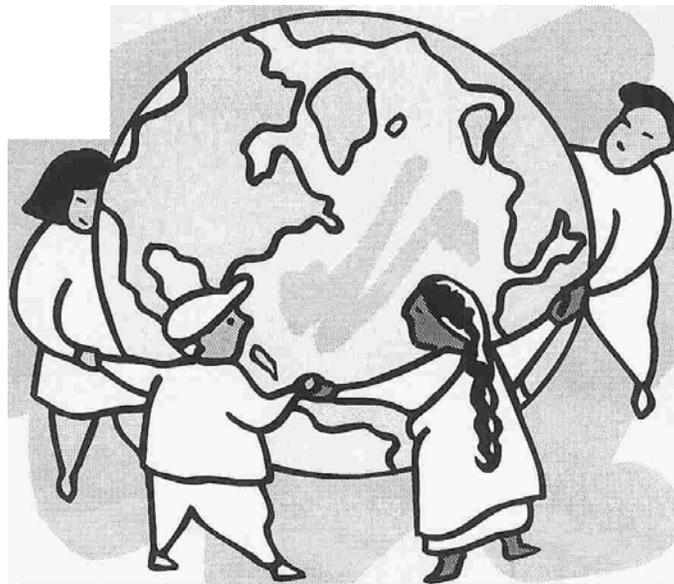


WORKING WITH IMMIGRANT CHILDREN AND FAMILIES A Practice Model



Trainer's Guide

Developed by the State of Georgia
Georgia Department of Human Resources
Division of Family and Children Services
2 Peachtree Street, N.W.
Atlanta Georgia



Acknowledgments

The Immigration Services Project workgroup was convened in the spring of 2006 to evaluate Georgia's Division of Family and Children Services policies and procedures for inclusion of cross-culture service delivery to immigrant families. The Committee consisted of federal, state, regional and county level staff, and community partners. The committee concluded with recommendations to address the challenges and barriers immigrant children and families experience navigating the child welfare system. In addition to policy development, the workgroup recommended specialized training for social services staff to address cultural and language barriers, practice and service delivery, and community engagement. Subsequently, the Division's Program Planning and Policy Development, Education and Training Units in collaboration with Georgia State University School of Social Work developed the "Working with Immigrant Children and Families Training" (WIF). Special thanks to the following staff and partners:

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The suggestions, relevant underpinning knowledge shared, time and effort of all the contributors to this program continue to be greatly appreciated.

Course Objectives

Overall Objectives

- To provide a positive and effective learning experience for trainees
- To promote understanding of the unique needs of Georgia's immigrant population
- To identify strategies for working cross-culturally while maintaining protection, safety and permanency for the children served.

This training is instructor led and utilizes presentations with visual aids, activities, demonstrations, discussions and reading assignments to deliver content and practice skills on Working with Immigrant Children and Families within the context of cross cultural service delivery.

Trainer's Overview: Working with Immigrant Children and Families – Cross Cultural Service Delivery

- As Georgia has become increasingly more diverse it is incumbent on child welfare practitioners to demonstrate knowledge of and competence in service delivery that operationalizes the department's vision and mission as they work with the different people groups that now live in the state.
- “Guided by Commissioner Walker’s belief that government should serve as a resource rather than a substitute for families, and stressing the importance of a strong family unit, DFCS is working to lessen dependency while keeping families together and helping them protect and care for their children.” This philosophy underscores the need to identify resources and deliver services that are culturally relevant to the families served and that will strengthen family preservation including preventive services and resources geared at poverty related issues, linking families with individuals or financial services that may help them take better care of their children.
- The following training is intended to bolster underpinning knowledge of Immigrant Issues and how these may be managed within the child welfare system. **The information contained here is by no means exhaustive and where culturally specific information is provided it is not intended to become the basis for stereotypical assessment of the people group described.** This training is not designed to teach case managers how to work with specific/targeted cultures i.e. Hispanic families (the largest Immigrant population) per say though they may be indicated in case scenarios. It is intended for case managers to be able to acquire knowledge, and appropriately respond to immigration issues in the context of service delivery. Please note that there is training, *Culturally Competent Practice w/ Latino Families* offered through Professional Excellence that may strengthen competencies in this area.
- The training consists of five modules covering 13 training hours. The Modules one three and four are the most expansive and should be managed as close to the timeframes indicated in the **Training Agenda** as possible. It begins with the Welcome and Introductions with an Icebreaker and Survey and then quick transition to **Module One, an Overview of Immigration**. This includes Topics- Characteristics of national immigrant population, brief history of Immigration in the United States, a look at the changing face of Georgia and factors causing immigration. There may be questions asked in the overview that will be covered in later modules please delay such (parking lot) these till then. Detailed definitions and status descriptions will follow immediately after the overview. Prior to that you may just provide brief definitions if asked.

- One clarification that must be made from the outset is in defining the term refugee. The people who moved to Georgia to escape the devastation of Hurricane Katrina were often referred to as refugees. The term refugee as used in this training is a legal one. A refugee, as defined by the Refugee Act of 1980, is a person who is outside of and unable or unwilling to avail himself/herself of the protection of the **home country** because of persecution or fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion. The refugee often flees or is forced to leave suddenly and therefore leaves with few possessions.
- The succeeding modules include: **Immigration Status** which determines the services that may be provided and how they are paid for; definitions; access to benefits and services; effective strategies for child welfare providers working with immigrant/refugee families, children and youth. **Module three identifies the legal bases for service delivery, policy and practice** Topics- Federal/State/ Policy regulations affecting immigrant families, roles and responsibilities, distinction between the purpose and mission of DFCS vs. Homeland Security, uncovering what CM needs to know about the SAAG's role in working with the Juvenile Court and also activities related to the completion of forms and casework situations.
- Module 4 is most critical to **Risk Assessment** and family preservation activities and includes data collection and documentation: Georgia Shines, Immigration and Citizenship requirements in delivering services, conducting risk Assessment with Foreign Born children- Families-Indicators; identifying the role of ethnic identity in assessment, demonstrating cross-cultural services delivery, the problem of Child Trafficking and further casework activities
- **Solution Building** is the fifth module and includes a review of the barriers to working with immigrant families, recognition of the competencies that promote collaboration and creating solution building strategies to enhance service delivery.

How to use this trainer's guide:

The Trainer's guide provides the basic framework for training delivery written as it may be presented with allowances for trainer's delivery style. This Manual is intended to serve as a guide for the trainer(s) delivering training on Working with Immigrant Children and Families as it strengthens cross cultural service delivery. The target audience is Georgia's child welfare staff who have may or currently work with immigrant populations in the state. It reflects a style of delivery consistent with training delivered by Georgia State University's Professional Excellence programs and is policy driven.

While much of the information is presented through an interactive lecture format, the delivery style is also experiential and requires the enlisting of case examples and the sharing of case scenarios. Participants are encouraged to participate in the small group and large group activities to foster learning and information sharing. Immigration law and practice is wide and evolving. It may NOT be possible to cover all issues that may be raised during the two days allocated. The training provides basic information and both trainers and workers are encouraged to use the trainers/participant guide footnotes and references respectively as well as the web-site information to pursue more detailed information.

There is a lot of information to be presented in **two days**. Training is most effective when there is active participation by learners. Encourage questions and check for understanding but keep dialogue moving. Activities that allow the participants to present information are encouraged to be creative, fun but relevant. Where is too much discussion on a topic move on, in the interest of time. Use *energizers (training activities to rejuvenate participants)* to promote maximum absorption of information. Your effectiveness as a communicator will create a safe learning environment for the transfer of information and ideas.

Please note that where there is a reference in the trainer's guide that the information is also contained in the participant guide the tool may then be summarized and participants advised to read for details later at their convenience. When making references to participant guide tools please use the tool titles.

Easel charts may be used to record participant responses whenever time allows.

Symbols utilized:

Trainer's Notes: are italicized and or in parenthesis enclosed in a box.

Note also that transitions to activities are indicated by the activity icon which follows:



The following activity is.....

You will also be prompted to an activity in the slide show.



This symbol should precede references to the participant guide tools.



This symbol precedes the showing of a DVD Clip

Transitions to modules are both boxed and shaded.

Questions you should ask participants will generally be indicated in bold font: How would you identify an immigrant family?

As already mentioned there are many facets to immigration. Please avoid complicated immigration issues or related issues to which you may not readily provide an answer by using a **parking lot** easel chart to note these. They may be presented for responses from the state office subject matter expert.

For emphasis some information may be underlined or shaded yellow.

Finally, while considerable effort has been provide much reference and website information to support delivery this does not negate the need for some expertise in immigration practice and policy.

Materials Overview

Participant Guides: Bound material containing the tools, references, activity instructions, worksheets, and graphics participants will use for training.

Trainer's Guide: This is not scripted but includes the key content points, time frames for the training modules, references, activity instructions and other notes the trainer may need.

Training Materials Checklist

- Easel stand and paper
- DVD Clip "***Look Beneath the Surface***"
- DVD Clip "**Hotel Rwanda**"
- Masking Tape
- Markers
- **Lap top with DVD drive (REQUIRED)**
- DLP/LCD Projector
- Power strips
- Printer or plain Paper

Materials needed for activities:

- Large Index Cards
- Name Tags

Training Paperwork

- Sign in sheets
- Trainer Evaluations
- Participant Roster
- Online Reports

Agenda

Working with Immigrant Children and Families

Recommended timeframes

DAY 1

Introductions/welcome/overview of the training – 25 minutes OR LESS

Welcome and Introduction

- Expectations
- House Keeping and Icebreaker and Survey

Module 1 Immigration Overview – 1hr. 20 minutes

- Characteristics of National Immigrant Population
- Changing Face of Georgia
- Factors Affecting Immigration
- Activity Jeopardy

Break – 10 minutes

Module 2 Immigration Status - 1 hr. 15 minutes

Definitions

- Access to Benefits and Services
- Effective strategies for child welfare providers working with immigrant/refugee families, children and youth

Lunch – 1 hour

Module 2 Immigration Status cont'd. 1 hr. 15 min.

Effective Strategies for child welfare providers working with immigrant/refugee families, children and youth

Break 10 minutes

Module 3 Legal Bases and Policy Application 2hr. 35 min

- Federal/State/ Policy regulations affecting immigrant families
- The law and casework activities
- Roles and Responsibilities
- DFCS vs. Homeland Security
- What CM needs to know about the SAAG's Role/Working with the Juvenile Court

- Immigration Policy Application

Day 2

Module 3 **Policy Application** cont'd 1hr. 45mins Immigration Policy Application

- Activity Forms Completion- Maureen Ramcharran Case

Module 4 Assessment & case management practice 1hr

- Data collection and documentation: Georgia Shines, Immigration and Citizenship
- Conducting Risk Assessment with Foreign Born children- Families-Indicators

Break – 10 minutes

Module 4 Assessment & case management practice Cont'd

1hr. 30 min

Reasons for child welfare involvement continued

- Activity Sounding Off- Operation Return to Sender
- Identifying the role of ethnic identity in assessment

Lunch – 1 hour

Module 4: Case Process, Assessment & Immigrant Casework Practice Cont'd 1hr. 30 min

- The problem of Child Trafficking
- Ethnographic Interviewing Revisited
- Providing culturally competent services Delivery

Break – 10 minutes

Module 4: Case Process, Assessment & Immigrant Casework Practice 1 hour

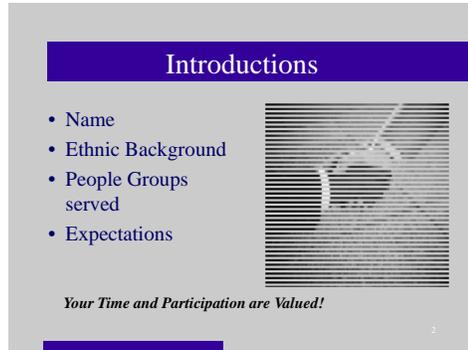
Activity: Pulling it all together

Module 5: Solution Building 30 minutes

- Identify Barriers to working with immigrant families
- Competencies that promote collaboration
- Creating Solution building strategies

Introduction

Time: 25 minutes



*Trainer's note: As participants enter invite them to complete the before section of the pre-and post assessment. Introduce yourself. Highlight your expertise on immigration issues. Provide information on your background. Ask participants to complete their name tags and introduce themselves by stating their name, position, county, length of time with DFCS, ethnic background if known, people groups served as well as their expectations of the training. **Keep this brief.** Please address expectations that will or will not be met.*

Please review the following training expectations:

- **Class duration 9:00 - 4:30**
- **Take responsibility for your own learning**
- **Professional Dress**
- **Communication devices muted**
- **Safety Issues**

Time management is important so for the next two days participant cooperation is essential to successful delivery of the training. The participant guide provided is a compilation of resources or tools to help foster better understanding of immigration related issues. Also included are the slides being presented. Now let's review our training agenda in the participant guide.

Are there any questions about this information?

Now I'd like you to consider the following case and see if you can identify the culture represented.

A nine year old boy fled the Dominican Republic, where his abusive mother tried to strangle him, forced him to kneel on a grater and had her name tattooed on his arm as a symbol of

ownership. He boarded a plane and arrived in the United States (undocumented) to join his dad. His dad who utilized similar parenting practices has just been hospitalized and DFCS is called because the child believes he can take care of himself till his dad returns. What do you know about this culture and how will that help with this case?

Allow participant responses

Thanks for sharing those responses. Any knowledge of culture will assist you in making the case determination based on risk and safety, permanency and well-being.



The following activity “Name that Culture” is intended to be fun and interactive activity but also helps you to learn more about some of the various cultures we engage.

Name That Culture?

- Kneeling on rice provides food for thought when children are *bad*
- When our children misbehave we tie their ear to the doorknob to set them straight
- We use a cup to *draw out aggravating substances* from our childrens bodies
- It is tradition for neighbors to raise children so our kids may *wonder about* without our supervision

EAS/GSU3

I will show a sentence that identifies practices **likely** to be observed in a particular culture. If you believe you know which one then indicate by raising your hands.

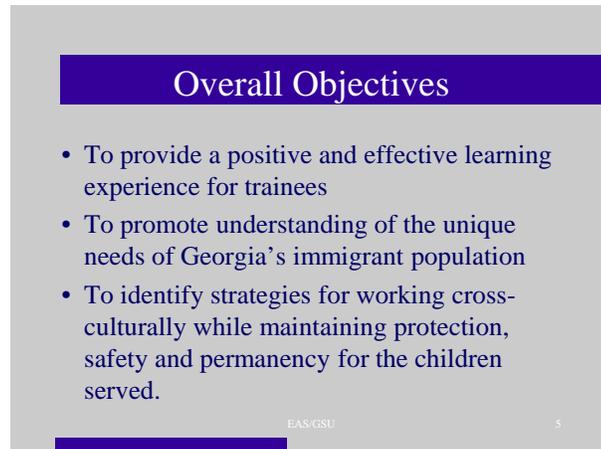
- Children kneeling on rice¹ provides food for thought when they are *bad*
Answer: Low income Hispanic families from the Caribbean islands and Koreans
- When our children are *bad* we tie their ear to the doorknob to set them straight
Answer: Traditional Vietnamese Families.
- We use a cup to *draw out aggravating substances* from our children's bodies
Answer: Cupping- East Asian Eastern European countries/cultures
- It is tradition for neighbors to raise children so our children may *wonder about* without our supervision
Answer: Somali's, African cultures

¹ CWToolKit BRYCS

Can anyone share a unique aspect of a culture you are familiar with?

Participant Responses

Please note that while these may be observed among **some** members of the cultures they may **not be evident in all** members of the culture. You should still treat each case with the uniqueness they present.



Overall Objectives

- To provide a positive and effective learning experience for trainees
- To promote understanding of the unique needs of Georgia's immigrant population
- To identify strategies for working cross-culturally while maintaining protection, safety and permanency for the children served.

EAS/GSU 5

Let's review our purpose.

PURPOSE: The primary goals of this training are:

- To provide a positive and effective learning experience for trainees
- To promote understanding of the unique needs of Georgia's immigrant population
- To identify strategies for working cross-culturally while maintaining protection, safety and permanency for the children served.



Please turn in your participant guide to the learning objectives. These are expectations of what you should be able to do at the end of the training.

Learning Objectives

By the end of training you should be able to:

- Recognize how demographic changes have impacted child welfare nationally and in Georgia
- Identify immigration patterns in the U.S
- Recognize the factors affecting immigration and their relevance in case work assessment
- Recognize the effect of federal, state and local regulations on immigrant and refugee families in the child welfare system and how this affects your ability to provide services and or benefits to families
- Utilize differing resources when working with immigrant and refugee families, children and youth to promote self-sufficiency, safety and protection
- Apply concrete steps in assessments that may uncover the unique needs of the immigrant child and family
- Deliver culturally competent services including immigration status relief to meet the diverse needs of changing communities
- Identify Immigration status and how to refer to and access the agencies that may assist in addressing status related needs especially for juveniles
 - Know how to apply for Special Immigrant Juvenile Status
 - Develop informal support networks to strengthen and support families, children and youth
 - Utilize policy and practice guidelines for Language communication when serving families with little or no English language proficiency
- To apply more comprehensive information gathering in the assessment of maltreatment, risk and safety concerns and permanency planning among immigrant populations served
- To recognize and respond to the signs of Human Trafficking of children
- Explore for and implement prevention and solution building strategies to promote independence – self sufficiency

Transition to Module One: As we enter into a discussion of Immigrant issues please remember to filter this training through the lens of the purpose of Protective Services. ***State law, legislative intent and policy consistently put a child's safety first (See 2102). Effective child protection broadens the safety net for children to include relatives, neighbors, day care, schools and health care providers in a community response to child maltreatment.***

Module One: Immigration Overview

A graphic for Module 1: Immigration Overview. It features a yellow globe icon on the left. To the right of the globe is a list of four bullet points: 'Characteristics of Immigrant Population', 'Changing Face of Georgia', 'Definitions', and 'Factors Affecting Immigration'. The title 'Module 1: Immigration Overview' is written in white text on a purple rectangular background at the top of the graphic.

Module 1: Immigration Overview

- Characteristics of Immigrant Population
- Changing Face of Georgia
- Definitions
- Factors Affecting Immigration

TIME: One hour 20 minutes

PURPOSE: To promote case managers' understanding of the characteristics of the immigrant population by identifying demographics changes, conducting a brief review of immigration history and examining the push-pull factors of migration.

LEARNING OBJECTIVES:

After completion of this module, it is the expectation that you will be able to:

- Recognize how demographic changes have impacted child welfare nationally and in Georgia
- Identify immigration patterns in the U.S
- Recognize the factors affecting immigration and their relevance in case work assessment

Trainer's Note: This section is to be presented briefly. Move through it quickly.

Introduction

How important is immigration? Why does it get people's attention?

Allow some participant responses

How important is *Immigrant Integration*?

- All 50 states are considering immigration bills
- 41 states have bills related to employment
- 38 State have bills addressing state benefits and services
- 30 states have bills addressing law enforcement, education activities
- More restrictive *de facto* immigration policies
- All this affects service delivery

EAS/GSU

7

The United States has for centuries been a destination for immigrants. More recently as of March 2005 there were 35.7 million immigrants in these United States. This immigrant population has shifted settlement patterns over the past 15 years from traditional points of entry to regions that had seen no prior influx of these foreign born immigrants.

Both documented and undocumented immigrants now live outside the traditional gateways of the U.S. The term **undocumented** refers to the expiration of their legal status to remain in the US or their entering the US without the requisite permission to do so. They have moved directly from countries outside America to suburbs, small towns and rural communities attracted by economic opportunities in agri-business, construction and food processing. The swiftness of the influx has overwhelmed many of these communities not accustomed this kind of change and induced both social and economic stressors. These stressors result from the burgeoning needs of schools, hospital, public safety and social services to meet demands of the additional population. States and localities have no control over who enters the United States but they shape the prospects for Immigrant Integration.

Trainer's note: *You may clarify or add that traditional points of entry-like Ellis island no longer used has been replaced by Hartsfield-Jackson Airport in Atlanta and now people are coming directly to GA. They are drawn into services industries, construction, farming for cheap labor. Immigration integration relates to how well they are being assimilated.*

Immigrant Integration refers to the “long term process where immigrants become integrated into US life and involves both established residents and immigrants new comers.” States and localities have grown increasingly intolerant towards undocumented immigration because of the

insufficiency of Federal solutions to address the problem. State and local reception of immigrants has resulted in all 50 states considering immigration bills as of 5/2007.²

- ✓ Forty One states have bills related to employment mostly restricting employment of unauthorized workers.
- ✓ 38 states have bills addressing state benefits and services (GA included) mostly restricting such activities
- ✓ 30 states have bills addressing law enforcement directives promoting or opposing collaboration with federal agencies
- ✓ 30 states deal with education related issues some inclusive others restrictive.
- ✓ Many local jurisdictions have laws related to day labor sites, language, employment, rental housing, and residential zoning to curb immigrant increases.
- ✓ Most localities with very restrictive legislation have evolved from areas with little or no immigration experience. States and local governments are producing their own de facto (Exercising power without being federally or officially empowered to do so) immigration policy.

Please note that what these laws mean in Georgia- governments trying to restrictor deter the influx. Secondly as it impacts Welfare benefits- GA has one of the strictest. When facing a DUI one now has to prove residency. Please note also that de facto- Doing outside of Federal Government- is contestable.

How does this impact child welfare practice?

Preferred Responses:

- If parents become unemployed they cannot provide the basic needs for their children
- Parents who are denied access to welfare benefits have very few options to taking care of their children and may revert to criminal devices
- Children may be denied access to education-educational neglect
- Lack of adequate housing risks homelessness and its consequences.

There will need to be collaborative action between state and local governments, schools, churches, non-profits, informal resources and the immigrant community to promote prevention,

² The Brookings Institution, "The Impact of Immigration on States and Localities" Congressional Testimony of Dr. Audrey Singer Presented before the Sub-committee on Immigration, Citizenship, Refugees, Border Security and International Law House Judiciary Committee U.S House of Representatives Washington D.C May 17, 2007

child safety and well being, family preservation and permanency planning with the immigrant communities that are referred to Family and Children Services.³

Characteristics of the National and State Immigrant Population

Now we will take a **brief** tour of the statistical information.

Despite the decades of growth in the immigrant population there is insufficient or reliable data collected on the numbers of immigrant children and families in the child welfare system or their impact on the system.

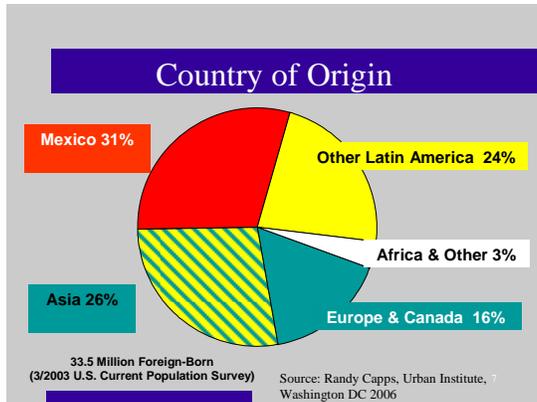
- Much of the data we are about to review are estimates concerning the numbers of immigrant families in the United States and the child welfare system. There is little or no uniformity nationally or at the state or county levels in data collection due to frequent misclassification, misreporting or underreporting. There is often confusion and or fear about revealing immigration status.
- Even language differences may add to the problem of data collection along with existing inadequacies of electronic data bases with fields to capture this information.
- Much of the Information we will reference resulted from a report commissioned by the Annie E. Casey Foundation in 2004 concerning Immigrant and refugee populations and the child welfare system.

WHERE THEY COME FROM

We begin by examining the numbers. People have always been on the move. With these spatial shifts each group brings aspects of their culture that transform the region into which they move. We want to examine more closely the immigrant population, who they are, where they come from, why they have come to the United States and what unique strengths and needs they bring with them.

- ✓ Immigrant families represent a large and growing percentage of our national population. Approximately one quarter of children and youth are immigrants or children of immigrants.

³ The Brookings Institution, "The Impact of Immigration on States and Localities" Congressional Testimony of Dr. Audrey Singer Presented before the Sub-committee on Immigration, Citizenship, Refugees, Border Security and International Law House Judiciary Committee U.S House of Representatives Washington D.C May 17, 2007



4

- Turn in your participant guide to the tools labeled *Country of Origin*. This chart shows the most recent national data -- drawn from the March 2003 U.S. Current Population Survey -- and is based on a total of 35 million immigrants. Mexico now dominates as the main country of origin with 10.7 million persons or 31 percent of the immigrants living in the U.S. This percentage is not unusual in terms of numbers of immigrants for people groups moving to the United States. Thirty percent of the foreign-born population in the mid- and late-19th century came from Ireland or Germany.
- The other source regions of immigrants are: Asia -- 8.9 million or 26% of the total; and Latin America and the Caribbean, 8.3 million or 24 percent. The traditional source regions of Europe and Canada have dropped to 5.5 million or only 16 percent. Lately, there has been a 38% increase in immigrants from Africa many as refugees due to unrest in their countries.
- Please note that nativity of parents and children; country of origin and immigration status are fields not often represented in child welfare data bases.

How would you determine Country of Origin?

Preferred Response

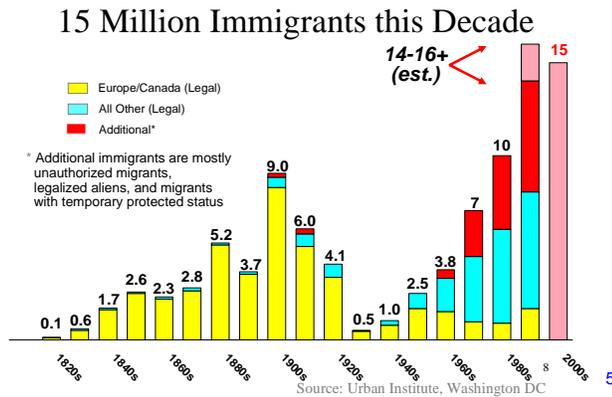
By asking or checking certified forms/ certificates, reports or data that may have captured that information. Unfortunately workers have been know to use primary dimensions of diversity like race, or ethnicity as well as surname to assign a country of origin.

What would be the problem with that practice?

Allow participant responses

⁴ Anne E. Casey Foundation 2006

A Somali may be categorized as Arabic, Middle Eastern or Ethiopian based on how they looked. A person from the Philippines with a Spanish last name (Spain was a colonial power there) may be categorized as Hispanic. The conclusions would be faulty.



Waves of Immigration

- Waves of Immigration have swept over this country but the last and current decade have seen Tsunami proportions of people movement into the United States. This has been exacerbated by illegal or undocumented immigrants.

To complicate the issue for service providers many of the immigrant families are **mixed -status** where the different family members have different legal categories. For example: Ms. Mohamed is a Sudanese refugee, her husband (of three years) Samed is undocumented (his visitor's visa expired thirteen years ago) and two of their four children were born here and are citizens. The two oldest children 13 & 14, Samed's sons just arrived in Georgia having been sent here by their mother and have visitor's visas from Nigeria which will expire in six months. The family was initially referred for physical abuse of the 13 and 14 year olds by both parents.

- Situations like this one contribute to the challenges of data collection on immigrants especially if the fields do not reflect the different classifications. It also complicates service delivery. We will visit the Mohamed's again later.
- Nationally, based on the Census Bureau numbers for 2000, it is estimated that between 14- 16 million immigrants have entered the United States during the decade of the nineties which is unprecedented in America's history. Over 500,000 undocumented immigrants have entered this country each year.

⁵ The Randy Capps Immigration Studies Program , The Urban Institute, Anne E Casey Foundation 2006

- It is further projected that barring major restrictions in immigration policy or a collapse of the economy 15 million more immigrants will arrive by the year 2010.
- This must also be considered within the context of natural increases within the immigrant population as well. It is estimated that 1 in every 9 US residents are immigrant. However they make a larger contribution to the numbers of live births in the United States. Native-born Americans account for about 13 births per thousand people; immigrants account for 17 percent of the births in the United States.

Please note that the pattern of the 60's reflect changes in the U.S. economy and also changes of the sending nations. Other fluctuations reflect restrictions in immigration policy following the National Origin Quotas Act of 1924, which reduced legal immigration from Europe and Asia.

The Great Depression and World War II caused declines in the 30-40's. The upward shift in the mid sixties is indicative of the repeal of the National Origin Quotas and a new system of promoting family reunification was supported. This has led to the steady and unparalleled rise to present day.⁶

Where they live

The 21st century has also seen more widespread dispersion of immigrants in a new wave of colonization.

The top six states accounted for about two-thirds of all immigrants in 2003. California alone had almost 10 million immigrants, 28 percent of the total. New York State, with over 4 million is second. Texas and Florida, at over 3 million each, are the third and fourth largest immigration states. New Jersey and Illinois are 5th and 6th, with about 1.6 million immigrants each. All 42 other states account for 32 percent of all immigrants. (*Source: Urban Institute tabulations of March 2003 U.S. Current Population Survey.*)

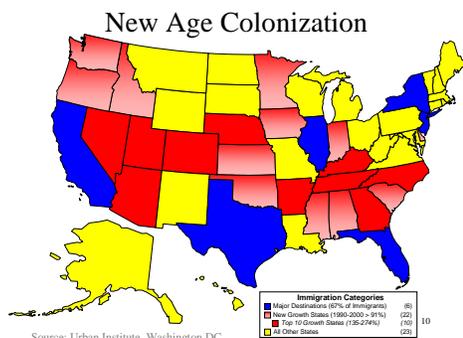
Any ideas as to why these states are such popular destinations?

Suggested responses:

- ✓ Port cities, major airport hubs
- ✓ Local immigration services or supports that may be available (In New York City, the Administration for Children's Services refers all classifications of immigrants for free legal assistance or case consultation.

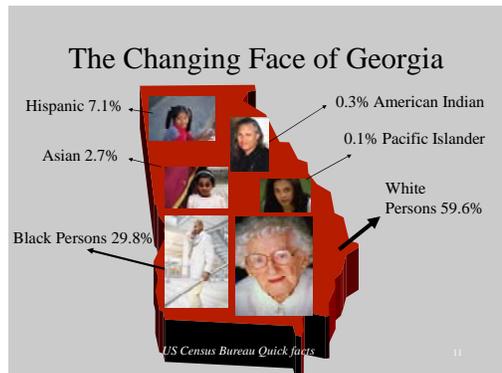
⁶ Sources: Department of Homeland Security *Yearbook of Immigration Statistics* (various years); Urban Institute estimates and projections.

- ✓ Historical places of entry
- ✓ Other Immigrant families have settled there before and established communities



- The map shows the widespread dispersion of immigrant major destinations as well as new growth states in terms of immigrant population. As the U.S. map indicates, Georgia represents one of the top ten growth states receiving immigrants.
- North Carolina had the fastest growth rate. Please note that rates of growth do not necessarily translate to huge total populations (fast growth rates in Bonsai trees do not mean they will end up as Redwoods.)
- In the new growth states the immigrant population consists of mostly of new arrivals as opposed to transplanted immigrants. This is evident from lower earned incomes and limited ability to communicate in English.
- Also because of the influx these new growth states have limited infrastructure or experience in meeting the needs of these immigrants. It is interesting to note that the slower growing states for immigrant populations reflect climatic extremes, inhospitable terrain, or economic challenges to immediate prosperity.

