



# Strengthening Services for Unaccompanied Children in U.S. Communities

Mark Greenberg  
Kylie Grow  
Stephanie Heredia  
Kira Monin  
Essey Workie

HUMAN SERVICES INITIATIVE

# **Strengthening Services for Unaccompanied Children in U.S. Communities**

Mark Greenberg

Kylie Grow

Stephanie Heredia

Kira Monin

Essey Workie

**Migration Policy Institute**

June 2021

# Contents

---

<b>Executive Summary</b> .....	1
<b>1 Introduction</b> .....	6
<b>2 Unaccompanied Children, the Shelter System, and the Release Process</b> .....	7
<b>3 ORR Responsibilities after Children Are Released into U.S. Communities</b> .....	9
A. 30-Day Safety and Well-Being Call .....	10
B. ORR National Call Center Help Line .....	10
C. Legal Services .....	11
D. Post-Release Services .....	11
<b>4 Understanding the Service Needs of Unaccompanied Children</b> .....	12
A. Legal .....	13
B. Physical Health .....	14
C. Mental Health .....	15
D. Education .....	16
E. Family Integration and Housing .....	18
F. Gangs and Violence .....	18
<b>5 Key Findings from Stakeholder Interviews</b> .....	19
<b>6 Recommendations</b> .....	40
<b>Appendix</b> .....	45
<b>About the Authors</b> .....	47
<b>Acknowledgments</b> .....	48

## Executive Summary

In the spring of 2021, there have been record-setting numbers of unaccompanied children arriving at the southwest border. While much of the public focus has been on why children are making the journey and the conditions when children are in federal custody, there is a crucial set of issues around what happens once children are released from federal custody to parents or other sponsors in communities across the United States. The system of post-release services is deficient in important ways. After children are released to parents or other sponsors and are awaiting immigration proceedings, all children and sponsors have access to a hotline for referral services. In most years, only a minority of children receive case management, legal services, or both, and most children receive no federal follow-up services other than a call 30 days after their release to check on their safety and well-being.

There is a large gap between the current system of post-release services and the often-significant service needs of unaccompanied children and their parents or other sponsors. Frequently, children have experienced trauma in their country of origin, on the journey, or both. A parent and child reuniting may not have seen each other in many years, and integrating into the new home and community can be stressful. Financial pressures within the home, which for many have been exacerbated by the COVID-19 pandemic; the challenges of adjusting to U.S. schools; and uncertainty around U.S. immigration proceedings can add further stresses. While there have long been calls to improve post-release services, the need for such improvements is particularly urgent at a time when the federal government is seeking to expedite the release of children from federal custody. Ensuring these children and families have access to appropriate services can help them, their schools, and the communities in which they live.

---

*While there have long been calls to improve post-release services, the need for such improvements is particularly urgent at a time when the federal government is seeking to expedite the release of children from federal custody.*

In 2020, Migration Policy Institute (MPI) researchers interviewed 31 service providers and co-organized roundtable discussions with the United Nations Children's Fund (UNICEF) in which service providers discussed the needs of arriving unaccompanied children, the nature of the services they provide, and their insights from service provision. This report describes the process of releasing arriving children to parents and other sponsors, the current structure of federal post-release services, and provides an overview of research findings about the needs of unaccompanied children. It then presents key findings from MPI interviews with service providers and recommendations for federal, state, and local actions to improve services for unaccompanied children and parents or their sponsors. A principal conclusion is that community services need to be strengthened; that the federal government should act to do so; and that state and local governments and philanthropy can also play an important role in strengthening services.

## A. Key Findings from Stakeholder Interviews

A number of themes were consistent in interviews with service providers and underscored in the roundtables MPI conducted with UNICEF. Key findings are:

**After children leave ORR custody, children and their sponsors often face economic stresses and challenges in their relationships. Service providers seek to respond to economic and emotional needs.** Assuming responsibility for an unaccompanied child creates new financial pressures in the home. One provider described how youth enrolled in high school were working at night to pay for their living expenses, legal fees, and to send money to their families in Central America. Some children were expected to attend high school while also supporting younger family members by providing financial, child-care, and academic support. Providers also explained that some children feel resentment towards their parents for migrating to the United States without them, while parents experience guilt for having decided to leave their child with another caregiver. Relationships with sponsors and new family members can be difficult and living arrangements may become unsustainable. Providers described instances of some unaccompanied teenagers living in local shelters or on the streets after being kicked out of their sponsor's home. Some community organizations offer programs to help prevent and resolve conflicts between the child and parent or other sponsor.

**Legal services are crucial for a child's case and for links to other services, but federally funded legal services are limited.** Although legal representation is important in all immigration proceedings, it is particularly crucial for children in light of their unique vulnerabilities. It can make the difference between remaining safe in the United States or returning to violence, abuse, or neglect in their home country. In addition to providing legal support, multiple legal service providers noted that they often connect children with services such as school enrollment, health care, mental-health services, food, and housing. A number of legal service providers have also sought to broaden unaccompanied children's access to legal

*Although legal representation is important in all immigration proceedings, it is particularly crucial for children in light of their unique vulnerabilities.*

representation by diversifying their funding sources and developing relationships with affordable legal service providers, local immigration legal organizations, and private law firms. But providers repeatedly highlighted the lack of sufficient funding to reach all unaccompanied children.

**Some schools and service providers have developed strategies to help unaccompanied children overcome barriers to enrolling and staying in school.** Standard school enrollment procedures may pose barriers to unaccompanied children and their sponsors. Many school districts require students to present a form of identification, proof of address, transcripts, and immunization records, and some unaccompanied children may be missing one or more of these pieces. In some instances, non-parent sponsors are asked to provide proof of guardianship, which they are unable to do if they have not established a legal guardianship. Multiple service providers emphasized the need for schools to have Spanish-speaking staff who have been trained to help unaccompanied children with enrollment. Several described the importance of having bilingual family liaisons, newcomer or family reunification groups, or a team of staff members



dedicated to helping children stay in school. Some also described the need to take a more flexible approach to scheduling for students who work at night.

**Schools play an important role as service hubs to link children to community resources.** Some public schools have agreements with local service providers to increase access to services for students. Providers may position bilingual and culturally responsive staff at schools to support newcomer and other children with behavioral health issues. Organizations may also have case managers collocated at schools. Some providers train school faculty and staff working with unaccompanied children on topics including immigration proceedings, family reunification, and trauma-informed practices. Schools may be a particularly valuable venue for services because they can be a nonthreatening environment. A number of service providers and school representatives urged expanding services in schools.

**Providers seek to address trauma and other mental-health challenges faced by unaccompanied children.** Service providers frequently discussed the severity and extent of trauma among unaccompanied children. One provider suggested that once a child feels safe, the impact of complex trauma begins to come out and intrahousehold conflict emerges. Trauma can lead to school nonattendance and uncompleted assignments due to depression or PTSD. In addition, legal service providers reported that trauma makes children hesitant to disclose needed information for their immigration case. Providers emphasized the importance of trauma-informed service provision, including examples of having assistants in the classroom to provide extra academic and emotional support. Multiple service providers also stressed the importance of providing linguistically and culturally responsive care.

**Providers strive to respond to health needs because many children and sponsors lack public health insurance.** Unaccompanied children often lack health insurance and lack access to primary care after release from ORR custody. Some children with jobs cannot access health insurance through their employer if they are not eligible for work permits. Some providers offer free-of-cost medical care, and in some cases free medical, dental, and vision services are available at school-based health centers. Several providers make use of navigators to help children and their sponsors learn about the complexities of the U.S. health-care system and help with enrolling where coverage is available. Health-care access and engagement with medical professionals can be a particularly important part of developing a child's claim for asylum.

**Service providers have sought to respond to pandemic-related needs, but resources for economic assistance are limited.** During the pandemic, unaccompanied children and their families have experienced food insecurity, severe economic stress from job losses, and disrupted schooling. While these challenges are shared by a broader population, these children and families face additional stresses because they are generally ineligible for public benefits. All of the service providers interviewed transitioned to offering remote services and support through various digital platforms and using video calls when possible, though remote services present significant privacy and confidentiality concerns. Common strategies to address food insecurity are to provide referrals to external food pantries or distribution centers, or to supply food, groceries, or gift cards via in-person distribution or delivery. Providers have also sought to broaden their services during the pandemic, including supports such as rental assistance, laptops and Wi-Fi hotspots, pre-paid phones, transportation assistance, ESOL classes and vocational training courses, minor medical expenses, and hotel reservations for clients experiencing homelessness.

**There is a need for improved coordination between shelters, ORR-funded post-release service providers, and other community providers.** Most of the non-ORR-funded service providers interviewed stated that they did not have contact with ORR post-release service providers or facility case managers. Providers described how the lack of coordination and communication impaired continuity of care and providers' abilities to appropriately structure services to respond to children's needs.

**Because federally funded case management is limited, some service providers have taken on their own case management efforts.** Several providers described developing a holistic approach to service delivery, including assisting children with school enrollment, health-care appointments, and language access for needed services. Several legal services providers described using an integrated social service-legal model, in which children may receive case management from social workers who work collaboratively with lawyers. Providers also described the value of after-school programs that ensure children have a physical space to feel a sense of belonging in addition to offering emotional support and referrals for human services.

**There are special challenges to supporting unaccompanied children in rural areas, where needed services are often unavailable.** Multiple service providers described a rural-urban divide in the availability of post-release services. Providers described how it is difficult for children living in rural areas to find and access legal, medical, and mental-health services, particularly services offered at a low cost and at close proximity to their homes. To help serve children and their families living in rural areas, some providers have expanded their services and others have used technology to connect children with legal services.

## *B. Recommendations*

Increased arrivals and more rapid releases of unaccompanied children make this an urgent time to improve post-release services. A number of the recommendations below have small or no costs. Significant expansions of legal services and post-release services would have costs, though it is not possible to estimate those costs based on available federal data. However, each of these initiatives would also result in significant potential savings and community benefits.

Recommendations for the U.S. Department of Health and Human Services (HHS) and the Office of Refugee Resettlement (ORR):

- 1 HHS should ensure the availability of legal representation for all children released from federal custody to parents and other sponsors through a combination of support for pro bono assistance and directly funded services.** Legal counsel is essential to ensure that children's claims for relief are properly considered. Apart from cost considerations, there is no apparent policy rationale for why access to legal services is not made available to all unaccompanied children referred to ORR.
- 2 ORR should extend case management to all children for the first 90 days after they are released from federal custody and identify circumstances in which it should be provided beyond that period.** Case management should be available without wait times for all children to assist them with school enrollment; connecting to legal services, health care, and mental-health and other community services; and to provide counseling in the initial period after release.

- 3 ORR should require case consultations between shelter staff and post-release service providers to strengthen continuity of care.** Doing so would ensure clear and timely communication between shelter and post-release service providers.
- 4 ORR should strengthen coordination between 30-day follow-up calls and post-release case management and ensure additional follow-up when children cannot be reached in 30-day calls.** ORR should ensure that information from the 30-day calls is effectively conveyed to post-release service providers, and cases in which a child is not reached with a call should be flagged to post-release service providers for heightened attention.
- 5 HHS should ensure that post-release services have no connection to immigration enforcement.** It is essential that children and sponsors receiving post-release services not fear that information they are providing will be used in connection with enforcement efforts.
- 6 ORR should organize listening sessions with ORR-funded post-release providers, non-ORR-funded providers, and released children and sponsors.** ORR should seek to hear about issues including needed services; the length of services; how to improve coordination between shelters, ORR-funded providers, and other community providers; and how to help ensure providers have continuously updated accurate lists of community resources.
- 7 ORR should develop and make public a set of metrics for ORR-funded post-release services.** After consultation with providers and stakeholders, ORR should develop and make such metrics publicly available, including regularly reporting the share of released children receiving post-release legal services.

Recommendations to state and local governments, philanthropies, and service providers:

- 8 States, localities, and philanthropy should identify service gaps and seek to provide funding to fill those gaps.** An initial step could be to reach out to providers, children, and sponsors for listening sessions to identify key unmet needs. In particular, additional support could make it possible for more providers to design and implement multidisciplinary models or adopt legal-medical or legal-social services models to provide holistic and comprehensive services.
- 9 State and local Offices of New Americans should seek to better understand and develop strategies for addressing needs of unaccompanied children.** Such offices should take steps to better understand the needs and service gaps for unaccompanied children and their sponsors, including issues related to school enrolment and the need for better linkages to community services.
- 10 States, localities, and philanthropy, in consultation with service providers, should develop teleservices and other strategies to make legal, medical, and mental-health services more accessible to unaccompanied children in areas where services are limited, especially rural areas.** ORR-funded services in rural areas are typically time limited and dependent on referrals to community service providers. Teleservices and other innovations could be used to strengthen the service infrastructure in rural and other underserved communities.



- 11 State and local education agencies should review barriers to school enrollment for unaccompanied children, determine where additional policy or guidance is needed to minimize those barriers, and develop ombudspersons or other points of contact for where problems arise in school enrollment.** Policies can be developed or clarified and dedicated points of contact can assist children and their families as they navigate these systems.

At a time of heightened attention to the needs and circumstances of unaccompanied children, it is important to broaden that attention to include the time after they are released from federal custody. Doing so can lead to better outcomes for arriving children and the communities in which they will live while awaiting immigration proceedings.

## 1 Introduction

Early 2021 saw a large increase in unaccompanied children arriving at the U.S. southern border, with arrivals in March and April reaching the highest monthly numbers on record. Much of the focus of public attention has been on why children are making the journey, how many are arriving, and how they are cared for when in federal custody, with shelter capacity under severe strain amid these heightened arrivals and the COVID-19 pandemic. While these questions are important, most of the children will likely be in federal custody for 30 to 60 days or less and then released to parents, relatives, or other adults in communities in every state.

After they are released, these children will then live with their parents or other sponsors while they are awaiting their immigration proceedings and, in many cases, are pursuing asylum claims or other claims for immigration relief. Historically, the federal government has funded a very limited set of post-release services, despite evidence of significant service needs for children and their families.

Among these needs are for services that address trauma children may have experienced in their country of origin, on the journey, or both; adjusting to life with parents or other family members they may not have seen in years; and navigating U.S. immigration proceedings, school enrollment, and available community resources. While there have long been calls to improve post-release services, the need for such improvements is particularly urgent at a time when the federal government is seeking to expedite the release of children from federal custody. Providing appropriate services to these children and families can help them, their schools, and the communities in which they live.

---

*Providing appropriate services to these children and families can help them, their schools, and the communities in which they live.*

Despite these needs, federal follow-up services are often minimal after children are released from federal custody. Children and sponsors receive a 30-day follow-up call and have access to a hotline that provides referral services. In most years, a minority of children receive case management, legal services, or both. Notwithstanding the limited federal support, some communities have responded to the needs of unaccompanied children through expanded physical and mental health care, school and after-school programming, legal services, and other supports.

In 2020, Migration Policy Institute (MPI) researchers interviewed 31 service providers. In addition, MPI and the United Nations Children’s Fund (UNICEF) organized two roundtable meetings in which service providers discussed the needs of arriving unaccompanied children and their insights and perspectives from providing services to these children. This report provides an overview of the process by which unaccompanied children are released to parents and other sponsors, current federal post-release services, and the existing literature about the needs of unaccompanied children. It then presents key findings from MPI’s interviews and the roundtables and offers recommendations for actions to strengthen and improve services for unaccompanied children and their parents or other sponsors. These recommendations build from the conclusions that there is a clear need to strengthen community services; that the federal government could play an important role in doing so; and that much can also be done to strengthen services by state and local governments and philanthropic commitments.

## 2 Unaccompanied Children, the Shelter System, and the Release Process

Unaccompanied children are children under age 18 who arrive in the United States without legal status and without a parent or guardian able to care for them.<sup>1</sup> Most unaccompanied children enter the United States at the southwest border. Federal law requires that children arriving from Mexico or Canada be screened for trafficking, fear of returning to their country of origin, and a determination of whether they can make an independent decision to withdraw their application for admission to the United States. In practice, these children are likely to be returned to their countries of origin.<sup>2</sup> For all other unaccompanied children, federal law requires that the receiving agency, typically Customs and Border Protection (CBP) in the U.S. Department of Homeland Security (DHS), refer the children to the U.S. Department of Health and Human Services (HHS) within 72 hours of determining they are unaccompanied.<sup>3</sup>

Within HHS, ORR assumes custody of unaccompanied children upon their referral and arranges to place them in an ORR-funded shelter or other facility. In fiscal year (FY) 2019, 93 percent of referred unaccompanied children were from El Salvador, Guatemala, or Honduras. Most (66 percent) were boys, and most (72 percent) were age 15 and older, though 16 percent were age 12 or younger. Before 2012, referrals of unaccompanied children to ORR were generally in the range of 6,000 to 8,000 each year. Starting in 2012, referral numbers began growing, reaching more than 69,000 in FY 2019. The number of referrals fell to about 15,000 in FY 2020, in part because in March 2020, following the onset of the COVID-19 pandemic, DHS began to expel arriving unaccompanied children. Expulsions ended in November 2020, first under a court order and then, in January, due to a decision by the Biden administration to not resume these expulsions. While the number of arriving unaccompanied children began increasing in July 2020, the numbers greatly increased in February 2021 and then reached monthly record highs in March and April 2021, with numbers for FY 2021 on pace to be the highest ever.<sup>4</sup>

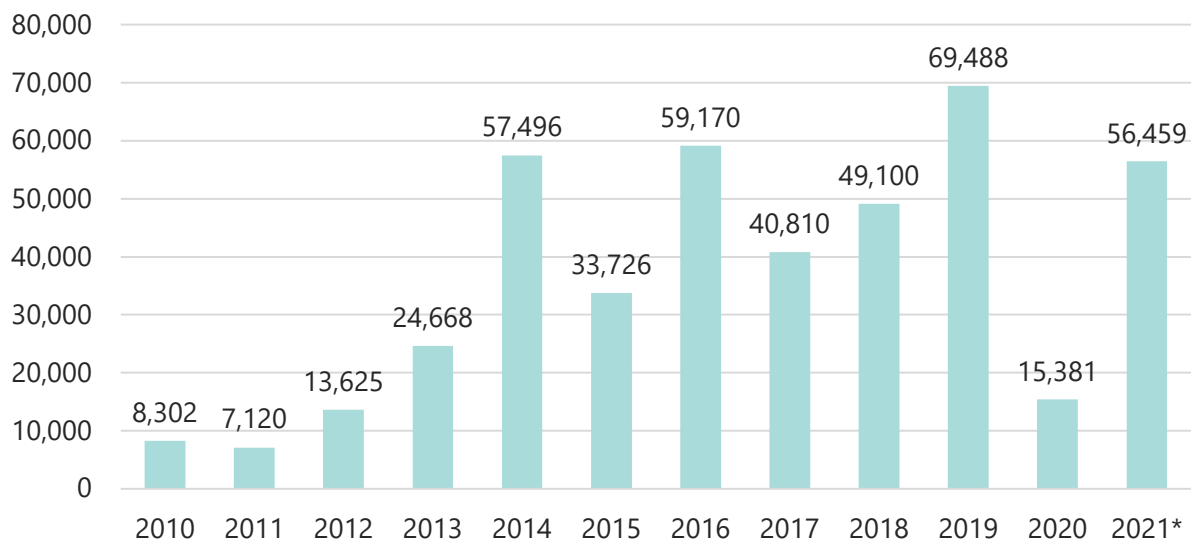
1 *Homeland Security Act of 2002*, 6 U.S. Code §279(g).

