Silverman, G. (2006). *Children exposed to violence*. Baltimore: Paul Brooks Publishing.

Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M, Edwards, et al. (1998). Relationship of childhood abuse and household dysfunctions in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine, 14*(4), 245-258.

Graham-Bermann, S.A., & Levandosky, A.A. (1998). Traumatic stress symptoms in children of battered women. *Journal of Interpersonal Violence, 13*(1), 111-128.

Hunt, D., Morland, L., Barocas, R., Huckans, M., & Caal, M. (2002). *Understanding, preventing and treating*

problem behaviors among refugee and immigrant youth [Electronic version]. Falls Church, VA: Center for Multicultural Services.

Kracke, K., & Hahn, H. (2007). *Incidence and prevalence of children's exposure to violence*. Manuscript submitted for publication.

Lara, S.L. (2002). *An examination of links between family processes, exposure to violence, and child mental health outcomes: Do SES, race/ethnicity, immigration or neighborhood context matter?* Unpublished doctoral dissertation, Columbia University.

Manson, S. (1996). The wounded spirit: A cultural formulation of PTSD. *Culture, Medicine and Psychiatry, 20*, 459-498.

McCullough-Chavis, A., & Waites, C. (2004). Genograms with African American families: Considering cultural context. *Journal of Family Social Work, 8*(2), 1-19.

Perry, B. D. (1997). *Maltreated children: Experience, brain development and the next generation*. New York and London: W.W. Norton.

Pinheiro, P. S. (2006). *World report on violence against children*. Geneva, Switzerland: United Nations.

Portes, A., & Rumbaut, R.G. (2006). *Immigrant America: A portrait* (3rd edition). Berkeley, CA: University of California Press.

Prochaska, J.O., DiClemente, C.C., & Norcross, J.C. (1992). In search of how people change: Applications to addictive behaviors. *American Psychologist, 47*(9), 1102-1114.

Rumm, P.D., Cummings, P., Krauss, M.R., Bell, M.A., & Rivara, F. P. (2000). Identified spouse abuse as a risk factor for child abuse. *Child Abuse and Neglect, 11*, 1375-1381.

Schene, P. (2005). *Comprehensive family assessment guidelines for child welfare* [Electronic version]. Washington, DC: U.S. Department of Health and Human Services.

Spears, L. (2000). *Building bridges between domestic violence organizations and child protective services*. Retrieved October 18, 2007, from <http://www.cwla.org/programs/domestic/domesticviolence.pdf>

Stein, M.B., & Barret-Connor, E. (2000). Sexual assault and physical health: Findings from a population-based study of older adults. *Psychosomatic Medicine*, 62, 838-843.

Ulloa-Estrada, A., & Haney, P. (1998). Genograms in a multicultural perspective. *Journal of Family Psychotherapy*, 9(2), 55-62.

U.S. Department of Health and Human Services. (2005). *General findings from the Federal Child and Family Services Reviews* [Electronic version]. Washington, DC: Administration for Children and Families, Children's Bureau.

Walters, S.T., Clark, M.D., Gingerich, R., & Meltzer, M. (2007). *Motivating offenders to change* [Electronic version]. Washington, DC: U.S. Department of Justice.



The Care of Unaccompanied Undocumented Children in Federal Custody: Issues and Options

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Introduction

Unaccompanied undocumented children are individuals under the age of 18 who have been separated from both parents and other responsible caregivers and are in the United States without proper documentation.¹ Most enter the United States without documentation at the southern border and smaller numbers come through other ports of entry. Some overstay a temporary visa. Since fiscal year 2001, the former Immigration and Naturalization Service (INS), now Department of Homeland Security (DHS), has annually apprehended an average of 100,000 undocumented minors. Approximately 7,000 of them are placed in federal custody each year (Haddal, 2007). While migration motives are highly dependent on individual situations, the predominant factors pushing minors to migrate to the United States are poverty, violence, and instability, as well as the desire to reunify with family members.

This article focuses on the current system of care for unaccompanied undocumented children in federal custody. Until the implementation of the Homeland Security Act of 2002 (HSA), the United States detained these children in punitive environments—such as county lock-down facilities—pending the outcomes of their cases (Women’s Commission for Refugee Women and Children, 2002; Amnesty International, 2003). Prior to the passage of the HSA, the plight of the children detained by the government

¹ For the purposes of this report, children are defined as individuals under the age of 18. This is the age used to define children under the *Flores v. Reno* settlement and is generally recognized internationally under Article 1 of the United Nations Convention on the Rights of the Child (*Flores v. Reno*, 1993).

received significant attention from Congress, the executive branch, the legal community, non-governmental organizations (NGOs), and the general public (Duncan, 2002; Women's Commission for Refugee Women and Children, 2002; Amnesty International, 2003). In response to the complaints from these entities, the government significantly altered its approach in an effort to provide more appropriate care and ensure that children's best interests were considered in decisions and "actions related to the care and custody of an unaccompanied child" (Homeland Security Act, 2002).

Several years have passed since the 2002 legislation transformed the system of care for unaccompanied undocumented children in federal custody by shifting the responsibility for their care and custody from the former INS to the Office of Refugee Resettlement (ORR).² This shift of care and custody to ORR in 2003 ushered in a new and welcome era of improvements that has greatly benefited the children in federal custody. However, it is time to revisit the issue, analyze the current system to assess the implemented changes, and explore ways to further improve the lives of unaccompanied undocumented children in federal custody. While this article focuses primarily on children receiving care through ORR, the analysis applies to unaccompanied children in the custody of other federal agencies as well.

Given the relatively recent shift in care and custody to ORR, the current system of care is most often compared with the system

in place under the former INS. This article will argue that instead of focusing on the former system as a basis for comparison, the international and national best practice standards and models of care for separated or unaccompanied children should serve as the litmus test for evaluating the current state of affairs, particularly in regard to the deinstitutionalization of care. The Children's Bureau of the Department of Health and Human Services (DHHS), which has the mandate to protect children in need of out-of-home care in the United States, explicitly upholds the notion of providing for the "safety, permanency, and well-being" of the children it serves (United States Department of Health and Human Services, Children's Bureau, 2007).

Current international and national child welfare practice supports this concept as well as that of "least restrictive care" as central tenets of effective child welfare policy and programming (Kavale & Forness, 2000; Marty & Chapin, 2000; Child Welfare League of America, 2005). While U.S. child welfare policy upholds the least restrictive care approach for its citizen, legal permanent resident, and refugee children, this approach is not always extended to all unaccompanied undocumented children in federal custody. And although this population presents challenges distinct from those of children within state and other domestic systems of care, child advocates argue that the United States can and should take steps to guarantee that children in federal custody receive the

² After the shift of care and custody, the Office of Refugee Resettlement, in collaboration with the Migration and Refugee Services program of the United States Conference of Catholic Bishops and Lutheran Immigration and Refugee Services, convened a 50-member National Child Welfare Advisory Board (NCWAB) in September 2004 to help guide the development of standards of care for migrating children. The NCWAB was created in order to (a) review and develop operational policies and procedures and provide guidance concerning "best practices" to programs serving undocumented unaccompanied children in federal custody for immigration violations; (b) assist in the development of efforts to identify trafficked children and provide best practice input relevant to services for this population; and (c) provide guidance on the development of technical assistance for programs addressing the special strengths and needs of refugee children and youth. The discussions and recommendations of the NCWAB form the basis of this analysis.

least restrictive care possible commensurate with their needs as individual children requiring protection (Velazquez, Vidal de Haymes, Mindell, & Dettlaff, 2006; Xu, 2005).

Background on the Shift of Care to ORR

Beginning in the 1980s, concerns regarding the treatment of unaccompanied undocumented children in the custody of the former INS mounted. Several allegations of INS mistreatment were brought forth in lawsuits and culminated in the Supreme Court case *Flores v. Reno* (1993). In this case, a class of unaccompanied children challenged the former INS policy of releasing children only to a legal guardian or parent, except in extraordinary or unusual circumstances. The unaccompanied children who brought the suit argued that under the U.S. Constitution and immigration law they should be permitted to be released to responsible adults. Without parents or legal guardians, unaccompanied children were being held for extended periods of time in adult or juvenile detention facilities. While the Supreme Court upheld the INS policy as constitutionally valid, the two sides reached an agreement in 1993, known as the Flores Settlement Agreement, which set the minimum national standard for detention procedures of children.

The Flores Agreement recognized that: (a) minors should be treated with “dignity, respect, and special concern for their particular vulnerability”; and (b) children should be held in the “least restrictive setting possible” appropriate for their age and special needs (*Flores v. Reno*, 1993). In monitoring

these standards over a decade, human rights groups and immigrant advocacy organizations found that the former INS and the Department of Justice did not care for unaccompanied children according to the principles set forth by *Flores*. They argued

that the INS could not possibly care for the best interests of the child because doing so would conflict with the organization’s roles of jailer, prosecutor, and guardian (Amnesty International, 2003; Women’s Commission for Refugee Women and Children, 2002).

Without parents or legal guardians, unaccompanied children were being held for extended periods of time in adult or juvenile detention facilities.

In an act universally praised by advocates, Congress passed legislation as part of the Homeland Security Act to rectify this situation and place a higher priority on children’s needs. The act transferred the primary care and placement functions from the former INS, now DHS, to the ORR within the Department of Health and Human Services (Homeland Security Act, 2002). ORR was chosen largely because of its experience administrating the Unaccompanied Refugee Minors program, which was designed for unaccompanied refugee children resettled in the United States. The law encourages the use of specialized refugee foster care programs for the care of unaccompanied undocumented children because this is the least restrictive form of care. With its new mandate to ensure the best interests of the unaccompanied minor population with regard to their placement, custody, and care, ORR created the Division of Unaccompanied Children’s Services (DUCS) (Nugent, 2005).

Aware of the shortcomings highlighted by Amnesty International, the Women’s Commission for Refugee Women and

Children, and other child advocates before the transfer to ORR took place, ORR quickly engaged in a process to improve policies and procedures for children (Amnesty International, 2003; Women’s Commission for Refugee Women and Children, 2002). Child advocates’ principal complaints centered on minors’ subjection to prolonged detention or placement in inappropriate facilities, such as county juvenile jails. ORR immediately began revising or phasing out contracts with many secure detention facilities, which resulted in the placement of less than 2% of the unaccompanied undocumented children in its custody in secure facilities, as opposed to 34% under the former INS (Nugent, 2005). It is appropriate that the 2% in secure facilities remain there, because they are either adjudicated offenders or individuals whose behavior has caused safety concerns.³

Currently, all unaccompanied undocumented minors apprehended by DHS must be transferred to ORR’s care within 72 hours and placed in specialized programs administered by DUCS while they await the outcomes of their immigration proceedings (Bhabha & Schmidt, 2006). However, there is concern that not all unaccompanied undocumented minors in federal custody are transferred to ORR. For instance, the Immigration and Customs Enforcement Division detains unaccompanied undocumented minors through interior enforcement efforts. Some of these children are living with their undocumented parents or other family members prior to apprehension. If DHS makes the determination that a child is not

unaccompanied, he or she will remain in DHS custody rather than being transferred to ORR care. This raises the same pre-Homeland Security Act concern that DHS, like the INS before it, has an inherent conflict of interest in providing care to the children it has detained and is trying to deport (Women’s Commission for Refugee Women and Children & Lutheran Immigration and Refugee Service, 2007).

Another group consists of children held by U.S. marshals of the Department of Justice as material witnesses. As of this writing, there are no formal guidelines or policies interpreting the law regarding which children held in federal custody should be in the physical care and legal custody of DHS, ORR, or the Department of Justice. However, any federal agency maintaining care and custody is subject to the minimum standards of care set forth in the Flores Agreement. The discussion that follows concerns all three groups of children, regardless of which federal agency maintains care and custody.

Unaccompanied Undocumented Children in Federal Custody: Numbers and Demographic Characteristics

As mentioned earlier, each year, DHS apprehends approximately 100,000 undocumented children (Haddal, 2007). However, only a fraction of this population remains in the custody of the U.S. government. Most of the apprehended children are from Mexico, and many of them participate in a program of “voluntary return” that has been implemented at the southern border.⁴ During fiscal years 2004 through

³ For a complete discussion of the conditions under which an unaccompanied minor can be held in a secure facility see: Center for Human Rights and Constitutional Law. *Flores v. Meese: Final text of settlement establishing minimum standards and conditions for housing and release of juveniles in INS custody*, Exhibit 2. Retrieved June 8, 2007, from <http://web.centerforhumanrights.net:8080/centerforhumanrights/children/Document.2004-06-18.8124043749>

⁴ For more information on voluntary return, see: U.S. Department of Homeland Security, Office of Inspector General, Office of Inspections and Special Reviews. (2005, September). *A review of DHS’ responsibilities for juvenile aliens*, OIG-05-45 (pp. 8).



