UNDERCOUNTED. UNDERSERVED.

Immigrant and Refugee Families in the Child Welfare System

The Annie E. Casey Foundation

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About the Authors and Editor

Yali Lincroft, MBA, is a consultant to the Annie E. Casey Foundation's California Family to Family Initiative and a first generation immigrant. For the past ten years, she has been a consultant to government, foundations, and nonprofit agencies. She has written policy and program reports on early education, child care, child welfare, and family preservation. Jena Resner, MD, is a board-certified pediatrician who did her clinical training at the University of California–San Francisco and San Francisco General Hospital. She is a consultant to Casey's California Family to Family Initiative and is currently taking a hiatus from the practice of medicine. Ming Leung, MPP, is a policy consultant. He was the policy director for Children Now and the program director for the National Asian Pacific American Legal Consortium. Alice Bussiere, JD, is a staff attorney at the Youth Law Center in San Francisco. She was the managing attorney at the Child Care Law Center, a staff attorney at the National Center for Youth Law, and litigation director for Texas Legal Services Center.

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The Annie E. Casey Foundation is a private charitable organization dedicated to helping build better futures for disadvantaged children in the United States. It was established in 1948 by Jim Casey, one of the founders of UPS, and his siblings, who named the Foundation in honor of their mother. The primary mission of the Foundation is to foster public policies, human-service reforms, and community supports that more effectively meet the needs of today's vulnerable children and families. In pursuit of this goal, the Foundation makes grants that help states, cities, and neighborhoods fashion more innovative, cost-effective responses to these needs. For more information and a copy of this report, visit the Foundation's website at www.aecf.org.

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EXECUTIVE SUMMARY

INTRODUCTION

This report focuses on the needs of immigrant and refugee children in the child welfare system. It is a result of extensive research, including a literature review; interviews with child welfare workers, immigration attorneys, adoptive parents, foster youth, advocates, staff of community-based agencies, researchers, and policymakers; and the recommendations from a consultative session with national experts and child welfare practitioners.

GROWING NUMBERS OF VULNERABLE IMMIGRANT CHILDREN AND FAMILIES

Immigrant families constitute a large and growing proportion of all families. Almost one-fourth of children and youth in the United States are either immigrants or children of immigrants.[1]

About two-thirds, or 67 percent, of immigrants are highly concentrated in six "major destination" states (California, Texas, New York, Florida, Illinois, and New Jersey).[2] However, new immigrants are dispersing rapidly to many other states. Especially rapid growth occurred during the 1990s in new-growth states located in a wide band across the middle of the country, including many of the Rocky Mountain, Midwest, and Southeastern states.[3] The integration issues that California and New York have faced for over a decade now are confronting policymakers in these new high-growth states.

The new immigrant groups come from non-European countries and are culturally more diverse. Latin Americans are half of all immigrants living in the United States, and Mexico alone accounts for 31 percent.[4] Many of the new immigrant groups are Buddhists, Hindus, Muslims, and Sikhs and do not share the same Judeo-Christian background of earlier generations of immigrants.[5]

A large number of immigrant households are composed of mixed-status families in which members have different legal categories. Almost 30 percent of young children of immigrants live in families with one or more undocumented parents, and 81 percent of young children of immigrants have a non-citizen parent.[6] Almost all (93 percent) children of immigrants under 6 are U.S. citizens and 77 percent of children ages 6 to 17 in immigrant families are citizens.[7]

Poverty is one of the most important predictors of negative child outcomes. Poverty rates are generally higher among children of immigrants than among children of natives, and are highest for young children of immigrants.[8] Over a quarter of young children in immigrant families are poor, compared with a fifth in native-born families.[9] Young children of immigrants also are less likely to receive public benefits. Low-income children in immigrant families receive Temporary Assistance for Needy Families (TANF) and food stamps at approximately half the rate of low-income children born to natives (7 percent vs. 17 percent for TANF; 20 percent vs. 40 percent for food stamps).[10]

Children in immigrant families are considerably more likely to be uninsured, to be reported in fair or poor health, and to lack a usual place where they can get preventive health care.[11] In 2002, the share of young children of immigrants without health insurance was more than twice as high as the rate for young children of natives (14 percent vs. 6 percent).[12]

DATA ON IMMIGRANTS IN THE CHILD WELFARE SYSTEM

Currently, there are no reliable data about the number of immigrant children and families in the child welfare system. This information is not collected uniformly on a national, state, or local level. Interviews with child welfare staff and researchers suggest this lack of data integrity, frequent misclassification, and under reporting (or misreporting) are the results of problems with the child welfare intake system and database. Optional fields such as country of origin, primary language, and immigration status are rarely documented in electronic databases. Accurate information about immigration and language issues facing the child or parent, or both, can be difficult to obtain as a result of confusion about immigration status, fear of jeopardizing the immigration status of the family, and because the information may be different for each family member (e.g., children who are citizens and speak English fluently and parents who are undocumented and have limited English proficiency).

A large percentage of families involved with the child welfare system are Hispanic, and interviews with frontline social workers suggest that many of them are immigrants. According to an estimate in a FY2003 report by the federal Children's Bureau, Hispanics make up 17 percent of the 523,000 children in foster care nationally.[13] In California, Hispanics made up 40 percent of the 83,091 children in foster care as of July 2005.[14]

RECOMMENDATIONS AND PROMISING PRACTICES

- National discussion and consensus among researchers and practitioners on how best to collect information about immigrants in the child welfare system are needed. In order to address concerns about jeopardizing the legal status of family members and to reduce the chance that questions will discourage families from seeking help, agencies can develop "proxy questions" such as country of origin, language spoken at home, English proficiency, and length of time in the United States. These questions can help to identify trends and systemic issues and provide important information necessary to serve children and their families, such as the need for language assistance, attention to cultural issues, and possible eligibility for special federal assistance and immigration relief.

- Research about immigrants in the child welfare system should be supported. This research can confirm the number of immigrant children and families involved with the child welfare system and help to identify their needs. Communities need both longitudinal studies and real-time data, for use by policymakers, child welfare agencies, and community-based organizations so that they can best be responsive to immediate and emerging needs.

- Data about immigrants in the child welfare system should be collected on a national, regional, and local basis. While the number of certain immigrant groups within child welfare may appear small, compilation of regional numbers by state, city, or county may reveal significant numbers.

CHALLENGES FACING IMMIGRANTS IN THE CHILD WELFARE SYSTEM

There were many areas identified as particularly problematic for immigrant families in the child welfare system. Throughout the child welfare system, there are not enough interpretation/translation services or bilingual staff members at all levels – hotline workers, social workers, psychologists, CASA workers, and attorneys. All of the child welfare agencies interviewed for this project spoke of the severe shortage of staff with multilingual and multicultural skills. Although some agencies rely on bilingual neighbors or family members as interpreters, this practice raises serious confidentiality issues and untrained interpreters may consciously or unconsciously filter or censor what is said or give inaccurate information. Some agencies have reported having to occasionally use

family members under the age of 18 to provide translation. This practice raises a number of concerns and is even more alarming when the child is an alleged victim and asked to translate for a parent who is suspected of abuse or neglect, creating the risk of additional trauma for the child. There also is a lack of culturally relevant services such as parenting classes and drug treatment programs in appropriate languages that immigrant parents need to fulfill case plan requirements.

Many immigrants do not trust government agencies. They may have left countries with harsh authoritarian regimes or corrupt government agencies. As a result, they may not seek help or participate in services required for reunification.

Cultural norms and child-rearing practices differ from those in the United States. Many refugees and immigrants come from countries where corporal punishment is generally accepted and Western parenting styles appear too permissive.

Poor immigrant families may lack access to key federal income and employment supports.[15] The passage of welfare reform and immigration reform in 1996 severely restricted certain immigrants' access to government services during their first five years as a legal immigrant – food stamps, public health insurance, Supplemental Security Income (SSI), and TANF. Many immigrants also believe that receiving public benefits will lead to a "public charge"[16] label that could affect their ability to become lawful permanent residents, become citizens, or sponsor their family members.

Many immigrant families lack access to quality health care services. For traditional and economic reasons, many refugee and immigrant parents seek health care from indigenous or homeopathic health providers prior to seeking treatment from Western clinics or emergency rooms. Jobs in service, manufacturing, or small businesses that low-income immigrants typically hold do not provide health insurance, and low-income parents cannot afford to pay for insurance. Many immigrant parents do not understand state and federal subsidized child health insurance programs or fear that enrolling their child will threaten their own immigration status or naturalization application.

Abused immigrant women are thought to be particularly vulnerable populations due to lack of access to services, poverty, and fears related to immigration status. They are more likely to lack information about what services exist and to have transportation or translation/interpretation problems.[17] Many community advocates believe there is a higher tolerance for domestic violence in immigrant communities due to cultural values that give higher priority to family or group loyalty, or to family honor or privacy.[18]

In our research, child welfare agencies discussed key problems in serving immigrant families. Child welfare agencies must use local funds since undocumented immigrant children are not eligible for federally funded Title IV-E foster care. Services, such as interpretation, visiting the child's native country for evaluation of potential placement, or hiring immigration counsel, are paid for from local funds. There is a lack of training and technical assistance available to child welfare staff on immigrant issues such as Special Immigrant Juvenile Status (SIJS) or other forms of immigration relief. It is difficult to license relative caregivers since many relative caregivers have difficulties fulfilling foster care regulations, including minimum space per occupant requirements, fingerprint clearances without government-issued identification, and income qualifications. Given the shortage of licensed foster care homes, immigrant youth are rarely placed in linguistically and culturally matched foster homes.