2 *Trafficking Victims Protection Reauthorization Act (TVPRA) of 2008*, 8 U.S. Code §1232(a)(2).

3 TVPRA, 8 U.S. Code §1232(b).

4 Mark Greenberg, “*Hampered by the Pandemic: Unaccompanied Child Arrivals Increase as Earlier Preparedness Shortfalls Limit the Response*” (commentary, Migration Policy Institute, Washington, DC, March 2021); Muzaffar Chishti and Sarah Pierce, “*Border Déjà Vu: Biden Confronts Similar Challenges as His Predecessors*,” *Migration Information Source*, April 1, 2021.

FIGURE 1

**Number of Referrals of Unaccompanied Children to ORR, FY 2010–21\***

\* Data for FY 2021 are through May 13, 2021.

Sources: U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF), *Fiscal Year 2017 Justification of Estimates for Appropriations Committees* (Washington, DC: ACF, 2016), 240; HHS, ACF, Office of Refugee Resettlement (ORR), “Facts and Data—Referrals Table,” updated March 12, 2020; HHS, Office of Inspector General, “Toolkit: Insights from OIG’s Work on the Office of Refugee Resettlement’s Efforts to Care for Unaccompanied Children” (fact sheet, HHS, Washington, DC, May 2021).

Pursuant to federal law and the 1997 settlement agreement in *Flores v. Reno*, children in HHS care are generally required to be placed in state-licensed and regulated facilities and to receive medical, dental, and mental-health services; education services; recreational opportunities; a legal rights presentation and access to legal services; access to religious services; and case management services.<sup>5</sup> Not all of these requirements apply during periods of “influx,” and in 2021, the Biden administration has supplemented state-licensed facilities with influx facilities, which may provide similar services to the standard shelters but are typically much larger and not state licensed, and with large emergency intake sites that provide a much more limited set of services.<sup>6</sup>

While children are in ORR custody, staff work to determine if they have parents, relatives, or other appropriate persons in the United States with whom they can live while their immigration proceedings are pending. A prospective sponsor must go through a vetting process, including a review of any criminal history, any child abuse or neglect allegations, fingerprinting in some circumstances, and an interview to better understand the circumstances in the proposed home. For a minority of children, the vetting process includes a home visit. There is no citizenship or immigration-related requirement for sponsor approval, and while the process considers the sponsor’s ability to provide adequate care, there is not an income test for sponsors.

<sup>5</sup> *Jenny Lisette Flores v. Janet Reno*, No. CV 85-4544-RJK(Px) (*Stipulated Settlement Agreement*, Central District of California, January 17, 1997); U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF), Office of Refugee Resettlement (ORR), “Unaccompanied Alien Children (UAC) Program” (fact sheet, HHS, Washington, DC, March 1, 2021).

<sup>6</sup> Mark Greenberg, “U.S. Government Makes Significant Strides in Receiving Unaccompanied Children but Major Challenges Remain” (commentary, Migration Policy Institute, Washington, DC, May 2021).

The great majority of unaccompanied children who enter ORR custody are released to a parent or close relative. In FY 2020, of children who left ORR custody, about 39 percent were released to a parent, 46 percent to another close relative, and 16 percent to a more distant relative, family friend, or other approved sponsor.<sup>7</sup> Since FY 2014, half of the children released from ORR

custody were released to parents or other sponsors in communities in five states—Texas, California, Florida, New York, and Maryland—but children have been released to parents or other sponsors in every state, the District of Columbia, Puerto Rico, and the Virgin Islands.<sup>8</sup>

*Since FY 2014, half of the children released from ORR custody were released to parents or other sponsors in communities in five states—Texas, California, Florida, New York, and Maryland.*

A child without a sponsor who attains one of a set of immigration statutes can be transferred to the Unaccompanied Refugee Minor Program.<sup>9</sup> Otherwise, children not released to a sponsor remain in ORR custody until they turn 18, accept voluntary departure, or are removed through immigration proceedings. While in ORR custody, they may be transferred to ORR's long-term foster care program to reside with a foster family or in a group home where a case manager continues to work to find an alternative sponsor. Children who turn 18 in ORR care must be turned over to DHS; DHS, in turn, must consider placement in the least restrictive setting available.<sup>10</sup>

### 3 ORR Responsibilities after Children Are Released into U.S. Communities

Once an unaccompanied child is released to a parent or other sponsor, ORR's custody ends. After release, ORR funds a limited set of services:

- ▶ ORR-funded care providers seek to make a safety and well-being call to all sponsors and children 30 days after the child's discharge from ORR care.
- ▶ Sponsors and minors have access to ORR-funded hotlines where they can obtain referrals to community resources or report sexual abuse that occurred while in ORR care.
- ▶ A minority of children receive ORR-funded legal services.
- ▶ A minority of children receive post-release services, typically for three months.

7 Migration Policy Institute (MPI) analysis of data from HHS, "Latest UC Data-FY 2020-Total Monthly Discharges to Individual Sponsors Only (by Category) Table," updated February 1, 2021.

8 MPI analysis of data from ORR, "Unaccompanied Children Released to Sponsors by State," updated February 24, 2021; ORR, "Unaccompanied Children Released to Sponsors by County," updated February 25, 2021.

9 ORR, "ORR Guide to Eligibility, Placement, and Services for Unaccompanied Refugee Minors (URM): Section 1—1.1. Eligible Populations," updated October 17, 2016.

10 ORR, "Children Entering the United States Unaccompanied: §1.2.6 ORR Long Term Foster Care," updated February 17, 2021; ORR, "Children Entering the United States Unaccompanied: §3.3.2 Long Term and Concurrent Planning," updated February 17, 2021; TVPRA, 8 U.S. Code §1232(c)(2)(B).

## A. 30-Day Safety and Well-Being Call

ORR established the practice of making 30-day follow-up calls in 2015.<sup>11</sup> The care provider is responsible for attempting to contact the sponsor and minor 30 days after the child's discharge date.<sup>12</sup> The attempts are not always successful; according to the most recent available data, providers reached 86 percent of sponsors from October to December 2017.<sup>13</sup>

During the 30-day follow-up call, the care provider attempts to verify that the child is safe, is still residing with the sponsor, and is attending school, and that the sponsor and minor are aware of any upcoming court hearings.<sup>14</sup> The care provider must attempt to speak with the minor and the sponsor separately to assess the child's safety.<sup>15</sup> If there are signs that the child may be in danger,

the care provider must contact local and federal officials and other authorities.<sup>16</sup> Based on the outcome of the 30-day follow-up call, ORR also determines if post-release services are needed. If no concerns are identified and the child is not receiving post-release services, the call is likely the last time that the minor and sponsor will be in touch with an ORR-funded care provider or any ORR-funded service.

---

*The call is likely the last time that the minor and sponsor will be in touch with an ORR-funded care provider or any ORR-funded service.*

## B. ORR National Call Center Help Line

Originally a hotline for families to call to locate minors in ORR custody, the National Call Center was remodeled in 2015 to provide broader support to children facing immediate danger and families in need of a range of information and referral services including legal support, medical care, access to education, and behavioral support. Children, sponsors, community service providers, and ORR-affiliated staff, such as post-release service workers and case managers who are seeking additional services on behalf of the family, can call or text the hotline 24 hours a day, seven days a week. If a child is suspected to be in danger, the National Call Center coordinates directly with local law enforcement and child welfare authorities.<sup>17</sup>

ORR informs children and sponsors about the National Call Center and instructs them on contacting the hotline multiple times, including at admission to and discharge from an ORR provider facility. ORR informs children that they can call the hotline if they are being mistreated, are feeling sad or unwanted, have questions about court, or are having trouble finding paperwork from their time in ORR custody.<sup>18</sup>

11 U.S. Government Accountability Office (GAO), *Unaccompanied Children: HHS Can Take Further Actions to Monitor Their Care* (Washington, DC: GAO, 2016), 34.

12 ORR, "Children Entering the United States Unaccompanied: §6.1 Summary of Resources and Services Available after Release from ORR Care," updated September 5, 2018.

13 Testimony of Steven Wagner, Acting Assistant Secretary of ACF, before the Senate Committee on Homeland Security and Government Affairs, Permanent Subcommittee on Investigations, "HHS Responsibilities for the Care and Placement of Unaccompanied Alien Children," April 26, 2018.

14 ORR, "Children Entering the United States Unaccompanied: §6.1."

15 ORR, "Children Entering the United States Unaccompanied: §2.8.4 Safety and Well Being Follow Up Call," updated February 17, 2021.

16 ORR, "Children Entering the United States Unaccompanied: §2.8.4."

17 GAO, *Unaccompanied Children: HHS Can Take Further Actions*, 34.

18 ORR, "Office of Refugee Resettlement National Call Center," updated November 5, 2020.

ORR informs sponsors that they can seek help with behavioral issues, other family problems, linkages to community resources (including those that can assist them with navigating the immigration court process), and receiving copies of certain documents from the child's time in ORR care, such as immunization records.<sup>19</sup>

### C. Legal Services

While in ORR custody, children receive a Know Your Rights presentation, legal screenings, and direct representation if they are seeking voluntary departure or do not appear to have a viable sponsor. After discharge, some children receive ORR-funded representation. Under federal law, HHS is required to ensure to the greatest extent practicable that all unaccompanied children who have been in HHS or DHS custody have counsel to represent them in legal proceedings. This does not necessarily mean paying for counsel; HHS is directed to make efforts to use pro bono counsel to the greatest extent practicable.<sup>20</sup> Representation for released children was reduced early in the Trump administration, and then expanded in 2020. As of March 30, 2021, ORR-funded legal representation was provided for children released to the following court jurisdictions, subject to available funding: Arlington, Atlanta, Baltimore, Boston, Buffalo, Charlotte, Chicago, Dallas, Denver, Detroit, El Paso, Harlingen, Hartford, Houston, Kansas City, Los Angeles, Memphis, Miami, Newark, New Orleans, New York, Orlando, Philadelphia, Phoenix, Portland, San Antonio, San Francisco, San Diego, Seattle, and Tucson.<sup>21</sup> While precise data are not publicly available, the majority of children released from ORR custody do not receive ORR-funded legal services,<sup>22</sup> and in light of increased arrivals in 2021, the share of released children receiving ORR-funded legal services seems likely to decline if funding is not increased.

### D. Post-Release Services

Post-release services are case management services funded by ORR after a child has been released to a parent or other sponsor.<sup>23</sup> Post-release services are required:

- ▶ in a limited number of cases in which home studies and post-release services are mandated by the *Trafficking Victims Protection Reauthorization Act of 2008* (TVPRA);<sup>24</sup>
- ▶ in additional cases where it is mandated by ORR policy;<sup>25</sup> and
- ▶ when requested by case managers and approved by ORR based on the belief the sponsor and child could benefit from the services.<sup>26</sup>

19 ORR, "Office of Refugee Resettlement National Call Center."

20 TVPRA, 8 U.S. Code §1232(c)(5).

21 Author email correspondence with Shaina Aber, Deputy Director of the Vera Institute of Justice's Center on Immigration and Justice, April 28, 2021.

22 Author email correspondence with Shaina Aber, April 29, 2021.

23 MPI analysis of data from ORR, "Facts and Data—Home Studies and Post-Release Services Table and Referrals Table," updated January 11, 2021.

24 TVPRA home studies and post-release services are mandated when there is evidence that the minor may be a victim of human trafficking, have a disability, or have been a victim of physical or sexual abuse, or that the sponsor may present a risk of abuse or trafficking. See TVPRA, 8 U.S. Code §1232(c)(3)(B); ORR, "Children Entering the United States Unaccompanied: §2.4.2 Home Study Requirement," updated February 17, 2021.

25 ORR, "Children Entering the United States Unaccompanied: §6 Resources and Services Available after Release from ORR Care," updated September 5, 2018.

26 ORR, "Children Entering the United States Unaccompanied: §6."



Post-release services not required by the TVPRA or ORR mandate will be provided for 90 days unless ORR approves a longer period.<sup>27</sup> Before November 2016, such services were provided for 180 days after release. From FY 2015 through FY 2019, the number of children receiving post-release services represented approximately 20 percent to 40 percent of minors released to a parent or other sponsor.<sup>28</sup> The number of children receiving such services grew modestly in FY 2020 (from 14,518 to 15,160), but the share of children receiving services grew to 90 percent of children discharged, principally because of the sharp drop in children referred to ORR in that fiscal year.<sup>29</sup>

Under ORR policies, post-release service case managers are required to assist the child and sponsor in accessing the following set of specified services:

- ▶ placement stability and safety;
- ▶ guardianship;
- ▶ identifying legal services;
- ▶ education and school enrollment;
- ▶ medical services;
- ▶ mental-health services;
- ▶ family stabilization/counseling;
- ▶ immigration proceedings support;
- ▶ gang involvement prevention;
- ▶ help in accessing trafficking victim assistance (if applicable); and
- ▶ substance use support (if applicable).<sup>30</sup>

## 4 Understanding the Service Needs of Unaccompanied Children

Unaccompanied children have significant service needs after they are released from ORR custody into the care of a parent or other sponsor. For many children, the pathway to legal status remains uncertain, while access to health coverage ends even if conditions needing medical or psychological attention persist. Some minors enter the U.S. public education system after periods of interrupted formal education, and many must adjust to learning in a language they may not understand or speak fluently. Parents and other sponsors, as well as the children in their care, may also face challenges as they adjust to life together in the same

27 ORR, *Home Study and Post-Release Services for Unaccompanied Alien Children* (Washington, DC: HHS, 2020), 9.

28 ORR, "Unaccompanied Alien Children: Facts and Data," updated January 14, 2021.

29 ORR, "Unaccompanied Alien Children: Facts and Data."

30 ORR, "Children Entering the United States Unaccompanied: §6.2.2 Post Release Service Areas," updated September 5, 2018.

household. Conflicts due to mismatched expectations after long periods of separation can have negative psychological impacts on the child. The subsections that follow provide an overview of the research on this range of service needs among unaccompanied children as they transition out of ORR custody.

## A. Legal

Most unaccompanied children need legal services to resolve their immigration status. Due to immigration court and asylum office backlogs, their cases usually continue long after children are released to sponsors; in FY 2020, open immigration court cases were pending for an average of 2.7 years.<sup>31</sup>

In many cases, an unaccompanied child will have a legal basis for immigration relief. A DHS analysis looked at the status in 2020 of unaccompanied children and other persons who were apprehended at the southwest border between 2014 and 2019. For non-Mexican unaccompanied children who arrived in 2014, by 2020, more than half (51 percent) had received some form of immigration relief, though in the majority of those cases, the relief came in the form of termination of immigration court proceedings and no other relief, leaving the unaccompanied child with no legal status. Nearly one-fourth (23 percent) had a final order of removal that had never been executed, and in the great majority of those cases, the order had been issued in absentia.<sup>32</sup>

Representation appears to have a significant impact on both the court appearance rate and the outcome of cases for unaccompanied children. In an analysis of FY 2005–16 data from Syracuse University's Transactional Records Access Clearinghouse (TRAC) Immigration Project, the American Immigration

*Representation appears to have a significant impact on both the court appearance rate and the outcome of cases for unaccompanied children.*

Council found that 95 percent of children represented by an attorney appeared for their final court hearings, compared with 33 percent of unrepresented children.<sup>33</sup>

A 2014 analysis by the TRAC Immigration Project found that 73 percent of unaccompanied minors who were represented in court were granted permission to stay in the United States, compared to 15 percent

of unrepresented children.<sup>34</sup> These large gaps in success rates for represented and unrepresented children are likely due to the difficulty of successfully defending oneself in immigration court, especially as a child. According to the Vera Institute of Justice, even for adults, "it is nearly impossible to win deportation cases without the assistance of counsel."<sup>35</sup>

However, children often lack representation. The U.S. Department of Justice reports that in the first quarter of FY 2021, 60 percent of unaccompanied children in pending immigration cases were represented by

31 ORR, "Facts and Data—Length of Care," updated January 14, 2021; Transactional Records Access Clearinghouse (TRAC) Immigration, "Immigration Court Backlog Tool," updated February 2021.