2006 an annual average of 7,244 children entered DUCS care (see Table 1). The average time an unaccompanied undocumented child remained in ORR's care was 45 days. During fiscal year 2005 the actual number of children in care at one point in time fluctuated from 700 to 1,150 throughout the course of the year.

Approximately 75% of the children in ORR custody are males and 25% females (see Table 2). This gender breakdown has remained fairly constant over the past 3 fiscal years. The age breakdown has also remained constant over the same period, as approximately 80% of the children in ORR's

Table 1

Undocumented Unaccompanied Children Placed in Care by the Office of Refugee Settlement, Division of Unaccompanied Children's Services (DUCS)	
FY 2006 (Oct. 2005 - Sept. 2006)	7,746
FY 2005 (Oct. 2004 - Sept. 2005)	7,787
FY 2004 (Oct. 2003 - Sept. 2004)	6,200
FY 2003 (March 2003 - Sept. 2003)	4,792
TOTAL	26,525
Note: DUCS initiated services in March 2003.	
Source: Haddal, C.C. (2007, 1 March). Unaccompanied alien children: Policies and issues (Congressional Research Report for Congress, p. 23). Washington, DC: Congressional Research Service.	

Table 2

Gender, Age, and Country of Origin of Unaccompanied Undocumented Children in ORR Custody: FY 2004-FY 2006						
Category	FY 2004		FY 2005		FY 2006	
Gender						
Male	74%	4,588	73%	5,685	74%	5,732
Female	26%	1,612	27%	2,102	26%	2,014
Age						
15-18	80%	4,960	81%	6,307	80%	6,197
0-14	20%	1,240	19%	1,480	20%	1,549
Country of Origin						
El Salvador	26%	1,612	24%	1,869	31%	2,401
Honduras	30%	1,860	35%	2,725	28%	2,169
Guatemala	20%	1,240	23%	1,791	26%	2,014
Mexico	10%	620	6%	467	7%	542
Brazil	3%	186	3%	234	1%	77
China	2%	124	1%	78	1%	77
Ecuador	2%	124	2%	156	1%	77
Nicaragua	1%	50	1%	70	1%	77
Other	6%	384	5%	397	4%	310
Total	100%	6,200	100%	7,787	100%	7,746
Note: Authors' calculations based on data provided in the following source: Haddal, C.C. (2007, 1 March). Unaccompanied alien children: Policies and issues (Congressional Research Report for Congress, p. 23). Washington, DC: Congressional Research Service.						

custody are between the ages of 15 and 18.⁵ Most of the unaccompanied undocumented children are from El Salvador, Honduras, and Guatemala. These three countries constitute about 85% of all children in ORR care.

Care Options for Unaccompanied Undocumented Children in Federal Custody

The U.S. government employs a number of care options, ranging from large shelters and smaller group home facilities to foster

care in community-based settings. Some children are also held in secure facilities due to criminal charges or convictions. Overall, ORR operates 42 facilities to care for unaccompanied undocumented minors (see Table 3). Approximately 55% of the children are housed in one of 26 shelter facilities, which range in size from 10 beds to approximately 200 beds (Anonymous Child Welfare Professional, personal communication, August 14, 2006).⁶ For example, the shelters run by Southwest Keys,

Table 3

ORR/DUCS Facilities by Location, Number, and Type: December 2006	
State	Facility by Number and Type
Arizona	4 shelter and transitional foster care programs; 1 long-term foster care site
California	5 shelter programs; 1 secure program
Florida	2 shelter programs; 1 long-term foster care site; 1 residential treatment center
Illinois	1 shelter program
Indiana	1 staff-secure program; 1 secure program
Massachusetts	1 long-term foster care site
Michigan	2 long-term foster care sites
New York	1 shelter program
Pennsylvania	1 long-term foster care site
Texas	11 shelter, group home and transitional foster care programs; 1 long-term foster care site
Virginia	1 long-term foster care site
Washington	2 shelter and transitional foster care programs; 1 staff-secure program; 2 long-term foster care sites

Source: Haddal, C.C. (2007, 1 March). Unaccompanied alien children: Policies and issues (Congressional Research Report for Congress, p. 23). Washington, DC: Congressional Research Service.

⁵ Although 18-year-olds are not considered unaccompanied alien minors, they may be cared for in ORR facilities beyond their 18th birthday due to transfer delays.

⁶ The child welfare professionals interviewed for this research wished to remain anonymous. Requests to ORR for exact data on the breakdown of unaccompanied alien minors by type of care were denied. Also, some of the data presented in this section are from the Release Conference for the following report: Seeking asylum alone: Unaccompanied and separated children and refugee protection in the U.S. (2006, 8 September), presented in Washington, DC.

the largest care provider for unaccompanied undocumented minors contracted by ORR, house from 10 to 96 children, while two shelter facilities in south Texas each house over 100 children. Approximately 20% of the children in care are placed in short-term foster care or small group homes.

Some of the children in ORR care do not have family release options, and are not likely to return to their home countries in the immediate future. These children may be placed in long-term foster care. As of June 2007, approximately 85 children were in long-term foster care. Depending on the overall count of children who enter care per year, which, as noted, is between 7,000 and 8,000, approximately 1-2% enter long-term foster care.

Very few children are placed in secure settings or in residential treatment facilities. In addition to decreasing secure care and increasing less restrictive settings, ORR instituted practices to allow some children to be released to family; family release was not an option under INS. ORR expanded its suitability assessment process to include families that would not have been considered suitable to care for unaccompanied children under the previous system. With the expansion of the suitability assessment, ORR is able to reunify more children with family members. However, only about 3-5% of children receive suitability assessments.

Decreasing the Use of Large Institutional Settings for Care of Unaccompanied Undocumented Children

Research Supports—and Practice Reflects—a Movement Away From Large Institutional Care

Prior to the transfer of care of unaccompanied undocumented children from DHS to ORR, many advocates were

mainly focused on ending the practice of housing these children in inappropriate secure lock-down facilities (Amnesty International, 2003; Women’s Commission for Refugee Women and Children, 2002). Although the improvements accompanying the transition from DHS to ORR are dramatic and are to be lauded, there is still room for improvement in terms of deinstitutionalizing the care of children. The research and current practice suggest that efforts should be made to uphold the best interest of the child in making child welfare decisions (Xu, 2005). General child welfare research comparing institutionalized care and foster homes indicates that the foster home approach is in the best interest of the child (Barth, 2002). Institutionalized care for children takes many forms but principally involves shelter care facilities for children when family care is not immediately available or when children cannot be maintained in foster family care (Barth, 2002). For the purposes of this analysis, we consider any shelter serving 25 or more children in a single building to be a large institution.

Although institutions and other forms of group care have played a prominent role in the past in caring for children in need, current practice shows that, to the extent possible, most countries have replaced large institutions with community-based social services for families, kinship foster family homes, non-kinship foster family homes, and small group homes (Tolfree, 1995, 2003). For most children there is virtually no evidence that large “group care enhances the accomplishments of any of the goals of child welfare services: it is not more safe or better at promoting development, it is not more stable, it does not achieve better long-term outcomes, and it is not more efficient as the cost is far in excess of other forms of care” (Barth, 2002, p. 25). Institutionalization can be particularly perilous to infants and younger children under the age of 10 because

this population is “uniquely vulnerable to the medical and psychosocial hazards of institutional care, negative effects that cannot be reduced to a tolerable level even with massive expenditure” (Frank, Klass, Earls, & Eisenberg, 1996, p. 574). Self-destructive and violent youth may be the only population of children who can benefit from institutional care (Barth, 2002).

The movement away from institutionalized care is closely related to the effort to provide a child with the most permanent and least restrictive care possible. Child

welfare standards

reflect the notion that permanent interpersonal attachments and solid family relationships have a positive impact on child development.⁷

As a result, child welfare policies promoted the conservation of a child’s natural guardianship

through family preservation or secured alternative permanence through adoption or guardianship when family reunification was not possible. While permanent placement through family reunification or adoption is the ideal outcome for children, it is not always possible due to several factors such as a lack of permanent families willing and available to provide care, inadequate permanency planning, a lack of appropriate services, staffing problems, resistance from youth, and court and legal issues (U.S. Department of Health and Human Services, 2005).

Many unaccompanied undocumented children in federal custody face barriers to permanent placement because they lack legal

status and remain in care only for a short period of time (Xu, 2005; Vericker, Tracy, Kuehn, Daniel, & Capps, 2007). Nonetheless, national and international child welfare principles uphold the notion that while a refugee child is waiting for a permanent outcome, placement in the least restrictive setting is ideal (Velazquez et al., 2006). While unaccompanied undocumented children are not all refugees, they have similar needs. ORR guidelines assert that a state must provide unaccompanied refugee minors with the same range of child welfare benefits and services available in foster care cases to other

children in the state.

Allowable benefits and services may include foster care maintenance (room, board, and clothing) payments; medical assistance; support services; services identified in the state’s plans under Titles IV-B and IV-E of

the Social Security Act; services permissible under Title XX of the Social Security Act; and expenditures incurred in establishing legal responsibility (U.S. Department of Health and Human Services, 2006).

Offering a child least restrictive care means placing him or her in the most family-like setting as soon as possible when a substitute for family care is necessary to ensure the child’s well-being (Child Welfare League of America, 2005). Acceptance of the least restrictive care model for permanent care has generally led to a decreased reliance on institutional care for children throughout the United States.

Self-destructive and violent youth may be the only population of children who can benefit from institutional care.

⁷ In 1980, Congress passed the federal Adoption Assistance and Child Welfare Act (AACWA). This legislation made permanency planning the guiding principle of child welfare services. By the mid-1980s, permanency planning was in full swing as child welfare agencies and the courts sought to conserve or find permanent homes for children as an alternative to retaining them in long-term foster care.



Large Institutions to Care for Citizen and Legal Resident Children on the Decline in the United States and Abroad

The United States, at both the federal and state level, has embraced a less institutionalized approach to ensure the welfare of U.S. citizen and resident children—an approach that favors placements in settings that support kinship, community, and sibling ties. This approach is upheld by the Adoption Assistance and Child Welfare Act of 1980, which has a “least restrictive” clause prioritizing foster family care over group homes, institutions, and other forms of congregate care. Moreover, under Sections 472(b) and 472(c) of the Social Security Act, federal child welfare funds cannot be used to support children in public or private child-care facilities that serve more than 25 children. These funds are also ineligible for maintaining children in facilities that are operated primarily for the detention of delinquent youth (U.S. Department of Health and Human Services, 1989).

In a similar vein, the law governing the federally funded Basic Center shelter facilities that provide care to runaway and homeless youth (a population similar in many respects to the unaccompanied undocumented children) limits the size of the shelters to 20 individuals (the Justice and Delinquency Prevention Act as amended by the Runaway, Homeless, and Missing Children Protection Act, 2003). Exceptions include situations in which the center or locally controlled facility is located where a state or local law or regulation requires a higher maximum to comply with licensure requirements for child- and youth-serving facilities (the Justice and Delinquency Prevention Act as amended by the Runaway, Homeless, and Missing Children Protection Act, 2003). This is done to ensure a small ratio of staff to youth for supervision and treatment.

Internationally, the United Nations Convention on the Rights of the Child (UNCRC), adopted by the General Assembly in 1989 and by almost all nations, also promotes the least restrictive care. The United States and Somalia are the only countries that have not ratified the UNCRC; however, the United States has signed the convention. The status of signatory requires that the United States not enact any new legislation that contradicts its obligations under the convention (Bhabha & Schmidt, 2006). The fact that the United States has not ratified the UNCRC means that the country is not legally obligated to fully enforce UNCRC provisions in domestic law (Bhabha & Schmidt, 2006). The UNCRC holds that when a child is temporarily or permanently deprived of his or her family environment, alternative forms of care, including foster placement and adoption, should be tried; furthermore, residential institutions should only be used “if necessary ... for the care of children” (United Nations, 1990, Art. 20.3). UNICEF, NGOs, and others have used the UNCRC as a guiding principle to encourage countries to reduce their reliance on large residential institutions.

International standards hold that children’s immigration status should not interfere with their right to receive care that is in their best interest. In 2005, the Committee on the Rights of the Child, the treaty body that oversees the implementation of the UNCRC, called on countries “to take seriously their obligations not to discriminate against children because of their alien status and to make available to them the full range of services available to vulnerable domestic children” (United Nations Committee on the Rights of the Child, 2005; Bhabha & Schmidt, 2006, p. 19). The Committee urged states to uphold the best interests of each unaccompanied child and provide individualized attention. In addition to the UNCRC, the United Nations High Commissioner for Refugees guides

practitioners in refugee camps, where the number of unaccompanied refugee children can reach tens of thousands, indicating that the first choice for the care of children separated from their families is alternative family settings, with the last choice stated as institutionalized care (United Nations High Commission on Refugees, 2006).

