



Bridging Refugee Youth & Children's Services

Brighter Futures for Migrating Children: An Overview of Current Trends and Promising Practices in Child Welfare

Discussion Session

Child Welfare League of America National Conference

Children 2006: Securing Brighter Futures

Washington, D.C., February 27, 2006, 10:30 – 12:00

I. Introduction

Refugee, undocumented, and trafficked children from a broad range of countries represent a growing population in many of our state and county child welfare systems, and many service providers are facing challenges in meeting their unique needs. The U.S. Conference of Catholic Bishops (USCCB), which has specialized in serving migrating children for over 25 years, convened ***Brighter Futures for Migrating Children: An Overview of Current Trends and Promising Practices in Child Welfare*** to share key “promising practices”, or innovative strategies that have resulted in more effective services to these populations.

The discussion took place on February 27, 2006 in Washington, D.C., during the Child Welfare League of America National Conference, “Children 2006: Securing Brighter Futures”. Speakers from USCCB and Bridging Refugee Youth & Children’s Services (BRYCS) provided background information on migrating children and their service eligibility. Dr. Ilze Earner, editor of the recent September/October 2005 special issue of *Child Welfare*, “Immigrants and Refugees in Child Welfare,” presented immigration trends and successful strategies for improving the responsiveness of service systems to the special needs of migrating children. Audience members shared current challenges, as well as opportunities, and contributed methods and resources from their organizations and experiences in serving these children.

This session was part of an on-going series of facilitated discussions (including the National Child Welfare Advisory Board in 2004 and “*Enhancing State Child Welfare Services to Migrating Children*” in 2005) sponsored by USCCB and their partner organization LIRS, with support from the federal Office of Refugee Resettlement. These events have brought together a broad range of experts in the field to discuss challenges and identify strategies for improving child welfare services and outcomes for these especially vulnerable children.

This report draws from the presenters’ notes together with the major comments made by presenters and audience members during the discussion that followed. We appreciate the contributions by all those who made this event possible and look forward to continuing to work together towards the goal of securing brighter futures for all children.

A joint project of



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II. Welcome

Lyn Morland, MSW, MA, Senior Program Officer, BRYCS, USCCB/MRS

Welcome to ***Brighter Futures for Migrating Children: An Overview of Current Trends and Promising Practices in Child Welfare***. It is heartening to see a full room here this morning. For those of us who have been in this field for some time, this turnout demonstrates a tremendous change in awareness and commitment to improving child welfare services to migrating children, and I want to thank you all for coming.

First, I'd like to recognize our key partners who have made this session possible, with special thanks to:

- The Child Welfare League of America for hosting this session and particularly to Millicent Williams for her long-term support of these issues and advocacy on behalf of all children.
- The Office of Refugee Resettlement (ORR) for supporting the BRYCS project and to Marta Brenden for her long commitment to refugee children and her vision in helping to create BRYCS almost 6 years ago
- Catherine Nolan at the Office of Child Abuse and Neglect for her strong leadership in increasing coordination at many levels, including facilitating the work of different federal agencies, for the benefit of all children

I'd like to introduce our key staff members:

- Julianne Duncan, Associate Director for Children's Services, at USCCB
- Laura Schmidt, BRYCS, Lutheran Immigration and Refugee Service, and Jen Rose, BRYCS, USCCB

There are others in the audience today who we hope will tell you about some of the innovative work they are doing:

- Rowena Fong, University of Texas at Austin's School of Social Work
- Adriana Ysern, The National Center for Refugee and Immigrant Children, US Committee for Refugees and Immigrants
- Susan Oslund, International Social Service, United States of America Branch

We also have some key folks who could not be here and so are joining us by conference call, including:

- Cecilia Saco, Director of the Special Immigrant Status Unit for the Department of Children and Families in Los Angeles County, whose program we will highlight as a promising practice
- Gwen-Dolyn Cutter, the State Refugee Coordinator for Georgia

As most of you know, refugee, undocumented, and trafficked children from different countries are increasing in numbers in our state and county child welfare systems, and service providers are being challenged more and more every day to meet their special needs. USCCB, which has – together with LIRS – specialized in serving these children for over 25 years, has organized this session to share key “promising practices” or creative, innovative strategies for serving these children.