32 Of the remainder, 14 percent of the children still had pending cases, and 7 percent had been repatriated. MPI analysis of data from DHS, "2020 Enforcement Lifecycle Report – Detailed Appendix Tables," updated December 22, 2020.

33 American Immigration Council, "Children in Immigration Court: Over 95 Percent Represented by an Attorney Appear in Court" (fact sheet, American Immigration Council, Washington, DC, May 16, 2016).

34 TRAC, "Representation for Unaccompanied Children in Immigration Court," updated November 25, 2014.

35 Karen Berberich and Nina Siulc, "Why Does Representation Matter? The Impact of Legal Representation in Immigration Court" (fact sheet, Vera Institute of Justice, New York City, November 2018), 1.

an attorney.<sup>36</sup> Academic research highlights five major factors that contribute to low representation rates among adults and children who have recently arrived at the U.S. southern border from Central America: (1) unprecedented demand for legal services and limited-service provider capacity; (2) the complexity of the immigration court system; (3) language, literacy, and cultural barriers; (4) logistical challenges, including household circumstances; and (5) a climate of fear.<sup>37</sup>

## B. *Physical Health*

Since FY 2012, the great majority of unaccompanied children have traveled to the United States from El Salvador, Honduras, and Guatemala—three countries with medical systems that do not have sufficient physician-to-patient ratios to adequately cover the primary health-care needs of all of their citizens.<sup>38</sup> But despite insufficient medical infrastructure in these countries, the Centers for Disease Control and Prevention (CDC) reports that immunization rates in the region are high.<sup>39</sup> Under ORR policies, unaccompanied children receive medical exams within 48 business hours of entering ORR custody, including any needed vaccines.<sup>40</sup>

Poverty and other social determinants of health are associated with adverse physical, developmental, and mental-health-related outcomes.<sup>41</sup> Conditions in unaccompanied children's countries of origin, such as extreme poverty and food insecurity, make it more likely that these minors experience chronic conditions such as malnutrition, obesity, and undiagnosed developmental disorders.<sup>42</sup>

ORR does not pay for medical care once a child is released from its custody,<sup>43</sup> and unaccompanied children face significant barriers to accessing medical services after release.<sup>44</sup> Just six states and the District of Columbia offer health insurance coverage for children under a certain income threshold regardless of immigration status.<sup>45</sup> Moreover, even when immigrant families and youth qualify for public health insurance, they face many barriers to enrollment, including fear, language barriers, literacy in their native language, and challenges with the application process (such as comprehension of eligibility requirements).<sup>46</sup>

36 U.S. Department of Justice, "Executive Office for Immigration Review Adjudication Statistics: Current Representation Rates," updated January 7, 2021.

37 Dennis Stinchcomb and Jodi Berger Cardoso, "Newcomer Central American Immigrants' Access to Legal Services" (working paper series no. 19, Center for Latin American and Latino Studies, American University, Washington, DC, September 2018), 10.

38 ORR, "Facts and Data—Country of Origin Table," updated January 11, 2021; HHS, Centers for Disease Control and Prevention (CDC), "Central American (Guatemalan, Honduran and Salvadoran) Minor Refugees: Healthcare Access and Conditions in Guatemala, Honduras, and El Salvador," updated January 11, 2017.

39 HHS, CDC, "Central American (Guatemalan, Honduran and Salvadoran) Minor Refugees."

40 ORR, "Health and Safety," updated March 11, 2021.

41 Julie M. Linton, Andrea Green, and American Academy of Pediatrics (AAP) Council on Community Pediatrics, "Providing Care for Children in Immigrant Families," *Pediatrics* 144, no. 3 (2019): 1–21.

42 HHS, CDC, "Central American (Guatemalan, Honduran and Salvadoran) Minor Refugees."

43 ORR, "Children Entering the United States Unaccompanied: §2.8.1 After Care Planning," updated February 17, 2021.

44 Jenny Ajl, Cristina Muñiz de la Peña, Alan Shapiro, and Brett Stark, "Medical-Legal Care for Unaccompanied Immigrant Garifuna Children," *Harvard Journal of African American Public Policy* (2015): 97–104.

45 Samantha Artiga and Maria Diaz, "Health Coverage and Care of Undocumented Immigrants" (issue brief, Kaiser Family Foundation, San Francisco, CA, July 2019).

46 Kaiser Family Foundation, "Health Coverage of Immigrants," updated March 18, 2020.

## C. *Mental Health*

In a survey of Central American and Mexican unaccompanied children by the United Nations High Commissioner for Refugees (UNHCR), the most common reasons for leaving their countries of origin were societal violence, abuse at home, deprivation, reunification with family in the United States, and opportunities for a better life.<sup>47</sup> The journey to the United States can be perilous, putting minors at risk for sexual violence, human trafficking, and other forms of exploitation by gangs.<sup>48</sup> Jacqueline Bhabha, a professor of health and human rights at the Harvard Kennedy School, includes family separation and encounters with law enforcement as two other potentially traumatic events unaccompanied children are likely to experience during their journey.<sup>49</sup>

These traumatic experiences can have a negative and cumulative impact on a child's mental health. Bhabha writes that "stories of children in tears, withdrawn into deep depression, or paralyzed by acute anxiety are commonplace."<sup>50</sup> In a 2018 study, Jodi Berger Cardoso, an associate professor of social work at the University of Houston, evaluated 30 children who arrived in the United States as unaccompanied minors for exposure to traumatic events and symptoms of mental-health conditions.<sup>51</sup> Cardoso and her team found that the children experienced an average of eight exposures to traumatic incidents. Many of these children demonstrated significant symptoms of mental distress, with 57 percent scoring within the clinical range for post-traumatic stress disorder (PTSD), 30 percent scoring within the clinical range for major depressive disorder, and 30 percent reporting having had suicidal ideation in the last year. These figures are much larger than the average rates among adolescents in the United States, which stand at 5 percent for PTSD, 13 percent for major depressive disorder, and 17 percent for suicidal thoughts.<sup>52</sup> Further work studying the mental health of Latino immigrant and U.S.-born youth by Cardoso and policy analysts at MPI showed that these symptoms may also be tied to fear of immigration enforcement, either their own arrest and deportation or that of family and friends.<sup>53</sup>

Learning to live with a new authority figure or reunifying with a family member after a long period of separation can be challenging because of disrupted past attachments and the child's ability to form new secure attachments.<sup>54</sup> Extended periods of separation can lead to struggles over control and authority in the

47 United Nations High Commissioner for Refugees (UNHCR) Regional Office for the United States and the Caribbean, *Children on the Run: Unaccompanied Children Leaving Central America and Mexico and the Need for International Protection* (Washington, DC: UNHCR, 2014), 23.

48 United Nations Children's Fund (UNICEF), *Broken Dreams: Central American Children's Dangerous Journey to the United States* (New York: UNICEF, 2016), 4.

49 Jacqueline Bhabha, "Crossing Borders Alone: The Treatment of Unaccompanied Children in the United States" (policy brief, Immigration Policy Center, American Immigration Law Foundation, Washington, DC, 2004), 1.

50 Bhabha, "Crossing Borders Alone," 1.

51 Jodi Berger Cardoso, "Running to Stand Still: Trauma Symptoms, Coping Strategies, and Substance Use Behaviors in Unaccompanied Migrant Children," *Children and Youth Services Review* 92 (2018): 143–152.

52 Jessica Hamblen and Erin Barnett, "PTSD in Children and Adolescents," U.S. Department of Veterans Affairs, updated September 16, 2019; National Institute of Mental Health, "Major Depression," updated February 2019; CDC, "Suicide Facts at a Glance 2015" (fact sheet, CDC, 2015).

53 Randy Capps, Jodi Berger Cardoso, Kalina Brabeck, Michael Fix, and Ariel G. Ruiz Soto, *Immigration Enforcement and the Mental Health of Latino High School Students* (Washington, DC: MPI, 2020).

54 Kiara Alvarez and Margarita Alegría, "Understanding and Addressing the Needs of Unaccompanied Immigrant Minors," American Psychological Association, June 2016.

household and negative relationships in the family, especially if the minor has siblings born in the United States during the child's separation from the parent.<sup>55</sup>

Unaccompanied children face multiple barriers to accessing mental-health services after release. Their government-funded mental-health services typically end once they are discharged from ORR care.<sup>56</sup> And, as previously noted, in most states they are ineligible for public coverage. Even if care is available, unaccompanied children may experience stigma associated with receiving mental-health support and may avoid treatment due to fears of deportation. Since minors may cope with mental-health symptoms, such as stress and trauma reactions, in culturally specific ways, cultural sensitivity and language service needs should be accounted for by mental-health professionals.<sup>57</sup> According to a 2021 Clinical Scholars report, clinical providers, community leaders, and caregivers surveyed in 2019 acknowledged that many unaccompanied children were not receiving mental-health support for a variety of reasons, including services not being “culturally appropriate or in a real-world setting where people can receive services in a more normalized way.”<sup>58</sup> The study also found that legal issues were a significant source of stress, anxiety, and depression for unaccompanied children and needed to be attended to before mental and physical health needs could be addressed.<sup>59</sup>

## D. Education

Unaccompanied children in the United States, like U.S.-citizen and other immigrant youth, are entitled to receive a public education and are required to be enrolled in school until they reach the age when compulsory school attendance ends in their state.<sup>60</sup> ORR also requires that a sponsor enroll the minor in school as a condition of sponsorship. However, not all schools are prepared to provide for the needs of unaccompanied youth, and not all of these children enroll and remain in school.<sup>61</sup> Barriers start with enrollment. Schools may request that students provide forms of documentation that are not legally required for school enrollment, such as a social security number.<sup>62</sup> Many schools also require proof of residency for school enrollment, and a team at Georgetown Law found that many unauthorized immigrant families in the Washington, DC area do not have formal proof of their place of residence, such as a lease or utility bill.<sup>63</sup> However, this study also found that the *McKinney-Vento Homeless Assistance Act*, designed to protect homeless children's rights to access education, can be leveraged to help unaccompanied children. Because

55 Carola Suárez-Orozco, Hee Jin Bang, and Ha Yeon Kim, “I Felt Like My Heart Was Staying Behind: Psychological Implications of Family Separations and Reunifications for Immigrant Youth,” *Journal of Adolescent Research* 26, no. 2 (2011): 222–257.

56 Elizabeth G. Kennedy, “Unnecessary Suffering: Potential Unmet Mental Health Needs of Unaccompanied Alien Children,” *JAMA Pediatrics* 167, no. 4 (2013): 319–320.

57 Berger Cardoso, “Running to Stand Still,” 8; Douglas S. Bishop and Rina Ramirez, “Caring for Unaccompanied Minors from Central America,” *American Family Physician* 90, no. 9 (2014): 656–659.

58 Johanna Creswell Báez, Padma Swamy, Adriana Gutierrez, Nohemi Garcia, and Sanghamitra Misra, *Caring for Former Unaccompanied Immigrant Minors: A Culturally Relevant and Trauma Responsive Toolkit for Providers* (Houston: Clinical Scholars, 2021), 1–29.

59 Creswell Báez, Swamy, Gutierrez, Garcia, and Misra, *Caring for Former Unaccompanied Immigrant Minors*.

60 *Plyler v. Doe*, No. 80-1538 (U.S. Supreme Court, June 1982).

61 Sarah Pierce, *Unaccompanied Child Migrants in U.S. Communities, Immigration Court, and Schools* (Washington, DC: MPI, 2015), 1–23.

62 Catherine E. Lhamon, Philip H. Rosenfelt, and Jocelyn Samuels, “Dear Colleague Letter: School Enrollment Procedures” (letter from U.S. Department of Justice and U.S. Department of Education, Washington, DC, May 8, 2014).

63 Zenande Booi et al., *Ensuring Every Undocumented Student Succeeds: A Report on Access to Public Education for Undocumented Children: A Report on Access to Public Education for Undocumented Children* (Washington, DC: Georgetown Law Human Rights Institute, 2016).

many unaccompanied children meet the conditions of homelessness defined under this act, schools must immediately enroll them even if they do not have the required residency or other documents typically required for school enrollment.

To ensure that all children have equal access to school enrollment regardless of immigration status, the U.S. Department of Education issued policy guidance for schools in 2014.<sup>64</sup> The guidance clarified that a school district may not inquire about a student or parent's immigration or citizenship status to establish the student's residency in the district, and that a foreign-born child who is "unable or unwilling to furnish a birth certificate should have the same options to enroll in school and should be treated no differently than a U.S.-citizen child who does not have or otherwise may not be able to produce a birth certificate."<sup>65</sup>

Researchers at the University of Houston have noted other risk factors that can contribute to the challenges unaccompanied children face in school, including a lack of family support, limited financial resources, pending immigration proceedings and related fears about the lack of legal status, and limited ability to communicate in English.<sup>66</sup> The 2021 Clinical Scholars report also points out that some unaccompanied children experience discrimination and racism, especially at school. According to the researchers, surveyed caregivers noted their child had been labeled as the "bad one" and many stated that their children did not want to attend school because of negative experiences with school staff, administrators, and other students.<sup>67</sup> During the COVID-19 pandemic, English Learners (ELs), immigrant students, and low-income students also faced additional challenges as they transitioned to remote instruction, such as barriers related to technology, language, child care, and economic and food security.<sup>68</sup>

It is also common for students to arrive in the United States after not having attended school for many years in their countries of origin.<sup>69</sup> Students with limited or interrupted formal education who are also ELs face unique challenges in the U.S. education system because they often do not have basic literacy skills to build from in order to learn a second (or third, as is often the case for Indigenous students) language.<sup>70</sup>

---

*Students with limited or interrupted formal education who are also ELs face unique challenges in the U.S. education system.*

Some minors never enroll in school after they are placed with their sponsor. According to Isabel Martinez, an associate professor of sociology at City University of New York, they may prioritize work out of preference or necessity to cover expenses such as rent and remittances.<sup>71</sup> Some may be victims of human trafficking,

---

<sup>64</sup> Lhamon, Rosenfelt, and Samuels, "Dear Colleague Letter."

<sup>65</sup> U.S. Department of Education, "Information on the Rights of All Children to Enroll in School: Questions and Answers for States, School Districts and Parents" (Q&A document, U.S. Department of Education, May 8, 2014).

<sup>66</sup> Clara Peña, Lisa Jones, Amy Orange, Felix Simieou, and Judith Márquez, "Academic Success and Resiliency Factors: A Case Study of Unaccompanied Immigrant Children," *American Journal of Qualitative Research* 2, no. 1 (2018): 162–181.

<sup>67</sup> Creswell Báez, Swamy, Gutierrez, Garcia, and Misra, *Caring for Former Unaccompanied Immigrant Minors*.

<sup>68</sup> Julie Sugarman and Melissa Lazarín, *Educating English Learners during the COVID-19 Pandemic: Policy Ideas for States and School Districts* (Washington, DC: MPI, 2020).

<sup>69</sup> Booi et al., *Ensuring Every Undocumented Student Succeeds*, 25.

<sup>70</sup> Gisela Alvarez, Arlen Benjamin-Gomez, and Marianne Hunkin, *Students with Interrupted Formal Education: A Challenge for the New York City Public Schools* (New York: Advocates for Children of New York, 2010), 5.

<sup>71</sup> Isabel Martinez, "Supporting Two Households: Unaccompanied Mexican Minors and Their Absences from U.S. Schools," *Journal of Latinos and Education* 15, no. 3 (2016): 229–243.



coerced into working or forced to work to repay debts associated with their journey to the United States. If a child has never tried to enroll in school, the school district may not be aware that the youth has been released into the school's region and, thus, may not be able to conduct its own outreach.<sup>72</sup>

## E. *Family Integration and Housing*

Unaccompanied children are often placed with a parent or caregiver in the United States after many years of separation. There is often a “honeymoon period” that lasts until the sponsor and child begin to experience conflicting expectations and underlying emotional challenges.<sup>73</sup> Issues may include the minor's feelings of abandonment, unrealistic parenting expectations, challenges adjusting to a new family environment, and conflict between the idealistic visions of reunification and realities of the home environment.<sup>74</sup> In extreme circumstances, these conflicts can lead to the minor leaving the home, voluntarily or involuntarily. In New York City, this has led some unaccompanied children to access homeless shelters.<sup>75</sup> In other cases, minors have used their social networks to rotate between friends' homes.

Unstable housing can negatively affect other aspects of a minor's stability and well-being. Informal housing arrangements and housing disruption can complicate the minor's legal case because it can be difficult to establish proof of residency, some families may be unaware that they have to notify the court each time they change address, and the family may inadvertently move into a new immigration court jurisdiction.<sup>76</sup> Moving can also disrupt a child's school enrollment if the family moves to a new school district and fails to re-enroll the minor in the correct school.<sup>77</sup>

## F. *Gangs and Violence*

Notwithstanding some assertions to the contrary, there is no evidence that transnational gangs purposely send their members to the United States as unaccompanied children.<sup>78</sup> In June 2017, ORR reported that 1.6 percent of unaccompanied children in ORR custody had gang affiliations.<sup>79</sup> Even this figure has been disputed. The Immigrant Legal Resource Center conducted a national survey of immigration attorneys in

<sup>72</sup> Pierce, *Unaccompanied Child Migrants*.

<sup>73</sup> Elżbieta M. Goździak, *What Kind of Welcome? Integration of Central American Unaccompanied Children into Local Communities* (Washington, DC: Georgetown University, 2015), 12.

<sup>74</sup> Benjamin J. Roth and Breanne L. Grace, “Falling through the Cracks: The Paradox of Post-Release Services for Unaccompanied Child Migrants,” *Children and Youth Services Review* 58 (2015): 244–252.

<sup>75</sup> Fordham University School of Law and Vera Institute of Justice, *Unaccompanied Immigrant Youth in New York: Struggle for Identity and Inclusion—A Participatory Action Research Study* (New York: Fordham University School of Law and Vera Institute of Justice, 2015), 37.

