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Unaccompanied Immigrant Child and Family/Sponsor Community Service System Study: Metropolitan Chicago Area

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Preparing people to lead extraordinary lives

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Unaccompanied Immigrant Child and Family/Sponsor Community Service System Study: Metropolitan Chicago Area

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RESEARCH BRIEF

I. INTRODUCTION

The rights of migrant children are often overlooked and, as a result, they are particularly vulnerable to harm and exploitation. UNICEF estimates that nearly 50 million children across the globe have been uprooted from their homes because of violence, extreme poverty, and/or ecological disaster and migrated to foreign lands in search of a better life (UNICEF, 2016).

While many children migrate with a parent or other primary caregiver, many others make the dangerous journey alone. In 2016, an estimated 300,000 children who are unaccompanied crossed borders worldwide to perceived safety (UNICEF, 2016). This number, however, is believed to be much higher.

Because children who are unaccompanied immigrants have few if any protections throughout their travels, they are at increased risk of trafficking/exploitation, rape, physical and emotional abuse and injury, and death. These traumatic experiences, along with those experiences before their journey, place them at increased risk of negative health and well-being outcomes that will impact them the rest of their life.

According to the Convention on the Rights of the Child (1989) (“CRC”), all children, regardless of “race, colour, sex, language, religion, political or other opinion, national, ethnic, or social origin, property, disability, birth, or status,” possess special rights that obligate host nations to provide certain legal protections and social services to protect them from harm and promote their physical, emotional, and spiritual well-being. This includes consideration of the child’s best interests in all legal, social welfare, and administrative matters (Article 3), assurance that any young

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person seeking refugee status or who is considered a refugee receives protection and humanitarian assistance (Article 22), and that children should receive health care to enjoy the highest attainable standard of physical and mental health (Articles 23, 24, 25, and 26).

Unfortunately, despite their age and vulnerable predicament, children who are unaccompanied immigrants and living in the United States are not guaranteed these rights. The U.S. has not ratified the CRC – the only nation in the world that has not ratified this treaty – and the government’s response to legally protect and provide necessary services and supports is often inconsistent with the child’s best interest (Bhabha & Schmidt, 2006; Cantor & Ewing, 2017; Linton, Kennedy, Shapiro, & Griffin, 2018; Nugent, 2006; Somers, Herrera, & Rodriguez, 2010)the U.S. Office of Refugee Resettlement. As a result, it remains unclear what protections and supports young people are receiving while they are living in the U.S.

Since 2014, the U.S. government has detained and placed 140,000 children who are unaccompanied immigrants¹ (“CUI”) with sponsors in communities throughout the United States (U.S. Office of Refugee Resettlement, 2018c). These young people join thousands more who crossed the border undetected. Despite a dramatic increase in the number of CUI living in the U.S., there remains limited information about how these young people are faring in the communities where they now live, their needs,

and the services they are accessing after they begin living in the community (Berger Cardoso et al., 2017). This is true for both CUI released from U.S. Office of Refugee Resettlement (ORR) detention centers to live with sponsors and non-apprehended unaccompanied immigrant youth. Among other issues, this lack of information hinders receiving communities from providing targeted services and supports that best address their needs.

Between October 2014 and April 2018, the U.S. government apprehended and placed 1,568 CUI with sponsors in communities throughout Illinois (U.S. Office of Refugee Resettlement, 2018c). These young people joined an unknown number who crossed the U.S. border undetected and also live in Illinois, the state with the 6th largest population of undocumented immigrants (Pew Research Center, 2016). The research suggests that many CUI have specific service needs related to experiences in their home country and migration and apprehension and detention in the U.S. Moreover, their unresolved legal status and the politicization of immigration and individuals who enter the U.S. without legal status further complicates their integration.

In 2017, the Loyola University Chicago’s Center for the Human Rights of Children and School of Social Work professor, Maria Vidal de Haymes, PhD, initiated a research project to (1) address this knowledge gap, with its focus on the Chicago metropolitan area, and (2) provide relevant information to stakeholders

¹Throughout this report, “children who are unaccompanied” (“CUI”) refers to the same population that the federal government describes as “unaccompanied alien children;” persons under the age of 18 without a parent or legal guardian in the U.S. or legal guardian in the U.S. who is able to provide care and custody, See 6.U.S.C. §279(g)2). We choose this person-first language that we believe best avoids perceived and subconscious dehumanizing language and emphasizes the person, not their predicament or legal status.

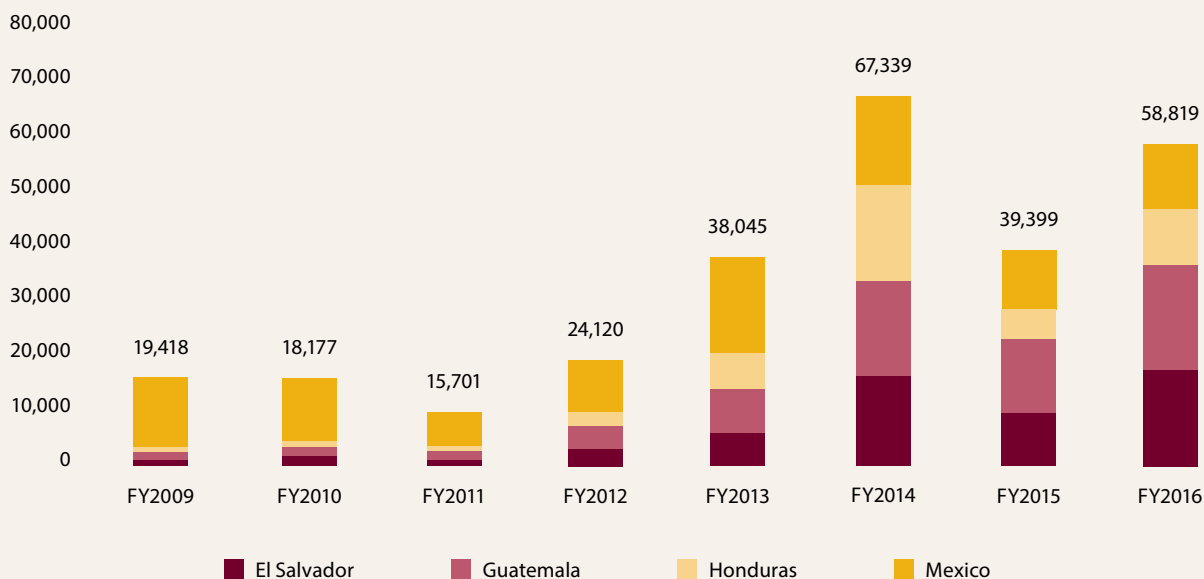
who can strengthen the systems that support these young people. This report provides an overview of this research project, background information and findings from the study. To date, no research has examined these young people and their families who live in the Chicago metropolitan area, their needs, or the services and systems that can, potentially, meet their needs.