To put this session into a larger context, it builds on several events that have taken place over the past couple of years:

- BRYCS' forum on Separated Refugee Children at Georgetown University in 2004, announcing our publication on Separated Children and facilitating a discussion of experts on the topic

- USCCB/MRS and our partner agency, the Lutheran Immigrant and Refugee Service convened a National Child Welfare Advisory Board in 2004 of about 50 experts in the child welfare and refugee/immigrant fields to guide the development of standards of care for migrating children.
- BRYCS' Roundtable at the 15th National Conference of the Office of Child Abuse and Neglect in 2005, "*Enhancing State Child Welfare Services to Migrating Children*", where participants requested that we next document and highlight promising practices, especially with regard to collaboration-building

Many of the experts from these meetings are here today to continue to guide this discussion.

Our goals for today's meeting are to:

- *Share promising practices* in serving migrating children that can be adapted by others for their own service systems
- *Continue to build communication and networking* among those of us who are engaged in improving services to migrating children, so that we can continue to learn from each other's experiences and to support each other's efforts

We will begin by providing some brief background information on migrating children and the services available to them.

III. Background: USCCB/MRS and Migrating Children

Nathalie Lummert, MSW, Assistant Director, Children's Services, USCCB/MRS
(See Attachment A, *Speaker Biographies*)

Lyn Morland: I would like to introduce Nathalie Lummert who is Assistant Director of Children's Services at USCCB. She will give you a brief overview of our programs and the different populations we serve.

Nathalie Lummert: The U.S. Conference of Catholic Bishops/Migration and Refugee Services serves foreign-born children from all over the world through a variety of services, advocacy and technical assistance programs. The heart of our work is to raise awareness about the needs of migrating children and network with other leaders in child welfare to improve awareness and services to this population.

Our office administers an *Unaccompanied Refugee Minor Program*, a network of licensed and accredited refugee foster care programs, which specializes in services to foreign-born children, and is funded by the Office of Refugee Resettlement. We have been active in advocating internationally with the United Nations to identify refugee children without the protection of families in many parts of the world. Likewise, we work with a network of over 100 local refugee resettlement offices which are serving refugee families recently arriving to our country. We also have been advocating for years for the improved treatment of unaccompanied undocumented children who enter our country without adult relatives, and we have begun to see positive changes within these services to undocumented children in federal custody. We have been partners with the Office of Refugee Resettlement in providing services to this population as well. We have also been a leader in outreach, education, advocacy and services to child victims of trafficking.

Because of the confusion regarding the variety of statuses and eligibility for migrating children, I would like to bring your attention to a couple of our handouts before we begin a discussion of promising practices. Please look at the chart titled "Unaccompanied Foreign Born Children in the

United States” (See Attachment E). We hope this will assist with understanding the immigration or eligibility situation of different children. I won’t spend time explaining the meaning of each category, but direct you to the handouts and to the BRYCS Web site at www.brycs.org for further clarification. For example, the handout *Foreign Born Populations of Concern to the Office of Refugee Resettlement (ORR) and to Public Child Welfare (see Attachment C)* explains the difference between a refugee, immigrant, and a victim of human trafficking. We hope this type of information will be shared with all those who work with foreign-born children. Often, child welfare providers may be unaware, for example, that a child victim of trafficking or a child with asylum status is eligible for refugee/federally funded services. (and Attachment H, *Assistance for Trafficked Children: Information for Social Service Providers*).

I once heard an immigration judge say, “Immigration law is more confusing than tax law.” These charts and documents provide a guide to understanding the populations we are discussing today and the additional federally-funded services for which they may be eligible.

IV. Lessons Learned: Best Practices with Immigrant and Refugee Families, Children and Youth¹

Ilze Earner, PhD, Assistant Professor, Hunter College School of Social Work, and Director, Immigrants & Child Welfare Project (See Attachment A, Speaker Biographies)

Lyn Morland: We are very fortunate to have Ilze Earner with us today to present some examples of promising practices from the recent seminal issue of CWLA’s journal, *Child Welfare*, on immigrants and refugees. In addition to being co-editor of that volume, Dr. Earner is Assistant Professor of Social Work at Hunter College and is Director of The Immigrants & Child Welfare Project. She has worked for over ten years to improve child welfare services to immigrant and refugee children in New York City, and this effort is one of the models that she will describe today.