<sup>76</sup> Stinchcomb and Berger Cardoso, “Newcomer Central American Immigrants' Access to Legal Services,” 24.

<sup>77</sup> John W. Fantuzzo, Whitney A. LeBoeuf, Chin-Chih Chen, Heather L. Rouse, and Dennis P. Culhane, “The Unique and Combined Effects of Homelessness and School Mobility on the Educational Outcomes of Young Children,” *Educational Researcher* 41, no. 9 (2012): 393–402.

<sup>78</sup> Steven Dudley, Héctor Silva Ávalos, and Juan José Martínez, *MS13 in the Americas: How the World's Most Notorious Gang Defies Logic, Resists Destruction* (Washington, DC: InSight Crime and American University Center for Latin American and Latino Studies, 2018).

<sup>79</sup> Memorandum from ORR to the Domestic Policy Council, *Community Safety Initiative for the Unaccompanied Alien Children Program*, August 16, 2017.

Fall 2017 and found that there was not a clear definition of “gang affiliation,” and that the evidence of gang affiliation that immigration officials present is “wildly erratic and often unfounded.”<sup>80</sup>

Unaccompanied children are far more likely to be fleeing violent gangs. In a study by UNHCR, 48 percent of Central American and Mexican unaccompanied and separated children named violence in society as a major reason for leaving their homes, and of these, 69 percent explicitly mentioned gang violence.<sup>81</sup> According to a 2020 survey conducted by UNHCR and UNICEF, 30 percent of surveyed unaccompanied children from northern Central America identified some type of violence, including gang recruitment, as a reason for fleeing their country of origin. Some young women and girls were victims of sexual and gender-based violence perpetuated by gang members, while young men were exploited for criminal activity, including drug-running, or fully recruited into criminal groups.<sup>82</sup>

Unaccompanied children released to sponsors in communities that already have an active gang presence may be susceptible to recruitment. In general, risk factors for youth gang involvement include a lack of sense of belonging, hypervigilance to threats, insecure attachments to caregivers, a desire for protection, and poor academic performance.<sup>83</sup> Risk factors may be reinforced for unaccompanied children, for example, if they have a weak relationship to their sponsor due to years of separation, feel unsafe in their community due to unfamiliarity or violence, or feel isolated from their classmates due to linguistic differences.<sup>84</sup>

Access to supportive conditions and services will better protect against the negative influences of gang involvement. Research suggests that successful gang prevention strategies are community based, adapted to the local context, and responsive to changing needs and conditions. Successful initiatives often involve strong, collaborative, multidisciplinary partnerships—between families, schools, community-based organizations, faith leaders, local government actors, and others—to address children’s various needs, strengthen the community’s social fabric, increase collective knowledge and capacity, and diversify funding sources. In addition, they utilize strategic planning, goal setting, and data for program monitoring and evaluation.<sup>85</sup>

## 5 Key Findings from Stakeholder Interviews

In 2020, MPI researchers interviewed 31 nonprofit service providers across 16 states and Washington, DC. This group included providers of federally funded post-release services, legal services, child advocate services, case management services, primary and secondary education, parent education and other family

80 Laila L. Hlass and Rachel Prandini, *Deportation by Any Means Necessary: How Immigration Officials are Labeling Immigrant Youth as Gang Members* (Washington, DC: Immigrant Legal Resource Center, 2018).

81 UNHCR Regional Office for the United States and the Caribbean, *Children on the Run*.

82 UNHCR, “Death Threats and Gang Violence Forcing More Families to Flee Northern Central America – UNHCR and UNICEF Survey” (press release, December 17, 2020).

83 Nancy Ritter, Thomas R. Simon, and Reshma R. Mahendra, “Changing Course: Keeping Kids out of Gangs,” *National Institute of Justice Journal* 273 (March 2014): 16–27.

84 Jonathan Blitzer, “Former Gang Members Offer Advice on How to Combat MS-13,” *The New Yorker*, January 30, 2018.

85 Michelle Arciaga, “Multidisciplinary Gang Intervention Teams,” *National Youth Gang Center Bulletin* 3 (August 2007): 1–7; James C. Howell, “Gang Prevention: An Overview of Research and Programs,” *Juvenile Justice Bulletin* (December 2010): 2–22; Ritter, Simon, and Mahendra, “Changing Course”; Washington Office on Latin America (WOLA), *Daring to Care: Community-Based Responses to Youth Gang Violence in Central America and Central American Immigrant Communities in the United States* (Washington, DC: WOLA, 2008).

support services, medical care, and mental-health services. Half of these organizations provide services that span two or more sectors. In partnership with UNICEF, MPI also convened policymakers, practitioners, and other subject matter experts in two virtual roundtable discussions focusing on the role of public schools in supporting unaccompanied children's transitions into U.S. communities and on legal services as an entry point for children to access comprehensive services. This section presents key trends and notable practices discussed in these interviews, roundtable discussions, and subsequent communication with roundtable participants.

***Finding 1: After children leave ORR custody, children and their sponsors often face economic stresses and challenges in their relationships; Service providers seek to respond to economic and emotional needs.***

Consistent with the findings of prior research, providers explained that there is often an initial “honeymoon period” when an unaccompanied child is placed with a parent or other sponsor. Tensions and disagreements may emerge later, often after the first three to six months. Some stresses occur for economic reasons. Assuming responsibility for an unaccompanied child creates new financial pressures in the home, and the child is not likely to qualify for any public benefits. These financial pressures can affect whether a child enrolls in or attends school. In some cases, children experience pressure from their sponsor to contribute financially to the household or pressure from outstanding debts stemming from their journey to the United States. The bilingual case manager from the Immigrants’ Assistance Center (IAC) in New Bedford, MA—a social services and legal provider—indicated that unaccompanied youth at a local high school had stated that they are working at night to pay for their living expenses, legal fees, and to send money to their families back in Central America.<sup>86</sup> Susana Martinez, Chief Strategy Officer and National Network Director of the Washington, DC-area Latin American Youth Center (LAYC), also shared accounts of children wanting to go to school while their sponsor wanted them to work.<sup>87</sup> Some children are expected to attend high school while also supporting their younger family members, for example by providing financial, child-care, and academic support during the absence of a parent or guardian, explained Emily Hoffman, Program Director of the Massachusetts Migrant Education Program at the Collaborative for Educational Services (CES).<sup>88</sup>

Emotional conflicts may also arise. Martinez noted that the sponsor may not have been prepared to care for a child experiencing culture shock and trauma. Children and parents reunited after living apart for many years face particular challenges. Paulina Hidalgo, Immigrant Family Reunification Program Lead for Fairfax County Public Schools in Virginia, explained that children separated from families for long periods may be prone to developing depression, anxiety, and PTSD symptoms, especially if the separation was traumatic.<sup>89</sup>

<sup>86</sup> Author interview with Helena DaSilva Hughes, Executive Director, Immigrants’ Assistance Center (IAC), May 11, 2020.

<sup>87</sup> Author interview with Susana Martinez, Chief Strategy Officer and National Director of the Promotor Pathway, Latin American Youth Center (LAYC), February 15, 2020.

<sup>88</sup> Author interview with Emily Hoffman, Program Director of Massachusetts Migrant Education Program (MMEP), Collaborative for Educational Services, April 24, 2020.

<sup>89</sup> Author interview with Paulina Hidalgo, Immigrant Family Reunification Program Lead, Fairfax County Public Schools, May 4, 2020; presentation by Paulina Hidalgo at MPI-UNICEF convening “Supporting Unaccompanied Children’s Transitions into Communities,” July 30, 2020.

Providers often noted that some children feel resentment towards their parents for migrating to the United States without them, while parents experience guilt for having decided to leave their child with another caregiver. Children may find that relationships with new family members such as stepsiblings or stepparents

*Some children feel resentment towards their parents for migrating to the United States without them, while parents experience guilt for having decided to leave their child with another caregiver.*

can be difficult. Alix Janke, Youth Program Manager for Inspiritus, an ORR post-release service provider in Alabama, Georgia, and Tennessee, noted the challenges that may arise when a parent and child have not seen each other in years, and observed, “It can be impossible to recreate your family dynamic.”<sup>90</sup>

Conflicts may result in living arrangements becoming unsustainable. Teddie Valenzuela, Executive Director of the Los Angeles-based Amanecer Counseling Service, explained how one sponsor, the uncle of the unaccompanied child, threw the teenager out of their home because of the child’s sexual orientation.<sup>91</sup> The child consequently experienced homelessness and began living in a local shelter for homeless youth. Multiple service providers stated that some children entered foster care when they were no longer able to live with their sponsors.<sup>92</sup>

Camila Alvarez, Legal Director, and Jenny Villegas-Garcia, Refugee Project Organizer, of the Central American Resource Center (CARECEN) of California reported that some unaccompanied teenagers live in local shelters or on the streets after being kicked out of their sponsor’s home.<sup>93</sup> Some children rely on the hospitality of friends and community members to stay in their homes for a few days or weeks, an arrangement commonly referred to as couch-surfing and described by Helena DaSilva Hughes of IAC as a trend in the New Bedford area.<sup>94</sup> A LAYC representative noted cases of youth having to drop out of school to pay rent after no longer living with their sponsors.<sup>95</sup>

Some community organizations offer programs to help prevent and resolve conflicts between the child and parent or other sponsor. These programs aim to strengthen familial relationships by facilitating increased understanding, communication, and cooperation. By using an approach incorporating attachment theory, trauma recovery, and family systems theories, the Northern Virginia Family Service (NVFS) Family Reunification Program helps youth and sponsors work together in developing a relationship.<sup>96</sup> Also in Northern Virginia, Fairfax County Public Schools offers parenting education classes and support groups through its Immigrant Family Reunification Program.<sup>97</sup> The program features a free, nine-hour curriculum called Families Reunite. The curriculum is organized into three sessions, each lasting three hours, and focuses on parental peer support, socioemotional awareness and psychoeducation, parent-child

90 Author interview with Alix Janke, Youth Program Manager, Inspiritus, May 13, 2020.

91 Author interview with Teddie Valenzuela, Executive Director, Amanecer Counseling Service, April 30, 2020.

92 Author interview with Delicia Claire, Clinical Director, Arlington Pediatric Center at Virginia Hospital Center Pediatrics, June 26, 2020.

93 Author interview with Camila Alvarez, Legal Director, and Jenny Villegas-Garcia, Refugee Project Organizer, Central American Resource Center (CARECEN) of California, April 24, 2020.

94 Author interview with Helena DaSilva Hughes.

95 Author interview with Estephany Brito-Carlo, Equity and Inclusion Coordinator, LAYC, May 4, 2020.

96 Author interview with Kate Reen, Assistant Director of Youth Initiatives, Northern Virginia Family Service (NVFS), May 15, 2020.

97 Author interview with Paulina Hidalgo.

communication, and relationship-building. With this program, Fairfax County Public Schools intends to help parents and children learn effective ways to reconnect and become a closer family unit.

In other school districts, school officials or nonprofit staff co-locate at a local school to work with children and their parents or other sponsors to address conflicts and stabilize family functioning. In Massachusetts, a school-based case manager from IAC's A Multilingual International Guidance Outreach Service (AMIGOS) Project reaches out to sponsors when there are concerns that sponsors are not complying with their responsibilities.<sup>98</sup> In Cincinnati Public Schools, the school social work team, in conjunction with the EL school support staff, meets with the parent or sponsor and student to assist with conflict resolution and liaises with the child's court-appointed guardian to ensure that decisions are made with the safety and best interests of the child in mind.<sup>99</sup> As mandatory reporters, when school officials in Oakland, CA, suspect or become aware of child abuse, they must notify the proper authorities. If there are tensions or strains in a student's home, school staff at Oakland International High School also provide referrals for family therapy.<sup>100</sup> If a student feels unsafe in their home or is kicked out, school staff refer the unaccompanied child to local youth shelters and follow mandated reporting protocols.

Some service providers offer temporary housing and assistance with basic needs for unaccompanied children who have become homeless, or refer those children to other community resources. LAYC provides a spectrum of housing-related assistance programs, including a drop-in center with free meals and case management services, short-term housing, and longer-term transitional housing for up to 18 months, with some units reserved for girls and for youth who identify as LGBTQIA.<sup>101</sup> In LAYC's short-term housing program, a screened volunteer in the community hosts a child for up to 30 days while the LAYC case manager works with the child and parent or other sponsor to restore family relationships and safely resume the previous living arrangements.<sup>102</sup> The Safe Passage Project, a legal assistance provider for unaccompanied children in New York City and Long Island, has a team of social workers that provides information and referral services for clients who are experiencing homelessness, a mental-health crisis, or violence at home.<sup>103</sup>

## *Finding 2: Legal services are crucial for a child's case and for links to other services, but federally funded legal services are limited.*

While legal representation is important in all immigration proceedings, it is particularly crucial for children. Rachel Davidson, Managing Attorney for Policy and Special Projects at The Door's Legal Services Center in New York City, emphasized that unaccompanied children need legal representation because of the language barriers and technical complexity of immigration law and because their lives are at stake, stating

98 Author interview with Helena DaSilva Hughes.

99 Author interview with Mary Jo Montenegro, School Social Worker, Cincinnati Public Schools, June 4, 2020; presentation by Mary Jo Montenegro at MPI-UNICEF convening "Supporting Unaccompanied Children's Transitions into Communities," July 30, 2020.

100 Author interview with Lauren Markham, Learning Lab Director, Oakland International High School, June 1, 2020; presentation by Lauren Markham at MPI-UNICEF convening "Supporting Unaccompanied Children's Transitions into Communities," July 30, 2020.

101 Author interview with Susana Martinez.

102 Author interview with Susana Martinez.

103 Author interview with Desiree Hernández, Deputy Executive Director and Legal Director, Safe Passage Project, April 24, 2020.

that “no child should have to defend their right to stay safely in the United States alone, in an ever-changing legal landscape, and in a language that may not be their own. ... A child cannot [be expected to] mount a case in complex proceedings that even lawyers with years of training at times struggle with.”<sup>104</sup> “Having high-quality legal representation can make the difference between remaining safe in the United States or returning to a life of violence, abuse, or neglect in their home country” explained Desireé Hernández, Deputy Executive Director and Legal Director for the Safe Passage Project. Assistance in navigating the legal process, Hernández also noted, allows children “to focus on other aspects of their lives like education and family life.”<sup>105</sup> According to a representative of the legal service provider Kids in Need of Defense (KIND), “The unique vulnerabilities of children—their age, ability to process traumatic events, ability to recall and narrate the circumstances, and general developmental issues—make it imperative that they receive expert assistance, including an advocate who can build trust and develop the details of their legal case.”<sup>106</sup>

Multiple legal service providers noted that they have often connected children with services such as school enrollment, health care, mental-health services, food, and housing, in addition to providing legal support. Legal counsel provides children a sense of security, stabilization, and confidence as they pursue a new life in the United States while awaiting the outcome of their legal case. “Even in those cases where a child is not granted permission to remain in the United States, the presence of counsel can be invaluable in ensuring that the child safely returns to and reintegrates into their home environment,” explained the KIND representative.<sup>107</sup>

Children’s access to an attorney can also be a socioemotional benefit as they integrate into their new communities. “The provision of counsel ensures that a child has at least one trusted adult in their corner,” explained KIND. They also noted that “attorneys serve an important and unique function for a unified child. Because there is a legal obligation of confidentiality between the child and their attorney, the lawyer may be the only person with whom the child is safely able to disclose important information such as being trafficked or suffering abuse by caretaker.”<sup>108</sup>

“Having a lawyer and being on the road to filing an application is something concrete and tangible that can give a young person a feeling of some sense of agency in working towards their future and the possibility of safety and protection,” noted Rachel Davidson from The Door. “When [legally] ‘repped,’ [children] gain the opportunity to feel control over one aspect of their lives,” Davidson explained. “[Children] having someone to talk about their story with cannot be undervalued. To sit with a lawyer, share their story, and have it validated as real trauma, something worth supporting and something that has legal implications for status is very important for a young person.”<sup>109</sup>

Service providers underscored the benefits of access to legal counsel. Estephany Brito-Carlo, Equity and Inclusion Coordinator at LAYC, explained that without legal representation, unaccompanied children may

104 Author interview with Rachel Davidson, Managing Attorney for Policy and Special Projects, The Door, June 3, 2020.

105 Author email correspondence with Desireé Hernández, Deputy Executive Director and Legal Director, Safe Passage Project, January 20, 2021.

106 Author email correspondence with a representative of Kids in Need of Defense (KIND), January 19, 2021.

107 Author email correspondence with a representative of KIND.

108 Author email correspondence with a representative of KIND.

109 Author email correspondence with Rachel Davidson, Managing Attorney for Policy and Special Projects, The Door, January 12, 2021.



lose hope in the possibility of securing immigration relief.<sup>110</sup> In addition, Ana Batún Fuentes, formerly of Mary's Center—a community legal, mental-health, health, and education support center and ORR post-release service contractor—explained how legal services can affect the trajectory of children's lives and open doors to future economic and educational opportunities by helping them secure work permits or immigration status.<sup>111</sup>

When children do not receive federally funded legal representation, they and their parents or sponsors must rely on community supports to identify immigration attorneys or proceed without legal representation. Legal service providers who conduct a legal screening and Know Your Rights presentation for children in ORR custody may later offer those children referrals for legal representation after their release. While the referrals often include pro bono or low-cost attorneys, they are not a guarantee that children will obtain representation. David Hernandez, formerly of Children's Village in the New York metropolitan area, explained that children living with unauthorized immigrant family members often have limited financial means and cannot afford to hire a lawyer.<sup>112</sup> Several service providers also noted that many children encounter backlogs and waitlists when trying to access pro bono representation.