II. BACKGROUND

Although CUI come to the U.S. from numerous nations from around the world, the vast majority, 97%, come from Mexico and the Northern Triangle

countries of Guatemala, El Salvador, and Honduras (U.S. Office of Refugee Resettlement, 2018a). The number of immigrant children arriving unaccompanied has grown considerably since 2012, when the U.S. began experiencing an influx of migrants at the U.S. Southern Border. It reached a peak in FY 2014 when over 67,339 CUI arrived in the U.S., but arrivals remain substantial with 39,399 young people in FY 2015 and 58,819 in FY 2016. While the number of young people arriving from Mexico remained relatively consistent, albeit high, throughout this period, the greatest increase came from the Northern Triangle countries, with notable increases beginning in FY 2012.

UNACCOMPANIED CHILDREN ENCOUNTERED BY FISCAL YEAR FY 2009-FY2016



Between October 2015 and April 2018, ORR placed 1,568 detained CUI with sponsors in Illinois. More than half were placed in the Metropolitan Chicago area, which includes Cook, Lake, and DuPage Counties, while the remaining were spread across the state (U.S. Office of Refugee Resettlement, 2018d).

Research suggests that these young people leave their homes and make the perilous journey to the U.S. for complex and multifaceted push-pull reasons. Notable among them is the want to escape community violence, abuse in the home, and extreme poverty, and the desire to reunite with a parent or other family member (Rosenblum, 2015; UNHCR, 2014). The countries of origin for most of these children have among the highest rates of violence, crime, and poverty in the world (Kandel, 2017; University of Washington, 2017) and the U.S. remains a primary destination for multiple generations of migrants (United Nations Department of Economic and Social Affairs Population Division, 2017).

The journey for these young people and other migrants is often treacherous. Migrant children are particularly vulnerable, especially if they travel without a parent or primary caregiver. Children and young people often experience and/or are exposed to a variety of traumas during their journeys, including mistreatment by human smugglers and human traffickers, sexual and physical abuse, natural disaster, and becoming witnesses of crime (Chen & Gill, 2015; UNHCR, 2014).

The ordeal does not end after families and children reach the U.S. border. Reports suggest that a pattern of intimidation, physical abuse, harassment, and improper deportation occurs while children

are in the Department of Homeland Security's care (Cantor & Ewing, 2017; The University of Chicago International Human Rights Clinic, ACLU Border Litigation Project, & ACLU Border Rights, 2018). For-profit detention centers house an increasing number of migrant children and families in remote and isolated locations, making it difficult for family members, advocates, or attorneys to help States (U.S. (Ataiants et al., 2017; Cantor & Ewing, 2017; Cavendish & Cortazar, 2011; The University of Chicago International Human Rights Clinic et al., 2018; United States Government Accountability Office, 2016) Moreover, most CUI face immigration judges without an attorney or advocate to represent their best interests. This is particularly troubling because these young people often possess limited English language skills and are challenged to represent themselves against trained attorneys and U.S. officials resulting in an increased likelihood that they will be deported instead of qualifying for legal protections based on their experience (TRAC Immigration, 2014).

Unaccompanied immigrant children who crossed the U.S. border without a primary caregiver and without legal immigration status share an array of commonalities with U.S. children involved with state child welfare systems (Crea et al., 2018). Notable among them is that many experienced trauma, depend on an overwhelmed community-based service system, navigate a confusing and complex legal and care system, and rely on depend on professional staff from those systems to make important life decisions in their best interest.

Despite these commonalities, the government response from the legal and custodial systems are

distinctively different. While young people involved with state child welfare systems receive legal protections and services guided by the child's best interest, CUI do not. Somers, Herera, & Rodriguez (2010) argue that this is because the government agencies responsible for making critical life, placement, legal, and service decisions, the U.S. Departments of Homeland Security (DHS) and Justice (DOJ), disagree about how they think about these young people and, consequently, how decisions are made on behalf of these young people. Furthermore, the politicization of immigration and individuals who enter the U.S. without legal status complicates any response the government and community providers make on behalf of CUI and their adult sponsors. Although ORR does consider best interest of the child principles in its decision-making, DHS and DOJ are inconsistent in their application thus rousing confusion and potential mistrust of the government's role in supporting these young people in the community; especially when the U.S. government, through the actions of DHS and DOJ, threatens to deport these and other young people without legal immigration status and family members back to their home country.

Except for ORR, which purportedly applies best interest and child welfare principles in its decision-making and service delivery, DHS and DOJ prioritize security and immigration enforcement to the potential detriment of children's legal rights, health and well-being (Bhabha & Schmidt, 2008; Cavendish & Cortazar, 2011; Lutheran Immigrant and Refugee Services, 2015). With a stated goal of "keeping America Safe," DHS is responsible for many federal law enforcement and security functions and overseeing

the apprehension, processing, and repatriation of CUI. DOJ, through the U.S. Citizens and Immigration Services (USCIS) and Executive Office for Immigration Review, is responsible for adjudicating immigration cases, asylum applications, and removal proceedings. Notably, in February 2018, USCIS changed its mission statement to one that declared America is "...a nation of immigrants..." and "grants "immigration and citizenship benefits, promoting an awareness and understanding of citizenship, and ensuring the integrity of our immigration system," to one that promotes its role of administering the "lawful immigration status, safeguarding its integrity and promise by efficiently and fairly adjudicating requests for immigrant benefits while protecting Americans, securing the homeland, and honoring our values."

ORR, which promotes its application of child welfare and best interest principles in its service decisions, serves as the temporary custodian for DHS-referred CUI who are in federal care and is responsible for promptly placing them in an appropriate and least restrictive setting (U.S. Office of Refugee Resettlement, 2018b). Initially, ORR places children in a government-funded, licensed, child care facility until they identify an adult or organizational sponsor. The Flores Settlement Agreement mandates that CUI are promptly released to a sponsor who will assume responsibility and care for the child (U.S. District Court Central District of California, 1997). While in ORR care, they are assessed for and provided necessary services.