Ilze Earner: My purpose here today is to discuss emerging best practices in child welfare with immigrant and refugee populations as a dynamic response to changing social conditions. To place lessons learned in context I will briefly review:

- Immigration trends
- Immigration status/access to services, benefits and resources
- Special needs of immigrant, refugee families, children and youth
- Implications for child welfare services
- Examples of best practice models
- New directions: permanency planning, safety, and well-being

Let’s start with a look at national immigration trends and what the demographic numbers might tell us about the special needs of this population – these represent the most objective data we have and upon which we can build concrete knowledge about new populations. I want to then move to a critical assessment of this data and its implications for child welfare systems and, lastly, focus on several models of emerging best practices as they were identified in the Special Issue of the *Journal of Child Welfare* that was published this past fall. I think it is important here to recognize CWLA for the prominent role it has taken in bringing this topic to a national audience – and for taking a

¹ Dr. Earner’s PowerPoint presentation, *Lessons Learned: Best Practices with Immigrant and Refugee Families, Children and Youth*, is available from the BRYCS Clearinghouse.

leadership role in the field of child welfare in being the first national advocacy organization to recognize the special needs of immigrant and refugee families, children and youth. Thank you, CWLA.

I will also discuss lessons learned. Developing new models of practice is a little bit like taking a journey – and this as you can well imagine entails making right and wrong turns, hitting bumps in the road and finding detours around obstacles. These experiences are important to discuss so that those who want to implement new models and undertake the road towards making changes do not, so to speak, have to reinvent the wheel – but, as you know, a map would be helpful, along with traveler's warnings. And with all that, there is still no guarantee that you will arrive at systemic change. That might be a longer trip than you imagined. Having been closely involved with one of the models presented in the special issue – in New York City – I would like to share with you some of that precious 20/20 vision that hindsight offers.

And lastly, I want to talk about new directions. Awareness has been raised, factors and issues have been identified, and it is now time to move to connect what we do to a larger vision of what we want to accomplish. I have some ideas and I will share those with you.

Immigration trends:

First, let's take a look at the numbers. Approximately 600-900,000 legal immigrants arrive to the U.S. each year. Legal immigration is founded on the concept of family reunification and generally entails petitions being filed by family members on behalf of other family members to unite spouses, children and siblings.

Refugees are individuals who are displaced by war and civil strife and account for a very small portion of immigration, approximately 60,000 per year.

The undocumented are the most controversial, and least understood, portion of the immigrant community. Their numbers have been steadily increasing since the early 1990s and current estimates are that over 1 million people cross the border annually. They either cross illegally by evading the border patrol or with phony documents, or they enter legally on a visa and then overstay.

Unaccompanied minors represent a growing phenomenon in migrating populations – these are minor children who travel, either by legal or illegal means, unaccompanied by their parents or other legal guardians caring for them. In the United States unaccompanied children may arrive as legally admitted refugees destined for foster care under the United States Refugee Program. During the last 10 years fewer than 1000 children arrived in this way and receive care in Unaccompanied Refugee Minors Programs (URM) administered by Office of Refugee Resettlement through contracts with receiving states. Other children are trafficked into the U.S. or become trafficked after their arrival. When identified they may receive care as refugee children do. Approximately 50 such children have been identified since the passage of legislation in 2000 authorizing such care.

Undocumented unaccompanied children also enter the United States to seek their parents, to seek safety or to seek work. As many as 95,000 children are apprehended each year by the federal government at points of entry or internally within the U.S. Of these most are returned immediately to their country of origin but about 9,000-10,000 are held in custody by the federal government for a period of time. They receive care through the Office of Refugee Resettlement (ORR) Division of Unaccompanied Children's Services (DUCS).

As you can graphically see from the PowerPoint slide, undocumented immigrants account for a very large portion of the foreign-born – astonishingly, their numbers now equal those of legal permanent residents.