Many providers rely on partnerships with pro bono attorney networks to provide unaccompanied children with legal representation. While pro bono attorneys play a crucial role in expanding available representation, they may not be trained or have experience in immigration law, nor in trauma-informed or culturally responsive service delivery. Some organizations address this by assigning pro bono attorneys to in-house attorney mentors who have relevant training or experience. Other organizations pair a social worker with every child who is represented by a pro bono attorney.<sup>113</sup>

The Vera Institute explained that their pro bono model requires legal service providers to offer substantial guidance and support to pro bono attorneys throughout a child's case. Shaina Aber, Deputy Director of the Vera Institute of Justice's Center on Immigration and Justice, explained that some legal service providers give close guidance and mentoring support from an initial orientation and recruitment meeting to training

*A number of legal service providers seek to broaden access to legal representation to all unaccompanied children in need, whether or not they are receiving ORR funding, with an ultimate goal of universal representation.*

the pro bono attorneys on immigration law, reviewing their legal filings and motions, and ensuring they are prioritizing the case and being responsive. According to Aber, "the mentoring of the case by seasoned legal service provider attorneys is vital to ensure there is effective assistance of counsel."<sup>114</sup>

A number of legal service providers seek to broaden access to legal representation to all unaccompanied children in need, whether or not they are receiving ORR funding, with an ultimate goal of universal representation. To do this, organizations diversify their funding portfolios, including by pursuing foundation

110 Author interview with Estephany Brito-Carlo.

111 Author interview with Ana Batún Fuentes, former Program Officer of Post-Release and Home Services, Mary's Center, June 2, 2020.

112 Author interview with David Hernandez, former Director of National Home Study and Post-Release Services, Children's Village, May 4, 2020.

113 This paragraph is substantially drawn from a summary brief on legal services prepared by MPI and UNICEF for the MPI-UNICEF convening "Legal Service Providers as Unaccompanied Children's Entry Point to Comprehensive Services," October 21, 2020.

114 Author email correspondence with Shaina Aber, March 3, 2021.

grants and charitable donations. CARECEN uses its ORR funding to serve unaccompanied children who meet ORR’s eligibility requirements and leverages other funding to serve children living in Los Angeles and rural areas after release from other jurisdictions.<sup>115</sup> The Safe Passage Project strives to represent children seeking legal representation regardless of how each child entered the country.<sup>116</sup> The Refugee and Immigrant Center for Education and Legal Services (RAICES) uses non-federal funds to administer a low bono program for children who are ineligible for legal representation services through its ORR-funded program.<sup>117</sup> Sarah Valdes, Program Director for Released Children Services at RAICES, underscored that “we will find the funding to cover a child’s case whenever possible; however, we cannot accept every case because the need is simply too high.”<sup>118</sup>

Some other service providers, such as youth-serving organizations, hospitals, and public schools, have taken steps to broaden unaccompanied children’s access to legal services by screening for potential immigration relief and referring children to affordable legal service providers. A Children’s National Hospital clinic in Washington, DC, administers an in-house screening tool to identify families who may be eligible for immigration legal services.<sup>119</sup> The clinic provides referrals for legal services by community partners, including law school immigration clinics and legal service providers. Oakland International High School has worked with its school district to develop partnerships with local immigration legal organizations and private law firms to connect students with low bono or pro bono legal services.<sup>120</sup> The partnership allows strategic communication between a student’s attorney and the school. For example, the attorney can work directly with the school on needed documents and court preparation for the student’s legal case.

### *Finding 3: Some schools and service providers have developed strategies to help unaccompanied children overcome barriers to enrolling and staying in school.*

School enrollment involves many steps and requirements that may pose barriers to unaccompanied children and their sponsors. Service providers described how the complexity of the process can be exacerbated when school staff do not speak the sponsor’s or child’s primary language. Samuel Klein, Supervisor of the Office of English Learners for Arlington Public Schools in Virginia, explained that some school staff do not understand what it means to be an unaccompanied minor.<sup>121</sup> Providers also highlighted the importance of obtaining educational documents from children’s countries of origin so that minors can be credited for courses they have completed and the schools can provide enrollment services in a student’s primary language and develop flexible schedules for working students to reduce the likelihood that they drop out.

115 Author interview with Camila Alvarez and Jenny Villegas-Garcia.

116 Author interview with Desireé Hernández.

117 Author interview with Sarah Valdes, Program Director for Released Children Services, Refugee and Immigrant Center for Education and Legal Services (RAICES), May 1, 2020.

118 Author interview with Sarah Valdes.

119 Author interview with Nathalie Quion, Medical Director, Children’s National Hospital’s Columbia Heights clinic, June 30, 2020.

120 Lauren Markham (interview and presentation).

121 Author interview with Samuel Klein, Supervisor, Arlington County Public Schools’ Office of English Learners, July 17, 2020.

When enrolling, students are often required to present a form of identification, proof of address, transcripts, and immunization records. While the school needs such information, JeanPaul Figueroa, Social Services Coordinator of the Capital Area Immigrants' Rights (CAIR) Coalition, described these requirements as potential barriers to enrollment.<sup>122</sup> Figueroa reported that some Washington, DC, area schools can fail to recognize an ORR-issued identification document as a form of identification and that some ask non-parent sponsors for proof of guardianship, which many are unable to provide.<sup>123</sup> Patrick Reynolds-Berry, Chief Operating Officer at Catholic Charities of Southwestern Ohio, reported lack of official paperwork and documentation, including immunization and physical exam records, was often a barrier to school enrollment.<sup>124</sup> Children and youth released from ORR custody arrive to their sponsor's home with shelter immunization and medical records, but many times when youth move or choose to leave their initial sponsor's home, these official documents are lost or misplaced, Reynolds-Berry explained, and if any of these pieces are missing, it makes registration difficult.<sup>125</sup> For this reason, Catholic Charities helps connect families with a health-care provider so that they can receive the medical care necessary for school enrollment and to support their ongoing health and wellness. Additionally, the organization's case managers help school officials understand ORR paperwork, communicate across language and cultural barriers, and educate youth and sponsors on the importance of keeping ORR documents and paperwork safe and secure.

---

*Catholic Charities helps connect families with a health-care provider so that they can receive the medical care necessary for school enrollment and to support their ongoing health and wellness.*

David Hernandez, formerly of Children's Village, reported that it can be a struggle to get copies of school records from a child's country of origin.<sup>126</sup> However, some providers described workarounds. The school social work team and EL support staff at Cincinnati Public Schools have used WhatsApp to successfully get copies of needed documents from these countries, and this can help students get closer to graduating by crediting them for classes they have already completed.<sup>127</sup>

Multiple service providers emphasized the need for schools to have Spanish-speaking staff who have been trained to help unaccompanied children with enrollment.<sup>128</sup> Samuel Klein from Arlington Public Schools emphasized that when families do not share a language with school administrators, they are less likely to engage with the school.<sup>129</sup> For this reason, Arlington Public Schools developed the Bilingual Family Liaisons program under the Office of English Learners. Bilingual Family Liaisons act as a connection between the school and the student's family.<sup>130</sup> They are placed in almost every school in the county, and they encourage

---

122 Author interviews with JeanPaul Figueroa, Social Services Coordinator, Capital Area Immigrants' Rights (CAIR) Coalition, March 4 and May 28, 2020.

123 Author interviews with JeanPaul Figueroa.

124 Author interview with Patrick Reynolds-Berry, Chief Operating Officer, Catholic Charities of Southwestern Ohio, May 27, 2020.

125 Author interview with Patrick Reynolds-Berry.

126 Author interview with David Hernandez.

127 Mary Jo Montenegro (interview and presentation).

128 Author interview with a representative of KIND, April 30, 2020.

129 Author interview with Samuel Klein.

130 Author interview with Samuel Klein.

parents to get involved at school and often act as interpreters. The liaisons also help educate parents about services available at school and connect children to school counselors and social workers.

Providers frequently noted how the balance between work and school can be a challenge for unaccompanied children. Some schools also have a team of staff members to help children stay in school. In Cincinnati Public Schools, some principals, in collaboration with the school social work team and EL support staff, have taken a more flexible approach with students who work at night.<sup>131</sup> These students are sometimes allowed to have an adjusted class schedule if they keep their grades up. At the International High School at Langley Park in Maryland, two counselors, two social workers, a community school coordinator, pupil personnel worker, and the parent outreach caseworker offer support to children, including via support groups such as the “newcomer group” and “family reunification group” and through food deliveries, access to the school’s food and clothing pantry, and immigration legal services.<sup>132</sup>

### *Finding 4: Schools play an important role as service hubs to link children to community resources.*

Providers described examples of schools partnering with nonprofit organizations to bring non-academic services to their students. In some cases, service providers station a social worker or counselor in the school or provide training to school staff on best practices for supporting unaccompanied children. Service providers can support students and teachers, and fill gaps when school resources are insufficient, but multiple providers suggested that schools’ capacities also need to be expanded.

Some public schools have agreements with local service providers to increase access to services for students. For example, LAYC has offices in several schools in Washington, DC, and Maryland where they position bilingual and culturally sensitive staff to support children with behavioral health issues, including newcomer children, through the Promotor Pathway model.<sup>133</sup> An unaccompanied child can walk into one of LAYC’s school offices and be assigned a promotor for individualized support that is designed to be given for more than one year. According to Susana Martinez of LAYC, the organization offers children this type of support since “young people thrive on lasting relationships.”<sup>134</sup>

Other interviewed organizations with staff based in schools include Catholic Charities of Southwestern Ohio, the IAC in Massachusetts, and CARECEN in California. In Princeton, a school district north of Cincinnati, the district funds a bilingual therapist from Catholic Charities to provide on-site mental-health services to uninsured unaccompanied children three days a week.<sup>135</sup> In New Bedford, MA, the IAC directs individual donations to staff a bilingual case manager who is stationed in a local high school to assist unaccompanied children through the AMIGOS Project.<sup>136</sup> The case manager works with 55 students at any given time and helps maintain students’ connection with the school, while also providing rental, utility, and food assistance and referrals to physical and mental health clinics. CARECEN’s school-based program involves staff orienting

<sup>131</sup> Mary Jo Montenegro (interview and presentation).

<sup>132</sup> Author email correspondence with Carlos Beato, Founding Principal, International High School at Langley Park, January 11, 2021.

<sup>133</sup> Author interview with Susana Martinez; author interview with Estephany Brito-Carlo.

<sup>134</sup> Author interview with Susana Martinez.

<sup>135</sup> Author interview with Patrick Reynolds-Berry.

<sup>136</sup> Author interview with Helena DaSilva Hughes.

children and their families to the immigration and education systems in the United States, including through Know Your Rights presentations, in multiple high schools in Los Angeles County.<sup>137</sup>

Multiple schools run school-based health centers where all enrolled children can get medical, dental, and optometric care. Cincinnati Public Schools and Oakland International High School have medical and dental clinics, for example.<sup>138</sup> These services are particularly beneficial for unaccompanied children who have not secured immigration relief and may be ineligible for public health insurance.

The advantage of having these programs in schools was noted by Mary Jo Montenegro, School Social Worker at Cincinnati Public Schools: “Schools are a great hub for service delivery [because] they are not threatening. If we can increase capacity in schools, such as hiring more bilingual and bicultural staff, you can decrease the number of referrals you need to make.”<sup>139</sup> Co-locating services in schools also decreases transportation-related barriers to services.

Other organizations help build schools’ capacity to meet unaccompanied children’s needs by training administrators and teachers. NVFS’ Youth Initiatives Program provides training to unaccompanied youth-serving professionals, including school staff and faculty. Training typically includes education on immigration proceedings, the dynamics of family reunification, the benefits of early intervention and prevention services, the intersection of trauma and immigration, trauma’s effect on youth, and trauma-informed practices tailored for school settings. Kate Reen from NVFS stated that the training helps youth-serving professionals be more effective when working with youth who have been recently reunified with parents or other family members.<sup>140</sup>

A number of service providers and school representatives urged expanding services in schools. Samuel Klein from Arlington Public Schools suggested: “Schools need in-house licensed therapists for grief groups. And [other counseling or support] groups that are in addition to individual mental-health services. Schools have counselors, but it is not enough.”<sup>141</sup> Estephany Brito-Carlo of LAYC noted that the schools the organization works with in Washington, DC, and Maryland do not have sufficient bilingual staff, including counselors, school social workers, teachers, administrators, and principals, to more fully support unaccompanied children due to a limited number of available and qualified bilingual candidates.<sup>142</sup>

### *Finding 5: Providers seek to address trauma and other mental-health challenges faced by unaccompanied children.*

In interviews and roundtable meetings, service providers frequently discussed the severity and extent of trauma among unaccompanied children. These children may have experienced traumatic events in their country of origin, during their migration journey, or while in government custody. Some children experience depression, anxiety, or PTSD as a result. “The fact that [unaccompanied children] are being separated from

137 Author interview with Camila Alvarez and Jenny Villegas-Garcia.

138 Mary Jo Montenegro (interview and presentation); Lauren Markham (interview and presentation).

139 Mary Jo Montenegro (interview and presentation).

140 Author email correspondence with Kate Reen, Assistant Director of Youth Initiatives, NVFS, January 19, 2021.

141 Author interview with Samuel Klein.

142 Author interview with Estephany Brito-Carlo.

their families and their homes and having to travel so far away to a totally different country where they may or may not speak the language, and where the culture is totally different, adds a layer of trauma,” explained Amanda Altman, Executive Director of Kristi House, an organization that provides therapy to unaccompanied children in Florida.<sup>143</sup>

For children who migrate to the United States to reunite with their parents after many years, this also means separating from the person who has been their caregiver in their country of origin. According to JeanPaul Figueroa of CAIR Coalition, the child experienced the first separation when their parents migrated without them and a second separation when the child migrates without their caregiver.<sup>144</sup> “That child may never see [the caregiver] again, so they grieve,” Figueroa explained.<sup>145</sup> Being separated from your family is incredibly traumatic in and of itself, noted Amanda Altman of Kristi House. “Having to be separated from your parents takes away your entire sense of security as a child and leads to so much uncertainty.”<sup>146</sup>

Providers described the frequency of violence against children during their efforts to reach the United States. According to Altman, many children were promised “great things” but were sexually abused during their journey.<sup>147</sup> Providers also described trauma resulting from experiences in CBP custody, trauma due to family separations under Trump administration border-enforcement policies, and due to experiences in ORR-funded secure, staff secure, and residential treatment center facilities.

Trauma can affect an unaccompanied child’s mental health, socioemotional well-being, relationship with their sponsor, schoolwork, and legal case. This can happen even when children are living with a sponsor with whom they have a positive relationship, according Susana Martinez from LAYC.<sup>148</sup> Further, once a

*Trauma can affect an unaccompanied child’s mental health, socioemotional well-being, relationship with their sponsor, schoolwork, and legal case.*

child feels safe, the impact of complex trauma begins to come out and intrahousehold conflict emerges, explained a representative of the Lutheran Immigration and Refugee Services.<sup>149</sup> Trauma can lead to school nonattendance and uncompleted assignments due to depression or PTSD, indicated Martinez.<sup>150</sup> Legal service providers report that trauma

makes children hesitant to disclose needed information for their immigration case, particularly information related to their traumatic experiences. And even if resources are available to support unaccompanied children who have experienced trauma, explained Martinez, it takes time for children to “open up” to the idea of accessing these services.<sup>151</sup>

143 Author email correspondence with Amanda Altman, Executive Director, Kristi House, February 19, 2021.

144 Author interviews with JeanPaul Figueroa.

145 Author interviews with JeanPaul Figueroa.

146 Author interview with Amanda Altman, Executive Director, Kristi House, May 15, 2020; author email correspondence with Amanda Altman.

147 Author interview with Amanda Altman.

148 Author interview with Susana Martinez.

149 Author interview with Kay Bellor, Vice President for Programs; Lorie Davidson, Director for Children and Family Services; and Ginny Fitchett, Assistant for Family Reunification, Lutheran Immigration and Refugee Services, May 28, 2020.

150 Author interview with Susana Martinez.

151 Author interview with Susana Martinez.



Trauma-informed care requires “being mindful of ways in which your interactions with clients might inadvertently make them feel unsafe.”<sup>152</sup> “Warm handoffs” and “warm referrals” are rooted in this approach. An example of this is a provider ensuring that a pregnant minor has prenatal care and mental-health support in preparation for an immigration court hearing.<sup>153</sup> To ensure a child receives a warm referral, a provider prepares both the child and the other service provider with detailed instructions and information.<sup>154</sup>

Many service providers offer referrals or in-house clinical mental-health services to help clients work through the effects of trauma.<sup>155</sup> Americans for Immigrant Justice (AI Justice) works with local mental-health professionals to help children open up about their past, which may include traumatic experiences, to build their legal case.<sup>156</sup> In addition to other mental-health services, Kristi House offers trauma-informed therapy to unaccompanied children.<sup>157</sup> Terra Firma, a medical and legal program of Catholic Charities of New York and Montefiore Bronx Health Collective, reports that approximately 70 percent of its patients are referred for mental-health services.<sup>158</sup> Amanecer Counseling Service provides both individual and group trauma-informed care and works with a child’s attorneys to help the child prepare to “tell their story” in immigration court.<sup>159</sup>

Some educators shared stories of schools using nontraditional practices to help children experiencing mental-health challenges. For example, Oakland International High School places Newcomer Assistants in classrooms to provide extra academic and emotional support to unaccompanied children.<sup>160</sup> These second adults serve as paraprofessionals, building relationships with the students and offering them extra support. At Texas-based Las Americas Newcomer School, children can access mental-health care, including a butterfly garden, therapy rabbits, and restorative practices, such as harm reparation.<sup>161</sup> The International High School at Langley Park’s curriculum also includes a focus on addressing the roots and effects of their students’ trauma.<sup>162</sup> “The point is that before you get into academics, you have to touch on these life-changing experiences so that students can then deal with the trauma and begin to learn,” explained Carlos Beato, Founding Principal of the high school.<sup>163</sup>

Service providers also shared that some of their staff experience vicarious trauma after working closely with traumatized clients. “Burnout is very high in this field. ... Attorneys are obliged to act as mental-health advocate, social worker, homelessness advocate, and professional boundaries get squishy,” explained Shaina Aber of the Vera Institute.<sup>164</sup> CAIR Coalition created a plan on providing service referrals to set limits and

152 ACF, “[Resource Guide to Trauma-Informed Human Services: Q&A: Trauma-Informed Services](#),” accessed March 10, 2021.