Despite Progress, the United States Continues to Use Large Institutions to Care for Unaccompanied Undocumented Children

While ORR's use of institutions providing care to more than 50 children varies from state to state, the number of unaccompanied undocumented children placed in large institutional settings

has grown. For instance, the number of children housed at one facility has more than tripled in the course of 3 years to over 100 (Anonymous Child Welfare Professional, personal communication, August 14, 2006).⁸ As of this writing, at least six ORR shelter facilities are designed to serve more than 50 children. While children in out-of-home placements in the United States

are mainly cared for in the least restrictive setting, within the federal custody system for unaccompanied children, community-based living arrangements—usually in the form of short- and long-term foster care and small group care—are primarily reserved for children with vulnerabilities (U.S. Department of Health and Human Services, 2006; Anonymous Child Welfare Professional, personal communication, September 22,

2006). The majority of the children are not cared for in non-institutionalized arrangements, foster care or otherwise (U.S. Department of Health and Human Services, 2006).

Congress recognized the importance of foster care or small group care when it drafted the Homeland Security Act, which explicitly states that in carrying out duties with respect to foster care, “The Director of the Office of Refugee Resettlement is encouraged to use the refugee children foster care system established pursuant to section 412(d) of the Immigration and Nationality Act (8 U.S.C. 1522(d)) for the placement of unaccompanied alien children” (Homeland

Security Act, 2002).

The HSA highlights the Unaccompanied Refugee Minor (URM) program as a model for ORR's care of unaccompanied undocumented children. The URM program uses foster care or small group care to meet the needs of this population.

The children who make the journey to the United States in search

of asylum, work, or family reunification are, for the most part, independent and resilient, but they have a myriad of special needs related in part to legal status, poverty, English language ability, familial abandonment, or separation that may not be best met in an institutional setting. Although the shelter facilities the government uses to care for these children are state-licensed programs, the fact remains that institutional care is

Large institutional facilities create an overregulated environment in which personalized attention is hindered. Some of the children in these facilities liken the environment to a jail or boot camp.

⁸ The child welfare professionals interviewed for this article asked that their identities remain confidential. In accordance with our confidentiality agreement, we have not divulged their names or affiliations.



not the optimal child welfare approach.⁹ Large institutional facilities create an overregulated environment in which personalized attention is hindered. Some of the children in these facilities liken the environment to a jail or boot camp (Tolfree, 2003; Anonymous Child Welfare Professional, personal communication, August 14, 2006). For example, at one facility housing more than 100 children, the entire group has to line up and maintain silence during all activity changes. Although the staff-to-child ratio is the same in large and small facilities, the lack of personal attention and freedom create an impersonal setting (Anonymous Child Welfare Professionals, personal communication, September 20, 2006). The use of personal items is greatly curtailed and social outings are limited. The dynamics of managing large groups of children leave little free time, and social outings to places outside the facility are severely limited. In addition, individual attention to a particular child's situation is difficult to achieve, leaving the child's needs unmet (Barth, 2002).

The Effects of Institutional Care on Unaccompanied Undocumented Children

As a result of the restrictions placed on children in large-facility environments, most kids focus primarily on when they can leave, even if no family options exist in the United States. The strong desire to leave pushes some children to make legal decisions that may not be in their best interest. Among the children who have a good chance of successfully finding asylum, achieving special immigrant juvenile status, or using another legal avenue for protection, there are few who want to wait out the process in an institutional setting. Consequently, in some cases children with legal immigration options

choose not to pursue immigration relief. Therefore, they either must return to the precarious situations that they tried to leave or remain in the United States without proper documentation (Anonymous Child Welfare Professionals, personal communication, August 14 and 23, 2006; Bhabha & Schmidt, 2006). These types of decisions are difficult and involve navigating and understanding a complex system (Bhabha & Schmidt, 2006). The care setting should aid the children in making these decisions, not work against them.

The strong desire to leave government care is pervasive not only among children housed at the large shelter facilities, but also among children living in community-based foster care settings and smaller group homes (Anonymous Child Welfare Professionals, personal communication, August 14, 2006, and September 20, 2006). However, the children cared for in community-based foster care settings and smaller group homes often have different experiences from children placed in large shelters (Barth, 2002). One fundamental difference is that the level of personal attention is far greater in the foster care or small group home setting (Anonymous Child Welfare Professional, personal communication, August 14, 2006; Barth, 2002). These settings provide environments in which the children do not feel detained and are free to build relationships with the professionals working with them (Anonymous Child Welfare Professional, personal communication, August 14, 2006; Barth, 2002).

Moreover, it is easier and quicker to identify children with special needs in smaller settings (Anonymous Child Welfare Professional, personal communication,

⁹ The work of some of the larger shelters used by the government for care of this population was highlighted by Anderson Cooper in a special report on Angelina Jolie: Cooper, A. (2006, June 20). Angelina Jolie: Her mission, her motherhood [Television broadcast segment]. In Anderson Cooper 360° [Television broadcast]. Retrieved November 14, 2007, from <http://transcripts.cnn.com/TRANSCRIPTS/0606/20/acd.01.html>

August 14, 2006; Barth, 2002). These children are less likely to feel constrained in smaller settings, enabling them to feel comfortable developing therapeutic relationships with caregivers who are perceived as adults assisting them rather than adults who are detaining them. This is especially crucial for children who may have valid asylum, special immigrant juvenile status, or trafficking claims for immigration relief.

A Better Option: Implementing the Family-Teaching Model in Small Group Care Facilities

The number of unaccompanied and undocumented children in federal custody has grown over the past 3 years (U.S. Department of Health and Human Services, Office of Refugee Resettlement, 2006).¹⁰ Given this trend, the federal government needs to expand its capacity to care for this population. The challenge is to conduct the expansion in such a fashion that the least restrictive approach is upheld. Instead of expanding the capacity of a single facility, with the number of children constantly growing, the government could emulate what it espouses for all other children in care within the United States—that is, group home programs that provide services to 25 or fewer children, or family-based foster care (U.S. Department of Health and Human Services, 1989).

Foster care and small group home care should be the default care setting for the majority of children entering federal custody. One could argue that although it may be ideal to place all unaccompanied children in federal custody in a family-like setting, the nature of the population, in terms of the number of children that need care as well as the length of time they are

in care, hinders this possibility. However, the Unaccompanied Refugee Minor (URM) program specifically cited as a preference for the care of this population in the Homeland Security Act has dealt with large volumes of children in the past, and has the ability to expand current capacity beyond the record levels of the 1980s (M. Franken, personal communication, November 13, 2006). At its peak in the mid-1980s, the program provided care to almost 4,000 children at any one time (U.S. Department of Health and Human Services, Office of Refugee Resettlement, 2006). During the period of 1979 to the late 1980s, approximately 10,000 unaccompanied refugee minors passed through the foster care system set up to serve them (M. Franken, personal communication, November 13, 2006).

Despite this history, the length of time unaccompanied refugee minors are in care hinders making foster care a possibility for all children. As such, alternatives must be explored. One is the Teaching-Family Model. Endorsed by the American Psychological Association, this approach helps children living in a group setting develop essential interpersonal and life skills (American Psychological Association, 2003; Fixsen, Blase, Timbers, & Wolf, 2001; Wolf, Kirigin, Fixsen, Blase, & Braukmann, 1995). The model is built around a married couple, the teaching parents, who live with the children in a group home and teach essential life skills. This program could potentially bode well for the children in the care of the federal government, and has been proven to work well for foreign-born children in the federally administered URM program (Anonymous Child Welfare Professional, personal communication, September 14, 2006). The implementation of this program for

¹⁰ Also based on data the Office of Refugee Resettlement provided to the U.S. Conference of Catholic Bishops, Migration and Refugee Services on April 14, 2005.



unaccompanied and undocumented children in federal custody, the majority of whom are in care for less than 2 months, would have to be closely monitored and evaluated for its potential to provide for this population. However, the program has been successful in many different settings, including foster care, small group care, and emergency shelters (Maloney, Timbers, & Blase, 1977; Kirigin, 1999; Fixsen et al., 2001).

The National Institute of Mental Health (NIMH) supported research and evaluation of the Teaching-Family Model for over 20 years, from the 1960s through the 1980s.

Much of the research was “done in the group home environment to test possible treatment procedures and to organize those procedures into a practical set of daily routines suitable for the group home service setting” (Fixsen & Blase, 2002, p. 12).

The Teaching-Family Model is significant because it moves beyond viewing troubled youth or youth in difficult situations as having a type of medical condition requiring a medical cure. Instead it focuses on behavioral problems as a direct consequence of the lack of essential interpersonal relationships and skills (The Teaching Family Association, 2006). Applying this understanding, the Teaching-Family Model provides children with the relationships they previously lacked and teaches them the skills they need to succeed using empirically validated methods.

The Teaching-Family Model studied for this article is located on the Southern Atlantic Coast and has been used in work with foreign-born children for over 5 years

(Anonymous Child Welfare Professional, personal communication, September 14, 2006). The program is coeducational and serves both native-born and foreign-born children, with the capacity to serve up to 48 children. Children are housed on the campus in group homes that accommodate up to eight children. Each house is staffed by a married couple and two other teaching parents who are single. The average tenure for a teaching-parent couple is 2.5 years. The staff-to-child ratio in every group home is 1:2. This promotes a family style environment in which the children and adolescents live with

the same four adults on a full-time basis.

The group homes were built to resemble other suburban homes, and every effort was taken to avoid creating a penal or institutional atmosphere. This particular setting facilitates integration into a new culture because the foreign-born and native-born children are housed together; the constant

close contact promotes a cross-cultural dialogue that benefits both groups. While successful for permanent foreign-born placements, the implementation of this model for temporary, undocumented minors should be closely monitored.

Recommendations

As new legislation, policies, and programming develop, they should reflect the best U.S. and international child welfare practice guidelines. The United States can and should become a model care system internationally for unaccompanied and separated children in need of protection.

The Teaching-Family Model is significant because it moves beyond viewing troubled youth or youth in difficult situations as having a type of medical condition requiring a medical cure.



The following recommendations will allow the United States to improve current practice:

- ***Expand community-based foster care or small group care placements to include the entire population of unaccompanied immigrant children in federal custody.*** Both international and national child welfare standards support the notion that secure detention facilities and large institutions should not be used as a care option for non-violent children. While this applies to all children, large institutions are especially harmful to younger children. ORR currently uses community-based foster care and small group care for the minority of the population it serves (U.S. Department of Health and Human Services, 2006). This should be expanded to encompass the entirety of the children in federal care who do not warrant detention in secure settings. Furthermore, the use of secure detention facilities should not be used to house unaccompanied immigrant children except in cases where children exhibit violent or criminal behavior. Meanwhile, DHS continues to use juvenile detention facilities for children maintained in its custody (U.S. Department of Homeland Security, 2005). This practice should cease immediately.
- ***Explore the options for making small group care the most family-like.*** Child welfare principles uphold the notion of providing the least restrictive or most family-like setting of care for children who must be placed in out-of-home settings. In most instances, this is accomplished through the use of foster care. Currently, foster care is an option for the minority of the unaccompanied children in federal custody, but time and logistical constraints, especially in the short term, may be a barrier to using foster care for the entire population. When foster care is not an option, the use of small group care—coupled with the implementation of a family style approach to care, such as the Family-Teaching Model—should be developed.
- ***Build capacity for community-based placements.*** In order to expand community-based placements to cover the entire population of unaccompanied immigrant children in federal custody, the system has to have the capacity to meet the demand. This would entail working with local and national child welfare organizations to develop community-based programs that can provide both short-term and long-term foster care and small group care for this population.
- ***Incorporate appropriate standards of care into government regulations.*** The federal government should incorporate language reflecting the need for a less restrictive environment, including a preference for care arrangements such as family foster care and small group homes, into any federal regulations affecting children in federal custody. This process would benefit from a public comment period allowing for the input of NGOs and other interested parties in the formulation of proposed regulations.
- ***Support research on all undocumented children populations in federal custody and include research on those who have been released from custody.*** The shift of care and custody of unaccompanied immigrant children from the former INS to ORR ushered



in a new and welcome era in the protection of a vulnerable population. The changes that have taken place have improved the lives of these children. The United States should continue to build on these efforts and engage in an active analysis of how the system can be further improved. Such efforts should be based on empirical research exploring the needs of unaccompanied immigrant children.