The Changing Face of Georgia



About Georgia

The top three countries supplying foreign born immigrants in Georgia are:

- ✓ Mexico
- ✓ India
- ✓ Korea

- There are just over 40,000 refugees in metro Atlanta
- There are over 200,000 undocumented residents

- As was earlier stated the nineties heralded a new movement among immigrants into others states and this is reflected in Georgia's demographics. Georgia's population has become increasingly more diverse. The white population is just under 60%, Black Population is at 30%, Asian is at 2.7% American Indian 0.3%, Pacific Islander- *Pacific Islander* Americans are residents of the United States with original ancestry from Oceania-islands in the Pacific ocean. 0.1% and the Hispanic population is 7.1%.

Just in raw numbers, Georgia's

State Population (2004 Census Bureau estimate)	8,829,323
Population Increase 1990-2000	1,708,237
Population in 2025 is projected to be just over 9 million.	⁸

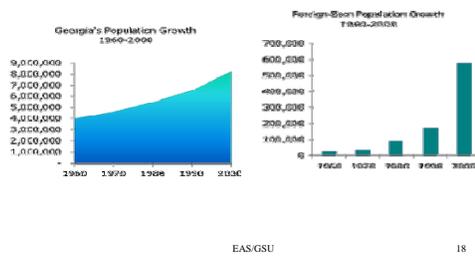
- Almost 8% of Georgia's current population is estimated to be foreign born (note the descendants of the foreign born adult would be identified by race or ethnicity but American in nationality hence the difference between the 8% and the over 9% reflected in the preceding population percentages based on race/ethnicity).
- The top three countries supplying the foreign born immigrants present in Georgia are Mexico, India, and Korea. The number of undocumented immigrants has increased so significantly that Georgia has the seventh largest illegal immigrant population in the country. The undocumented population is estimated at over 200,000.

Trainer's note: Disclaimer- This number is an estimate of those that can be counted

⁷ <http://quick facts.census.gov>

⁸ <http://www.fairus.org/site>

Georgia's Growth Chart



Georgia -Here we grow again

- State Population (2004 CB estimate): 8,829,323
- Population Increase (1990-2000):1,708,237
- Foreign-Born Population: 686,100
- Percent Foreign-Born: 7.9%
- Illegal Resident Population: 228,0001
- 2025 Population Projection: 9,869,000

All numbers are from the U.S. Census Bureau unless otherwise noted. Additional Census Bureau, DHS, and other immigration-related data are available for Georgia: <http://www.fairus.org>

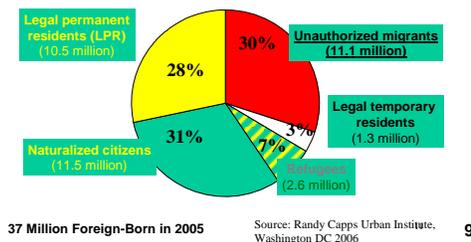
These charts indicate that GA has seen a 26% increase in its population from 1990-2000 making it the 6th fastest growing state in the US. In the last ten years, over 1.7 million new residents settled in Georgia. Almost one-quarter of these new residents were immigrants. The Brookings Institution Metropolitan Policy Program 4/2007 Report on Refugee Resettlement in Metropolitan America by Wilson and Singer reports 40,149 refugees resettled in the Atlanta Metropolitan Area. These should not be confused with the US residents that were displaced by Hurricane Katrina. The term refugee is a legal one related to people displaced from their native country because of political or religious persecution.

- Most immigrants are lawful residents and many adopted the U.S. as their own country. They are gainfully employed constantly trying to make life better for themselves and their children.
- The undocumented immigrant population includes individuals who came to find employment in onion, peach farming, other agricultural pursuits, poultry industry, restaurant, construction, manufacturing hotel/motel business, massage parlors etc.
- They have had to survive exploitive situations working exhaustive hours, living in overcrowded inhumane conditions, working with no benefits, having their meager earnings garnished to pay for their room and board and sometimes the cost of bringing them illegally into the US.
- With the movement of people comes the consideration of how this will impact land space, environment, politics and socio-economics and of course child welfare.
- As of spring 2007 there are 75 undocumented immigrant children being provided with foster care/ placement services.

With this in mind state agencies have to be more accountable for expenditures and service provision to the undocumented immigrant population.

- Workers must know what services all immigrants are eligible for and tap into Federal State and other funding sources.
- More importantly you must know how to access the legal system especially for juveniles in state custody to help the ones who are undocumented and who cannot be safely returned to family, change their status before they are emancipated through the Independent Living Program.

Immigration Status



Immigration Status

This graphic is representative of the foreign-born population in 2002 according to estimates of **legal or immigration status**. We will clarify some of these definitions later in the training but briefly the ones in the graphic are outlined as: Legal Permanent Residents or Lawful permanent residents and naturalized United States Citizens; Legal non-immigrants or legal temporary residents; Refugees and Undocumented Immigrants or Unauthorized Migrants/ Out of Status (a.k.a Illegal immigrants).

- The legal permanent residents are permitted to live and work in the US but have not yet become citizens. The Naturalized citizens are immigrants who have applied for and obtained citizenship. The legal non immigrants are temporary visitors such as students and temporary workers.
- Undocumented or undocumented aliens **have entered the U.S. without authorization, overstayed their entry visas or had visas cancelled by the government**. Many children enter the U.S. unlawfully. Each year an estimated 100,000 children are apprehended by Immigration officials and 90,000 are returned immediately to Mexico or Canada

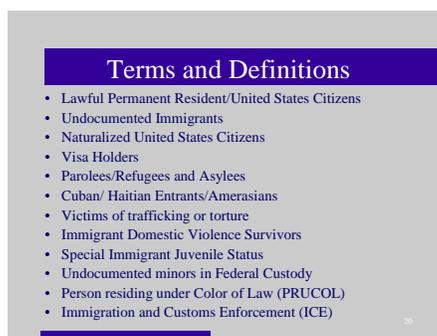
⁹ Source: Based on Urban institute estimates from the March 2002 CPS and Census 2000 (Passel 2002, 2003). Our estimates also draw on INS data and information about countries of birth, time spent in the U.S., and occupation.

- The Refugee or Asylee population consists of people fleeing persecution in their home country. They have obtained legal entry into the US. and may later apply to become lawful permanent residents.
- The undocumented immigrant and the naturalized immigrant populations have steadily increased over the last decade while the legal permanent resident population has declined over the same time frame.

Can anyone offer a rationale for this?

Preferred response:

Legal permanent residents have naturalized and become citizens, or have died or migrated to their county of birth or other country and this number exceeds the number being admitted as legal permanent residents.



Now it is time for an Activity. Using your Participant Guide, complete the Mix-Match Activity. Case managers may collaborate on this Activity.

Activity Mix and Match

ACTIVITY <i>Mix and Match</i>	
TIME:	30 minutes <i>Small Group</i> <i>Large Group Debrief</i>
PURPOSE:	Clarify terms and definitions associated with Immigration
MATERIALS:	Mix and Match Worksheet
INSTRUCTIONS:	<ol style="list-style-type: none">1. Complete the Mix and Match Worksheet in your assigned group by matching each term with the relevant definition2. Be prepared to share your responses with the large group
DEBRIEF	

Mix and Match Activity-Answer Sheet

Match each statement to its corresponding definition.

Statement	Definition (matching number)
Lawful Permanent Resident(LPR)	#5. These immigrants have been allowed by the US government to reside and work permanently in the United States. There are generally eligible for most welfare benefits after retaining this status over five years.
Undocumented Immigrants	#6. Have entered the United States unlawfully, had their entry visa cancelled or expired
Naturalized United States Citizens	#9 Lawful residents who are eligible to apply for citizenship after five years and hold the same rights and responsibilities of someone born here
Visa Holders	#1. People in the U.S. legally for a fixed period of time and for a specific purpose like employment; education or tourist.
Parolees	#13. They enter the U.S. lawfully while the U.S. government decides what their status would be.
Refugees	#4. Someone who enters the U.S fleeing persecution in their home country on the basis of race, religion, nationality, or membership in a social/political group, and that the source of the persecution is the government or a group the government cannot or does not control. <u>In order to be admitted to the United States, refugees usually must have a special tie to the U.S., such as: former employment by the U.S. Government or a U.S. company; previous education; close relatives living in the U.S.; and/or persecution specifically related to an individual's association with the U.S. Government. Refugees may also be admitted on humanitarian grounds.</u>

Asylees	#8. Are individuals, who, on their own, travel to the United States, apply for and receive a grant of asylum
Cuban/ Haitian Entrants	#2. Cuban and Haitian nationals who entered the country illegally and who have been granted Special legal status
Amerasians	#10. A foreign born person fathered by an American Serviceman to an Asian mother. The mother may be from Vietnam, Kampuchea, Korea, Laos or Thailand
Victims of trafficking or torture	#12. An immigrant that has been tortured may receive psychological, legal, mental and social services regardless of status
Immigrant Domestic Violence Survivors	#7. A collection of federal laws to protect abused spouses and children fearful of law enforcement intervention because the abuser has threatened to withhold filing immigration status if they report the abuse to law enforcement.
Special Immigrant Juvenile Status	#3. An immigration benefit where undocumented children that have been deprived due to caregiver maltreatment and are in foster care may petition for lawful permanent status
Undocumented minors in Federal Custody	#15. Minors detained by the U.S. Immigration and Customs Enforcement (ICE) when they attempt to enter a port of entry or cross the border into the U.S.
Person residing under Color of Law (PRUCOL)	#14 It occurs when U.S. Citizenship and Immigration Services <u>know</u> there is an undocumented immigrant and has not yet proceeded with deportation.

**Immigration and
Customs
Enforcement
(ICE)**

#11. The agency that combines the law enforcement arm of the former (INS) and the former U.S. Customs Service, to more effectively enforce our immigration and customs laws and protect the United States against terrorism.

Trainer's Note: The following responses are also in the participant guide following the activity. Just walk participants through the definitions emphasizing the main points. We will detail status and visas in module 2.

The terms defined:

STATUS

- **Lawful Permanent Resident (LPR) (green card holders):** These immigrants have been allowed by the US government to reside and work permanently in the United States. They remain citizens of their home country while gaining most of the rights and benefits of an American Citizen. They are generally eligible for most welfare benefits after retaining their Green Card over five years. The time frame did not apply to those gaining Lawful Permanent Status before 1996. **Green Card issued since 1989 have an expiration date and must be renewed within 6 months of the expiration date!** **Complete [Form I-90 "Application to Replace a Permanent Resident Card"](#), which maybe obtained by calling 1-800-870-3676¹⁰**
- **Naturalized United States Citizens:** Most LPRs are eligible to apply for citizenship after five years of receiving their green card. Some may be eligible after three years if they are married to a U.S. citizen. Both have all the rights and responsibilities of a person born here. They cannot be deported. LPR children may achieve citizenship automatically if their parents naturalize before they turn 18.
- **United States Citizens** Children born in the U.S. and its territories are citizens of the U.S. regardless of their parents immigration status. **Children born outside the U.S. may be citizens if their parents were born in America or naturalized. The child will automatically acquire U.S. citizenship on the date that all of the following requirements are satisfied: at least one parent is a U.S. citizen, the child is under 18 years of age, and The child is admitted to the United States as an immigrant. If they do not have the**

¹⁰ Foreignborn.com

documentation to prove this they should be referred to immigration counsel or file the Form N-600 (Application for Certificate of Citizenship) with USCIS.

- **Visa Holders: A citizen of a foreign country, wishing to enter the U.S., generally must first obtain a visa, either a nonimmigrant visa for temporary stay, or an immigrant visa for permanent residence. The type of visa you must have is defined by immigration law, and relates to the purpose of your travel. Having a U.S. visa allows you to travel to a port-of-entry (airport, for example) and request permission of the Department of Homeland Security, Customs Border Protection immigration officer to enter the U.S. A visa does not guarantee entry into the United States.** Are in the U.S. legally for a fixed period of time and for a specific purpose like employment or work visa [Form I-140, Petition for Alien Worker](#) ; education-student visa **F-1 and M-1 visas**) or tourist visa [Form DS-156](#). (We'll discuss T visas later. Visa fees are in the P.G.)

- **Parolees/Refugees and Asylees**

Refugee: Someone who enters the U.S fleeing persecution in their home country on the basis of race, religion, nationality, or membership in a social/political group, and that the source of the persecution is the government or a group the government cannot or does not control. **Persons who seek U.S. refugee status must apply for admission to the U.S. Refugee Program while overseas. This distinguishes them from the Asylee. All processing, including medicals, waivers of ineligibilities, sponsorship assurances, and adjudication of Form I-590, Registration for Classification as Refugee, must be completed before the person arrives in the United States. They have entered lawfully and have the right to apply for lawful permanent resident status. They may work without obtaining a separate employment authorization card.** Refugees or Asylees are eligible for services that other lawful residents may be denied like cash allowances, housing, medical assistance upon arrival, ESOL (English as a Second Language), training and employment assistance for the first five years in this country. They may present with a stamp in their passport or documentation from I.C.E. The number of refugees allowed to enter the US may be capped based on geography by the president/congress. An important resource for helping refugees may be accessed at www.brycs.org Bridging Refugee Youth and Children Services.



Please Note in the participant guide: Refugees in Georgia and by county and country of origin.

Georgia's Refugee Resettlement Program

- The Refugee Resettlement Program is a federally funded program that provides employment, health screening, medical, cash, and social services assistance to refugees. The primary goal of Georgia's Refugee Resettlement Program is to encourage effective resettlement and economic self-sufficiency of refugees within the shortest possible period after entrance to Georgia. Effective resettlement means refugees are self-reliant in utilizing existing community resources to meet their basic needs.
- The Refugee Resettlement Program is administratively assigned to the Office of Family Independence/Community Based Programs Unit.
- The unit coordinates programs for refugees funded by the Office of Refugee Resettlement along with other governmental programs. There are several refugee resettlement program contract agencies that actually provide sponsorship and placement within communities.



Participant Guide: Resources for Refugee Resettlement lists our contract agencies. Refugee families are helped through the first 90 days of their resettlement in Georgia. Refugees are welcomed to fully furnished apartments, transported from the airport and introduced to American culture. Children are enrolled in school, refugees taken to clinics, adults enrolled in English classes and Social Security and I.D. cards are applied for.

- Programs are also coordinated with private sector activities such as job development and placement activities; training opportunities provided by business and industry; as well as support service activities sponsored by religious and civic organizations and a consortia of voluntary agencies.¹¹
- **Refugee and Immigrant Foster Care** is a network of 15 specialized foster care programs for refugee and immigrant children without a parent or guardian. The programs are federally funded and administered by Lutheran Immigration Refugee Service and The Conference of Catholic Bishops/Migration and Refugee Service-BRYCE. Referral procedures may be obtained at the BRYCS website. DFCS cannot place children in this program.

¹¹ <http://dfcs.dhr.georgia.gov/portal/site/DHR-DFCS>

- Asylees:** are individuals, who, on their own, travel to the United States, apply for and receive a grant of asylum. Asylum, as opposed to refugee, is a status that one applies for either upon arrival at a U.S. port of entry or after entry into the United States. Students, visitors, and other non-immigrants who fear to return home sometimes have no alternative but to apply for asylum after arrival in the United States. They do not enter the United States as refugees. Asylees are eligible to adjust to lawful permanent resident status after one year of continuous presence in the United States. They may enter as students, tourists, businessmen or without papers. Once they are in the United States, or at a land border or port of entry, they apply to I.C.E. for asylum, a status that will acknowledge that they meet the definition of a refugee and that will allow them to remain in the United States.¹² Media reports August 2007 alleged that Asylum seekers from Kenya were murdered in Cobb County in a religious/cultural based beating. Two of the three homicides were teen girls, two younger boys were severely beaten as well. It was reported this tragedy probably had its roots in Female Genital Mutilation the mother, the third victim had fled here to avoid.
- Parolee:** An individual who is not eligible to come to the United States as a refugee, immigrant or a non-immigrant may be “paroled” into the United States by the U.S. Attorney General.¹³ This is a special provision of the immigration law and is used very sparingly for emergency, humanitarian and public interest reasons.
- They enter the U.S. lawfully while the U.S. government decides what their status would be. Some are paroled indefinitely another lawful status. A parolee may or may not have documentation of this status.
- Cuban/ Haitian Entrants/Amerasians:** Cuban and Haitian nationals who entered the country illegally and who have been granted Special legal status. If they have lived in the U.S. continuously since 1982 and were known to immigration and naturalization before 1982 they may adjust to legal permanent status. **You may have heard of “wet foot dry foot policy. This a policy resulting from the Clinton administration and amendments to earlier policy that allowed Cubans who were caught on waters between Cuba and the United States to be returned to Cuba but those succeeding in reaching dry land would be allowed to stay and apply for legal residency.**
- Amerasian:** a foreign born person fathered by an American Serviceman to an Asian mother. The mother may be from Vietnam, Kampuchea (Cambodia), Korea, Laos or

¹² <http://www.acf.hhs.gov/programs/orr/geninfo/index.htm>

¹³ http://www.hias.org/Immigration/Imm_Brochures/parole.pdf

Thailand. These children should have been fathered before 1976. Spouses, children, and parents or guardians may accompany the alien.

- **Victims of trafficking or torture:** Are immigrants that have been tortured and may receive psychological, legal, mental and social services regardless of status.
- **Immigrant Domestic Violence Survivors (VAWA Violence Against Women Act)**
 - ✓ A collection of federal laws to protect abused immigrant spouses and children, fearful of law enforcement intervention because the abuser has threatened to withhold filing immigration status if they report the abuse to law enforcement. This implies that the abuser must themselves be a U.S. citizen or lawful permanent resident.
 - ✓ The children falling under the “Battered Alien Criteria,” must have experienced extreme cruelty by a parent/household member while living in the United States. They must not be living with the “batterer” at the time of applying for this status. To qualify for benefits under this status the victimized child or adult must already have filed a petition to be qualified and the petition is pending.
 - ✓ These conditions significantly limit children involved in **deprivation proceedings** to qualify as “Battered Aliens.” The child has to be the victim of physical abuse but if he/she is already removed from the “abuser” this may minimize the need for protective/foster care services. Family Centered Practice also directs case managers to have a reunification case plan when applicable and policy also dictates that “reasonable efforts be made to *prevent removal...reunify the family.*” If the abuser accepts protective services it would jeopardize the victim’s ability to qualify under this status. This creates a difficult choice for victims in these cases- family preservation or lawful permanent status?
 - ✓ Finally there are few children in the child welfare system that have filed the petition to qualify under battered alien status PRIOR to entering foster care.
- **Special Immigrant Juvenile Status:** Available to children in DFCS custody (adjudicated deprived) where the permanency plan is Another Planned Permanent Living Arrangement – Long term Foster Care by Agreement or Emancipation and the goal in the Independent Living Plan includes permanent residency in the US. It allows these unmarried undocumented immigrants under 21 to become lawful residents. This status and its resulting case management activities will be discussed later.
- **Undocumented Immigrants:** Have entered the United State unlawfully, **or** had their entry visa cancelled or expired. They are NOT permitted to work, which has implications for these foster children in the Independent Living Program. They are eligible for Emergency Medicaid only.

- ✓ Undocumented **immigrant** children in foster care may also be eligible to apply for lawful status through Special Immigrant Juvenile Status, Asylum or lawful permanent resident status through a family member or an employer.
- ✓ **Nationally**, child welfare data bases including our Risk Assessment, IDS and CPRS systems were not **originally** designed to **capture** data on immigrant status. This causes discrepancies and underreporting of the children and families represented. **For example**, children have been reported as “*undocumented*” but a green card number was entered into the data base. In other reporting, children were identified as *undocumented* (perhaps because their parents were undocumented immigrants) while other fields in the data had these same children as being born in the United States. **However, Georgia has made strides in improving immigrant status data collections and reporting. In 2007, IDS added mandatory citizenship fields and Georgia shines will capture immigrant status on the person page.**
- **Undocumented minors in Federal Custody:** Annually, over 80,000 unaccompanied, undocumented children seek entry to the United States, with only a fraction of those children remaining in the United States.
 - ✓ These minors may also be unaccompanied by parents/guardian and are in Federal Custody and may become the responsibility of the Office of Refugee Resettlement. The rest are deported, typically within 72 hours. From January 1 to July 31, 2005, 5,547 undocumented minors entered custody of the Office of Refugee Resettlement (ORR) and in 2004, 6,200 children entered federal custody.¹⁴
 - ✓ The median age of these immigrants is sixteen and many are detained by the U.S. Immigration and Customs Enforcement (ICE) when they attempt to enter a port of entry or cross the border.
 - ✓ A small portion of unaccompanied children are discovered within the interior of the country after the death of a parent or guardian, when they encounter child abuse or neglect, or when they attempt to work or are arrested. While waiting for a hearing before an immigration judge, undocumented children are housed in federally-funded care as determined by ORR. They hold jurisdiction in these situations not Juvenile Court and hence they make any placement decisions.
 - ✓ These children may be placed in foster care, group homes, transitional housing, mental health centers, detention facilities, juvenile and adult jails, and locked hotel

¹⁴ <http://www.ncsl.org/programs/immig/unaccompaniedminorsfactsheet.htm>

rooms.¹⁵ While awaiting deportation these children may end up in agency foster care. The child may be found eligible for SIJS if they can prove maltreatment, or apply for asylum if they meet that definition. However the Feds may come to the juvenile court hearing and claim jurisdiction.

- **Person residing under Color of Law (PRUCOL)**

PRUCOL (Permanently Residing Under Color of Law) not an immigration status but a concept used in state funded public benefits. It occurs when U.S. Citizenship and Immigration Services knows there is an undocumented immigrant and has not yet proceeded with deportation. The apparent lack of action to deport may be due to the fact that the immigrant has applied for lawful status and is awaiting processing. PRUCOL immigrants in California/New York are even eligible for Medicaid and cash assistance programs. This situation can become complicated. Seek counsel before proceeding with actions on permanency.

AGENCIES

- **Immigration and Customs Enforcement (ICE):** was created in March 2003 in response to 9/11. The Immigration and Naturalization Service (INS) was the federal agency formally responsible for administering Immigration Law and determining who entered the United States and their immigration status. Immigration and Customs Enforcement (ICE) is now the **largest investigative branch of the Department of Homeland Security (DHS)**. It combines the law enforcement arm of the former (INS) and the former U.S. Customs Service, to more effectively enforce our immigration and customs laws and protect the United States against terrorism. ICE intentionally targets illegal immigrants: the people, money and materials that support terrorism and other criminal activities. ICE is a critical component of the nation's "layered defense" system.
- **The Office of Refugee Resettlement (ORR)** administers federal funds targeting refugees **and promoting self sufficiency.**
- **United States Customs and Immigration Services (USCIS):** On March 1, 2003, service and benefit functions of the U.S. Immigration and Naturalization Service (INS) transitioned into the Department of Homeland Security (DHS) as the U.S. Citizenship and Immigration Services (USCIS). USCIS is responsible for the administration of

¹⁵ <http://www.ncsl.org/programs/immig/unaccompaniedminorsfactsheet.htm>

immigration and naturalization adjudication functions and establishing immigration services policies and priorities. These functions include:

- adjudication of immigrant visa petitions;
- adjudication of naturalization petitions;
- adjudication of asylum and refugee applications;
- adjudications performed at the service centers, and all other adjudications performed by the INS.

- **The Office of Citizenship**, within U.S. Citizenship and Immigration Services (USCIS), Department of Homeland Security, is responsible for promoting instruction and training on the rights and responsibilities of citizenship and providing immigrants with information and tools necessary to successfully integrate into American civic culture.
- Its primary focus is to provide information and resources to immigrants at two key points in their journey towards civic integration: when they first become permanent residents and when they are ready and eligible to begin the formal naturalization process.¹⁶
- As of 7/30 Citizenship fees rose from \$330 to \$595, plus \$80 for required electronic fingerprints. For legal permanent residency under the final rule, the standard fee for filing a Form I-485 by an individual will be \$930; the fee for a child under the age of fourteen years will be \$600 when submitted concurrently for adjudication with the application of a parent. For more information concerning the final fee rule, visit USCIS' Web site at www.uscis.gov/21stCenturyService. To the residency fees must also be added fees for finger printing as well.

What Factors Influence the Migration?

¹⁶ <http://www.uscis.gov/portal/site/uscis>



The PUSH –PULL Factors

Families are pushed or forced out of their birth countries by:

- **Unemployment and the Brain Drain** -The lack of jobs on the home front pushes people to seek employment elsewhere. Many times the ones who leave are the most experienced, educated, professional individuals who would most likely contribute to that country's development. The resulting brain drain further impairs the home country's development.
- **War-genocide** (Ethnic Cleansing) Countries like Rwanda Tutsi and Hutu conflict which culminated in Genocide in 1994 of over 800,000 people. The Hutu leadership deciding to eradicate the entire Tutsi population. The Tutsi rebels retaliated and the resulting conflict created refugees to the U.S. both Tutsi and Hutu. The Bantu Somali were terrorized and driven into Kenyan refugee camps from which 12,000 emigrated to the United States. In the Darfur region of the Sudan, the rampaging Janjaweed militia has slaughtered almost 200,000 people and dispersed another 2 million.
- **Religious persecution**- Late 1990's Expulsion of ethnic Albanians from Kosovo- European conflict over religion and culture led to refugees to the U.S. Even the current conflict in Darfur is attributed in part to religion as the Janjaweed is accused of killing Christians and Muslims in Darfur.
- **Political Persecution** The dismantling of the U.S.S.R in 12/91 helped to spike refugee resettlement from that region into the U.S. there are over 493,000 refugees from the former U.S.S.R now living in the United States. The break up of Yugoslavia led to increase resettlement from that region and Atlanta has become a hub for Yugoslavian immigrants. Refugees in metro Atlanta, 2004, tell incredible stories of persecution during Charles Taylor's Regime. One refugee told that at the age of 14 she was forcibly removed from her family and forced to provide sexual favors for the militants who captured her in exchange for her life. She was not only repeatedly sexually assaulted

but forced to watch the murder of a truck load of boys all younger than herself who were thrown into a dry well and buried alive. She later escaped by walking hundreds of miles to a Refugee Camp in a neighboring African State. Her survival reflects resilience and strength to cope with personal tragedy and also the cumulative stressors resulting from migration.

- **Health Issues** The lack of medical or health service may also induce families to seek help from the U.S.
- **Human Trafficking** is one of the fastest growing areas of international criminal activity. Children because of their physical, mental, emotional and social stages of development are particularly susceptible to the interruption in these stages of growth that sexual exploitation or labor trafficking may cause. In Atlanta, girls as young as 9 years old are being sold for sex for as little as \$10 a trick. The business idea behind this form of exploitation is "You can only sell a "dime bag" once; you can sell a 10-year-old girl over and over again" LaKendra Baker. (*A dime bag is a specified amount of an unlawful drug, packaged and sold for about \$10*)
- **Poverty:** Images of the U.S. in the media, the lifestyle of the rich and famous, movies typify people living the American Dream. Despite significant difficulties the Pursuit of Happiness for some, has a happy ending. Immigrants covet that for themselves
- **Crime and Violence:** The great escape to Mayberry or just New York where there is Law and Order, the idea of justice, may attract families who constantly live in fear of drug cartels, crime lords even gang warfare or law enforcement officials who are part of the problem or too overwhelmed to make a difference.
- **Global Warming** is the latest addition to the list of creating refugees. Climatologists have indicated that rising oceans in the Sundarbans of India have obliterated one island. Other Pacific atoll –island nations are desperate for countries who will take those populations as refugees as their islands are also submerging.

While many families pushed out arrive to the U. S. in tact others are separated. Children are left behind or come alone in the company of an adult who is not a relative or someone familiar to the child. This also adds to the complicated connectors workers have to understand and address in case planning activities.

Families are attracted to or pulled to the United States by the:

- Hope of Wealth
- Education
- Promise of sanctuary
- Availability of land

- Prospect of Employment
- Magnet of free Enterprise
- Idea of Freedom and Opportunity

When they get here they need services.

- Refugees in particular need resettlement services provided by Refugee¹⁷ Relocation agencies like Lutheran Immigration and Refugee Service (LIRS) and the United States Conference of Catholic Bishops/Migration and Refugee Services. The expectation is for them to assimilate and become productive citizens. You may revisit the demographics of Refugees in Georgia in Participant Guide **Georgia Refugee Resettlement**
- Assessing foreign born children that end up in our Child Welfare system requires workers to decipher needs related to assimilation, those who were drawn merely by the economic prospects, pushed here because of past wartime or persecution experiences, trauma, needs related to conflicting values, separation and loss issues and how these affect child development and family functioning.



The following section on Cultural Parenting Differences (**also in the Participant Guide**) is intended to illustrate the importance of cultural considerations in child welfare practice. **It is not diagnostic of all these groups or refugees and the practice implications should not be approached as a cookie cutter response to all refugees or Somalis that may be encountered in assessment or case management.** The Somali Bantus cited here constitute one of the largest refugee groups resettled in Georgia closely followed by Yugoslavians and Ethiopians.

Trainer's Note: Quickly note the key aspects

Cultural Parenting Differences

¹⁷ BRYCS Bridging Refugee Youth and Children Services –Serving Foreign Born Foster Children

Refugees- Somali Bantus gained admission to the U.S. the Bantu have remained a persecuted minority in Somalia and cannot return to the homes they fled there.¹⁸

- Their cultural child rearing practices that they brought with them to the U.S. are sources of potential conflict and may heighten Protective Services concerns:
 - A common belief is that if a child is unwell the root cause is spiritual and so instead of seeking medical; assistance they would take the child to a healer.
 - Somali Bantus may use burning, "coining", cutting and lacerating as traditional ways of healing illnesses and pain. This is also consistent among other people groups especially in places where there is little or no access to medical assistance.¹⁹
 - They do believe and practice the idea that it takes a village to raise a child. They let their children roam free without specific adult supervision as any adult may supervise the child.
 - They prefer to have home births and practice female circumcision as a prerequisite for marriage and show of respectability. This practice is strongly discouraged and has been prosecuted in Georgia.
- **Hispanics Families from the Caribbean Islands-** Children may be made to kneel in on uncooked rice as punishment for misbehaving.
- **Vietnamese Families** – Some traditional Vietnamese families may tie a misbehaving child's ear to a doorknob as punishment
- **East Asian and Eastern Europe** - Ring shaped burns may be found on children due to "cupping." This involves lowering a ceramic cup turned upside down with a candle underneath, down to the side of the skin of the afflicted area of the body. The resulting suction is believed to draw out aggravating substances.
- **Southeast Asian American Families** – Some families may lock a child out of their home as discipline meant to "shame" the Americanized child who has not met traditional expectations

For questions concerning refugees the contact person is:

State Refugee Coordinator-Georgia Department of Human Resources-Division of Family and Children Services :

Gwendolyn Cutter
OFI Suite 21- 402
Atlanta, GA 30303
404.657.5118
gcutter@dhr.state.ga.us
404.657.3299 –Fax

¹⁸ U.S. Department of State <http://www.state.gov/g/prm/rls/fs/2003/17270.htm>

¹⁹ *Refugee Community Building Conference, June 27, 2003 in SeaTac, Washington and from other sources listed. Prepared by: Christine Wilson Owens for EthnoMed; Reviewed by: Bob Johnson of The International Rescue Committee in Seattle, January 2004*
http://ethnomed.org/cultures/somali/somali_bantu.html

As we discuss working with immigrant families bear in mind these aspects of culture as they impact our case work practice. We will look more generically at the issues throughout the succeeding modules.

