

FOCUS

Newsletter of the Foster Family-based Treatment Association



Special Issue on Migration and Child Welfare: An Introduction —by Alan Dettlaff, Lyn Morland, and Yali Lincroft

Children of Immigrants: One Quarter of All U.S. Children

Changes in immigration patterns and trends over the past two decades have considerably shifted the demographic profile of the United States, with tremendous implications for child welfare services throughout the country. According to the 2010 U.S. census, a record 40 million immigrants live in the United States today, representing 13% of the total population. The majority are from Latin America (over 52%) with most of these from one country alone—Mexico (30% of all immigrants)—while the next largest group, 29%, is from Asia. Approximately 12 million immigrants in the United States are undocumented, making up 30% of the total foreign-born population (Grieco et al., 2012). In addition, 70,000 refugees were admitted to the United States in 2013 through the U.S. Refugee Program, coming from 65 different countries, the majority from Iraq, Burma, Bhutan, Somalia, and Cuba (U.S. Embassy, 2013).



Ryan Rodrick Beiler / Shutterstock.com

The children of these immigrants number more than 18 million today, making up one quarter of all children in the United States, and in some states they are the majority. Most children of immigrants (89%) are U.S.-born citizens, and many live in mixed status families in which the children are citizens, but at least one parent is not. Sixteen million families in the United States have at least one member who is undocumented (Taylor et al., 2011).

Although most immigrant families have historically lived in six states—California, Texas, New York, Florida, Illinois, and New Jersey—immigrants are now found in virtually every U.S.

community. New high-growth states—including North Carolina, Nevada, Georgia, and Arkansas—experienced more than a 500% increase in children of immigrants over the past two decades (Fortuny & Chaudry, 2011).

continued on pg. 2

INSIDE THIS ISSUE

A *FOCUS* on Migration and Child Welfare

- Introduction
- Editor's Column
- Meeting the Needs of Unaccompanied Children
- Culturally Responsive Assessment and Treatment
- Supporting Transnational Families
- Challenges and Solutions to Family Reunification
- Resources

EDITOR'S COLUMN

— by Gretchen Test, MSW

The most recent issue of *FOCUS* (Winter 2014) included an article on kinship care and immigrant families by Lyn Morland of the Migration and Child Welfare National Network (MCWNN). Our Summer 2014 issue is dedicated entirely to the topic of migration and child welfare and this topic is especially relevant now.

Why is this topic important for FFTA? FFTA's *Program Standards for Treatment Foster Care* are woven with references to our belief in cultural competence, cultural diversity, and respectful treatment. The Standards incorporate those beliefs in areas as wide ranging as treatment, staff training, and quality improvement. However, recent demographic trends provide an opportunity for FFTA members to renew and expand their efforts to meet those standards as we serve an increasingly diverse set of families and communities.

First, more and more children we serve come from families that have experienced migration—one in four children in the United States now has at least one immigrant parent. Second, children from immigrant families who come to the attention of the child welfare system, whether they are called immigrants, refugees, asylees, undocumented persons, or unaccompanied children, may bring experiences with familial abuse or neglect that are compounded by the trauma of family separation, trafficking, or war. Third, they also possess a myriad of religious, ethnic, and cultural strengths and traditions which FFTA members can support in the healing process.

This issue of *FOCUS* represents a unique partnership with a number of experts in the field from several key organizations. Staff from the Migration and Child Welfare National Network (MCWNN), Lutheran Immigration and Refugee Service (LIRS), the Migration and Refugee Services Department at the United States Conference of Catholic Bishops, and the Institute for Women in Migration all contributed articles for this issue. Special thanks go to Lyn Morland of MCWNN for suggesting themes and coordinating articles for *FOCUS*. Lyn also cowrote the first article with Alan Dettlaff and Yali Lincroft of MCWNN: *Special Issue on Migration and Child Welfare: An Introduction*, which includes a solid overview of the data, service barriers, new approaches, and resources of the MCWNN (get connected to its website or Facebook page for more information).

continued on pg. 3

Special Issue on Migration and Child Welfare | continued from pg. 1

Unaccompanied Children

Particularly vulnerable are children who migrate to the United States alone, unaccompanied by a parent or other responsible adult. Most of these unaccompanied children come from Mexico and Central America and cross the southern U.S. border, usually with the help of a smuggler or coyote. Only a portion of these children are apprehended by U.S. immigration authorities, but their numbers have been increasing exponentially over the past few years and are expected to reach 90,000 in 2014. A recent study by the United Nations High Commissioner for Refugees (UNHCR, 2014) found that these children leave their homes for a number of reasons: to rejoin family in the United States, for work or education, and to escape violence (sometimes in their homes, but increasingly they are fleeing a surge of ruthless violence in their communities). Unaccompanied children apprehended by U.S. Customs and Border Protection (CBP) at the border, and by U.S. Immigration and Customs Enforcement (ICE) in the interior of the country, are transferred to the custody of the Office of Refugee Resettlement (ORR), U.S. Department of Health and Human Services, and placed into a range of licensed care providers, including foster care, youth shelters, and secure facilities, based on each child's needs. Currently, most of these children stay in care for an average of 30–35 days before being reunified with family or other relatives in the community, while their legal cases are in process.

Another group of extremely vulnerable children are victims of human trafficking.

Another group of extremely vulnerable children are victims of human trafficking. UNICEF (n.d.) estimates that 5.5 million children are currently trafficked globally, for the sex trade as well as for their labor. The United States is considered one of the major destinations for foreign-born children who are victims of trafficking and exploitation. Child welfare and other systems are becoming more aware that many runaways and other children in the child welfare system may have been trafficked, and more victims are being identified every day, ensuring the possibility of recovery and hope for these children through specialized services.

A smaller but significantly vulnerable group of unaccompanied children are refugee minors who arrive through the

continued on pg. 3

The second article, *Meeting the Unique Needs of Unaccompanied Refugee and Migrating Children in Specialized Foster Care in the United States* by Anne Mullooly and Kristyn Peck of the Migration and Refugee Services Department of the United States Conference of Catholic Bishops, further explains the Unaccompanied Refugee Minors program, illustrating its services through stories about individual children. Human trafficking, the subject of an FFTA workgroup, is highlighted.

The article, *Supporting Transnational Family Reunification and Kinship Care: Perspectives from Across the Border*, is about helping children reunify with their families in other countries. Victoria Kline of the Transnational Family Support Project at the Institute for Women in Migration, a nonprofit policy advocacy organization in Mexico, offers case examples with both positive and negative outcomes and provides practical advice for caseworkers working with parents who are at risk for deportation or who have been deported.

Next, Kerri Socha's *Challenges and Solutions to Family Reunification Efforts with Undocumented or Foreign-Born Youth* describes the Unaccompanied Refugee Minors program, supported by the U.S. Department of Health and Human Services' Office of Refugee Resettlement and the State Refugee Coordinator, for young people who are "in need of protection from personal or community violence." Socha, the URM Placement Coordinator for Lutheran Immigration and Refugee Service, discusses various options for reunification and offers suggestions for engaging relatives, including undocumented relatives in the United States.

In the Practitioner's Corner: *Culturally Responsive Assessment and Treatment for Latino Immigrant Families*, Alan Dettlaff describes for FFTA clinicians a number of evidence-based parent training programs that have been tested in the child welfare context with U.S.-born and immigrant Latino families.

FFTA members are uniquely positioned to offer the customized family-based supports that children of immigrant families need. We are also challenged to build on efforts to provide culturally responsive and accessible services within the context of Treatment Foster Care (TFC). We hope this issue of *FOCUS* will be useful to you, and we invite you to suggest additional articles or resources on immigration or culturally responsive services that we can include in future issues.