References

- American Psychological Association. (2003). *Family-like environment better for troubled children and teens: The teaching-family model changes bad behavior through straight talk and loving relationships*. Retrieved September 1, 2006, from <http://www.psychologymatters.org/teachingfamily.html>
- Amnesty International USA. (2003). *'Why am I here?': Unaccompanied children in immigration detention*. New York: Author.
- Barth, R. P. (2002). *Institutions vs. foster homes: The empirical base for the second century of debate*. Chapel Hill, NC: University of North Carolina, Chapel Hill, School of Social Work, Jordan Institute for Families.
- Bhabha, J., & Schmidt, S. (2006). *Seeking asylum alone: Unaccompanied and separated children and refugee protection in the U.S.* Cambridge, MA: Harvard University.
- Child Welfare League of America. (2005). *Position statement on residential services*. Retrieved September 11, 2006, from <http://www.cwla.org/programs/groupcare/rgcpositionstatement.pdf#search=%22least%20restrictive%20care%22>
- Duncan, J. (2002). *Testimony of Julianne Duncan, director of children's services, Migration and Refugee Services, United States Conference of Catholic Bishops*. Retrieved June 5, 2007, from http://judiciary.senate.gov/testimony.cfm?id=172&wit_id=238
- Fixsen, D.L., & Blase, K.A. (2002). *Publications regarding the Teaching-Family Model*. Tampa, FL: Louis de la Parte Florida Mental Health Institute, University of South Florida.
- Fixsen, D.L., Blase, K.A., Timbers, G.D., & Wolf, M.M. (2001). In search of program implementation: 792 replications of the Teaching-Family Model. In G.A. Bernfeld, D.P. Farrington, & A.W. Leschied (Eds.), *Offender rehabilitation in practice: Implementing and evaluating effective programs* (pp. 149-166). London: Wiley and Wolf.
- Flores v. Reno*, 507 U.S. 292 (1993).
- Frank, D., Klass, P., Earls, F., & Eisenberg, L. (1996). Infants and young children in orphanages: One view from pediatrics and child psychiatry. *Pediatrics*, 97(4), 569-578.
- Haddal, C.C. (2007, 1 March). *Unaccompanied alien children: Policies and issues* (Congressional Research Report for Congress). Washington, DC: Congressional Research Service.
- Homeland Security Act of 2002, § 462 (2002).
- Kavale, K.A., & Forness, S.R. (2000). History, rhetoric, and reality—Analysis of the inclusion debate. *Remedial and Special Education*, 21(5), 279-296.
- Kirigin, K.A. (1999). The Teaching-Family Model: A replicable system of care. *Residential Treatment for Children and Youth*, 18(3), 99-115.
- Maloney, D.M., Timbers, G.D., & Blase, K.A. (1977). The Bringing It All Back Home project: Regional adaptation of the Teaching-Family Model group home for adolescents. *Child Welfare*, 56(1), 787-796.
- Marty, D.A., & Chapin, R. (2000). The legislative tenets of client's right to treatment in the least restrictive environment and freedom from harm: Implications for community providers. *Community Mental Health Journal*, 36(6), 545-556.

Nugent, C. (2005, Winter). Protecting unaccompanied immigrant and refugee children in the U.S. *Human Rights Magazine*. Retrieved September 20, 2006, from <http://www.abanet.org/irr/hr/winter05/immigrant.html>

The Justice and Delinquency Prevention Act of 1974 as amended by the Runaway, Homeless, and Missing Children Protection Act of 2003. Pub. L. No. 108-096 (2003).

The Teaching Family Association. (2007). *Program description*. Retrieved September 6, 2006, from <http://www.teaching-family.org/programs.html>

Tolfree, D. (1995). *Roofs and roots: The care of separated children in the developing world*. London: Arena.

Tolfree, D. (2003). *Community based care for separated children*. Sweden: Save the Children.

United Nations. *Convention on the rights of the child*. New York: United Nations.

United Nations Committee on the Rights of the Child. (2005). *General comment No. 6. Treatment of separated and unaccompanied children outside their country of origin*, CRC/GC/2005/6. New York: United Nations.

United Nations High Commission on Refugees. (2006). *Operational protection in camps and settlements: A reference guide of good practices in the protection of refugees and other persons of concern*. Geneva, Switzerland: United Nations.

United States Department of Health and Human Services, Administration for Children, Youth and Families. (1989). *Program instruction, ACYF-PI-89-09*. Retrieved August, 26, 2006, from http://www.acf.hhs.gov/programs/cb/laws_policies/policy/pi/pi8909.htm

United States Department of Health and Human Services, Children's Bureau. (2005). *A report to Congress on adoption and other permanency outcomes for children in foster care: Focus on older children*. Washington, DC: United States Department of Health and Human Services, Children's Bureau.

United States Department of Health and Human Services, Children's Bureau. (2007). *Children's Bureau of the Department of Health and Human Services - mission statement*. Retrieved July 6, 2007, from http://www.acf.hhs.gov/programs/cb/aboutcb/about_cb.htm#mission

United States Department of Health and Human Services, Office of Refugee Resettlement. (2006). *Statement of goals, priorities, standards, and guidelines for the unaccompanied minor refugee and Cuban/Haitian entrant programs*. Retrieved September 8, 2006, from <http://www.acf.hhs.gov/programs/orr/programs/refrp.htm>

United States Department of Health and Human Services, Office of Refugee Resettlement. (2006). *Unaccompanied alien children program description*. Retrieved September, 10, 2006, from <http://www2.acf.dhhs.gov/programs/orr/programs/urm.htm>

United States Department of Homeland Security, Office of the Inspector General, Office of Inspections and Special Reviews. (2005). *A review of DHS' responsibilities for juvenile aliens*. Washington, DC: United States Department of Homeland Security.

Velazquez, S., Vidal de Haymes, M., Mindell, R., and Dettlaff, A. (2006). *Migration: A critical issue for child welfare, 2006 Transnational Research and Policy Forum report*. Chicago, IL: American Humane Association, Loyola University Chicago, University of Illinois at Chicago/Jane Addams College of Social Work, Bridging Refugee Youth and Children's Services of the United States Conference of Catholic Bishops, Annie E. Casey Foundation, and Hunter College School of Social Work.

Vericker, T., Kuehn, D., & Capps, R. (2007). *Foster care placement settings and permanency planning: Patterns by child generation and ethnicity*. Washington, DC: The Urban Institute.



Wolf, M.M., Kirigin, K.A., Fixsen D.L, Blasé, K.A., & Braukmann, C.J. (1995). The Teaching-Family Model: A case study in data-based program development and refinement (and dragon wrestling). *Journal of Organizational Behavior Management*, 15, 11-68.

Women's Commission for Refugee Women and Children. (2002). *Prison guard or parent? INS treatment of unaccompanied refugee children*. New York: Author.

Women's Commission for Refugee Women and Children & Lutheran Immigration and Refugee Service. (2007). *Locking up family values: The detention of immigrant families*. New York: Author.

Xu, Q. (2005). In the "best interest" of immigrant and refugee children: Deliberating on their unique circumstances. *Child Welfare*, 84(5), 747-770.



Overcoming Government Obstacles to the Proper Care and Custody of Unaccompanied and Separated Alien Minors

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Learning Center in Eugene, Oregon, and at the Oneida Indian Nation in Oneida, New York. She implemented the Tri-County Court Appointed Special Advocates Program in Utica, New York, and later went on to become the executive director of Peacemaker Program, a nonprofit agency that offers child advocacy, mediation, and youth leadership services in central New York. Her interest in understanding conflict brought her to the Mohawk Valley Resource Center for Refugees (MVRRCR) as the director of multicultural services. At MVRRCR she developed a cultural competence training program, implemented fee-for-service contracts for medical interpretation/translation and immigration/citizenship programs, and provided leadership to the refugee employment training and placement program. During her first year "south of the Mason Dixon" she administered a \$3 million cooperative agreement between the Maryland Crime Victims' Resource Center, Inc. (MCVRC) and the U.S. Department of Justice Office for Victims of Crime (OVC), soliciting, selecting, and building the capacity of 28 sites across the United States to provide services to underserved victims of crime in high crime urban areas.

Introduction

Young people who have not yet reached the age of 18 often find themselves alone in foreign countries without their parents' protection. This occurs for a variety of reasons, none of which are the children's fault: parental abuse, neglect, or abandonment; parental arrest and/or



deportation; involvement in human trafficking, forced smuggling, or other criminal activities; displacement due to natural disasters; or refugee resettlement. Unfortunately, the number of children who find themselves abroad, abandoned, and alone due to these and other causes is increasing worldwide each year (Bhabha & Schmidt, 2006).

In addition to the increase of immigrants in the United States, there has been a subsequent increase in the number of unaccompanied alien children living in this country (Bhabha & Schmidt, 2006). Similarly, as more U.S.-citizen parents take their families outside the United States, for some of the reasons listed above children in those families occasionally find themselves alone in a foreign country, unable to return home (International Social Service, United States of America Branch, Inc., 2006a).

This article highlights: (a) the challenges that exist for unaccompanied minors facing the prospect of returning to their country of origin; (b) some barriers to successful repatriation and safe reintegration; (c) international legal instruments and documents that can provide guidance and direction as to how governments *should* act to overcome barriers to non-citizen children's care; and (d) how government "child welfare" laws and policies worldwide can better ensure the protection of unaccompanied and separated immigrant children.

What Happens to Immigrant Minors in the United States Can Happen to U.S. Children Abroad—an Example

Two parents and their three children, ages 3, 2, and 1, were apprehended in Canada after their van had broken down.¹ Authorities noted

that the children showed signs of visible bruising. This family had fled Florida a month earlier, just before a Florida juvenile court apprehension order could be executed for the removal of the children due to abuse. Based on concerns expressed by Florida authorities, e.g., physical injuries inflicted by the mother, inability of the father to protect the children, and problems dating back to when the family lived in Missouri (which included shaken baby syndrome), the children were immediately removed from their parents' care. All three were placed in foster care by Canadian child welfare authorities and their mother was arrested for assault.

The mother was convicted in Canada and quickly deported to the United States, leaving her children behind. The father returned to Missouri where the family had been living before they became transient. Based upon the availability of suitable family members in Missouri, the British Columbia Ministry of Children and Family Development recommended that it would be in the best interests of the children to be returned to the custody of the Missouri Department of Social Services. This agency could then work with all family members (parents and grandparents) to achieve permanency for the children.

Because these American children were in Canadian custody, this case was brought to the attention of the U.S. Department of State for the repatriation of the children to the United States. The Department of State contacted International Social Service – United States of America Branch, Inc. (ISS-USA) to request assistance with the repatriation. ISS-USA has a cooperative agreement with the U.S. Department of Health and Human Services Office of Refugee Resettlement (ORR) to repatriate American citizens, including children. The U.S.

¹ The case involving three American children in Canadian custody was handled by International Social Service-USA. All information provided was extracted from ISS' case file. For more information, please contact Julie Gilbert Rosicky at jrosicky@iss-usa.org.

Repatriation Program, managed by ORR, was established to provide temporary assistance to U.S. citizens and their dependents who need to be brought from a foreign country to the United States because of destitution, illness, war, threat of war, or another crisis.

The Department of State conducts initial assessments to determine a citizen's repatriation program eligibility and ensures the transportation of eligible individuals to the United States. However, upon arrival, ORR conducts a second assessment. ISS-USA, ORR's contractor, determines the type and length of temporary services to be provided to repatriated citizens. It has established contractual agreements with local service providers in each of the states and major American port-of-entry cities to provide direct services to repatriates upon their arrival. For every case requiring resettlement in the United States, services are coordinated between ISS-USA and the state of final destination. According to the U.S. Repatriation Program (Social Security Act, 1935), when repatriating unaccompanied minors, children are typically taken into custody by the child welfare agency in the community where the most likely potential permanent placement exists (International Social Service United States of America Branch, 2006a).

But Things Don't Always Turn Out the Way They Should

The British Columbia Ministry of Children and Family Development recommended that the Missouri Department of Social Services (DSS) take the children into its care and develop a permanency plan for suitable family members to eventually assume custody. However, the family court in Missouri refused to allow DSS to take custody because the offense (the original alleged abuse) took place in Florida, and because that state still kept an open case on the family.

The Missouri court thus advised Canada that the children be sent to Florida first, and then returned to Missouri later through the Interstate Compact on the Placement of Children.

Florida, however, was unable to take custody of the children because the children's mother had already petitioned the court in British Columbia to have her children returned to her. The Florida court said it couldn't take custody while there was an active petition elsewhere. Therefore, the Florida repatriation plans were put on hold awaiting the outcome of Canadian court hearings. As of the date of this article's publication, the children still remain in Canadian custody, living in the same foster home.