- At major decision points throughout the CPS process (from receipt of a report until case closure) risk assessors should give careful consideration of a family's need for referral to early intervention and other preventive services.

To wrap up this segment we want to get a sense for what people go through to get here.



- The act of getting here can be a perilous journey. Migrants pay \$30,000 to \$60,000 per person to be smuggled here from China. The slide shows the conditions under which a group from China entered the U.S. They spent 15 days inside a sealed container. The 18 men and 4 women discovered by Immigration and Customs Enforcement were reportedly in good health on delivery to a Seattle Port –April 5th 2006. They were arrested in preparation for deportation.

This is only one means of entry(human trafficking), other methods, include the legal means of entry process for all immigrants, and illegal methods undocumented immigrants

Transition to Module 2

We have an idea of the demographic changes nationally and in Georgia and have briefly reviewed the historical perspective of Immigration and examined factors affecting immigration.

Next we

- Clarify definitions relating to Immigration
- Determine what access they have to benefits and Services

- Identify effective strategies for child welfare providers working with immigrant/refugee families, children and youth.

Before we move on let's review by playing Jeopardy- Loosely fashioned after the Television Version.



We will now energize you with a game of jeopardy.

Loosely based on the TV game show!
Foundations of Child Welfare Training –
Week One

Terms and Definitions	Wild Card	Eligibility	Policy and Procedure
\$100	\$100	\$100	\$100
\$200	\$200	\$200	\$200
\$300	\$300	\$300	\$300
\$500	\$500	\$500	\$500

DOUBLE JEOPARDY TIE-BREAKER

DO NOT Turn in your Participant Guides. This is a test of your memory of what was read or stated before and the knowledge you have brought to class today.

We will play Jeopardy. It will be played like the game show but without the buzzer. We will play in small groups of four or five. (Assign groups and have a score page on the easel chart.) Please raise your hand if your team knows the correct question. You must answer in the jeopardy format **What is or Who is** within a 5 second time frame after I have finished giving the answer.

Trainer's Note: Assign groups and have a score page on the easel chart. At the end of the game you may share that the information in the game is in the Jeopardy Tool of the participant guide. Award prizes or recognition if preferred.

Jeopardy Answers

And the question is Don't forget the What is... format???

Category	Answer	Question
Terms and definitions \$100	This status was assigned to a foreign born person fathered by an American Serviceman to an Asian mother	What is an Amerasian?
Terms and Definitions \$200	This office administers federal funds targeting refugees and promoting self sufficiency	What is the Office of Refugee Resettlement
Terms and definitions \$300	These immigrants have been allowed by the US government to reside and work permanently in the United States.	What are Lawful Permanent Residents-Green card holders
Terms and Definitions \$500	This collection of federal laws protects abused spouses and children fearful of law enforcement intervention because the abuser has threatened to withhold filing immigration status if they report the abuse to law enforcement.	What are VAWA laws? Immigrant Domestic Violence Survivors Violence Against Women Act
Wild Card \$100	This person is born in the U.S. and its territories and retains this status regardless of their parents' immigration status.	Who is a citizen?
Wild Card \$200	We are NOT required to report undocumented immigrants to this federal agency if they are discovered during the course of providing services	What are ICE/USCIS?
Wild Card	This Process provides ample opportunity to gather information	What is the Diligent

\$300	about relatives of immigrants that you may have missed at the initial contact with the family	Search?
Wild Card \$500	Case managers are acting in this role when they speak on behalf of clients who are not being heard or have language difficulty	What is advocate?
Eligibility \$100	Undocumented immigrants including foster care children are ineligible for this type of medical assistance	What is Medicaid?
Eligibility \$200	These codes for funding undocumented workers must be consistent with Georgia Shine	What are the Uniform Accounting System codes
Eligibility \$300	This type of funds may be used to purchase goods or services for immigrants	What are local funds?
Eligibility \$500	They may be provided with this type of state services although they are undocumented families	What are child welfare services?
Policy and Procedure \$100	This process must be completed on an undocumented relative care provider desiring the placement of a foster child who is a US citizen	What is a home evaluation?
Policy and Procedure \$200	This procedure may be used to place an undocumented immigrant child in DHR custody	What are deprivation proceedings?
Policy and Procedure \$300	A foster child should have an immigration status other than <i>this type</i> , before the worker initiates termination proceedings	What is undocumented status?
Policy and Procedure \$500	Undocumented children in custody may gain this status before the age of emancipation	What is SIJS?

Debrief:

The facts from Jeopardy will be uncovered as we continue the training. Please note the following:

- With undocumented immigrant children determined deprived because of risk or unsafe conditions, the process of removal is the same as any other child alleged to be deprived.
- The undocumented immigrant child may apply for asylum, CM completes the form to initiate (pro bono immigration lawyer is preferred as immigration lawyers charge \$250+ per hour), another option is SIJS (worker should initiate forms)
- The best place for a child to be raised is with family or care providers where the child's well being is maintained, where the child may be nurtured in a safe environment and there is permanency. This may not always be achieved in the U.S.
- It is imperative that the CM on the initial contact with undocumented immigrant children and families get as much information as possible about relatives and other interested parties as this may be the only opportunity to access this information. The family may flee after the first visit especially if the child is removed.
- Any relative willing to provide and maintain a safe nurturing home for the child should be considered as a placement resource as long as they are able to meet the needs of the child. Our role is not as a policing agency or an adjunct of Immigration Customs Enforcement (ICE). We link the family to relevant resources. The focus of DFCS involvement should be to assess the placement based on risk and safety factors, permanency and well being. Many immigrant families have multi-status in one family with both undocumented and documented members cohabiting. Also PRUCOL Permanently Residing Under Color of Law does exist where the Department of Homeland Security is aware of the presence of the undocumented immigrant and has so far done nothing to deport them or they may be delaying deportation activity. Homeland Security has also placed minors they have picked up who entered the US illegally with documented or undocumented relatives. One condition under which this may be done is where the minor has no criminal record.

Now let's look more closely at Immigration Status in Module two.

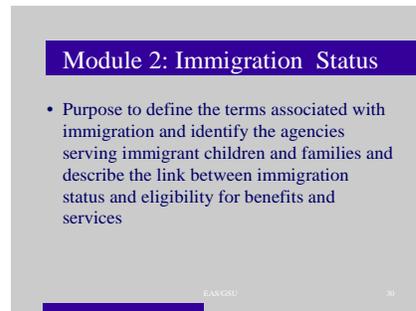
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- Refugee Community Building Conference, June 27, 2003 in SeaTac, Washington and from other sources listed. Prepared by: Christine Wilson Owens for EthnoMed; Reviewed by: Bob Johnson of The International Rescue Committee in Seattle, January 2004 http://ethnomed.org/cultures/somali/somali_bantu.html
- The Brookings Institution; Metropolitan Policy Program; <http://www3.brookings.edu/views/speeches/singer/20070421.pdf>

- The Brookings Institution, “The Impact of Immigration on States and Localities” Congressional Testimony of Dr. Audrey Singer Presented before the Sub-committee on Immigration, Citizenship, Refugees, Border Security and International Law House Judiciary Committee U.S House of Representatives Washington D.C May 17, 2007

Module Two: Immigration Status

TIME: 2 hours 30 minutes



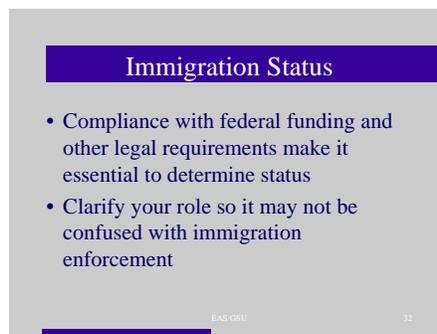
Trainer's Note: The following section on Immigration Status is mostly lecture prompted by slides. Additional details are also provided in the participant guide. There are many types of visas not also will be mentioned but there are web-links provided for further information.

PURPOSE: To define the terms associated with immigration and identify the agencies serving immigrant children and families and describe the link between immigration status and eligibility for benefits and services.

LEARNING OBJECTIVES:

After completion of this module, it is the expectation that you will be able to:

- Define and describe the terms frequently used in immigration situations and the agencies and groups involved
- Identify and utilize differing resources when working with immigrant and refugee families, children and youth to promote self-sufficiency, safety and protection



Immigration Status

For ineligible children tap into State or County funds to pay for:

- Interpretation services
- Visiting native country to identify potential placements
- Hiring immigration counsel
- General cost of care CW-FC or IV-B foster care-UAS codes 530;529;562

EAS GRU 33

Definitions –



Refer participants to: Notes on Immigration status and Visas in the Participant guide

- Immigration Status may be defined as the **legal relationship between the immigrant and the country in which they now find themselves**. It is determined by immigration law which dictates the conditions of their immigration. There are specific rights and responsibilities as well as benefits attributed to immigration status.
- All immigrant children are to be provided protective or foster care services without regard to their immigration status. However, compliance with federal funding restrictions and other legal requirements make it essential to determine the immigration status of all children in care. This should be done carefully so as to distance our agencies actions with that of I.C.E. We will talk about this further in Module three and four.
- Case managers are not expected to investigate the immigration status of any client served. This should not even be broached in initial engagement as this may undermine trust. If information gathered requires the determination of immigration status in order to provide benefits then this should be addressed later in the assessment process.

Nevertheless the identification of services for which immigrant children and families are eligible and the relevant referral processes are key components in determining the safety, well being and permanency of children in Georgia. This module is intended to assist case managers in achieving that outcome. To move in this direction let's examine your understanding of some of the terms related to immigrant status and hence their eligibility for services. Much of this will impact a child's ability to access federally funded title IV-E Foster Care benefits.

- ✓ For ineligible children, the worker must tap into shrinking State or County Funds to pay for interpretation services, visiting the child's native country for evaluation of potential placements, hiring Immigration counsel and the general cost of care which comes from CW-FC or IV-B child welfare foster care. Additionally the prospects of receiving Child Support payments for these children is sometimes limited by the fact that the parents are sometimes paid "under the table" and tracking those payments is next to impossible.
- ✓ Workers must know which UAS (Uniform Accounting System) codes apply and apply these accurately in paying for per diems and other payments. Even undocumented immigrants may access public benefits for the treatment of **an emergency medical condition (Emergency Medicaid)**. In cases where the child is undocumented the UAS codes to be charged for foster **care expenditures are 529, 530, or the 562** (FC Fiscal 1016)
- ✓ With the issue of status may come the need to seek relief through the Special Immigrant Juvenile Status. Many workers lack the training or do not have sufficient technical assistance to initiate the process.
- ✓ Relative Foster Care and kinship care funding are also impacted by Immigration Status. Many of the relatives identified in a Diligent Search as placement providers may be ineligible because of the Standards set in Home Evaluations or the Comprehensive Child and Family Assessment (CCFA). Resource Development is challenged to provide linguistically and culturally equipped foster homes. Because of these and other challenges undocumented children (status type) experience longer stays in the system and it ultimately costs the State more money over time.



When you have to uncover information on status determine where the family is in immigration processing:

- **Never started**

- **Application pending**
- **Status denied**
- **Appeal lost**

Immigration status is linked to entitlement which ultimately filters the child or family's adaptation to the America Experience.

Trainer's note: There is another important status that we did not address earlier and that is Temporary Protected Status and as the name suggests for the most part this is short term and limited. If there are questions about the Immigration Status-Temporary Protected Status they should be referred to The State Office. Temporary Protected Status is granted to eligible nationals of designated countries. TPS does not lead to permanent residency.

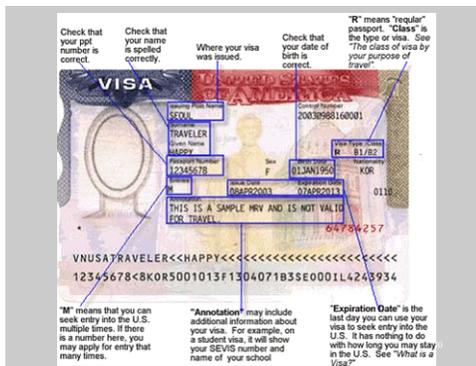
Walk participants through slides 37-46. This is also referenced in notes on visa types in the participant guide

The following slides show relevant information on types of visas. We looked at visa definition in module 1 and this is some more supporting information.



Much the following is in your participant guide tools Visa Fees; Visa Types; Visas; Visa Notes

What Is a Visa?



IF you're a citizen of a foreign country, in most cases you'll need a visa to enter the United States.

A visa doesn't permit entry to the U.S.. A visa simply indicates that your application has been reviewed by a U.S. consular officer at an American embassy or consulate, and that the officer has determined you're eligible to enter the country for a specific purpose. Consular affairs are the responsibility of the U.S. Department of State.

A visa allows you to travel to the United States as far as the port of entry (airport or land border crossing) and ask the immigration officer to allow you to enter the country. Only the immigration officer has the authority to permit you to enter the United States. He or she decides how long you can stay for any particular visit. There are two categories of U.S. visas: immigrant and nonimmigrant. Immigrant visas are for people who intend to live permanently in the U.S. Nonimmigrant visas are for people with permanent residence outside the U.S. but who wish to be in the U.S. on a temporary basis – for tourism, medical treatment, business, temporary work or study.¹

Types of Visas

- B-2 Tourist Visa
- B-1/B-2 Visa Extension
- C-1 Transit Visa
- E-1 Treaty Trader Visa
- E-2 Treaty Investor Visa
- E-3 Visa for Australians
- F-1 Student Visa
- H-1B Work Visa H-2B Work Visa H-3 Trainee Visa
- J-1 Exchange Visitor Visa
- K-1 Fiancee/Fiance Visa
- L-1 Intracompany Work Visa
- Nurse Work Visa
- O-1 Extraordinary Ability
- P Visa Athlete/Entertainer
- R-1 Religious Visa
- TN Nafta Work Visa
- Visa Waiver Program

<http://www.usimmigrationsupport.org/>

Visa Expiration Date?

- The visa expiration date is shown on the visa. Visas can be issued for any number of entries, from as little as one entry to as many as multiple (unlimited) entries, for the same purpose of travel.
- This means the visa is valid, or can be used from the date it is issued until the date it expires, for travel for the same purpose, when the visa is issued for multiple entry.
- **This time period from the visa issuance date to visa expiration date as shown on the visa, is called visa validity .**

- Please note that this list of visa types is not exhaustive. You may find more information at the USCIS website. The visa expiration date is shown on the visa. Visas can be issued for any number of entries, from as little as one entry to as many as multiple (unlimited) entries, for the same purpose of travel.
- This means the visa is valid, or can be used from the date it is issued until the date it expires, for travel for the same purpose, when the visa is issued for multiple entry.
- This time period from the visa issuance date to visa expiration date as shown on the visa, is called visa validity.
- The Expiration Date for the visa should not be confused with the authorized length of stay in the U.S., given by the U.S. immigration inspector at port-of-entry, on the Arrival-

¹ <http://www.unitedstatesvisas.gov/whatis/index.html>

Departure Record, Form I-94, or I-94W for the Visa Waiver Program. The visa expiration date has nothing to do with the authorized length of your stay in the U.S. for any given visit.

- On the I-94, the U.S. immigration inspector records either a date or "D/S" (duration of status).
- If the **I-94** contains a specific date, that is the date by which the visa holder must leave the United States
- **This is the authorized length of stay in the U.S. The visa expiration date should not be used in determining or referring to one's permitted length of stay in the U.S.** As you work with children with visas you should note the authorized length of stay.

Green Card



- If you are not a United States permanent resident yet, there are several ways to apply for a Green Card, including:
 - Green Card through Marriage
 - Green Card through Relatives
 - Green Card through employment
 - Green Card through Investment
 - Green Card Lottery

<http://www.usimmigrationsupport.org>

Please note also the information on green cards. **Green cards** are evidence of permanent residency status and may be obtained through marriage, relatives, employment investment and by lottery.

Green Card through Relative

- Obtaining a **Green Card through Relatives** is one possible option for individuals who have close relatives or family members in the United States. Family members may be eligible to apply for permanent residence (Green Card) if the sponsoring relative is a United States citizen

EAS/GSU 33

You may find that families you are working with have obtained or may obtain a green card through relatives.

Renewal Application: "Green card"

- **Expired Green Card:** If the Green Card is expired, submit the application immediately.
- **Green Card Within 6 Months of Expiration:** If the Green Card will expire **within 6 months**, submit application immediately. Early submission for Green Card renewal is highly recommended to avoid delays.
- **Older Green Card Versions:** The United States Permanent Resident Card commonly known as a "Green Card", has had several different versions and official names as: Form AR-3, Form I-151 and Form I-551. These versions should **renewed for the new version**.
- **Green Card with No Expiration Date:** It is not mandatory to renew your current Green Card **if it does not have an expiration date**.

As you work with families and in particular children in foster care documentation of permanent residency should be carefully reviewed. If the card is expired then submit application immediately. If the green card is within 6 months of expiration submit the application immediately. Backlogs at USCIS may delay the issuance of a new one.

Older versions of the green card should be renewed for the new version. If the green card has no expiration date it is not mandatory for it to be renewed.

There is one other visa type you may be aware of that is the investor visas (i.e., EB-5 visas).

Investment Visas

"Eligible individuals" include immigrants who:

- Establish a new commercial enterprise
- Have invested /are actively investing in a new commercial enterprise:
 - at least \$1,000,000, or
 - **at least \$500,000** where the investment is being made in a "targeted employment area," **and**
- Engage in a new commercial enterprise to benefit the United States economy.

<http://www.uscis.gov/portal/site/uscis/menuitem>

Immigration through Investment

Under the Immigration and Nationality Act 10,000 immigrant visas per year are available to qualified individuals seeking permanent resident status on the basis of their engagement in a new commercial enterprise.

Eligibility: In a nut shell, permanent resident status based on EB-5 eligibility is available to investors, either alone or coming with their spouse and unmarried children. Eligible aliens are those who have invested -- or are actively in the process of investing -- the required amount of capital into a new commercial enterprise that they have established. They must further demonstrate that this investment will benefit the United States economy and create the requisite number of full-time jobs for qualified persons within the United States.

"Eligible individuals" include those:

1. Who establish a new commercial enterprise
2. Who have invested -- or who are actively in the process of investing -- in a new commercial enterprise:
 - o at least \$1,000,000, or
 - o **at least \$500,000** where the investment is being made in a "targeted employment area," which is an area that has experienced unemployment (Unemployment that is 150% of the national average or a specially designated rural area) **and**

Whose engagement in a new commercial enterprise will benefit the United States economy.²

Green Card Lottery

- **Diversity Visa Program:** The Department of State has an annual lottery for immigration to the United States.
- Up to 55,000 immigrants can enter the United States (permanent resident visas) each year from countries with low rates of immigration to the United States
- Lottery winners are drawn by random selection from all entries and notified by mail NOT e-mail. These persons must meet strict eligibility requirements

Congress mandated the Diversity Immigrant Visa Program which makes available 50,000 permanent resident visas each year. The visa recipients are drawn from random

² <http://www.uscis.gov/portal/site/uscis/menuitem>

selection among all entries and are persons who meet strict eligibility requirements from countries with low rates of immigration to the United States.

Please Note: There have been instances of fraudulent websites posing as official U.S. Government sites. Some companies posing as the U.S. Government have sought money in order to "complete" lottery entry forms. There is no charge to download and complete the Electronic Diversity Visa Entry Form. The Department of State notifies successful Diversity Visa applicants by letter, and NOT by email. To learn more see the [Department of State Warning](#) and the [Federal Trade Commission Warning](#).

Lottery winners are notified by mail and provided further instructions, including information on fees connected with immigration to the U.S. **Those selected in the random drawing are NOT notified by email. Those individuals NOT selected will NOT receive any notification.**³



Finally a reference on the status of adoptive children from outside the U.S. and its territories. There are two legal ways to bring an adopted child into the country:

- Immigration/Adoption of child based on 2-years residence **Form I-130**: If you adopt a child before the child turns 16 and you live with the child for two years as the child's primary caregiver, then you may file an I-130 petition for an alien relative.
- All qualifying criteria must be established BEFORE the child enters the U.S.)
- Immigration/Adoption of an orphan **Form I-600**: If you adopt or intend to adopt a child who meets the legal definition of an orphan, you may petition for that child at any time prior to the child's 16th even if the adoption takes place subsequently

³ http://travel.state.gov/visa/immigrants/types/types_1322.html

(and in certain cases, the adoption does not occur until the child comes to the U.S.).



Next we will complete an activity in small groups. Please turn to the activity “What’s the status? And take about 10 minutes to complete it.

Activity: What’s the status?

- Read the cases and identify the status of the child and or family referred

EAS/GSU

36

Activity: What's the Status??...

TIME:	10 minutes <i>5 minutes Small Group</i> <i>5 minutes Large Group Debrief</i>
PURPOSE:	Apply terms and definitions to case work situations
MATERIALS:	Case information Worksheet
INSTRUCTIONS:	<ol style="list-style-type: none">1. Complete the Worksheet in your assigned group by reading the cases and discussing responses to the questions posed.2. Be prepared to share your responses with the large group.
DEBRIEF	

What's the Status Cases- Answer sheet

Samed and Khadijah

Ms. Mohamed is a Sudanese refugee, her husband (of three years) Samed is undocumented (his visitor's visa expired thirteen years ago) and two of their four children were born here and are citizens. The two oldest children 13&14, are Samed's sons just arrived in Georgia having been sent here by their grandmother and have visitor's visas from Nigeria which will expire in six months. The family was initially referred for physical abuse of the 13 and 14 year old by both parents.

Status(es) indicated: Refugee; Citizen; Samed's sons-Visitors Visa; Samed undocumented- out of status

Fatmata 10 y/o

Fatmata was referred for chronic physical neglect and educational neglect. The case manager was told she and her mother are from Burundi where they had fled political oppression and were allowed to enter the U.S and remain temporarily for 12 months. Her mother was at work at the time the assessment began.

Status(es) Indicated: Temporary Protected Status

Cudjoe 8 y/o

Cudjoe came into care after the death of both his parents in a car accident. The family of three all Haitian nationals were taking an American Holiday and visiting a cousin who was born in Texas but now lived in Atlanta. Cudjoe's dad had been a businessman. Immigration had allowed them to remain in the U.S. for three months as indicated on their I-94 in their passport.

Status(es) Indicated: Visitor's till out of status if past date on I-94

Svetlana 14 y/o

Svetlana was born in the Czech Republic and was brought to New York when she was 2 months old. She was left with her mother's cousin in Brooklyn who has raised her till now. The cousin Heidi, moved to Tifton in March this year but was arrested for meth possession leaving Svetlana deprived. Svetlana's dad was born in Oakland California, her mother was born in Berlin Germany and in the process of applying for Naturalization.

Status(es) Indicated: American citizen; Mom- legal permanent status

Faith and Charity 7 y/o

Faith and Charity were born in Monrovia, Liberia. They arrived in Atlanta with their parents through World Relief having been persecuted during the civil war there and were resettled with their parents in Dekalb County. The family was provided with rent, cash assistance, employment assistance for 90 days after their arrival here. They had been here for four years when they were referred for child maltreatment.

Status(es) Indicated: Refugees

Now to define eligibility criteria as relates to documented or Qualified Aliens and the Undocumented or Unqualified Aliens.

Categories of Eligibility

Qualified Aliens	Unqualified Aliens
<ul style="list-style-type: none">• Lawful Permanent Resident (after 5 year waiting period unless LPR before 1996)• Refugee, Asylee, Cuban/Haitian entrant, Amerasian	<ul style="list-style-type: none">• PRUCOL• Paroled into the US less than 1 year• Undocumented/ Out of Status
<ul style="list-style-type: none">• Granted Conditional Entry• Paroled into the U.S. for a period of at least one year• An immigrant whose deportation is being withheld	<ul style="list-style-type: none">• A state's legislature is the only means for expanding eligibility for state and local benefits

To summarize **immigrants qualified for benefits** are;

- Lawful Permanent Resident (after 5 year waiting period unless LPR was granted before 1996 and other exceptions)
- Refugee, Asylee, Cuban/Haitian entrant, Amerasian
- Granted Conditional Entry
- Paroled into the U.S. **for a period of at least one year**
- An immigrant whose deportation is being withheld

Those ineligible for benefits are:

Unqualified or undocumented Immigrants

- PRUCOL
- Paroled into the U.S. **less than 1 year**
- Undocumented/ Out of Status
- Note that a state's legislature is the only means for expanding eligibility for state and local benefits.

Exceptions

1. Treatment for an *Emergency Medical Condition*
2. Emergency disaster relief
3. Public health assistance for immunizations, testing/treatment for communicable diseases
4. Services at the community level; soup kitchens, crisis counseling and short term shelter

EAS GSU

31

Exceptions to the unqualified immigrant receiving benefits (as specified by the U.S. attorney general) include situations involving:

1. Treatment for an *Emergency Medical Condition*
2. Emergency disaster relief
3. Public health assistance for immunizations, testing/treatment for communicable diseases
4. Services at the community level; soup kitchens, crisis counseling and short term shelter

#1. Is most applicable to case management and is offered as a justification for using public funds in child welfare cases. There **are very explicit circumstances surrounding the use of public** funds for emergency medical treatment as defined by federal law. CM's MUST ensure that these circumstances exist before applying this funding source. By the United States code and the Federal Code and emergency medical condition means:

Someone presents with ACUTE symptoms of such severity that failure to receive medical attention would result

- in placing patient's health in serious jeopardy
- serious impairment to bodily functions
- serious dysfunction of any bodily organ or part. Please note that such emergency would include labor and delivery.

Citizenship/alienage status is applied differently to Medicaid and to foster care funding. Medicaid policy sections 2215- Citizenship and Section 2054 - Emergency Medical Assistance. Citizenship/Alienage is an eligibility criteria for Medicaid.

RevMax is required to use collateral contacts to verify alienage status if that is indicated on the application or the status is questionable to the worker. A child that is truly undocumented will be eligible for EMA only and foster care will be paid from IV-B.



See participant guide Resource Pages.



ACTIVITY: The Case Is..

Refer participants to the Activity: The case is... in their Participant Guide. Have them follow the directions to complete the activity.

Activity The case is...

ACTIVITY The case is....	
TIME:	10 minutes <i>5 minutes Small Group</i> <i>5 minutes Large Group Debrief</i>
PURPOSE:	Apply terms and definition to case work situations
MATERIALS:	Case information Worksheet
INSTRUCTIONS:	<ol style="list-style-type: none"> 3. Complete the Worksheet in your assigned group by reading the cases and discussing responses to the questions posed. 4. Be prepared to share your responses with the large group.
DEBRIEF	

Case Information and Debrief

- Pablo Munos 6 month old, is an undocumented infant from Guatemala placed in foster care one month ago. Prior to coming into care he was diagnosed with Neuroblastoma (cancer), potentially fatal without ongoing radiation and aggressive chemotherapy. He was discharged from the hospital before entering care.
- **Should the case manager, Haggis Foss try to use Emergency Medical condition funds to pay for his continued treatment? How would you justify your decision? NO is the correct answer.** Pablo's medical needs are ongoing. His medical care has to be paid for through other funding sources like IV-B medicaid. (See Greenery v. Hammon The Colorado Lawyer/ September 2005/vol.34, No 9/95
- Vladimir Kiminsky is 16. He entered the U.S through California and is an undocumented foster child in Fulton County. He presents with a severe emotional disorder, suicidal and requires intensive treatment. Recently placed in foster care Vladimir was chronically sexually and physically abused by his dad, his mom unprotecting. His dad a lawful permanent resident took the family to Georgia 8 years ago with the promise to make a better life for them in Atlanta and to file immigration papers. His parents were never married. His mom abandoned him last year and he was removed from his dad after he was found chained to a bed in their basement. His dad never filed immigration papers to change his status. Vladimir's worker Candace Maitland wants to place him in the State's Cave Springs Residential Treatment Center. She talks with Maggie Bliss her supervisor who tells her Residential Treatment Centers are wholly funded by Medicaid dollars.
- **Is Maggie correct? Could Vladimir be placed there under the emergency treatment exception? Yes** he could be eligible for placement there under both if he met the criteria. For medical he would have to be currently acting in a manner that was life threatening to himself or others. **Could we include Special Immigrant Juvenile Status in his permanency plans? Yes,** if it can be proven that return to parents and birth country would be detrimental to the youth.

Currently there are very limited options available for assisting unqualified aliens/immigrants. When circumstances allow the case manager should utilize:

- Emergency Services (as was discussed)
- Consular Services; which may provide home evaluation services in the native country, locating individuals who want to be identified as resources for the family, interpreters, facilitating meeting with families and significant others
- Community resources: Tap into or develop community resources that are already at work within immigrant populations. (***Will be addressed in solution building module 5***)

There are many questions that may arise about status and eligibility **which we do not have time to cover**. However there are websites you may access that provide very useful information, question and answers related to these immigration issues.



These are referenced in your participant guide tool Resource Pages

The issue of Status and Eligibility may raise many questions outside the scope and purpose of this training. This Resource Tool is an attempt to pre-empt these or minimally provide additional resources or links to answers. Eligibility Question and Answer Page from Administration for Children and Families : quest/immigran.htm

Immigrants (They are also included at the end of this module in this trainer's guide).

Child Abuse Prevention – Service Provision

- Research confirms that successful child abuse interventions utilizing positive action or behavior both reduce risk factors and **promote protective factors** to ensure the well-being of children and families. Protective factors are conditions in families and communities that increase the health and well-being of children and families. They assist vulnerable parents to access supports, or coping strategies that allow them to parent effectively under challenging circumstances. (Borelli)
- There are different paths that child welfare agencies may take in responding to intake/referral information on immigrant children and families. Each path builds on the other beginning with Community Diversion Services (path 1) to Child welfare department diversion services (path 2) to Juvenile Court Intervention (path 3) through Aftercare and permanency planning support for youth targeting special immigration juvenile status (path 4) ⁴
- As we just discussed, status affects accessibility to services or benefits without which immigrant families may experience hardship. Poverty, mental health issues, parenting practices are root causes of maltreatment. These often are pieces of the luggage the immigrant brings to the new region. When you add language barriers and cultural differences it further complicates matters for the immigrant.
- If we can make referrals to community and other resources we provide diversion services that may mitigate the maltreatment. If the referral information does not identify specific maltreatment and risks seem to be low, determine whether there is someone already assisting the family ex. an agency providing services to immigrants, immigration attorney, “notary,” family or other social services or mental health agency. Encourage greater collaboration with the helpers and help remove barriers to that assistance.
- Identify and refer the family to prevention programs that target parents BEFORE their actions become abusive or neglectful. Programs that may add a community or other worker to the home environment may not only help them adjust to the culture but also strengthen parenting practices. As we learned in Module 1, people groups may have their own resources to help them.
- Prevention programs that target children may increase their awareness of safety issues and may help to equip children with rules to help keep them safe.