153 Author interview with a representative of KIND.

154 Presentation by Sara Howell, Clinical Social Worker, Las Americas Newcomer School, at the MPI-UNICEF convening “Supporting Unaccompanied Children’s Transitions into Communities,” July 30, 2020.

155 Author interview with Amanda Altman.

156 Author interview with Jennifer Anzardo Valdes, Program Director, Americans for Immigrant Justice, May 11, 2020.

157 Author interview with Amanda Altman.

158 Author interview with Felin Martinez, Program Specialist and Youth Enrichment Program Director; Alan Shapiro, Medical Director and Co-Founder; and Mia Stange, Program Administrator, Terra Firma, April 23, 2020.

159 Author interview with Teddie Valenzuela.

160 Lauren Markham (interview and presentation).

161 Presentation by Sara Howell.

162 Author interview with Carlos Beato.

163 Author interview with Carlos Beato.

164 Author interview with Shaina Aber, Deputy Director of the Vera Institute of Justice’s Center on Immigration and Justice, May 28, 2020.

boundaries between staff and clients after recognizing the extent of vicarious trauma among staff.<sup>165</sup> In addition to receiving mental-health services, organizations should ensure staff members practice self-care and do not have excessive caseloads, indicated Jennifer Anzardo Valdes of AI Justice.<sup>166</sup>

Multiple service providers also stressed the importance of providing linguistically and culturally sensitive care. They expressed a strong preference for delivering mental-health services to immigrant children through qualified bilingual professionals over translation and interpretation-assisted services. The Young Center for Immigrant Children's Rights, a national child advocate program, assigns bilingual, bicultural volunteers to meet regularly with children with whom they share a language when the Young Center is appointed as child advocate. "When we have pain, we want to speak in our own language," explained Brenda Piñero of the South Texas Pro Bono Asylum Representation Project (ProBAR).<sup>167</sup> Providers also often noted the need for mental-health professionals with cross-cultural communication skills, in addition to bilingualism or the ability to speak in the child's native language. Adopting a culturally relevant approach can also help address stigmas towards receiving mental-health services in some immigrant communities. In response to these stigmas, Alix Janke of Inspiritus emphasized the need for nontraditional methods such as home-based and peer group counseling.<sup>168</sup> "It's not always useful to provide [U.S.]-style therapy that is just translated. ... You must structure counseling in a way that is not offensive and is culturally competent," explained Janke.<sup>169</sup>

Some immigration attorneys, medical professionals, and other service providers have recognized the need to address the psychological impacts of children's migration experiences and added mental-health services to their service models. Virginia Hospital Center (VHC) Pediatrics in Arlington, VA, hired staff dedicated to supporting children's mental health after noting the urgent need for mental-health support in their patient population. Doctors and nurses were spending a significant amount of time arranging outside referrals to mental-health services for unaccompanied children.<sup>170</sup> VHC Pediatrics also began providing nonclinical case management to their patients after they found that patients needed support due to food security, housing, transportation, and other nonmedical issues.<sup>171</sup> Catholic Charities of Southwestern Ohio is in contract negotiations to place a bilingual therapist in Cincinnati Public Schools, with the support of school district funding, so that uninsured unaccompanied children can also access mental-health services.<sup>172</sup> And Oakland International High School created an internship program for in-training therapists to expand the number of children who could receive no-cost mental-health services at school.<sup>173</sup>

<sup>165</sup> Author interviews with JeanPaul Figueroa.

<sup>166</sup> Author interview with Jennifer Anzardo Valdes. Notable research on the topic of vicarious trauma for legal professionals includes Hannah C. Cartwright, Lindsay M. Harris, Liana M. Montecinos, and Anam Rahman, "Vicarious Trauma and Ethical Obligations for Attorneys Representing Immigrant Clients: A Call to Build Resilience among the Immigration Bar," *American Immigration Lawyers Association Law Journal* 2, no. 1 (2020): 23–40.

<sup>167</sup> Author interview with Brenda Piñero, Director of Programs, South Texas Pro Bono Asylum Representation Project (ProBAR), April 22, 2020; presentation by Brenda Piñero at MPI-UNICEF convening "Legal Service Providers as Unaccompanied Children's Entry Point to Comprehensive Services," October 21, 2020.

<sup>168</sup> Author interview with Alix Janke.

<sup>169</sup> Author interview with Alix Janke.

<sup>170</sup> Author interview with Delicia Claire.

<sup>171</sup> Author email correspondence with Delicia Claire, Clinical Director, Arlington Pediatric Center at Virginia Hospital Center Pediatrics, January 7, 2021.

<sup>172</sup> Author interview with Patrick Reynolds-Berry.

<sup>173</sup> Lauren Markham (interview and presentation).

## *Finding 6: Providers strive to respond to health needs because many children and sponsors lack public health insurance.*

Several service providers explained how important access to medical care was for unaccompanied children, both for their well-being and to meet school and legal requirements and obligations. Many children do not have access to primary care after release from ORR custody, and this is an issue that has not been addressed well, noted Nathalie Quion, Medical Director of Children’s National Hospital at Columbia Heights clinic.<sup>174</sup> Children also need medical care to provide a vaccine record for school enrollment after losing or misplacing ORR official documentation, explained Patrick Reynolds-Berry of Catholic Charities of Southwestern Ohio.<sup>175</sup> Brenda Piñero of ProBAR also noted that “if a client is sick or hungry, they could have a challenging time testifying or representing themselves in court.”<sup>176</sup>

Unaccompanied children often lack health insurance.<sup>177</sup> Many services could be provided to and benefit unaccompanied children, but if they do not have insurance, they often cannot access them, explained Samuel Klein of Arlington Public Schools.<sup>178</sup> Some children with jobs cannot access health insurance through their employer since, if they are not eligible for work permits, “they have no choice but to ‘work under the table,’” noted representatives of CARECEN.<sup>179</sup> Service providers in the Washington, DC, metropolitan area have faced challenges when providing referrals since health insurance, while available to unaccompanied children in the District of Columbia, is not available in Virginia and Maryland to children without legal status. Nathalie Quion of Children’s National Hospital explained how medical staff collaborate with the hospital’s financial division to see how the hospital can cover the children’s bills, particularly for those children who are not DC residents and for those who have chronic illnesses.<sup>180</sup>

Some providers offer free-of-cost medical care. VHC Pediatrics provides free health care services for uninsured children under age 18. Children are eligible for sick and wellness visits, preventative care, mental-health care, and nonclinical case management if their family’s income is below 200 percent of the federal poverty level and they reside in Arlington County, VA.<sup>181</sup> Children also receive free medical, dental, and vision services at the school-based health centers in Ohio’s Cincinnati Public Schools, as previously noted.<sup>182</sup> The New York-based Terra Firma provides medical care, mental-health care, and legal

---

*Terra Firma’s medical and mental-health team collaborates with the legal team to ensure that children receive comprehensive medical or mental-health evaluations and affidavits, which are used as evidence to corroborate claims in support of a patient’s legal case.*

<sup>174</sup> Author interview with Nathalie Quion.

<sup>175</sup> Author interview with Patrick Reynolds-Berry.

<sup>176</sup> Brenda Piñero (interview and presentation).

<sup>177</sup> Amanda Salami, “Immigrant Eligibility for Health Care Programs in the United States,” National Conference of State Legislatures, October 19, 2017.

<sup>178</sup> Author interview with Samuel Klein.

<sup>179</sup> Author interview with Camila Alvarez and Jenny Villegas-Garcia.

<sup>180</sup> Author interview with Nathalie Quion.

<sup>181</sup> Author interview with Delicia Claire.

<sup>182</sup> Mary Jo Montenegro (interview and presentation).

services without cost to unaccompanied children.<sup>183</sup> According to one of the organization's founders, Alan Shapiro, all patients receive health-care services, and many join enrichment services such as English for Speakers of Other Languages (ESOL), academic workshops, and weekly nutrition class, where the patients cook together to prepare a healthy meal. Terra Firma's medical and mental-health team collaborates with the legal team to ensure that children receive comprehensive medical or mental-health evaluations and affidavits, which are used as evidence to corroborate claims in support of a patient's legal case. In addition to providing health-care services, Children's National Hospital and Mary's Center also connect families with "navigators" to help them understand the complex U.S. health-care system and navigate enrolling in health-care coverage.<sup>184</sup>

### *Finding 7: Service providers have sought to respond to pandemic-related needs, but resources for economic assistance are limited.*

During the pandemic, unaccompanied children and their families are experiencing food insecurity, severe economic stress from family job losses, and disrupted schooling. While these challenges are shared by a broader population, these children and families face additional stresses because they are generally ineligible for public benefits. During this time, many children and their sponsors are connecting with community organizations for services and support, where available. Sarah Valdes of RAICES explained that their "legal assistants are receiving calls from kids and families about all kinds of assistance since the majority are locked out of federal benefits and services. ... Some of our clients have never used a food bank."<sup>185</sup> RAICES found through a survey that the overwhelming majority of their clients in the Austin area were facing food insecurity during the initial months of the pandemic.<sup>186</sup> Brenda Piñero from ProBAR explained that many sponsors are calling their office seeking help due to the pandemic, and that some "don't have a job anymore, don't understand the news, don't have money for a doctor, and they can't pay rent or the phone bill."<sup>187</sup> Terra Firma found that their clients were excluded from federal and local COVID-19 relief, such as stimulus funds and unemployment benefits, and experienced severe economic, housing, and food insecurity.<sup>188</sup> "A lot of families are going hungry," stated Ana Batún Fuentes, formerly of the Mary's Center.<sup>189</sup>

Representatives of CARECEN explained that most of their clients had lost jobs or had hours cut significantly during the pandemic, creating a need for cash and rental assistance and food.<sup>190</sup> In California, there is a moratorium on evictions but no rent forgiveness. And among children and families who informally rent rooms, and thus do not have a formal rental lease agreement, many are reportedly still getting kicked out if they cannot pay rent.<sup>191</sup> Unaccompanied children without legal status cannot apply for rental assistance or access government benefits, explained representatives of CARECEN. Additionally, many of these children

183 Author interview with Felin Martinez, Alan Shapiro, and Mia Stange.

184 Author interview with Nathalie Quion; author interview with Ana Batún Fuentes.

185 Author interview with Sarah Valdes.

186 Author interview with Sarah Valdes.

187 Brenda Piñero (interview and presentation).

188 Author interview with Felin Martinez, Alan Shapiro, and Mia Stange.

189 Author interview with Ana Batún Fuentes.

190 Author interview with Camila Alvarez and Jenny Villegas-Garcia.

191 Author interview with Camila Alvarez and Jenny Villegas-Garcia.

fear the immigration consequences of accessing forms of assistance for which they are eligible; for example, they may not want to pick up food from a food bank or access recently released state cash assistance.

These challenges have also affected children and sponsors emotionally. As Teddie Valenzuela of Amanecer Counseling Service explained, “Parents and children are tired of each other. ... Children are bored and they want to play.”<sup>192</sup> According to Mary Jo Montenegro of Cincinnati Public Schools, unaccompanied children have not returned to school because online learning is difficult due to limited EL support, lack of internet, fear of becoming sick, and pressure to find a job if their families are struggling financially.<sup>193</sup> Lauren Markham of Oakland International High School explained that newcomer EL students, particularly those with significant interrupted formal education, “struggle in the remote learning context because they are still learning the [English] language and often need hands-on assistance not possible in the virtual space.”<sup>194</sup> The loss of access to guidance counselors, individual education plans, and ESL support leads to lack of motivation, as well as disheartenment due to feeling left behind, explained Rachel Davidson from The Door, in addition to facing “Zoom fatigue” and feelings of isolation and depression due to job losses, illness, or death in their families.<sup>195</sup> “[Children] are forced to choose between school and survival, and survival takes precedence,” noted Davidson.<sup>196</sup>

All interviewed service providers transitioned to offering remote services and support through various digital platforms, including WhatsApp, Facetime, phone calls, and text messaging, using video calls when possible to better connect with clients. Video calls present challenges, though: providers described privacy- and confidentiality-related concerns. Legal and mental-health service providers often need to discuss sensitive matters with their clients, but such forms of communication make it difficult to know if a child is alone in the room or has privacy to speak freely. This was a particular concern because, as multiple service providers noted, these children often live with roommates or family members in small apartments with limited space. To ensure children have some sort of privacy, Amanecer Counseling Service bought earphones for their clients.<sup>197</sup>

Limited digital access posed another set of challenges. Multiple providers noted that many unaccompanied children do not have electronic devices, such as laptops or tablets, or internet to engage in their school’s remote instruction and connect with other service providers.<sup>198</sup> To address these barriers, Inspiritus has provided tablets to some children with non-ORR grant funding, and the IAC has provided students with Chromebooks with a grant provided by Senator Mark Montigny.<sup>199</sup> The IAC has also helped struggling students with navigating their laptops and virtual learning. Similarly, Children’s National Hospital’s Columbia Heights clinic has done outreach and technology teaching to help patients access health care virtually through telehealth.<sup>200</sup>

192 Author interview with Teddie Valenzuela.

193 Author email correspondence with Mary Jo Montenegro, School Social Worker, Cincinnati Public Schools, January 19, 2021.

194 Author email correspondence with Lauren Markham, Learning Lab Director, Oakland International High School, January 18, 2021.

195 Author email correspondence with Rachel Davidson.

196 Author email correspondence with Rachel Davidson.

197 Author interview with Teddie Valenzuela.

198 Author interview with Rachel Davidson.

199 Author interview with Alix Janke; author interview with Helena DaSilva Hughes.

200 Author interview with Nathalie Quion.

Multiple service providers described their efforts to address food insecurity. Common strategies are to provide referrals to external food pantries or distribution centers, or supply food, groceries, or gift cards via in-person distributions, drop offs, or delivery. Cincinnati Public Schools is providing food packets every Wednesday at all school sites, as well as in neighborhoods with students living far from a school site.<sup>201</sup> Oakland International High School is delivering food to students' families and the wider community and distributing it at schools weekly in collaboration with the Alameda County Food Bank, a longstanding partner.<sup>202</sup> Between March 2020 and January 2021, the North Carolina nonprofit ourBRIDGE provided more than 137,000 meals and more than 2,000 grocery bags with products and produce from immigrant- and refugee-owned ethnic grocery stores.<sup>203</sup> ourBRIDGE continues to receive and distribute meal bundles through Charlotte-Mecklenburg Schools every Wednesday. Terra Firma and the Bronx Health Collective significantly expanded their in-house pantry with the support of individual and foundation grants to what is now a COVID-19 emergency pantry; they have provided more than 26,000 meals to 1,500 patients, as well as providing referrals to local food pantries and food assistance programs.<sup>204</sup>

Service providers have sought to broaden their services during the pandemic. Amanecer Counseling Service is using funds from its crisis program to provide rental assistance, food, and gift cards, as well as fundraising online to supplement funding for additional assistance.<sup>205</sup> Donations have funded care packages that include food, toilet paper, diapers, wipes, gloves, masks, board games, and coloring supplies. Mary's Center has provided direct assistance through the DC Cares program, a district program that provides a one-time payment of \$1,000 to DC residents who are experiencing financial hardship due to the COVID-19 pandemic and are ineligible for any other form of city or federal relief.<sup>206</sup> Other organizations, such as Kristi House and LAYC, have provided rental assistance and delivered food and groceries to their clients.<sup>207</sup> RAICES has expanded their social services department to help address social service needs such as food insecurity.<sup>208</sup>

---

*Amanecer Counseling Service is using funds from its crisis program to provide rental assistance, food, and gift cards, as well as fundraising online to supplement funding for additional assistance.*

Some service providers are extending case management and offering check-ins with their sponsors. Students participating in LAYC's Promotor Pathway can connect with their assigned Promotor anytime since they are on call.<sup>209</sup> Promotors are also dropping off or emailing gift cards for their assigned students. Soccer Without Borders, a nationwide youth program providing support through soccer and language and academic assistance, is offering Zoom "practices" so that students can stay connected with one another and with their coach-mentors while participating in their stay-at-home season.<sup>210</sup> Teams earn points depending

---

201 Author email correspondence with Mary Jo Montenegro.

202 Lauren Markham (interview and presentation).

203 Author email correspondence with Sil Ganzó, Founder and Executive Director, ourBRIDGE for Kids, January 25, 2021.

204 Author email correspondence with Mia Stange, Program Administrator, Terra Firma, January 21, 2021.

205 Author interview with Teddie Valenzuela.

206 Author email correspondence with a representative of Mary's Center, January 19, 2021.

207 Author interview with Amanda Altman; author interview with Estephany Brito-Carlo.

208 Author interview with Sarah Valdes.

209 Author interview with Estephany Brito-Carlo.

210 Author interview with Ben Gucciardi, Founder and Director, Soccer Without Borders, July 2, 2020.



on the number of students attending the virtual practices. During the early months of the pandemic, children on NVFS' waitlist received case management to meet basic needs and receive supplies, such as games and arts and crafts, they could use at home—thus providing healthy and safe alternatives to risky behaviors and negative peer involvement and encouraging positive family interaction.<sup>211</sup> According to Sil Ganzó, Executive Director and Founder of ourBRIDGE, their North Carolina immigrant youth organization has been distributing entertaining and educational learning materials to children and supporting them in accessing resources in order to successfully navigate online learning.<sup>212</sup>

***Finding 8: There is a need for improved coordination between shelters, ORR-funded post-release service providers, and other community providers.***

When discussing the collaboration between community service providers and ORR post-release service providers, interviewed providers offered conflicting perspectives. Most of the non-ORR-funded service providers stated that they did not have contact with ORR post-release service providers or facility case managers. For example, Helena DaSilva Hughes of IAC stated their organization has no connection with ORR and wish they did to better inform sponsors of their new responsibilities.<sup>213</sup> None of the non-ORR-funded service providers described instances of collaboration with ORR post-release service case managers. And although individuals supervising ORR case managers or ORR post-release services and home study programs stated that their case managers routinely provide referrals to community organizations, referrals from ORR shelter case managers may be lacking. ORR shelters provide a child and sponsor a discharge packet including copies of files or papers needed for the child to access medical, educational, legal, or other services following release.<sup>214</sup> JeanPaul Figueroa of CAIR Coalition explained that the discharge packets are sometimes only in English, that information about some providers may not be current, and that some providers do not offer services in languages other than English.<sup>215</sup>

This discrepancy in perceptions may, at least in part, be because most unaccompanied children do not receive ORR-funded post-release services, and those who do typically receive those services for a short period of time. In addition, service workers who are ORR-funded may not identify as such. However, this information points to a need to strength coordination and communication among ORR-funded and non-ORR-funded service providers.