What is important to know about current migration patterns is where the new immigrants are coming from. By and large they are not coming primarily from western Europe, as did most previous waves of immigrants. Instead the overwhelming majority of new immigrants are from Mexico (which actually accounts for 30% of the influx) and the other countries that make up Central and South America.

Immigration status/access to services, benefits and resources:

What is different for this new wave of immigrants is that social policy has changed and we now have a nascent form of 'immigrant' policy – distinct from immigration policy – that affects the resources, services and benefits that new immigrants can access in order to meet their human needs.

The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 created two new categories of eligibility – one for 'qualified' aliens and the other not qualified – both based on immigration status with additional restrictions based on the length of time one has lived and worked in the U.S. For example, a legal permanent resident – a 'green card' holder who has the right to live and work permanently in the U.S. and does pay taxes – still has to wait up to 5 years in order to be able to collect SSI. There are exceptions in the unqualified category as well. For example, pregnant undocumented women can receive prenatal care under Medicaid. All individuals, regardless of immigration status are entitled to emergency health care and public education up to the age of 18 and undocumented minor children qualify for state health insurance programs.

A growing challenge to service providers is what are now called 'mixed status' families – i.e., typically where one or more parent is a non-citizen and one or more children are citizens. In a world where the provision of most services is based on the assumption that you are a citizen, not being one within a family can be problematic. Think of the scenario where one sibling is born in the U.S. and therefore a citizen, while the rest of the family including parents and other siblings are undocumented. One sibling can pursue a higher education, get a job, open a bank account, get credit, even get a driver's license and the others cannot. And consider this scenario: one sibling, a U.S. citizen, can get health insurance and the other, undocumented and with a chronic health disability that requires medical care, cannot receive that medical care after the age of 18 without paying out of pocket.

Even more problematic is how the U.S. born children of foreign born parents perceive themselves and their life experiences. The question has been raised in social policy circles: Are we creating a de-facto dual track citizenship based on where your parents come from?

Special needs of immigrant, refugee families, children and youth:

The data that we do have on immigrant families and children indicate that they have special needs: Language, education, health care, poverty and hunger. All of these are factors that can, and do, place families at risk for involvement with the child welfare system.

One of the problems in addressing the issue of immigrant and refugee families in child welfare is the question, 'If it's a problem, then where are the numbers?' I think we have gotten a little too good at hiding from social problems because there are no 'numbers' to prove there is a problem. Why are there no numbers? Actually, there is no excuse. Fed Ex can tell you where your package is but child welfare can't tell you where a child is? The question is a matter of political will: if you want the numbers you can get them and you can get them in a manner that does not place the people you are working with at any greater risk. The data fields on state child welfare intake forms are there and fields can be included for capturing data such as place of birth or language spoken. In New York City in a pilot data collection project, evidence is being gathered to determine primary language spoken in the home – this will serve as a proxy for counting the number of immigrant families who

become involved with child welfare services. Anecdotal evidence also counts. Several years ago for a research study I spoke to nearly half of the state child welfare managers in this country, and every single one said that they were aware that they had immigrants on their caseloads because, in their experience, these were the cases that created so many problems that they did not know how to address. They knew immigrant families were on their caseloads, but no one had numbers.

Child welfare with immigrant and refugee populations must also be defined as a set of services that goes beyond child protective investigations. There are very different issues attached to preventive services, foster care, kinship care and adoption and we are only beginning to scratch the surface in understanding what these entail.

Contribution by audience member Donna Pressma, President and CEO, Children's Home Society of New Jersey: The Children's Home Society of New Jersey has developed the CUNA (meaning "crib" in Spanish) program.² CUNA was created to meet the pregnancy and parenting needs of immigrant families from Spanish-speaking countries. The goals are to:

- Insure healthy births and enhance parenting skills
- Prevent child abuse and neglect
- Engage fathers of babies to be responsible parents
- Link immigrants to ongoing health, childcare, language classes, and job training

In essence, our goal is to provide social services our immigrant families can trust. For this reason, we do not ask our clients for any legal information (especially pertaining to immigration status).