After placement, ORR provides some children with post release services (PRS) to assist with their transition and provide necessary services to support their care. According to ORR data, of the over 122,000

CUI released to sponsors throughout the nation during FY's 2015, 2016, and 2017, just over a quarter received PRS (U.S. Office of Refugee Resettlement, 2018a). Only those CUI who qualify under the Trafficking Victims Protection Reauthorization Act of 2008 (TVPRA) – because they are a victim or at-risk of human trafficking – or have special needs that require additional assistance with accessing services receive PRS services. The services young people receive are individualized and time-limited. Young people who receive PRS because they qualify under TVPR receive services until they turn 18 or their immigration case ends (voluntary departure, order of removal, or obtains immigration status). PRS can end for other children based on provider discretion (after 90 days) or when the child turns 18, whichever happens first.

A significant body of literature identifies various factors that promote immigrant integration, including government policies, migrant social networks, immigrant enclaves, as well as government and non-governmental organization agencies and community organizations in destination communities. Both formal and informal support systems can be instrumental in facilitating resettlement and integration by assisting immigrants in securing education, health, mental health, legal, transportation, employment, housing, and other essential resources that create and support pathways to integration (Martone, Zimmerman, Vidal de Haymes, & Lorentzen, 2014; Poros, 2011; The National Academies Press, 2015).

Unfortunately, very little is known about how unaccompanied children and their families are faring in U.S. communities. Furthermore, relatively little is known about how they are accessing legal,

educational, health and human services and how professionals and programs are responding to the specific needs of this population (Berger Cardoso et al., 2017). This study helps to fill this knowledge gap by gathering relevant information from education, legal, health, mental health, child welfare, and human service professionals working with or on behalf of these young people in the Chicago metropolitan area.

III. RESEARCH PROJECT OVERVIEW AND METHODS

In June 2017, Loyola's Center for the Human Rights of Children initiated a mixed methods research project to fill this knowledge gap and further understanding about the service needs of unaccompanied immigrant children and their families living in metropolitan Chicago, as well as human service structure that supports their unique needs. This study relied on primary data from in-depth semi-structured interviews (n=20) with education, human service, legal, and mental health providers and advocates that accompany this population and a community forum and focus groups (n=40) with child welfare and immigrant-serving professionals. A survey was also designed and distributed to local community providers, but there was a limited response. No information from the collected surveys are included in this report.

The study was guided by four overarching questions:

1. What are the unique health, mental health,

legal, educational, and human service needs presented by this sector of the immigrant population?

2. What agencies and organizations form the service infrastructure that attends to the needs of this population?
3. What are the strengths and weaknesses of the public and private service sector, as well as the opportunities for infrastructure enhancement to better serve the population and promote integration?
4. What state and local public policies and agency practices facilitate access, utilization, and coordination of services that enhance well-being and integration of this population?

An advisory board consisting of seven individuals who work with or on behalf of CUI and their families supported the research team with developing the sample and recruitment strategy and providing feedback on the interview guide. Advisory members and research staff identified professionals and provider agencies attending to CUI and immigration populations in the Chicago metropolitan area to develop a comprehensive list that includes professionals and organizations providing mental health, housing, legal, educational, recreation, and other human services that these young people may utilize. Members of the research team also conducted a web-based search to identify additional providers and organizations that may attend to CUI and their families. Prospective study participants were identified for the interviews and community forum/focus groups.

SEMI-STRUCTURED INTERVIEWS

Between July and November 2017, the researchers conducted in-depth interviews (n=20) with Illinois education, human, health, and legal service providers and advocates that accompany this population. A semi-structured interview guide was developed for the study. The guide included questions concerning the population served, the presenting problems/needs of the population served, programs and services offered, and perceptions regarding unmet needs of the client population. The researchers conducted interviews in the office/facility of the research participant. Prior to commencing the interview, the interviewer provided the participant with a verbal overview and written consent form detailing the purpose of the study, any risk or benefits and issues of confidentiality. Interviews lasted, approximately, one-hour in length. All interviews were audiotaped and later transcribed for analysis.

Participants were recruited for this study because of their personal knowledge, experience, and insights regarding the unique needs of the CUI populations and system capacity to address the needs in the Chicago Metropolitan area. The sample included 20 professionals from both the public and private sector. Table 1 provides a summary of study participants.

COMMUNITY FORUM AND FOCUS GROUPS

In February 2018, researchers from Loyola's Center for the Human Rights of Children and School of Social Work invited child welfare and child immigrant-serving professionals from the Chicago metropolitan area to attend a panel presentation of national and local experts regarding critical issues facing

unaccompanied immigrant children living in Illinois and communities throughout the U.S. Following the panel, forum attendees were invited to participate in one of four focus groups conducted simultaneously by members of the research team. The aim of the focus groups was to gather the perspectives of child welfare and immigrant child service professionals regarding the relevance of certain child welfare principles, goals, and foci for working with CUI.

Researchers conducted four focus groups that concentrated on one of four topics that are prominent issues in the U.S. child welfare system and relevant for unaccompanied immigrant children. The topics of the four focus groups were: (1) best interest of the child, (2) permanency, (3) safety and well-being, and (4) aging out of status-specific, government-funded services. The sample included 40 individuals, with 10 participants in each focus group. Groups contained a combination of professional practicing in child welfare, unaccompanied immigrant youth, immigrant and refugee resettlement, advocacy, legal services, education, and consular protective service settings.

A separate structured group facilitation guide was developed for each of the focus groups. The guides included questions focusing on participants thoughts about system outcomes and goals, strategies for community-based supports, and opportunities for collaboration and shared learning between professionals who work with or on behalf of vulnerable young people who are new immigrants to the US and children engaged with the US child welfare system. Prior to each focus group, participants were provided a verbal overview and written consent form detailing the purpose of the study, and risks and issues of

TABLE 1. RESEARCH PARTICIPANT PROFESSIONAL ROLE

| |
|---|
| Former teacher in ORR-funded shelter care facility |
| Case manager in ORR-funded shelter care facility |
| Program administrator for ORR-funded post release services |
| Administrator of private shelter for UIC who aged out of ORR care and have a pending asylum case |
| Case manager at private shelter for UIC who aged out of ORR care and have a pending asylum case |
| Clergy that provides pastoral accompaniment to UIC in ORR facilities |
| Executive director of private community-based immigrant-serving organization |
| Former administrator of private community-based human service organization that provides services to UIC/Former Illinois state government human service director for immigrant services |
| Executive Director of private immigrant advocacy and resource organization |
| Attorney/Guardian <i>ad litem</i> for children in Illinois child welfare system |
| Attorney in clinic that provides pro bono representation to UIC |
| Social worker at organization that advocates for the rights and best interest of UIC |
| Public school system administrator who manages language and cultural services programming |
| Public school system administrator for college and career planning |
| Public school system support staff who works with and coordinates programs for new immigrants and refugees |
| City colleges advisor and transitional language services program administrator |
| Executive director of private public education policy organization/Former public charter school network administrator |
| Social worker in public high school with immigrant welcoming center |
| Social worker in grade school with large immigrant population /Former social worker in public high school with large immigrant population |
| Attorney in organization that represents UIC in legal immigration proceedings |
| Public school system administrator for college and career planning |
| Public school system support staff who works with and coordinates programs for new immigrants and refugees |
| City colleges advisor and transitional language services program administrator |
| Executive director of private public education policy organization/Former public charter school network administrator |
| Social worker in public high school with immigrant welcoming center |
| Social worker in grade school with large immigrant population /Former social worker in public high school with large immigrant population |
| Attorney in organization that represents UIC in legal immigration proceedings |

confidentiality. All focus groups lasted approximately 45 minutes.