Gretchen Test, MSW, is a Senior Associate at the Annie E. Casey Foundation. She serves on the FFTA Board of Directors and is the Vice Chair of the Editorial Committee.

U.S. Refugee Program directly into a specialized foster care program, the Unaccompanied Refugee Minors (URM) program under the Office of Refugee Resettlement. These services are currently delivered through a network of about 20 URM programs in 15 states run by local Catholic Charities and Lutheran Social Services, with support from their national organizations, the United States Conference of Catholic Bishops and Lutheran Immigration and Refugee Service. The URM programs now also serve asylees, Cuban-Haitian entrants, child victims of human trafficking, and unaccompanied undocumented children in federal custody who meet the requirements of the program. In 2013, more than 1,400 children were served through the URM program (U.S. Department of Health and Human Services, Office of Refugee Resettlement [ORR], n.d.-b).

Children of Immigrants in the Child Welfare System

Children of immigrants enter the child welfare system for a number of reasons. Children in immigrant families have historically been considered at increased risk for maltreatment due to the changes experienced by their families following immigration. Many challenges experienced by immigrants—poverty and financial distress, personal dissatisfaction, depression, social isolation, and stressful life events—are associated with child maltreatment among the general U.S. population.

In addition, immigrants experience unique stressors. The process of migration can lead to loss of extended families and traditional community supports for families. Acculturation following arrival typically leads to role changes for both parents and children and, for some, can lead to conflict within the family. Combined with possible cultural differences in parenting styles and expectations, as well as in child discipline, all of these factors can lead

The process of migration can lead to loss of extended families and traditional community supports for families.

continued on pg. 4

immigrant families to become involved in the child welfare system (Dettlaff, Earner, & Phillips, 2009).

Once children of immigrants become involved in the child welfare system, they face unique challenges that may threaten their reunification with parents, as well as positive outcomes related to their health and well-being. Many child welfare systems do not understand the complexity of immigration law and policies and are ill-equipped to assist children or parents in addressing these issues. Beyond concerns directly associated with immigration status, many child welfare practitioners are unfamiliar with the unique challenges that immigrant families face resulting from their experiences with migration and acculturation. This lack of awareness can lead to inaccurate assessments that fail to consider the underlying issues affecting immigrant families.

Barriers to Family Reunification

Of additional concern for immigrant children and families, lack of access to services in their preferred language can result in miscommunication and misunderstandings, which can affect families' ability to respond to interventions. Language barriers often result in delays in service delivery, which can affect parents' abilities to complete required services and place them at risk for termination of parental rights due to the time frames mandated by the Adoption and Safe Families Act (ASFA) of 1997. Beyond language, immigration status can create additional delays or barriers to reunification, as parents may be unable to obtain employment or participate in certain mandated services. Undocumented parents may also be ineligible for certain supportive services that could facilitate reunification. Further, immigration status can place parents at risk of deportation, which can have a devastating effect on their ability to meet the requirements of the child welfare system for reunification with their children. Given these barriers, the expedited process required by ASFA can put immigrant families at a serious disadvantage in meeting case requirements and place them at risk for termination of parental rights.

In addition, funding for services for immigrant children may be limited due to restrictions within Title IV-E of the Social Security Act, the primary source of federal child welfare funding to states. This funding source allows states to receive federal matching funds for the care of children in state custody, but receipt of Title IV-E funds is restricted to children who meet eligibility requirements, including those related to immigration status. Undocumented immigrant children do not meet the eligibility requirement, so states must bear the total burden of the cost of substitute care. In times of shrinking resources for public child welfare systems,

this burden may limit states' abilities to adequately care for ineligible immigrant children.

Yet, despite the many barriers facing immigrant children and families who enter the child welfare system, a number of resources and promising strategies have begun to emerge in recent years as awareness has increased about this vulnerable population and its unique needs. A growing body of literature has examined the effectiveness of cultural adaptations to evidence-based programs in order to better respond to the needs of immigrant families. Additionally, considerable efforts have been made to recruit and train kinship and adoptive families from ethnically diverse and immigrant communities in order to lessen the impact of trauma when children of immigrants enter substitute care. Models for working with transnational families increase the possibilities of family reunification and kinship care regardless of immigration status and geographic location of a child's family.



Once children of immigrants become involved in the child welfare system, they face unique challenges that may threaten their reunification with parents, as well as positive outcomes related to their health and well-being.

The Migration and Child Welfare National Network

In response to the growing awareness of the unique needs of children of immigrants and unaccompanied children in the child welfare system, the Migration and Child Welfare National Network (MCWNN) was formed as a peer network by a number of organizations serving and advocating for these children. The MCWNN serves as a resource for knowledge development and information sharing to facilitate positive outcomes for immigrant children and families. Housed at the Jane Addams College of Social Work at the University of Illinois at Chicago, the MCWNN conducts and disseminates research, develops policy and practice recommendations, publishes and disseminates resources for child welfare and

continued on pg. 5

legal professionals, and works with federal, state, and local child welfare agencies to facilitate policy and practice improvements. The MCWNN provides a unique model of peer-to-peer consultation in which members learn from the experience and expertise of others, share knowledge and strategies, and participate in collaborative efforts to improve services for immigrant children and families. Membership in the MCWNN is free, and all MCWNN resources are available to the public via the MCWNN website (www.mcwnn.uic.edu).

Alan J. Dettlaff, PhD, is Associate Professor, Jane Addams College of Social Work, University of Illinois, Chicago, and Cochair of the Migration and Child Welfare National Network (MCWNN).

Lyn Morland, MSW, MA, is Senior Consultant for the Migration and Child Welfare National Network (MCWNN).

Yali Lincroft, MBA, is Program Officer for the Walter S. Johnson Foundation and Co-chair of the Migration and Child Welfare National Network (MCWNN).

References

- Dettlaff, A. J., Earner, I., & Phillips, S. D. (2009). Latino children of immigrants in the child welfare system: Prevalence, characteristics, and risk. *Children and Youth Services Review*, 31(7), 775–783. Retrieved from <http://www.sciencedirect.com/science/article/pii/S0190740909000577>.
- Fortuny, K., & Chaudry, A. (2011). *Children of immigrants: Growing national and state diversity*. Retrieved from <http://www.urban.org/UploadedPDF/412433-children-of-immigrants-brief5-nat-state-diversity.pdf>

Hernandez, D.J. & Napierala, J.S. (2012). *Children in immigrant families: Essential to America's future*. New York, NY: Foundation for Child Development. Retrieved from [http://fcd-us.org/sites/default/files/FINAL%20Children%20in%20Immigrant%20Families%20\(2\)_0.pdf](http://fcd-us.org/sites/default/files/FINAL%20Children%20in%20Immigrant%20Families%20(2)_0.pdf)

Grieco, E. M., Acosta, Y. D., de la Cruz, G. P., Gambino, C., Gryn, T., Larsen, L. J., Trevelyan, E. N., & Walters, N. P. (2012). *The foreign-born population in the United States: 2010. American Community Survey Reports*. Washington, DC: United States Census Bureau. Retrieved from <https://www.census.gov/prod/2012pubs/acs-19.pdf>

Taylor, P., Lopez, M., Passel, J., & Motel, S. (2011, December). *Unauthorized immigrants: Length of residency, patterns of parenthood*. Washington, DC: Pew Research Center, Hispanic Trends Project. Retrieved from <http://www.pewhispanic.org/2011/12/01/unauthorized-immigrants-length-of-residency-patterns-of-parenthood/>

UNHCR Regional Office for the United States and the Caribbean. (2014). *Children on the run: Unaccompanied children leaving Central America and Mexico and the need for international protection*. Washington, DC: Author.