Implications for child welfare services:

What are the unique challenges that immigrant and refugee populations bring to child welfare? Let's look at the next slide:

- Accurate and appropriate assessment: A good assessment forms the foundation and is the most powerful tool for effective intervention
- Language: Effective communication may require the use of appropriate interpreters and translation of documents; there also needs to be an awareness of literacy issues
- Culturally competent service: This entails not just an understanding of individual cultures but rather an awareness of migration as a developmental process with stages, and a recognition that staff need to understand the technical issues of immigration status and its implications for migrant populations in terms of access to services
- Informal service networks: Recognizing the importance of informal networks in the help-seeking behavior of migrant populations and incorporating these networks into a collaborative service partnership

This slide should actually reflect a circular chart because the issues are interrelated and interact and impact each other. In the first place is assessment: accurate assessments are important. To correctly and appropriately identify the family's needs and issues, language is the most important tool in assessment. How can you communicate with each other if you do not speak a common language? Finally, culturally competent service provision entails an understanding and an application of theories and frameworks that incorporate the migration experience in the assessment process and intervention takes into consideration immigration status and how that affects access to services and

² For more information on The Children's Home Society of New Jersey and the CUNA program, see the agency's Web site at <http://www.chsofnj.org>, and the CUNA page at http://www.chsofnj.org/ecpecc_cuna.html.

benefits. In the *Child Welfare* Special Issue, Diane Drachman and Barbara Pine as well as Nazdeen Mayadas and Uma Segal address these points in great detail.

Examples of Best Practice Models:³

■ *New York City's Administration for Children's Services:*

In New York City in 2001, I helped organize the first conference on immigrants in the child welfare system, and it was nearly a disaster. For the first time we brought together representatives from the public child welfare entity, ACS, child welfare and immigrant rights advocates and immigrant parents. There was a great deal of shouting. Zeinab Chahine, now ACS Executive Deputy Commissioner, was the person who got shouted at the most. To her credit as a leader in child welfare, and my gratitude, she saw the bigger picture. After that conference she invited us to talk, first at an ad hoc roundtable of immigrant advocates and later as a special advisory committee about what we wanted and what we thought was needed. In that early process, we identified the need for a handbook, a language card, translation services and staff training.⁴ This was made real in New York City over a period of four years beginning in 2002.

What also occurred in this same period were a series of policy initiatives by immigrant rights groups to address the barriers that confronted immigrants when they tried to access services – primarily the issue of language and the fear of having their immigration status questioned and reported. Local Law 73 requires New York City health and human services agencies to assess and provide services in the primary language of the recipient – and this includes child welfare. Executive Order 41 makes immigration status confidential information that cannot be divulged to others by city employees except under certain circumstances. This takes away the fear that if I, an undocumented immigrant mother, apply for Food Stamps for my children, the fact that I do not have immigration documents will not lead to my deportation.

■ *Calgary, Canada's The Call Centre:*

Other examples of best practices described in the Special Issue come to us from Canada. The province of Calgary witnessed a large influx of refugees resettled in the 1990s. In response to the concerns of refugee serving agencies, the province initiated a 24 hour one-stop call service for child welfare workers to use when dealing with immigrant and refugee families. Jointly developed by refugee-serving agencies and Child and Family Services, this service provided immediate access to information about culture, language, resources in the community for refugee families, children and youth. This one-stop contact was able to prevent removals and connect families to resources. Moreover, the service was very cost-effective. It tapped into services that already existed and expenses mainly consisted of the telephone line and a worker to staff the service.

■ *BRYCS model, St. Louis, Cleveland and Atlanta:*

³ Detailed case studies of each of these best practice models are in the September/October 2005 issue of *Child Welfare*. For ordering information, go to: <http://www.cwla.org/articles/cwjabstracts.htm>.

⁴ The ACS handbook, which includes a copy of the language card, is available from the BRYCS Clearinghouse at <http://www.brycs.org/clearinghouse/clearinghouse-resource.cfm?docnum=3918>.