⁴ Ken Borelli <http://www.f2f.ca.gov/res/ImmigrationGuidelinesCWStaff.pdf>

- When protective services have to be provided to assure safety, remember immigration status will impact case management activities especially information gathering. Do not interpret the family's reluctance to share information automatically, as lack of cooperation, it could just be fear. The family may fear deportation, separation or fragmentation of the family. Immigration status may also subject parents to work place exploitation or allow the family to live in housing that would NOT meet DFCS' expectations of adequate housing. It may force children to live in abusive situations where they may deny the abuse or induce paralyzing fears about reporting abusive or criminal acts. These factors must be reflected and addressed in your risk assessment and CCFA's and should be considered in overall determination of child wellbeing and identification of relevant services.



Let's wrap up this module with a few questions.

What's the answer?

- Can children and elderly who have not been here for 5 years on a green card be eligible for benefits?
- What should be done when the child's green card is about to be or expired?
- If a child is born outside of the country- what if any verification is necessary?
- Who is responsible for applying for immigrant visas?

1-10-09/CSH 44

The answers:

- They are generally eligible for most welfare benefits **after** retaining their Green Card over five years.
- If the Green Card will expire within 6 months, download and submit the I-90 application immediately
- None or Form N-600 (Application for Certificate of Citizenship) with USCIS
- The case manager/foster parent/ older foster child/birth parents

Transition to Module Three

We have identified the characteristics of the national and state immigrant population, gained the historical perspective of Immigration and examined the factors affecting immigration. In addition to this we also clarified definitions relating to Immigration and Immigration Status, reviewed what access immigrants have to benefits and services and

identified some strategies for case managers working with immigrant/refugee families, children and youth. Next we examine the Legal Bases for our practice.

(Resource Pages Only; This is additional information as reference not for presenting)

Frequently Asked Questions

What do I need to apply for Medicaid?

What are the basic requirements to qualify for Medicaid?

Basic requirements to determine eligibility under any Aged Blind Disabled (ABD) Medicaid program includes:

- Aged (65 or older), Blind or Disabled
- Application for other benefits
- **Citizenship/Qualified Alien status**
- Valid social security number (SSN)
- Residency
- Assignment of medical benefits to the Division of Medical Assistance (DMA)

Basic requirements to determine eligibility under a Family Medicaid program includes:

- Age
- Application for other benefits
- **Citizenship/Qualified Alien status**
- Cooperation with Child Support Service (CSS)
- Valid SSN
- Residency
- Assignment of medical benefits to DMA
- Living with a Specified Relative (For Low Income Medicaid (LIM) and Newborn only).

What is considered income in Medicaid?

INCOME is **all** money, earned or unearned, cash or any type of support received from any source by you/or your household that can be used to meet basic needs for food, clothing or shelter. Income is considered on a monthly basis and is used to determine financial eligibility and benefit level. For a list of income limits click the link below.

[Income and Resource Requirements](#)

What do I need to verify my income?

Verification of income can be provided in a variety of ways, including:

- Pay stubs
- Award letter
- Written statement from source
- Computer match
- Copy of check reflecting gross income
- Form 809 - Wage Verification Form

For some Medicaid programs your statement of the source and amount of income, earned or unearned may be accepted unless questionable. For others all income must be

verified. Verification of income is required when information available to the agency contradicts your statement or your statement is otherwise questionable.

What is the maximum value of items (resource) I can own and still qualify for Medicaid?

The appropriate resource limit is dependent upon several factors including the Medicaid program for which you are applying. For a list of resource limits click the link below.

[Income and Resource Requirements](#)

You have the primary responsibility for providing verification to support statements or to resolve questionable information. You will be given sufficient time to verify information. The agency will assist you in obtaining verification when assistance is requested.

Providing Verification of Citizenship for Medicaid

What is changing?

Congress passed a new law. Beginning on July 1, 2006, all people who get Medicaid or people who apply for Medicaid must be able to verify that they are U.S. citizens or nationals.

Note: If you are enrolled in Medicare or receive Supplemental Security Income (SSI), or are a "Qualified Alien", you will not be affected by this new law.

What kind of verification do you need?

The best way to verify that you are a citizen is with one of these:

- A U.S. Passport
- A Certificate of Naturalization (DHS Forms N-550 or N-570)
- A Certificate of U.S. Citizenship (DHS Forms N-560 or N-561)

(If you do not have any of these items, you will need two documents, one document to show you are a citizen and one document to show who you are.)

You can use any of the following to verify you are a citizen:

- Your birth certificate
- Certification of Report of Birth (DS-1350)
- A Report of Certification of Birth Abroad of a U.S. Citizen (Form FS-240 or FS-545)
- U.S. Citizen I.D. card (DHS Form I-197)
- Adoption Papers
- Military Record showing where you were born
- American Indian Card (I-872)
- Northern Mariana ID Card (I-873)
- Evidence of civil service employment by the U.S. government

You can use any of the following to verify who you are:

- Your picture on your current State driver's license or State ID card
- Your picture on your school ID card
- A U.S. Military ID card

- A Federal, State or Local government ID card with your picture or identifying information such as name, date of birth, sex, height, color of eyes, and address

For individuals under the age 16, verify who you are with:

- School record that shows date and place of birth with parent(s) name
- Clinic, doctor or hospital record showing date of birth
- Daycare or nursery school record showing date and place of birth
- Affidavit signed under penalty of perjury by a parent or guardian (U.S. citizen) attesting to their child's identity (your Case Manager will have the form needed)

What should you do if you don't have any of these things?

- Check with your local county Department of Family and Children Services (DFCS) about other ways to verify you are a citizen and to show who you are
- Tell your local county DFCS why you can't get the verification, and
- Give your local county DFCS any documents you have

NOTE: Only original document or a copy certified by the Agency that has the original can be used. You cannot use a photocopy of a notarized copy of your document.

How much time do you have to show this documentation to Medicaid?

45 days is the normal time your local county DFCS office may need to work on your application. Check with your local county DFCS office if you need additional time to see exactly how much time you have to get your verification.

What if you still have questions?

If you still have questions, contact your local county DFCS office or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. Information is also available on the cms.hhs.gov web site.

MEDICAID ELIGIBILITY

2215 – CITIZENSHIP AND ALIENAGE [DFCS/OFI/Medicaid Policy](#)

An individual must be a U.S. citizen or establish Department of Homeland Security (DHS) status as a lawfully admitted qualified alien in order to be eligible for Medicaid.

- **EXCEPTION:** An individual determined ineligible for Medicaid solely because s/he does not meet the citizenship/alienage requirement is potentially eligible for **Emergency Medical Assistance**.
- Persons who are ineligible for Medicaid due to citizenship or other reasons may apply to get assistance in paying bills that were incurred **due to a medical emergency**.
- This includes the cost of labor and delivery. Emergency medical assistance, however, **is not an ongoing coverage** plan. Applicants must apply for this service as each medical hardship is incurred.
- Refer to [Section 2054, Emergency Medical Assistance](#) (EMA). Or **contact your county Medicaid Specialist**.

GENERAL IMMIGRATION STATUS QUESTIONS

Eligibility Question and Answer Page from [Administration for Children and Families : quest/immigran.htm](http://www.dhs.gov/quest/immigran.htm)

Immigrants

- ✓ **Is an Order from an Immigration Judge granting asylum under §208 of the INA acceptable proof of asylee status?**

Department of Homeland Security (DHS) Waives Appeal. If, on the Order from the Immigration judge granting asylum, the DHS waives the right to appeal the Immigration Judge's decision, then, an Order from an Immigration Judge is acceptable proof of asylee status. An asylee's eligibility period for the Office of Refugee Resettlement (ORR) assistance and services will begin on the date the Immigration Judge's Order granted asylum.

(b) DHS Reserves Appeal. If, on the Order from the Immigration Judge granting asylum, the DHS has reserved the right to appeal the Immigration Judge's decision, the order will NOT, on its own, verify asylee status.

If the DHS has reserved the right to appeal, eligibility workers must wait 30 days from the date on the Immigration Judge Order. On or after the 31st day**, the eligibility worker will need to call the Executive Office for Immigration Review (EOIR) case status line at (800) 898-7180 to determine whether DHS has appealed the case. If the DHS has appealed the case, the individual is not yet an asylee and is not eligible for benefits. If the DHS has not appealed the case and 30 days have passed since the date on the Immigration Judge Order, the individual is an asylee and is eligible for the Office of Refugee Resettlement (ORR) assistance and services. Thirty days after the date on the Immigration Judge Order will serve as the "entry" date (i.e. the date the individual was granted asylum).

- ✓ **Is a "Recommended Approval" from an Immigration and Naturalization Service (INS) Asylum Office an acceptable document proving asylee status?**

No, Recommended Approvals are NOT acceptable proof of asylee status. If an applicant is bringing an approval letter from an Asylum Office it must be an actual Approval Letter, NOT a Recommended Approval

- ✓ **How do I adopt my relative's child? How do I adopt my grandchild? How do I adopt my sister's child?**

Increasing numbers of relatives have stepped forward to care for vulnerable children who cannot live with their parents. Many relatives or "kin" proceed to adopt the child, while others prefer to be the child's guardian in order to preserve the child's legal ties to one or both parents.

If the child is in the custody of a public agency, you should contact that agency to express your interest in adoption. Child Welfare Information Gateway, a service of the Children's Bureau, provides a State-by-State listing of public adoption agencies in the *National Adoption Directory* at <http://www.childwelfare.gov/nad/index.cfm>. Most often, relatives care for children as foster parents before adoption takes place. State regulations vary,

but you may be required to take training classes and complete a family assessment before you are licensed as a foster parent or allowed to adopt the child. Child Welfare Information Gateway provides additional information about adopting your relative's child from foster care in its fact sheet, *Kinship Caregivers and the Child Welfare System: A Fact sheet for Families*, at http://www.childwelfare.gov/pubs/f_kinshi/index.cfm.

For information regarding adopting a relative's child who is not in foster care, contact an attorney familiar with the adoption laws in the State(s) where you and the child live.

Adopting relatives from other countries can be difficult. The child must be defined as an orphan according to U.S. Immigration law. The definition is found at "How do I apply to bring a foreign-born orphan to the United States?" at (<http://www.uscis.gov/portal/site/uscis/menuitem.5af9bb95919f35e66f614176543f6d1a/?vgnextoid=5da2194d3e88d010VgnVCM10000048f3d6a1RCRD&vgnnextchannel=063807b03d92b010VgnVCM10000045f3d6a1RCRD>). If the child meets this requirement, an adoption agency that places children in the child's home country may be able to help you with the adoption. If the child does not meet this requirement, a lawyer familiar with immigration law can help you explore other options. The U.S. Department of State provides information on adopting relatives in *Intercountry Adoption of Relatives* online at http://travel.state.gov/family/adoption/notices/notices_474.html.

Child Welfare Information Gateway also has comprehensive information about adoption on its website at <http://www.childwelfare.gov/adoption>. The section of this site on Kinship/Relative Families has additional resources for kinship families at <http://www.childwelfare.gov/adoption/types/families/kinship.cfm>.

✓ **How do I adopt a child from a non-U.S. country? What are the laws regarding foreign adoptions?**

In intercountry adoption, (i.e., adoption of a child from a non-U.S. country), prospective adoptive parents need to follow the laws in their State as well as the laws of the country of origin, and the policies and regulations of the U. S. Citizenship and Immigration Services (USCIS). In the United States, you must be a U.S. citizen 25 years of age or older to adopt from another country. If married, at least one spouse must be a U.S. citizen.

In order for U.S. citizens to adopt a child from another country and legally bring the child into the United States, the child must be considered an orphan under U. S. immigration law, and all proper paperwork must be completed and approved. Children adopted through intercountry adoption must be younger than 16 (unless a sibling was already adopted by that family) and must be brought to the United States under an "orphan visa." Adoptions cannot be used to change a child's visa status. The USCIS describes the intercountry adoption process in *The Immigration of Adopted and Prospective Adoptive Children* on its website at http://uscis.gov/files/nativedocuments/adopt_book.pdf. The State Department website at http://travel.state.gov/family/adoption/country/country_369.html includes information on country-specific adoption requirements.

Child Welfare Information Gateway, a service of the Children's Bureau, provides information on the basics of the intercountry adoption process in *Intercountry Adoption: Where Do I Start?*, available online at http://www.childwelfare.gov/pubs/f_inter/index.cfm.

A listing of licensed private agencies with intercountry adoption programs is available from Child Welfare Information Gateway, through the online *National Adoption Directory* at <http://www.childwelfare.gov/nad/index.cfm>. For additional information about intercountry adoption agencies, contact the Adoption Resource Center of Connecticut (ARCC) by calling 860.657.626. The Center publishes an annual *Report on Intercountry Adoption*. The report lists adoption agencies that work in various countries, as well as each agency's requirements, fees, and availability of children. Information on how to order this guide is available on the ARCC website at <http://www.arcct.org/included.htm>.

For more detailed information on intercountry adoption, see the Intercountry Adoption section of Child Welfare Information Gateway website at <http://www.childwelfare.gov/adoption/types/intercountry/>.

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- DFCS Social Services Manual
- **Tapestri, Inc.**, Immigrant and Refugee Coalition Challenging Gender Based Oppression www.tapestri.org

Module Three: Legal Bases and Policy Application

TIME: 3 hours 15 minutes

A presentation slide with a grey background. At the top, a purple horizontal bar contains the text "Module 3: Legal Bases Policy Application" in white. Below this bar, on the left, is a yellow globe icon. To the right of the globe is a bulleted list of topics. At the bottom of the slide, there is another purple horizontal bar.

Module 3: Legal Bases Policy Application

- Federal/State/ Policy regulations affecting immigrant families
- Roles and Responsibility
- DFCS vs. Homeland Security
- What CM needs to know about the SAAG's Role/Working with the Juvenile Court
- Policy Application-Forms

Trainer's Note: You should begin this module by late afternoon on the first day of training delivery. After reviewing the purpose and objectives, you may begin by asking a volunteer share a CPS experience with an immigrant family where one of their practices led to risk or safety concerns.

This Module emphasizes the legal bases –laws both federal and state and how these laws drive agency policy and practice. To reduce the need for lecture, activities are developed around participants reviewing laws and policy in small group. This should focus on application to casework practice.

PURPOSE: To review the legal bases of policies and practices directing case work with immigrant children and families, examine roles and responsibilities in service delivery and identify the required forms to be completed.

Learning Objectives:

By the end of this module workers should be able to:

- Describe federal, state and local regulations and their impact on immigrant families in the child welfare system and how this determines your ability to provide services and or benefits to families

- Utilize differing resources when working with immigrant and refugee families, children and youth to promote self-sufficiency, safety and protection
- Describe and explain the various roles and responsibilities of the court, case managers, local and federal agencies to immigrant children and families
- Deliver culturally competent services including immigration status relief to meet the diverse needs of changing communities
- Identify Immigration status and how to refer to and access the agencies that may assist in addressing status related needs especially for juveniles
 - Know how to apply for Special Immigrant Juvenile Status and complete related forms/applications
 - Develop informal support networks to strengthen and support families, children and youth
 - Utilize policy and practice guidelines for Language communication when serving families with little or no English language proficiency

Trainer's Note: The following large group activity is designed to have participants come up with questions they need answered to determine whether the concern is CPS or a cultural practice that may be unfamiliar but not harmful to the child. After each statement allow participants to share their responses. Guide their responses towards the presence or absence of risk and safety factors.

Is this a CPS concern?

1. Mgali(10) has third degree burns over 40% of her body from an apartment fire resulting from a *cooking* fire set in the kitchen
2. School reports an 8 year old afraid to go home after getting a "B" on his report card.
3. Hospital calls to report 2 y/o with vaginal inflammation due to "traditional practice"
4. Julio 6 has reddened crusty eye margins. He explains his mom puts petroleum jelly on his eyes to make him sleep.

EAS/GSU
48

We begin this module by thinking about how parenting practices may be impacted by CPS policy. We will review some case information. After each statement, I would like you to discuss in our large group whether you think this is a CPS concern and why. What questions need to be answered in this determination.

- Mgali(10) has third degree burns over 40% of her body from an apartment fire resulting from a *cooking* fire set in the kitchen.

Preferred Responses:

Was the child parentified? Was there ignorance of how to use appliance that placed the child at risk? Why weren't they using a stove? Was anyone supervising the 10 year old? Who was actually cooking? What is the family's cooking practice? What are the family's expectations about children and housekeeping duties?

- School reports an 8 year old afraid to go home after getting a "B" on his report card.

Preferred Responses

What is the source of the child's fear? Is this a child that has always excelled? What was the disciplinary practice of the parents that may increase risk? Has this happened before and what was the outcome? Is this rooted in traditional expectations and issues of shame?

- Hospital calls to report 2 y/o with vaginal inflammation due to "traditional practice".

Preferred Responses:

What exactly is the traditional practice? What are the medical concerns? How have the caregivers responded? If this is a case of female genital mutilation, this is most definitely a CPS concern to guard against medical neglect. Female Genital Mutilation has also been prosecuted in this state.

- Julio 6 has reddened crusty eye margins. He explains his mom puts petroleum jelly on his eyes to make him sleep.

Preferred responses:

Is this medically sound or unsound? Does it cause injury to the child? Is the child experiencing avoidable suffering by the parent's action or inaction? Is the mother aware of alternatives?

How do you respond to the immigrant?

- Why is protective services visiting my home?
- What is child protective services?
- What does CPS do in an investigation?
- How long does it take to complete an investigation?
- What does risk of child abuse and neglect mean?
- Why should I have to change my culture/practices?

EAS/GSU

56

How do you respond to the immigrant?

- Will CPS take my child away?
- Who will know what is in this record about me?
- Why do the police need to be called?
- Why is my immigration status important to you?
- Will I be reported to immigration services?
- What can I do if I disagree with the conduct or findings of the CPS investigations?
- What kind of services will I get? PUP/IE/ Homestead

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57

We continue our discussion of policy by reviewing basic engagement and interviewing tasks that workers should perform when first engaging the immigrant family after a referral is made. As we look at some of these questions ask yourself how would I respond to the foreign born parents or child and how this may impact my practice? One thing that may help is your understanding of our laws both Federal and State.

Legal Bases: Federal Legislation

- ✓ The Immigration and Nationality Act
- ✓ The Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIA)
- ✓ The U.S. Patriot Act of 2001
- ✓ The Adoption and Safe Families Act (ASFA) of 1997
- ✓ The Multiethnic Placement Act of 1994 amended Interethnic Adoption Provision of 1996 (MEPA-IEAP)

EAS/GSU

31

Federal Law cont'd

- ✓ Violence Against Women Act
- ✓ The Medicare Modernization Act
- ✓ The Victims of Trafficking and Violence Protection Act of 2000 ("VTVPA"), Pub. L. No. 106-386
- ✓ Trafficking Victims Protection Reauthorization Act 2006

EAS/GSU

32

Legal Bases: State Law

- ✓ SB 529 Georgia's Immigration and Security Compliance Act
- ✓ "Children and Youth Act"
- ✓ Parent and Child Additional Identification and Reporting Procedures for Abused Children,
- ✓ Confidentiality of Records Concerning Reports of Child Abuse and Neglect,
- ✓ Juvenile Court Code of Georgia

EAS/GSU

33

Federal and State Laws governing immigrant children and Families

We have identified several of the different ways that immigrants may be characterized on entering our system. We want to review the legislation that influences our child welfare practices. Some of these laws should be familiar to you from Keys/Track Training and are

merely indicated here, with the exception of Change to Georgia Security and Immigration Compliance Act.

You should have already reviewed these laws which deal with the agency's mandate to provide protective services and the jurisdiction of the juvenile court. The laws on trafficking, "The Victims of Trafficking and Violence Protection Act of 2000 ("VTVPA"), Pub. L. No. 106-386 and the Trafficking Victims Protection Reauthorization Act 2006 were enacted to punish those engaged in the trafficking in persons, mostly women and children and to provide rehabilitation services for the victims of such trafficking. VTVPA PL 106-386 states that a minor under the age 18 that is forced into prostitution is considered a victim of human trafficking, a form of modern day slavery. The Violence Against Women Act was just discussed in Module Two and will not be repeated here.

Federal Law

- ✓ The Immigration and Nationality Act
- ✓ The Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIA)
- ✓ The U.S. Patriot Act of 2001
- ✓ The Adoption and Safe Families Act (ASFA) of 1997
- ✓ The Multiethnic Placement Act of 1994 amended Interethnic Adoption Provision of 1996 (MEPA-IEAP)
- ✓ Violence Against Women Act
- ✓ The Medicare Modernization Act
- ✓ The Victims of Trafficking and Violence Protection Act of 2000 ("VTVPA"), Pub. L. No. 106-386
- ✓ Trafficking Victims Protection Reauthorization Act 2006

State Law

- ✓ Georgia's Immigration and Security Compliance Act
- ✓ "Children and Youth Act"
- ✓ Parent and Child Additional Identification and Reporting Procedures for Abused Children,
- ✓ Confidentiality of Records Concerning Reports of Child Abuse and Neglect,
- ✓ Juvenile Court Code of Georgia

Welfare and Immigration Reform laws in 1996 significantly limited the eligibility of immigrant children and their families. For some immigrant families this means inaccessibility to federally funded cash assistance, food stamps, Medicaid, IV-E foster care, adoption assistance and SSI benefits. Several states have opted to use state funding entirely instead of a federal state- match for Medicaid, cash assistance and food stamps for certain immigrants based on status. However, as was noted before the undocumented immigrants remain largely ineligible for government subsidized programs.



In this module we will begin with an activity to help link the laws with aspects of assessment and case work activities.

*Trainer's Note: Three Groups are necessary for this activity. The three group assignments **may** be CPS Intake-Risk Assessment (Investigation); Family Preservation, Foster Care and Resource Development/ Adoption **or grouping may be randomly assigned.** Each group should be assigned at least two laws with one group getting a third.*

ACTIVITY

The law and Case Work Practice

- In your small group complete the worksheet by reading the Law and its definition then discuss and note it's effect on case work activities.

DHR



Turn in your participant guides to the section **Activity: The Law and Case Work Activities**. Review the list of Federal and State Laws making a note of the ones you were unfamiliar with. In your assigned group, generate a list of the ways the laws identified affect the immigrant clients you would work with.

Activity: The Law and Case Work Activities

<i>ACTIVITY The law and case work activities</i>	
TIME:	<i>40 minutes total 20 minutes Small Group 20 minutes Large Group Debrief</i>
	To identify ways in which Federal and State Law affects case work activities
MATERIALS:	Case information Worksheet
INSTRUCTIONS:	<ol style="list-style-type: none">1. Complete the Worksheet in your assigned group by reading the law, its definition and deciding on and noting possible effects on case work activities
DEBRIEF	<ol style="list-style-type: none">2. Be prepared to share your responses with the large group.

The Law And Case Work Activities Worksheet –Debrief sheet

Law	Definition	Impact on Case Work Activities
<p>The Immigration and Nationality Act (INA)</p>	<p>The Act (INA), which, along with other immigration laws, treaties, and conventions of the United States, relates to the immigration, temporary admission, naturalization, and removal of aliens.¹ The Immigration and Nationality Act (INA) also sets forth the conditions for the temporary and permanent employment of aliens in the United States and includes provisions that address employment eligibility and employment verification. These provisions apply to all employers.</p>	<p>Documented immigrant families may not try to access services due to fear of this jeopardizing their citizenship applications</p> <p>Undocumented family members may not realize that they may also serve as CPS safety resources or kinship care providers if this supports the child’s well being.</p> <p>Immigrants may not discuss employment related issues or data because of their status and not wanting to get employers in trouble</p> <p>Identify resources among immigrant populations to strengthen their understanding of the provisions of the act.</p>
<p>The Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIA)</p>	<p>Revised the laws regarding government privacy and confidentiality of information collected by government agencies from immigrants applying for benefits. Under this law intentionally or unintentionally breaking immigration law has severe consequences including deportation, prohibition from naturalization, and prohibition from re-entering the U.S. The legislation increased concerns that acceptance of public benefits and social services would lead to deportation so families are wary to apply for such benefits even for their U.S. born children. IIRIA also defines domestic abuse as an</p>	<p>Child or domestic abuse goes unreported</p> <p>The child or non abusing caregiver does not seek or agree to protective services</p> <p>What may appear medical or physical neglect may be fear of deportation</p> <p>Assessments may not truly reflect the root cause of the reported child maltreatment because families are reluctant to discuss issues with workers.</p>

¹ <http://www.uscis.gov/portal/site/uscis>
 Working with Immigrant Children and Families
 Module 3
 Trainer’s Guide Professional Excellence June 2008

	aggravated felony that can lead to deportation of legal immigrants without right to hearings.	
The U.S. Patriot Act of 2001	<p>Expanded the authority of U.S. law enforcement agencies for fighting <u>terrorism</u> in the United States and abroad.</p> <p>The act increased the ability of law enforcement agencies to search telephone and email communications and medical, financial, and other records; eased restrictions on foreign intelligence gathering within the United States.</p> <p>It expanded authority to regulate financial transactions, particularly those involving foreign individuals and entities; and enhanced the discretion of law enforcement and immigration authorities in detaining and deporting <u>immigrants</u> suspected of terrorism.</p> <p>These laws have deterred immigrants from seeking housing food stamps Medicaid etc both when they initially entered the U.S. and during later period of financial difficulties.</p> <p>The undocumented parents have such fear of consequences that they do not seek help for their children in need. Even legal immigrants do not seek help because they fear this may jeopardize their becoming citizens.</p>	<p>Reluctance to apply for and receive services</p> <p>Refer the family to Immigration Counsel and address any communication barriers</p> <p>Mistrust of all governmental agencies.</p> <p>Suspicion of any questioning related to the gathering of basic identifying information</p> <p>Gaps in the completion of forms</p> <p>Reliance on collaterals to fill in the gaps</p> <p>Identify resources from within the immigrant community who may help explain the case work process to the family</p> <p>Inform CCFA, and other providers of potential reticence on the part of families because of mistrust issues and other underlying fears the family may have demonstrated in the assessment process</p> <p>Children may lack the necessities for healthy growth and development</p>
The Adoption and Safe Families Act	The Adoption and Safe Families Act of 1997 (Public	The need to achieve permanency may scare families into eluding the state

(ASFA)	<p>Law 105-89) establishes goals of safety, permanency and well-being. This was intended to shorten the length of time children spent in foster care propelling them towards permanency, making reasonable efforts where possible to reunify or conversely making reasonable efforts to finalize the permanency plan when that was in the child's best interest. Failure to achieve these outcomes may lead to federal sanctions on the agency. With the Permanency Timelines in place, there is increased pressure on families to comply with case plans or risk termination of their parental rights (15 out of the most recent 22 months clause).</p>	<p>Case managers should identify resources from the immigrant group their mosque, temple religious support group to also assist with translation</p> <p>Contact Consulate to help identify services that may be available</p> <p>Depending on status the immigrant family may not be eligible for prescribed services or are not comfortable with the services identified in the case plan steps. The availability of bilingual services for domestic violence, parenting, substance abuse or even psychotherapy is significantly limited in Georgia. Added to this is the problem of dialects to further complicate communication.</p> <p>Determine what the agency's linguistic ability is and what languages it should develop capacity for</p> <p>Assess the immigrant group's ability for formal and informal substitute care practices for both the development of safety resources and foster care situations</p>
<p>The Multi-ethnic Placement Act of 1994 as amended by the Interethnic Adoption Provision of 1996 (MEPA/IEP)</p>	<p><i>No individual should be denied the opportunity to become an adoptive or foster parent on the basis of race, color, or national origin of the person or the child involved.</i></p> <p>Agencies should not systematically and inappropriately filter out potential trans-racial or interethnic placements. Agencies should not use race-neutral policies (income, age, education, family structure, ownership of housing, etc.) that</p>	<p>Diligent recruitment of foster/adoptive parents from among the immigrant community to help increase the pool of resources</p> <p>Address race neutral issues that may retard resource development or identification of safety resources among immigrant groups</p>

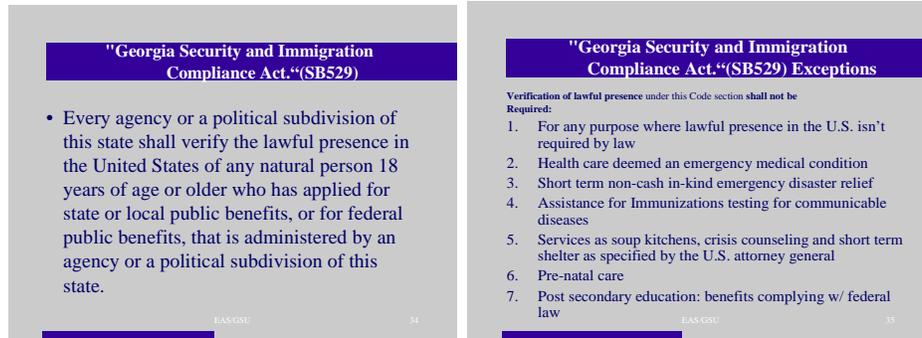
	also have the effect of excluding groups of prospective families on the basis of race, color, or national origin, where those standards are arbitrary or unnecessary (the Multiethnic Placement Act – the Interethnic Adoption Provisions [MEPA-IEP]). FC Manual 1014.1	
The Medicare Modernization Act	Enacted in 2003 to provide federal funds to States to assist hospitals and other providers with uncompensated care costs for undocumented immigrants' use of medical services. This pays doctors and hospitals for emergency care provided. The funds cover screening examinations and necessary stabilizing treatment or appropriate transfer. The immigrants that qualify for these benefits are undocumented immigrants, Immigrants paroled into the U.S. by Homeland Security and Mexican Citizens permitted to enter the U.S. for thirty days under the authority of a Laser Visa. (Laser Visa is a machine readable border crossing identification card.) ²	<p>This is a resource for emergency medical care and case managers should be clear about what constitutes an emergency.</p> <p>Develop guidelines for this determination.</p> <p>Work closely with Rex Max and the Office of Family Independence to clarify benefits</p>
<u>Georgia's Security and Immigration Compliance Act</u>	Outlines procedures and requirements for both governmental and private agencies in service delivery and provision of benefits to non-US citizens or legal permanent residents. Requires immigration status verification (lawful status determination) for individuals 18+ accessing Georgia's public services/benefits to ensure	<p>As a part of CPS Assessment inform clients of the new stipulation for lawful status verification.</p> <p>Refer clients to legal aide, immigration lawyers, consulate</p> <p>Be able to recognize the signs of human trafficking</p> <p>CPS Family Preservation case managers will need to ascertain whether the service they are</p>

² Undocumented Immigrant Children: Legal Considerations Regarding Human Services Needs, The Colorado Lawyer/September 2005/ Vol. 34, No.9/93
Working with Immigrant Children and Families
Module 3
Trainer's Guide Professional Excellence June 2008

	<p>eligibility for those benefits. GSICA makes it unlawful for any agency to provide any state, local, or federal benefits to undocumented immigrants.</p> <p>This directly impacts immigrants 18 or older discharged from foster care</p> <p>Creates the offense of human trafficking and contributing to human trafficking, where the penalty is 10-20 years if the victim is under 18.</p> <p>Limits what services a FOR profit immigration assistance individual/business can provide and criminalizes certain actions. These groups including “notaries” must post signs saying they are NOT lawyers and cannot provide legal advice</p> <p>Requires law enforcement to check the Immigration Status of anyone charged with a felony or DUI</p>	<p>referring or attempting to utilize has residency verification in place. Undocumented parents need to be referred to informal resources. For example- Undocumented immigrants could not access state funded parenting classes. They may have to seek these through church or community organizations-informal resources or resources from within the immigrant community. They would not be eligible for P.U.P.</p> <p>In both family preservation family planning or foster care case planning:</p> <p>This law makes it even more important for youth that are about to age out of foster care system have case reviewed and assessed for SIJS (where applicable) as part of their Written Transitional Living Plan. If not they face numerous hardships and will not be able to access ILP program benefits after reaching age of majority (18). The WTLP should document agency efforts to repatriate the child, seek immigration status relief and identify placement resources for post foster care discharge. Immigrants 18-21 who have aged out of the system and have lawful status may receive ILP services which are federally mandated. Achieving lawful status before emancipation is imperative.</p>
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3

These two slides summarize key aspects of "Georgia Security and Immigration Compliance Act."