UNICEF USA. (n.d.). *Infographic: A global look at human trafficking*. Retrieved from <http://fieldnotes.unicefusa.org/infographic-global-look-human-trafficking>

U.S. Department of Health and Human Services, Office of Refugee Resettlement (ORR). (n.d.-a). *About unaccompanied children's services*. Retrieved from <http://www.acf.hhs.gov/programs/orr/programs/ucs/about>

U.S. Department of Health and Human Services, Office of Refugee Resettlement (ORR). (n.d.-b). *About unaccompanied refugee minors*. Retrieved from <http://www.acf.hhs.gov/programs/orr/programs/urm/about>

United States of America Embassy. (2013, October). U.S. welcomes record number of refugees. *IIP Digital*. Retrieved from <http://iipdigital.usembassy.gov/st/english/article/2013/10/20131023285033.html?CP.rss=true#axzz30r2oiFVX>



UST

Uncover 5 Myths That Are Increasing Your HR Costs

Get the Whitepaper Just for Nonprofits.
Download at ChooseUST.org/FFTA-5MYTHS



udeyismail / Shutterstock.com



Meeting the Unique Needs of Unaccompanied Refugee and Migrating Children in Specialized Foster Care in the United States

—by Anne Mullooly, MSSW, and Kristyn Peck, MSW

The United States Conference of Catholic Bishops' department of Migration and Refugee Services (USCCB/MRS) places¹ foreign-born children in community-based foster care in the United States through the national network of the Unaccompanied Refugee Minors (URM) program.² Since the 1970s, USCCB/MRS and the URM network have provided safety, permanency, and well-being to more than 14,000 children from around the world, including refugees; asylum-seekers; children who were abused, abandoned, and/or neglected by an adult caregiver; and victims of human trafficking.

Snapshots of Children Served by the URM Program

Children³ served by the URM program include:

Refugees, who have been “forced to flee . . . because of persecution, war, or violence” and who have “a well-founded fear of persecution for reasons of race, religion, nationality, political opinion or membership in a particular social group” (USA for UNHCR, 2013).

“ Rashid, 14, fled to Malaysia after his parents were killed in the Rakhine State of Burma during an attack on his village in 2012. Rashid is Rohingya, an ethnic group that practices Islam, is denied citizenship by the Burmese government, and is subject to ongoing persecution and violence. Rashid was apprehended in Thailand and detained in a shelter for children. The United Nations High Commissioner for Refugees (UNHCR) registered Rashid as a refugee and conducted a Best Interest Determination to identify a durable solution—repatriation, integration into a country of refuge, or resettlement to a third country. Because Rashid is stateless and the Thai government will not grant him legal permanency, and because he has no family with whom to reunify, resettlement was recommended for Rashid as his durable solution. It was decided that it would be in Rashid’s best interest to resettle to the United States and enter the URM program. ”

Asylum-seekers, who are “seeking protection because they have suffered persecution or fear that they will suffer persecution due to: race, religion, nationality, membership in a particular social group, and/or political opinion” (USCIS, 2013).

“ Mehret, a 15-year-old from Eritrea, practices Pentekoste, a form of Christianity. Mehret’s family received a letter from the Eritrean government stating that they would be arrested and jailed if they did not stop practicing Pentekoste. Mehret fled to Sudan with her sister so

continued on pg. 7

they could continue practicing their religion. As Mehret was not a legal resident in Sudan, she was not allowed to attend school. Mehret fled to the United States so she could practice her religion and pursue an education. Upon receiving a grant of asylum, Mehret entered the URM program. ”

Victims of human trafficking, who have been recruited, harbored, transported, provided, or obtained for labor or services “through the use of force, fraud, or coercion, for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery” or for “sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age” (Victims of Trafficking and Violence Protection Act, 2000).

“ Jade, 16, was living with her maternal grandmother in Nigeria when she traveled to the United States to compete in a soccer tournament. She stayed with a woman who promised to help her receive an education if Jade stayed in the United States. The woman broke her promises and forced Jade to work as a housekeeper and nanny for various families. Jade’s grandmother was contacted and told that Jade would be harmed if the situation was reported. Jade was not permitted to attend school, use the phone, or leave the home, other than for work. Jade worked 18-hour days, with one day off every two weeks, in which she was only allowed to rest in her room. Neither Jade nor her grandmother received wages for her work. Jade subsequently received a letter of eligibility from the U.S. government as a victim of trafficking and was referred to the URM program. ”

Special Immigrant Juvenile Status (SIJS), for “non-U.S. citizen children in the United States who do not have permanent residence and have been abused, neglected or abandoned by one or both parents” (USCIS, 2011).

“ Monica was abandoned by her parents as an infant and lived with her grandmother in El Salvador until the grandmother passed away when Monica was 13 years old. Following her grandmother’s death, Monica stayed with different family friends, sleeping on their couches, until she wore out her welcome. She dropped out of school to work to support herself, and while walking to work, she was raped by MS-13 gang members. The gang members continued to harass Monica, who migrated to the United States to escape and seek a better life. Upon crossing the border, Monica was apprehended by U.S. immigration officials and placed in federal custody. After her SIJS was granted, Monica was approved to enter URM care ”

Adapting Services to Meet Unique Needs

Although all of the populations entering the URM program have experienced trauma, must adjust to a new culture and language and develop appropriate skills to enter adulthood, and possess strengths and abilities that will help them meet the challenges of their new life, they also present with unique needs. Below are some key examples of how the URM program adapts its service provision to meet the unique needs of two distinct URM populations: refugees and victims of human trafficking.

URM programs implement a variety of assessment tools to obtain the most up-to-date information about a child’s mental, physical, and emotional state upon his or her arrival.

Refugees

Refugees living in camps and urban settings often experience poor living conditions with limited food rations and insufficient access to education and health care, which often impacts the physical, emotional, and cognitive development of refugee children. Assessment tools available in refugee camps and urban settings may be completed months or years before the child travels to the United States. The result is often that children enter the URM program presenting with issues different from those that were reported in the referral, such as age or mental and physical health. Therefore, URM programs implement a variety of assessment tools to obtain the most up-to-date information about a child’s mental, physical, and emotional state upon his or her arrival.

Depending on the organization of the camp or urban setting, refugee children may take on adult responsibilities, such as collecting food rations and providing supervision and care to younger children. Refugee children may become the “head of household” for long periods of their childhood

continued on pg. 8

Meeting the Unique Needs of Unaccompanied Refugee and Migrating Children in Specialized Foster Care in the United States | continued from pg. 7

if they have been separated from, or have lost, adult caregivers during their exodus. Due to the lack of adult supervision and role models for an extended period, URM programs help older refugee children learn how to navigate the process of reclaiming their childhood and how to rely on, and trust, the foster parents to discipline them and provide them love, support, and care.

URM programs also work with foster parents to help refugee children adjust to daily Western family routines, such as sleeping in their own beds and pursuing activities of interest alone, and to the availability of basic necessities. Most refugee children are used to rationing and making do with what is provided in the refugee camp. The possibility of so many options for food and clothing, for example, might be overwhelming to the child at first. Until refugee children begin to feel safe and comfortable in their new environment, they might appear passive and submissive about decisions regarding their individual service plan and home life. URM programs slowly expose children to the options that they have within their foster home and community. Acculturation groups and other activities help refugee children normalize their new environment. Through long-term service planning, URM programs help children take small steps toward achieving big goals. Many refugee children resettled in the United States have gone on to complete university degrees, start their own organizations, and become successful community leaders.