RECOMMENDATIONS AND PROMISING PRACTICES:

- Child welfare agencies should implement policies to provide culturally and linguistically appropriate services to their immigrant families. Examples of promising practices exist, such as the Immigrant and Child Welfare Project, which is housed in the Hunter College School of Social Work in New York; and the San Francisco Department of Human Services Task Force on Language Access. Child welfare training and education on immigration-related issues should be improved.

- 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 do so under a specific law (e.g., to determine eligibility for welfare benefits) and will not share information with immigration enforcement officials unless it is a legal requirement. [19]

- Funders should support best practice programs. For example, peer-to-peer support among child welfare agencies with a history of working with immigrant populations like those in New York and California can be provided to new immigration growth states like North Carolina and Oklahoma.

- Public child welfare agencies should partner with community-based agencies with experience in serving immigrant families. A partnership can help child welfare agencies ensure that information and assistance is provided in a culturally and linguistically appropriate manner, as well as raise awareness within the immigrant community about how the child welfare system works.

- Parents who have experienced the child welfare system can be trained and hired to serve as mentors to parents experiencing the system for the first time. These programs can be developed in partnerships with community-based agencies.

- Liaison positions can be created to assist immigrant families in navigating the child welfare system. These positions, which can be within the child welfare agency or with independent agencies, can ensure that all laws are implemented in a culturally competent manner and that decision-making processes are in compliance with regulations.

- Child welfare agencies should develop working relationships and formal agreements with foreign consulates, such as Memorandums of Understanding (MOUs). For many immigrant families, family connections transcend country boundaries, and families maintain strong ties with nuclear and extended family members in their home country. These family members may be an important resource for children in U.S. child welfare systems.

- Schools and child welfare agencies should develop collaborations to support immigrant children and their families. Schools and child welfare agencies frequently serve the same children and face similar challenges in serving them. Joint and cross-trainings for caseworkers and educators are examples of ways to increase communications between professionals working in the two systems.

- Child welfare staff should work closely with domestic violence advocates to support battered immigrant women and their children. The Violence Against Women Act (VAWA) is a set of laws designed to protect immigrant-abused spouses who are afraid to seek police protection because the abuser has threatened to withhold immigration status from the victim if they do so. VAWA enables battered spouses

and children who are undocumented to obtain lawful status without the abuser's knowledge or permission.

- Resources on best practices for working with immigrant and refugee families in juvenile and family courts should be developed and disseminated. Juvenile court actions that are not informed by immigration considerations can have an adverse effect on children and families or result in missed opportunities for immigration relief. Furthermore, immigration, language, and cultural issues can often complicate juvenile court cases. Child welfare staff should work in partnership with the entire legal team in complex juvenile court cases that involve immigrant families.

WORKING WITH SPECIAL POPULATIONS

Many undocumented children involved with the child welfare system are likely to be eligible for special forms of immigration relief, and some may be eligible for citizenship. Family members of children involved in the child welfare system may be eligible for immigration relief as well. Child welfare officials should be knowledgeable about immigration issues and have access to expert immigration assistance and services in order to fully protect children in their care and to work successfully with families.

SPECIAL IMMIGRANT JUVENILE STATUS (SIJS)

In 1990, Congress created the Special Immigrant Juvenile Status. An undocumented child who is eligible for long-term foster care can be granted this status and become immediately eligible to file for permanent residency in the United States. Although the process can be completed in less than a year, it takes much longer in some jurisdictions, and early identification is extremely important because a child can lose SIJS eligibility once the court terminates jurisdiction over the child. Despite the fact that Congress created SIJS fifteen years ago, implementation remains inconsistent. More often than not, the courts are either completely unaware of or confused about the technical requirements of SIJS. The precise number of undocumented children who emancipate from foster care without obtaining permanent residency is unknown. However, most advocates are convinced that child welfare agencies and the courts have failed to inform many eligible youth in a timely manner of their right to apply for SIJS status. Once a child receives SIJS status, child welfare agencies are able to save significant costs by receiving federal reimbursement for the child's care. However, SIJS does not provide retroactive reimbursement, so the sooner it is enacted, the greater the cost savings to the child welfare agency.

REFUGEES, ASYLEES, SEPARATED, AND UNACCOMPANIED MIGRANT CHILDREN

While SIJS is available for all undocumented children eligible for long-term foster care, other forms of relief also may be available, depending on the child's or the family's circumstances.

Definitions:

The U.S. Department of Health and Human Services, Administration for Children and Families, Office of Refugee Resettlement (ORR) funds a public/private partnership, Bridging Refugee Youth and Children's Services (BRYCS). Its website, www.brycs.org, which provides an extensive library of resources focused on the needs of refugee children, is also applicable for working with other immigrant children who do not have refugee status.

- The number of refugees permitted to enter the United States is subject to numeric caps by geographic areas set annually by the President in consultation with Congress. Refugees and asylees are eligible for services that are not available to other types of lawful permanent residents – for example, cash, housing, and medical assistance upon

arrival, and English as a Second Language, education, training, and employment assistance for their first five years in the United States.[20]

- **Separated and Unaccompanied Migrant Children:**[21] The United States typically uses the term "unaccompanied child" or "unaccompanied minor" to include both children who are totally alone and those who are with some non-parental adult, related or not.[22] Within this group, there are children with some sort of legal status that allows them to be eligible for immigration relief. Many more migrant children enter the United States with no legal status and are considered "undocumented." They have complex immigration legal needs as well as considerable social service needs. Some are detained by the federal government and are in federal care while their cases are being heard in immigration court or while relatives are identified who can care for them.

Most of the estimated 100,000 children with no legal status who are apprehended each year are returned immediately to Mexico or Canada (approximately 90,000 or more).[23] The federal government detains approximately 7,000-8,000 children while their cases are being determined.[24] The median age of these youth is 16.[25] ORR funds various private organizations to facilitate the provision of a safe and appropriate environment for these children during the interim period between their transfer into ORR's Unaccompanied Alien Children's Program until their release from federal custody to their family members or friends or deportation.[26] While in detention, these detained children are cared for by ORR in predominantly licensed institutional care.[27] According to BRYCS, the total number of new children served in out-of-home care in the federally funded refugee program is approximately 170 per year.[28] To date, there are facilities for these minors in 14 states.[29]

RECOMMENDATIONS AND PROMISING PRACTICES:

- Educate child welfare, probation, and court staff about different immigration relief programs and other immigration issues that are likely to arise in their work.

- Implement policies to provide early assessment of immigrant children and families for potential eligibility for immigration relief programs such as SIJS, trafficking, refugee benefits, etc. Because of the time-sensitive nature of many immigration relief programs, early identification is essential to allow children and family members to apply for appropriate forms of relief.

- Designate special child welfare units with immigration expertise to focus specifically on immigration-related cases.

- Advocate for a more generous and timely fee waiver policy for SIJS applicants.

- Support legislation and regulations to ensure that undocumented youth in the foster care, delinquency, and probate court systems are identified at an early stage and receive appropriate legal representation and immigration counsel.

- Provide greater opportunities for service collaboration between child welfare agencies and immigrant organizations through models provided by initiatives such as BRYCS.

CONCLUSION

Policymakers often focus on insufficient statistical evidence or numbers as a reason to justify the lack of resource allocation to this population. However, socioeconomic indicators and immigrant exponential growth provide compelling evidence on the need to focus attention on immigrants who are in or will likely enter the child welfare system.

Immigrant children are the new Americans and it is in everyone's best interest that this vulnerable, but rapidly growing population of children receives the services they need to thrive. Most of these children live in mixed legal status households with one or more non-citizen parents, underscoring the difficulty in differentiating the undocumented immigrant community from the general immigrant community.[30] As voiced by a participant at the consultative session, "Improving child welfare services to immigrant families must not be viewed as a 'boutique' issue. It must be part of the current, larger conversation regarding improving the overall child welfare system to meet our mandate of safety, permanency, and well-being."

"I was 6 when I was removed from my mother's house for substantiated abuse. My mother, a refugee from Afghanistan, was 14 when she had me. When I was removed, no one explained to my mother and grandmother what was going on. They were given documents in English they didn't understand. For the next 12 years of my life, I went to over 20 foster homes, a couple of detention halls, and four group homes. While I was a ward of the state, my mother and two younger siblings became American citizens but I remained an undocumented immigrant. Throughout my child welfare experience, I kept asking about my papers – birth certificate, Social Security number, anything. I asked probation officers, foster parents, child welfare workers, anyone but no one knew or cared. Finally, fed up with it all, I got legal resident status myself after dealing with lots of bureaucracy and insecurities. I'm 24 now and it's still haunting me. I can't vote, have to notify Homeland Security within two weeks of moving, have to explain to the university why I shouldn't be charged foreign resident tuition rate. I have no cultural identity – I didn't grow up in a Persian household, yet I am not considered an American citizen."

- Interview with Hemal Sharifzada, former foster youth and staff of California Youth Connection

INTRODUCTION

In the summer of 2004, the Annie E. Casey Foundation commissioned an internal report on the issues surrounding the involvement of immigrant and refugee families[31] with the child welfare system. A team of consultants performed an extensive literature review and interviewed experts throughout the country, including frontline child welfare workers, immigration attorneys, adoptive parents, foster youth, advocates, staff of community-based agencies, researchers, and policymakers. By collecting anecdotes about immigrant families involved in the child welfare system, along with any existing research, the consultants were able to gain insights into current practice and policy.

Though there are local and state task forces on this subject, efforts were only beginning to develop national forums to discuss the issue of immigrants within the child welfare system. Encouraged by the participants interviewed, the Annie E. Casey Foundation convened a two-day consultative session in the summer of 2005 in Costa Mesa, California. The Foundation invited 50 participants with expertise in ***both*** immigration and child welfare; knowledgeable individuals who were truly "multilingual" in their understanding of two complicated systems. Invitees included representatives from immigrant-serving agencies, child welfare departments, and policy and research organizations, along with youth and parents with firsthand experience with the foster care system. It was a dynamic session with participants educating each other on existing needs and services, as well as developing short- and long-term recommendations for child welfare providers and policymakers.