The focus groups and interviews were audio-taped and later transcribed for analysis. The authors conducted an inductive transcript-based analysis using open and axial coding to identify themes and their relationships as presented in the focus group transcripts (Lincoln & Guba, 1985; Strauss & Corbin, 2008). The authors independently coded the transcripts and then met to discuss coding and arrive at a consensus. They then rechecked coding against the data, and identified direct quotes to support themes for transparency.

IV. FINDINGS

An examination of the data reveals several prominent themes regarding CUI living in the Chicago metropolitan area and their accessing and the provision of services to support their needs. Generally, the findings suggest that these young people and their families struggle to access/utilize necessary services and supports that can assist them with integrating in the home and community and address social-emotional and educational needs as they prepare for determination of their legal immigration status. Their struggle occurs for multiple reasons that includes an inadequate community strategy to support community integration, a fragmented service system, insufficient specialized services, and fear and mistrust of the government. More targeted and in-depth research is necessary to better understand the integration experience of these young people and their families and the role community service providers

and government can play in supporting these young people.

A. NO DEFINED COMMUNITY OR GOVERNMENT STRATEGY EXISTS TO GUIDE SERVICE DELIVERY

- Few young people receive ORR-funded post release services to support young people's integration into the community.
- No defined community or government strategy (goals/priorities) exists to guide service delivery.
- Limited services are available to support the unique social-emotional and educational needs of these young people.

No defined community or government strategy exists to support these young people or their families in the Chicago metropolitan area. Apart from an ORR "safety and well-being follow-up phone call" after a young person is placed with a sponsor or unless they receive PRS, no government entity is formally responsible for monitoring their health, safety, or well-being or developing a service plan to help prepare them to live in the U.S. or be returned to their home country, pending the results of the immigration case.

Except for government-funded post release services (PRS) that are provided to a minority of CUI and several private community-based programs, few specialized services that are trauma-informed, culturally appropriate, and in young people's primary language are available to support their unique needs. CUI may depend on their individual ability and the capacity of their sponsor to obtain needed supports

and services to address emotional and educational needs, integrate into the home and community, and prepare to either live independently in the U.S. or return to their home country. These services are integral for not only addressing the mental health/emotional needs associated with the migration experience, but also to adjust to a new culture, society, and family unit that may be estranged parent or relative or an unknown adult sponsor. As the program manager of an ORR-funded PRS program describes the “intensified” experience of a young person adjusting to so much change:

There is always an adjustment period for almost everyone.... I think it's slightly a little more intensified for unaccompanied children because we are not just talking about out of home placement, we are talking about out of life placement. We are talking about children who have not been with potentially a mother or a father for an extended period of time and we are not just re-introducing them to their parents, we are also introducing to a new neighborhood, a new community a new world, a new political climate there is all these things that happening at the same time.

Whether in a sponsor’s/family member’s home, in school, or in the community, few services are available to assist young people with the transition unless the young person is placed with an institutional sponsor that can link them and/or advocate for services. A social worker who works at an advocacy organization for CUI states that “it is harder to find...an agency where there is a social worker on the ground that will help the child navigate. OK, you want asylum, you can apply for this type of public benefit, this is how you do it. We will work on the paperwork together – we find

someone on the ground who can do that...move the child through the system, but that doesn’t exist in a lot of the cases.”

CUI who live in the community must access services through an inadequate and fragmented service system that cannot address the needs of all children. CUI depend on many of the same overburdened specialized services that other vulnerable young people who are also new immigrants require. Study participants identified a variety of services as being inadequate for these young people. Notable among them was the lack of education support and mental health services in both public schools and the community.

1. LIMITED AVAILABILITY OF SPECIALIZED SCHOOL-BASED SERVICES AND SUPPORTS

Public schools provide among the best opportunities for CUI to receive needed services that help transition and prepare these young people for the future, regardless if it is in the United States or in their home country. U.S. law states that all children have a right to free and equitable public education, regardless of their race, sex, religion, national origin, or legal status and an obligation to attend. In Illinois, young people can receive a free education until 19 years of age. Moreover, all school-aged children are obligated to either attend school or receive home schooling until, a minimum, of age 16. In Illinois, young people are required to attend until age 17.

The Chicago Public School (CPS) district, which is the third largest in the United States and serves just under 400,000 students, appears to recognize the vast need of these and other similar students who recently

migrated to the U.S. Many of whom are undocumented, possess limited English language proficiency, have limited and/or inconsistent formal education experience, and have been exposed to trauma. Unfortunately, some schools struggle to provide the specialized educational and mental health services that are culturally competent, trauma-informed, and in the child's primary language. Research participants stated the ability to respond to children's needs varies between schools and that some schools are positioned better to address these needs because they have extensive experience working with these young people and developed a more responsive service infrastructure. The need for specialized services throughout the district, however, is vast and many schools do not have the capacity to address all children's needs.

As a CPS district administrator stated, apart from a handful of high schools where violence substantially impacted the student population, mental health services throughout the district are "wholly inadequate." Moreover, schools and the district struggle to hire qualified staff that speak children's primary language, especially if the needed language is not among the common foreign languages spoken in the school or district (Spanish, Mandarin, Polish, etc...). In response to this need for mental health and educational services and supports, schools and their staff reach out to community based service providers to fill service gap. Unfortunately, community-based providers also struggle to address this service gap.

For more information from this study about the education and related experiences of CUI in the Chicago metropolitan area, please see the paper,

"Educating Unaccompanied Immigrant Children in Chicago, Illinois: A Case Study," which is published in the journal, *Children and Youth Services Review*.

