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IMMIGRATION
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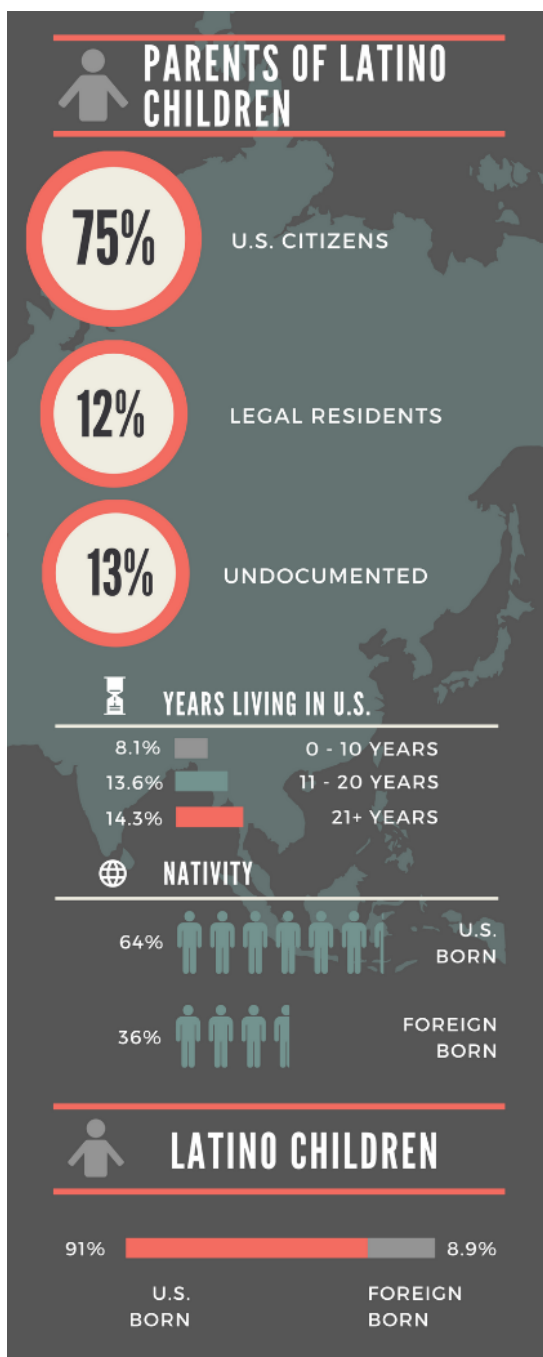
Immigrants at a Loss: The Need for Services that Promote Child Well-being Among Latino Families with Child Welfare Contact

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RESEARCH BRIEF

Introduction

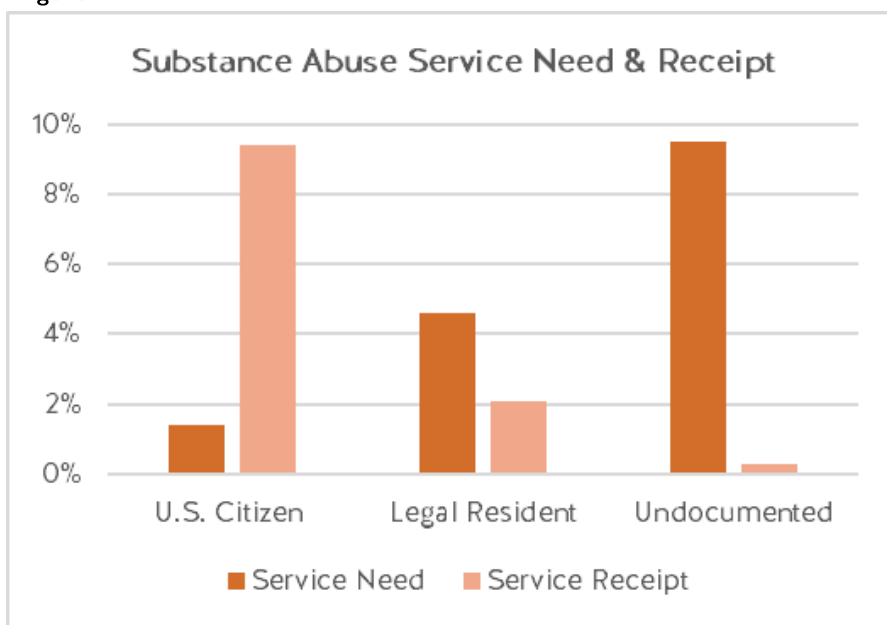
The role of Latino immigrants in the social, cultural, and economic fabric of the U.S. has become increasingly apparent and politically divisive in recent years. The future of immigration policy reform remains incredibly uncertain, putting immigrant families and children at risk of stress, trauma, and falling through the cracks. This research provides timely perspective for identifying the service needs of Latino immigrant families, particularly those who come into contact with the child welfare system. The intersection of experiences with the child welfare system, the immigration system, and issues like substance abuse, partner violence, and mental health problems creates a unique vulnerability within this population. The process of child welfare investigation offers an opportunity to identify child and family needs and connect them to critical services to ensure the well-being of children.