Efforts to obtain home studies for possible placement options (biological mother, biological father, and grandparent) have been made with limited success. Canadian authorities refuse to return the children to the custody of their parents because they believe it not in the best interests of the children. They are reluctant to move the children from their current foster home placement, as the children have become attached to this family (being ages 1, 2, and 3 at the time of their placement). It is uncertain how much contact the children have had with their biological family members living in the United States.

Plans continue for identifying a suitable alternative placement option, as neither Florida nor Missouri appear willing to have their respective child welfare agencies take custody of the children. Furthermore—in a classic “catch 22”—if the children cannot be released to the care of a U.S. child welfare agency, Canadian officials will not release the children until they are assured of an alternative, suitable home. Of course, the option also exists for their Canadian foster



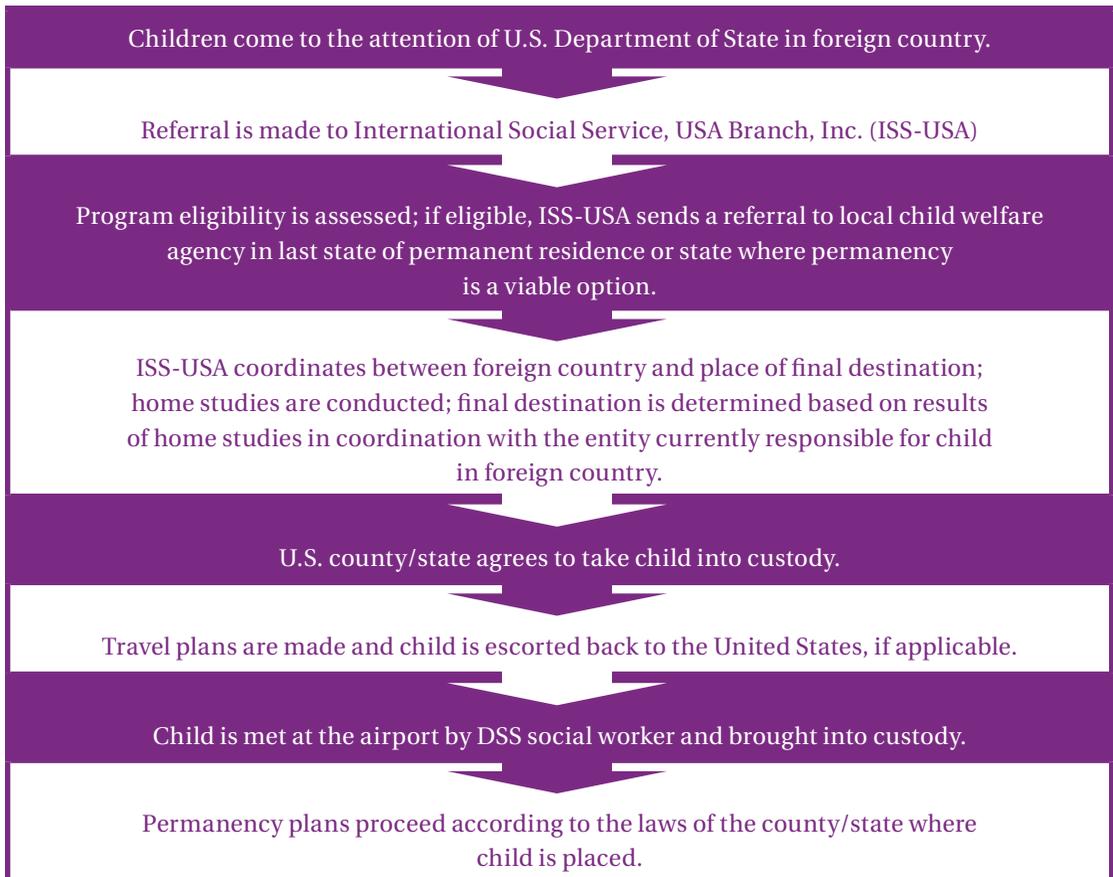
family to adopt the children, which would make the children “dual citizens” of both countries.

What Should Have Happened

Both the Canadian authorities and the ISS-USA international social worker felt that it was in the best interests of these children to be placed under the care of the Missouri Department of Social Services, and then placed in foster care so a permanency plan could be developed for the biological father and his mother. Visits with the biological parents could have been arranged and supervised if necessary. The father and his mother could have received services if warranted, and all the while these children

could be in regular contact with their family members. However, because of jurisdiction issues and other complications, such as Missouri refusing to take custody because the case was still active in Florida and, possibly, consideration of the Uniform Child Custody Jurisdiction and Enforcement Act provisions and pending court issues in Canada that prevented any travel at all, the children have still not been returned to the United States (National Conference of Commissioners of Uniform State Laws, 1997). The flow chart that follows highlights how a typical case like this would generally proceed (International Social Service – United States of America Branch, Inc., 2004).

Typical Procedure for Coordinating Cases Involving U.S. Citizen Unaccompanied Minors Living Outside the United States



Challenges Raised

Given that the children in the case previously discussed have still not returned to the United States, it is important to ask some questions about what has happened so far. Do the facts of this case adhere to what we commonly accept as governments acting in the best interests of the child, in accordance with permanency planning principles?² The proposal to send these children to Florida first and then move them to Missouri would require they endure unnecessary change, transition, and adjustment. At one point a suggestion was made that the children simply be put on a plane to a Missouri airport, forcing the child welfare agency to become involved.³ This is a course of action that should never be considered as an option for case planning. Putting children in this type of uncertain situation is harmful to their mental health and overall well-being.

Meanwhile, now that the case has lasted almost 2 years, the children have bonded with their Canadian foster parents.⁴ Although the children are U.S. citizens, should they remain in Canada and be adopted by the Canadian foster family? What should happen now? What was once believed to be in their best interests may have changed, because this initial plan was not enacted right away due to state jurisdictional issues and a pending court case in Canada.

What, then, can be done when a government's exercise of (or failure to exercise) child protective jurisdiction clearly contradicts what is in the best interests of children? In what common ways do governments throughout the world fail to meet the best interests of unaccompanied minors, whether native or alien to the country they are in? What can be done, internationally, to improve outcomes for

children separated from their families or unaccompanied for a variety of reasons?

In what common ways do governments throughout the world fail to meet the best interests of unaccompanied minors, whether native or alien to the country they are in?

How Government "Child Welfare" Laws and Policies Should Address the Protection of Unaccompanied and Separated Immigrant Children Worldwide

"A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance" (United Nations General Assembly, 1989).

It is not uncommon, throughout the world, for children to find themselves in situations where they are "deprived of a family environment" while in countries other than their country of habitual residence and/or citizenship (United Nations General Assembly, 1989). As indicated earlier in this article, although not generally known, this happens to U.S. children while outside

² For more information on permanency planning principles, see: Mentaberry, M. (1997). Permanency planning for abused and neglected children (reprinted from U.S. Department of Justice, OJJDP Fact Sheet). Retrieved October 30, 2007, from <http://www.casenet.org/library/abuse/permanen.htm>

³ To learn more about the repatriation of unaccompanied minors, please contact Julie Gilbert Rosicky at jrosicky@iss-usa.org.

⁴ For more information on parent/child bonding, see: Perry, B. (2001). Bonding and attachment in maltreated children: Consequences of emotional neglect in childhood. Retrieved October 30, 2007, from http://www.childtrauma.org/CTAMATERIALS/AttCar4_03_v2.pdf



the United States. Examples of vulnerable unaccompanied or separated minors include:

- Children whose parents have been arrested (for a criminal offense or in an immigration raid), become incapacitated, die while the family is abroad, or simply disappear;
- Children abandoned or pushed out of their homes (“throwaway” children);
- Teenage runaways;
- Youth living on their own;
- Child refugee or asylum seekers; and
- Displaced youth (for example, after disasters or armed conflict) (International Social Service – United States of America Branch, Inc., 2004).

It is critical that governments do far more to ensure the care and protection of minors who find themselves unaccompanied by a suitable adult caretaker and/or separated from parents or other lawful adult caretakers. In many of these child-family disruption cases, the most appropriate and humane action is a prompt, child welfare system-guided return of the child to safe and secure placement with parents or relatives in their country of origin (repatriation).

International Legal Instruments and Documents

United Nations Documents

Article 3 of The Convention on the Rights of the Child (CRC) establishes a commonly accepted criterion for decisions regarding unaccompanied or separated children: the best interests of the child (United Nations General Assembly, 1989). In 2006 the United Nations High Commissioner for Refugees issued “UNHCR Guidelines on Formal Determination of the Best Interests of the Child” that include a model registration form

and “best interests determination” report form for use in cases of unaccompanied and separated children. These forms help guide uniform decision making in applicable cases (United Nations High Commissioner for Refugees, 2006). The UNHCR Guidelines clearly indicate that in most cases it will be in a child’s best interests to be reunified with parents or substitute family caretakers. Furthermore, Article 9 of the CRC is intended to ensure that a child will not remain separated from parents against their will (absent, of course, abuse, neglect, or abandonment by the parents that renders them unsuitable caretakers).

In September 2005, the United Nations Committee on the Rights of the Child issued another document to help guide policy and practice on the “Treatment of Unaccompanied and Separated Children Outside Their Country of Origin” (United Nations Committee on the Rights of the Child, 2005). Using the committee’s provisions as a framework, this document provides 100 suggestions for actions governments should take in connection with these children. The document indicates that return of the child to his or her country of origin should not be an option if “it would lead to a ‘reasonable risk’ that such return would result in the violation of fundamental rights of the child.” The factors to be taken into account in such return decisions are:

- The safety, security, and other conditions, including socio-economic ones, awaiting the child upon return (a thorough home study should be conducted by social network organizations where appropriate);
- The availability of care arrangements for the child;
- The expressed view of the child in exercising his or her right under Article 12 of the CRC (the child’s “right to be

heard”) as well as those of the adult caretakers;

- The child’s level of integration in the host country and the duration of absence from the home country;
- The child’s right, under Article 8 of the CRC, “to preserve his or her identity, including nationality, name and family relations”; and
- The Article 20 CRC provision advocating the “desirability of continuity in a child’s upbringing and to the child’s ethnic, religious, cultural and linguistic background.”
- The document also reminds children’s “home countries” about every child’s right “to enter [his or her] own country.”

Red Cross Guidelines

Another useful document in guiding government agencies’ responses to these children is the “Inter-agency Guiding Principles on Unaccompanied and Separated Children” published by the International Committee of the Red Cross (2004). This document includes detailed suggestions for tracing parents/family members and conducting the family reunification process.

Hague Child Protection Convention

The Hague Convention on Jurisdiction, Applicable Law, Recognition, Enforcement, and Co-operation in Respect of Parental Responsibility and Measures for the Protection of Children (Child Protection Convention) is an important international convention, to date ratified only by 14 countries (the United States not among them) (1996). All nations should actively pursue its ratification.

The Child Protection Convention could be especially useful in those parts of the

world (such as ours) where the frequent cross-border movement of children creates a pressing need for legal, non-criminal, law-focused solutions to those issues related to the retention and repatriation of children separated from their parents. The cooperation procedures within the Convention can be helpful in the increasing number of instances in which unaccompanied minors cross borders and find themselves in vulnerable situations where they may become subject to exploitation and other risks. Its universal enactment would help establish a global framework in child protection situations for the transnational coordination of legal systems and for international judicial and administrative cooperation.

The Child Protection Convention can assist by providing a framework for country-to-country cooperation in:

- Locating a child;
- Determining which country’s authorities are competent to take any necessary measures of protection; and
- Providing for cooperation between national authorities in the receiving country and country of origin in exchanging necessary information and in the institution of any necessary protective measures.

This Convention could be a vehicle for the provision of cross-border alerts when a child is “missing” or in serious danger in another country. It could be used to facilitate the mediated resolution of family disputes involving an unaccompanied or separated child. It could also be the mechanism through which authorities in one country could consult with authorities in another country regarding the process of placing a child in care or repatriating the child.



Considering the growing number of cases in which children are being placed in alternative care across national boundaries—for example, under foster care or other long-term custody or guardianship arrangements falling short of adoption—the Child Protection Convention would also provide a means for cooperation between countries (UNICEF and International Social Service, 2004). When a child is to be moved to another country for foster or other institutional care (transborder placement), the Child Protection Convention requires consultation with authorities in the other country, a written report on the child’s case, and a description of the reasons for the proposed placement. The Convention would also provide access to an early determination of conditions under which the child would live if sent to a “receiving” country.

