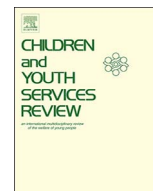




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## Unaccompanied immigrant children in long term foster care: Identifying needs and best practices from a child welfare perspective

Thomas M. Crea<sup>a,\*</sup>, Anayeli Lopez<sup>a</sup>, Robert G. Hasson<sup>a</sup>, Kerri Evans<sup>a</sup>, Caroline Palleschi<sup>a</sup>, Dawnya Underwood<sup>b</sup>

<sup>a</sup> School of Social Work, Boston College, 140 Commonwealth Ave., Chestnut Hill, MA 02467, United States

<sup>b</sup> Children's Services, Lutheran Immigration and Refugee Service, 700 Light Street, Baltimore, MD 21230, United States

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## ABSTRACT

The numbers of unaccompanied children immigrating to the U.S. from Central America have increased drastically in recent years, and as many as 35% are eventually placed in long term foster care (LTFC) while in the custody of the federal Office of Refugee Resettlement (ORR). Yet, the research literature has been largely silent on the unique needs of these children while in care, or how practitioners can best respond to these needs. Drawing data from 22 focus groups with professionals and foster parents ( $n = 79$ ) in two large organizations serving unaccompanied children in LTFC, the current qualitative study is designed to address these gaps. Analysis of data followed a grounded theory approach of open and axial coding to develop themes. The most pressing needs of children in care include securing appropriate and stable foster placements for youth; promoting connections in the community; ensuring adequate education and independent living skills; difficulties with acculturation; trauma and mental health issues; and issues related to legal status. Current strategies to address these issues include supporting culturally competent foster placements; providing English-language training; promoting relationships in the community such as mentors; and providing health and health-related services. Future research and practice should include a specific focus on those youth most marginalized in the education system, particularly those who lack language skills and formal education. The provision of culturally appropriate, trauma-informed care is needed in practice, as is the need to establish culturally valid trauma assessments. More work could be done to sensitize communities to the unique needs and strengths of unaccompanied youth as they integrate into U.S. society. For these children, a sense of permanency will likely entail building strong relationships in their local community that can help sustain them when they leave foster care.

### 1. Introduction

The numbers of unaccompanied children (UC) arriving to the United States have risen steadily since 2009, with an unprecedented 67,339 children under the age of 18 apprehended at or near the U.S. border in 2014, largely originating from Central America (American Immigration Council, 2014). After they are apprehended, unaccompanied minors are processed by the Department of Homeland Security (DHS), and then placed in the custody of the Office of Refugee Resettlement (ORR) under the Department of Health and Human Services (HHS) (Carlson et al., 2012). UC in the custody of ORR enter into a labyrinth of immigration policies focusing on determining a child's status, if family reunification is possible, and where a child can be placed in the interim between immigration proceedings. While the majority of UC are placed with a sponsor or parent(s), as many as 35%

are placed in long term foster care (LTFC) in a federally sponsored system separate from domestic foster care systems (Byrne & Miller, 2012).

Despite the rising numbers of children needing care, much of the public debate in the U.S. has focused on the legal status of UC (Chen & Gill, 2015). By comparison, little is known about (a) the needs faced by these children when they are placed in LTFC, or (b) consensus in the field on best practices to meet these needs. Based on existing research largely in Europe, Kohli (2011) suggests that unaccompanied children can achieve success in their host countries through a process of establishing safety and sense of connectedness within their communities. Yet, the extent to which this process applies to unaccompanied children in the U.S. is unknown. The purposes of this study are to help provide a deeper understanding of the needs UC primarily from Central America while in LTFC, and to explore how best practices can be shaped to meet

\* Corresponding author.

E-mail address: [creat@bc.edu](mailto:creat@bc.edu) (T.M. Crea).

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these unique needs.

## 2. Unaccompanied children from Central America

The majority of UC who have arrived to the U.S. in recent years are from the Northern Triangle in Central America - El Salvador, Guatemala, and Honduras (Robinson, 2015). The alarming rate of UC arriving from these three countries is due, in large part, to the rampant and widespread amount of violence, gang activity, abuse (in the community and at home), social exclusion, and desire for family reunification and opportunity (United Nations High Commission for Refugees [UNHCR], 2014). UC often encounter dangerous scenarios as they migrate to the U.S., travelling on foot, buses, and roofs of trains in order to flee war, violence, and abuse (Griffin, Son, and Shapleigh, 2014). Many factors contribute to the lengthy and meticulous process of determining what is best for a UC once they are in the custody of ORR, including their age, the many reasons for leaving their homes, and the trauma they endured, both before and during their journey (American Immigration Council, 2014).

Once UC arrive in the U.S. and are apprehended by Customs and Border Patrol (CBP) officials, they are transported to federal custody and charged with violating U.S. immigration laws (Chen & Gill, 2015). The current procedure places apprehended UC in detention for up to 72 h while their situation is evaluated (American Immigration Council, 2014). In most cases children from noncontiguous countries, such as El Salvador, Honduras, and Guatemala, are placed in federal custody, while children from contiguous countries, such as Mexico, can be “voluntarily returned” (American Immigration Council, 2014). While in federal custody, UC are placed in shelters or foster homes as they await an immigration hearing or transfer of custody to a legal guardian or sponsor (American Immigration Council, 2014). Children without the ability to contact a family member or find a sponsor in the U.S. often move to LTFC placements or group homes.