Methods

The data for this study was drawn from the National Survey of Child and Adolescent Well-Being-II (NSCAW II),¹ the second national longitudinal study of children and families involved in the child welfare system. The sample population consists of 5,872 children, 0 to 17.5 years old, who came to the attention of the child welfare system due to a maltreatment report. Children and families in the NSCAW II study were sampled from child abuse and neglect investigations completed between February 2008 and April 2009. The analytic sample consisted of 842 biological caregivers, 7% of the sample population, who identified as Latino, whose children remained in the home following the initial investigation of maltreatment. Face-to-face interviews were conducted with children, caregivers, and child welfare workers.

Figure 1



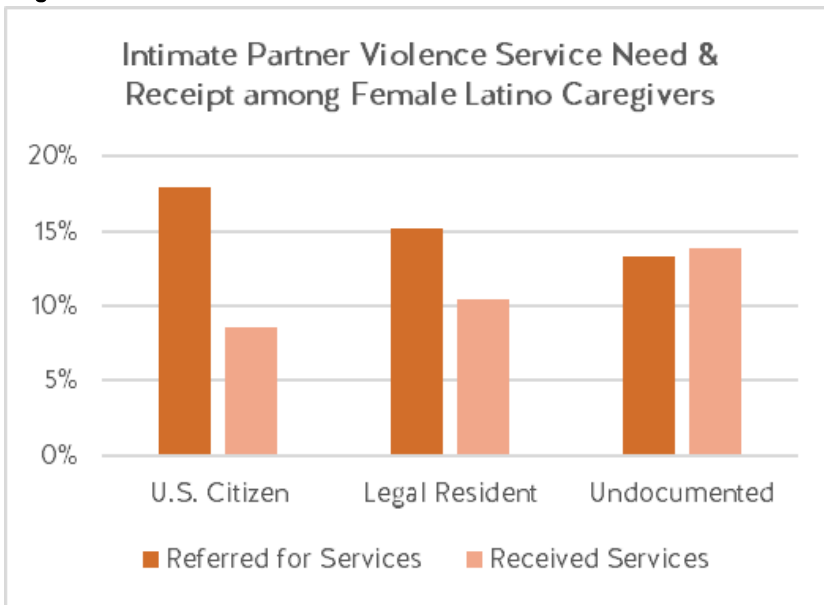
Major Findings

Parents of Latino Children

Contrary to the prevailing narrative, immigrant families involved in the child welfare system tend to experience statistically similar rates of problem behaviors as non-immigrants. For example, nearly 20% of parents reported a problem with drugs or alcohol and 33% of women reported physical violence within the last year.

Despite the apparent need, service use among caregivers was low, with just 6.7% of parents accessing substance abuse services and 9.4% of women accessing intimate partner abuse services. Furthermore, service receipt for substance abuse varied significantly among the U.S. born, foreign born, and undocumented, at 9.4%, 2.1%, and 0.3% respectively as indicated in Figure 1. The undocumented also demonstrated the highest self-identified need for substance abuse services at 9.5%.