This information is also in your participant guides.

(The following is an excerpt of the law for trainer information/reference).

50-36-1. Exception to the "Georgia Security and Immigration Compliance Act."

(a) Except as provided in subsection (c) of this Code section or where exempted by federal law, on or after July 1, 2007, every agency or a political subdivision of this state shall verify the lawful presence in the United States of any natural person 18 years of age or older who has applied for state or local public benefits, as defined in 8 U.S.C. Section 1621, or for federal public benefits, as defined in 8 U.S.C. Section 1611, that is administered by an agency or a political subdivision of this state.

(b) This Code section shall be enforced without regard to race, religion, gender, ethnicity, or national origin.

(c) **Verification of lawful presence** under this Code section **shall not be required**:

(1) For **any purpose for which lawful presence in the United States is not required by law, ordinance, or regulation**;

(2) For assistance for health care items and services that are necessary for **the treatment of an emergency medical condition**, as defined in 42 U.S.C. Section 1396b(v)(3), of the alien involved and are not related to an organ transplant procedure;

(3) **For short-term, noncash, in-kind emergency disaster relief**;

(4) For public health assistance for immunizations with respect to immunizable diseases and for testing and treatment of symptoms of communicable diseases

whether or not such symptoms are caused by a communicable disease; or

(5) For programs, services, or assistance such as soup kitchens, crisis counseling and intervention, and short-term shelter specified by the United States Attorney

General, in the United States Attorney General's sole and unreviewable discretion after consultation with appropriate federal agencies and departments, which:

(A) Deliver in-kind services at the community level, including through public or private nonprofit agencies;

(B) Do not condition the provision of assistance, the amount of assistance provided, or the cost of assistance provided on the individual recipients income or resources; and

(C) Are necessary for the protection of life or safety.

(6) For prenatal care; or

(7) For postsecondary education, whereby the Board of Regents of the University System of Georgia or the State Board of Technical and Adult Education shall set forth, or cause to be set forth, policies regarding postsecondary benefits that comply with all federal law including but not limited to public benefits as described in 8 U.S.C. Section 1611, 1621, or 1623.



The slide features a purple header with the text "Web Based Resources" in white. Below the header, there is a list of four bullet points, each with a blue hyperlink and a brief description of the organization. At the bottom of the slide, there is a small purple bar with the text "EAS/GSU" and the number "38" in white.

- www.uscis.gov; U.S. Citizenship and Immigration Services
- www.lirs.org/whet/partners/ISP.htm; LIRS Immigration Service Providers
- www.cliniclegal.org; Catholic Legal Immigration Network
- www.alia.org – American Immigration Lawyers Association

Please note that the list of laws is by no means exhaustive. These are however critical ones that workers should be knowledgeable of. For those interested in further information

of legislation, Immigration Status, forms or legal resources and fees you may visit the following websites:

www.uscis.gov; U.S. Citizenship and Immigration Services

www.lirs.org/whet/partners/ISP.htm; LIRS Immigration Service Providers

www.cliniclegal.org; Catholic Legal Immigration Network

www.alia.org – American Immigration Lawyers Association

Roles and Responsibilities: Working with Immigrant children and families

Current Practice Child Protective Services

Now we look more specifically at some specific roles in working with the immigrant families beginning with the parents or caregivers. As we review these case management responsibilities think about how they may be carried out with immigrant children and families.

- In CPS cases the immigrant parent like any other referred parent is expected to cooperate with the CPS Investigator/ risk assessor and the family preservation worker. They should allow the worker to access the child and meet to discuss the issues related to the report. The worker should prepare for the initial contact by finding out as much as possible about the cultural norms before complying with the response time, reviewing the intake information **and** any previous case history; determining interview sequence; and, coordinating with law enforcement. While the focus of the contact is risk and safety and not immigration status remember that the family may misconstrue your contact as investigating status. Be very clear about the role of protective services.
- Permanency planning begins with Intake. Gather as much information as possible about immigrant families and their supporting communities including a list of others significant in the life of the child or who may have information about the family
- Where possible in data gathering determine proof of citizenship. This may be gathered from birth certificates, naturalization documents, alien registration cards (green Card) or passport information. The passport if foreign will have a current visa stamp identifying the type of non-immigrant status. Module 4 will list other critical areas to collect data
- It is important to note that showing up with law enforcement may make it more difficult to establish trust with the immigrant family and the case manager should clarify the purpose for the visit immediately as the family may confuse the visit with Immigration and Customs Enforcement.
- When meeting with the parents if they speak English as a second language or speak no English do not use the children as interpreters for their parents. It creates a burden on the child if they have to navigate the new culture for their parents. Using the child may be convenient for the case manager but it represents a power switch or role reversal in the parent child relationship.

Additionally it may force a dutiful child to interview in a way to protect their parent thus adulterating your assessment.

- In trying to locate parents, note that people often flee their homeland under very chaotic circumstances. It is not unusual for the child and the parent to become separated. This is not an expression of parental neglect. The child may be raised by an adult not related to the child who may just have ended up with the child having lost contact with the parent due to moving or the parent being left behind elsewhere. That adult may be caring for the child without compensation and may feel that it is the child's duty to serve the family out of gratitude for the placement. There may be hardships that the child experiences because of this way of thinking but the practice is acceptable within that culture. The caregivers may need to have their childrearing practices reframed. The only child at risk may just be the 'foster' child. The caregivers should be guided to provide equal nurturing and care. Worker's must determine risks and assess whether continued access to the child's own culture remains in their best interest.
- In completing the Risk assessment the case manager should try to uncover the foreign born child's past experience with war or persecution, or trafficking to identify potential social, emotional physical or behavioral implications. They face the daunting task of developing a strong sense of self while fleeing one culture and being immersed in an entirely new one and they have to do this while navigating the waters of youth and adolescence into adulthood. This requires a more comprehensive assessment process.
- When discussing parenting practices this again should be viewed through the filter of cross cultural experiences. A family from Somalia may be referred because twelve family members, two parents and their 10 children shared a two bedroom apartment. The children range in age from infant through 20 years. They sleep on palates in the living room and in one of the bedrooms. They sleep together because that was how they slept in the Kenyan Refugee camp to feel safe. They made cooking fires in the yard of their apartment because they cooked open range. The mom has never seen nor used a stove or cooked inside under the roof. All this has to be uncovered by a worker who speaks no Somali dialects. Critical to the initial contact is information on availability of translators.

- A BRYCS (Lutheran Services) needs assessment completed in 2003 of Refugees Resettlements in Dekalb County, indicated bullying and teasing of refugee children and youth as a major problem especially after 9/11. Additionally, youth felt negatively perceived by teachers who they said showed lowered expectations of them implying they were socially, intellectually and culturally inferior. Inadequate school support coupled with insufficient homework help, peer pressure and financial burdens were factors pushing them out of the school system and increasing drop out rates. Case managers need to be aware of services that may help with conflict resolution, mentoring, and community education programs/GED programs within the school and the community. You may need to advocate for the children within the school system to reduce the incidences of bullying. ⁴
- Show that reasonable efforts are made to offer and provide remedial services, **preventative programs- family preservation services** to the family to address potential risk and safety factors.

Next: Nyala's Case



⁴ Directions in Service Provision: Findings from BRYCS Needs Assessment
<http://www.brycs.org/documents/WEBNA.pdf>
Working with Immigrant Children and Families
Module 3
Trainer's Guide Professional Excellence June 2008

Trainer's note: Transition to foster care: Share the following case Information

Nyala's Case

Nyala 7, was removed from her parents home after was beaten repeated with a wooden spoon leaving bruises all over her extremities. She never expressed any fears of her mother and the worker never determined who the offender was due to language difficulties. Her mother was 14 when Nyala was born in Sudan. Her father and mother are distant cousins. Nyala and her mom were often mistreated. When she was removed because of deprivation Nyala was undocumented and no one checked that her mother understood what was happening. Her mother spoke no English. She was given safety and case plans to sign. She could neither read nor understand them and most of the communication took place with Nyala's dad who later divorced her mother leaving her to raise Nyala's younger siblings. Her siblings were born here and were Americans. Her mother applied for and received Lawful Permanent Resident Status. Because Nyala was in state custody papers were never filed for her. She has remained an undocumented immigrant and is almost 18. She was raised in 15 different foster homes, had 10 different case managers, and never felt accepted in American culture. She was alienated from her Sudanese culture because of the nature and type of placements she was in. Now she is about to be emancipated. As an undocumented immigrant she lives with the terrifying fear of being deported to a country still at war and has no one there she knows. She is frustrated because none of her workers nor her parents made the effort to file immigration papers to change her status.

How could her case managers have helped her?

Preferred Responses

- Referred her or her mother to immigration counsel. Family sponsored immigration petitions may be filed by resident U.S. citizens. They can petition for spouses, children, parents, siblings. LPRs can petition for spouses or unmarried children. There are annual caps that limit the number of immigrants based on family sponsorship.
- Prepared her SIJS Special Immigrant Juvenile Status. This allows eligible foster children to self petition for lawful permanent residence. We will discuss this further in a few minutes.

Current Practice Foster Care

Let review the roles and responsibilities in foster care.

If the child has been removed and placed in care the **birth parent of the immigrant child has the same responsibilities as any other parent.** (FC 1001.1). Please do consider that the concept of foster care (the government directing the care of their children) may be totally alien to them. Carefully explain the process including the permanency timelines.

The immigrant parent is expected to:

- ✓ Participate in developing written Case Plans.
- ✓ Work with county department in alleviating risk factors which led to the removal of the child from the home even if this means changing cultural practices;
- ✓ Visit the child with regularity at times and places agreed upon with the court and/or county department; arrange for own transportation, when available and within the income of the family to the site of the visits. This may be challenging for some immigrant parents who may not have a car nor know how to drive;
- ✓ Inform the county department about major life changes, such as change of address, telephone number, job, income, health or marriage circumstances, as well as changes in relationships, household composition (including unrelated adults), etc; Immigrant parents may be reluctant to provide this information out of fears related to immigration status;
- ✓ Participate actively in planning for the child by attending court hearings, periodic reviews and meetings with county department staff. Language barriers may challenge their understanding of the court process. Many Americans leave court hearings confused about the proceedings. How much more of a challenge this presents to the non-English speaking families;
- ✓ Pay child support on behalf of their child in care, including medical coverage (if available to the parent). Again where sources of income are dubious this may present a challenge to parents and be misunderstood by the agency as lack of cooperation; and
- ✓ Work with the county department in developing a permanent plan for the child to

have a home intended to last indefinitely with consistent parent figures.

The county department through the actions of the case manager is expected to:

- ✓ Make a determination supported by clear and convincing evidence that foster care placement and that continued custody by the immigrant parents/caregivers of the child is not in this child's best interest and is likely to result in significant mental, emotional or physical harm to the child
- ✓ Show that reasonable efforts were made to provide remedial services and **preventative programs** to the family to prevent removal but such services were unsuccessful
- ✓ Assist the parent in understanding the seriousness of foster care placement and the child's need for a permanency decision to be finalized within 12 months. Case managers should be clear about the purpose of case planning meetings and provide translators when necessary
- ✓ Check for understanding as you explain the permanency timelines. Carefully examine the permanency plan options Reunification, Adoption, Guardianship, Permanent placement with a fit and willing relative, Another planned permanent living arrangement. Assess which may achieve greatest success with the immigrant family you are working with. Note that when conducting the diligent search even relatives that are undocumented may be protecting resources for children and possible placement resources for kinship care.
- ✓ If the child is ready for the Independent Living program then begin to explore SIJS if the child is undocumented. Explore whether the child has relatives in the country of birth who could be placement providers. Out of country evaluations should be done with the cooperation of Consulates.
- ✓ Enter and update the information needed for data management to assure effective tracking of all children in foster care. Gather as much information at the first meeting with both the child and the family as fears may drive them underground before assessments can be completed. Be sure to identify as many relative resources as possible or significant other persons in the life of the child who may help in completing the assessments. Utilize the Illegal Immigrant Child in DFCS Custody Referral Memo to Homeland Security to both gather information and make referral information about Immigration Status and case

determination.

- ✓ Participate with the parent in developing written Case Plans designed to achieve permanency. This may be an entirely new concept to the immigrant family not used to documenting problems and following written directions to correct them. Be sure to identify the head of household. Do not assume who it may be. Elicit their participation in the changes necessary to reduce risk and promote safety and promote permanency
- ✓ Assist the parent in alleviating the risk factors which necessitated foster care placement. Explore community and Consular resources to help identify culturally specific service resources.
- ✓ Arrange regular visits between the parent and child at places and times agreed upon with the parent; Assist the parent in arranging for transportation, if needed. Work with the parent to complete the Life Book. It is an essential bridge for that child and family.
- ✓ Share information with the parent about the child's experiences during placement. If the parents are unknown or uninvolved seek out individuals from the child's culture who are significant to the child and involve them whenever possible
- ✓ Inform the parent of any major illnesses of the child. Make every effort to contact the parent prior to surgery. Where the parent suggests cultural healers do not be dismissive but help them understand western medical practices;
- ✓ Assist the parent in planning for the child by having regularly scheduled meetings. Be mindful that immigrant parents carry not only the financial burden of family in the U.S. but many are obligated to family in their country of origin who may have helped to pay for their coming to America. They work extended hours at low paying jobs to make ends meet. They may not get time off to meet during regular business hours and you have to be responsive to their time constraints.
- ✓ Be sure to include legalization of immigration status in permanency goals for undocumented youth. Write them into the Written Transitional Living Plans.

- ✓ Recommend to the court that the child be returned to the family following successful risk reduction and issues are sufficiently resolved for the child to be safe. If there is a non-reunification case plan the make referrals to pro-bono immigration attorneys to assist the child in applying for status change.

Best Practices

As we analyze our practice we uncover areas that could be strengthened in providing culturally and linguistically specific services to our clients. Preparedness for the influx of immigrants implies proactive responses. We will highlight the best practices later in Module five. However there is one practice to highlight here and that is how immigrants are helping themselves right here in Georgia.

- ✓ In Calhoun, Tifton and other parts of Georgia, undocumented immigrants at risk of deportation are being advised by advocates to draw up documents with specific instructions concerning care of their children should they be caught by immigration authorities. Parents provide written authorization giving custody of their children in this event to a friend, neighbor, or relative also specifying whether or not their children should be returned to them if they are deported. They keep this authorization with themselves at all times. This is a particularly prudent practice which provides safety for the children as many times when the undocumented immigrants are picked up they do not reveal to authorities the existence of children and they may be left unsupervised with the arrest of their parents. There are an estimated 3.1 million children born in the U.S. to undocumented parents. Recently a raid in Massachusetts arrested 300 undocumented immigrants. This created quite a problem because the children of those parents were left stranded at school and with child care providers.⁵ When you work with immigrant parents gather information as to whether such written authorizations are in place. The parents have been advised to have these documents notarized. **Note also that if the child is being placed with safety resources during the risk assessment by undocumented parents DFCS will NOT pay any associated costs. The parents should arrange for those costs to be met at their own expense.**

⁵ Immigrants Plan Child Care, By GIOVANNA DELL'ORTO
Associated Press Writer Newsday Inc 2007

- ✓ Newsday Inc also reports that U.S. Immigration and Customs Enforcement officials may collaborate with state social service agencies and occasionally release illegal immigrants to take care of their children. However they noted that having children is no guarantee against deportation.

Role distinction between DFCS vs. Homeland Security

In order to provide effective service delivery to immigrant children and families, it is important to have a clear understanding of the role of Homeland Security and all its entities. One section of Homeland Security has already been introduced, Immigration and Customs Enforcement.

Trainer's Note: The following section on Homeland security be presented briefly. Defer questions to parking lot.

The Department of Homeland Security evolved primarily out of a response to 9/11.

The Homeland Security Act of 2002 established the Department of Homeland Security

The primary mission of the Department is to
(A) prevent terrorist attacks within the United States;
(B) reduce the vulnerability of the United States to terrorism; and
(C) minimize the damage, and assist in the recovery, from terrorist attacks that do occur within the United States."

From *H.R. 5005-8 the Homeland Security Act of 2002*⁶

- The Department of Homeland Security merges under one roof the capability to anticipate, preempt and deter threats to the homeland whenever possible, and the ability to respond quickly when such threats do materialize.
- In the event of a terrorist attack, natural disaster or other large-scale emergency, it provides a coordinated, comprehensive federal response and mount a swift and effective recovery effort. The department assumes primary responsibility for ensuring that emergency response professionals are prepared for any situation.

⁶ <http://www.dhs.gov/xprevprot/>

- The Department of Homeland Security (DHS) is responsible for assessing the nation's vulnerabilities. It takes the lead in evaluating vulnerabilities and coordinating with other federal, state, local, and private entities to ensure the most effective response. The collection, protection, evaluation and dissemination of information to the American public, state and local governments and the private sector is central to this task.
- It protects our nation's transportation systems and supervising the entry of people and goods into the United States is part of the Department's mission. Welcoming visitors and facilitating travel is balanced with a risk-based approach to security.
- DHS is responsible for protecting the movement of international trade across US borders, maximizing the security of the international supply chain, and for engaging foreign governments and trading partners in programs designed to identify and eliminate security threats before these arrive at US ports and borders.
- Homeland Security harnesses our nation's scientific and technological resources to provide Federal, state, and local officials with the technology and capabilities to protect the homeland. One area of focus for the Department is catastrophic terrorism--threats to the security of our homeland that could result in large-scale loss of life and major economic impact. Research is designed to counter threats to the homeland, both by evolutionary improvements to current capabilities and development of revolutionary, new capabilities.
- This Department galvanizes resources within federal, state, and local governments, coordinating the transition of multiple agencies and programs into a single, integrated agency focused on protecting the U.S. More than 87,000 different governmental jurisdictions at the federal, state, and local level have homeland security responsibilities.
- There are several different agencies that comprise Homeland Security.



These are listed in your participant guide under Homeland Security Components for your information. **We will not be discussing these varying entities.**

HOMELAND SECURITY DEPARTMENT COMPONENTS

The following is a listing of the entities that comprise the Department of Homeland Security:

Department Components

The [Directorate for National Protection and Programs](#) works to advance the Department's risk-reduction mission. Reducing risk requires an integrated approach that encompasses both physical and virtual threats and their associated human elements.

The [Directorate for Science and Technology](#) is the primary research and development arm of the Department. It provides federal, state and local officials with the technology and capabilities to protect the homeland.

The [Directorate for Management](#) is responsible for Department budgets and appropriations, expenditure of funds, accounting and finance, procurement; human resources, information technology systems, facilities and equipment, and the identification and tracking of performance measurements.

The [Office of Policy](#) is the primary policy formulation and coordination component for the Department of Homeland Security. It provides a centralized, coordinated focus to the development of Department-wide, long-range planning to protect the United States.

The [Office of Health Affairs](#) coordinates all medical activities of the Department of Homeland Security to ensure appropriate preparation for and response to incidents having medical significance.

The **Office of Intelligence and Analysis** is responsible for using information and intelligence from multiple sources to identify and assess current and future threats to the United States.

The [Office of Operations Coordination](#) is responsible for monitoring the security of the United States on a daily basis and coordinating activities within the Department and with governors, Homeland Security Advisors, law enforcement partners, and critical infrastructure operators in all 50 states and more than 50 major urban areas nationwide.

The [Federal Law Enforcement Training Center](#) provides career-long training to law enforcement professionals to help them fulfill their responsibilities safely and proficiently.

The [Domestic Nuclear Detection Office](#) works to enhance the nuclear detection efforts of federal, state, territorial, tribal, and local governments, and the private sector and to ensure a coordinated response to such threats.

The [Transportation Security Administration \(TSA\)](#) protects the nation's transportation systems to ensure freedom of movement for people and commerce.

[United States Customs and Border Protection \(CBP\)](#) is responsible for protecting our nation's borders in order to prevent terrorists and terrorist weapons from entering the United States, while facilitating the flow of legitimate trade and travel.

[United States Citizenship and Immigration Services](#) is responsible for the administration of immigration and naturalization adjudication functions and establishing immigration services policies and priorities.

[United States Immigration and Customs Enforcement \(ICE\)](#), the largest investigative arm of the Department of Homeland Security, is responsible for identifying and shutting down vulnerabilities in the nation's border, economic, transportation and infrastructure security.

The [United States Coast Guard](#) protects the public, the environment, and U.S. economic interests—in the nation's ports and waterways, along the coast, on international waters, or in any maritime region as required to support national security.

The [Federal Emergency Management \(FEMA\)](#) prepares the nation for hazards, manages Federal response and recovery efforts following any national incident, and administers the National Flood Insurance Program.

The [United States Secret Service](#) protects the President and other high-level officials and investigates counterfeiting and other financial crimes, including financial institution fraud, identity theft, computer fraud; and computer-based attacks on our nation's financial, banking, and telecommunications infrastructure.

It is critical that these entities work together to strengthen the nation's protection. Immigration management is one aspect of overall functioning.

The Division of Family and Children Services (DFCS) is responsible for welfare and employment support, protecting children, foster care and other services to strengthen families. It is neither a policing nor an enforcement arm of Homeland Security. The **Division of Family and Children Services (DFCS)** is the part of Department of Human Resources that investigates child abuse; finds foster homes for abused and neglected children; helps low income, out-of-work parents get back on their feet; assists with childcare costs for low income parents who are working or in job training; and provides numerous support services and innovative programs to help troubled families. When we encounter infractions of the Immigration and Nationality Act we refer to and comply with the protocols established in the Act.

There are specific policy reference to guide the actions of case managers mostly from foster care policy. They include:

- 1011.19 Foreign National Consular Notification
- 1011.20 Immigration and Nationality Act
- Diligent Search 1002.3.1 and 1011.21 Service Needs of an Immigrant Child
- **County Letter 2007-07** Transition Planning for Undocumented Immigrants in Foster Care and Special Immigrant Juvenile Status. We will review these shortly.

Termination of Parental Rights

- Whenever the county department has reason to believe that a child may be an undocumented alien and the child is subject to Termination of Parental Rights action and/or any other legal action, the State Office- Family Services Director should be consulted and their recommendations carefully followed.



When making permanency decision, do remember that:

- Whenever the county department has reason to believe that a child may be an undocumented alien and the child is subject to Termination of Parental Rights action and/or any other legal action, the State Office-

Family Services Director should be consulted and their recommendations carefully followed.

- This means working collaboratively with your SAAG on these cases. We will now examine the SAAG's role.

The Role of the SAAG



- What the CM needs to know about the SAAG's Role in working with Immigrant Families

- www.georgia.org/Business/International/Consulates.htm
- www.state.gov/documents/organization/64190.pdf



Special Assistants Attorney General

- **Cannot represent children in immigration proceedings**
- If specific court findings are required as part of visa application, the SAAG should file a motion for a review or hearing
- The SAAG then presents evidence so the judge can make the necessary findings to support the visa application
- Workers provide justification based on case management



What the CM needs to know about the SAAG's Role/ in working with the Juvenile Court and immigration counsel⁷

Contrary to popular belief, SAAGs have a limited role in getting a visa for a foster child. They are not responsible for filling out the visa applications and **they cannot represent the children in immigration proceedings.**

In a nutshell the SAAGs' role in the process is as follows:

- If specific court findings are required as a part of a Visa application, the SAAG will be responsible for filing a motion for a review or hearing.
- At that review or hearing, the SAAG will present evidence to the court, so that the judge can make the necessary findings to support the visa application.

There are instances where DHR/DFCS obtains custody of children who are foreign nationals, some of whom are in the United States unlawfully. Regardless of a child's immigration status, DHR/DFCS must seek to provide protection, when needed, to all children who are at risk of being harmed by their parents or caretakers. As a result, DHR/DFCS and its SAAGs must follow policies and practices to deal appropriately with lawful and unlawful immigrant children who come into DHR/DFCS custody.

Special Assistants Attorney General

Article 37 Vienna Convention or treaty on Consular Relationships:

- Notify a foreign national's consulate when a minor is the subject of a guardianship/trustee
- For undocumented after notification seek consular assistance in arranging for the safe return of the children to their country (Protocol being developed)



Article 37 of the Vienna Convention requires that participants countries notify a foreign national's consulate when a minor national is the subject of a guardianship or trusteeship (ie. Deprivation, temporary custody, non-reunification or TPR proceedings). These requirements apply to children placed in DHR/DFCS custody through the juvenile court.

⁷ From SAAG Training, Vivian Davidson Egan and Adina Broome DFCS Legal Department Working with Immigrant Children and Families Module 3 Trainer's Guide Professional Excellence June 2008

For purposes of the Vienna Convention, in the United States a foreign national is defined as a person who is not a citizen of the United States.

(We will be looking into this policy in just a few minutes.) A state and national list of consulates can be found at the following websites:

- www.georgia.org/Business/International/Consulates.htm
- www.state.gov/documents/organization/64190.pdf.

Undocumented Immigrant Children

There are instances where DHR/DFCS obtains custody of immigrant children who are not lawfully in the United States. Some of these children may have come into the US unlawfully, and others may have been legally admitted and remained in the country after their visa expired. In either case, after notifying the appropriate consulate that the child has been taken into custody, the county department should seek the assistance of the consulate in arranging for the safe return of these children to their countries of origin. **(In addition returning undocumented immigrant children to their country of origin protocol is being developed.)** The child or other relatives known to the county department may provide the names of relatives in the home country who could provide safe care for the child.

Special Assistants Attorney General

- If a foster child exists foster care before obtaining status relief they will be unable to obtain legal employment/ most public assistance
- Determine eligibility for SIJS
- Avoid filing petitions to TPR of undocumented children unless there is a viable plan them to become legal residents



There are two situations involving undocumented immigrant children to which both the county department and the SAAG should give special attention. The first involves undocumented immigrant children who exit foster care upon reaching the age of 18.

Without an immigration status, these children will not be able to legally obtain employment, and they will be ineligible for most public assistance benefits. 8 U.S.C.A. §§1324a and 1611 When it becomes apparent that a child will remain in foster care because he or she cannot be returned to his/her country of origin, the county department should consider obtaining Special Immigrant Juvenile Status for the child before he/she reaches the age of 18. See 8 U.S.C. §1101(a)(27)(j), and 8 C.F.R. §204.11. The eligibility requirements for Special Immigrant Juvenile Status are very specific. In general, a child in the Department's custody may be eligible for the status if the child:

- Has been found to be deprived in accordance with Georgia Law;
- Has a judicial finding that he is eligible for long-term foster care because family reunification is not a viable option;
- Has a judicial finding that it is not in his best interest to return to his country of nationality, or last habitual residence of his parent(s); and
- Is not ineligible for residency on another ground.

Special Assistants Attorney General

- If a minor is to obtain automatic citizenship through a parent, in order to qualify as a child of a US citizen for immigration purposes, the adoption MUST take place before the child is 16 and the child must live with the parent for 2 years before the age of 18.

The second situation involves undocumented immigrant children who have a permanency plan of termination and adoption. Undocumented immigrant children should not be placed for adoption, and adopted by citizens of the United States if they do not have a lawful status. Thus, SAAGS SHOULD AVOID FILING PETITIONS TO TERMINATE THE PARENTAL RIGHTS OF CHILDREN WHO ARE ILLEGAL IMMIGRANTS, UNLESS A VIABLE PLAN FOR THEIR BECOMING LEGAL RESIDENTS OF THE UNITED STATES HAS BEEN FORMULATED. Notably, if a minor is to obtain automatic citizenship through a parent, in order to qualify as a child of a U.S. citizen for immigration purposes, the adoption must take place before the child is 16 and the child

must live with the parent for 2 years before the age of 18. 8 U.S.C. §§1101(b)(1)(E)(i) and 1431.

Conclusion

In all cases where it is possible, undocumented immigrant children should be returned to their families in their countries of origin. It is not the intent of DHR/DFCS to ask SAAGs to become immigration attorneys. This information is provided to SAAGs to make them aware of the pitfalls involved when undocumented immigrant children are in DHR/DFCS custody. If you become concerned with the situation of an undocumented immigrant child, please call either the Law Department or the DFCS Legal Services Office.

Immigration Policy and Its Application – Forms



This next activity allows you to examine policy and find creative ways to share that information with each other. The policies being referenced guides activities in addressing issues related to placement authority. If your handout has draft embedded on the sheet that particular policy may not be finalized.

As was mentioned earlier preserving and strengthening families to prevent the unnecessary removal of children from their homes is an integral part of permanency planning. It recognizes that most children's need for permanency is best met by insuring the continuity of family relationships. This is very true for immigrant families contending with assimilation issues. This all must be seen through the lens of safety and well being of the child.

Placement authority for the majority of children in care is derived from an order of the court. In many ways, the court acts as "gatekeeper" for children entering and exiting the foster care system. Consequently, DFCS and the court must work together and share the accountability in assuring permanency at the earliest possible time for all children.1002.1 FC Manual

Policy mandates that the county department derive placement authority for children in care. **How is placement authority derived?**

Preferred Responses:

- Juvenile court order giving temporary custody;
- Juvenile court order terminating parental rights;
- Voluntary Consent to Place Child in Foster Care
- Consent to Remain in Care
- Voluntary surrender of parental rights;
- Superior court order; or
- Request for short-term emergency care (DFCS Authorization to Accept Responsibility for Short-Term Emergency Care).

Now we will continue with an activity based on policy and practice.

ACTIVITY

Policy and Practice Presentation

- 1011.19 Foreign National Consular Notification
- 1011.20 Immigration and Nationality Act
- Diligent Search 1002.3.1 and 1011.21 Service Needs of an Immigrant Child
- County Letter 2007-07 Transition Planning for Undocumented Immigrants in Foster Care and Special Immigrant Juvenile Status

EAS/GSU 38



Please find in the participant guide, **Activity Policy Presentation**. This is intended to be fun review of current policy related to Immigration. In small group assignment each group should review the assigned policy and come up with a creative way to share the information with the class.

You may use slide shows in power point, easel chart, plain paper, or may use oral dramatic traditions to share the information. You may even simulate a meeting with a parent or community representative in which the information is shared.

Group Assignments:

1. 1011.19 Foreign National Consular Notification
2. 1011.20 Immigration and Nationality Act
3. Diligent Search 1002.3.1 and 1011.21 Service Needs of an Immigrant Child. (Diligent Search (CPS and Foster). This is included to help emphasize the importance of finding “family” among the immigrant community.)
4. County Letter 2007-07- Transition Planning for Undocumented Immigrants in Foster Care and Special Immigrant Juvenile Status

Trainers Note: Please encourage creativity in how they present the information in large group. They may use slide shows in power point, easel chart, plain paper, or may use oral dramatic traditions to share the information. Follow the time closely and monitor groups. As soon as they are done move to the debrief.