Teaching survivors of trafficking how to keep themselves safe is an integral component of preventing future revictimization or exploitation.

Victims of Human Trafficking

Most child victims of trafficking entering the URM program were exploited by someone they knew, such as a family member or boyfriend. Because these children were deceived by someone they thought they could trust, it is important that foster families take time to build trust with child victims of trafficking. Child trafficking victims often experience shame related to the activities they performed while trafficked, and some even identify with their traffickers, especially if the trafficker recruited them in the context of a romantic relationship,

and are angry about being rescued. They may form unrealistic expectations and unhealthy boundaries with their foster parents or case managers as a result of their trauma, and URM programs and foster parents address this by clarifying and managing expectations and boundaries and modeling healthy relationships.

Teaching survivors of trafficking how to keep themselves safe is an integral component of preventing future revictimization or exploitation. URM programs develop safety plans with child victims of trafficking and ensure that safety planning is a collaborative and dynamic process, involving the child and all parties engaged in the caretaking of the child (i.e., the URM case manager, the foster parent(s), the therapist). The safety plan empowers the child to identify her or his strengths, be aware of red flags and risk factors, and create a plan for keeping herself or himself safe. URM program providers have found that if the child is not fully engaged in the process, the safety plan will not be effective and may even harm the relationship between the child and his or her case manager or foster parent. Both the case manager and foster parent assume responsibility for ensuring the safety of the child as well as helping the child feel safe.



Preventing re-exploitation is an important aspect of safety planning with this population. The URM program teaches child victims of trafficking about healthy relationships, appropriate work and education environments, and community safety, because they often have not had positive experiences in these settings previously. Victims may present with defiant and/or risky behavior, which is a common trauma response.

continued on pg. 9

High-risk behavior has a potential impact on the criminal investigation of the traffickers, the children's legal immigration cases, and their relationships with adults and peers. Trafficked children may also be preoccupied with paying back their smuggling debts, or they may be focused on earning money to send back to their family in the home country. Working with a trafficked child in these areas can be challenging for the case manager and foster parent, but it is imperative to ensure that the child remains physically and emotionally safe. Through counseling as well as support from the case manager and foster parent, a child victim of trafficking in the URM program will have the ability to maintain healthy relationships and seek safe and fair work settings.

Through counseling as well as support from the case manager and foster parent, a child victim of trafficking in the URM program will have the ability to maintain healthy relationships and seek safe and fair work settings.

Case planning with a child victim of trafficking in the URM program also involves exploring the connection with his or her biological family, including the possibility of reunification. URM staff must consider the implications of open communication or reunification with the family, especially if the child's relatives were complicit in the trafficking or do not have the child's best interest in mind. The URM case manager therefore assists the child with navigating complicated familial relationships, remains informed of dynamics, and manages the child's expectations about reunification.

Notes

1. In addition to case placement, USCCB/MRS assists its national URM network through technical assistance, training, program analysis, and capacity development.
2. Lutheran Immigration and Refugee Service (LIRS) is the other national agency placing foreign-born children with the URM program network.
3. Names and ages of children have been changed to protect their identity.



To learn more about the URM program and tips for working with foreign-born youth in foster care, download a free copy of "The United States Unaccompanied Refugee Minor Program: Guiding Principles and Promising Practices" at <http://www.usccb.org/about/children-and-migration/unaccompanied-refugee-minor-program/urm-program-ebook.cfm>.

Anne Mullooly, MSSW, is the Assistant Director, Foster Care, and Kristyn Peck, MSW, is the Associate Director, Children's Services, of Migration and Refugee Services at the United States Conference of Catholic Bishops in Washington, D.C.

References

- USA for UNHCR. (2013). About refugees. Retrieved from http://www.unrefugees.org/site/c.lflQKSOwFqG/b.4803645/k.8478/About_Refugees.htm
- U.S. Citizenship and Immigration Services (USCIS). (2013). Asylum. Retrieved from <http://www.uscis.gov/humanitarian/refugees-asylum/asylum>
- U.S. Citizenship and Immigration Services (USCIS). (2011). History of SIJ status. Retrieved from <http://www.uscis.gov/green-card/special-immigrant-juveniles/history-sij-status>
- Victims of Trafficking and Violence Protection Act of 2000, Section 103(8). Retrieved from <http://www.state.gov/j/tip/laws/61124.htm>



Culturally Responsive Assessment and Treatment for Latino Immigrant Families

—by Alan J. Dettlaff, PhD

As is evident in this issue of *FOCUS*, when immigrant children and families become involved in child welfare systems, they often present with unique and complex challenges. Due to an increasing awareness of the unique cultural and linguistic needs of immigrant families among service providers and researchers, a number of evidence-based practices have been developed or adapted so that they are culturally and linguistically responsive to specific immigrant populations. Although many of these adaptations have focused on the broader population of Latino and Spanish-speaking children and families, studies of their effectiveness have also included immigrants from Latin America. The emerging body of research that has tested the effectiveness of culturally adapted interventions with foreign-born populations has demonstrated positive outcomes in such areas as program retention, participant satisfaction, improvement in parenting behaviors, reductions in child behavior problems, and reductions in repeat child maltreatment. Although a growing number of interventions are currently being developed and adapted for immigrant families and their children, far more

work is needed to ensure responsiveness to the broad range of cultures, languages, and experiences represented among U.S. immigrants today.

The following selected evidence-based interventions have been culturally adapted to U.S.-born and immigrant Latino families and have been evaluated within child welfare settings.

Parent-Child Interaction Therapy (PCIT) (<http://www.pcit.org/>)

Parent-Child Interaction Therapy (PCIT) has demonstrated efficacy in reducing behavior problems in young children and reducing negative parent-child interactions. PCIT typically involves 12 to 14 sessions during which parents are taught skills to establish a nurturing and secure relationship with their child while increasing their child's pro-social behavior and decreasing negative behavior. PCIT is the most tested among parent training programs in terms of cultural adaptations for use with Latino and immigrant families. Culturally tailored versions have demonstrated comparable outcomes to standard PCIT and improved outcomes over standard conditions in reducing children's behavior problems and par-

enting stress. Culturally tailored versions have also reported positive outcomes in satisfaction and retention. Within child welfare settings, PCIT has demonstrated significant reductions in repeat maltreatment.

SafeCare (<http://safecare.publichealth.gsu.edu/>)

SafeCare is an evidence-based, behavioral parent training program that targets risk factors for child physical abuse and neglect. The program involves an 18–20-week in-home intervention designed to improve parent communication and problem solving, improve parent-child and parent-infant bonding, and enhance home safety and health care skills, with the ultimate goal of preventing child abuse and neglect. SafeCare has demonstrated efficacy in preventing first incidence of maltreatment and in reducing repeat maltreatment. A culturally adapted version is currently being implemented in San Diego County, California. Preliminary research has examined client perceptions of adherence, working alliance, and satisfaction, and findings show that perceptions of service delivery are consistent for Latino and non-Latino

continued on pg. 11

Culturally Responsive Assessment and Treatment for Latino Immigrant Families | continued from pg. 10

clients, suggesting that adaptations made to engage immigrant Latino clients can be done without compromising adherence to the model. Provider-client ethnic match and service receipt in Spanish were associated with more positive perceptions of adherence and satisfaction among Latino clients.