Finally, the BRYCS model, originally implemented in St. Louis, Cleveland and Atlanta, uses cross-training as a method to increase information-sharing and coordination among all of those serving refugee and immigrant families in a community, including child welfare, social services, health care, and the schools. This model involves creating a local Task Force comprised of these stakeholders who meet regularly for several months to plan a two-day training. The Task Force creates a manual of services for the community which is shared during the two-day training and includes contact information for staff at each participating organization. BRYCS created a “how-to” manual so that communities can develop cross-service trainings themselves.⁵

Lessons Learned:

What are the lessons learned? If we look at each of these models and through the other articles in the Special Issue, you will find what I call the 5 C’s. These form the basis of best practice with immigrant and refugee populations:

- **Community-based:** First and foremost we have to remind ourselves that expert knowledge resides at the local level, ie, with the community-based organizations that work with and provide services to these new immigrant populations. They are not always on the radar screen of the formal service providers sector – many may be faith-based organizations or even smaller mutual assistance agencies. They must be brought into the network of service provision through collaborative partnerships
- **Collaboration:** You’ve all heard the cliché ‘it takes a village’. Well, we don’t really have villages anymore, we have communities, and there are lots of them. These may be communities of identity, communities of need, actual real communities of people living together in one place and institutional communities – child welfare, for example, or the educational system. None can operate outside and separate from the others. However, collaboration is easier said than done. And in order to make systemic change there must be collaboration. I don’t mean assimilation – i.e., the model of ‘now you will do things the way we do them because we are the dominant culture and you have been enlightened’ – NO, that is not what I am suggesting. Agendas for change and the development of relationships cannot come from above, they must come from below and meet in the middle. In New York we struggle now with this issue of whose agenda is it? Does the institution of public child welfare (i.e., the Administration for Children’s Services) drive the agenda for systemic change or do the community-based organizations. And, if it is the CBOs, which ones? How large and organized must a community-based organization be in order to have a voice in this process? And what is the process of getting invited to participate? Who decides who gets to sit at the table?
- **Coordination:** Across practice, program and policy, this can be accomplished through cross training models, the creation of interagency task forces and advisory councils and, finally, engaging in coalition-building to effect policy change – more on that in a moment
- **Cost-effective:** What is clear in all of the models presented and in the other articles in the Special Issue is that the changes that were made were designed to build on what resources were there or could be re-deployed – a handbook, staff training, even something as simple as a telephone line. All of these, in the scale of services, are relatively modest and inexpensive accommodations when you consider the savings – i.e., in keeping families together, in providing access to needed human services as a preventive measure and of course in ensuring the safety and well-being of children.

⁵ This manual, *Building Bridges: A Guide to Planning and Implementing Cross-Service Training*, is available from the BRYCS Clearinghouse at <http://www.brycs.org/clearinghouse/clearinghouse-resource.cfm?docnum=0701>.

- **Common Sense:** I just threw that in there at the last minute because when I did stop and think about what the contributors to the special issue were describing, and thought about what my experience in New York taught me, it really is a matter of using common sense. Why continue to do things the same way when it does not work? Identify the problem, break it down into manageable pieces and start by doing something different – the ‘what can I accomplish by next Tuesday’ approach.

Future Directions:

What does the future hold? The work is not over but has only begun. We need to focus now on how to provide services across systems. In the same way that individuals move across systems in their activities of daily living, systems must be able to respond to and work with each other, as a way to make systemic change. This is holistic practice, and it entails a greater emphasis on training and education. Social work and the institutions of social work education must step up to the plate. Courses on immigration and immigrants can no longer be optional electives. The content of social work education must reflect a response to the needs of the community; otherwise it is not social work. At the Hunter College School of Social Work, I am developing a model of collaboration between the school of social work and immigrant-serving community-based organizations to fundamentally change how we train and educate future social workers.

The biggest issue we have before us is: In what ways do our practice, program and policy initiatives reflect a larger vision? For me, this is the task of integration – the real permanency plan – to ensure that we are not creating a society where there is a dual track citizenship, where your sense of belonging, ability to participate and the life experience you have as an American is predicated on whether or not your parents were born here. I am not sure that we are successfully integrating new immigrants. If we are not, then the question we must ask ourselves is: What outcome can we expect?