2. LIMITED AVAILABILITY OF NECESSARY AND SPECIALIZED COMMUNITY-BASED MENTAL HEALTH SERVICES

Providers throughout the Chicago metropolitan area do offer an array of services to support these young people's complex needs. The challenge, however, is that the need throughout the community far exceeds the availability of services resulting in long wait lists with the few providers who offer pro bono or low-cost/sliding-scale services. For CUI and other similar youth populations, the service gap is greater if the young person has limited English language proficiency and even more so for those young people who do not speak a common foreign language (Spanish, Mandarin, Polish, etc...).

A social worker who works with CUI identifies particular challenges for CUI in accessing these services: "Most of the children are uninsured, most of them speak languages outside of even English and Spanish. And they are not living with a biological parent. So, there is a lot of barriers to them getting into the door into clinics or even access to mental health and medical providers."

B. FEW PRIVATELY-FUNDED, COMMUNITY-BASED PROGRAMS EXIST TO PREPARE AND ASSIST CUI WITH ACCESSING SERVICES AFTER THEY AGE OUT OF CARE

Who would be following and advocating for this child as they age out? Is there a system where they assign someone to make an assessment of what they need and follow them after ORR? And that's a big question. I'm also thinking of kids who are also receiving medical services or with the complex medical history Who is speaking to the providers about their options for their ongoing medical needs? ... We're speaking to immigration attorneys about what their options are and going back to their countries of origin versus staying here and being without health insurance and helping them make that decision because that's a lot for any adolescent and helping them weigh their pros and cons and what that's going to look like once they have no health insurance.

- Focus Group Participant

CUI who turn 18 lose their status as an unaccompanied child and associated legal protections and services. In Illinois, although they remain eligible for All Kids health insurance program until 19 years of age, their eligibility for other government-funded services (post-release, housing, etc...) ends at 18 years of age. According to ORR data, the majority of CUI in their care are older youth approaching their 18th birthday (U.S. Office of Refugee Resettlement, 2018a). Currently, research is limited about how former CUI fare after they are no longer eligible for government funded services and the services necessary to prepare them for the future.

For CUI who remain in ORR care as they turn 18, additional challenges exist. These young people are at increased risk of being taken into U.S. Immigration and Customs Enforcement (ICE) custody and deported to their home country. As a result, ORR-facility staff may need to secure an institutional sponsor who can provide housing and supportive case management

immediately prior to the birthday and while in the community the birthday, which is not necessarily the case for children in other locations outside the Chicago metropolitan area. Very few privately-funded, community-based programs exist that prepare and assist these young people with accessing necessary resources after they turn 18.

Very little information exists about how these young people are doing after they turn 18, the services that are accessing, and the services they need to succeed. This information is critical to developing a support system that strategically prepares them for both life in the United States and the possibility of being returned home.

C. FEAR OF GOVERNMENT DEPORTATION/RETRIBUTION MAY IMPACT SERVICE UTILIZATION

An examination of the data suggests that fear and distrust of the government may impact whether and how CUI and their families access services and how community providers deliver services. Information from respondents suggest that CUI and their families may be reluctant to use government services because they are concerned that engaging with the government and/or accessing a government services may either alert ICE about their immigration status and result in deportation or negatively impact their future immigration status. This response is especially notable for individuals who seek to sponsor or currently sponsor a CUI. Recent government actions targeting family members and sponsors who are non-citizens may further discourage individuals from coming forward to care for children, helping children

to attend legal proceedings, and/or assisting young people with accessing services they believe might negatively impact their future immigration status.

Respondents also suggest that government fear and mistrust may impact how community-based service providers deliver services. Notable are the challenges providers have both promoting their services within the community and maintaining secrecy from ICE and other government organizations about service locations because of concern that government officials are scouting places where undocumented immigrants are concentrated. As a member of a religious community and administrator of a shelter for former unaccompanied children states, “We are thinking we should keep the actual location somewhat confidential, (we) just don’t know at this point what immigration authorities or local law enforcement authorities are doing... There are people...that are just picked up because ICE couldn’t find the people who they were really looking for and so we know there is just uncertainty about the relation between the immigration authorities and immigrants.”

D. MORE RESEARCH NEEDED TO BETTER SUPPORT CUI

Among the more notable themes is the desire among research participants to have research that informs service delivery to better support CUI in the community. While this study begins to examine some of these questions, more targeted and in-depth research is necessary to better understand the integration experience of these young people and their families

and the role community service providers and federal, state, and local governments can play in meeting their unique needs. Across the interviews and focus group, participants highlighted the following areas for more research:

- How do these young people and different service providers (law, education, physical/mental health, etc...) think about children’s personal goals and the services provided/needed? How does this impact service provision?
- How does legal immigration status impact service usage?
- How do individual characteristics such as gender identity, disability, prior education attainment, English language proficiency impact service usage?
- How are young people and sponsors faring after placement into the community?
- How are sponsors supporting young people’s needs and integration into the community?
- To what extent, does the political climate and threat of deportation more specifically impact family decisions to sponsor young people and access/utilize services? How can service providers mitigate the impact on service utilization?
- How are young people faring after they “age out” and no longer qualify for government-funded services?

- How does culture influence CUI's decision to work/attend school?

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APPENDIX A: CONSENT TO PARTICIPATE IN RESEARCH INTERVIEW

Project Title: Unaccompanied Immigrant Child and Family/Sponsor Community Service System Study

Researchers: Katherine Kaufka-Walts, JD, Director, Loyola University Chicago Center for the Human Rights of Children Adam Avrushin, JD, PhD; Associate Director; Loyola University Chicago Center for the Human Rights of Children
María Vidal de Haymes, PhD, Professor, Loyola University Chicago School of Social Work.

Introduction: You are being asked to take part in a research study being conducted by the Loyola University Chicago Center for the Human Rights of Children, under the direction of the Center Director, Katherine Kaufka-Walts, JD; Associate Director; Adam Avrushin, JD, PhD; and María Vidal de Haymes, PhD, Professor in the Loyola University Chicago School of Social Work. You are invited to participate because you are an education, human, health, or legal service professional or advocate that works with/on behalf of Unaccompanied Immigrant Children (UICs) in Illinois.