The following hypothetical example helps illustrate what types of issues and problems arise when crossed national borders are involved in child welfare cases. It sets forth what the authors think should happen in similar situations.

A 15-year-old boy from Honduras is forcibly ejected from his family home by an abusive mother and stepfather. He travels through several countries, by rail and other means, and crosses into the United States from Mexico. He believes he has relatives in Texas, including an undocumented father who may be living with paternal relatives. He is picked up by the Border Patrol, exhausted and malnourished, and the first issue that complicates his situation is that he looks older than his age, possibly 18. In this scenario, let us assume he’s not simply brought by the U.S. Department

of Homeland Security’s Office of Immigration and Customs Enforcement (ICE) back to the border and delivered into the hands of Mexican immigration officials.

Hopefully, with the assistance of social services worker interviews and a thorough medical examination, it is determined that he is likely 15, and that the story he provides is credible. He may then, based on a referral by ICE to the U.S. Office of Refugee Resettlement of the U.S. Department of Health and Human Services (ORR), be placed in a group shelter with other undocumented minor children. ORR may also help in identifying possible relative placements for the youth within the United States.

At this point, however, a key decision must be made: Is this youth’s case to be handled exclusively as an unlawful immigration case, or will he be referred to a local public child welfare agency that can help determine whether returning to his home country and his family there poses a danger to him? Second, while the answer to that key question is being determined, will he be legally placed—as would non-immigrant children in this “abandonment-like” situation—under the auspices of a state juvenile or family court in the care and custody of a state or county child welfare agency?

In this type of situation, it is critical that child welfare authorities act with speed to determine the proper placement for such youths. In this hypothetical scenario, they would need to have prompt contact with, and cooperation from, child welfare authorities in Honduras (hopefully using a pre-developed memorandum of understanding)⁵ to conduct

⁵ For an understanding of how a bilateral memorandum of understanding can help facilitate appropriate cross-national cooperation and coordination in cases of unaccompanied immigrant minors, see: Cicero-Dominquez, S.A. (2005). Assessing the U.S.-Mexico fight against human trafficking and smuggling: Unintended results of U.S. immigration policy. *Northwestern Journal of International Human Rights*, 402(2), 303-330.

a home study and take other investigative steps to quickly reach a decision on whether his return home would be against his best interests. The caseworkers from the agency that has custody should, while he ideally remains in either a group shelter—or, preferably, a family-like placement—also be checking on whether he indeed has relatives in the United States who may be suitable placements. Finally, the agency will likely need to petition the local juvenile court for an order of custody and the initiation of a proceeding that may lead to his being formally ordered into a long-term or permanent placement in the United States—a process that can grant him protected immigration status.

Each of these steps is discussed in greater detail in the section that follows.

How Should Our Laws and Policies Address Cross-Border Child Welfare Cases?

Based on an analysis of relevant international instruments, the authors propose the following as a set of suggested principles for national and state governments, including our own, that handle the cases of children who cross borders unaccompanied by or separated from guardians.

1. National, state, and local governments should always respond to child immigrant victim cases through a child welfare system—not a criminal justice system.

The Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography (Office of the United Nations High Commissioner for Human Rights, Article 8, 2000a) and the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, Supplementing the United Nations Convention Against Transnational Organized

Crime (Office of the United Nations High Commissioner for Human Rights, Article 6[4], 2000b) recognize the need for child victims of sex crimes or trafficking to receive special legal protections. This concept—treating children as victims rather than as offenders—should be applied not only to sex crime victims, but also to all unaccompanied and separated children, unless they have committed a serious criminal offense.

Provision of services to these children, including necessary residential care, should be provided through each country’s child welfare agencies. These services should not be provided through a juvenile justice “correctional” or “detention” system, or through any government agency that principally addresses adults who are in violation of the law. To help assure fair and appropriate treatment of such youth, laws should provide independent legal representation to each child regardless of the child’s or family’s ability to pay for that assistance. Effective independent advocacy by an attorney or guardian ad litem with both child welfare and immigration system training can help assure that legal petitions related to an unaccompanied child’s immigration status are promptly and properly filed.

2. Child welfare agencies should be required to serve immigrant children and families, as well as accept prompt custody of unaccompanied or separated citizen children found in other countries.

Although there may be constraints on using certain funding streams for child welfare agencies’ services (Earner, 2007), in accordance with international norms the law should be made clear that child protection (from abuse/neglect) and child welfare (foster care, family preservation and support) services are available to (a) children from other countries without regard



to their immigration or citizenship status; and (b) unaccompanied or separated citizen children who have been taken into care by other nations if they are originally from that country and local area, or when it is otherwise in their best interests to be placed there. In the United States, for example, this is consistent with the intent of the U.S. Federal Child Abuse Prevention and Treatment Act (CAPTA) that child protective agencies serve all children suspected of having been abused or neglected. Child and family services records that include immigration status should be held confidential and not be disclosed except for purposes directly related to the best interests of child-related decision making in repatriation or other placement activities. Local child welfare agencies should be provided with the necessary financial resources and skills so that they become both willing and able to take on the responsibility of systematically assisting undocumented children with not only child welfare but also immigration issues.

3. Child welfare agencies should be able to promptly access, on behalf of immigrant child and parent/caretaker clients, needed services related to the child's safety, permanency, and well-being.

Children who come to the attention of public child welfare agencies, regardless of their immigration status, should be legally eligible for the services/treatment they need to ameliorate the harm they've experienced and to reduce their future risk of harm. Likewise, their parents or other adult caretakers, again without regard to immigration status, should be able to lawfully access services that will facilitate the child's safety, permanency, and well-being. These accessible services should include child abuse and neglect prevention services, drug and alcohol abuse treatment, mental health services, special education, cash and food assistance programs and housing subsidies,

and, where necessary, foster or kinship care placement through the child welfare agency.

4. Child welfare agencies should provide culturally sensitive support to immigrant families.

It is important that law and/or policy clearly require agency caseworkers encountering immigrant children and families to make prompt determinations of their primary spoken language, and that their agencies provide linguistically and culturally appropriate services and written materials for speakers of other languages. Agencies should also be instructed to identify children's in-country relatives who may be available to serve as kinship or foster care providers when needed. The agency's caseworkers, when working with these children or with their immigrant parents or relatives, should also be required to refer them to legal services or immigration attorneys, as appropriate.

5. Child welfare agencies should, whenever appropriate, initiate local juvenile court intervention to help permit unaccompanied or separated children to remain in-country when necessary for their care and protection.

Countries should both have and actively use laws that provide for child protection-focused court jurisdiction (as in the United States), including the awarding of custody or legal guardianship of an unaccompanied or separated immigrant child previously subjected to abuse, neglect, or abandonment. This way, the child can remain in-country under the care of a child welfare agency (Immigration and Nationality Act, 1990).

In addition, child welfare agencies need to develop specialized, trained legal units that can effectively take on the responsibilities of assessing the immigration needs of children in a timely and appropriate manner. It will often be necessary for the child welfare agency's attorney to petition a local

juvenile court for jurisdiction. There should be a requirement—as in the U.S. Special Immigrant Juvenile Status provision of the Immigration and Nationality Act—for a specially protected immigration status assignment whenever a child is unable to be safely reunited with parents due to abuse, neglect, or abandonment and it is not in the child’s best interests to be reunified with them (Immigration and Nationality Act, 1990). The court, with the agency’s assistance, should also determine if the child can be placed in the home of a relative who is a suitable candidate for legal guardianship, for eventual adoption, or for foster placement.

6. Child welfare agencies should have a formal process for checking on the suitability of a child’s parents/relatives in other countries, and that process should be used expeditiously—especially at the request of other countries.

It is common practice across the United States for child welfare agencies to prioritize placement of a child removed from his or her home with a family member living within the community or state where the child originally resided. Permanency plans are generally centered on placement of the child with a family member geographically nearby. Exhaustive searches for the most suitable family relations are not always conducted, and sometimes they are skipped entirely when a foster family wishes to adopt (Naughton & Fay, 2003). This is usually done to expedite permanency and to avoid costly overseas home studies (Voices for America’s Children, 2004). However, cross-border home studies are necessary, and they are well worth the extra time and costs involved because

they explore all the permanency possibilities and allow for decisions that are more likely to be in children’s best interests.

Countries and child welfare agencies should always conduct an inquiry to determine which relatives a child has—both within their own national boundaries and outside those boundaries. If it is determined that there are family members with a meaningful relationship to the child, they

should be given more serious consideration over relatives who have little or no relationship with the child.

Once options are identified, comprehensive home assessments should be rapidly conducted to determine the suitability of family members both inside and outside the country

where the child is in the custody of the child welfare agency. Home assessments should be conducted by trained social workers who speak the language of the family being considered, who are culturally competent and unbiased as to whether a child stays in one country or another, and who have extensive and detailed knowledge of the country, its customs, its history, and its socioeconomic structure.

As in concurrent planning, all the facts of each case should be considered, including how long the child has been living in the country of habitual residence, the child’s desire to remain in that country, the circumstances that have separated the child from his/her family, the child’s specific educational, psychological, or physical needs, the age of the child, the ability of the family to care for and provide educational

Countries and child welfare agencies should always conduct an inquiry to determine which relatives a child has—both within their own national boundaries and outside those boundaries.



opportunities for the child, etc. Although the need to perform an exhaustive search both within and outside the country where the child is in care will likely be more time-consuming and costly, ultimately it will enable the child welfare system to consider all the facts of the case and make the most comprehensive determination about a placement that is truly in the child's best interests.

7. Child welfare agencies should be actively involved in a safe and prompt child repatriation process, when warranted.

Government child welfare agencies at both the federal and state levels should have explicit requirements to aid in rapid decision making and in actual implementation of repatriations of children. Ideally, special units should be created within agencies to compile data on unaccompanied and separated alien children brought to their attention. Personnel within those special child welfare units would have expertise on immigration law related to children and their families, including provisions for seeking refugee and asylum status and for special protections or special immigration visa status for child victims (such as children who have been trafficked, subjected to parental abuse, or whose caretakers have been victims of domestic violence).

The child welfare agency's special unit personnel should also serve as the key liaison with foreign consulates to provide the necessary notifications to those consulates (as required by Article 37 of the 1963 Vienna Convention on Consular Relations) (United Nations, 1963) when an unaccompanied or separated immigrant child is taken into child welfare agency custody (i.e., in a "receiving country"). Article 5 of that Convention says a key consular function is the safeguarding, within the limits imposed by the laws and regulations of the receiving

country, of the interests of foreign national minors, particularly when any custodial or guardianship status is required.

Discussion

International Social Service – United States of America (ISS-USA) has seen an increase in the number of American unaccompanied minors going through the U.S. repatriation program—from just a handful of children served only 5 years ago to currently more than 25 children per year (International Social Service – United States of America Branch, Inc., 2006b). Although not every case is as complicated as this article's first example, at least 30% of the children served by ISS-USA require more than a year of case planning from the time the case is opened to the point of bringing the child into the country, due to difficulties in getting states to either take a child into custody upon return or to find other suitable placement options. Several states within the United States have refused to allow their child welfare service agencies to take custody, which presents an incredible hardship for expediting a child's return (International Social Service – United States of America Branch, Inc., 2006c). The time spent on planning to return a child to the United States does not include the additional year or two that it might take a state's child welfare system to achieve permanency once the child is back on U.S. soil.

American children represent a minute percentage of unaccompanied minors when compared with the numbers of unaccompanied minors worldwide (Bhabha & Crock, 2006). In the United States, there are an estimated 8,000 unaccompanied alien minors in the custody of the Division for Unaccompanied Children Services (DUCS), which is part of ORR (Haddal, 2007). This is a fraction of the over 100,000 unaccompanied alien minors who are estimated to find

themselves within U.S. borders each year, the majority of whom are immediately repatriated (Haddal, 2007).

Given the growing impact of this global problem, we have highlighted several international instruments that provide specific guidelines to help governments better address the critical needs of unaccompanied minors. However, some of these have not been ratified by the United States or by other countries, and for these nations there is no effective way of using such instruments. Yet their content is still relevant, and we have suggested ways of applying their general principles for changing law, policy, and practice to improve how every country—including our own—serves unaccompanied alien minors.

All children, regardless of their legal status, deserve comprehensive socio-legal services provided by linguistically and culturally competent social workers and legal representatives in each case. These professionals should work together to develop an individualized plan that is in the best interests of the child, and each plan should include a search of suitable placement options both within and outside the state/country in which the child currently resides. It is never appropriate to simply leave the fate of vulnerable children in the hands of a law enforcement agency and rigid immigration law.