Both ORR and non-ORR-funded providers spoke about the fears unaccompanied children and their sponsors have of immigration enforcement. David Hernandez, formerly of Children's Village, explained, "There is a level of trust between the [post-release service] case manager and sponsors and unaccompanied children, but no matter what we say they always see us as a government entity that wants to separate or deport them. ... We just want to make sure these unaccompanied children are getting the services they need."<sup>216</sup>

211 Author interview with Kate Reen.

212 Author interview with Sil Ganzó, Founder and Executive Director, ourBRIDGE for Kids, May 12, 2020.

213 Author interview with Helena DaSilva Hughes.

214 ORR, "Children Entering the United States Unaccompanied: §2.8.2 Transfer of Physical Custody," updated February 17, 2021.

215 Author interviews with JeanPaul Figueroa.

216 Author interview with David Hernandez.

Linkages between ORR case managers and community service providers appear to be stronger when the community service provider is also an ORR-funded post-release service provider. A notable example of this linkage came from Mary's Center. The organization is a community legal, mental-health, health, and education support center, and an ORR post-release service contractor. Center staff reported that it is common for Mary's Center post-release service providers to refer former unaccompanied children to their teen program, which includes after-school workshops on academics, college preparation, and career readiness.<sup>217</sup> They also expressed that it is easier to ensure continuity of care when the center's home study provider establishes a relationship with the ORR shelter case manager.

Children's National Hospital offered an example of how post-release collaboration between ORR and direct service providers can benefit unaccompanied children after their discharge from ORR care. Nathalie Quion spoke to MPI about the hospital's positive working relationship with an ORR medical officer who also works in the Children's National Hospital's emergency department.<sup>218</sup> She credited this relationship with enabling the hospital to create an informal group to assist children who come to the emergency department with signing up for health insurance and receiving referrals to specialists sooner than they would otherwise be able to receive this assistance.

### *Finding 9: Because federally funded case management is limited, some service providers have taken on their own case management efforts.*

Some service providers have incorporated case management into their service model in response to the needs of children and limited availability of federally funded case management. Examples were given from medical clinics, schools, legal service offices, and youth centers. For example, IAC and LAYC offer case management to unaccompanied children in schools.

Multiple legal service providers reported offering various forms of case management in addition to legal services. KIND and CAIR Coalition social service coordinators take a holistic approach to service delivery for children, including assisting them in managing school enrollment and health-care appointments and ensuring children have language access.<sup>219</sup> At ProBAR, Legal Services for Children, and the Florence Immigrant and Refugee Rights Project (Florence Project), children may receive case management support from social workers who collaborate with lawyers through an integrated social services-legal model. Brenda Piñero explained how ProBAR integrated social workers into their release support department after seeing lawyers and legal assistants performing non-legal services. "Attorneys are not social workers, as much as we like to think we can do it all," stated Piñero.<sup>220</sup>

<sup>217</sup> Author interview with Ana Batún Fuentes.

<sup>218</sup> Author interview with Nathalie Quion.

<sup>219</sup> Author interview with Mary Giovagnoli, Senior Counsel for Legal Strategy; Marisa Howe, Director for Planning and Performance for Legal Program; Wendy Miron, Senior Director for Social Services; and Jennifer Podkul, Vice President for Policy, Advocacy, and Communications, KIND, April 30, 2020; author interviews with JeanPaul Figueroa.

<sup>220</sup> Brenda Piñero (interview and presentation).

At Legal Services for Children in San Francisco, CA, each child receiving representation, whether in house or through a pro bono lawyer, is assigned a social worker.<sup>221</sup> Children's social workers can focus on mitigating rather than responding to crises since they are part of the legal team. Meanwhile, because of the Florence Project's integrated and client-centered model, children can receive trauma-informed care from both their lawyers and social workers and have their urgent non-legal needs met, such as emergency housing and food security.<sup>222</sup> Lillian Aponte, the Children's Program Manager of the Florence Project, explained that the integrated model was adopted to provide a holistic service approach because "clients are more than their legal case."<sup>223</sup>

Soccer Without Borders and ourBRIDGE offer after-school programs to ensure children have a physical space to feel a sense of belonging in addition to emotional support and referrals for human services.<sup>224</sup> Full-time program coordinators at Soccer Without Borders also serve as case managers and mentors for immigrant children.<sup>225</sup> The after-school program also serves as an alternative outlet for children who may not be ready "to sit in a room and talk with someone about their feelings," explained Ben Gucciardi, Founder and Oakland Director of Soccer Without Borders. "It offers a feeling of belonging and purpose. ... There is a group caring for you."<sup>226</sup> At ourBRIDGE's center, children receive academic, emotional, and social well-being support, explained Executive Director and Founder Sil Ganzó, in addition to English language acquisition support, health and legal referrals, a nutritional meal, and access to in-house therapists and counselors.<sup>227</sup> "This is not just a 3:00 to 6:00 p.m. thing where kids have to go to, rather it feels like family and we're here for them," explained Ganzó.<sup>228</sup>

The Young Center for Immigrant Children's Rights is appointed as the independent child advocate for trafficking victims and other unaccompanied children in ORR custody. Child advocates remain in contact with children (if the children consent) upon their release from custody to a sponsor and serve as a critical resource if the children are denied school enrollment, struggle to obtain medication or other services, or cannot find an attorney for their immigration case. In many cases, child advocates have identified legal, medical, and social services providers for children in the communities where they live after release.

Several service providers have incorporated advocacy as a key component of case management. JeanPaul Figueroa of CAIR Coalition explained that he has sometimes had to accompany clients to appointments to ensure their rights were being respected.<sup>229</sup> For example, after a prospective employer did not believe a Spanish-speaking immigrant child when he said he was allowed to work, the child asked Figueroa to accompany him and explain to the employer that the child was in fact able to lawfully work without a work permit because he had attained asylum status.

221 Presentation by Erin Maxwell, Senior Social Worker, Legal Services for Children, at the MPI-UNICEF convening "Legal Service Providers as Unaccompanied Children's Entry Point to Comprehensive Services," October 21, 2020.

222 Presentation by Lillian Aponte, Children's Program Manager, Florence Immigrant & Refugee Rights Project, at the MPI-UNICEF convening "Legal Service Providers as Unaccompanied Children's Entry Point to Comprehensive Services," October 21, 2020.

223 Presentation by Lillian Aponte.

224 Author interview with Ben Gucciardi; author interview with Sil Ganzó.

225 Author interview with Ben Gucciardi.

226 Author interview with Ben Gucciardi.

227 Author interview with Sil Ganzó.

228 Author interview with Sil Ganzó.

229 Author interviews with JeanPaul Figueroa.

Notably, California has launched an initiative to expand post-release case management in the state. The Immigrant Integration Branch of California's Department of Social Services has established the Opportunities for Youth project to support the reunification of youth and families after children are released from ORR care to sponsors in California. The project plans to provide case management, program navigation, youth mentoring, and family support services through nine providers across five regions in the state.<sup>230</sup>

### *Finding 10: There are special challenges to supporting unaccompanied children in rural areas, where needed services are often unavailable.*

Multiple service providers described a rural-urban divide in the services available to unaccompanied children after they are released to parents or other sponsors. The Young Center, Mary's Center, and ProBAR are among the providers that reported that rural regions tend to have fewer service hubs for unaccompanied children than do cities. And Jennifer Anzardo Valdes of AI Justice identified "access to any services for rural communities" as their most pressing need.<sup>231</sup>

*These children are often unable to utilize needed resources and services because they lack access to transportation, and because both medical and mental-health service providers located nearby lack needed language and translation services.*

In addition to the general concentration of services in cities, providers described specific barriers to accessing appropriate support in rural communities. Some service providers noted that it is even more difficult to identify Spanish-speaking providers in rural areas. Ana Batún Fuentes, formerly of Mary's Center, indicated that "children ... in remote places are experiencing a disparity in availability

of appropriate services, particularly bilingual providers."<sup>232</sup> According to Tania Hindert, Senior Director of Programs at Mary's Center, it is difficult for children living in rural areas to find and access legal, medical, and mental-health services, particularly those offered at a low cost and at close proximity to their homes.<sup>233</sup> These children are often unable to utilize needed resources and services because they lack access to transportation, and because both medical and mental-health service providers located nearby lack needed language and translation services, explained Hindert.

Children's lack of transportation was described as limiting their access to a range of services, including medical, mental-health, and legal appointments, as well as their ability to attend immigration court hearings. "The biggest hurdle is not only identifying resources, but also getting the children to their appointments," explained Marisa Chumil of the Young Center for Immigrant Children's Rights. "We have found that children and their families may move mountains if they can just get connected with and have access to resources."<sup>234</sup>

<sup>230</sup> Author email correspondence with Migdalia Wade, Staff Services Manager, Immigrant Integration Branch, California Department of Social Services, March 11, 2021.

<sup>231</sup> Author interview with Jennifer Anzardo Valdes.

<sup>232</sup> Author interview with Ana Batún Fuentes.

<sup>233</sup> Author email correspondence with a representative of Mary's Center.

<sup>234</sup> Author email correspondence with a representative of the Young Center for Immigrant Children's Rights, January 21, 2021.

Urban areas also have more recreational opportunities, programs for personal development, counseling, mental-health services, community clinics, crisis centers, and preventative health programs than rural areas, noted Brenda Piñero of ProBAR.<sup>235</sup> However, even where needed services are available and a child is receiving ORR-funded post-release services, the child may still have limited access to these services if the post-release service worker is not from the local area or is unfamiliar with specialized services the child can access.

To help serve children and their families living in rural areas, some providers have expanded their services. As previously mentioned, CARECEN occasionally represents children outside of the Los Angeles Immigration Court’s jurisdiction, using non-ORR funding to do so. They recognize that the “unmet need [for legal services] grows depending on location.”<sup>236</sup>

Some providers have enhanced the reach of their services by using technology to connect unaccompanied children in rural areas with legal services. For example, KIND uses technology in multiple ways to provide children in rural parts of Central Valley, CA, with legal representation. This includes creating a “virtual office” via Skype for Business, providing a tablet at a federally qualified health clinic for clients to meet with attorneys, and providing cell phones to particularly vulnerable clients.<sup>237</sup>

## 6 Recommendations

While there have long been calls to improve post-release services, the need to do so has become more urgent in light of increased arrivals and releases of unaccompanied children into U.S. communities in Spring 2021. In efforts to reduce the numbers of children in federal custody, the Office of Refugee Resettlement has implemented new procedures to expedite the release of some children to parents, and according to press accounts, ORR faces pressure to further speed the release process.<sup>238</sup> Expanding post-release services will be no substitute for taking needed precautions in the release process, but it can be a key part of efforts to address the needs of children, families, and communities after these children are released.

*Expanding post-release services will be no substitute for taking needed precautions in the release process, but it can be a key part of efforts to address the needs of children, families, and communities after these children are released.*

In addition to the challenges of rapidly building capacity, the federal government also faces the budget pressures that result from the high costs of emergency facilities, which have been reported to be as much as \$775 per child per day, resulting in program costs of \$62 million a week.<sup>239</sup> This could lead to proposals to reduce post-release services, on the premise that any available funds should be saved for future capacity

<sup>235</sup> Author email correspondence with Brenda Piñero, Director of Programs, ProBAR, January 20, 2021.

<sup>236</sup> Author interview with Camila Alvarez and Jenny Villegas-Garcia.

<sup>237</sup> Author email correspondence with a representative of KIND, March 2, 2021.

<sup>238</sup> Ted Hesson, Mica Rosenberg, Kristina Cooke, and Steve Holland, “Tensions Rise within Biden Administration as Migrant Kids Crowd Shelters,” Reuters, April 15, 2021.

<sup>239</sup> Nick Miroff, “Biden Administration Spending \$60 Million per Week to Shelter Unaccompanied Minors,” *Washington Post*, April 8, 2021.

needs. Such a direction would be shortsighted, however, given the importance of these services for children, families, and communities in which they live.

Most of the recommendations in this section involve minimal or no increased costs. However, expanding legal services and post-release case management would have budget implications. Unfortunately, it is not possible to estimate these costs because there is not publicly available information on current costs for these services, though they are a small share of total program costs. In FY 2021, when the total appropriation for unaccompanied children was \$1.3 billion, appropriators recommended that ORR spend no less than \$212 million on the combination of legal services, post-release services, and child advocates.<sup>240</sup> It seems less than optimal to be spending at least 84 percent of program costs on what is typically the first 30 to 60 days after children's arrival and less than 16 percent on the following months or years. Strategies that are successful in speeding the safe discharge of children to parents and other sponsors may be an important part of freeing up funds for service expansions.

Many service providers across the country are striving to respond to gaps in federally funded services for unaccompanied children, including by developing innovative and flexible models. Doing so, however, often requires patching together funding from multiple sources. And even with these efforts, substantial gaps and disparities in available services exist between communities, with support often more readily accessible in urban than rural areas. In light of the federal government's role in admitting unaccompanied children into the country, providing shelter and care, and releasing them to parents and other adults in U.S. communities, funding post-release services should principally be a federal responsibility. However, states, localities, and philanthropy can also play an important role. At the same time, a more effective network among providers could foster learning and sharing of experiences and best practices to strengthen service provision.

There is a wide range of actions that the federal, state, and local governments and philanthropic organizations could take to benefit immigrant children and youth more broadly. The recommendations listed here specifically focus on opportunities to strengthen services in ways that would improve support for unaccompanied children and youth.

Recommendations to the U.S. Department of Health and Human Services and the Office of Refugee Resettlement:

- 1 **HHS should ensure the availability of legal representation for all children released from federal custody to parents and other sponsors through a combination of support for pro bono assistance and directly funded services.** Currently, whether a child receives federally funded legal services after release depends on the community to which the child is released and the variations in available federal funding from year to year. Apart from resource constraints, there is no apparent policy rationale for why access to legal services is not made available to all unaccompanied children. Consistent with the requirements of U.S. law, under 8 *U.S. Code* §1232(c)(5), HHS should ensure that legal representation is available to all unaccompanied children in and after being in federal custody.

<sup>240</sup> U.S. House of Representatives, Committee on Appropriation, "Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Bill, 2021" (report no. 116-450, 116th Cong., 2nd Sess., July 15, 2020), 179; U.S. House of Representatives, "Division H—Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2021" (explanatory statement, n.d.).



The law indicates that HHS should utilize pro bono counsel to the greatest extent practicable, so the expansion should involve both increased support for pro bono efforts and expanded direct funding of legal service providers.

- 2 **ORR should extend case management to all children for the first 90 days after they are released from federal custody and identify circumstances in which it should be provided beyond that period.** Case management should be available without waiting periods for all children to assist them with school enrollment, connecting to legal services, health care, mental-health care, and other community services, and to help support them and their sponsors in the initial period after release. Multiple service providers expressed concern that 90 days is too short, particularly because family conflict issues may emerge after a child's initial months in the home. Since ORR used to provide for more than 90 days of support, it may be possible to analyze data or draw from discussions with providers to identify if there are particular categories of children who would benefit from a longer period of case management.
- 3 **ORR should require case consultations between shelter staff and post-release service providers to strengthen continuity of care.** Post-release case managers and other providers often do not have direct communication with shelter staff. ORR should require shelter and post-release staff to hold case consultations to discuss each child's transition from federal custody to the local community. Doing so would strengthen continuity of care and ensure clear and timely communication between shelter and post-release service providers.
- 4 **ORR should strengthen coordination between 30-day follow-up calls and post-release case management and ensure additional follow-up when children cannot be reached in 30-day calls.** Currently, shelter staff are required to make multiple efforts to reach children with a call 30 days after their release from federal custody to check on their safety and well-being, but if they are not successful, the attempted contacts are documented and no further action is taken on the case. ORR should ensure that information from the 30-day calls is effectively conveyed to post-release service providers and that cases where the child was not reached with a 30-day call are flagged to post-release service providers for heightened attention.
- 5 **HHS should ensure that post-release services have no connection to immigration enforcement.** As a general matter, it is important for the federal government to restore the separation between ORR services and immigration enforcement. For post-release services, it is essential that children and sponsors not fear that information they provide will be used in connection with enforcement efforts.
- 6 **ORR should organize listening sessions with ORR-funded post-release providers, non-ORR-funded providers, and released children and sponsors.** ORR should seek to hear about issues including needed services for children and sponsors, the length of services, how to improve coordination between ORR-funded shelters and post-release providers, how to improve coordination between ORR-funded post-release services and other providers, and how to help ensure both sets of providers have continuously updated and accurate lists of community resources.