This report is the summary of the interviews, consultative session, and literature review. It also illustrates the need for thoughtful dialogue at the local, state, and national levels about how to serve this vulnerable and growing population within the child welfare system.

"It's really important that we look beyond traditional 'needs assessment' data or child welfare data and talk with frontline community-based organizations. Ask the churches, immigrant groups, food bank staff to keep track of the language and country of origin for their clients and then you'll get a good idea of who needs services."

- Interview with Anita Gundana, former Child Welfare Public Policy Director, Coalition for Asian American Children and Families, New York

GROWING NUMBERS OF VULNERABLE IMMIGRANT CHILDREN AND FAMILIES

Immigration Trends:
Immigrants fall into one of four major categories.[32] These immigration categories[33] carry different entitlements to benefits, services, and legal rights.

- **Legal Permanent Residents** (LPRs or "green card" holders) are non-citizens admitted for permanent residency and were estimated to be **31 percent,** or 10.5 million, of the immigrant population in 2003. They are eligible to become citizens in 3-5 years.[34]
- **Naturalized citizens** are immigrants who have become U.S. citizens. They were estimated to be **31 percent,** or 10.9 million, of the immigrant population in 2003.[35]
- **Refugees** were **7 percent**, or 2.5 million, of the immigrant population in 2003.[36]
- **Undocumented immigrants** are those who entered the United States illegally (i.e., "border crossing") or immigrants who overstayed their visas. They were estimated to be **28 percent,** or 9.8 million, of the immigrant population in 2003.[37]

The undocumented population has been steadily increasing in size since the 1990s. According to an Urban Institute estimate, the undocumented population more than doubled during the 1990s.[38] Mexicans make up over half of undocumented residents (57 percent of the total, or 5.3 million).[39] Another 2.2 million (23 percent) are from other Latin American countries.[40] About 10 percent are from Asia, 5 percent from Europe and Canada, and 5 percent from the rest of the world.[41] Between 1990 and 2000, the number of children of immigrants under 6 grew by 60 percent nationally from 3 million to 47 million.[42]

Immigrant families constitute a large and growing proportion of all families. The United States is in the midst of a second wave of immigration, not unlike the first over a century ago. Nationally, almost one in four children and youth is either an immigrant or is a child of immigrant parents.[43] One-fifth of all school children in kindergarten through high school are children of immigrants.[44]

The majority of immigrants (67 percent) are highly concentrated in six major destination states (California, Texas, New York, Florida, Illinois, and New Jersey).[45] Combining the immigrant population of New York City and Los Angeles alone accounts for approximately 30 percent of the total immigrant population in the United States.[46]

However, new immigrants are dispersing rapidly to many other states. Especially rapid growth occurred during the 1990s in new-growth states located in a wide band across the middle of the country, including many of the Rocky Mountain, Midwest, and

Southeastern states. The ten states with the fastest growing populations of young children (under 6) of immigrants were North Carolina (270 percent), Nebraska (269 percent), Arkansas (244 percent), Nevada (236 percent), Georgia (210 percent), Iowa (182 percent), Tennessee (165 percent), Oregon (169 percent), Colorado (155 percent), and Idaho (152 percent.)[47] The integration issues that California and New York have faced for over a decade are now confronting policymakers in these new high-growth states.[48] Unlike the major destination states, the immigrant population in the new-growth states is disproportionately made up of recent arrivals – almost 60 percent arrived in the 1990s, most since 1995.[49]

The new immigrant groups come from non-European countries and are culturally more diverse. Latin Americans are half of all immigrants living in the United States, and Mexico alone accounts for 31 percent.[50] Although they come from nearly 100 different countries, most of the immigrants in this second wave of immigration are from Latin America, Africa, and Asia.[51] Immigrants from the traditional regions of Europe and Canada – which accounted for the lion's share of immigration before 1970 – have dropped to only 16 percent of the total, a share that seems to be steadily decreasing.[52] Many of the new immigrant groups are Buddhists, Hindus, Muslims, and Sikhs and do not share the same Judeo-Christian background of earlier generations of immigrants.

A large population of immigrant households is composed of mixed-status families in which members have different legal statuses. The family can include younger children born in the United States (i.e., citizens), an undocumented parent, undocumented older siblings, and a parent with legal permanent residency. Almost 30 percent of young children of immigrants live in families with one or more undocumented parents and 81 percent of young children of immigrants have a non-citizen parent.[53] Almost all (93 percent) children of immigrants under 6 are U.S. citizens, and 77 percent of children ages 6 to 17 in immigrant families are citizens.[54]

Poverty is one of the most important predictors of negative child outcomes. Poverty rates are generally higher among children of immigrants than among children of natives, and are highest for young children of immigrants.[55]

- Over a quarter of young children in immigrant families are poor, compared with a fifth in native-born families.[56] The primary reasons for this higher poverty rate are the low wages of their parents and the relatively low labor force participation among immigrant women.[57]
- Young children of immigrants are less likely to receive public benefits. Low-income children in immigrant families receive TANF and food stamps at approximately half the rate of low-income children born to natives (7 percent vs. 17 percent for TANF; 20 percent vs. 40 percent for food stamps). One explanation for this low participation is that many immigrant parents are ineligible for TANF and food stamps because they are either undocumented or recent legal immigrants, even though their children may be eligible for these benefits.[58] These families are also less likely to be eligible for child care and other supports restricted to TANF recipients.[59]
- Children in immigrant families are considerably more likely to be uninsured, to be reported in fair or poor health, and to lack a usual place where they can get preventive health care.[60]

Data on Immigrants in Child Welfare:

Currently, there are no reliable data about the number of immigrant children and families in the child welfare system. This information is not collected uniformly on a national, state, or local level. Questions about a child's immigration background or questions that may help to identify immigrant children and families – such as primary

language, country of origin, and numbers of years living in the United States – are rarely documented in electronic databases.

Research with frontline child welfare staff and researchers suggests this lack of data integrity, frequent misclassification, and underreporting (or misreporting) are the results of the following factors:

- Nativity of parents and children, country of origin, and immigration status are optional fields in the child welfare database system and are not mandatory for state reporting purposes.

- Immigration status may be different for each family member (e.g., children who are citizens and speak English fluently and parents who are undocumented and have limited English proficiency).

- Many social workers fear that reporting immigration status and the family's involvement with the child welfare system may result in deportation or other negative consequences for the family

- Child welfare intake and database systems are not designed to identify immigrant families accurately. Although the race of the family is often recorded, other data items are either nonexistent or poorly defined, and social workers are not provided with sufficient information and training. As a result, discrepancies frequently arise. For example, children have been identified as "undocumented" yet a green card number is listed. Children have been listed as "undocumented" and are also reported to be born in the United States. Workers often use physical appearance, surname, or ethnicity to determine their country of origin. Depending on appearance, an immigrant from Somalia may be categorized as native-born African American or as Caucasian, and Filipinos with a Spanish surname may be classified as Hispanic.

A large percentage of families involved with the child welfare system are Hispanic, and interviews with frontline social workers suggest that many of them are immigrants. According to an estimate in the FY2003 report by the federal Children's Bureau, Hispanics made up 17 percent of the 523,000 children in foster care nationally.[61] In California, Hispanics made up 40 percent of the 83,091 children in foster care as of July 2005.[62] In San Diego County, California, which shares a border with Mexico, requests for assistance from the international liaison for consulate contacts[63] increased from 400 in 2002 to 600-700 in 2003. At the time of the interviews in August 2004, San Diego County had already tallied over 600 requests from the international liaison office.

RECOMMENDATIONS AND PROMISING PRACTICES:

- **National discussion and consensus among researchers and practitioners on how best to collect information about immigrants in the child welfare system are needed.** In order to address concerns about jeopardizing the legal status of family members and to reduce the chance that questions will discourage families from seeking help, agencies can develop "proxy questions" such as country of origin, language spoken at home, English proficiency, and length of time in the United States. These questions can help to identify trends and systemic issues and provide important information necessary to serve children and their families, such as the need for language assistance, attention to cultural issues, and possible eligibility for special federal assistance and immigration relief. Since some forms of relief are time sensitive, early identification of eligibility is very important. Several examples of promising ideas and practices already exist. In Illinois, food stamp clients are asked to rank themselves according to four categories of English speaking/writing ability to

assess language needs. In New York City, Mayor Bloomberg issued Executive Order No. 41 on September 17, 2003, instructing child welfare workers not to inquire about a person's immigration status, among other things, unless that inquiry is needed to determine program services or benefit eligibility or to provide city services.[64]

- **Research about immigrants in child welfare should be supported.** This research can confirm the number of immigrant children and families involved with the child welfare system and help to identify their needs. Communities need both longitudinal studies and real-time data, for use by policymakers, child welfare agencies, and community-based organizations so that they can be responsive to immediate and emerging needs. A promising example is the Urban Institute research project to match SACWIS data with birth records in several states with large immigrant populations. The data on the birth records generally include mother's place of birth, thus allowing identification of children who were born in the United States to foreign-born parents. Coupling country of origin with date of entry into the United States alone holds promise for fruitful research. States with a history of a large immigrant population like New York and California have provided a learning lab for this type of research. These states may be able to advise other states about how to approach this new area of research. National research centers like the Urban Institute and Hunter College School of Social Work also have valuable experience in this area. The federal government should promote research efforts on immigrant and refugee families in child welfare.