Familias Unidas (<http://publichealth.med.miami.edu/graduate/research/research-centers/familias-unidas>)

Familias Unidas is a Latino-specific, parent-centered preventive intervention designed to foster parental investment, reduce adolescent behavior problems, and promote adolescent school bonding / academic achievement and protective factors against drug abuse and delinquency. Outcomes have demonstrated effectiveness in increasing parental investment (encouragement, validation, support, involvement) and decreasing adolescent behavior problems. However, no impact on school bonding / academic achievement has been reported.

Parent Management Training (PMT) (<http://www.parentmanagementtraininginstitute.com/>)

Parent Management Training (PMT) involves didactic instruction, modeling, role-playing, and home practice to teach parenting skills in encouragement, monitoring, discipline, and problem solving. PMT is considered one of the most efficacious outpatient treatments for addressing childhood behavior problems. An adaptation for Latino and immigrant families (Nuestras Familias) has demonstrated benefits in both parenting outcomes (general parenting, skill encouragement, overall effective parenting) and youth outcomes (aggression, externalizing, likelihood of smoking and use of alcohol, marijuana, and other drugs).

Los Niños Bien Educados (LNBE) (<http://www.ciccparenting.org/LosNinosBienEdDesc.aspx>)

Los Niños Bien Educados (LNBE) is a culturally adapted, parenting skill-building program designed expressly for Latino parents. It is designed both as a 12-session program to be used with small groups of parents and as a one-day seminar for larger groups. LNBE was developed from research with Latino parents to determine which parenting issues are most important and most specific to this cultural group. Coverage of child abuse and proper parenting is included. Outcomes have demonstrated effectiveness in improving parents' knowledge and awareness of parenting skills, and parent self-reports have indicated satisfaction with training content. However, the program has not been tested on children's behavioral outcomes.

Triple P—Positive Parenting Program (<http://www.triplep.net/glo-en/home/>)

Triple P is a preventively oriented parenting and family support strategy that has multiple levels of intervention of varying degrees of intensity. All levels aim to prevent behavioral, developmental, and emotional problems in children. The program promotes (1) enhancement of skills, knowledge, confidence, and resourcefulness of parents; (2) more nurturing, safe, engaging, and nonviolent environments for children; and (3) children's social, emotional, linguistic, intellectual, and behavioral competencies. Results have demonstrated positive changes in parenting skills, child problem behavior, and parental well-being in the small to moderate range. Within child welfare settings, Triple P has demonstrated positive outcomes in reducing substantiated maltreatment,

continued on pg. 12



Although a growing number of interventions are currently being developed and adapted for immigrant families and their children, far more work is needed to ensure responsiveness to the broad range of cultures, languages, and experiences represented among U.S. immigrants today.

Culturally Responsive Assessment and Treatment for Latino Immigrant Families | continued from pg. 11

out-of-home placements, and child maltreatment injuries. Although there have been no published or tested models including cultural adaptations, literature is available that provides recommendations on how to adapt the model to meet the needs of diverse populations without compromising fidelity.

For more information on culturally competent assessment and culturally adapted interventions for Latino populations in the United States, including immigrants, see the Latino Practice Advisory Committee (LPAC) website resources on practice. The LPAC is a collaboration of the California Department of Social Services and the County Welfare Directors Association of California.

Alan J. Dettlaff, PhD, is Associate Professor, Jane Addams College of Social Work, University of Illinois, Chicago, and Cochair of the Migration and Child Welfare National Network (MCWNN; www.mcwnn.uic.edu).



Resources

Bridging Refugee Youth and Children's Services. (2010). Supporting refugee families: Adapting family strengthening programs that build on assets. Washington, DC: Author. Retrieved from http://www.brycs.org/documents/upload/brycs_spotfall2010.pdf

Dettlaff, A. J. (2008). Immigrant Latino children and families in child welfare: A framework for conducting a cultural assessment. *Journal of Public Child Welfare*, 2(4), 451–470. Retrieved from http://cssr.berkeley.edu/cwscmsreports/LatinoPracticeAdvisory/Immigrant%20Latino%20Children%20and%20Families%20in%20Child%20Welfare_A%20Framework%20for%20Conducting%20a%20Cultural%20Assessment.pdf

Fawley-King, K. (2010). A review of family-based mental health treatments that may be suitable for children in immigrant families involved in the child welfare system. *Journal of Public Child Welfare*, 4(3), 287–305. Retrieved from <http://cssr.berkeley.edu/cwscmsreports/LatinoPracticeAdvisory/A%20Review%20of%20Family-Based%20Mental%20Health%20Treatments%20That%20May%20Be%20Suitable%20for%20Children%20in%20Immigrant%20Families%20Involved%20in%20the%20Child%20Welfare%20System.pdf>

Gewirtz, A., Mohammad, J., Orieny, P., & Yaylaci, F. (2011). Adapting trauma interventions for refugee families. *The Dialogue*, 7(2). Retrieved from http://archive.samhsa.gov/dtac/dialogue/Dialogue_Vol7_Issue2.pdf

Migration and Child Welfare National Network. (2010). A social worker's tool kit for working with immigrant families. Healing the damage: Trauma and immigrant families in the child welfare system. Chicago, IL: Author. Retrieved from http://cssr.berkeley.edu/cwscmsreports/LatinoPracticeAdvisory/Social%20Workers%20Toolkit_Healing%20the%20Damage.pdf

National Child Traumatic Stress Network, Refugee Trauma Taskforce. (2005). Mental health interventions for refugee children in resettlement: White Paper II. Washington, DC: National Child Traumatic Stress Network. Retrieved from http://www.nctsnet.org/sites/default/files/assets/pdfs/MH_Interventions_for_Refugee_Children.pdf

Supporting Transnational Family Reunification and Kinship Care: Perspectives from Across the Border

—by Victoria Kline, MSW

Over the past decade, an unprecedented number of immigrant parents have been separated from their children as a result of the expansion of immigration enforcement in the United States.

Three key events—the 1996 Illegal Immigration Reform and Immigrant Responsibility Act, which expedited removals; the post-9/11 surge in funding for enforcement; and the increased use of technology (such as integrated databases and biometric data)—resulted in the record removal of nearly 400,000 undocumented immigrants in 2011 (Rosenblum & Meissner, 2014). Although these policy changes were made in response to understandable concerns among many in the United States regarding the need to protect U.S. borders, an unanticipated consequence has been the often sudden and traumatic separation of families, with many children entering the public child welfare system as a result. Moreover, once parents are placed in detention or are removed by U.S. Immigration and Customs Enforcement (ICE), the lack of coordination between child welfare and

immigration systems, and the complexities of a transnational child welfare process, can often prolong children's separation from parents and prevent reunification altogether.

It has been estimated that at least 5,100 children in the foster care system have a parent who has been detained or deported (Wessler, 2011). However, in 2012 alone, the U.S. government deported one or both parents of over 152,000 U.S.-citizen children, and it is therefore possible that far more of these children are ending up in foster care (Kline, 2013).

Children with parents who are detained or deported tend to enter the child welfare system in one of three ways: (1) when parents are not allowed to arrange for child care at the time of apprehension; (2) when the family becomes engaged with law enforcement, ICE, and CPS at the same time;

and (3) when parents are already involved with the child welfare system and the reunification process is interrupted by their detention or deportation (Satinsky et al., 2013). Although there have been attempts at the federal and state levels to lessen the impact of immigration enforcement on families, the complexity of policies and transnational processes means that many families remain at risk.