**7 ORR should develop and make public a set of metrics for ORR-funded post-release services.**

At present, the only publicly available information about ORR-funded services is the total number of children receiving post-release services each fiscal year, and no information is released about the number or share receiving ORR-funded legal services after release from federal custody. Further, there is no publicly available information about the characteristics of the children receiving services, the length of services, services provided, or any key outcomes. After consultation with providers and stakeholders, ORR should develop and make such metrics publicly available, as this would promote transparency, make it easier for policymakers and communities to identify gaps, and promote a better understanding of the nature and effectiveness of services.

Recommendations to state and local governments, philanthropies, and service providers:

**8 States, localities, and philanthropic organizations should identify service gaps and seek to provide funding to fill those gaps.**

While funding of post-release services should be principally a federal responsibility, states, localities, and philanthropy can fill service gaps where the federal government is not providing needed support. While some needs will be common, others will vary across states and communities; an initial step could be to reach out to providers, children, and sponsors for listening sessions to identify key unmet needs. In particular, additional support could make it possible for more providers to design and implement multidisciplinary models or adopt legal-medical or legal-social services models to provide holistic and comprehensive services.

**9 State and local Offices of New Americans should seek to better understand and develop strategies for addressing the needs of unaccompanied children.**

Such offices can play a key role in bringing together governments and community stakeholders and hearing directly from unaccompanied children to better understand the needs and specific gaps in services for these children and their parents and other sponsors. This includes issues such as the need to streamline school enrolment and foster linkages to community services.

**10 States, localities, and philanthropy, in consultation with service providers, should develop teleservices and other strategies to make legal, medical, and mental-health services more accessible to unaccompanied children in areas where services are limited, especially rural areas.**

ORR-funded services in rural areas are typically time limited and dependent on referrals to community service providers that offer in-person services or teleservices and that have cultural and linguistic capacity to support unaccompanied children. In consultation with service providers that are either already delivering services in rural areas or are considering doing so, states, localities, and philanthropy could coordinate to strengthen the legal, medical, and mental-health service infrastructure in those communities through teleservices and other innovations.

**11 State and local education agencies should initiate a review of barriers to school enrollment for unaccompanied children, determine where additional policy or guidance is needed to minimize those barriers, and develop ombudspersons or other points of contact for when problems arise in school enrollment.**

In some instances, the difficulties may be in policies; in others, difficulties may arise due to confusion or uncertainty, and dedicated points of contact can assist children and their families as they navigate these systems.

In some respects, a period in which the federal government is facing considerable challenges from increased numbers of arriving unaccompanied migrant children may seem a less-than-ideal time to expand post-release services, but in fact, it is a particularly appropriate time to do so. It can lead to better outcomes for arriving children and for the communities in which they will live while awaiting immigration proceedings. Expanding legal services can help to ensure that all children's claims for immigration relief are fairly considered, regardless of their immigration court jurisdiction; a stronger case management system can address family stresses and provide linkages to community resources; and greater attention to these children's needs as they enter public schools will help not only them but also school faculty and their classmates. In short, at a time of heightened attention to the needs and circumstances of unaccompanied children, it is important to broaden that attention to include the time after they are released from federal custody and into local communities.

---

*At a time of heightened attention to the needs and circumstances of unaccompanied children, it is important to broaden that attention to include the time after they are released from federal custody and into local communities.*

## Appendix

The following is a list of the service providers Migration Policy Institute (MPI) researchers spoke to over the course of this study. More information about each organization can be found on their websites.

AMANECER COUNSELING SERVICE | CHILDREN'S CLINIC | Los Angeles, CA | <https://amanecerla.org/childrens-clinic>

AMERICANS FOR IMMIGRANT JUSTICE (AI JUSTICE) | CHILDREN'S LEGAL PROGRAM | Palm Beach, Broward, Monroe, Lee, Collier and Miami-Dade Counties, FL | <https://aijustice.org/programs/childrens-legal-program>

ARLINGTON PUBLIC SCHOOLS | OFFICE OF ENGLISH LEARNERS | Arlington, VA | <https://www.apsva.us/english-learners/>

CAPITAL AREA IMMIGRANTS' RIGHTS (CAIR) COALITION | DETAINED UNACCOMPANIED CHILDREN'S PROGRAM | Washington, DC, Maryland, and Virginia | <https://www.caircoalition.org/what-we-do/detained-childrens-program>

CATHOLIC CHARITIES SOUTHWESTERN OHIO | SU CASA HISPANIC CENTER | Cincinnati, OH | <https://www.ccswoh.org/programs/su-casa-hispanic-center-services/>

CENTRAL AMERICAN RESOURCE CENTER (CARECEN) OF CALIFORNIA | DEPORTATION DEFENSE UNIT | Los Angeles and San Bernardino, CA, and surrounding counties | [https://www.carecen-la.org/deportation\\_defense](https://www.carecen-la.org/deportation_defense)

CHILDREN'S NATIONAL HOSPITAL | COLUMBIA HEIGHTS | Washington, DC | <https://childrensnational.org/primary-care/columbia-heights>

CHILDREN'S VILLAGE | FORMER HOME-STUDY AND POST-RELEASE PROGRAM AND GOLDEN DOOR PROJECT | New York Metropolitan Area | <https://childrensvillage.org/>

CINCINNATI PUBLIC SCHOOLS | OFFICE OF SECOND LANGUAGE ACQUISITION | Cincinnati, OH | <https://ell.cps-k12.org>

COLLABORATIVE FOR EDUCATIONAL SERVICES | MASSACHUSETTS MIGRANT EDUCATION PROGRAM | Massachusetts | <https://www.collaborative.org/programs/migrant-education-program>

FAIRFAX COUNTY PUBLIC SCHOOLS | IMMIGRANT FAMILY REUNIFICATION PROGRAM | Northern Virginia | <https://www.fcps.edu/resources/family-engagement/immigrant-family-reunification-program>

FLORENCE IMMIGRANT & REFUGEE RIGHTS PROJECT | CHILDREN'S PROGRAM | Phoenix, AZ | <https://firrp.org/what/the-childrens-program/>

IMMIGRANTS' ASSISTANCE CENTER | AMIGOS PROJECT | New Bedford, MA | <https://immigrantsassistancecenter.org/services/case-management-services/youth-at-risk>

INSPIRITUS | HOME STUDY/POST-RELEASE SERVICES | Alabama, Georgia, and Tennessee | <https://weinspirit.org/refugees>

INTERNATIONAL HIGH SCHOOL AT LANGLEY PARK | Prince George's County, MD | <https://schools.pgcps.org/ihslangleypark/splash/>

KIDS IN NEED OF DEFENSE (KIND) | LEGAL AND SOCIAL SERVICES PROGRAMS | National | <https://supportkind.org>

KRISTI HOUSE | PROYECTO BRAZOS ABIERTOS | Miami-Dade County, FL | <https://kristihouse.org/services/immigration-trauma/>

LAS AMERICAS NEWCOMER SCHOOL, HOUSTON INDEPENDENT SCHOOL DISTRICT | Houston, TX | <https://www.houstonisd.org/lasamericas>

LATIN AMERICAN YOUTH CENTER (LAYC) | Washington, DC, and Prince George's and Montgomery Counties, MD | <https://www.layc-dc.org/>

LEGAL SERVICES FOR CHILDREN | San Francisco, CA | <https://www.lsc-sf.org/how-we-can-help/immigration-services/>

LUTHERAN IMMIGRATION AND REFUGEE SERVICE (LIRS) | POST-RELEASE AND HOME SERVICES | National | <https://www.lirs.org/family-reunification/>

MARY'S CENTER | HOME STUDY AND POST-RELEASE SERVICES | Washington, DC, and Maryland | <https://www.maryscenter.org/>

NORTHERN VIRGINIA FAMILY SERVICE | FAMILY REUNIFICATION PROGRAM | Northern Virginia | <https://www.nvfs.org/assistance/family-reunification/>

OAKLAND INTERNATIONAL HIGH SCHOOL | LEARNING LAB | Oakland, CA | <https://www.oihslab.com/>

ourBRIDGE FOR KIDS | Charlotte, NC | <http://www.joinourbridge.org/>

REFUGEE AND IMMIGRANT CENTER FOR EDUCATION AND LEGAL SERVICES (RAICES) | RELEASED CHILDREN'S PROGRAM | Austin, Corpus Christi, Dallas, Fort Worth, Houston, San Antonio, and surrounding Texas counties | <https://www.raicestexas.org/>

SAFE PASSAGE PROJECT | New York City and Long Island, NY | <https://www.safepassageproject.org/>

SOCCER WITHOUT BORDERS | National | <https://www.soccerwithoutborders.org/>

SOUTH TEXAS PRO BONO ASYLUM REPRESENTATION PROJECT (PROBAR) | CHILDREN'S PROGRAM | Rio Grande Valley, TX | [https://www.americanbar.org/groups/public\\_interest/immigration/projects\\_initiatives/south\\_texas\\_pro\\_bono\\_asylum\\_representation\\_project\\_probar/](https://www.americanbar.org/groups/public_interest/immigration/projects_initiatives/south_texas_pro_bono_asylum_representation_project_probar/)

TERRA FIRMA | New York City, NY | <http://www.terrafirma.nyc/>

THE DOOR | LEGAL SERVICES CENTER | New York City, NY | <https://door.org/legal-services-center/>

VERA INSTITUTE OF JUSTICE | UNACCOMPANIED CHILDREN PROGRAM | National | <https://www.vera.org/projects/legal-services-for-unaccompanied-children>

VIRGINIA HOSPITAL CENTER PEDIATRICS | ARLINGTON PEDIATRIC CENTER | Arlington, VA | <https://www.virginiahospitalcenter.com/find-a-location/locations-profile/vhc-pediatrics-3401-columbia-pike-suite-200/>

YOUNG CENTER FOR IMMIGRANT CHILDREN'S RIGHTS | CHILD ADVOCATE PROGRAM | National | <https://www.theyoungcenter.org/>

## About the Authors



**MARK GREENBERG** [@MarkHGreenberg](https://twitter.com/MarkHGreenberg)

Mark Greenberg is a Senior Fellow at the Migration Policy Institute (MPI) and is Director of its Human Services Initiative. The Initiative focuses on immigration issues affecting children and families and humanitarian populations and intersections between immigration and health and human services.

From 2009–17, Mr. Greenberg worked at the Administration for Children and Families (ACF) in the U.S. Department of Health and Human Services, initially as Deputy Assistant Secretary for Policy, and then as Acting Assistant Secretary from 2013–17. Previously, Mr. Greenberg was Executive Director of the Georgetown Center on Poverty, Inequality, and Public Policy; Executive Director of the Center for American Progress' Task Force on Poverty; and the Director of Policy for the Center for Law and Social Policy.

He is a graduate of Harvard College and Harvard Law School, and was a legal services lawyer in Florida and California for ten years after graduating law school.



**KYLIE GROW**

Kylie Grow was a Research Assistant with MPI's Human Services Initiative, where she worked on issues including refugee resettlement, unaccompanied children's services, and access to benefits and services for immigrant families. She is an Assistant Director with Seneca Family Services, advising multiple teams supporting unaccompanied children and their families throughout the Office of Refugee Resettlement (ORR) national network.

Prior to joining MPI, Ms. Grow worked as a family reunification case manager at an ORR-funded government shelter for unaccompanied migrant children. Beyond immigration, she has focused on international development, working on economic development projects in El Salvador, Guatemala, Haiti, Honduras, and Kenya.

Ms. Grow is a graduate of the Master's in International Development Policy program at Georgetown University's McCourt School of Public Policy, where she focused on the mitigation of migration push factors and humanitarian crises in the Americas.



**STEPHANIE HEREDIA** [@Steph\\_Heredia](https://twitter.com/Steph_Heredia)

Stephanie Heredia is a Research Assistant with MPI's Human Services Initiative, where she works on issues including refugee resettlement, unaccompanied children's services, and access to benefits and services for immigrant children and families.

Prior to joining MPI, Ms. Heredia worked with the Capital Area Immigrants' Rights Coalition as a legal assistant providing legal services to unaccompanied children in ORR custody and once released in the Washington, DC area. She served as the



Citizen Security Intern for the Woodrow Wilson International Center for Scholars' Latin American Program and as a legal assistant at L&L Immigration Law, PLLC, where she conducted casework for asylum seekers principally from Central America and Venezuela.

Ms. Heredia holds a master's degree in Latin American and hemispheric studies from The George Washington University's Elliott School of International Affairs, and a BA in history and Hispanic studies from The College of William and Mary.

---

### **KIRA MONIN**



Kira B. Monin was an intern with MPI's Human Services Initiative, where she worked on issues including unaccompanied children, the Central American Minors program, and refugee resettlement. Prior to joining MPI, Ms. Monin interned with Heartland Alliance International in Chicago and Programa Casa Refugiados in Mexico City. She has also worked in nonprofit administration at The Legal Aid Society and Project Renewal in New York City and volunteered at the International Rescue Committee.

Ms. Monin holds a master's degree from the University of Chicago School of Social Service Administration, where she focused on social policy analysis, program evaluation, global development, and trauma-informed care. She also holds a bachelor's degree from the University of Michigan in international studies and Latin American and Caribbean studies.

---

### **ESSEY WORKIE**



Essey Workie is a Senior Policy Analyst at MPI, where she works with the Human Services Initiative. Her research interests include immigrant children and families, health and human services, equity, and leadership development.

Ms. Workie previously held several leadership positions in the government and nonprofit sectors. In 2014, as the Regional Administrator for ACF, she coordinated regional efforts to increase shelter capacity during the increased arrivals of unaccompanied children. As a nonprofit consultant, she also codesigned a new shelter facility for unaccompanied children in 2018.

Ms. Workie has a bachelor's degree in psychology from James Madison University and a master's degree in social work from Temple University. She is also a leadership coach with an executive certificate in leadership coaching from Georgetown University.

## Acknowledgments

Many thanks are owed to the service providers working with unaccompanied children who shared invaluable insights via multiple virtual platforms and on multiple occasions between March 2020 and March 2021 in the midst of the challenges brought by the COVID-19 pandemic. The authors appreciate them sharing their thoughtful insights and expertise while providing physical and mental health care, legal support, school-related support, case management, social services, and COVID-19-related emergency support to vulnerable populations during the pandemic.

This report was informed by virtual convenings with service providers on July 30 and October 21, 2020, co-organized by the Migration Policy Institute (MPI) and United Nations Children's Fund (UNICEF), on the role of schools and legal services in supporting the integration of unaccompanied children in their communities. Special thanks are owed to Lisa Dixon of MPI for helping run the two virtual convenings and to UNICEF program officer Lauren Farwell, MPI research assistant Lillie Hinkle, and former MPI interns Fatima Dahir and Julie Aguilar for capturing insights and findings from the convenings. The authors appreciate the time Julie Aguilar devoted to assistance with this report.

The authors thank external reviewers who graciously provided helpful and thoughtful comments on drafts of this report: Rhonda Fleischer, Program Specialist at UNICEF; Leah Chavla, Esq., Senior Policy Advisor at the Women's Refugee Commission's Migrant Rights and Justice Program; Lorie Davidson, MSW, Director of Children and Family Services at Lutheran Immigration and Refugee Services; Jennifer Podkul, Esq., Vice President for Policy and Advocacy at Kids in Need of Defense; Marisa Chumil and Jennifer Nagda from the Young Center for Immigrant Children's Rights; Tamar Magarik Haro, Senior Director of Federal and State Advocacy at the American Academy of Pediatrics (AAP); Julie M. Linton, MD, FAAP, Co-Chair for the AAP Council on Immigrant Child and Family Health, Assistant Dean for Admissions and Clinical Associate Professor of Pediatrics at University of South Carolina School of Medicine Greenville, and Medical Director at Prisma Health Upstate PASOs Program; and J. Raul Gutierrez, MD, FAAP, Co-Chair for the AAP Council on Immigrant Child and Family Health, Associate Clinical Professor of Pediatrics at University of California San Francisco School of Medicine, Co-Director of the Center of Excellence for Immigrant Child Health and Wellbeing at UCSF Benioff Children's Hospitals, and Co-Director at the Bridges Clinic at the Children's Health Center, Zuckerberg San Francisco General.

This research was funded and supported by the W.K. Kellogg Foundation, and the authors thank them for their support. Finally, the authors thank their MPI colleagues Lauren Shaw and Michelle Mittelstadt for their superb editing and dissemination of the report.

MPI is an independent, nonpartisan policy research organization that adheres to the highest standard of rigor and integrity in its work. All analysis, recommendations, and policy ideas advanced by MPI are solely determined by its researchers.

© 2021 Migration Policy Institute.  
All Rights Reserved.

Design: Sara Staedicke, MPI  
Layout: Liz Heimann  
Photo: iStock.com/SDI Productions

No part of this publication may be reproduced in any form by any means, electronic or mechanical, or included in any information storage and retrieval system, without permission from the Migration Policy Institute. A full-text PDF of this document is available for free download from [www.migrationpolicy.org](http://www.migrationpolicy.org). Information for reproducing excerpts from this publication can be found at [www.migrationpolicy.org/about/copyright-policy](http://www.migrationpolicy.org/about/copyright-policy). Inquiries can also be directed to [communications@migrationpolicy.org](mailto:communications@migrationpolicy.org).

Suggested citation: Greenberg, Mark, Kylie Grow, Stephanie Heredia, Kira Monin, and Essey Workie. 2021. *Strengthening Services for Unaccompanied Children in U.S. Communities*. Washington, DC: Migration Policy Institute.

The Migration Policy Institute is an independent, nonpartisan think tank that seeks to improve immigration and integration policies through authoritative research and analysis, opportunities for learning and dialogue, and the development of new ideas to address complex policy questions.



[www.migrationpolicy.org](http://www.migrationpolicy.org)

1275 K St NW, Suite 800, Washington, DC 20005  
202-266-1940