- **Data about immigrants in child welfare should be collected on a national, regional, and local basis.** While the number of certain immigrant groups in the child welfare system may appear small, compilation of regional numbers by state, city, or county may reveal significant numbers. An example provided by BRYCS illustrates that the cities of Columbus, Ohio; Minneapolis, Minnesota; and Seattle, Washington, all have large concentrations of refugees who speak Somali. However, this population is currently "hidden" in the Adoption and Foster Care Analysis and Reporting System (AFCARS) system because they are classified as "black" or "unknown."[65] In March 2005, BRYCS recommended that states add a new primary language category for the child and guardian to their data system so that information can be collected in the AFCARS system.[66] Since states may view this recommendation as an unfunded mandate with AFCARS penalties applied to these data items, it important that increased funding be attached with this recommendation.

"I try to catch all the immigrant cases if they come into my unit but they may be sent to other units where there are no Spanish speakers. The children are pulled out of the home because they want to err on the side of caution, which is fine where these are clearly cases of abuse and neglect. But most of these kids go home eventually and they aren't the same kids anymore. They threatened their parents with 911 calls, some of the young ones forget their Spanish, and all of them have been traumatized. I get calls all the time from foster care parents asking me to translate for an immigrant child placed in their home. Why doesn't the kid eat, they ask me? I talk to the child and they say they want rice and beans, so why does this lady keep giving them hot dogs?"

- Interview with a California Child Welfare Supervisor

CHALLENGES FACING IMMIGRANTS IN THE CHILD WELFARE SYSTEM

In our research, the following topics were identified as particularly problematic for immigrant families in the child welfare system.

- **Throughout the child welfare system, there are not enough interpretation/ translation services or bilingual or bicultural staff members at all levels – hotline workers, social workers, psychologists, CASA workers, and attorneys**. According to research by the Urban Institute, the vast majority (87 percent) of young children in immigrant families have at least one parent who speaks a language other than English at home.[67] About 32 percent of all children under 6 in immigrant families live in "linguistically isolated" households.[68] All of the child welfare agencies interviewed for this project spoke of the severe shortage of staff with multilingual and multicultural skills.

- **Communication problems and lack of appropriate translation services can lead to inaccurate or insufficient information about a case.** Written materials such as important legal paperwork with timelines and court dates are often provided only in English, and immigrant families often don't understand their rights or responsibilities within the child welfare system. Although some agencies rely on bilingual neighbors or family members as interpreters, this practice raises serious confidentiality issues and untrained interpreters may consciously or unconsciously filter or censor what is said or give inaccurate information. Agencies report sometimes using family members under the age of 18 to translate. This practice raises a number of concerns and is even more alarming when the child is an alleged victim and is asked to translate for a parent who is suspected of abuse or neglect, creating the risk of additional trauma for the child. Many advocates believe that children of immigrant parents often remain in care far longer than non-immigrant families. Sandra Jimenez, formerly of the New York Department of Homeless Services, provides an example. "I had two very similar cases – one of an American parent and another is an undocumented parent. Both cases involve child neglect. The American parent was able to come up with money to hire an attorney, follow through with the court plan for services, and have her child returned within six months. The undocumented parent didn't have good legal representation, couldn't find services in her language, and her child was in the system for over two years." There also is a lack of culturally relevant services such as parenting classes and drug treatment programs in

appropriate languages that immigrant parents need to fulfill case plan requirements. These services often have long waiting lists or require treatment plans longer than the allowable 18-month timetable under the Adoption and Safe Families Act.

- **Many immigrants distrust government agencies.** They may have left countries with harsh authoritarian regimes or corrupt government agencies. They do not understand their rights and responsibilities within the child welfare system. "The family sometimes admits everything, because they think that will help their case. Or, they admit and say nothing, which can appear uncooperative to child welfare providers," says Carmen Grant, child welfare supervisor at the San Francisco Department of Human Services.

- **Cultural norms and child-rearing practices differ from those in the United States.** Many immigrant families' interactions with child welfare are the result of culturally different approaches to child rearing and intergenerational conflict. Many refugees and immigrants come from countries where corporal punishment is generally accepted and may consider Western parenting styles too permissive. The customs and traditions of these societies often dictate that an elder should never be challenged or contradicted whereas the Western culture of question and challenge is part of the educational norm. In Asian cultures for example, schools actively use corporal punishment. Immigrant families may not understand more mainstream American parenting methods, such as time-outs, vocalizing problems, or discussing personal issues.

- **Lack of access to key federal income and employment supports.** The passage of the Personal Responsibility and Work Opportunity Reconciliation Act (i.e., "welfare reform") and the Illegal Immigration Reform and Immigrant Responsibility Act (i.e., "immigration reform") in 1996 severely restricted certain immigrants' access to government services during their first five years as a legal immigrant – food stamps, public health insurance, Supplemental Security Income, and TANF.[69] PRWORA created a new definition of "qualified alien" and those not meeting the definition are not eligible for federal reimbursement of services. Refugees and other narrow categories are exempted, and some of the harshest restrictions adopted under these laws have since been appealed or have exempted lawfully residing children. Nevertheless, there has been a dramatic decline in benefit participation by eligible immigrants due to the confusion over the new eligibility rules as well as fear that utilizing government programs may jeopardize their immigration status. Between 1994 and 1999, food stamp receipt by citizen children living in mixed-status families (i.e., with non-citizen) fell by 20 percent more than overall participation rate.[70] Food stamp receipt by noncitizens fell even more sharply.[71] Many immigrants also believe that receiving public benefits will lead to a "public charge"[72] label that could affect their ability to become lawful permanent residents, become citizens, or sponsor their family members.

- **Lack of access to quality health care services:** For traditional and economic reasons, many refugee and immigrant parents seek health care from indigenous or homeopathic health providers prior to seeking treatment from Western clinics or emergency rooms. Families in need may delay seeking medical treatment because they cannot afford to pay for care when they have no health insurance. Children of immigrants are twice as likely to be in fair or poor health (7 percent vs. 3 percent) and lack a usual source of care (8 percent vs. 3 percent).[73] In 2002, the share of young children of immigrants without health insurance was more than twice as high as the rate for young children of natives (14% vs. 6%).[74] These health issues appear to be somewhat correlated with income but other factors, such as lower insurance coverage

and access to health care, may also affect the health of children of immigrants. Jobs in service, manufacturing, or small businesses that low-income immigrants typically hold do not provide health insurance, and low-income parents cannot afford to pay for insurance. Among lower-income families, adult immigrants may be ineligible for programs such as Medicaid because they arrived in the country after 1996, when eligibility guidelines changed, or because they are undocumented.[75] Many immigrant parents do not understand state and federal subsidized child health insurance programs or fear that enrolling their child will threaten their own immigration status or naturalization application. Once a child is in the foster care system, the child is eligible for full-scope Medicaid coverage but access and continuity of care issues may adversely affect the child's health. "Since the state is the surrogate parent for a child in foster care, they are responsible for the assessment and monitoring of the child's health throughout their stay in care. They don't do a good job with the health care of the non-immigrant foster care population so can you imagine the problems for this group! Proper monitoring of medication, assessment of mental health needs, preventive health services, these are a few of the health care needs of foster children not addressed," says Kim Lewis, an attorney with the Western Center for Law and Poverty in Los Angeles.

- **Abused immigrant women are thought to be particularly vulnerable populations due to lack of access to services, poverty, and fears related to their immigration status.** In about half of all child maltreatment cases, a mother is also battered.[76] Immigrant battered women are less likely to know what services exist and more likely to have transportation or translation/interpretation problems.[77] Many community advocates believe there is a higher tolerance for domestic violence in immigrant communities due to cultural values that give higher priority to family or group loyalty, or to family honor or privacy.[78] In some jurisdictions, mothers can lose custody of their children because of child welfare policies that define their failure to leave an abusive situation as a "failure to protect." According to the Family Violence Prevention Fund, mothers and children in the domestic violence and child welfare systems can experience discrimination based on race, gender, economic status, English language skills, immigrant status, and culture.[79]

We also found that child welfare agencies faced many of these key problems serving immigrant families:

- **There is no federal reimbursement of child welfare services for undocumented immigrant children.** An undocumented immigrant is not eligible for federally funded Title IV-E foster care, which pays for foster care benefits and child welfare services provided to eligible children. Child welfare services, such as interpretation, visiting the child's native country for evaluation of potential placement, or hiring immigration counsel on the case, are supported by Title IV-B funds that are capped and relatively small in comparison to Title IV-E funds so most child welfare agencies must depend on scarce local resources to support these services. "Cases with immigrant families can be very complicated, very time-consuming, and are often our most challenging. The family may have limited English skills. Social workers have to work with foreign child welfare agencies, Homeland Security, etc. The case should be assigned to a seasoned social worker who understands immigration issues," says Ken Borelli, Deputy Director, Santa Clara County Department of Family and Children's Services. Social workers need access to immigration attorneys and specialists to understand the complexities of these cases. The child welfare agencies we interviewed universally voiced the need for federal reimbursements and increased resources for specialized staff and services.

- **There is a lack of training and technical assistance on immigrant issues provided to child welfare staff.** "Most social workers are trained on diversity issues related to minorities. They don't understand third-world poverty. They visit homes and can't understand how six people can live in one room. I explain to them that this may be better than the situation they left behind," says Ilze Earner, Hunter College School of Social Work. Many social workers are not trained or provided with the appropriate resources to understand immigration issues. As a result, immigrant children and families are often not assessed for their eligibility for programs such as Special Immigrant Juvenile Status, or other forms of immigration relief. Many social workers may not have been trained on the use of PRUCOL[80] to access Medicaid and other social services.

- **Difficulties in licensing relative caregivers and finding culturally and linguistically matched foster homes**. According to many child welfare agencies, immigrant families are often ineligible to become foster parents because their homes do not meet licensing requirements. Many relative caregivers have difficulties fulfilling foster care regulations, such as minimum space per occupant requirements, fingerprint clearances without government-issued identification, and income qualifications.