In mainstream child welfare system casework, police agencies do not determine the fate of children. This raises an important question to ponder: Why should our Department of Homeland Security and its sub-offices exercise an exclusive right to determine the fate of abused, neglected, or abandoned unaccompanied alien children?

Ethical problems may arise when states refuse to provide services to children based on jurisdictional or legal status. Such children

are often the victims of circumstances beyond their control that have placed them in their current status. It was not the choice of the young children described in this article's first example to go to Canada or for the hypothetical youth from Honduras to be forcibly thrust out of his home. However, the lives of the children in Canada will be permanently altered if Missouri cannot find a way for its child welfare system to accept custody and develop a permanency plan for them. Likewise, if children such as the hypothetical youth described in Texas can't receive necessary child welfare services, their lives will be permanently affected for the worse.

In the United States, there is currently no federal legislation that can overrule a state's decision to deny placing a child in its child welfare system's care and custody. Until laws are changed and the capacity of the child welfare system is expanded with mandates—and, more importantly, funding—to better serve children who are not citizens of their states, these problems will continue.

It is clear that with regard to working effectively and humanely with unaccompanied alien minors, the United States is still in its infancy. Much effort is needed to understand the full extent of the challenges unaccompanied alien children face and how the current state child welfare systems can be adapted to more effectively help them. Expanded thinking about immigration issues, to include a socio-legal rather than simply a law enforcement focus, is needed.

It is the duty of the United States to uphold the rights of all children and to promote separated children's safety, permanency, and well-being regardless of where they came from or where they may be returning. Although it might be too early to propose specific new laws or policies that can



address some of the issues highlighted in this article, it is more critical than ever to understand exactly how our current system fails children both within the United States and abroad; to document the specifics of each case; to continue to research options and best practices; and to develop a more comprehensive policy that will help prevent unaccompanied or separated children from falling through the cracks.

References

- Bhabha, J., & Crock, M. (2006, June). *Unaccompanied and separated children and refugee protection in Australia, the U.K. and the U.S.* A report funded by the Myer Foundation, Australian Research Council, and the John D. and Catherine T. MacArthur Foundation. Sydney, Australia: Themis Press.
- Bhabha, J., & Schmidt, S. (2006, June). *Unaccompanied and separated children and refugee protection in the U.S.: Seeking asylum alone.* A report funded by the John D. and Catherine T. MacArthur Foundation. Cambridge, MA: University Committee on Human Rights Studies, Harvard University.
- Earner, I. (2007, July/August). Immigrant families and public child welfare: Barriers to services and approaches to change. *Child Welfare* 86(4), 63.
- Haddal, C. (2007). *CRS report for Congress: Unaccompanied alien children policies and issues.* Retrieved October 30, 2007, from <http://trac.syr.edu/immigration/library/P1642.pdf>
- Hague Conference of Private International Law. (1996). *34: Convention of 19 October 1996 on jurisdiction, applicable law, recognition, enforcement and co-operation in respect of parental responsibility and measures for the protection of children.* Retrieved October 26, 2007, from http://www.hcch.net/index_en.php?act=conventions.text&cid=70
- Immigration and Nationality Act of 1990, Pub. L. 101-649, 104 Stat. 4978 (1990).
- International Committee of the Red Cross. (2004). *Inter-agency guiding principles on unaccompanied and separated children.* Retrieved October 26, 2007, from <http://www.unhcr.org/cgi-bin/texis/vtx/protect/opendoc.pdf?tbl=PROTECTION&id=4098b3172>
- International Social Service – United States of America Branch, Inc. (2004). *Inter-country casework policy and procedures manual.* Available upon request from jrosicky@iss-usa.org
- International Social Service – United States of America Branch, Inc. (2006a). *U.S. repatriation program policy and procedures manual.* Available upon request from jrosicky@iss-usa.org
- International Social Service – United States of America Branch, Inc. (2006b). *Annual report 2006.* Retrieved October 30, 2007, from http://www.iss-usa.org/files/Annual%20Reports/ISS_AnnualReport_2006.pdf?Targ=new
- International Social Service – United States of America Branch, Inc. (2006c). *Semi-annual progress report: October 1- March 30, 2007, Repatriation Program, No. 06RR151665.*
- National Conference of Commissioners of Uniform State Laws. (1997). *Uniform Child Custody Jurisdiction and Enforcement Act.* Sacramento, CA: Author. Retrieved October 30, 2007, from <http://www.law.upenn.edu/bll/archives/ulc/fnact99/1990s/uccjea97.htm>
- Naughton, D., & Fay, K.L. (2003). Of kin and culture: U.S. children and international kinship care placements. *Adoption and Fostering*, 27(4), 30-37(8).
- Office of the United Nations High Commissioner for Human Rights. (2000a). *Optional protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography.* Retrieved October 26, 2007, from <http://www.ohchr.org/english/law/crc-sale.htm>



Office of the United Nations High Commissioner for Human Rights. (2000b). *Protocol to prevent, suppress and punish trafficking in persons especially women and children, supplementing the United Nations Convention against transnational organized crime*. Retrieved October 26, 2007, from <http://www.ohchr.org/english/law/protocoltraff.htm>

Social Security Act, Title XI, § 1113 (1935).

UNICEF and International Social Service. (2004). *Improving protection for children without parental care, kinship care: An issue for international social service*. Retrieved October 30, 2007, from http://www.unicef.org/videoaudio/PDFs/kinship_note.pdf

United Nations. (1963). Vienna Convention on consular relations. *United Nations, Treaty Series*, 596. Retrieved October 26, 2007, from http://untreaty.un.org/ilc/texts/instruments/english/conventions/9_2_1963.pdf

United Nations Committee on the Rights of the Child Thirty-Ninth Session. (2005). *General Comment No. 6: Treatment of unaccompanied and separated children outside their country of origin*. Retrieved October 26, 2007, from [http://www.unhchr.ch/tbs/doc.nsf/898586b1dc7b4043c1256a450044f331/532769d21fcd8302c1257020002b65d9/\\$FILE/G0543805.pdf](http://www.unhchr.ch/tbs/doc.nsf/898586b1dc7b4043c1256a450044f331/532769d21fcd8302c1257020002b65d9/$FILE/G0543805.pdf)

United Nations General Assembly, Office of the High Commissioner for Human Rights. (1989). *Convention on the Rights of the Child, General Assembly resolution 44/25 of 20*. Retrieved October 26, 2007, from <http://www.unhchr.ch/html/menu3/b/k2crc.htm>

United Nations High Commissioner for Refugees. (2006). *UNHCR guidelines on formal determination of the best interests of children*. Retrieved October 26, 2007, from <http://www.crin.org/docs/UNHCR%20best%20interests%20determination.pdf>

Voices for America's Children. (2004). *Forming families for kids: States act to increase and speed up adoptions*. Retrieved November 2, 2007, from http://www.voicesforamericaschildren.org/Content/ContentGroups/Policy/Child_Safety/Member_Mailing1/Forming_Families/AdoptionIssueBrief.pdf



Child Welfare Challenges in Culturally Competent Practice With Immigrant and Refugee Children and Families

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Introduction

Immigrants have always been integral to the American story, yet their needs have yet to receive adequate attention. Today, 1 out of 10 persons in the United States are foreign-born (Zuniga, 2004). The fastest growing immigrant group is the Latino population, with Southeast Asians not far behind. According to Dettlaff and Rycraft (2006), “Census data indicate the Latino population, consisting of persons from Mexico, Cuba, Dominican Republic, Central America, South America, and other Latin countries, has increased 61% since 1990, with Latinos

accounting for 12.5% of the total population” (p. 6). There is a growing concern that these families and their children are not receiving the attention they warrant from public child welfare systems (Earner & Rivera, 2005; Hendricks & Fong, 2006; Lincroft, Resner, Leung, & Bussiere, 2006; Shields & Behrman, 2004; Velazquez, Vidal de Haymes, & Mindell, 2006).

National responses to both immigrant and refugee populations tend to focus on their political and legal or illegal statuses rather than their psychological, social, and physical needs, which fall within the domain of the public child welfare system. Lincroft et al. (2006), in a report funded by the Annie E. Casey Foundation, suggest, “Local governments should adopt ‘non-cooperation’ ordinances. Under this type of ordinance local officials, including child welfare workers, do not inquire about a person’s immigration status, unless they are required to under a specific law... and will not share information with immigration enforcement officials unless it is a legal requirement” (p. 6).

The impetus to make such controversial changes in the public child welfare system to address the needs of immigrants and refugee clients is gaining momentum because of the increasing populations that would benefit from such changes. This article examines the challenges of implementing culturally competent practices in the child welfare system.

Migration

The literature on immigrants and refugees describes why children and families leave countries of origin and seek economic opportunities, physical safety, new lives, and greater freedom in host countries (Delgado, Jones, & Rohani, 2005; Jennissen, 2007; Lee, 1997; Potocky-Tripodi, 2002; Segal, 2002; Suarez-Orozco & Suarez-Orozco, 2001; Webb, 2001). Migration studies commonly inform practitioners and educators in areas of health, education, and mental health about key aspects of the migration process and the consequences for professional practice. In the public child welfare system, however, there is a dearth of information about immigrants and refugee migrants.

Child welfare workers have been hampered by a limited familiarity with the migration experience and often even less understanding of the cultural backgrounds and contexts of these experiences (Fong, McRoy, & Hendricks, 2006; Lincroft et al., 2006). Migration information can usefully illuminate the child welfare intake worker's understanding of the trauma and stress endured by immigrant and refugee families. Information about migration related to immigrant and refugee clients allows child welfare workers to provide valid and efficacious assessments and interventions.

Educators have suggested meeting this need by providing mandated information about immigrants and refugees to child welfare workers in their basic skills development training for beginning employment. Even if there is not enough time for yet more coursework in the

already-full required training, curriculum modules can be developed for those motivated to fill in their own knowledge gaps (C. Lyons, personal communication, August 14, 2007). Schools of social work with federally funded child welfare Title IV-E training grants may also supply the missing information on immigrants and refugees (Dettlaff & Rycraft, 2006; Lincroft et al., 2006). Such changes are especially desirable in social work schools offering an international curriculum and international field placements.

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The intersection between universities, public child welfare agencies, and private agencies presents another rich opportunity for education about immigrants and refugees. As Rivera and Earner (2006) found when placing students with immigrant-serving community-based

organizations, "Learning about culturally appropriate practice with immigrant families and children was an important part of field placement" (p. 46).

Trauma

Among some populations of immigrants and refugees, trauma is a frequent experience of migration journeys. For such groups, reports of either witnessing or experiencing starvation, exhaustion, rape, mental torture, and/or physical torture are common. In the field of child welfare, U.S.-born clients may also experience trauma through child abuse, neglect, sexual abuse, or domestic and family violence, and one could argue that there is overlap in the trauma experienced by both populations. The difference is that trauma



for some foreign-born populations includes experiences of a nature and severity that native-born Americans are unlikely to ever encounter—such as physical torture. Child welfare case managers in these situations should not handle trauma as a single event. Immigrants and refugees may have had multiple traumas in their home countries, during their migration passage, in refugee camps that are themselves rough and dangerous places, and even as part of their experience in the United States.

Compounding the trauma that foreign-born clients experience is the frustration of coping daily in a new language. This leads to routine misunderstandings and injustices in clients' lives. Experienced practitioners avoid reinforcing any trauma by mitigating the language barriers with interpreters, but a more systemic change has to occur. Trauma has long been in the domain of mental health, and child welfare workers have had to collaborate with mental health professionals to help clients. Similarly, with immigrants and refugees, child welfare workers need to enlarge their network of resources to include not only agencies that provide refugee services, but also mental health professionals.

New Populations in Child Welfare

Child welfare literature addressing cultural diversity typically refers to ethnic minorities who are American-born. To be accurate and complete, that literature should include foreign-born populations and familiarize readers with the terms used to distinguish among the various population groups. Immigrant and refugee populations are routinely categorized as first-, second-, or third-generation immigrants, illegal immigrants, mixed-status families, unaccompanied refugee minors, and victims of human trafficking (Busch, Fong, Heffron, Faulkner, & Mahapatra, 2007; Fix & Zimmerman, 1999).

Furthermore, classifications such as “Asian” and “Pacific Island American” should distinguish East Asians (who come from China, Japan, Taiwan, and Korea) from those arriving from the Philippines, Southeast Asia (Burma, Thailand, Malaysia, Singapore, Indonesia, Laos, Cambodia, and Vietnam, including the Hmong), or South Asia (India and the nations that border it). Immigrants from Mexico and other Latin American countries are often sharply distinguished from one another by language, class, race, history, culture, education, religion, and immigration experience. Similarly, immigrants from Africa, Europe, and the Middle East cannot be considered homogenous entities, as international news reports regularly make clear.