Figure 2

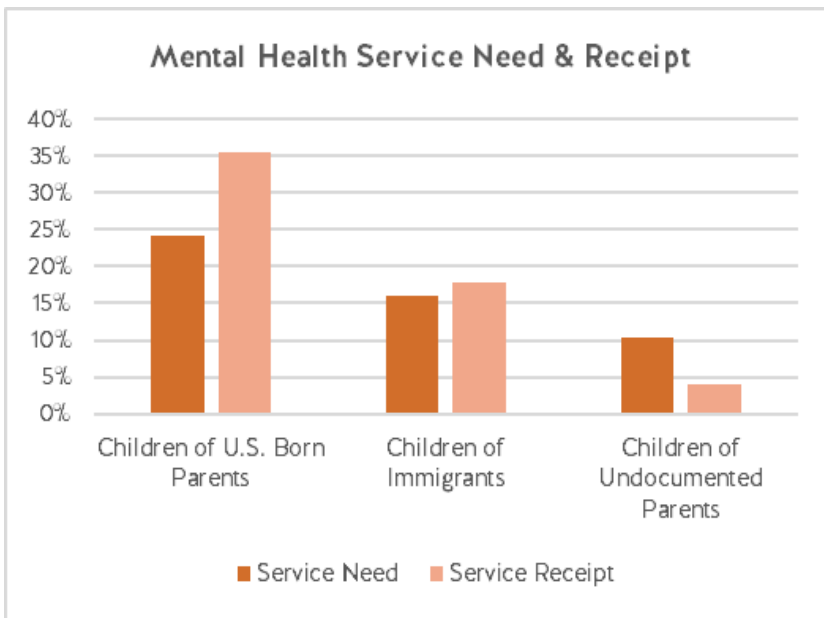


However, immigrant and non-immigrant caregivers did not differ in terms of service receipt for intimate partner violence. (Figure 2).

Latino Children

21.3% of Latino children demonstrated clinical range mental health problems compared to 16.1% of children of immigrants and 24.2% of U.S.-born children. Although 29.1% of all Latino children received mental health services, only 17.9% of children of immigrants and 4.1% of children of undocumented parents accessed these services, highlighting a substantial gap between clinical need and service receipt (see Figure 3).

Figure 3



Discussion

Perhaps the most striking finding was that parental nativity and legal immigration status significantly reduced the probability of receiving substance abuse and child mental health services, but not intimate partner violence services. Undocumented parents had 95% lower odds of receiving substance abuse services, and children with undocumented parents had 91% lower odds of the accessing child mental health services while service receipt for intimate partner violence was not significantly impacted by parental nativity or immigration status.

Altogether these findings indicate that children in immigrant families, particularly those with undocumented parents, who become involved in the child welfare system, inadequately access needed services due to linguistic and cultural barriers as well as issues of family privacy and fear of exposing immigration status. In fact, undocumented legal status may be the greatest barrier to immigrant family service receipt. Additional barriers to service receipt arise from the general lack of resources available in poorer communities where immigrant often reside and from ineffectiveness among the service providers and systems serving immigrant families. The lack of service receipt compounds the general stressors related to the immigrant experience, creating cause for considerable concern in terms of risk for increased recidivism to the child welfare system as well as long-term well-being issues.

Clearly, pathways to all services are not alike, as barriers to service use for immigrants were not observed in services for intimate partner violence. It is possible that the policies and sociopolitical context influencing eligibility for and receipt of specific services contribute to the central findings of this dissertation. Data from this study were collected prior to implementation of the Affordable Care Act (2010). At the time of this survey mental health services and substance abuse services were in short supply in many areas of the country, and were funded through insurance and state and federal grants, which often deem undocumented immigrants ineligible for services. However, the federal Violence Against Women Act (2000) explicitly provides protections for immigrant women who have been victims of interpersonal violence.² As such, outreach and available services may be more often targeted specifically for immigrant women, making them feel more comfortable accessing assistance for this issue and offering them a safe-haven and an incentive to seek out services.