RECOMMENDATIONS AND PROMISING PRACTICES:

- **Child welfare agencies should implement policies to provide culturally and linguistically appropriate services to their immigrant families. Examples of promising practices exist.** The Immigrant and Child Welfare Project, housed in the Hunter College School of Social Work in New York, has identified ten points for child welfare agencies to consider when working with immigrant families: [81]
  (1) Ensure that immigration status is not used to deny services;
  (2) Include legalization of immigration status in permanency planning for undocumented youth in foster care;
  (3) Always make interpreters available;
  (4) Do not use minors as interpreters for their parents;
  (5) Train staff about immigration issues and their effect on access to services;
  (6) Ensure that staff receive cultural sensitivity training;
  (7) Promote hiring of bilingual and bicultural staff;
  (8) Conduct community outreach to recruit foster families from diverse populations;
  (9) Develop programs and services to meet the needs of immigrant families; and
  (10) Improve understanding among immigrant families of the services available to them.

  New York City has developed a protocol to guide social workers in appropriate interactions with immigrant families. It includes resources for caseworkers such as legal outlets and other services that families might interact with or have questions about.[82] Access to services for individuals with limited English proficiency is not only good social work practice but also is required by law. 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.[83] In San Francisco, a task force was created to assess the language access issues and implement improvements. In addition to interpreter services, the agency posted its protocol in all public buildings, provided department guidelines in five languages, had all of its forms translated on the intranet, provided telephone interpreter services, and developed a glossary of terms used in social services. For 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 explanation of important information may be a better method of communication.

- **Local governments should consider adopting "non-cooperation" ordinances.** Under this type of ordinance, local officials, including child welfare workers, will not engage in law enforcement activities to assist immigration agents. They will not inquire about a person's immigration status, unless they are required to do so under a specific law (e.g., to determine eligibility for welfare benefits) and will not share information with immigration enforcement officials unless it is a legal requirement. [84]

- **Funders should support best practice programs.** For example, child welfare agencies with a history of working with immigrant populations like those in New York and California can provide peer-to-peer support to new immigrant growth states like North Carolina and Oklahoma. Many child welfare agencies in the new immigrant growth states do not have established relationships with foreign consulates and lack the resources to provide language translation/interpretation services. In San Diego County, the child welfare staff receives calls from agencies throughout the country for technical assistance and referrals on how to handle immigrant child welfare cases. Federal funding should be provided so that experienced child welfare agencies could provide assistance to states with newer immigrant populations and build on their lessons learned.

- **Public child welfare agencies should partner with experienced community-based agencies.** Many community-based agencies have extensive experience in serving immigrant families. Partnership with these agencies can help child welfare agencies ensure that information and assistance are provided in a culturally and linguistically appropriate manner. Child welfare agencies and community-based agencies can increase the resources available for children from immigrant families by helping family members, who are willing and able to care for children, to understand and meet requirements for foster home licensing, placement, and benefits. The Lutheran Community Services Northwest (LCS/NW) office in Seattle developed the Minority Recruitment Program through funding from two state contracts and some LCS/NW funds. Its recommendations for a successful recruitment campaign are careful planning, adequate funding, and a shared conviction of the importance of finding appropriate placement for immigrant children by both partners.[85] Providing technical assistance to understand confusing licensing regulations and resources, including housing subsidies, funds to pay for furniture, and income supports (e.g., child care) can be the key to getting a relative caregiver licensed as a foster parent. In Missouri, the Department of Social Services Children's Division of St Louis has partnered with the International Institute in the following initiatives: a) joint hotline response: when a child abuse hotline report has been made on a refugee family, the hotline investigator and a refugee social worker, along with an interpreter respond and investigate together; b) cross training: the Children's Division receives training on cultural issues and the International Institute receives training on child protection services; c) Ride Along Program: workers from each organization shadow each other.

- **Parents who have experienced the child welfare system can be trained and hired to serve as mentors to parents experiencing the system for the first time**. These programs can be developed in partnerships with community-based agencies.

- **Liaison positions to assist immigrant families within the child welfare system can be created.** These positions can be within the child welfare agency or housed at community-based agencies. The liaison can act as a cultural broker between the

immigrant families and social workers. In Illinois, the Department of Children and Family Services has an Office of Latino Services/External Affairs. In Minnesota, there is an Office of Ombudspersons for Families that has four ombudspersons – Hispanic, African American, American Indian, and Asian/Pacific Islander. The office offers multilingual hotlines, assists in recruiting bilingual staff and foster homes, and works with international consulates.[86]

- **Child welfare agencies should develop working relationships with foreign consulates and formal agreements, such as Memorandums of Understanding (MOUs), with foreign countries.** For many immigrant families, family connections transcend country boundaries, and families maintain strong ties with nuclear and extended family members in their home country. These family members may be an important resource for children in U.S. child welfare systems. Formal agreements with foreign countries can assist social workers in international kinship tracing and permanent placements. In Santa Clara County, California, an MOU with the Mexican consulate allows their social workers to finalize adoptions in Mexico. San Diego County has developed MOUs with Mexico and most Latin American countries to assist with international relative placement.

- **Schools and child welfare agencies should work in collaboration to support immigrant children and their families**. Schools and child welfare agencies frequently serve the same children and face similar challenges in serving them. In addition, their work often intersects. As mandated child abuse reporters, school personnel must submit reports to the child abuse hotline and most children living in foster care attend public schools. Schools often provide the greatest opportunities for acculturation of immigrant families and can be a non-threatening means to support vulnerable immigrant families. However, child welfare and public education systems face many barriers to working together, including financial considerations (which system pays for what services), identification of appropriate clientele (who should receive which services), and disparate goals and objectives among services.[87] Joint and cross-trainings for caseworkers and educators are examples of ways to increase communications between professionals working in the two systems. Extra support for immigrant foster youth, such as one-on-one tutoring and mentoring also can help with educational success.

- **Child welfare workers should receive training on immigration-related issues.** In New York City, Hunter College School of Social Work has developed a training curriculum for the Administration for Children's Services on working with immigration issues in the child welfare system. Training topics include understanding the different immigration statuses, developing awareness of the migration process for different immigrant groups, and finding alternative resources and services for immigrant families using neighborhood-based services. In several communities, BRYCS has developed cross-service training between public child welfare agencies and refugee communities, including a curriculum that local service providers can use to help stimulate action at the local level.[88] In Santa Clara County, California, there is an internal committee within the child welfare department that developed an immigration resources guide with a list of internal and external resource people available to assist staff when immigration issues arise.

- **Child welfare staff should work closely with domestic violence advocates to support battered immigrant women and their children.** Immigrant women need to understand their rights and how best to navigate the system with staff who understand the dynamics of domestic violence. The Violence Against Women Act (VAWA) is a set of laws designed to protect immigrant-abused spouses who are

afraid to seek police protection because the abuser has threatened to withhold immigration status from the victim if they do so. VAWA enables battered spouses and children who are undocumented to obtain lawful immigration status without the abuser's knowledge or permission. Many organizations are available to help parents and children, who may be eligible for a green card as the result of family violence, apply for VAWA relief. Many domestic violence shelters have lawyers specially trained to do these types of VAWA self-petitions.[89]

- **Resources on best practices for working with immigrant and refugee families in juvenile and family courts should be developed and disseminated.** Juvenile court actions that are not informed by immigration considerations can have an adverse effect on children and families or result in missed opportunities for immigration relief. Furthermore, immigration, language, and cultural issues can often complicate juvenile court cases. Child welfare staff should work in partnership with the entire legal team in complex juvenile court cases that involve immigrant families. Depending on the type of case, this team could include the juvenile court staff, judges (probate and juvenile court), probation staff, family law attorney, immigrant attorney, guardian ad litem, and social workers. Training on immigration issues is necessary because immigration law is a complex field that is likely to be unfamiliar to many individuals on the legal team. In some cases, an immigration specialist should be brought in to assess the child's situation and take appropriate action. Time may be of the essence. For example, an application for Special Immigrant Juvenile Status must be made before a child emancipates from foster care. Child welfare staff and the legal representative for the child should determine who is responsible for each aspect of a child's case, including legal documentation. Parents should be provided with information and legal representation that is culturally appropriate.

"Ana" is a young Mexican woman who was abandoned by her mother. She was raised by her grandmother who brought her to the United States. The grandmother beat her and refused to allow her or her sister to attend school. Ana ran away and worked in the fields and in restaurants, though she was still a child. She eventually ended up in foster care. Although a concerned social worker helped Ana file an SIJS application, the dependency court never appointed an immigration lawyer or consulted with one. Ana was encouraged to emancipate at 18 without being advised that as a result of her emancipation, the INS would deny her pending SIJS application. Ana became the mother of two young children after emancipation. She had no idea that her SIJS application had been denied when the INS arrested her. Once in deportation proceedings, she found our agency. We succeeded in re-opening her dependency case to restore her SIJS eligibility. Shortly before her 21st birthday, Ana's SIJS application was granted and she became a permanent resident.

- Letter of Support for AB1895 for immigration assistance to undocumented children under juvenile court jurisdiction by Public Counsel

WORKING WITH SPECIAL POPULATIONS

Many undocumented children involved with the child welfare system are likely to be eligible for special forms of immigration relief, and some may be eligible for citizenship. Family members of children involved in the child welfare system may be eligible for immigration relief as well. Child welfare officials should be knowledgeable about immigration issues and have access to expert immigration assistance and services in order to fully protect children in their care and to work successfully with families.