Activity: Policy Presentation

<i>ACTIVITY Policy Presentation</i>	
TIME:	60 minutes total <i>20 minutes Small Group</i> <i>40 minutes Large Group Debrief</i>
PURPOSE:	To demonstrate creative ways to share information contained in the policy references assigned
MATERIALS:	Policy References Easel chart/plain paper Tablets
INSTRUCTIONS:	This is intended to be fun review of current policy related to Immigration. In your small group review the assigned policy and come up with a creative way to share the information with the class. You may use slide shows in power point, easel chart/plain paper, or may use oral dramatic traditions to share the information.
DEBRIEF	

Policy Activity Debrief:

Trainer's guide: Present the following information as a summation of what the participants presented or should have presented. No need to elaborate on areas well covered by participants. These may be reviewed at the end of the presentations or as they are being presented once the particular group has finished.

Diligent Search

- ✓ **At a minimum**, the SSCM conducts the search by identifying the following individuals in the child's life from within the child's community. Conduct required interviews, check for history, explore the data systems, use the Family Team Meetings and Multi-disciplinary Meetings and CCFA Process to identify potential connections and resources

- ✓ **Parent of the child** Includes legal mother and legal father of the child. (Also includes the legal father who is not the biological father of the child.) For unaccompanied children it would be the person acting in the role of caretaker. Be sure to establish how the person ended up in that role.

- ✓ **Relative of the child** Includes those related to the child by blood or marriage on both the maternal and paternal sides of the child's family (great-grandparents, grandparents, uncles, aunts, adult cousins and adult siblings). Also includes the biological father who is not the legal father of the child and his relatives.

- ✓ **Other persons who have demonstrated an ongoing commitment to the child** includes those considered "significant" to the child: i.e., one who has had a positive, meaningful and/or parent-like relationship to the child prior to his/her coming into care. Non-related persons such as a family friend, stepparent, "play" aunt, godparent; etc., may be identified by the child, family or others.

Consular Notification

- ✓ In 1963 the United Nations ratified the Vienna Convention on Consular Relations (the Vienna Convention). The United States is a signatory to this treaty, which has the same force and effect as federal law. Article 36 requires consular notification when a foreign national is arrested or detained in the United States. (In some circumstances the foreign national must be offered the option of consular notification. In others, pursuant to bilateral agreements between the US

and other countries, the consulate must be notified.) We referenced article 37 before in discussing the SAAG's role.

- ✓ Whenever the County Department has reason to believe that a child is a foreign national and the child is subject to removal, placement and/or any other legal action, the closest consulate for the national's country must be notified.
- ✓ The VCCR requirements are mutual obligations with foreign countries. In general, you should treat a foreign national parent and/or child as you would like for an American citizen to be treated in a similar situation in a foreign country.

Consular Notification Process

Immigrant minor is adjudicated deprived:

- Determine Citizenship
- Continue to Provide Foster Care Services
- Notify consular **WITHOUT DELAY**, of deprivation/other legal actions **regardless** client's wishes
- Consular Office list at http://travel.state.gov/law/consular/consular_745.html
- Inform foreign national notification is being made
- Document on 452
- Insert fax confirmation in correspondences section



EAS/OSU 43

Outline the Consular Notification Process

- ✓ If the foreign national child's parents report being afraid of their government, the county agency must comply with Consular Notification and Access regardless of the foreign national minor's visa, refugee, or immigration status in the United States
- ✓ Whenever the county department has reason to believe that a child is a foreign national and is unable to determine the child's lawful US residency status, the provisions of the Immigration and Nationality Act shall be carefully followed.
- ✓ The SSCM must complete and fax the Immigrant Child in Foster Care Form to Program Planning and Policy Development Unit within 5 days of identifying a child who does not have US citizenship documentation.
- ✓ The SSCM ensures the child's nationality is entered on Form 223 Medicaid and IV-E Application with documentary evidence attached. If the SSCM is unable to secure the child's nationality documentation, then Form 223 must indicate attempts made to obtain nationality documentation

- ✓ The SSCM must request an interpreter to assist with language interpretation when English is not the primary spoken language of the child, parents, or relatives. The LEP/SI request is accessed through the County Department's Client Language Services Coordinator.

- ✓ Foster Care expenditures for an undocumented immigrant child are charged to UAS Programs 529, 530 or 562 (See Section 1016 Fiscal) **NOTE: An undocumented immigrant child is not IV-E eligible, including services funded through Chafee Foster Care Independence Program. Expenditures are absorbed through Title IV-B, county and local funds.**

- ✓ The SSCM completes the Comprehensive Child and Family Assessment (CCFA) referral (see Foster Care Policy 1006.) The SSCM ensures the CCFA is a culturally competent assessment that addresses the following information:
 - The child's, parent's and relative's nationality,
 - The child's, parent's or relative's immigration status,
 - The child's home country's Human Rights Conditions,
 - The child's Consulate Office input/response,
 - Recommendation to address if child should remain in this country when permanency planning considers petitioning court for approval of non-reunification goal.

Special Immigrant Juvenile Status

- Special visa category allowing eligible undocumented children in foster care to self petition for LPR
- Must be adjudicated deprived
- There is a time sensitive framework for these cases
- Submitting the application does expose the child to the risk of deportation
- There is a gap in knowledge about SIJS

EAS/CSU 40

SJIS Key Points:

Though the government doesn't specifically track the number of young people who receive Special Immigrant Juvenile Status, 634 Juvenile Court dependents

nationwide were granted permanent residency in 2004, 679 in 2005 and 912 in 2006, according to the Office of Immigration Statistics. This is increasingly an important determinant for undocumented youth.

When deciding to utilize the option of Special Immigrant Juvenile Status with child on your case load be sure to know the answers to the following questions:

- Who is Eligible to Become a Permanent Resident through "Special Immigrant Juvenile" Status?
- What Are the Benefits of Applying For Special Immigrant Juvenile Status?
- What Are the Risks of Applying?
- Who Should Apply?
- What is the Application Procedure?

- Be sure to discuss the case with your supervisor **before** talking with the Child Applicant and Child's Attorney about SIJS option. The CM MUST explain the risks and benefits including the possibility of deportation.

- Be sure to explain that original parents, and maybe siblings, cannot benefit through SIJS to the foster child. For the purpose of this immigration relief process, this process changes child/parent relationship. The child is not recognized as a sponsor for immigration relief for parent or siblings. They ceased to exist. Consequently the child cannot now file for their parents. Congress stipulated this so that parents who abuse their children may NOT benefit from their child's new legal status. Note that like with TPR the relationship with siblings also would no longer exist so they would also not be able to file for siblings.⁸

Children in USCIS/ICE Custody

- If the child has been in USCIS/ICE custody BEFORE DFCS's intervention then the juvenile court cannot make custody decisions without the approval of Immigration and Customs Enforcement. CM should make a determination about this from initial screening, data base checks as part of the assessment process.

- Special Immigrant Juvenile Status applies mainly to children placed in foster care (under 21 and unmarried) and under the jurisdiction of the Juvenile

⁸ VAWA Manual 2002 <http://athena.ilrc.org/vawa/vform.pdf>.

Court, where it is **not** in the child's best interest to be returned to birth family/caregiver nor be returned to their country of birth.

- The decision that returning the child to their country of origin may be decided by the court after the results of a home evaluation conducted by a foreign social service agency drew this conclusion or it have resulted from testimony from the child or others that there is no known or appropriate relative in their country including grandparents.
- The Juvenile court's ruling should be based solely on issues of **deprivation, maltreatment or abandonment** rather than a desire to procure legal immigration status for the child. The judge must sign a special order, usually prepared by the foster child's attorney or other advocate, stating that all the findings required for SIJS have been made. The order must then be submitted to the INS as part of the application for special immigrant juvenile status.
- The case management implication of this is that If SIJS is granted, the SSCM must ensure the following:
 - The Form 223 Medicaid and IV-E Application is completed and submitted with a copy of the USCIS approval letter to RevMax, indicating the adjusted immigration status type and effective date.
 - The immigration status adjustment is reflected in IDS.
 - Documentation in case file reflects when the child's status from legal permanent residence to US citizen is expected. NOTE: This date is calculated one year from the legal permanent residence card "green card" effective or issue date.

Also, the Social Services Case manager must schedule a transition planning meeting within six months of an immigrant child reaching age 18.

- The transition plan for an undocumented immigrant child in DFCS custody must be submitted to and approved by the Family Services Director.
- The transition plan shall include, at a minimum, input from the ILP coordinator, child, foster parent, the child's Consular official and community resources, if available.
- In the case of an undocumented immigrant child who will reach their 18th

birthday, the transition plan must include goals to support the child's self-sufficiency which are in compliance with Georgia Immigration and Security Act.

Now let's see how well you can apply this information to case situations.

Which of the following youths, both undocumented immigrants, would be a candidate for SIJS?

- Minh Kao Lee, 12 was removed because of acute physical and emotional abuse. After six months in care his case plan was changed to a non-reunification plan with a permanency plan option of long term foster care. His grandparents overseas have refused to acknowledge their mixed race grandchild.

Preferred Response: Eligible

- Clovis Hudson 13, was placed in foster care due to chronic neglect. The permanency plan is reunification. His parents have been making only marginal improvements in the case plan.

Preferred Response: Would be ineligible because of the reunification case plan

Recognize that:

- SIJS is a Special visa category allowing eligible undocumented children in foster care or legal guardianship (where Juvenile court still has jurisdiction) to self petition for lawful status
- The child must be adjudicated deprived
- There is a time sensitive framework for these cases
- Submitting the application does expose the child to the risk of deportation
- There is a gap in knowledge about SIJS

Having established deprivation and a non-reunification case plan the application process begins as soon as possible the worker should refer the child to immigration counsel. The process may take up to one year, however there may jurisdictional differences in the timeframe. Any delay could cause the child to lose SIJS eligibility especially if the Juvenile court ends its jurisdiction over that child-(Child ages out). Some Courts are unaware of or may even be confused about the technical requirements of SIJS. Gaps in knowledge may lead to failure of the child to gain legal residency through SIJS.

- You will need additional help from an immigration expert if the child has any history of substance abuse, mental illness, is HIV positive, drug smuggling, prostitution (trafficking double bind) deportation entered the country illegally.



In your Participant Guide turn to the pages titled Special Immigrant Juvenile Status Application Forms and Worker Challenges with SIJS. These are provided for your information. Please note the website U.S. Committee for Refugees and Immigrants (U.S.C.R.I.) <http://www.refugees.org> identifying resources that provide general and state-specific information regarding SIJS. These resources include training manuals and general information, in addition to sample applications, documents and immigration court cases. The website also includes materials that address SIJS-specific issues, such as consent, abandonment, abuse and neglect.

The benefits to the youth in DFCS custody from successful filing include

- ✓ Child become Lawful Permanent Resident
- ✓ Right to receive DFCS emancipation services
- ✓ Federal funds for foster care and adoption assistance
- ✓ Student loans
- ✓ Health benefits
- ✓ Ability to work
- ✓ Freed from the specter of Deportation
- ✓ After five years they may apply for citizenship

To wrap this section up please note that OFI can access immigration information so you may solicit their help in getting this information on families reluctant to or unable to provide it.

The following section addresses client language services that facilitate more effective communication with immigrant children or families.



Client Language Services Coordinators (CLSC) - Specific Responsibilities

One of the most important aspects of case work is our ability to communicate effectively with our clients. To facilitate this among groups with limited English Language proficiency CLSC's have been established in to serve the counties.

The CLSC is designated by the director of each DFCS county office (159).

Each CLSC is responsible for the following:

- Serving as single point of contact for each county, district or region on all issues dealing with services to LEP/SI individuals,
- Keeping current and relevant local agency or office LEP/SI policy and procedures for determining language needs of the local service area; securing language resources; overseeing oral and written language services, including notifying clients of free language services, assessing staff training needs, providing staff training, and monitoring quality and effectiveness of language access services,
- Preparing an assessment report, at least annually, on the language demographics of the local community and the Agency's capacity to meet those needs,
- Overseeing the provision of oral and written language services to clients,
- Ensuring that clients receive notification of language services at no cost to them and providing language assistance resources to the LEP/SI Program for inclusion in a statewide resource database.



There are guidelines in the participant guide for providing Meaningful Language Access. Please reference as well as the County listing for the Language Coordinators.



Now that you have been satiated with policy you now get a chance to apply that knowledge by applying it to a case. The Activity is deftly titled: Forms Completion. These Forms, I-360, G-325A, I- 693 and I-765. Immigration forms may be downloaded from: <http://www.uscis.gov/portal/site/uscis/menuitem>



Turn to the Activity Forms Completion in your participant guide

Activity: Forms Completion



Completing the Forms I-360,
G-325A, I-693 & I-765

Trainer's Note: The Following activity is intended to help participants complete the requisite forms for SIJS. It is most important they be encouraged to review the instructions before completion.

There are so many pages involved we have not inserted them into this already burgeoning trainer's guide.

ACTIVITY Forms Completion	
TIME:	45 minutes <i>25 minutes Individually</i> <i>20 minutes Large Group Debrief</i>
PURPOSE:	To build expertise in completing required immigration forms
MATERIALS:	County Letter 2007-07 Case Information Forms, I-360, G-325, I-485, I- 693 and I-765.
INSTRUCTIONS:	<ol style="list-style-type: none"> 1. Read the case Information. 2. Read the County Letter 2007-07 and note the implications for this case. 3. Individually Complete the Forms except for the I-693 completed by the doctor. 4. What should be included in the Written Transitional Living Plan? 5. Check with your small group for accuracy before the large group debrief.
DEBRIEF	

Case Name: Maureen Ramcharran

DOB 4/4/1992

Placement Info: Another Planned Living Arrangement (Long term Foster Care By agreement) Non-reunification Case plan, Regular Foster Home

Address: 4355 County Line Road, Lamar GA 34556
908-6788
1111

Phone : 478-
Social Security # 011-111-

Maureen was reported to DFCS by her school counselor when she had complained of severe stomach cramps which turned out to be psychosomatic the real problem being her sexual molestation by her aunt's boyfriend Dennis. It had progressed from fondling to penetration. When she reported the abuse to her aunt she hit her repeatedly on her back, sides and thighs with a broom calling her an "ungrateful ho" for rewarding her kindness with such a vile accusation. Her aunt Princess Rose Ramcharran brought her up from Port of Spain, Trinidad to her then home in 13456 54th street Queens, New York 11420 where they lived for three months before relocating to Georgia where the abuse took place. Maureen came to the U.S. May 3, 2006 on a 6 months visitor's visa.

Maureen has been in foster care for 11 months. She was picked up from 8 Azalea Court Lamar GA 34556. During this time her aunt visited only once to bring all the clothing Maureen had. Her aunt told the court Maureen was sexually active before she came to the states and that her mother was a prostitute who probably prostituted Maureen. She was only trying to help her out when she allowed Maureen to come stay for a visit. Maureen was adjudicated deprived and a non reunification case plan put in place. Maureen's birth mom is Queenie Ramcharran 33, and her father is Robert McIntosh (deceased). Maureen is of mixed East Indian and African descent.

She is currently in good health and had all shots administered in Georgia prior to her enrollment in school. She was treated for Chlamydia (bacterial STD) and genital warts by Dr. Wallis Toogood after coming into care and is still in psychotherapy to deal with the issues of her abuse. She told her therapist Patience Horton, her mother was a "Movement Entertainment Specialist" and she sometimes provided escort services. She explained that she had so many "uncles" and one of them had promised to take her home with him so he could treat her "like a Queen. " Maureen is very attractive out going and somewhat sexually stylized, thinking she has to behave this way to be loved. She is in the gifted program and excels in all areas of academics. She works almost effortlessly but maintains an A average. She gets on very well with her foster parent (single) Marilyn Kennedy and occasionally helps with the other children in the foster home. Her permanency hearing is scheduled for next month and the worker indicates that return to her mother or aunt would be detrimental to her health and welfare.



Commissioner

B.J. Walker,

Department of Human Resources • Two Peachtree Street, NW • Suite 29-250 • Atlanta,
Georgia 30303-3142 • 404-651-6314

SOCIAL SERVICES COUNTY LETTER 2007- 07

To: County Directors of Family and Children Services
Managers of Field Operations
Regional Directors
Field Program Specialists
State Office Staff

From: Mary Dean Harvey, Director
Division of Family and Children Services

Re: Transition Planning for Undocumented Immigrants in Foster Care and Special Immigrant
Juvenile Status

Date: July 24, 2007

PURPOSE

The purpose of this county letter is to provide guidance in the provision of foster care services for undocumented immigrant children who are in DFCS custody. In addition, this county letter incorporates measures to ensure compliance with the Georgia Security and Immigration Compliance Act (GSICA) enacted July 1, 2006 and which became effective July 1, 2007. GSICA provides regulations concerning immigrants in Georgia who do not have a lawful US immigration status. Also, this county letter requires the county department to ensure that IDS accurately reflects the citizenship status for each undocumented immigrant child currently being reported on the "Illegal Immigrant Child in DFCS Custody report" and to make the appropriate UAS code changes via form 529 and ensure that on form 590, the **No Federal Support** box is checked in the AFCARS/Financial Support section. Furthermore, county staff will need to work closely with the Rev Max Unit to reconcile any Medicaid eligibility discrepancies.

DISCUSSION

The Security and Immigration Compliance Act outlines procedures and requirements for both governmental and private agencies in the provision and delivery of benefits and services to non-US citizens or qualified aliens. In addition, GSICA provides guidelines for immigration status verification for persons who apply for public benefits. Also, effective July 1, 2007 all governmental agencies and certain contractors are required to conduct verification of lawful presence in the US for all persons age 18 or older who apply for federal, state, or local benefits. Furthermore, GSICA makes it unlawful for any agency to provide any state, local or federal benefits to undocumented immigrants. These regulations apply to and impact immigrants age 18 or older who are discharged from foster care. Therefore, under no circumstance shall a child in foster care be allowed to reach their 18th birthday without having an approved written transitional living plan. At a minimum the case plan goals and WTLP shall address the county department's efforts to repatriate the child, seek immigration status relief and/or secure placement with identified resources post foster care discharge.

Undocumented immigrant children in foster care experience a unique set of barriers which impacts the permanency planning process and may contribute to long term foster care until the child ages out of the system. Permanency planning for immigrant children in foster care requires developing a culturally competent Comprehensive Child and Family Assessment which extends to the human rights conditions of the child's home country to determine if repatriation-return to home country- is a viable option. When repatriation is not in the child's best interest and non-reunification is granted, the County Department may consider seeking immigration status relief for undocumented immigrant children in foster care.

County Letter 2007- 07

July 24, 2007

Page Two

There are more than 20 immigration status categories for those who wish to reside permanently in the US. Special Immigrant Juvenile Status (SIJS) is an immigrant visa status granted to undocumented immigrant children present in the United States who are under the jurisdiction of the Juvenile Court. The SIJS application is filed and granted through the Department of Homeland Security's United States Citizenship and Immigration Services (USCIS). Filing the SIJS application allows the child to remain in the US; and if granted the child may seek to apply for permanent residency status and eventually US Citizenship. In addition, if SIJS is granted, the child may be eligible for federal benefits including federal foster care maintenance payments. The SIJS application process is a prelude to obtaining legal permanent resident status, which modifies the undocumented immigrant status to qualified alien status.

IMPLEMENTATION:

When the county department is granted temporary custody of an immigrant child, the SSCM must determine and verify that the child has a valid immigration status. When the child's immigration status has expired, the Social Services Case manager may initiate repatriation efforts or seek immigration relief to renew the child's visa.

The Social Services Case manager must determine within **sixty days** of an undocumented immigrant child entering foster care, whether reunification with the child's parents within the US or repatriation to the child's home country is in the child's best interest. When the county department determines that reunification with the parents or repatriation is not in the best interest for an undocumented immigrant child, the Social Services Case manger shall incorporate case plan goals to meet the special needs for an undocumented immigrant child.

The County Director may seek Special Immigrant Juvenile Status for an undocumented immigrant child in DFCS custody who meets the following criteria:

- Is under the Jurisdiction of a Juvenile Court, and has been deemed deprived in accordance with Georgia Law.
- Has a non-reunification court order from a court of competent jurisdiction and is eligible for long term foster care;
- Has a judicial finding that it is not in the child's best interest to return to his/her country of national origin (home country)
- Is not married and is between 0-17 years of age.

NOTE: Applying for SIJS for certain undocumented immigrant children may require referral to an expert immigration lawyer. The Regional Director, in consultation with the Legal Services Office, may approve the use of an expert immigration lawyer to seek SIJS on a case by case basis for undocumented immigrant children who:

- have an expired visa,
- are victims of human trafficking
- are within six months of turning age 18,
- are in deportation proceedings or previously deported,
- have juvenile delinquency records or proceedings,
- have a criminal record, or
- may have a communicable disease.

The County Department shall not seek SIJS for immigrant children who have a verified lawful immigrant status (i.e. refugee, asylee, permanent resident, etc.) To ensure county departments implement a successful and timely transition plan for undocumented immigrant children who are approaching their 18th birthday, the County Director must initiate a staffing with the Family Service Director, or designee within six months of the child's 18th birthday.

County Letter 2007- 07
July 24, 2007
Page Three

PROCEDURES:

1. The Social Services Case manager must determine and verify the immigration status for all children who are not US citizens by review of immigration documents provided by the child, family, consulate or other individuals and submits the SAVE Document Verification Request, Form G-854S to USCIS.(See Appendix A)
2. The Social Services Case manager shall submit a written request to the child's Consular General or Foreign Embassy when:
 - Repatriation is the goal,
 - A diligent search for relatives is needed in the home country,
 - Birth certificate, passport, or photo identification is needed.

NOTE: When the child's Consulate is unable to assist, or is unresponsive to the agency's request to repatriate the child, the County Director shall determine if contact with the US Department of Homeland Security is appropriate and in the best interest of the child.

3. The Social Services Case manger must schedule a staffing with his/her supervisor no less than six months of a child entering foster care and prior to petitioning the court for non-reunification, to determine if SIJS is a viable option.
4. The County Department submits SIJS recommendation with the Regional Director's concurrence to Family Services Director for approval to initiate SIJS application process.
5. The Social Services Case Manager petitions the juvenile court to certify SIJS eligibility and assures that the court order includes the required SIJS language. (See Appendix B: SIJS model order)

NOTE: The SAAG may assist in preparation of the court order; however, they are not authorized to provide immigration status relief services.

6. The Social Services Case Manger completes and submits the SIJS application packet to the Field Program Specialist for review and approval:

- a. I-360 Petition for Special Immigrant Juvenile Status
 - Filing fee of \$190.00 (until July 30) thereafter, no fee is required.
 - Photo identification, birth certificate and translation or two affidavits as to the age, date and place of birth.
 - Court Orders demonstrating Juvenile Court Jurisdiction and SIJS certification.

NOTE: A fee waiver application may be submitted, however, it may delay obtaining SIJS if fee waiver is denied.

- b. I-485 Adjustment of Status
 - Filing fee if child is under age 14 is \$225 until July 30, 2007, thereafter filing fee is \$930.
 - Filing fee if child is 14 or older is \$325 until July 30, 2007, thereafter, filing fee is \$1,010.
 - Customs and Immigration Services Fingerprints fee (if child is 14 or older) is \$70.
 - I-693 Medical Evaluation fees may range up to \$100.00 (See Appendix C: CIS Approved Civil Surgeons List)
 - G-325a Biographic Information (if over 14)
- c. I-765 Employment Authorization Document (EAD) and filing fee of \$180 until July 30, 2007, thereafter no additional fee when submitted EAD with the I-485 form. (Recommended for children age 16 and older)

County Letter 2007- 07
July 24, 2007
Page Four

7. The Social Services Case managers files the SIJS petition and must ensure:

- Each check is payable to Citizenship and Immigration Services.
- SIJS application is submitted via mail to:

USCIS: Atlanta Field Office
2150 Parklane Drive
Atlanta, GA 30345

- The child receives and attends the interview with the USCIS officer.
- The child completes USCIS fingerprint process which includes securing a valid ID, for a child age 14 or older.
- The Immigrant Child in Foster care referral form is completed and indicates the interview date, disposition, requests for additional information, denial date and reason and any other communication received from the USCIS Office.

NOTE: When referral to an expert immigration attorney is approved, the SSCM may be required to complete or assist the immigration attorney with completing the SIJS package or securing supporting documents.

8. If SIJS is granted, the SSCM must ensure the following:
 - The Form 223 Medicaid and IV-E Application is completed and submitted with a copy of the USCIS approval letter to RevMax, indicating the adjusted immigration

- status type and effective date.
 - The immigration status adjustment is reflected in IDS.
 - Documentation in case file reflects when the child's status from legal permanent residence to US citizen is expected. NOTE: This date is calculated one year from the legal permanent residence card "green card" effective or issue date.
9. The Social Services Case manager must schedule a transition planning meeting within six months of an immigrant child reaching age 18.
- The transition plan for an undocumented immigrant child in DFCS custody must be submitted to and approved by the Family Services Director.
 - The transition plan shall include, at a minimum, input from the ILP coordinator, child, foster parent, the child's Consular official and community resources, if available.
 - In the case of an undocumented immigrant child who will reach their 18th birthday, the transition plan must include goals to support the child's self-sufficiency which are in compliance with Georgia Immigration and Security Act.

NOTE: In accordance with the Georgia Immigration and Security Act, no federal, state or local funding is available for undocumented immigrant children who age out of foster care.

INSTRUCTIONS:

This county letter is effective July 1, 2007. The Special Immigrant Juvenile packet may be accessed in the Immigration Forms section of Forms On-Line. A portion of the Foster Care Manual is being revised to reflect the above procedures. Until the revised manual material is received, this County Letter details policy and procedures to be followed.

CONTACT REGARDING QUESTIONS:

Direct SIJS procedures and related immigration questions to Renee King at irking@dhr.ga.gov and for SIJS court order language or related legal issues, contact DFCS Legal Services at 404-463-3963.

Forms and their instructions are in the Participant Guide.

Needs:	<div style="border: 1px solid gray; height: 60px; width: 100%;"></div>
Copy data to all children:	<input type="checkbox"/>
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

[Road Map](#)

WTLP Goal

Reason:	<div style="border: 1px solid gray; padding: 2px;"> Other ▼ </div> If Other, explain below. <div style="border: 1px solid gray; padding: 2px; margin-top: 5px;"> Ineligibility for employment/self sufficiency </div>
Change/Goal:	<div style="border: 1px solid gray; padding: 2px;"> Life skills enahncement, employment and self sufficiency </div>

Step

Check or un-check Select to include or exclude a step from this goal. Click on Reset to restore the default text for a step.

Action	Step
<input checked="" type="checkbox"/> Select <input type="checkbox"/> Reset	Resp.: <input type="text" value="DFCS"/> Status: <input type="text" value="New"/> ▼ To be completed: <input type="text"/> (mm/dd/yyyy) Step: <div style="border: 1px solid gray; height: 40px; width: 100%;"></div> Comment: <div style="border: 1px solid gray; height: 40px; width: 100%;"></div>
<input type="checkbox"/> Select <input checked="" type="checkbox"/> Reset	Resp.: <input type="text"/> Status: <input type="text" value="New"/> ▼ To be completed: <input type="text"/> (mm/dd/yyyy)

	<p>Step: <input type="text"/></p> <p>Comment: <input type="text"/></p>
<p><input type="checkbox"/> Select</p> <p><input checked="" type="checkbox"/> Reset</p>	<p>Resp.: <input type="text"/></p> <p>Status: <input type="text" value="New"/> To be completed: <input type="text"/> (mm/dd/yyyy)</p> <p>Step: <input type="text"/></p> <p>Comment: <input type="text"/></p>
<p><input type="checkbox"/> Select</p> <p><input checked="" type="checkbox"/> Reset</p>	<p>Resp.: <input type="text"/></p> <p>Status: <input type="text" value="New"/> To be completed: <input type="text"/> (mm/dd/yyyy)</p> <p>Step: <input type="text"/></p> <p>Comment: <input type="text"/></p>

Developed by The Object Resource Group, Inc. 2002-2005

Debrief: One of the objectives of this activity is to make sure the fields are completed accurately. Recognizing that there may not be information to complete all the fields could we have volunteers to share how they completed the fields?

Please note that you should attempt to gather information to complete required fields. This may mean checking with collaterals or family members here and possibly in Maureen's home country. What did you include in Maureen's WTLP?

Participant Responses

Please note based on county letter 2007-07:

- ✓ county staff will need to work closely with the Rev Max Unit to reconcile any Medicaid eligibility discrepancies in Maureen's case
- ✓ Maureen must not be allowed to reach her 18th birthday without having an approved written transitional living plan. At a minimum the case plan goals and WTLP shall address the county department's efforts to repatriate the child, seek immigration status relief and/or secure placement with identified resources post foster care discharge.
- ✓ The CCFA should address whether returning Maureen would be in her best interest. You already have indications that she would likely be prostituted by her mother on her return.
- ✓ It appears that in this case Filing the SIJS application would allow Maureen to remain in the US; and if granted she may apply for permanent residency status and eventually US Citizenship

Transition to Module 4

We have covered a good bit of information on policy and its application in immigrant situations. In this next section we will be focusing on the assessment process.

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- **Tapestri, Inc.**, Immigrant and Refugee Coalition Challenging Gender Based Oppression www.tapestri.org
- Yali, Lincroft, Resner Jena. Undercounted and Underserved: Immigrant and Refugee Families in the Child Welfare System The Anne E Casey Foundation 2006

Module Four: Assessment & Case Management Practice with Foreign Born Families

TIME: 4 hours 30 minutes

PURPOSE: To review the assessment and case management practices used in child protective services when working with the foreign born child, identify the impact of prevention, ethnic identity formation in culturally competent service delivery.

Module 4

Case Process, Assessment & Case Management Practice with Foreign Born Families

Assessment & Case Management Practice with Foreign Born Families

- Data collection and documentation: Georgia Shines, Immigration and Citizenship
- Conducting Risk Assessment with Foreign Born children- Families-Indicators
- Identifying the role of ethnic identity in assessment
- Demonstrating culturally competent services Delivery
- Pulling it all together Case Application CPS

Learning Objectives:

By the end of this module workers should be able to:

- To apply more comprehensive information gathering in the assessment of maltreatment, risk and safety concerns and permanency planning among immigrant populations served
- To recognize and respond to the signs of Human Trafficking of minors
- Recognize the importance of the role of ethnic identity and determine ways to address these issues in case management activities
- Identify aspects of culturally competent services Delivery
- Apply information on assessment to casework situations

Cultural Competence

- “The ability of individuals and systems to respond respectfully and effectively to people of all cultures, classes, races, ethnic background, faiths or religions in manner that recognizes, affirms, and values the worth of individuals, families, tribes and communities and protects and preserves the dignity of each.” Child Welfare League of America

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80

We begin this module by defining cultural competence as this characterizes how assessment practices should be provided. Assessment and case management practices with Immigrant or foreign born families should be filtered through the practice of cultural competence. Cultural Competence is defined by Child Welfare League of America as:

- “The ability of individuals and systems to respond respectfully and effectively to people of all cultures, classes, races, ethnic background, faiths or religions in manner that recognizes, affirms, and values the worth of individuals, families, tribes and communities and protects and preserves the dignity of each.”

How does this translate into case management practices?

Allow responses.