## 3. Unique needs of unaccompanied children in foster care

Unaccompanied children face multiple challenges when placed into LTFC. Carlson, Cacciatore, and Klimek (2012) highlight the types of housing for unaccompanied minors and unaccompanied refugee minors, including shelters, group homes, independent living facilities and foster care. Similar to domestic child welfare practices, family reunification, kinship foster care, and sponsorships are the goal; however this type of placement may take months or longer (Carlson et al., 2012). During the time spent in LTFC, UC receive education, health, and mental health services, but little is known in the existing literature about the extent of these types of needs or how they are determined.

An overarching problem area for UC and professionals is youth's lack of a legal immigration status. Currently, UC do not fall under a special category or have a protected immigration status (American Immigration Council, 2014). Although ORR is mandated to provide detained unaccompanied children with legal representation, there are limited pro-bono attorneys available (Griffin et al., 2014). Thommessen, Corcoran, and Todd (2015) report that pursuing permanent legal status is of great concern to many UC. Chen and Gill (2015) also highlight the importance of assisting UC with their legal needs, as well as the need for more legal resources to serve this population.

Given these pressing legal needs, Chen and Gill (2015) concluded that UC need greater access to legal protection and legal counsel, and that decision-making on behalf of UC should be based upon the “best interests of the child” when moving into immigration proceedings. Additionally, this population would be better served by expanding access to independent child advocates to support them throughout removal proceedings (VERA Institute of Justice, 2012).

Beyond the chronic legal issues experienced by UC, many have faced significant and multiple traumatic events prior to, and during, their migration to the U.S., including sexual abuse, human trafficking,

gang violence, and gang recruitment (UNHCR, 2014). These traumatic experiences, combined with the prolonged fear and discrimination they will often experience in the U.S., have deleterious effects on health (Griffin et al., 2014). Previous research in Europe and Australia has shown that the migration journey, and being separated from parents, are some of the biggest risk factors in the development of serious mental health issues that endure long after arrival to the host country (Derluyn, Mels, & Broekaert, 2009; Nardone & Correa-Velez, 2015). Some of these problems include anxiety, depression, and post-traumatic stress disorder (Nardone & Correa-Velez, 2015), and higher levels of peer problems and avoidance symptoms (Derluyn et al., 2009). These problems also present implications for youth's stability and well-being post-migration. In the U.S., Crea, Lopez, et al. (2017) found that experiencing violence in countries of origin, and behavioral acting out, each predicted a higher likelihood of changing foster care placements.

In addition to legal and mental health needs, medical needs are a high priority for service providers working with UC. Robinson (2015) suggests that community pediatricians must assume the responsibility to educate the public on serious public health concerns as opposed to the common conditions afflicting UC (e.g. lice, scabies, etc.) to dispel the popular myth that “unaccompanied children pose an imminent public health threat” (p. 205). Research suggests UC in foster care are more likely to follow up with medical appointments compared to their peers living with sponsor families (Duerr, Posner, & Gilbert, 2003). More broadly, meeting the complex health needs of UC requires thoughtful and established systems of care to be built within a current health care system traditionally designed to meet the needs of individuals with ample social support and vast familiarity with U.S. culture, a system which often overlooks the association between culture and the health care needs of UC (Woodland, Burgner, Paxton, & Zwi, 2010).

Many of the needs of unaccompanied children are well documented in other contexts such as Europe, but research on the experience of UC in the U.S. is currently limited. Likewise, in the research and practice literature, consensus is lacking around best practices for serving this population.

## 4. Best practices for unaccompanied children

After UC enter the custody of ORR, if they are not able to find a viable sponsor in the community, they are placed in LTFC. Family-based foster placements are the most common placement type for this population (Carlson et al., 2012), and these types of placements tend to lead to more positive outcomes, especially in terms of health, compared to group home settings (Duerr et al., 2003). Yet, even though LTFC foster homes are licensed, monitored, and receive special cultural training, the rate of re-placements for UC is high (Carlson et al., 2012; Luster, Saltarelli, Meenal, Qin, & Bates, 2009). Luster et al. (2009) found that cultural misunderstandings, different expectations, trauma histories, and difficulties with autonomy, authority, and trust proved to be the biggest challenges for maintaining UC placement stability in care. Yet, Luster et al. (2009) also suggest that placement changes may offer the opportunity to build more stable future placements as more information about the child is gathered and UC become better acquainted with the English language and U.S. culture. This dynamic is quite different, therefore, than for children in domestic foster care, for whom placement changes typically have a negative effect (James, Landsverk, & Slymen, 2004).

LTFC and domestic child welfare differ in other important aspects. In the guiding principles for unaccompanied refugee minors in foster care, the United States Conference of Catholic Bishops (USCCB, 2013) note that support for children often looks different than domestic foster care because many UC do not have the option of reunification. Thus, social workers must help children acquire independent living skills to assist them post-placement. Other core competencies needed by social workers include knowledge of immigration proceedings and

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