Purpose: The purpose of this study is to assess the service needs of unaccompanied immigrant children (UIC) and their families living in Illinois, as well as the community assets and services available to address these needs. Both needs and assets will be considered from the perspective of education, human, health, and legal service providers and advocacy organizations. The Loyola University Center for the Human Rights of Children (CHRC) aims to use this information to begin to fill this knowledge gap and provide practical information that immigrant-serving professionals and public and private agency stakeholders can use to improve the systems and related services and enhance system-wide capacity to attend to UICs and their families in Illinois. The specific questions that this research aims to address are:

1. What are the strengths of the service infrastructure supporting this population?
2. What agencies/organizations are providing services and supports to this population?
3. What are the gaps in services?
4. What are the challenges in serving this population of young people?

Please read this form carefully and ask any questions you may have before deciding whether to participate in the study.

Procedures: If you agree to be in the study, you will be asked to participate in an interview. The interview will be approximately one-hour in length and will be conducted by a member of the research team. The interview will be audio recorded and will take place at a date, time, and place that you choose.

However, if you would like to participate in the interview, but would not like to be audio recorded, you can participate in the study. Instead of audio recording the interview, the researcher conducting the interview will take written notes.

In the interview you will be asked about your perceptions regarding the health, mental health, educational, behavioral needs of UIC and families and the availability of services identified to address these needs. You will also be asked about your professional experience as a service provider

APPENDIX A: CONSENT TO PARTICIPATE IN RESEARCH INTERVIEW

working with UICs and their families/sponsors, with a focus on assessing services availability and current limitations and challenges of the system infrastructure.

Risks/Benefits: There are no foreseeable risks involved in participating in this research beyond those experienced in everyday life.

There are no direct benefits to you from participation, but the results may be helpful to immigrant-serving professionals and public and private agency stakeholders to improve the services and system-wide capacity to attend to the needs of UICs and their families in Illinois.

Confidentiality: The researchers will take the following measures to protect confidentiality: 1) Participants' names will not be recorded on the audio recording devices; 2) The recordings will be kept in a secure area; 3) All audio files will be transcribed and stored in the form of Microsoft Word documents for analysis using Nvivo; 4) No participant names will be associated with the data. All data files will have participant case/file ID number to link the audio file and transcript; 5) The audio recordings will be deleted/destroyed once they have been transcribed; 6) The interview transcripts files and Nvivo data bases will be stored on a password protected computer; 7) Only research project team members will have access to the data; and 8) Any presentations and publications resulting from the research will not contain any identifying information.

If you would like to participate in the interview, but would not like to be audio recorded, the researcher conducting the interview will not record the interview, rather s/he will take written notes. The same measure taken to protect the transcripts associated with the recorded interviews will be taken with the written notes from the un-recorded interviews: 1) Participants' names will not be included in the notes; 2) The interview notes will be kept in a secure area; 3) All notes will be stored in the form of Microsoft Word documents for analysis using Nvivo; 4) No participant names will be associated with the data; 5) The interview note files and Nvivo data bases will be stored on a password protected computer; 7) Only research project team members will have access to the data; and 8) Any presentations and publications resulting from the research will not contain any identifying information.

- Yes, I agree to audio recording.
- No, I do not agree to audio recording.

Voluntary Participation: Participation in this study is voluntary. If you do not want to be in this study, you can decline. If you decide to participate, you are free to decline answering any questions and to withdraw from participation at any time without penalty or consequence.

Contacts and Questions:

If you have questions about this research study, please feel free to contact a research team member:

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APPENDIX A: CONSENT TO PARTICIPATE IN RESEARCH INTERVIEW

If you have questions about your rights as a research participant, you may contact the Loyola University Office of Research Services at (773) 508-2689.

Statement of Consent: Your signature below indicates that you have read the information provided above, have had an opportunity to ask questions, and agree to participate in this research study. You will be given a copy of this form to keep for your records.

Participant's Signature

Date

Researcher's Signature

Date

APPENDIX B: CONSENT TO PARTICIPATE IN FOCUS GROUP

Project Title: Unaccompanied Immigrant Child and Family/Sponsor Community Service System Study

Researchers:

Katherine Kaufka-Walts, JD, Director, Loyola University Chicago Center for the Human Rights of Children
Adam Avrushin, JD, PhD; Associate Director; Loyola University Chicago Center for the Human Rights of Children

María Vidal de Haymes, PhD, Professor, Loyola University Chicago School of Social Work.

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Purpose:

The purpose of this study is to assess the service needs of unaccompanied immigrant children (UIC) and their families living in Illinois, as well as the community assets and services available to address these needs. Both needs and assets will be considered from the perspective of education, human, health, and legal service providers and advocacy organizations. The Loyola University Center for the Human Rights of Children (CHRC) aims to use this information to begin to fill this knowledge gap and provide practical information that immigrant-serving professionals and public and private agency stakeholders can use to improve the systems and related services and enhance system-wide capacity to attend to UICs and their families in Illinois. The specific questions that this research aims to address are:

1. What are the strengths of the service infrastructure supporting this population?
2. What agencies/organizations are providing services and supports to this population?
3. What are the gaps in services?
4. What are the challenges in serving this population of young people?

Please read this form carefully and ask any questions you may have before deciding whether to participate in the study.

Procedures:

If you agree to be in the study, you will be asked to participate in a research forum with a focus group.

The research forum will begin with an overview of the project and a presentation of the initial findings of the qualitative interview component of the study by the research team members. Thirty to forty-five minutes will be allocated for this activity. This will be followed with an opportunity for you and all other research forum participants to reflect on the findings, as well as their professional experience in working with UICs and their families/sponsors, and offer their: 1) assessment and of the preliminary results; 2) elaborate or add additional information to the initial findings of the study; 3) provide interpretation of the initial findings based on their experience; and 4) identify and articulate recommendations based on the findings and discussion.

Following the presentation of the initial findings, the project team member will lead a discussion in a focus group format. As a forum participant, you will be asked to join 8 or 9 other forum participants

APPENDIX B: CONSENT TO PARTICIPATE IN FOCUS GROUP

and a member of the research team at a table. The discussion at each table will be lead by a project research team member with several questions. The discussion will be audio recorded for transcription and analysis. Forty-Five minutes will be allocated for the discussion. Each table will verbally report the major points from the discussion to the larger group. This will be followed by an opportunity for comment and discussion. Thirty to forty minutes will be allocated for this activity, which will also be audio recorded for later transcription and analysis.

Risks/Benefits:

There are no foreseeable risks involved in participating in this research beyond those experienced in everyday life.

There are no direct benefits to you from participation, but the results may be helpful to immigrant-serving professionals and public and private agency stakeholders to improve the services and system-wide capacity to attend to the needs of UICs and their families in Illinois.