V. Resources: BRYCS, Los Angeles’ Special Immigrant Status Unit, and the Unaccompanied Refugee Minor Program

Lyn Morland: Ilze has outlined many of the challenges we are facing today and has issued us a strong challenge – and one that is sorely needed. With the questions that she raised in mind, we will describe some of the hopeful signs of change, particularly those that can act as resources to others experiencing these challenges and looking for assistance and direction. I will review the BRYCS initiative as a resource, and Nathalie Lummert will discuss LA’s Special Immigrant Status Unit as a model and the Unaccompanied Refugee Minor Program as a resource for promising practices.

Bridging Refugee Youth & Children’s Services (BRYCS):

BRYCS was created as a national technical assistance resource to “bridge the gap” between public child welfare and other mainstream organizations, refugee serving agencies, and refugee communities. A joint project of USCCB and LIRS, our mission is to strengthen the capacity of service organizations across the United States to ensure the successful development of refugee and newcomer children, youth, and families through targeted training, consultation, development of publications, and a web-based clearinghouse at www.brycs.org.

As Ilze noted in her presentation, BRYCS has developed a “cross-service training” model that brings together the different service sectors which serve refugee children. This model resulted from a series of “community conversations,” or needs and assets assessments, that identified lack of information and coordination among service providers as a critical barrier to adequate services for refugees.

Since that time, BRYCS has conducted 10 cross-service trainings and we have expanded to working with state-level refugee task forces, ensuring child welfare is an active part of efforts to coordinate services to refugees. Laura Schmidt has been working especially hard on these this year.

Our clearinghouse currently has about 1500 reviewed and targeted resources. Our goal is to centralize and document the field of refugee child welfare, so that service providers are not continually reinventing the wheel, they have access to the latest research and practical resources, and they can find inspiration from learning about other programs across the US. Although we focus on refugees, these materials can be readily applied by service providers to all migrating children.

On the BRYCS Web site, we regularly highlight different topics in our bi-monthly Spotlights and Featured Resources. For example, in the past year, we have focused on:

- Determining Child Abuse & Neglect Across Cultures
- Family Strengthening Across Cultures: Parent Support Programs for Refugees
- Community Building: Helping Refugee Families Feel At Home

This month's Web site theme is education and provides information on the ways that the No Child Left Behind Act affects refugee children, and provides practical resources for teachers, parents, and youth. Our focus this April will be on transition to independence and emancipation from foster care, especially for those youth who were separated from their families prior to – or during – the migration process and so have fewer resources to draw on in their communities.

We are currently emphasizing documenting promising practices – our website Sidebar is devoted to these – including highlighting collaborative efforts at the local level and replicable practices at the state level. For example, this month we highlight Illinois' innovative work with refugees in the schools and the excellent resources that they have developed for working together with refugee parents.⁶

BRYCS responds to direct requests for one-on-one technical assistance by phone and email, and we make site visits as well for consultation and training. We have also developed a strong network of experts in different areas with whom we work together in responding to TA requests. You can contact us through the BRYCS Web site at www.brycs.org.

Los Angeles County's Special Immigrant Status Unit:

Nathalie Lummert

Among your handouts, you will find a PowerPoint presentation "Special Immigrant Status Unit". The director of the program, Cecilia Saco, is joining us from Los Angeles by phone. Ms. Saco was also a member of our National Child Welfare Advisory Board and has graciously offered to assist any of you who have questions or would like assistance. Her contact information is on the handout.⁷

Los Angeles County is one child protection jurisdiction which has established a "Special Immigrant Status Unit" to ensure children who are eligible for special immigrant juvenile status, or "SIJS" can receive this status. Children with SIJS will be able to obtain permanent residency status or a "green card". They can receive work authorization and eventually may become U.S. citizens. Many social

⁶ For links to these articles and more, see the BRYCS publications listed in Attachment B, Resources.

⁷ This handout is listed in Attachment B, Resources, and is available from the BRYCS Clearinghouse at <http://www.brycs.org/clearinghouse/clearinghouse-resource.cfm?docnum=1557>

workers don't realize that if undocumented children do not apply for this status prior to their eighteenth birthday, they will age out of the system as an undocumented adult, will be unable to work legally, and may be deported if they are not eligible for any other immigration relief.