In continuing our definition of cross-cultural service delivery note that:

Cross Cultural Service Delivery

- “Government should serve as a resource rather than a substitute for families
- Building strong families lessens dependency and protects children BJ Walker”
- Identify and broker culturally relevant resources to help families take better care of children

EAS/GSU

81

- “Government should serve as a resource rather than a substitute for families
- Building strong families lessens dependency and protects children by BJ Walker DHR Commissioner”

- Identify and broker culturally relevant resources to help families take better care of children.

These quotes reinforce the value of working cross-culturally with immigrant families. This work begins with critically thinking through the process.

Critical Thinking For Working Cross Culturally

Involves:

- Recognizing information relevant to your case
- Determining what it means
- Making decisions to protect the child
- Clearly communicating the process in place
- Being mindful of your own cultural filter

EAS:GSU 82

Assessment continues throughout the life of the case from intake through closure. Case management includes both evaluation and monitoring of the progress of the children and families. Critical thinking is essential through:

- Recognizing information relevant to your case
- Determining what it means
- Making decisions to protect the child
- Clearly communicating the process in place
- Being mindful of your own cultural filter.

Let's critically think through the Assessment Process by reviewing areas of concern in the risk assessment process. Risk is assessed regardless of the program area or stage of case work practice even and up to case closure. Again this is filtered through the Immigrant family's experience.

Assessing Risk (Areas of Concern)

What have been some of your experiences in conducting risk assessments or providing services to immigrant children?

*Trainer's Note: Allow 2-3 cases to be shared. **Keep the information specific to immigrant families.***

Both State and Federal law mandate providing the protective services of the state, in situations of child maltreatment, to prevent further abuse, to protect and enhance the welfare of children and to preserve the family when possible. (2101.1) CPS Manual.

One way this is operationalized is through the completion of the risk and safety assessments. This includes all activities and documentation that focus on the incident and risk of maltreatment, identifying a family's strengths and needs and the conditions or behaviors that need to change. The focus is to ensure protection and safety to children and to understand the risk to a child. Once safety is ensured, it is necessary to examine the origin and the extent of the maltreatment and to determine the family's ability to make long-lasting changes that will eliminate or significantly reduce future risk of repeated maltreatment. (2101.5). There is no exception when working with the immigrant family.

When you were introduced to risk assessment in Keys training the *Characteristics of Critical Thinking* was referenced. You may remember it as a disciplined process of gathering information. Workers utilize this way of thinking in their approach to CPS assessments and should utilize this application in working cross-culturally with immigrant children and families. When applied, Critical Thinking involves:

- Recognizing relevant information
- Determining what it means
- Making decisions to protect child
- Clearly communicating the process in place

When an immigrant family is referred, as the risk assessor you must use your critical thinking skills to determine what has happened and whether further action is needed.

In preparing for the assessment ask yourself: ¹

- ? What knowledge do I have of this people group (avoid stereotypical assumptions)
- ? Is this family from a culture with any concept of child protection especially at the State Government level
- ? How will English proficiency be determined
- ? Who will help to communicate with the family
- ? How will your preparation for this meeting impact the family's responsiveness to your intervention
- ? Is this a case of values collision? Is it rooted in immigration status? Is this a case that should be referred to another group or agency?
- ? Can preventive measures be utilized to preserve the family while keeping children safe
- ? Will immigration status affect their ability to access benefits or services
- ? What alternative resources can help meet those needs
- ? What state, federal or community resources exist to help you gather information
- ? Are you able to access the agency's client system data base and does it capture immigration specific parameters
- ? How might your understanding of their pre-migration experience affect your assessment of risk
- ? Are there supports that may allow the family to keep the child safe in their own home
- ? How will you determine that the family has understood the risk assessment process and its implication for their family

In addition to all the above do remember that as a state official your contact with the family may inadvertently raise anxieties about their status and if they are undocumented they may confuse your actions with deportation efforts.

¹ Effective Child Welfare Practice with Immigrant and Refugee Children and their Families Pine and Drachman, Child Welfare/vol. LXXXIV.#5 September/October 2005

It is important that your role be carefully explained. Check for understanding with the clients about that role before you continue to gather information to make justification around the 7 areas of concern. Keep in mind the other factors affecting immigrant families when conducting the risk assessment.



See Participant Guide tool, Risk Assessment Justification Checklist. Take a few minutes to review this tool. Focus on the Cultural? Immigration Factors to consider. Think about what you may add to that list.

Risk Assessment Justification Checklist

Concepts/Concerns	Check Relevant Concern(X)	Cultural/Immigration Factors to consider
1. Child Vulnerability		Age, cultural issues, ethnic identity issues, immigration status, Green card expiration date ; refugee, Undocumented, accompanied or not, trafficking victim, language barriers, educational differences, health issues, isolation, injuries , Poor dentition, PTSD
1.1. Child Fragility/Protection		
1.2. Child Behavior		
2. Caregiver Capability		Language, immigration status, law enforcement involvement, USCIS involvement, cultural parenting practices, Are they aware of other forms of discipline apart from corporal punishment?, Labor/sex trafficking victim or offender, torture victim, non related child treated as slave, Domestic Violence
2.1. Knowledge/Skills		
2.2. Control		
2.3. Functioning		
3. Quality of Care		Adult sibling caregiver, unrealistic expectations, parentification, over reliance on punitive/corporal punishment Gender biases may impact care
3.1. Emotional Care		
3.2. Physical Care		
4. Maltreatment Pattern		Indicators of Torture, incarceration, isolation, prostitution, slavery, bizarre physical punishments Sleeping and eating disorders Sexually transmitted diseases, HIV/AIDS, pelvic pain, rectal trauma and urinary difficulties Chronic back, hearing, cardiovascular or respiratory problems
4.1. Current Severity		
4.2. Chronicity		
4.3. Trend		
5. Home Environment		Cultural differences in what may be viewed as overcrowding Rare or sporadic school attendance in the U.S. Child lives at workplace /with the employer/ with multiple people Family members are sometimes traffickers or sometimes condition their victims to refer to them by familial titles (e.g., uncle, aunt,
5.1. Stressors		
5.2. Dangerous Exposure		

		cousin). Victims may experience Traumatic Bonding (Stockholm Syndrome)
6. Social Environment		<p>Inappropriate placement in school based on chronological age rather than academic stage/ ability or language proficiency on grade level</p> <p>Refugee parents feel disconnected from their children's education because they have limited English</p> <p>They cannot offer homework support and are often lost in teacher –parent meetings.</p> <p>Most parents view education as critical to their child's success in America. They make many sacrifices to realize this goal. They work long hours and may leave children unsupervised in the process</p> <p>Criminal/gang involvement, Cultural shock from being immersed in a strange country</p>
6.1. Social Climate		
6.2. Social Violence		
7. Response To Intervention		<p>Fear of deportation may present as reticence, uncooperativeness.</p> <p>Mistrust of the government may present as denial, deception, being economic with the truth</p>
7.1. Attitude		
7.2. Deception		

This tool is not an addendum to the risk assessment but intended only to support your decision making.



In your Participant Guide there are also general questions to ask in risk and safety determination with the immigrant families. Take a minute to review.

Gather as much information from **records review, referral information**, screening of all available data base resources to determine the following:

- Who in the family is/are United States born?
- Who are naturalized US citizens/American nationals?
- Who are legal permanent residents?
- Who are legal temporary residents?
- Who are undocumented?
- **Does the child have a green card? When will it expire? If they come into care how will we proceed towards citizenship?**
- Who are the identified extended families (here and abroad) how may they be contacted and their legal resident status?
- Is there a child safety plan already in place - assess whether there are emergency contacts, information as to the children's school and teacher; the names, phone numbers, workplaces and relationships of those who are allowed to pick children up; the names of those who should or **should not** be allowed to get the children in the event that the parents become deported.

The collection of data and its documentation should become enhanced with the release of Georgia Shines. The SACWIS system is an information and case management system designed to improve the effectiveness, efficiency, consistency and timeliness of social services provision to families and children. A SACWIS system follows very specific Federal guidelines as established by the federal agency, Administration for Children and Families.

The following slides give an idea of the assessment fields. They are taken from GA Shines and not reproduced in the participant guides.

GA SHINES Functionality

- Allows a single point of entry for all Clients and easy access
 - Person Search allows ability to search clients in the system and reduce duplication
- Populates basic information and Case identification based on stage
 - Basic client information is populated

83

Data collection and documentation: Georgia Shines, Immigration and Citizenship

Just to emphasize that Georgia Shines Functionality:

- Allows a single point of entry for all Clients and easy access
 - Person Search allows ability to search clients in the system and reduce duplication
- Populates basic information and Case identification based on stage
 - Basic client information is populated and

The remaining slides show assessment fields. Please note there are fields in GA Shines that collect immigration data on family members. Some may be captured currently through IDS.

If there are currently gaps in immigration data collection especially on immigration status these should still be collected and documented.

Person Detail for Child Characteristics

Child - Physical Medical

<input checked="" type="checkbox"/> Biocemia	<input type="checkbox"/> AIDS
<input checked="" type="checkbox"/> Epilepsy	<input type="checkbox"/> Mobile Impaired
<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Physically Disabled - Diagnosed
<input type="checkbox"/> HIV Positive	<input type="checkbox"/> Pregnant
<input type="checkbox"/> Pregnant After Removal	<input type="checkbox"/> Sexually Transmitted Disease
<input type="checkbox"/> Rheumatic Fever, Heart Disease, Heart Murmur	<input type="checkbox"/> Spina Status
<input type="checkbox"/> Allergies	<input type="checkbox"/> Tonsillectomy
<input type="checkbox"/> Sickle Cell Anemia	<input type="checkbox"/> Visually Impaired - Diagnosed
<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Asthma
<input type="checkbox"/> Other(Specific)	<input type="checkbox"/> Adrenal
<input type="checkbox"/> Developmentally Disabled	<input type="checkbox"/> Cancer
<input type="checkbox"/> Hearing Impaired - Diagnosed	<input type="checkbox"/> Diabetes

Child Behavior

<input checked="" type="checkbox"/> Abusive Behavior	<input type="checkbox"/> Violent
<input type="checkbox"/> Abnormal Sleep Movement Behavior	<input type="checkbox"/> Verbal Abuse
<input type="checkbox"/> Aggressive	<input type="checkbox"/> Eating Disorder
<input type="checkbox"/> Child Alcohol Abuse	<input type="checkbox"/> Fire Setting
<input type="checkbox"/> Child Drug Abuse	<input type="checkbox"/> Gang Activity/Involvement
<input type="checkbox"/> Conduct Disorder	<input type="checkbox"/> Involuntarily Abused
<input type="checkbox"/> Has Trouble Sleeping	<input type="checkbox"/> Plunk Abuse
<input type="checkbox"/> Prior Suicide Attempts	<input type="checkbox"/> Self Abuse
<input type="checkbox"/> Prostitutes	<input type="checkbox"/> Sexually Acting Out
<input type="checkbox"/> Sexually Preoccupied	<input type="checkbox"/> Animal Cruelty

84

Person Detail for Child Characteristics (cont)

Child - Mental Emotional

<input checked="" type="checkbox"/> Attention Disorder	<input type="checkbox"/> Depression
<input type="checkbox"/> Adjustment Disorder	<input type="checkbox"/> Social Disorder
<input type="checkbox"/> Anxiety Disorder	<input type="checkbox"/> Trauma Disorder
<input type="checkbox"/> Asperger's Disorder	<input type="checkbox"/> Obsessive-Compulsive
<input type="checkbox"/> Cognitive Disorder	<input type="checkbox"/> Eating Disorder
<input type="checkbox"/> Oppositional Defiant Disorder	<input type="checkbox"/> Emotionally Disturbed - Diagnosed
<input type="checkbox"/> Dysphasia Disorder	<input type="checkbox"/> Attention Deficit Disorder
<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Abuse
<input type="checkbox"/> Impulse Control Disorder	<input type="checkbox"/> Failure to Thrive
<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> ADHD/ADD
<input type="checkbox"/> Mood Disorder	<input type="checkbox"/> Infant Alcohol Abuse/Prenatal Exposure to Alcohol/Other
<input type="checkbox"/> Personality Disorder	<input type="checkbox"/> Alcohol Dependence or Abuse
<input type="checkbox"/> Post-Traumatic Stress Syndrome	<input type="checkbox"/> Infant Drug Abuse/Pre-natal Drug Exposure
<input type="checkbox"/> Schizophrenia	<input type="checkbox"/> Learning Disability
<input type="checkbox"/> Separation Anxiety Disorder	<input type="checkbox"/> Mental Retardation - Progressive
	<input type="checkbox"/> Oppositional Defiant Disorder
	<input type="checkbox"/> Prankster Disorder
	<input type="checkbox"/> Autism
	<input type="checkbox"/> Specific Disorders
	<input type="checkbox"/> Traumatic Brain Injury

Other/Disorders

<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Attention Deficit Disorder (not specified as diagnosed)
<input type="checkbox"/> Other(Specific)	<input type="checkbox"/> Attention Deficit Disorder (not specified as diagnosed)
<input type="checkbox"/> Limited English Proficiency	<input type="checkbox"/> Other(Specific) Diagnosed Condition Requiring Special Care
	<input type="checkbox"/> Visual Impairment

85

Conducting Risk Assessment with Foreign Born children Families

Indicators

Having reviewed the system to access or collect data we need to strengthen our understanding of how they may end up in the system. Many immigrant families successfully navigate assimilation, the racial divide, economic, age, social and cultural adjustment challenges in relocating to the United States. They are able to make valuable contributions to their workplace, community and society at large. You may interface with them only perhaps as resource providers or family supports. Other foreign born children and families are more vulnerable in the transition and seem to break under the pressures of relocation.

Maltreatment: Contributing Factors

- Significant personal experience
- High rates of poverty
- Little access to health care
- Dwindling finances
- Substandard shelter
- Labor trafficking
- Ignorance of basic Child Welfare Laws
- Collaborating with criminal elements
- Fear of seeking services
- High tolerance of domestic violence
- Cultural norms
- Restrictions on I-V-e Funding
- Lack of multi-lingual staff
- Family loyalty, duty and privacy
- Lack of culturally relevant parenting and treatment programs
- Alienation from traditional or existing social supports

EAS GSU 88

Several factors may contribute to child maltreatment:

- **Significant personal experience** with past abusive situations/torture/persecution, separation and loss
- **Higher poverty rates among immigrants** especially those who have had limited exposure to education and who have very basic job skills. While poverty may be a contributing factor to the problems immigrants face it is not in itself indicative of maltreatment. You must distinguish between poverty and neglect
- **Little or no access to health care** as they may not have insurance coverage with low paying jobs. Without health coverage they may turn to cultural practices or may not seek medical help leading to medical neglect

- **Dwindling finances** due to cost of living and also having to send money back to the home country to help other relatives. This may also force parents to pull older children out of school to enter the workforce
- **Substandard shelter** often taking refuge with slum lords who will take cash-untraceable payments no questions asked
- **Labor Trafficking** The criminal exploitation of immigrants especially the undocumented who will not risk deportation by reporting unscrupulous employers. This exploitation occurs through force, fraud or coercion, non payment of wages, threatening behaviors if workers complain. Often they are trafficked into Georgia's pecan, peach and poultry industries as migrant farm workers. Some may be trapped as nannies. They are promised one type of work and end up in another. Their indebtedness due to airfare/accommodations/food/tools/uniform increases their bondage to traffickers or employers. Threats are made against their lives, their family here and their family back home. This often produces reticence during any assessment process.
- **Ignorance of basic American laws, how a child would come to the attention of DFCS.** (A Latin American permanent resident once called the sheriff in her county to report that she had beaten her 16 year old for being disrespectful to her. She then asked the responding officer to continue the beating so her son would not do this again.)
- **Collaborating with the criminal elements** for family Preservation –Consulting them to learn how to beat the system, engaging in the illicit drug trade “just to get by”
- **Fear of seeking services** because of past experiences with their own governments or fear of deportation
- **High tolerance of domestic violence**, gender role behaviors that disenfranchise women
- **Cultural norms** that perceive American parenting practices as too permissive
- **Restrictions on Title I-VE funding** for benefits/services to immigrants
- **Lack of Multilingual staff impairs** effective child welfare service delivery, beginning at intake
- **Family loyalty, duty and privacy** take high priority in family functioning. Children and youth demonstrate a tremendous ability to adapt and learn languages giving them control of the flow of information, placing them in decision making positions which may undermine parental authority. Children and youth are the first to be exposed to new ideas or ways of doing things from school,

friends or the media. Peer interaction may induce a shift in loyalty. Chores they grew up doing by rote they now challenge and some have discovered the power they may wield by threatening to call 911 to report the parent for abusive behaviors.

- **Lack of parenting and drug treatment programs** in languages that allow completion of case plans/family plans may result in families requiring longer family preservation services
- **Alienation from traditional and or existing social support.** The loss of cultural and family connections may lead to the type of isolation that induces maltreatment. Connections, even complicated ones to people, food, language, activities, religion to which the immigrant is familiar may be essential in promoting healthy family functioning and ethnic identity and help alleviate the many losses they have already experienced.

These elements of vulnerability may help to weaken the fabric of family and become the root causes of maltreatment. When you are engaging the family you should consider carefully whether the information referred on these families satisfies the components of a CPS referral, warrants further assessment action, is a case for diversion or a case for referral for preventive services.

The image shows two side-by-side boxes, each with a purple header titled "Risk and Safety Indicators".

Left Box (Page 89):

- Abandonment due to Deportation/Separated children
- Abusive household labor required of a child
- Arranged marriages
- Couch Surfing
- Delinquency
- Parent -child tensions from being immersed in US culture
- Inadequate parenting skills by adult sibling
- Medical/mental health or substance abuse issues/PTSD

Right Box (Page 90):

- Maltreatment-Sexual/physical/emotional/neglect
- Changes in the resettlement arrangements
- Relatives overwhelmed by biological- child caring responsibilities having to care for immigrant
- Re-tooling for American child rearing housekeeping expectations
- Strong reliance on corporal punishment
- Runaways
- Mistrust of services
- Higher tolerance of domestic violence
- Issues of family loyalty and duty, never challenging elders

Conduct your risk and safety assessment as you would in any case referred but pay attention to the following indicators:

- **Abandonment** due to parental Deportation/Separated because of USCIS or ICE involvement or unaccompanied refugee children

- **Abusive household labor** required of a child. Many immigrants who have none relative children in their homes believe that it is a form of duty and demonstration of gratitude for the non relative child to earn their keep.
- **Arranged marriages** especially for minors brought here for this purpose
- **Couch Surfing** moving from one friend or family home to another-tenuous and transient living arrangements
- **Delinquency or criminal activity** which may impede access to SJIS for the undocumented youth or teen
- **Parent -child tensions** from being immersed in US culture
- **Inadequate parenting skills by adult sibling.** When the child has immigrated with an older sibling they may not demonstrate the parenting skills that match that child's age or stage of development. Example-(Grace, prematurely became an adult at 12 due to uncivil war in her country of Liberia. She managed to escape brutal conditions and found her way to a refugee camp in the late nineties. She entered the U.S as a refugee at 21, and was solely responsible for three younger siblings. She now lives in Dekalb County and has the expectation that her siblings must be as responsible as she was at 12. She refuses to acknowledge that their circumstances are different and an 8 year does not need to assume the domestic role of an adult.) **Note** as well that in some circumstances refugees may be presumed to be adults prior to resettlement only to be uncovered as minors after entering the U.S. This oversight may be understood if you consider that many refugees have no birth or other records with them when fleeing for their lives.
- **Medical/mental health or substance abuse issues/PTSD** including communicable diseases – Tuberculosis, HIV, STD's
- **Maltreatment- Sexual/Physical/Emotional/Neglect** Domestic Violence currently existing
- **Changes in the resettlement arrangements** which now poses risks to the refugee child. Families may have been told one thing but have actually had different experiences
- **Relatives already overwhelmed by biological- child caring** responsibilities having to care for someone else's child specially as financial resources dwindle
- **Re-tooling for American child rearing** housekeeping expectations. Most families believe they will continue their parenting practices here as they did elsewhere. They are not knowledgeable of child welfare laws or practices in this country
- **Reliance on corporal punishment** as main form of discipline. The only tool they have for correcting behavior is harmful corporal punishment
- **Runaways and their potential links to human trafficking**

- **Mistrust of services providers or government officials.** Be sure to determine whether the family had past experiences with US government agencies. Past negative experience may strengthen suspicions and mistrust
- **Higher tolerance of domestic violence** within refugee or immigrant families because that is what they have lived and families have experienced for centuries. There was no protection for victims and it became something women and children survived.
- **The preeminence of family loyalty and Honor** Behaviors where the child never challenges elders. Conflicts may arise out of cross cultural or within culture dating among teens and lead to actions of discipline done in the name of family honor. Dating is often a foreign concept to families where marriages are arranged from birth. Children may be expected to perform certain tasks that parents deem appropriate in that culture but may be considered parentification in the U.S. One dastardly result of honor gone too far- honor killings. We had one go to trial in Atlanta summer 2008. In a nationally televised exposé the following was uncovered, “the only way to rectify the family’s honor is to have a wife, daughter, sister killed. Blood cleanses honor,” the killers say,- Rana Husseini in a PBS expose on honor killings. They are part of a culture, which may or may not be linked to religion depending on how much religion directs the family’s activities. “Honor killings occur in Arab communities in the United States and many countries.” The family’s reputation is tied to the female. If she is sexually assaulted by a male family member or is interested in someone not approved by the family she could pay the price of that act with her life. Blood cleanses honor. In some countries an unmarried woman who conceives due an assault will go to law enforcement and jail to be protected from her relatives. The opposite happens in this country where the offender would be imprisoned.² This practice may also be found among Turkish and Pakistani families.
- **Desire to be in the U.S.** One area the case manger should explore is the child’s desire to be in the United States. It may not always be in the child’s best interest to remain in the U.S.
- Finally there are some unique challenges to conducting risk assessments with unaccompanied/separated children in refugee situations. Some include:
 - The children are known to agency but **unrecognized** as trafficking victims. They some how became victims of trafficking due to unscrupulous caregivers.
 - Others are hidden in street life, emergency shelters, migrant camps, seedy hotels. Pay careful attention to the environments in which the child referred lives. As with most

² <http://www.pbs.org/speaktruthtopower/rana.html>

investigations, make every effort to interview the child away from this environment. Look for evidence of anxious attachment to caregivers, hyper vigilance and the other indicators of maltreatment.

Trainer's Note: The next section is focusing on the impact of immigration raids and how assessments are done in those situations.

Assessing the impact of Immigration Raids on Families

One thing most Americans associate with immigration are- **immigration raids**. If you saw the movie "Men in Black" (a parody of sorts on immigration) one of the scenes showed border patrol pulling over a vehicle of "undocumented immigrants."

Immigration raids are conducted by Immigration and Customs Enforcement –Homeland Security whereby they round up and detain immigrants suspected of being out of status/ undocumented and where they end up being processed for deportation. In the following activity you provide input on the cases.



The activity : Operation Return to the Sender is intended to help you think through and identify the issues related to immigration raids, their impact on families and service delivery.



Turn in your participant guides to the Activity Sounding Off: "Operation return to sender."³ **In your assigned small group, please read the cases and follow the instructions for completing the activity.**

³ <http://www.4children.org/news/707immhe.htm> July-August 2007 issue of the *Children's Advocate*, published by Action Alliance for Children

<i>ACTIVITY: Operation Return to Sender</i>	
TIME:	30 minutes <i>20 minutes Small Group</i> <i>10 minutes Large Group Debrief</i>
PURPOSE:	To identify the issues related to immigration raids, their impact on families and service delivery
MATERIALS:	<ul style="list-style-type: none"> ▪ Cases: "Operation return to sender" ▪ Easel Chart Paper
INSTRUCTIONS:	<ol style="list-style-type: none"> 1. Individually read the cases in "Operation return to sender" 2. List the ways in which family functioning was impacted by the raids. 3. What was the impact on the children from the raids? 4. What response if any should be made by case managers or service providers referred to or working with these families?
DEBRIEF	

Operation Return to Sender

Case #1

Elena Arroyo, got a phone call saying that her husband had been arrested in a raid arresting undocumented immigrants. She was seven months pregnant...and her husband was the sole provider for herself and her two-year-old daughter born in Lawrenceville GA.

She had to go back to work to try to pay the rent and buy food for her daughter. She sold her car and had cashed out all of the savings just to pay rent. She had to leave her daughter with a neighbor and was separated from her most of the time. Elena had come into the US as a migrant farm worker but over stayed her visa. The neighbor was reported to DFCS for lack of adult supervision and substance abuse.

Case # 2

Rita and Jose Cedeno, the mother and father were both deported leaving four children all U.S. citizens. The parents took the one- and three-year-old to Mexico and left the 11- and 15-year-old boys with their godmother. She has no guardianship papers for them. "They miss their parents and want to visit them in the summer, but they are minors. The godmother asks DFCS, "Who's going to sign for them to cross the border?" A CPS case was opened because at the time of the raid the one and three year olds were in daycare and no one showed up to pick them up after their parents arrest.

Case # 3

ICE picked up Rafael Brown while he was out buying milk for his two-year-old son Elijah. His wife Annmarunke has now lost their apartment—the family had been couch surfing, mostly sleeping on other people's couches. The family was referred because the family is now homeless and Elijah shows severe signs of chronic malnutrition, poor hygiene, and scabies.

Adapted from <http://www.4children.org/news/707immhe.htm> July-August 2007 issue of the *Children's Advocate*, published by Action Alliance for Children Re-printed with permission

Debrief:

Trainer's Note: Acknowledge participant responses. You may add the following after participant feedback.

According to Daniel Kanstroom referencing government statistics, from 2000 through 2005, the number of “deportable aliens” expelled from the United States was over 6.5 million people. More than 350,000 people now face formal removal proceedings each year, and tens of thousands more are deported through “expedited removal.”⁴

⁴<http://hnn.us:80/articles/44095.html>; *George Mason University - History New Network (11/12/07) Two Misunderstandings About Immigration; By Daniel Kanstroom*

The problem of child trafficking

No discussion of the Assessment and Case Management would be complete without reference to Child Trafficking.



Show Clip from “Look Beneath The Surface”

Trainer's Note: Play the DV D in its entirety 15 minutes

This is a short clip on issues immigrants face. Any comments you have from the viewing should be geared towards the immigrants experiences and how workers may address them in identifying needs.

What is the greatest need of the immigrant? How would you help these and other immigrant families meet those needs?

Preferred responses

- Identify their immigration status and eligibility for services
- To have a positive sense of self
- To be addressed in a language they can understand
- To be treated as a unique individual. Don't assume this person's need will be the same as others from that culture
- Assurance that what happened to them was not their fault and address issues of shame
- Safety and the need to address the issues related their maltreatment linked to cultural norms and practices past and now in the U.S
- Link the child/individual with cultural and religious groups consistent with their beliefs (through agencies serving immigrant/foreign born children)
- Begin to assess independent living skills and transitional living plans

How many have completed the online training on Human Trafficking? Everyone is encouraged to complete this training.

- Child sex trafficking is intricately linked with the prostitution industry and is essentially *rape for profit*. In terms of impact on the child victim - Hidden in Plain View, The Commercial Sexual Exploitation of Girls in Atlanta, 2005 by

Priebe and Suhr cites that victims are at higher risk of health problems, and health compromising behaviors including drug and alcohol abuse and suicide attempts.

- They are predisposed to psychiatric disorders, unplanned pregnancies, STD's and HIV infection. Even after they are removed from the corrosive environment they are stigmatized and criminalized.
- One law enforcement response to this is the establishing of an Anti-Trafficking Unit in the Atlanta Police Department funded by the Office of Human Trafficking in the Department of Justice. They are charged with locating and prosecuting the perpetrators of sexual exploitation of persons trafficked into Atlanta.

Child Trafficking

- **17,000 children 12-17 y/o are trafficked into the U.S. for sexual exploitation**
- They are tricked, coerced, sold or forced into situations of slavery-like exploitation from which they are unable to escape.

EAS.GSU 66

There are no reliable statistics about the numbers of children trafficked into Atlanta. There are national estimates of 17,000 children between the ages of 12-17 trafficked. Human Trafficking is an \$8 billion a year industry, second only to drug and weapons trafficking. We do have evidence that even younger children are trafficked. They are tricked, coerced or sold into slavery like situations from which they are unable to emancipate themselves.

In Georgia a Brazilian Sex Trafficking ring was busted (2006). The girls and women thought they were being brought in as housekeepers, beauty salon staff. Instead they were forced into prostitution at massage parlors or apartment complexes. The traffickers take pictures of the victims using this as blackmail, threatening to send these back to family left behind. Others are brought in as mail order brides but then forced to have sex with between 15-30 "johns" per day under the threat of reporting them to Immigration officials if they do not comply.

A unique challenge to risk/safety assessments of trafficking is that the child victim may have been **programmed by the trafficker to state their age as 18 or older**. This inadvertently keeps them outside the radar for Protective Services. The **Indicators of Trafficking** are listed on your participant guide.

- One critical need that has surfaced from identifying and serving trafficking victims is for forensic interviewing facilities to be staffed around the clock. From the list of indicators many child victims show indicators of sexual abuse. By getting to the forensic interview immediately there is a better chance for the identification and preservation of physical evidence and this may allow for corresponding actions to be taken to ensure child safety specially as there may be a high risk of flight.
- Another significant need is for creating “Runaway Shelters” for all minors without regard to county of residence. This creates safe places for the children where they may not be accessed by traffickers
- It would be very helpful to allow case managers to have access to the case tracking system law enforcement uses to determine potential history of trafficking of a child they may have referred to DFCS
- As far as **prevention** is concerned there needs to be a collaborative awareness effort targeting males from immigrant and non-immigrant populations informing them about the consequences of such criminal acts of sexual abuse and exploitation of minors
- Another preventive measure would be for community leaders, consulates, cultural brokers, school administration, places of religion and others serving the immigrant population (including the music industry) to promote prevention campaigns targeting youth and teens to discourage the trafficking and exploitation of minors.

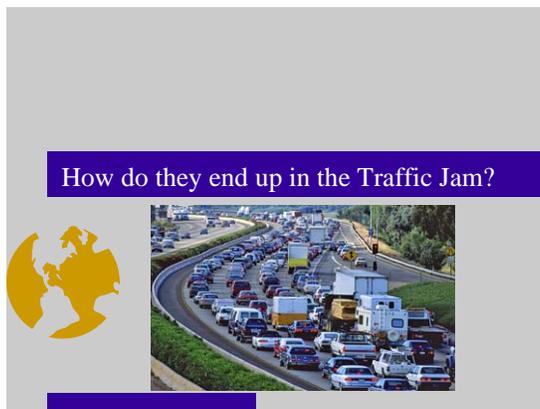
Case managers are often first responders to children who have been trafficked. This may happen through contacts with or at:

- ✓ Emergency Room visits
- ✓ Intake referrals
- ✓ Domestic Violence reports
- ✓ Ethnic community based organizations
- ✓ Soup Kitchen homeless shelters
- ✓ School counselors
- ✓ Health care providers especially free clinics

- ✓ Street outreach programs
- ✓ Refugee ministries
- ✓ Legal aid providers
- ✓ Juvenile court-Delinquency hearings⁵

This means case managers should be alert and responsive to situations that could involve child trafficking and make the relevant referrals and take action to promote child safety.

Unfortunately with all these potential contacts a child may remain unrecognized as a victim of human trafficking.