SPECIAL IMMIGRANT JUVENILE STATUS

Abused or abandoned children who lack a legal immigration status are particularly vulnerable. Prior to 1990, many of these children who had been removed from their families for their own protection left foster care years later as undocumented residents, vulnerable to deportation to an unfamiliar country at any time. In 1990, Congress addressed the immigration problems these children face by creating Special Immigrant Juvenile Status. An undocumented child who is eligible for long-term foster care can be granted this status and become immediately eligible to file for permanent residency in the United States. Although the process can be completed in less than a year, it takes much longer in some jurisdictions, and early identification is extremely important because a child can lose SIJS eligibility once the court terminates jurisdiction over the child. Despite the fact that Congress created SIJS fifteen years ago, implementation remains inconsistent. More often than not, the courts are either completely unaware of or confused about the technical requirements of SIJS.

The gap in knowledge about SIJS, and the resulting failure of eligible children to obtain legal residency through SIJS, is best explained by the unique nature of this remedy, which requires knowledge of the complex areas of child welfare and immigration law and navigation of the state court and federal immigration systems. SIJS requires someone to identify foster children who may be eligible, obtain appropriate state court orders to establish that eligibility, and make the appropriate application to immigration officials. However, in most jurisdictions, no specific professional is responsible for pursuing these cases, and eligible children have lost the opportunity to apply for legal status because no one identified them or took responsibility for their application. In fact, lawyers assisting

children with SIJS must have expertise in both immigration law and the juvenile court system.[90] In many courts that handle delinquency and private guardianships, there is even less knowledge about SIJS.

Immigration officials have sometimes taken years to process SIJS applications even after youth are identified by the local child welfare agency. In New York, immigration officials wait until youth are close to their 21st birthday before approving their SIJS application, no matter when the application was filed.[91] After years of complaints and lawsuits, immigration officials in some regions of the country have improved their response time. In Los Angeles County, advocates report that immigration officials are responding as quickly as 4–10 months after receipt of an application.

While the precise number of undocumented children who emancipate from foster care without obtaining permanent residency is unknown, most of the advocates we interviewed are convinced that local child welfare agencies, dependency attorneys, and state juvenile courts have failed to inform many eligible youth in a timely manner of their right to apply for SIJS status. According to research conducted by the Immigrant Legal Resource Center, these are the national numbers of juvenile court dependents who were granted lawful permanent residency through SIJS.[92]

FY98: 287
FY99: 348
FY00: 659
FY01: 556
FY02: 521

Although official statistics regarding SIJS approvals by region are not available, a significant portion of the SIJS cases approved annually originate in Los Angeles County – the location where child welfare agencies, immigration attorneys, and the U.S. Citizenship and Immigration Services work together to ensure that eligible children obtain this important immigration relief. The Los Angeles County Department of Children and Family Services provided the following information about the SIJS cases it processed:[93]

FY99: 250
FY00: 272
FY01: 162
FY02: 139
FY03: 113

There is a potentially punitive aspect to SIJS, since submitting an application with immigration officials potentially exposes the undocumented child to a risk of deportation if the case is not approved. Unlike VAWA applications, where specially trained immigration officials are generally sensitive to the applicants, SIJS applications are submitted to district immigration offices and subject to inconsistencies in urgency and attitudes about foster youth.

Many SIJS cases are submitted under the time-sensitive time frame of when a child is ready to age out of the system. Immigration cases can take more than a year to process and it usually takes a year before child welfare agencies determine that children are unlikely to reunite with their parents and be deemed eligible for long-term foster care. Therefore, it is critical that child welfare staff identify the documentation status of immigrant children in foster care as early as possible. Once a child receives SIJS status, child welfare agencies are able to save significant costs by receiving federal reimbursement for the child's care. However, SIJS does not provide retroactive reimbursement, so the sooner it is enacted, the greater the cost savings to the agency.

Selma , an 8-year-old girl from Kosovo, came to the United States with her mother. Her father was killed during the war, as were many of the men in her village. On the night of her father's death, Selma was awakened in the middle of the night by her mother and told to go quickly to her cousin's house in the next village. Several days later, her mother joined her, with visible bruises on her face, and Selma was told her father was dead. Nothing more was discussed about that night. In the United States, Selma adapted to her new school and learned English quickly. She often interpreted for her mother and sometimes missed school as a result. Her mother, Ilina, experienced great difficulty finding steady employment and grew increasingly isolated. She had a few acquaintances at the factory, but the work there was never steady. Local English classes were not offered in the evening, and the only class on Saturday did not offer child care. Ilina grew more and more aware of how dependent she had become on her daughter. One evening, Selma went over to a friend's house and stayed much later than usual. She returned home to her mother, who was extremely worried about her daughter's safety and in anger smacked Selma several times in the face and back. The next day at school, Selma's teacher noticed the marks; when asked what happened, Selma said that her mother was upset and hit her. The teacher called Child Protective Services, and an investigation was initiated.

- Bridges Refugee Youth & Children's Services (2003), Building Bridges: A Guide to Planning and Implementing Cross Services Training, *http://www.brycs.org/documents/XSVCTFIN.pdf.*

REFUGEES, ASYLEES, SEPARATED, AND UNACCOMPANIED MIGRANT CHILDREN

While SIJS is available for all undocumented children eligible for long-term foster care, other forms of relief may also be available, depending on the child's or the family's circumstances.

Definitions:

The United States Department of Health and Human Services, Administration for Children and Families, Office of Refugee Resettlement funds the initiative Bridging Refugee Youth and Children's Services, which is a public/private partnership with the United States Conference of Catholic Bishops/Migration and Refugee Services (USCCB/MRS) in association with Lutheran Immigration and Refugee Service (LIRS). Its website, www.brycs.org, which provides an extensive library of resources focused on the needs of refugee children, also has information and resources on working with other immigrant children who do not have refugee status.

- **A refugee** is someone legally admitted to the United States who cannot return to his or her country because of a "well-founded fear of persecution." **An asylee** is someone who is granted refugee status *after* entry into the United States.[94] The number of refugees permitted to enter the United States is subject to numeric caps by geographic areas set annually by the President in consultation with Congress. Refugees are eligible to adjust to lawful permanent resident status after one year of continuous presence in the United States. Refugees and asylees are eligible for services that are not available to other types of lawful permanent residents – for example, cash, housing, and medical assistance upon arrival for up to eight months, and English as a Second Language education, social services, and employment assistance for their first five years in the United States.[95]

- **Separated and Unaccompanied Migrant Children:**[96] The United States typically uses the term "unaccompanied child" or "unaccompanied minor" to include both children who are totally alone and those who are with some non-parental adult, related or not.[97] Within this group, there are children with some sort of legal status that allows them to be eligible for immigration relief: refugees, asylees, entrants (a category created for Cubans, Haitians, and some others that makes them eligible for social service benefits), trafficking victims,[98] children eligible for SIJS, and children with U Visas (victims of crime). Many more migrant children enter the United States with no legal status and are considered "undocumented." They have complex immigration legal needs as well as considerable social service needs. Some are detained by the federal government and are in federal care while their cases are being heard in immigration court or while relatives are identified who can care for them.

Estimated Population:
Estimates vary on the numbers of children who enter the United States per year within the various categories listed above:

Categories:[99]	Estimates Per Year:
Refugees (unaccompanied, alone, or with non-parental relatives)	1,000 per year
Asylees	500 applicants per year of child-headed cases
Cuban or Haitian Entrant	100 per year
Trafficking Victims	Estimated 7,000 enter per year; about 20 per year provided care
Children with "Juvenile" Visas (SIJS)	Approximately 500-600 granted per year
Children with U Visas (victims of crime)[100] *NOTE: This is a new visa created in 2000 with newly written regulations. Few, if any, U Visas have been granted overall to date.*	None or very few granted to unaccompanied minors
Children with No Legal Status (undocumented)	100,000 apprehended per year

Most of the estimated 100,000 children with no legal status who are apprehended each year are returned immediately to Mexico or Canada (approximately 90,000 or more).[101]

The federal government detains approximately 7,000-8,000 children while their cases are being determined.[102] The median age of these youth is 16.[103] Prior to 2003, the treatment of unaccompanied undocumented children following apprehension by INS (now the Department of Homeland Security) had been an area of grave concern by advocates. There were complaints of maltreatment of children held in locked facilities or jails, often mixed with adults or delinquents for prolonged periods. While in custody, the children were denied the most basic of services, including outdoor recreation, educational instruction, and essential medical and mental health services.[104] A 1997 court order in a federal class action lawsuit, the *Flores* case, now requires the release of children who can be safely released and appropriate treatment of minors who must remain in federal custody.[105] In 2003, the Homeland Security Act transferred responsibility from the Department of Justice to the Office of Refugee Resettlement in the Department of Health

and Human Services. ORR funds various private organizations to facilitate the provision of a safe and appropriate environment for these children during the interim period between their transfer into ORR's Unaccompanied Alien Children's Program until the child's release from federal custody to their family members or friends or deportation.[106] While in detention, these detained children are cared for by ORR in predominantly licensed institutional care; approximately 150 children are placed in foster care, 20 receive specialized mental health treatment, and 100 are held in juvenile detention because of the nature of their criminal activities.[107] According to BRYCS, the total number of new children served in out-of-home care in the federally funded refugee program is approximately 170 per year (i.e., 146 refugees, 10-15 trafficked children, 5-6 asylees, and 2-3 entrants).[108] To date, there are facilities for these minors in 14 states.[109]

RECOMMENDATIONS AND PROMISING PRACTICES:

- **Educate child welfare, probation, and court staff about different immigration relief programs and other immigration issues that are likely to arise in their work.** Knowledgeable agencies in California provide training and technical assistance on issues such as SIJS, trafficking, and refugee benefits at no cost to child welfare agencies. BRYCS offers technical support on immigration issues through e-mail, telephone, and on-site, and has many resources specifically focused on child welfare/immigration issues. Immigrant Legal Resource Center in San Francisco and Public Counsel in Los Angeles both have written manuals on SIJS. Los Angeles County has a special unit within the child welfare department specifically focused on SIJS. It has developed liaisons in the relevant California courts, including family, juvenile, and probate. Public Counsel is working throughout Southern California with county counsel, probation officers, social workers, public defenders, and dependency attorneys to educate them about SIJS and encourage them to provide this information to clients.