Confidentiality:

While all participants will be asked to respect the privacy of others, the researchers cannot assure confidentiality because they cannot guarantee that participants in the group discussions will not repeat what they hear to others. The researchers, however will take the following measures to protect confidentiality: 1) Participants' names will not be recorded on the audio recording devices; 2) the digital audio recording files will be stored in a password protected computer; 3) the audio recordings will deleted/destroyed once they have been transcribed; 4) the transcripts files on a password protected computer; 5) Only research project team members will have access to the data; and 6) any presentations and publications resulting from the research will not contain any identifying information.

- Yes, I agree to audio recording.
- No, I do not agree to audio recording.

Voluntary Participation:

Participation in this study is voluntary. If you do not want to be in this study, you can decline. If you decide to participate, you are free to decline answering any questions and to withdraw from participation at any time without penalty or consequence. Your relationship with your respective organization will not be effected should you withdraw form the study.

Contacts and Questions:

If you have questions about this research study, please feel free to contact a research team member:

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Statement of Consent:

Your signature below indicates that you have read the information provided above, have had an opportunity to ask questions, and agree to participate in this research study. You will be given a copy of this form to keep for your records.

Participant's Signature

Date

Researcher's Signature

Date

APPENDIX C: GENERAL PROVIDER INTERVIEW GUIDE

- What type of services are provided within your organization for unaccompanied immigrant minors?
- Are there services/supports that you have little difficulty providing/identifying?
- Which type of services are needed for this specific population?

Prompts:

- Which of these needs does your organization address?
- Which needs do you prioritize in your work with these youth?
- What about needs that your organization does not have capacity to address? Do you make referrals? To which organizations?
- Are there any barriers for this population to the services that your organization provides or to those of other organization to which you refer? Please describe.

- How does this population hear about your services, or are referred to you?

Prompt:

- Do you do specific outreach?

- What other organizations do you work with to address the needs of UICs?

- Are there enough bilingual/bicultural service providers for this population?

Prompts:

- Are there any particular service areas where more bilingual providers are needed?
- Is there specific services/outreach for unaccompanied indigenous minors and their families that might not speak Spanish?

- What are the gaps and challenges your organization face in serving this population?

- What are the general gaps and challenges in serving this population in the broader community?

- What type of follow-up service, if any, is provided by your organization to this population after you make a referral? After you close a case?

- Do you provide services to UIC's after they turn 18?

Prompt:

- Are there additional services that young UIC's over the age of 18 are challenged to receive due to their legal status?

- Do you have specific support/programs for LGBTQ UICs? Pregnant or parenting UICs?

Do you know of any agencies/organizations working specifically with this population?

- What type of funding, if any, do you receive to specifically serve this population?

Prompts:

- If you don't receive dedicated funding, how do you provide services to this population?
- How does funding impact the services you are able to provide?

- How have unaccompanied minors and their families/sponsors been received in their communities?

Prompts

- Has there been any community reaction, such as welcoming, support, hostility? Explain.

- Are the youth integrating/finding a sense of belonging and relationships in the communities they resettled in postrelease?

Prompt:

- Are they engaging in mutual interactions with community members and social institutions (school, church, recreation programs...)?

Additional Interview Questions for Education Service Provider/Advocate

- What type of training is provided for school employees regarding UICs?
- Is there specific programs in place in schools that may receive larger numbers of UICs?
- How has your school/school system adjusted to this population and their needs?
- How are you addressing the needs of those that might have a lapse of formal education?

Prompts:

- Those with special needs?
- How is that being communicated with sponsors?

- Do you have specific support/programs for LGBTQ UICs?

Prompts:

- Pregnant or parenting UICs?
- Do you know of any agencies/organizations working specifically with this population?

- How do you support UICs with criminal records?
- Are there any requirements to access services within your organization for UICs?
- How do you engage the UIC family/sponsor household? What are the needs that you have seen for these households?

Additional Interview Questions for Legal Service Providers

- What legal services do UIC's and their sponsors require once they enter care?
- What legal services do UIC's and their sponsors need after they are released from care?
- Are you or your organization able to continue providing these services after they are released from care? Why/Why Not?
- What challenges do you or your organization face providing legal services to UIC's and their sponsors?
- How does your organization respond to these challenges?
- What, if any, organizations are able to respond to these challenges?

Prompt:

- How capable are these organizations in responding to these challenges?

- Are there any subpopulations within the UIC population that are particularly challenged to receive legal services?
- How does your organization respond to these challenges?
- What, if any, organizations are able to respond to these challenges?

Prompt:

- How capable are these organizations in responding to these challenges?

APPENDIX D: FOCUS GROUP DISCUSSION GUIDE

BEST INTEREST

Topic Overview/Introduction:

Best interest or best interest of the child is a child rights principle derived from the UN Convention on the Rights of the Child, Article 3, (1989). Accordingly, the best interests of children must be the primary concern in making decisions that may affect them. All adults should do what is best for children. When adults make decisions, they should consider how decisions will affect children.

Although no standard definition exists for the “best interest of the child,” it generally refers to the deliberation that courts undertake when deciding what type of services, actions, and orders will best serve a child as well as who is best suited to care for a child. “Best interest” determination are generally made by considering a number of factors related to the child’s circumstances and the parent or caregiver’s circumstances and capacity to parent, with the child’s ultimate safety and well-being paramount (US Children’s Bureau, 2016).

Since 1997, the US government has prescribed three outcomes for public child welfare services: safety, permanency, and well-being. These outcomes frame the mission for child welfare services in response to child abuse and neglect. Generally, “permanency” refers to stability when in child welfare care and achieving permanency through reunification, adoption, or guardianship; “safety” is that children will be safe from further child abuse and neglect and “well-being” focuses primarily on physical health; behavioral, emotional, and social functioning and education. (Child Welfare Information Gateway, 2018). Comparatively, no goals/outcomes guide the legal and custodial systems for UIC.

Considering the relative absence of best interest principles adhered by the US government for UIC, please consider the following questions:

- Considering best interest principles, what should be the desired outcome(s) for the custodial (Office of Refugee Resettlement) system that makes placement and service decisions on behalf of UIC?
- Considering best interest principles, what should be the desired outcomes for the legal immigration system that makes decisions on behalf of UIC?
- What should be best interest policy goals for UIC?
- How can community structures/systems (education, health, mental health, recreational, legal) be utilized to advance and promote the best interest of these and other vulnerable children.
- What community-based strategies can, potentially, promote the application of best interest principles for UIC?

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APPENDIX D: FOCUS GROUP DISCUSSION GUIDE

- What opportunities exist for cross-system (child welfare and immigrant-serving) collaboration to advance and promote the best interests of both populations of young people?
- What opportunities for shared learning exist for professionals who work with or on behalf of UIC and children involved with state child welfare systems.