Please find the Question and Answer page in the participant guide, **How do they end up in the traffic jam?** Please review this information.

- ✓ In 2000 Trafficking Victims Protection Act (TVPA) was enacted.
 - ✓ Please find this referenced in your participant guide.
 - ✓ Please note as well the eligibility requirements for obtaining T-Visas.
- Please note that for the child awaiting the eligibility letter there might be significant lag time between identification as a trafficking victim and receipt of the letter. If CPS and foster care are involved interim support will be necessary.
 - These children may also be housed in Juvenile Detention facilities.
 - In Georgia direct services for Trafficked Victims may be accessed through Tapestri, Inc., an Immigrant and Refugee Coalition Challenging Gender Based

⁵ Internal Migration Vol. 41(5) 2003 Bump and Duncan

Oppression committed to ending violence and oppression in immigrant and refugee communities by using culturally competent and appropriate methods. They serve immigrant and refugee families affected by domestic violence, sexual assault and exploitation.

<http://www.tapestri.org/>

Trafficking Victims Protection Act (TVPA)

This law is intended to:

- protect victims and help rebuild their lives in the U.S. with state and federal support
 - prevent human trafficking overseas (At the Phnom Penh airport in Kingdom of Cambodia there is a billboard that reads “Abuse a child in this country, go to jail in yours!” Paid for by United States Customs and Immigration
 - Prosecute traffickers under Federal Law
-
- The law has preventive, protective and prosecutorial components. The preventive measures authorize public awareness and educational initiatives. The protective and assistance measures provides victims with housing, education, health care job training, and access to federally funded social welfare programs and benefits.
 - Under this law victims may become temporary residents of the U.S. by obtaining T Visas
 - Allocation of this visa is based on quota. After three years the temporary residence may have their status changed to become permanent residents
 - Victims may also be eligible for the witness protection program
 - Adult victims may be eligible for the same benefit as refugees including cash assistance, medical and other social services benefits
 - The adults must first be certified in order to qualify for these benefits
 - Minor do not need certification. They would be issued letters of eligibility from Health and Human Services to be given to benefit providers.

Georgia Law created the offense of human trafficking and contributing to human trafficking with a penalty 1-20 years and 10-20 years if the victim is under 18. This law was effective July 1st 2007.

Assessment: Ethnographic Interviewing Revisited

Trainer's Note: The following information on ethnographic interviewing is mainly for quick reference. It may be elaborated on if there is time. It is included here to preserve some consistency with foundational-new worker training. It is reproduced in its entirety in the participant guide so just point out the statements in bold print.

When gathering information case managers may utilize Ethnographic Interviewing skills⁶ to discover the client's perspective of their strengths, needs, and preferences. You should remember this from Keys Training.

Ethnographic interviewing is a method of information gathering that allows the case manager to develop a basic understanding of the immigrant's viewpoint in determining their needs and preferences. Please turn to The Ethnographic Interviewing page in your participant guide and review the anatomy of the interview:

- 1. Ask friendly questions first** – Engage the client. Make them feel at ease by asking friendly questions that also get you information.
- 2. Express interest** – It's important to be genuine and demonstrate “active listening” to signal to the client that you are interested and what he/she is saying is interesting. Minimal encouragers are critical.
- 3. Express cultural ignorance** – The client becomes the “expert” regarding his/her culture and experiences. You should assume nothing and question everything. Ask for clarification for any terms that may be new to you or seem to be used in a different manner than you are accustomed.
- 4. Ask descriptive questions** – Asking the client to describe the activity or event is a good way to get him/her talking. This is not an investigative interview to determine maltreatment. This is an interview to understand the individual's culture. Moreover, in their descriptions, there will be many normative (pattern of) statements.

⁶ Keys to Child Welfare Practice April 2006

5. **Repeat questions, but ask them in a different way** – Follow-up questions are helpful in case the answer you receive is overly brief. It is also a good way to get more detailed information.

6. **Restate client's answers in your questions** – This signals that you are paying attention. Restating what is said by the client lets the person know that you are listening and ensures that you are not interpreting the client's statements from your own perspective.

7. **Summarize for clarity** – It is beneficial to summarize not only at the end of an interview, but also at transitions. Summarization allows the client to correct you if the message is not understood the same by him/her. Also it is beneficial to check for understanding by asking the client to tell you what they have understood you to say.

The cultural guide through assessment

The immigrant is the cultural guide who:

- Identifies aspects of their culture
- Identifies their place within that culture

EAS/GSU 50

The slide features a purple header with the title 'The cultural guide through assessment'. Below the title, there is a list of two bullet points: 'Identifies aspects of their culture' and 'Identifies their place within that culture'. To the right of the text is a photograph of a group of people, including children and adults, standing outdoors. At the bottom of the slide, there is a small logo for 'EAS/GSU' and the number '50'.

Remember the immigrant is the cultural guide who identifies aspects of their culture and identifies their place within that culture.

This translates into the following application:

- **Ethnographic interviewing employs two types of questions: Descriptive questions and Structural questions.**
- Descriptive questions employ Global Questions or Big Picture Questions:
- They may be used to uncover the immigrant's experiences, their daily activities and objectives, and people in their lives. You begin with broad questions.

EXAMPLE: “Tell me about a typical day in your family.”

or more targeted:

EXAMPLE: “Tell me about a typical mealtime?”

- They may be used to identify the client’s perception of their cultural views.

EXAMPLE: What do you pass from generation to generation? What are your traditions?

They clarify how the client relates to the cultural views:

EXAMPLE: What is your place in the culture? What do you value?

Structural questions explore the responses to the Descriptive questions to understand the culture in terms of the immigrant’s motives, feelings, and normative statements. The benefit of Ethnographic interviewing is that we DO NOT assume client’s world through our “Cultural Filters”. Structural questions strengthen our understanding or the immigrants view points.

- **Define Cover Terms** - Explore further frequently used words or terms used by the client by asking the client to help define the cover terms – Never assume you know what an immigrant means by a term.

EXAMPLE: Sumaya a parent tells you that “Amina is a wicked child.” A descriptive question might ask: “Give me an example of how Amina is a wicked child?” The issue of wickedness may really be one of respect which is intimately linked to honor in child rearing. Things you may think of as normal in a particular stage of development may be construed as wicked and disrespectful in others so clarify.

- **Explore Motives and Feelings** – Ask questions that help the child or family member define what motivates them and why are they doing these

things? Focus on the behaviors when there is difficulty identifying the feelings. Solution focused questions work well in these situations.

EXAMPLE: Houg tells you that she frequently feels “overwhelmed.” The case manager might ask:

“What kinds of things do you do when you are overwhelmed?”

“What is different when you are not feeling overwhelmed?”

- Normative Scripts – Determine what the client believes is the “norm.” The client’s culture is going to define what he/she believes is the way things should be.

EXAMPLE: How should children behave? What is appropriate conduct?

What is the parent’s role in promoting appropriate behavior?

Providing Culturally Competent Services Delivery

As you provide services to diverse groups consider the following:



Please turn to **Providing Culturally Competent Services Delivery** referenced in the Participant guide. **Please take a few minutes to review this tool.**

- Where possible, as in foster homes/child's room make the environment more welcoming and attractive based on child's cultural mores
- Avoid stereotyping and misapplication of knowledge of the culture
- Include continuous family/significant other persons within the culture input at the assessment meetings, family team meetings
- Use educational approaches and materials that will capture the attention of children and families served
- Identify mentors from within the specific culture who share values of family preservation/safety and well being of the child to work with the child and family. These may even be recruited through nearby colleges
- Identify ways in which the community may undertake initiatives to promote the Prevention of Child Abuse within immigrant groups
- Advocate for a balance between community needs and agency mission
- Recognize each family situation has unique elements and there is no template for successful intervention with all families referred
- Suggest the identification and hiring of cultural or bicultural staff that reflect the population served
- Understand cultural competency is a direction we move in rather than a destination to be achieved. Retooling, self assessing are ways to keep momentum going
- Be creative in finding ways to communicate with population groups that have limited English-speaking proficiency
- Communication provides an opportunity for persons of different cultures to send and receive messages and so learn from each other. Strengthen communication skills and be open, honest, respectful, nonjudgmental, and - most of all - willing to listen and learn.
- Listening and observational skills ensure that messages sent are received as intended. Check for understanding of messages sent by asking client to repeat what was told to them. Letting people know that you are interested in what they

have to say is vital to building trust. Communication strategies have to capture the attention of your audience. Be sure that not only the language of the people group is understood but also the dialects. Haitians for example may speak French or they speak a patois or non standard version of the language.

- Note: Where written material is used to share information even Multilingual brochures will not help those persons who cannot read no matter in what language they are written.
- Develop resources from federally and privately funded technical assistance centers have information on cultural and linguistic competence, primary health care, and health care issues specific to racially, ethnically, culturally and linguistically diverse groups (e.g., treatment, interventions, how to work with natural healers, outreach approaches, consumer education programs etc).
- Expose child or youth to developmentally appropriate materials with positive and multiple images of people of the same and different ethnic groups
- Include child or youth the opportunity to process significant experiences, including those involving bias, racism and discrimination. Help them negotiate through adulthood.⁷



The following activity is intended to have you apply what we have discussed to cases. There will be four groups each group will be assigned two cases. One case will be left for large group discussion.

Please turn in your participant guide to the Activity: Pulling it all together casework application

⁷ http://www.aoa.gov/prof/adddiv/progmod/addiv_progmod_section_two_pf.asp

Trainer's Note: Divide the class into four groups assigning two cases to each group. The additional case may be discussed after all the groups have reported their responses or you may begin with that as a model for responses.

Pulling it all together casework application

Activity: Pulling it all together

<i>ACTIVITY: Pulling it all together</i>	
TIME:	60 minutes <i>40 minutes Small Group</i> <i>20minutes Large Group Debrief</i>
PURPOSE:	To allow case managers to apply the information presented to case situation
MATERIALS:	<ul style="list-style-type: none">▪ Policy References▪ General Questions for Gathering Information to Help With Risk And Safety Determinations With Immigrant Families tool▪ Comprehensive Child and Family Assessment Tool▪ Providing Culturally Competent Services Delivery Tool▪ Pulling it together cases▪ Pulling it together worksheet
INSTRUCTIONS:	<ol style="list-style-type: none">1. Read the case information2. Discuss in your group how you would manage the case. Complete the worksheet together.3. Make sure you review the policy references and tools and include the information in your discussion.4. In the foster care cases discuss how you would document the information in Georgia Shines.
DEBRIEF	

Pulling it all together Worksheet

1. What are the indicators of maltreatment and the risk areas of concern?

2. What questions should be answered in the risk and safety determinations with these Immigrant Families?

3. How may immigration status affect service delivery?

4. How may ethnic identity, cross cultural issues impact this case?

5. Which aspects of Culturally Competent Services Delivery maybe applied?

Scenario 1 Israel Perez

Lilburn County Department of Family and Children Services (DFCS) received a call from the Lilburn County Sheriff's Department on the morning of December 25, 2005. It was reported that the above-named child was being detained due to the fact that he was involved in under-age drinking and Criminal Trespassing. He was also charged with driving without a license. The only issue with that is one of the brothers of Israel has the exact same name as he does, so there is some uncertainty about the validity of the paperwork they did have. It was reported that Israel and the persons with whom he was residing were all in the United States illegally. It was reported that his name is Emanuel, but other paperwork that has been gathered states otherwise. No one had proper identification that morning and the police did not feel comfortable releasing him to any party that did not have legal custody of Israel. Israel was then taken into Protective Custody by the police and then into foster care by Lilburn County DFCS.

Lilburn agency has made contact with the Mexican Consulate and has attempted to find out what should be done with Israel. Currently, Israel is placed in a DFCS Foster Home in Lilburn County. SSCM is unable to determine how he ended up in Lilburn County. He stated that he has been here for 1 year and has been working to send money back to his family. He has not been to school during this time. Also, he has given bogus dates for his birthday. It has been reported to us that Israel's parents do not wish for him to come back to Mexico, but that they need for him to continue to work so that he may send money to his family. He is not going to school because we do not have proper paperwork for him to attend.

We are preparing for the ten day hearing.

Scenario 2 Illano Rodriguez

Mother: Rita
Putative Father: Paul Hernandez
Legal Father: Jesus

Illano Rodriguez (DOB 5/14/96) was removed from his mother's custody on 9/23/1999 due to abuse, neglect and caretaker's inability to cope. Illano contracted meningitis around the age of one. This resulted in profound developmental delay and cerebral palsy. He has significant self-abusive behaviors when he is unhappy with his environment. A school psychologist stated that Illano was severe / profound mentally retarded. At the time, Illano came into care, he was on Depakote sprinkles to reduce his seizure activity.

A non-reunification order was granted on September 26, 2002 as to the mother Rita and on October 17, 2002, as to the fathers. Ms. Rita worked (without documentation) and failed to establish a care plan for Illano during her work hours. She also failed to visit with the child unless transportation was provided by the DFCS case manager.

In April 2004, Program Consultant with DFCS Foster Care Unit, notified Juvenile Court judge that "in the case of this specific youth who is 'impaired', guardianship would always be a last resort and only then, if there is no other way to protect the youth from abuse, neglect or exploitation. The deciding factor is whether continuing foster care services beyond 18 will serve a need for the youth until we can transition him.

At this time, Illano wears a padded helmet because he bangs his head; he has seizures; he is unable to talk; and has limited ability to feed himself. His care giver has to bathe him. He is currently taking Zoloft, Depakote, Risperdal and Seroquel at the cost of approximately \$1110.00/month. Due to the change in Emergency Medicaid regulations as of January 1, 2006, Medicaid will no longer pay for his medication.

The case manager has contacted GA Cares and was told that no prescription plans were available for illegal immigrants. She has also contacted the pharmaceutical companies Pfizer and Abbot and was told that they do not provide reduced cost medication to illegal immigrants.

Recently, the case manager has spoken to Rita, mother of Illano, she stated that she is barely able to pay her rent and is occasionally without funds to pay for a taxi to work. According to the case manager, Rita has not visited with or had any contact with Illano in two years.

Case scenario 3

Kingston County has been working with Ms. Martinez for 8 months after placement of her 3 children into foster care. During this 8 month period the county has exhausted the maximum amount allowed in wrap-around funds.

Mr. Gonzalez who is the father of one of the children legitimated all 3 children and has taken legal responsibility for all 3. Mr. Gonzales and Ms. Martinez have stated that he did not live in the home until recently. Our juvenile court judge has stated that we need to provide services to Mr. Gonzalez to work on reunification of the family. Mr. Gonzales is an "Illegal Immigrant" and therefore Peachland Mental Health stated that they were not able to service this customer. Mr. Gonzalez would benefit from structured substance abuse treatment that may need to include detoxification if Mr. Gonzalez has resumed

consuming alcohol. Mr. Gonzalez has limited command of English and limited vocational skills. Mr. Gonzalez has a poorly developed social support system and is at extremely high risk for relapse and continued alcohol use. Mr. Gonzalez also needs a full medical evaluation to assess medical needs. Mr. Gonzales states he cannot afford these services.

The main reason these children were put into care was because Mom "Ms. Martinez" went to work and left the father "Mr. Gonzalez" in charge of the children. He was drunk and passed out when we received the call and went out to find the children in that situation. Mr. Gonzalez is undocumented. Father is the one with the substance abuse problem.

Case scenario 4

Javon (8), Chhya (4), Bebe(2), and Michael Jordan(1), Bagheera were referred to CPS intake by an anonymous reporter concerned for the children's safety. The reporter said all she knew was that they were *foreigners* and that lived in a trailer and that the kids were all left alone with the 8 year old in charge. They did not come out of the trailer and the parents did not talk with anyone but the reporter KNEW they were into drugs. She once saw the mother, she could not pronounce or spell her name at the health department with the children and only remember the last name because it sounded like a character in a Disney movie. When she inquired about their "good color" the mom had said she was from Malaysia and she lived in America since Javon was 2. Ms Bagheera asked whether she thought she could use his Malaysian Birth certificate to get a Medicaid card like she got for the younger children who were born in California.

When the risk assessor got to the residence she found the front door open with the screen door locked. The children were watching a black and white television. There was no sign of the baby. The room was cluttered with numerous bags and clothing items and wreaked of urine. The walls and roof were blackened with smoke and the children had streaks of dirt all over. The two year old wore a kind of cloth diaper that was badly stained and seemed in need of changing.

Javon told the worker his grandmother was home but she was sleeping. When asked why he was not in school he replied that he did not go to school but would soon be able to go to work to help his mother. The assessor asked him to go and get his grand mother. About 15 minutes later a very elderly, crumpled looking woman shuffled to the door. She did not speak English and communicated with Javon to tell the worker to come back later.

Case scenario 5

Sharina Husenni 6 years old was reported to the agency for physical abuse. She presented with multiple bruises and welts on her legs and arms, back and face. Her mother Fatmata told the risk assessor she did not know how she got hurt. She told the assessor she could not answer her questions and would not till her husband came home. She said she can't speak good English. The worker indicated that measures have been taken to protect Sharina. Law enforcement had transported her from the pre-K program to the DFCS office. At the county office Sharina would not eat anything offered to her. They offered her hot dogs, ham sandwiches, chips and sodas. Sharina had her hands and hair painted with henna. Mrs Husseni had told the risk assessor it was Ramadan and asked her to leave. (Ramadan -Islamic event dominated by fasting, charity, self-accountability).

Debrief:

Trainer's note: Have participants share their responses. Thank them for their hard work.

Allow responses

Transition to Module 5

We have identified the assessment processes with immigrant families. Now we conclude this training by identifying solution building strategies that may be used with immigrant children and families.

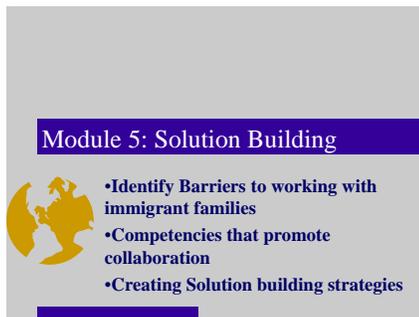
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Module Five: Solution Building

TIME: 15 minutes

PURPOSE: To identify and develop solutions and strategies that will help overcome barriers to working effectively with immigrant children and families



Module 5: Solution Building

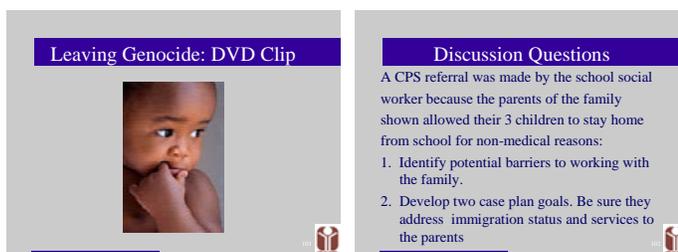
- Identify Barriers to working with immigrant families
- Competencies that promote collaboration
- Creating Solution building strategies

This slide features a purple header with the text 'Module 5: Solution Building'. To the left of the bullet points is a yellow globe icon. The background is light gray.

Module Objectives: At the end of this module you should be able to:

- **Identify Barriers to working with immigrant families**
- **Describe competencies that promote collaboration**
- **Develop Solution building strategies that should help you to better serve immigrant families**

In this the final module we will address some of the barriers to providing effective case work with immigrant families. We will also identify solution building strategies for working collaboratively with families, the community and other agencies serving foreign born children and families.



Leaving Genocide: DVD Clip



Discussion Questions

A CPS referral was made by the school social worker because the parents of the family shown allowed their 3 children to stay home from school for non-medical reasons:

1. Identify potential barriers to working with the family.
2. Develop two case plan goals. Be sure they address immigration status and services to the parents

This slide is split into two columns. The left column has a purple header 'Leaving Genocide: DVD Clip' and a photo of a young child. The right column has a purple header 'Discussion Questions' and text describing a CPS referral scenario with two numbered questions. Both columns have a small DHR logo at the bottom right.

Trainer's Note: Please use an easel chart to note the areas for consideration as participants watch the DVD Clip. Please cue to the scene "Going someplace Safe (4:38 mins) and the following scene where are the Children?"(4:07). These clips precede the epilogue/credits. It should run for just under 10 minutes. You may explain that Hotel Rwanda is a true depiction of one family's experience of the 1994 genocide in Rwanda. Debrief large group



We begin this module by viewing a clip from the movie Hotel Rwanda. Imagine that this family was actually on their way to the United States. Note their escape from genocide before they got here. Now imagine they were referred to the agency.

The clip captures some of the joy, sadness and struggles that refugees face before they even get to the United States. As you watch please consider the following:

A CPS referral was made by the school social worker because the parents of the family shown allowed their 3 children to stay home

from school for non-medical reasons:

1. Identify potential barriers to working with the family.
2. Develop two case plan goals. Be sure they address immigration status and services to the parents

Debrief:

What barriers did you identify?

Preferred responses

PTSD, family working together to make ends meet-blended roles or responsibility, fear of government agencies, mistrust of government.

What case plan goals did you identify?

Allow Responses

Remember that your goals should accurately reflect needs identified.

While DFCS is in itself an agency mandated to help meet the needs of children and families, it is an agency that functions best when working collaboratively within the community to provide these casework activities. When there are shared goals, objectives and shared accountability, so much more may be achieved in the support of families.

In the journey to protect, serve and preserve immigrant children and their families the department must identify and address issues that impact effective service delivery. Our approach should go beyond piece-meal efforts and embrace collaborative practice where there is joint effort and accountability for making changes. This begins with the diagnosis of problems or barriers to effective service followed by a prescription for changes to improve our practice.

Identify Barriers to working with immigrant families

Based on the module presented and our discussions so far what are the main barriers case managers may encounter in working with immigrant families?

Preferred responses

- Language
- Using children as interpreters
- Collaborating with embassies or consulates
- Low numbers of bilingual staff
- Not enough staff with multilingual skills
- Where interpreters are identified from among the people group served there may be issues with confidentiality or their understanding and agreement with agencies objectives and they may not accurately convey identified goals to the client
- Funding resources to pay for needed services
- Need for culturally appropriate services like substance abuse treatment programs, parenting skills development classes, mental health services in other languages
- Lack of trust of DFCS. Added to parent ignorance and confusion over the role of child protective services some from refugee communities were told even before coming to the U.S. that case managers have the power to take their children from them. This fear is worsened by their children's easier adaptability to American language and culture. This fear is shared by immigrants who were NOT refugees as well. A Jamaican parent shared that her 14 year old threatened to call 911 after the mom had threatened to spank her daughter because of her defiant, disrespectful behavior. Over time the mom felt her parenting was significantly paralyzed by these threats and so she sent the child back to Jamaica to live with relatives till her behavior was controlled. She returned to the U. S. just before her 18th birthday.
- Immigrants fear of deportation

- Among refugee communities people groups who may not get along with each other because of ethnic/religious differences
- Lack of knowledge about status and paper work may result in misinformation about the case and may lead to children remaining in the system longer than necessary
- Parents that are paid under the table may be reluctant to report sources of income and appear to have insufficient funds to care for their children. Verification of income may be challenging
- Lack of advocates for the children to encourage the strengthening of literacy, provision of tutors, after school programs to provide homework assistance. Many immigrant parents do not read English and cannot help with home work, especially those who were deprived of an education because of persecution in their home country.
- Resource development among immigrant families as potential foster/adoptive parents. They may not qualify based on parenting practices or other agency requirements in place for foster parents or they may not be able to commit to the time frame for Impact training or other continuing education necessary for approval as foster care providers due to their work and other commitments.
- The immigrant family's challenge of child rearing, becoming economically stable and adjusting to a new culture and often language while dealing with the losses they experienced from leaving their home country.
- Working with law enforcement and USCIS/ICE Understanding our role in the process of working with immigrant families. We must maintain our identity as social work agency not the policing arm of ICE.
- Personal biases and prejudices against immigrants

Now we have identified barriers lets review some general solutions to employ when working cross-culturally with immigrant children and families.



One key solution is our own ability to work collaboratively with others. In a minute you will review the list of collaborative competencies and check which ones you currently demonstrate. This is an individual activity.

Turn in your participant to Competencies that promote collaboration. This is a quick check-up self assessment for your eyes only.

Trainer's Note: Allow participants a few minutes to complete the collaborative competencies. If you are short on time suggest they complete this later.

Competencies that promote collaboration

Check which function you perform effectively

	Collaborative Competencies
	An open attitude characterized by respect for the perceptions of others
	An ability to notice, comment on, and negotiate conflict
	Ability to focus a group's efforts (for example, create a unified idea so that the group can narrow its tasks)
	Understanding of the political realities within your agency/organization and how best to utilize those conditions to achieve the goals of a partnership with other entities
	Willingness to shift paradigms, accommodate approaches, to utilize creative thinking (elastic mindsets) to bridge concepts and focus on common ground
	We have a planned purpose and practice which focuses more on achieving results than on sustaining detailed procedures
	Recognizing existing resources and finding ways for them to contribute toward achieving goals
	Ability to guide the group toward solution oriented discussions
	Clarity about the core values that will guide your work with this collaborative
	Recognizing the financial cost of all activities that will impact the collaborative work for the family
	Working knowledge of the "mandatory partners" systems, i.e. Homeland Security, Law enforcement, Refugee services, mental health, physical health, local government, Rev Max
	Flexibility about the ways you work within groups
	Knowledge of best/promising practices in working with immigrant communities
	Awareness of the ways other partnerships have addressed issues to accomplish improved results for children, youth and families

Creating Solution building strategies

Thanks for completing the check-up. If there are areas you need to strengthen think of the ways you may improve. It is critical to casework success that you apply your personal abilities to work collaboratively and identify solutions for overcoming the barriers we identified earlier. Now we will review solution building strategies for working with immigrant families.



In addition to strategies already shared in the preceding modules consider the following. You may find these in your participant guides reference tool Solution Building Strategies

- Explore the creation of a county level guide to Georgia's Child Protection and Foster care Services and have it translated into the main languages spoken in the communities served. You would need to ensure this could be covered through interpreter services
- Develop a cheat sheet for staff to let them know about the different immigration statuses including associated benefits. Consider providing two overviews to the community annually
- Find out from the different people groups and families served what is important to them for raising children
- Identify possible community partners who may help with resource development/funding/health care/employment
- Identify community leaders interested in partnering with DFCS to better serve their children and families
- Encourage them to develop and tap into resources to establish their own after school programs. Mentoring, tutoring, home work assistance, volunteers for transportation of parents or even visitation, summer programs. All these may help with risk assessment and promote greater safety, well being and or permanency.
- For children in foster care carefully review birth certificates to help early determination of their need for immigration assistance.
- Create a listing of immigration resources including refugees services providers, immigration attorneys, ethnic organizations

- When necessary due to immigration status help youth in care transition to independence by assessing SIJS in permanency planning
- Creating informational resources for Immigrant Families regarding the child protective and foster care process
- In macro practice the agency itself may consider an Increase in worker recruitment from immigrant groups
- Participate in cross-cultural training programs like “ Culturally Competent Practice with Latino Families
- Create or strengthen partnerships between public, private agencies serving immigrants
- Represent the agency within the immigrant community meetings
- Create liaison positions within the agency to help immigrant families navigate the child welfare system
- Develop teams from private and community interests as well as immigrant groups to represent the family at government/agency contacts. Team representatives may be invited to participate (with the parents permission) in family team meetings, MDT meetings, case planning or family planning meetings, IEP’s counseling appointments or substance abuse assessments to help foster better understanding of the immigrant family’s needs and convey expectations to the client as well. It should be explained to them how their involvement may help reduce risk, foster permanency and promote safety and well being of the immigrant child.
- Other_____

Are there other solutions to add to this list?

Allow Participant responses

What has worked in your agency and community?

Allow participant responses

Thank you for those thoughtful responses. To conclude this discussion I would add some best practices that have been adopted by other agencies that could be considered in Georgia.

- ✓ At intake be sure to assess the case carefully to determine whether cultural factors are influencing decision making. Assess whether the case could be resolved through Diversion or other forms of general services or other preventive services if there are no risk or safety concerns.
- ✓ Develop resources for case managers such as immigration specific legal outlet and services and simplified ways for parents to access those outlets
- ✓ Establish a protocol to direct case management activities when referrals are made on immigrant families. This should be a protocol that guides activities from Intake through case closure
- ✓ Create contacts and a notification strategy with Consulates that would help us meet our requirement to inform them immediately when a foreign born child from their country is the subject of removal, placement or other Juvenile Court action
- ✓ Designate special units/workers to work with immigration related cases. We have to go beyond traditional child welfare practice and this unit would interface with churches, immigrant groups, food bank staff, grass roots community activists who have blazed the trail working with immigrant families and may have linguistic and supports that have helped them to help immigrant families
- ✓ Create work groups to increase language access for families with limited or no English speaking skills. Include the LEP/SI program in the work group. This is not only good practice but it is required by law. Title VI of the 1964 Civil Rights Act mandates that federally funded state agencies have their programs or services accessible to people with limited English proficiency. In practice this implies:
 - a. (Currently in place) utilization of the Language Access Coordinator. Each county has a Language Access Coordinator that is responsible for monitoring the county's compliance with civil rights laws as they relate to limited English proficient and sensory impaired clients. The Language Access Coordinator will have information about the language line, and the list of DHR interpreters. Invoices for interpretation and translation services are paid at the local level.
 - b. Providing listings of agency services and programs/parent hand books on the nature of CPS or Foster Care in the different languages groups served by the county department
 - c. Forms that are posted on the internet would be done in different languages. CPRS forms could reflect this competency
 - d. Provision of telephone access interpreter services
 - e. Development a glossary of terms used in social services for parents

- f. Assessing literacy needs among the families and people groups served and initiate referrals to appropriate providers
 - g. Developing mentors and MOU's with past clients (that successfully completed their case plans) to help with investigative/intake contacts or with Family Preservation Foster care -case planning activities. They may also be developed as resources to monitor visitation activities. This may be very helpful to the families experiencing the system for the first time
 - h. Promoting the development of **Cultural Brokers** to liaise between the agency and the immigrant families/community to enhance services delivery
-
- ✓ Helping immigrant women understand VAWA the Violence Against Women Act and how best to affirm their rights, gain protection for themselves and their children while establishing permanency in their immigration status
 - ✓ Establishing permanency plans in foster care cases where workers inform the SAAG, Guardian ad Litem and the Juvenile court of the potential impact on immigration status of court decisions. When necessary, immigration specialists should be called as experts to testify in court cases to improve decision making. Be sure to include SIJS in both the discussion of the permanency timelines or plans where case information dictates this.
 - ✓ Providing birth parents with referrals to culturally competent legal representation. This may be done by referrals to legal aide and their counsulates.

Trainer's note: If there is time for a closing energizer please insert that at this juncture. If not present the Carter Quote and thank participants for their contributions to the training. Distribute the evaluations and post Training assessment.

Closing Remarks and quote

A Mosaic



- We have become not a melting pot but a beautiful mosaic. Different people, different beliefs, different yearnings, different hopes, different dreams.

EAS/GSU

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We end with a quote from President Jimmy Carter,

- “We have become not a melting pot but a beautiful mosaic. Different people, different beliefs, different yearnings, different hopes, different dreams”
- The fabric of this country has and continues to change. We must do our best to reinforce even the smallest bit of fiber. We must strengthen families.

Wrap Up 15 minutes

Thank you for participation and contribution to this training session!

Distribute course Evaluations

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