- **Implement policies to provide early assessment of immigrant children and families for potential eligibility for immigration relief through such means as SIJS, certification as a victim of a severe form of trafficking and resulting "T" or "U" visas, asylee status, and others, as discussed earlier.** Because of the time-sensitive nature of many immigration relief programs, early identification is essential to allow children and family members to apply for appropriate forms of relief. Child welfare workers can help to identify children and families who may be eligible and refer them to appropriate services so that opportunities will not be lost. Advocates believe there are thousands of unidentified trafficked children eligible for immigration relief who come into contact with social service providers unaware of their status.

- **Designate special child welfare units with immigration expertise to focus specifically on immigration-related cases.** In Los Angeles County, a SIJS unit has been formed that works with immigrant youth eligible for SIJS. It has developed a relationship with Public Counsel and the local immigration district office to process SIJS cases. Once a month, the immigration officers hold SIJS interviews with the youth in one central location that greatly expedites the process.

- **Advocate for a more generous and timely fee waiver policy for SIJS applicants.** Recently, the cost of filing a SIJS application has increased to $745 for children over 14. In Los Angeles County, the child welfare agency pays the fees for its applicants and probation pays the fees for the children in delinquency placement out of its Independent Living Program (ILP) funds. Children who go through guardianship must pay their own fees, and typically their guardians struggle with this cost. Although theoretically immigration can waive the fees and a few communities have

been able to get timely waivers, most waivers can add months of delays to the case – often at a time when the case can least afford to have a delay.

- **Support legislation and regulations to ensure that undocumented youth in the foster care, delinquency, and probate court systems are identified at an early stage and receive appropriate legal representation and immigration counsel**. In particular, states should adopt legislation that allows courts to appoint immigration counsel to assist youth. Immigration laws are complex and are constantly changing, so the expertise of immigration counsel is especially important. Immigrant children and families may be eligible for forms of immigration relief (e.g., SIJS, VAWA, trafficking, and refugee status), which could be identified and accessed through partnerships with legal agencies with immigration and child welfare expertise.

- **Provide greater opportunities for service collaboration between child welfare agencies and immigrant organizations.** BRYCS lists the following recommendations for increasing coordination and collaboration at the practice, program, and policy levels in an article recently published in *Child Welfare, The Journal of the Child Welfare League of America*:[110]
    - ***Practitioners*** should be familiar with the full range of local community resources and build working relationships with colleagues across service systems.
    - ***Administrators and managers*** should develop formal and informal relationships between agencies and across service systems. Recruit staff members from culturally and linguistically diverse backgrounds. Provide training, opportunities, and encourage newcomer refugee community members to become human service professionals.
    - ***Public agencies and other funders*** should consider broadening the range of agencies with which they contract and the types of services they fund to ensure that newcomer refugee communities have adequate access to programs such as linguistically and culturally appropriate parenting education and other support services. Public agencies and policymakers should make an effort to build relationships and maximize coordination and collaboration across departments and agencies serving newcomer refugee clients.

"… then one year, seemingly out of the blue, the judge dismissed her case and her family came home. Everyone was crying for happiness," Aurelio said. "It was very sad, very painful what we went through. I would like that it never happens to another mother … For a year after the family was reunited, Lorena had nightmares that her mother had died. And little David stopped talking altogether for several months."

- From the article "Fragile Families: When Undocumented Immigrants Lose Children to the Child Welfare System," Youthbeat/Graduate School of Journalism, Columbia University, 2002

CONCLUSION

Policymakers often focus on insufficient statistical evidence or numbers as a reason to justify the lack of resource allocation to this population. However, socioeconomic indicators and immigrant exponential growth provide compelling evidence on the need to focus attention on immigrants who are in or will likely enter the child welfare system. Information from the U.S. Census Bureau substantiates the growing linguistic and cultural diversity of the United States. Research by the Urban Institute shows the poverty rate and lack of access to safety net programs for immigrant children.

Immigrant children are the new Americans and it is in everyone's best interest that this vulnerable, but rapidly growing population of children receives the services it needs to thrive. Almost all (93 percent) children of immigrants under 6 are citizens. Most live in mixed-status families with one or more non-citizen parents,[111] which underscores how difficult it is to differentiate the undocumented immigrant community from the general immigrant community. These U.S.-citizen children are entitled to public services but often do not receive the needed help because of the families' fears about the immigration consequences of seeking assistance or public agencies' lack of understanding of immigration policies and laws, or both.

It is difficult for large bureaucracies to respond to change and new trends. Child welfare agencies, like most social service agencies, must respond to many issues, problems, and populations so it is important for advocates to be vigilant in advocating for improvements. As voiced by a participant at the consultative session, "Improving child welfare services to immigrant families must not be viewed as a 'boutique' issue. It must be part of the current, larger conversation regarding improving the overall child welfare system to meet our mandate of safety, permanency, and well-being."

APPENDIX 1: RELEVANT LEGISLATION AND WELFARE POLICIES

An analysis of federal legislation and child welfare policies helps explain why the issue of immigrants in child welfare has come to the forefront of attention recently.

- **Welfare and immigration reform has impacted immigrant households' eligibility for public benefits.** Welfare and immigration reform laws enacted by Congress in 1996 severely restricted the eligibility of immigrant children and families for many public benefits, including federally funded cash assistance, food stamps, Medicaid, foster care, adoption benefits, and SSI. This legislation restricts eligibility unless immigrants meet the criteria for a "qualified alien" – defined as legal permanent residents and similar classes of legal immigrants.[112]. In response to these laws, many states created their own programs that restored eligibility to other immigrant classifications – using state funding entirely instead of a federal state-match – for Medicaid, cash assistance, and food stamps.[113] However, undocumented immigrants remain largely ineligible for most public assistance programs in virtually all states. As a result, large numbers of non-citizen children and families – both legal and illegal – remain ineligible for many government-subsidized programs.[114]

- **The impact of immigration reform has increased immigrant households' fear of seeking needed services and benefits.** The Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA) revised the laws regarding government privacy and confidentiality of information that federal, state, and local government agencies collect from immigrants during the benefits application process. Under IIRIRA, intentionally or unintentionally breaking immigration law has severe consequences, including deportation, prohibition from naturalization, and prohibition from reentering the United States. The legislation increased concerns that acceptance of public benefits and social services would lead to deportation as a result of a public charge designation. Thus, many immigrant families are wary of accepting assistance, including necessary health care, even for their U.S.-citizen children.

- **The U.S. Patriot Act of 2001 heightened perceptions and fears of many immigrants about accessing public benefits.** These laws have created confusion and anxiety in the immigrant community and have deterred many families from seeking benefits (e.g., housing, food stamps, Medicaid, and other critical services), both when they initially immigrated and during subsequent periods of social and economic hardship. Undocumented immigrant parents, who may fear deportation or other immigration consequences, are especially fearful of applying for benefits or services for their children. Some legal immigrants fear that applying for benefits could reduce their chances of becoming U.S. citizens. Because IIRIRA defines domestic abuse, along with many other violent crimes, as "aggravated felonies" that can lead to deportation of *legal* immigrants without full rights to an immigration hearing, families may be reluctant to report abuse or seek relief from domestic violence.[115]

- **The Adoption and Safe Families Act (ASFA) of 1997 shortened the time period allowed for parents to fulfill family reunification plans.** Frustrated with lengthy foster care stays, Congress passed the ASFA in 1997 with the goals of safety, permanency, and well-being for children in child welfare. The cornerstone of ASFA

is the need for permanency planning for all children in foster care. The Child and Family Services Review, which reviews agency performance with respect to the outcomes established by ASFA, can lead to federal sanctions on public child welfare agencies if Program Improvement Plans do not yield improvement in outcomes.[116] As a result, families now face increased pressures to comply with family reunification plans in a short period of time or risk permanently losing custody of their children. However, many immigrant parents face problems accessing services or are not comfortable utilizing mandated services. Long waiting lists for bilingual programs such as substance abuse, mental health, and domestic violence delay access to services, and, in some communities, these bilingual services are nonexistent.

- **The Multiethnic Placement Act of 1994, as amended by the Interethnic Adoption Provision of 1996 (MEPA/IEAP), is relevant to immigrant children in child welfare.** The central provision of MEPA/IEAP is that child welfare entities cannot deny or delay the placement of a child on the basis of the race, color, or national origin of the adoptive/foster parent or the child, in accordance with the 1964 Civil Rights Act. In addition, it calls for the diligent recruitment of foster and adoptive parents that reflect the culture and ethnicity of the child population under care.[117]

APPENDIX 2: PARTICIPANTS AT THE CONSULTATIVE SESSION ON KEY ISSUES OF IMMIGRANTS AND REFUGEE FAMILIES IN CHILD WELFARE

On July 28-29, 2005, the Anne E. Casey Foundation brought together over 50 experts in immigration and child welfare to Costa Mesa, California. The goal of the meeting was to increase knowledge of data and issues surrounding refugee and immigrant families who come to the attention of the child welfare system, including identifying promising practices for working with these families and capacity building and technical assistance supports needed to help communities improve outcomes for system-involved immigrant and refugee children and families. Special thanks to the following organizations and individuals for their participation in the consultative session:

NOTE: This information reflects participants' affiliations at the time of the consultative session.