In addition to receiving culturally and ethnically distinctive classifications, new populations of undocumented or mixed-status families also need child welfare services (Capps, Kenney, & Fix, 2003; Fix & Zimmerman, 1999). Unaccompanied minors or those with Special Immigrant Juvenile Status (SIJS) may be eligible for some child welfare services such as foster care. Resources such as federally funded Bridging Refugee Youth and Children Services (BRYCS) under the auspices of the U.S. Department of Health and Human Services focus on the needs of refugee children, and many such groups are very proactive in advocating for this population at the state and national level.

On the other hand, the public child welfare system is overwhelmed, and system workers may find it difficult to fulfill the needs of non-English speaking clients. Nevertheless, helping immigrants and refugees can be incorporated into the existing system of child protective services. Just as some specialists in the child welfare system in certain states (James, Rodriguez, Green, & Fong, in press) currently focus on disproportionality—the overrepresentation of African American

children and families in the child welfare system—a migrant specialist position could be created in the child welfare system to work with immigrant and refugee populations and direct the education and training of child welfare case managers. Migrant specialists could also focus on developing cross-system collaborations to help child welfare, health, and mental health systems address the needs and concerns of immigrant and refugee populations.

Another positive step would be for the literature on migration and child welfare to join the current child welfare literature on “intersectionality,” which advocates for problem solving and collaboration among social service systems. Fong, McRoy, and Hendricks (2006) have already written about the need to intersect child welfare, substance abuse, and family violence with culturally competent practices for American-born populations. Their work should also include foreign-born populations of children.

However, in the intersection of migration and child welfare, some issues for immigrants and refugees do not match the issues for American-born populations. For example, victims of human trafficking have been typically characterized as domestic abuse victims in child welfare. This is not an accurate description of their situation. While some human trafficking victims are exploited for manual labor, most are taken for the sex trade, becoming victims of rape and sexual abuse. Similarly, unaccompanied refugee minors should not be classified as runaway kids or throwaway kids, as these descriptions are not appropriate for them.

While the identification of a common language and common problems is necessary in order for child welfare workers to understand how immigrant and refugee children and families fit into their system of

care, perhaps in the immigrant and refugee community there needs to be less of an emphasis on migration status. Instead, the focus should be on the problems immigrants and refugees face, such as poverty, homelessness, unemployment, sexual abuse, and domestic violence—all of which are familiar to the public child welfare system.

Culturally Competent Practice

Child welfare literature generally recommends that workers be culturally competent (i.e., familiar with the cultures and norms of the ethnic populations they serve). Working with immigrants and refugees should require knowing the different definitions of the populations, cultural values, migration histories and stories, client strengths, indigenous help-seeking and receiving behaviors, cultural translators, and indigenous practice interventions (Fong & Earner, 2007).

But nuances of verbal and non-verbal language, traditional cultural values, and societal norms in home countries can be barriers for immigrants and refugees in adjusting to life in America, because child welfare workers have not spent enough time examining the similarities between home and host cultures. With this in mind, culturally competent practice in working with immigrants and refugees should entail understanding immigrant and refugee clients’ strengths and determining what these clients have in common with others in the child welfare system, rather than simply claiming this population does not “fit” and cannot be served.

Culturally competent practice may include mandated training on “undoing” racism. Casey Family Programs in Seattle, Washington, in its commitment to delivering culturally competent practices to African American families because of disproportionality, has advocated for and



promoted trainings on undoing racism (James, Rodriguez, Green, & Fong, in press). State or federal mandates may be in order to require such training for child welfare workers who serve immigrant and refugee families.

System Changes

While the U.S. child welfare system is about permanency, safety, and the well-being of children, it has focused primarily on American-born populations. The child welfare literature notes the need for culturally competent practice, but again the focus is largely on the African American, Asian and Pacific Islander American, Mexican American, and Native American populations (Fong, McRoy, & Hendricks, 2006). As

understandable as these proclivities within contemporary child welfare services may be, a system change is now required to include and serve the massive foreign-born population.

Attitudes towards immigrants and refugees also need to change, led by a shift in focus from these clients' political and legal status to their physical, social, and psychological needs.

Furthermore, while the child welfare system is set up to address the welfare of children and their families, barriers to qualification and service access persist. To accommodate immigrant and refugee clients, the child welfare system should enlarge the set of values that guide leadership. These values should, at minimum, include acknowledging the worth of foreign-born populations.

Child welfare systems are shifting toward family-centered practice and family group decision making, but they still limit the

families that they serve. Federal policy changes are called for to ensure that child welfare systems serve both American-born and foreign-born populations.

Future Directions

Private agencies are available to provide bilingual and culturally competent services, but larger systems such as the child welfare system have not yet adequately responded to the growing population of immigrants and refugees. Because of this population's needs and numbers, the potential intersection between communities, service providers, and the public child welfare system needs to be addressed. Three options suggest themselves to systemic change: (a) incorporate the immigrant and refugee population into the

existing child welfare system; (b) effect structural changes in the existing system that specifically serve the needs of immigrants and refugees; or (c) blend both of these approaches.

Intersectionality of migration and child welfare is highly applicable regardless of which approach child welfare professionals choose. Child welfare system workers, service providers, legal and law enforcement officers, courts, educational institutions, and mental health schools should form interdisciplinary teams in working with immigrants and refugees.

In addition, the child welfare system should integrate the needs of immigrants and refugees into its services on a consistent basis. For example, human trafficking victims should receive sexual abuse services. Unaccompanied refugee minors should be included under transitional care, along with adolescents in foster care who are about to age out of the child welfare system. Fictive kin

Culturally competent practice may include mandated training on “undoing” racism.



(i.e., those not related by blood or marriage but with important emotional ties to clients) should be included under kinship care, and immigrants and refugees who do not have relatives in the United States should be encouraged to invite friends or church/agency supporters to function as fictive kin. Along the same lines, family group decision making (an initiative to include families in determining child welfare outcomes) should include all relevant individuals—from family and fictive kin, to child welfare case managers and refugee service providers, to law enforcement officers, ethnic community members, and indigenous persons such as shamans, faith healers, and religious or spiritual leaders.

Conclusion

In summary, persons of color in the child welfare system have historically been American-born, but the changing demographics in the United States demand that the public child welfare system address immigrant and refugee populations. Culturally competent practice in child welfare intakes must include information about migration experiences and cultural values and norms.

In order for this important change to occur, case managers in public child welfare systems need to collaborate with immigrant and refugee social service providers, law enforcement officers, health care providers, schools, and juvenile court systems. Coalition building between the child welfare system, mental health system, and the federal Office of Refugee Settlement would be beneficial as well. Meanwhile, finding and sharing commonalities in language and client problems would help resolve legal statutes and policy barriers limiting services to immigrants and refugees. And finally, required training, including course work that focuses on undoing racism, should be

introduced into the child welfare system to ensure that workers are better prepared to help foreign-born families in need.

References

Busch, N., Fong, R., Heffron, L., Faulkner, M., & Mahapatra, N. (2007). *Assessing the needs of human trafficking victims: An evaluation of the Central Texas coalition against human trafficking*. Austin, TX: The University of Texas at Austin.

Capps, R., Kenney, G., & Fix, M. (2003). *Health insurance coverage of children in mixed-status immigrant families*. Washington, DC: Urban Institute.

Delgado, M., Jones, K., & Rohani, M. (2005). *Social work practice with refugee and immigrant youth in the United States*. Boston, MA: Allyn and Bacon.

Dettlaff, A., & Rycraft, J. (2006). The impact of migration and acculturation on Latino children and families: Implications for child welfare practice. *Protecting Children*, 21(5), 6-19.

Earner, I., & Rivera, H. (Eds.). (2005). Special Issue: Immigrants and refugees in child welfare. *Child Welfare*, 84(5).

Fix, M., & Zimmerman, W. (1999). *All under one roof: Mixed status families in an era of reform*. Washington, DC: Urban Institute.

Fong, R. (Ed.). (2004). *Culturally competent practice with immigrant and refugee children and families*. New York: Guilford Press.

Fong, R., & Earner, I. (2007). Multiple traumas of undocumented immigrants—Crisis reenactment play therapy: Case of Ximena, age 12. In N.B. Webb (Ed.), *Play therapy with children in crisis: Individual, group, and family treatment* (pp. 408-625). New York: Guilford Press.

Fong, R., McRoy, R., & Hendricks, C. (2006). *Intersecting child welfare, substance abuse, and family violence: Culturally competent approaches*. Alexandria, VA: Council on Social Work Education.



Hendricks, C., & Fong, R. (2006). Cultural competency and intersectionality: Bridging practice and redirecting services. In R. Fong, R. McRoy, & C. Hendricks (Eds.), *Intersecting child welfare, substance abuse, and family violence: Culturally competent approaches* (pp. 367-388). Alexandria, VA: Council on Social Work Education.

James, J., Rodriguez, C., Green, D., & Fong, R. (in press). Addressing disproportionality through undoing racism, values-based leadership, and community engagement. *Child Welfare*.

Jennissen, R. (2007). Causality chains in the international migration systems approach. *Population Research and Policy Review*, 1-28.

Lee, E. (1997). *Working with Asian Americans: A guide for clinicians*. New York: Guilford Press.

Lincroft, Y., Resner, J., Leung, M., & Bussiere, A. (2006). *Undercounted. Underserved. Immigrants and refugee families in the child welfare system*. Baltimore, MD: The Annie E. Casey Foundation.

Potocky-Tripodi (M). (2002). *Best practices for social work with refugees and immigrants*. New York: Columbia University Press.

Rivera, H., & Earner, I. (2006). A model of collaboration between schools of social work and immigrant-serving community-based organizations to ensure child well-being. *Protecting Children*, 21(5), 36-52.

Segal, U. (2002). *A framework for immigration: Asians in the United States*. New York: Columbia University Press.

Shields, M., & Behrman, R. (2004). *Future of children*. Los Altos, CA: David and Lucille Packard Foundation.

Suarez-Orozco, S., & Suarez-Orozco, M. (2001). *Children of immigration*. Cambridge, MA: Harvard University Press.

Velazquez, S., Vidal de Haymes, M., & Mindell, R. (Eds.). (2006). Migration: A critical issue for child welfare. *Protecting Children*, 21(5), 2-3.

Webb, N. (Ed.). (2001). *Culturally diverse parent-child and family relationships: A guide for social workers and other practitioners*. New York: Columbia University Press.

Zuniga, M. (2004). Latino children and families. In R. Fong, (Ed.), *Culturally competent practice with immigrant and refugee children and families* (pp. 183-201). New York: Guilford Press.



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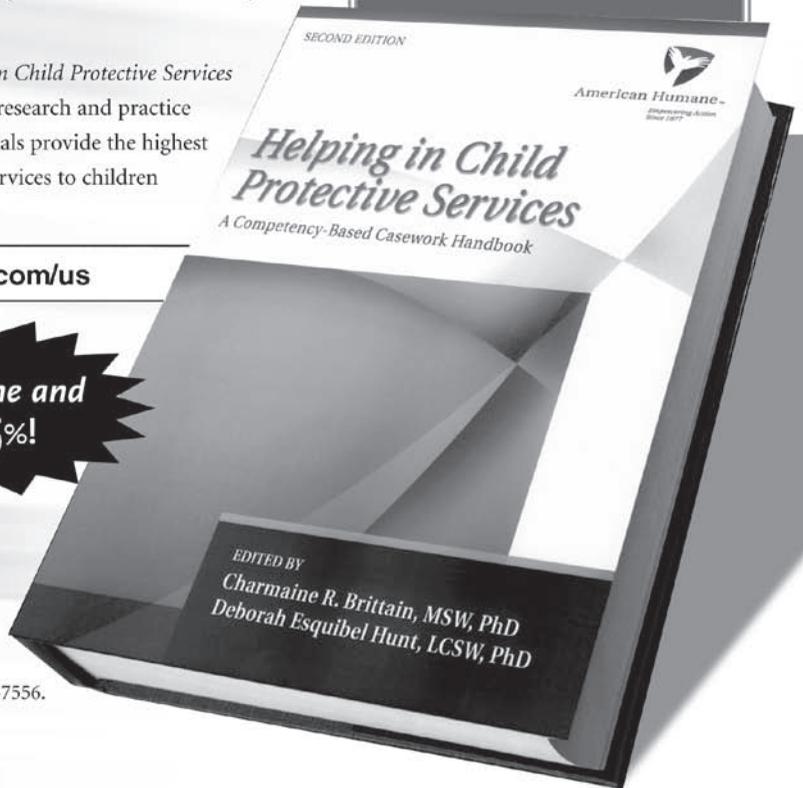
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