Because the federal Adoption and Safe Families Act (ASFA) and most state laws require that parents follow a specific time frame in order to reunify with their children, the inability of a parent to communicate with his or her social worker or to follow the case plan due to detention or deportation can result in a child welfare agency's terminating parental rights without taking the parent's situation into consideration.

continued on pg. 14



Supporting Transnational Family Reunification and Kinship Care: Perspectives from Across the Border | continued from pg. 13



Despite these challenges, there is a great deal that child welfare professionals can do to help children who are in foster care due to the detention or deportation of parents.

Examples and Recommendations from Across the Border: The Case of Mexico

In 2012, nearly a quarter of a million Mexicans were removed from the United States (DHS, 2013b). These deportations can have staggering effects on families: from 2010 to March 2014, the Mexican Foreign Ministry received 9,780 requests for consular assistance with cases involving child custody (Mendoza, 2014).

What do these cases look like?

Case #1: Luisa lived in the United States as an undocumented immigrant in a border state for 10 years. She is a single mother of two children, both U.S. citizens. She developed a relationship with a U.S.-citizen man, who had become abusive over time. One day, the situation escalated, and Luisa called the police; when the police arrived, they contacted child welfare authorities, and the children were taken into custody. The police also contacted the local immigration authorities, who arrested Luisa. She was placed in immigration detention, and the children remained in foster care. While in detention, Luisa lost contact with the social worker and was not given an opportunity to attend her family court hearings. When she was deported to Mexico, she did not know how to contact CPS, reestablish contact with her children, and determine the status of her case. Luisa returned to her community of origin and began seeking help to reunify with her children. In the United States, the social worker for the children did not know how to find the mother and assumed that she was not interested in pursuing reunification due to her lack of contact. Unfortunately, in this case, parental rights were terminated, the children were adopted, and the mother lost contact with her children.

Case #2: Maria was deported, leaving two children in CPS custody in North Carolina; prior to Maria's deportation, the family had already been involved with CPS, and Maria was working on her reunification plan to recover custody of her children. While she was detained, she did not have access to the services required to continue working on her plan, and she could not make telephone calls. Her caseworker was changed while Maria was detained, and she did not have the contact information for the new worker. Upon her removal from the United States, she found a migrant assistance center and explained her situation to the migrant advocate. She was concerned that too much time had passed and that her children would be adopted. The advocate contacted the Mexican consulate closest to the children and asked for assistance in contacting the CPS worker. The consulate was able to determine the identity and contact information for the caseworker, as well as the current status of the case, and the mother was able to get in touch with her children and their worker. The consulate then helped facilitate communication between CPS and DIF (Desarrollo Integral de la Familia / National System for Integral Family Development) in order to explain the reunification plan requirements. Maria began working with DIF to complete the case plan. Maria was able to make telephonic appearances in court and eventually regained custody of the children, who moved to Mexico to be with Maria.

The situations of Luisa and Maria resulted from limited information on the part of all parties involved when child welfare and immigration systems collide. The detention and deportation of immigrant parents does not preclude their full participation in the U.S. child welfare process. In addition, many children have other relatives outside the United States who could be considered for kinship placement. With more information and resources regarding working with transnational families, child welfare professionals can improve the likelihood of family reunification or kinship care for children of immigrants. Together, we can seek solutions that promote positive outcomes for children who lose their parents to immigration enforcement.

continued on pg. 15

Supporting Transnational Family Reunification and Kinship Care:

Perspectives from Across the Border | continued from pg. 14

Recommendations for child welfare workers regarding working with parents at risk of deportation:

- If you lose contact with an immigrant parent, consider the possibility that he or she may be in detention, and work to ensure that the parent has access to child welfare proceedings. One resource is the ICE Online Detainee Locator (www.ice.gov/locator).
- If the parent is detained, contact your local ICE field office to request assistance with implementing the Parental Interests Directive (DHS, 2013a). See the Migration and Child Welfare National Network's list of regional ICE contacts (<http://research.jacsw.uic.edu/icwnn/parental-interest-directive>).
- If a parent could potentially face deportation, ensure that your files contain complete information should you need to locate him or her outside the United States: the parent's complete name (first, middle, and both last names, spelled correctly); date of birth; and town, city, and state of origin. If a parent can provide contact information for additional family members in his or her community of origin, keep it on file. This information is vital to being able to locate a family member in Mexico.
- Ensure that immigrant parents have the information they need to prepare for care of their children in case of deportation. One resource is "What If I'm Picked Up by I.C.E. in Arizona? Making a Family Plan" (<http://research.jacsw.uic.edu/icwnn/files/2014/04/English-Manual-for-web.pdf>).

Recommendations for child welfare workers regarding working with parents who have been deported:

- Contact the local Mexican consulate to request assistance locating the parent. It is essential to provide the most complete information in order for the consulate to be able to help.
- Become familiar with the Mexican child welfare agency in the parent's community, as well as migrant shelters and assistance centers, all of which can support the parent through child welfare proceedings. Your ability to recognize players and help facilitate communication with the parent in Mexico will be crucial. Your ability to communicate requirements to the agencies in Mexico responsible for serving the parents will be essential to that parent's ability to complete a reunification plan.
- Be creative and flexible! Recognize that a parent's deportation does not automatically mean that the parent—and the extended family—is not able to provide for a child's needs. With persistence and a willingness to explore alternatives and possibilities, you can seek solutions that provide the greatest opportunities for positive outcomes for children and families.

Victoria Kline, MSW, is the coordinator of the Transnational Family Support Project at the Institute for Women in Migration (Instituto para las Mujeres en la Migración, IMUMI), a nonprofit organization based in Mexico City, Mexico.

References

- Kline, V. (2013). *Where do we go from here? Challenges facing transnational migrant families between the US and Mexico*. Mexico City, Mexico: Instituto para las Mujeres en la Migración, AC (IMUMI). Retrieved from http://www.uf.imumi.org/recursos/where_challenges.pdf
- Mendoza, G. (2014, April). "Padres deportados pelean desde México por sus hijos." *La Opinión*. Retrieved from <http://www.laopinion.com/noticias-inmigracion/padres-deportados-pelean-desde-Mexico-hijos>
- Rosenblum, M., and Meissner, D. (2014). *The deportation dilemma: Reconciling tough and humane enforcement*. Washington, DC: Migration and Policy Institute. Retrieved from <http://www.migrationpolicy.org/research/deportation-dilemma-reconciling-tough-humane-enforcement>
- Satinsky, S., Hu, A., Heller, J., & Farhang, L. (2013, June). *Family unity, family health: How family-focused immigration reform will mean better health for children and families*. Oakland, CA: Human Impact Partners. Retrieved from <http://www.familyunityfamily-health.org/>
- U.S. Department of Homeland Security (DHS). (2013a, August). *ICE parental interests directive*. Washington, DC: Department of Homeland Security. Retrieved from http://www.ice.gov/doclib/detention-reform/pdf/parental_interest_directive_signed.pdf
- U.S. Department of Homeland Security (DHS). (2013b). *2012 yearbook of immigration statistics*. Washington, DC: Office of Immigration Statistics, Department of Homeland Security. Retrieved from www.dhs.gov/yearbook-immigration-statistics
- Wessler, S. (2011). *Shattered families: The perilous intersection of immigration enforcement and the child welfare system*. New York, NY: Applied Research Center/Race Forward: The Center for Racial Justice Innovation. Retrieved from <https://www.raceforward.org/research/reports/shattered-families?arc=1>



Challenges and Solutions

to Family Reunification Efforts with Undocumented or Foreign-Born Youth

—by Kerri Socha, LGSW

Introduction

This article will focus on foreign-born youth who enter the foster care system in the United States. There are many reasons and many ways in which a youth can enter foster care in your state, but regardless of the reason for entry or the legal status of the minor, many of the challenges to reunification are the same.