Limitations

Limitations of this study include the exclusion of nativity and immigration status of secondary caregivers in analyses, which may be important in identifying differential maltreatment risks that mixed-status families carry.³ Service needs were not analyzed by Latino ethnic subgroup, which may point to additional nuances in needs than comparing Latino groups by immigration status. A few potential arise from reports from caseworkers, who were limited in their contact with families to 30-day investigations. More generally, there is often a significant gap in caseworkers' ability to speak Spanish. Caseworker bias that may be observed in decision-making patterns could also result in connecting fewer immigrant families to services.

Additional research is warranted to explore the capacity of child welfare agencies and other service providers to serve Latino families in a culturally and linguistically sensitive manner. Analyses of the impact of state and local policies and funding streams on service receipt within this population is also needed. Additionally, this research did not specify the dose, frequency, duration or quality of services received, nor did it explore issues of attrition or the association of service receipt to child and family outcomes.

Implications and Recommendations

The results of this study highlight the importance of advancing child welfare services and the broader service array to protect all children in the U.S. and prevent entry into foster care. However, the primary aims of child welfare policies often conflict with other social welfare policies in the way that immigrants are excluded from eligibility for many services. Without comprehensive immigration reform, piecemealed solutions to improve access to services for immigrant families involved with the child welfare system may be necessary. Alternatively, state and county child welfare agencies may be best suited to address this gap at the local level, as they did in California.⁴

Involvement with the child welfare system presents an opportunity to connect families with essential health and social services. However, there is a need to better integrate child welfare services with other social services. For example, in areas where there are not official regulations about serving immigrant families, there is an opportunity to implement institutional policies on the how child welfare system can serve immigrant families. Local and community-based efforts should be made to identify the best solutions for connecting immigrant families to services, especially when they are excluded from government-funded services. Some approaches may include surveying and collaborating with clinics and other non-profit agencies serving immigrants. There are several national and state resources that provide expert consultation, information and practice toolkits/guidelines that address the unique needs of immigrant children and families (<http://firstfocus.org/blog/new-acf-guidance-to-help-improve-outcomes-for-children-in-immigrant-families/>; http://cssr.berkeley.edu/ucb_childwelfare/lpac/).

Organizations and systems serving children and families may also consider coordinating and integrating services to improve engagement with immigrants. Cultural mediator⁵ and mentoring models offer promising strategies that utilize lay community members, paraprofessionals, or other parent mentors, to provide education and outreach to Latino families in ways that are adaptable to assisting immigrants navigate the child welfare system.⁶ Additionally, new evidence demonstrates that Latina immigrants may prefer accessing treatment for mental health issues in primary care settings that are already familiar to them and that do not pose confidentiality concerns.⁷ Community initiatives to reduce and prevent maltreatment might include community centers that offer vulnerable immigrant parents a variety of relevant services via the one-stop-shop model.

Service organizations should incorporate Latino cultural values into the orientation, educational, and training aspects of their agencies while also making an effort to recruit, train, and hire caseworkers who speak clients' languages and have an understanding of the immigrant experience in the U.S. Child welfare workforce training could improve through attention to increasing knowledge of immigrant resources, reducing personal bias, and developing cultural sensitivity and an awareness of immigrant needs, behaviors, cultural norms, and fears.

In the absence of comprehensive immigration reform that provides a path to citizenship and eliminates immigrants' fears of consequences of exposure to government authorities, a piecemealed solution could include access to service benefits covered under other large social welfare policies for immigrants who become involved with the child welfare system. However, a more realistic direction, such as the one undertaken in,⁴ might be for state and county child welfare agencies to take on this challenge at the local level in jurisdictions where there is need.



Conclusion

The purpose of this study was to provide a broad base of the empirical work that highlights the service needs and deficits of immigrant families involved with the child welfare system and identify important areas for future research. Further studies about children in immigrant families will benefit from qualitative analysis of the impacts of cultural and political contexts on addressing family issues. Future work might also

bring more light to the organizational, systematic, and policy issues that impact immigrant experiences within the child welfare system. A greater focus should be placed on understanding and practice toolkits/guidelines that address the unique needs of immigrant children and families the immigration experience, culture, and language in order to improve the child welfare service system.

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