Juan Carlos Arean (Program Manager, Family Violence Prevention Fund); Lupita Ayon, (Executive Director, Para Los Ninos); Melissa Baker (Senior Program Advisor, New York City Administration for Children's Services); Linda Bilal (Senior Case Manager, The International Institute of Akron); Ken Borelli (Deputy Director, Santa Clara Department of Family and Children's Services); Alice Bussiere (Staff Attorney, Youth Law Center); Jorge Cabrera (Director, San Diego Field Office, Casey Family Programs); Randy Capps (Senior Research Associate, The Urban Institute); Zeinab Chahine (Executive Deputy Commissioner, New York City Administration for Children's Services); Elena Cohen (Senior Program Associate, Center for the Study of Social Policy); Dan Cowan (Family to Family Consultant/Trainer, Michigan Department of Human Services); Jan Dillard (Social Work Supervisor III, Durham County North Carolina Department of Social Services); Julianne Duncan (Associate Director, Refugee Programs/Children's Services Migration and Refugee Services, U.S. Conference of Catholic Bishops); Ilze Earner (Associate Professor, Hunter College School of Social Work); Alfred Foote (Program Manager, Children's Protection, Cumberland County Department of Social Services); Lisa Frydman (Attorney, Legal Services for Children); Linda Galvan (Senior Social Services Supervisor, Orange County Social Services Agency); Rob Geen (Director, Child Welfare Research Program, Center on Labor, Human Services and Population); Njambi Gishuru (Chairwoman, Kenyan Women Association); Jorge Gonzalez (Site Manager, Santa Clara Department of Family and Children's Services); Jacqueline Hall-Williams (Child Protective Services Treatment Supervisor, Wake County Human Services, North Carolina); Kristen Jackson (Staff Attorney, Immigrants' Rights Project, Office of Public Counsel); Jose Javier Lopez (Chief, Office of Latino Services/External Affairs, Illinois Department of Children and Family Services); Ann Jefferson (Consultant, Jim Casey Youth Opportunities Initiative); Sandra Jimenez (Consultant, Annie E. Casey Foundation); Frances Johnson (Program Manager, Missouri Children's Division); Michelle Johnson (Doctoral Student, School of Social Welfare, UC Berkeley); Wanda Jung (Program Manager, Human Services Agency, City and County of San Francisco); Sally Kinoshita (Staff Attorney, Immigrant Legal Resource Center); Chey Korvandi (Former Foster Youth); Kimberly Lewis (Attorney, Western Center on Law and Poverty); Judy London (Directing Attorney, Immigrants' Rights Project); Omar Lopez (International Liaison, San Diego County Child Welfare Services); Glenn Metsch-Ampel (Deputy Executive Director, Lawyers for Children); Wanda Mial (Senior Associate, Annie E. Casey Foundation); Elba Montalvo (Executive Director, Committee for Hispanic Children and Families); Lyn Morland (Senior Program Officer, Refugee Programs/Children's Services Migration and Refugee

Services, U.S. Conference of Catholic Bishops); Barbara Needell (Research Specialist, Center for Social Services Research, UC Berkeley); Chak Ng (Field Coordinator, Lutheran Immigration and Refugee Services); Susan Piland (President, SueCares); Michael Riley (Director, Orange County Children and Family Services); Cecilia Saco (Supervising Children's Social Worker for Special Immigration Status Unit, Los Angeles County Department of Children and Family Services); Hemal Sharifzada (North State Outreach Coordinator, California Youth Connection); Rena Tucker (Child Welfare Policy and Program Coordinator, Coalition for Asian American Children and Families); Rene Velasquez (Program Coordinator, Instituto Familiar de la Reza); Maya Vengadasalam (Director, DeviMedia Group); Theodore Wang (Public Policy Consultant); Christopher Wu (Supervising Attorney, California Administrative Office of the Courts, Center for Families, Children and the Courts); Adriana Ysern (Senior Immigration Program Officer, The National Center for Refugee and Immigrant Children)

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http://www.hhs.gov/ocr/lep
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[88] For more information and to obtain copies of BRYCS' *Building Bridges: A Guide to Planning and Implementing Cross-Service Training*, go to www.brycs.org/brycs_resources.htm.
[89] Chahine, Zeinab, Semidei, Joe (2004), *Immigration and Language Guidelines for Child Welfare Staff*, New York City Administration for Children's Services.
[90] Memo from Public Counsel June 9, 2004, to support AB1895 to provide immigration assistance to undocumented children under juvenile court jurisdiction.
[91] Hamm, Darryl (2004), *Special Immigrant Juvenile Status: A Life Jacket for Immigrant Youth,* Clearinghouse Review, 38, Nos. 5-6.
[92] The SIJS numbers came originally from Ruth E. Tintary, Office of Congressional Relations, U.S. Citizenship and Immigration Services, Dept. of Homeland Security. She sent the Excel file in an e-mail to Montserrat Miller, Aide to Senator Feinstein, on March 1, 2004.
[93] Information provided via e-mail memo October 4, 2005, from Cecilia Sacco, Supervising Children's Social Worker, Los Angeles County Department of Children and Family Services, The Special Immigrant Status Unit.

[94] See www.immigrationforum.org/pubs/articles/refugeesasylees.htm for a fact sheet explaining the difference between refugees and aslyees.
[95] Chahine, Zeinab, Semidei, Joe (2004), *Immigration and Language Guidelines for Child Welfare Staff*, New York City Administration for Children's Services.
[96] Information provided via e-mail memo from Lyn Morland and Julianne Duncan, USCCB/MRS and Bridging Refugee Youth and Children's Services, December 3, 2005.
[97] According to interviews with Lyn Morland and Julianne Duncan, USCCB/MRS and Bridging Refugee Youth and Children's Services, different government programs use different terms and definitions. The United States uses terminology that differs from some international usage. However, "unaccompanied child" is likely to be a reasonable term to encompass most of the children of concern. The general term "migrant" will encompass all of the groups regardless of their status while many of the children of concern have no legal status.
[98] The Trafficking Victims Protection Act of 2000 defines child trafficking victims as children who have been subjected to commercial sexual exploitation or forced labor, domestic servitude, and other slavery-like situation. With the passage of the act, trafficked children have access to financial and immigration relief. Victims are eligible for trafficking visas (commonly known as T visas). In most respects, U.S. law treats trafficking victims with T visas in the same way as refugees and asylees.
[99] Information provided via e-mail memo from Lyn Morland and Julianne Duncan, USCCB/MRS and Bridging Refugee Youth and Children's Services, December 2, 2005.
[100] The U visas provide victims of one of a list of enumerated crimes immigration relief. President Bill Clinton created this legislation on October 28, 2000. Information from article by Dinnerstein, Julie, Center for Battered Women's Legal Services, (September – October 2004), *Immigration Options for Immigrant Victims of Domestic Violence*, Clearinghouse Review, 38, Nos. 5-6.
[101] Ibid.
[102] Ibid.
[103] Information received on August 5, 2005, Nugent, Christopher, *Protecting Unaccompanied Immigrant and Refugee Children in the United States*, Human Rights Magazine (Winter 2005), as cited in Littlefield, Lindsay (August 11, 2005), *Unaccompanied Immigrant and Refugee Minors*, Immigrant Policy Project, National Conference of State Legislatures.
http://www.ncsl.org/programs/immig/unaccompaniedminorsfactsheet.htm
[104] Ancar, Katina (2005), *The Legacy of Jenny Flores: Detained Immigrant Children*, Clearinghouse Review, 38, Nos. 5-6 (September-October 2004).
[105] Ibid.
[106] Bridging Refugee Youth and Children's Services (April 2005), *Enhancing State Child Welfare Services for Migrating Children: BRYCS Roundtable Discussion, Attachment G: In Search of Safe Haven: Reaching for Excellence in Providing Care for Migrating Children,* Baltimore and Washington, DC.
http://www.brycs.org/documents/ft_BRYCS1174.pdf
[107] Information provided via e-mail memo from Lyn Morland and Julianne Duncan, USCCB/MRS and Bridging Refugee Youth and Children's Services, December 2, 2005.
[108] Ibid.
[109] http://www.acf.hhs.gov/programs/orr/programs/urm.htm
[110] Morland, Lyn, Duncan, Julianne, Kirschke, Joyce, Schmidt, Laura (2005), *Bridging Refugee Youth and Children's Services: A Case Study of Cross-Service Training,* Child Welfare 84, No. 5, pgs. 791-812.
[111] Capps, Randy, Fix, Michael, Ost, Jason, Reardon-Anderson, Jane, Passel, Jeffrey S. (2004), *The Health and Well-Being of Young Children of Immigrants*, The Urban Institute.
[112] Eligibility for food stamps was restored to all children under 18 who are qualified aliens, regardless of length of U.S. residency, by the 2002 Farm Bill; otherwise adults and children who are not refugees or meet other limited exceptions must be qualified aliens resident in the country for five years or more to receive these public benefits (Capps, et al., 2004).
[113] Civil and Juvenile Rights Division of the New York Assembly Standing Committee on Children and Families – Assembly Legislative Task Force on New Americans (July 11, 2002), *Testimony of the Legal Aid Society Concerning Problems Facing Immigrant Families in Child Welfare*.

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[115] Hagan, Jacqueline, Rodriguez, Nestor, Capps, Randy (January 1999), *Effects of the 1996 Immigration and Welfare Reform Acts on Communities in Texas and Mexico*, Working Paper WPS 99-25, University of Houston, Center for Immigration Research.
[116] Suleiman, Layla P. (2001), *Building a Better Future for Latino Families,* The Committee for Hispanic Children and Families, Inc.
[117] Bridging Refugee Youth & Children's Services (2003), *Serving Foreign-Born Foster Children: A Resource for Meeting the Special Needs of Refugee Youth and Children,* Baltimore and Washington, DC. http://www.brycs.org/documents/fostercare.pdf

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The Annie E. Casey Foundation

701 St. Paul Street

Baltimore, MD 21202

410.547.6600

410.547.6624 fax

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