In recent years there has been an increase in the number of minors entering the United States “unaccompanied” as they flee personal and community violence in need of protection. These unaccompanied youth, who are eligible for legal relief¹, have the ability to enter the Unaccompanied Refugee Minors (URM) program², a specialized foster care program for foreign-born youth that allows attention to cultural orientation as well as child welfare best practices. These programs are supported by the U.S. Department of Health and Human Services’ Office of Refugee Resettlement and the State Refugee Coordinator, and they are within the resettlement networks of Lutheran Immigration and Refugee Service (LIRS) and the United States Conference of Catholic Bishops (USCCB).

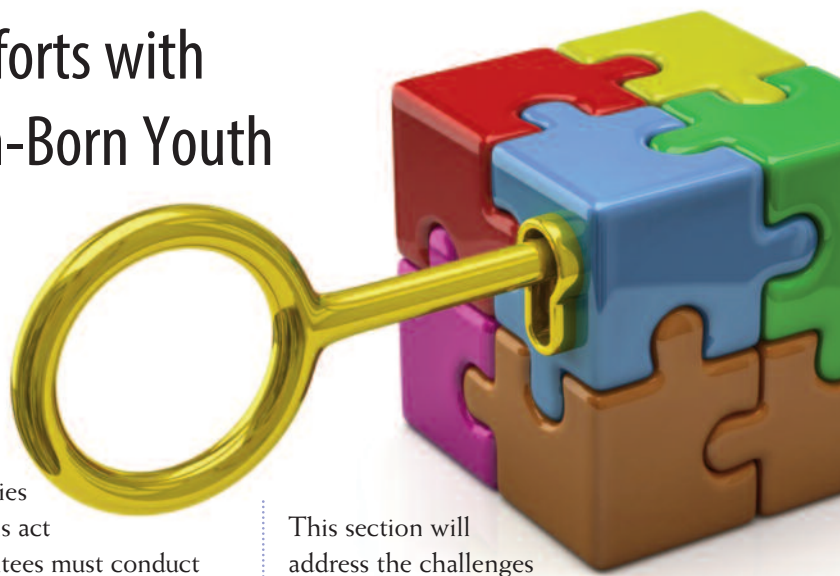
Family Finding Requirements of the Fostering Connections Act of 2008

The Fostering Connections to Success and Increasing Adoptions Act of 2008 mandated family finding for all youth in the foster care system. However, the specifics of how to do family finding with foreign-born youth are unknown to many, and therefore it is hard to determine reasonable efforts. Additionally,

the lack of state enforcement creates challenges for caseworkers who are tasked with finding families for the youth. This act states that all grantees must conduct “intensive family-finding efforts that utilize search technology to find biological family members for children in the child welfare system, and once identified, work to reestablish relationships and explore ways to find a permanent family placement for the children” (Fostering Connections to Success and Increasing Adoptions Act of 2008, Section 427). Additionally, it mentions that “the State shall exercise due diligence to identify and provide notice to all adult grandparents and other adult relatives of the child (including any other adult relatives suggested by the parents), subject to exceptions due to family or domestic violence” (Fostering Connections to Success and Increasing Adoptions Act of 2008, Section 103).

Challenges to Family Reunification

Foreign-born youth should be treated slightly differently than U.S.-born children when exploring family reunification options. URM program case managers have been trained to be knowledgeable in this area, but there are still challenges.



This section will address the challenges faced by both foster care systems.

A simple but very basic challenge to family reunification is the language barrier. Many people, both in the United States and elsewhere, do not speak English as their first language or at all. Court documents and court hearings are complicated for the average American, and so language facility should be treated with care. It is advised that caseworkers adequately prepare the family for what they will see, and practice as needed. However, interpretation

The most common barrier to family reunification for foreign-born youth who have newly arrived in the United States is the fact that their family does not live here.

should be provided by the court if the family, or the youth himself, is not fluent in English.

Caseworkers should contact the court early to learn the process and arrange for an interpreter. Documents should also be translated into the native language.

Another basic difference is presented by cultural norms, such as dress, speech, timeliness, and personal greetings. Caseworkers should be culturally sensitive and should familiarize families with the customs of the United States in these circumstances.

continued on pg. 17

Challenges and Solutions to Family Reunification Efforts with Undocumented or Foreign-Born Youth | continued from pg. 16

The most common barrier to family reunification for foreign-born youth who have newly arrived in the United States is the fact that their family does not live here. Child welfare best practices indicate that youth do better with family, and whenever possible, they should live together; reunification with the family should be considered. A great deal of information can be gathered from phone conversations with family members about their current situation and their ability to care for the child. Additionally, there are child welfare institutions in many countries that are willing and able to conduct home visits to assess the potential caregiver's ability to care for the youth. When asking for assistance, initial contact may be made with governmental child welfare agencies in the youth's home country or with that country's consulate here in the United States. Many nonprofit organizations in foreign countries and agencies such as International Social Service (ISS)—USA Branch can assist case managers by facilitating this process.

If a family member in another country is found to be a fit caregiver, there are a few options depending on your state guidelines. If the family member is able to travel to the United States and take guardianship of the minor in court, that is ideal. Many courts will allow a caregiver to be present via telephone or multimedia in order to facilitate guardianship. In these situations, the caseworker usually accompanies the minor to the foreign country to facilitate the handoff and visit the home. In other cases, this process can be facilitated through the ICPC (Interstate Compact on the Placement of Children) and transferred to child welfare in the other country. In some

cases, the judge prefers to send the minor in the form of a kinship placement and maintain an open case in the local court. In these cases, it may be necessary for the caseworker to travel periodically to ensure the youth's safety in the home or arrange for a local child welfare worker to conduct those visits. Having someone conduct the visits locally is recommended because an American caseworker is not licensed in the foreign country or familiar with the local standards of living.

When exploring family reunification, the best interest of the child should be the primary consideration in all decisions regarding her or his long-term safety and permanency planning. The conditions of the country, such as poverty, war violence or civil unrest, are not sufficient reasons to keep the family apart. In these circumstances, the caseworker should evaluate the family bonds, the level of attachment to the biological family versus the current caretaker, the youth's age, case goals, and expected outcomes for the youth, and consider what is best in the long term for that youth. Much research states that positive family connections can help everyone to overcome challenges (Furman, Collins, & Swanson, 2003). Homes should always be evaluated for appropriateness based upon the local conditions, customs, and expectations. The only exception occurs when a country formally states that it does not have the authority to accept individuals back, and these cases should be looked at carefully.

When exploring family reunification, the best interest of the child should be the primary consideration in all decisions regarding her or his long-term safety and permanency planning.

At times, the youth will know that he or she has a relative in another country, but not know the exact address or phone number of the person. Sometimes this information can be gathered by asking other family members or conducting online searches, but at other times this lack of information can pose a challenge before the family reunification process even begins.

The American Red Cross offers a program called Restoring Family Links that can be an asset in these circumstances. The program will assist youth to locate family so that they can begin communication, and family reunification can later be considered (American Red Cross, 2014).

However, if biological family members are located in another country and they are not fit to resume caring for the child, there are still options. First of all, if a positive relationship is possible, the youth should be given communication access to the family. Additionally, it is advised to consider a cultural context to the word *family* rather than limiting the search to biological parents. This can include extended family as well as family friends, neighbors, mentors, and adults in the religious or school community. In many cultures, "it takes a village to raise a child," and the community would do anything possible to not have one of their own in a state-based system. These types of family members may be in the United States and able to follow the standard kinship or reunification efforts in your state, or they may be overseas and follow guidelines such as those discussed earlier.

continued on pg. 18

Legal status should never be a reason why families cannot be together.