APPENDIX D: FOCUS GROUP DISCUSSION GUIDE

AGING OUT

Topic Overview/Introduction:

In the US, young people age out of the foster care system typically at the age of 18, but in some states (Illinois included) they age out as late as 21 years of age. Research finds that youth who age out of foster care without achieving permanency are at increased risk for a number of negative outcomes, including lower income, poorer health, and higher arrest rates (Child Welfare Information Gateway, 2018).

Similar to children involved with state child welfare agencies, UIC stop receiving post release and other government supports and services once they reach the age of 18. Currently, research is limited about how UIC who age out of care are faring in US communities.

Education is frequently mentioned as a key strategy for preparing UIC to age out of governmental care. Research suggests, however, that schools may not have the necessary resources to adequately support UIC who are typically English language learners, have either not attended school or attended school inconsistently before they arrived in the US, and have experienced trauma that may impact their learning. Moreover, research suggests that some UIC may be reluctant to attend school due to the expectation and/or need to work to support family members in their home country

- What do you believe should be the outcome(s) for UIC who are aging out of care?
- What do you believe should be the educational goals and outcomes for UIC?
- Are there strategies in child welfare that are working that might also work in preparing UIC for aging out?
- How can schools help prepare UIC for aging out?
- Are there challenges in child welfare system that might also arise for UIC providers?
- Are there opportunities for collaboration between child welfare and immigrant serving professionals to prepare UIC for aging out of care?
- How might other community structures/systems (health, mental health, recreational, legal) be utilized to prepare UIC for aging out of care?
- What community-based strategies can help prepare UIC for aging out?
- What opportunities for shared learning exist for professionals who work with or on behalf of UIC and children involved with state child welfare systems in this area?

APPENDIX D: FOCUS GROUP DISCUSSION GUIDE

PERMANENCY

Topic Overview/Introduction:

Since 1997, the US government has prescribed three outcomes for public child welfare services: safety, permanency, and well-being. These outcomes frame the mission for child welfare services in response to child abuse and neglect. Generally, “permanency” refers to placement stability when in child welfare care and achieving permanency through reunification, adoption, or guardianship. Research finds that youth who exit foster care without achieving permanency are at risk for a number of negative outcomes, including lower income, poorer health, and higher arrest rates (Child Welfare Information Gateway, 2018).

Although many UIC come to the US with the goal reuniting with parents and/or family, no explicit goal of “permanency,” or similar, exists for UIC. Reports suggest that parents and family who live in the US, but do not have legal status in the US, may be reluctant to take custody of their child because of fear of deportation. Research is limited about how UIC are faring once reunited with parents and/or family.

While UIC integrate in the US, they may also be prepared to be returned to their home nation if they cannot obtain legal status in the US.

- What do you believe should be the permanency goals and/or outcome(s) for UIC?
- What community-based strategies do you believe can help UIC achieve these outcomes?
- How should governmental and community services address the possibility that UIC will be deported? What, if any, concurrent planning should occur to support these young people?
- Are there strategies in child welfare that might also work for UICs in promoting permanency?
- Are there child welfare strategies/policies that might be guiding for UIC?
- What should be considered in developing policies that promote the permanency for UIC?
- Are there opportunities for collaboration between child welfare and immigrant serving professionals in this area?
- How might community structures/systems (education, health, mental health, recreational, legal) be utilized to support permanency planning for UIC?
- What opportunities for shared learning exist for professionals who work with or on behalf of UIC and children involved with state child welfare systems in this area?

APPENDIX D: FOCUS GROUP DISCUSSION GUIDE

WELL-BEING

Topic Overview/Introduction:

Since 1997, the US government has prescribed three outcomes for public child welfare services: safety, permanency, and well-being. These outcomes frame the mission for child welfare services in response to child abuse and neglect. Generally, “well-being” focuses primarily on physical health; behavioral, emotional, and social functioning and education.

While under ORR care, UIC receive health screenings, mental health services, education and other custodial services. Per ORR policy, once a child is placed with a parent, relative, or other adult sponsor, the care and well-being of the child becomes the responsibility of that sponsor. A limited number of children who have mental health or other special needs may receive time-limited post-release services that includes assistance with connecting children and their sponsors to community-based resources to address specific needs, such as mental health; monthly home visits, and comprehensive case management.

- What do you believe should be the well-being goals and/or outcome(s) for UIC?
- What community-based strategies do you believe can promote the well-being for these young people? How can these strategies promote the well-being of these young people?
- Are there strategies in child welfare that might also work for UICs in promoting well-being?
- What should be considered in developing policies that promote the well-being of UIC?
- Are there child welfare strategies/policies that might be guiding for UIC?
- Are there opportunities for collaboration between child welfare and immigrant serving professionals in this area?
- How might community structures/systems (education, health, mental health, recreational, legal) be utilized to support UICs in this area?
- What opportunities for shared learning exist for professionals who work with or on behalf of UIC and children involved with state child welfare systems in this area?

APPENDIX E: COMMUNITY FORUM

Unaccompanied Immigrant Children: A Community Convening of Child Welfare and Immigrant Serving Professionals

February 27, 2018, 8:30 am – 1:00 pm
Loyola University Chicago Schreiber Center
16 E. Pearson, Room 1001
Chicago, IL 60611

- 9:00 am: Registration**
- 9:10 am: Welcome**
Katherine Kaufka Walts, JD, Director, Loyola University Chicago's Center for the Human Rights of Children
- 9:35 am: Childhood and Unaccompanied Immigrant Children**
Lauren Heidbrink, PhD, Assistant Professor, California State University Long Beach
- 10:00 am: A Child Welfare Response for Unaccompanied Immigrant Children**
Maria Woltjen, JD, Executive Director, Young Center for Immigrant Children's Rights
- 10:25 am: The Child Welfare System and Immigrant Children**
Julie Sollinger, JD, Supervising Attorney, Cook County Office of the Public Guardian
- 10:30 am: Break**
- 10:55 am: The Aging Out of Unaccompanied Immigrant Children**
Br. Michael Gosch, CSV, Coordinator of Justice, Peace, and Integrity of Creation for the Viatorian Community
- 11:20 am: Immigration, Child Well-Being, and Children's Rights**
Layla P. Suleiman Gonzalez, JD, PhD, Director, Human Services Program Loyola University Chicago
- 12:30 pm: Discussion/Lunch**
- 1:00 pm: Wrap-Up**