Family members who are present in the United States but are undocumented may be resistant to engaging in the process for fear of deportation or harm to themselves. In these circumstances, it is important to build good rapport with the family members so that they trust you and your investigation. In accordance with state requirements, family visits should be encouraged to strengthen bonds. Once families gain trust, they can be educated about the U.S. child welfare system. Most families want to be together and will cooperate in the family reunification process once they understand your motivations and realize that the process will not impact their legal situation and that you are there to help. Legal status should never be a reason why families cannot be together.

Solutions to Family Reunification

Some solutions to family reunification as well as specific resources were mentioned earlier. The most important way to ensure that this work can be done and that families can be together is to have knowledgeable and culturally competent caseworkers and supervisors. As much as possible, hire workers with backgrounds similar to those of the children who are found in your local jurisdiction. For these types of international cases, caseworkers should be given more time and resources to evaluate the best interest of the child and consider all options.

Kerri Socha, LGSW, is the URM Placement Coordinator for Lutheran Immigration and Refugee Service's Unaccompanied Refugee Minor Program.

References

- American Red Cross. (2014). Restoring family links. Retrieved from <http://www.redcross.org/ny/new-york/services/restoring-family-links>
- Fostering Connections to Success and Increasing Adoptions Act, Pub. L. 110-351 (2008).
- Furman, R., Collins, K., & Swanson, J. (2003). Social work practice innovations: Helping clients understand, explore, and develop their friendships. *Advances in Social Work, 4*(2), 116–129.

Notes

1. Types of legal relief most often sought by foreign-born youth include Special Immigrant Juvenile Status, Asylum Status, Trafficking Eligibility, or U-Visa eligibility.
2. The Unaccompanied Refugee Minors (URM) program was built out of the U.S. refugee resettlement program given the desperate need for refugee youth to gain access to long-term protection and safety. Established through the resettlement network in the late 1970s, this unique program mirrored adult resettlement, with attention to cultural orientation and to child welfare best practices.

Resources on Migration and Child Welfare

California Department of Social Services' Latino Practice Advisory Committee (LPAC)

http://cssr.berkeley.edu/ucb_childwelfare/lpac/

The Latino Practice Advisory Committee (LPAC) responds to the growing proportion of Latinos in California communities and child welfare systems by improving the cultural relevance and effectiveness of services for this population. This site provides a central location for resources on Latino children and families and child welfare, including relevant research, policy, promising practices, and strategies for organizational improvement. All materials are available for free download. The LPAC is a collaboration of the California Department of Social Services and the County Welfare Directors Association of California.

Immigrant Legal Resource Center (ILRC) <http://www.ilrc.org/>

<http://www.ilrc.org/info-on-immigration-law/remedies-for-immigrant-children-and-youth>

The Immigrant Legal Resource Center (ILRC) is a national, nonprofit resource center focused on advancing immigrant legal rights through legal trainings, technical assistance, advocacy, and creating and disseminating resources for the field. The ILRC works with and educates immigrants, community organizations, and the legal sector, and has a webpage devoted to resources on legal remedies for immigrant children and youth.

The Institute for Women in Migration (Instituto para las Mujeres en la Migración, IMUMI) <http://www.imumi.org/>

IMUMI promotes the rights of women in migration within the Mexican context, whether they live in Mexico, in the United States, or are in transit through Mexican territory. IMUMI works with civil society organizations, academic institutions and government agencies to raise awareness about women in migration, and to improve policies and programs according to three broad principles: the right to non-violence, the right to identity, and the right to family unity.

continued on last page

Lutheran Immigration and Refugee Service (LIRS) <http://lirs.org>
People We Serve: Children <http://lirs.org/our-work/people-we-serve/children/>
LIRS serves and advocates for the best interests of refugees and immigrants. The Children's Services division focuses on providing a range of services to unaccompanied children—including refugees, undocumented children in federal custody, and victims of human trafficking—through its national network of licensed providers. LIRS promotes family unity and reunification when it is a viable, safe option, and works in partnership to advance the best interests of all separated and unaccompanied children, both nationally and globally.

Migration and Child Welfare National Network (MCWNN) www.mcwnn.uic.edu
The Migration and Child Welfare National Network (MCWNN) is a nonprofit peer membership organization that promotes the welfare of children of immigrants and their families. The MCWNN fosters cross-sector collaboration by linking and supporting professionals across the child welfare, immigration, and legal fields to improve outcomes for immigrants in the child welfare system. Based at the University of Illinois, Chicago, Jane Addams College of Social Work, the MCWNN builds the capacity of the U.S. child welfare system to respond to the unique needs of immigrant families and children through: (1) research, (2) resource development and dissemination, (3) training and technical assistance, and (4) cross-sector national leadership. The MCWNN offers free membership and on-line resources.

United States Conference of Catholic Bishops (USCCB) <http://www.usccb.org/>
Children and Migration: <http://www.usccb.org/about/children-and-migration/>
The United States Conference of Catholic Bishops' Migration and Refugee Services (MRS) serves as a global leader in the protection of unaccompanied children. MRS provides family reunification services to immigrant children in federal custody who have entered the U. S. alone and without immigration status. MRS is one of two national agencies that resettle unaccompanied refugee children for the U.S. government through a network of specialized community-based agencies, a program which now also serves unaccompanied immigrant children in federal custody and victims of human trafficking, and advocates nationally for their needs.

The Young Center <http://theyoungcenter.org/>
The Young Center for Immigrant Children's Rights promotes the best interests of immigrant children who arrive in the United States on their own. Young Center staff accompany these children through court proceedings and support their best interests with regard to their expressed wishes, based on the Convention on the Rights of the Child. The Young Center works to create a dedicated juvenile immigrant justice system that ensures the safety and well-being of every child.

FOCUS

Newsletter of the Foster Family-based Treatment Association

The Foster Family-based Treatment Association strengthens agencies that support families caring for vulnerable children.

FFTA CHARTER CLUB

FFTA Founders

Action Youth Care, Inc.
Ripley, WV

Alternative Family Services
Santa Rosa, CA

Beech Brook
Cleveland, OH

Boys Town
Boys Town, NE

CONCERN
Fleetwood, PA

EMQ/FamiliesFirst
Campbell, CA

Family Alternatives, Inc.
Minneapolis, MN

Lilliput Children's Services
Citrus Heights, CA

The MENTOR Network
Boston, MA

National Youth Advocate Program
Columbus, OH

PATH, Inc.
Fargo, ND

People Places, Inc.
Staunton, VA

Pressley Ridge
Pittsburgh, PA

Seneca Family of Agencies
San Leandro, CA

Specialized Alternatives for Families and Youth
Delphos, OH

Volunteers of America
New Orleans, LA

FFTA Patrons

Bluewater Family Support Services
Parkhill, Ontario

Get in FOCUS

FOCUS is a newsletter distributed to all Foster Family-based Treatment Association agency members. Agency membership ranges between \$520 and \$2,495 annually. Individual subscriptions to *FOCUS* are \$60 per year.

To join FFTA or subscribe to *FOCUS*, contact: FFTA Headquarters, 294 Union Street, Hackensack, NJ 07601, phone: (800) 414-FFTA, fax: (201) 489-6719, e-mail: ffta@ffta.org. Visit our Web site at www.ffta.org.

Appearance of advertising and listings in this publication does not indicate endorsement or support by the FFTA of the product or service.