Under the direction of Cecilia Saco, this unit in Los Angeles trains child welfare workers in screening for children in the system for eligibility. Her unit then also applies for this immigration status for eligible children. Ms. Saco also works with the local U.S. CIS (Custom and Immigration Services), to streamline the process of applying on behalf of children. As a result, over 100 children a year in Los Angeles alone receive this immigrant status protection. Ms. Saco also has recently begun using Independent Living Coordinators to ensure that children applying for SIJS get their green card by age 16.

Please review the PowerPoint handout and contact Cecilia Saco for additional information. We have a vision that every local county and state child welfare division will follow her example.

The Unaccompanied Refugee Minor Program:

Other promising practices can be found through the experiences of the unaccompanied refugee minor programs, specialized refugee resettlement and foster care programs funded by the Office of Refugee Resettlement for children eligible for refugee benefits. This network has over 25 years experience adapting professional child welfare services to foreign-born children. Local providers may be aware of children eligible for these programs.⁸

There are many examples of how the services provided by these programs can be replicated by local child welfare providers. I will highlight just a few here:

1. *Additional foster family training* which educates foster parents about: the migration experience of children in care; cultural norms of specific groups; trauma experienced by refugee and trafficked children; and the stages of resettlement experienced by children new to the United States.
2. *Targeted foster family recruitment*: The programs network within their community to locate foster families with the same language and/or ethnic background of the children wherever available.⁹
3. *Placement in English as a Second language programs*: These programs work closely with local public school systems to ensure appropriate language services are available for refugee children. They educate and advocate continuously with the school system.
4. *Bilingual services*: Each new child is assigned a bilingual worker, generally from that child's same culture, to assist with interpretation and ensuring the appropriateness of services. Or, where a bilingual case worker specific to the child's language is not available, the programs have also recruited mentors for additional one-on-one attention, and to link the child with his or her own ethnic community. A priority is also placed on ensuring the children participate in cultural activities and celebrations.
5. *Programs connect with local refugee and immigrant service providers*: The foster care programs know who the other providers are in their community serving foreign-born children. They know

⁸ See Attachment G, Description of the [Unaccompanied Refugee Minors \(URM\) foster care program](#) and [URM Program: Frequently Asked Questions \(FAQ\)](#), also available on-line from the BRYCS Clearinghouse.

⁹ For more information, see BRYCS' Publication, "Serving Foreign-Born Foster Children: A Resource for Meeting the Special Needs of Refugee Youth and Children," available from the BRYCS Clearinghouse at <http://www.brycs.org/clearinghouse/clearinghouse-resource.cfm?docnum=0759>.

the local community leaders of the same ethnic groups of the children they serve. They enroll their children in the after-school programs the refugee and immigrant service providers have. They partner with the local ethnic community leader to recruit potential foster families and mentors for their children.

6. *Programs understand the immigration status situation of the children in their care:* They recruit pro bono attorneys to assist them in applying for any immigration status for which they may be eligible.
7. *The programs look at family reunification options, not just in the United States, but internationally:* They network with agencies such as International Social Services or the International Red Cross to assist, when appropriate.

VI. Open Discussion

Facilitated by Lyn Morland

Future Directions

1. Interorganizational collaborative relationships
 - Task force, advisory councils, cross-training
2. Training and education
 - Immigrant communities and Child Welfare Training Collaboration
 - Caribbean Child Welfare project and other local initiatives
3. Integration
 - Addressing the special needs of mixed status families and children of foreign-born parents – no ‘dual track’ citizenship
4. Research
 - Culturally competent practice with diverse populations
 - Migration framework
 - Impact of globalization

Ilze’s last slide listed four future directions, where she integrated the identified needs of our foreign-born populations together with what we have learned from the “best practice models” that she reviewed. I know there are people in this room who are also doing a great deal of innovative work along these lines. Would anyone like to share what they are doing?

Rowena Fong: In 2002, the Central Texas Trafficking Coalition was established where important avenues of collaboration were created between law enforcement and the refugee resettlement social service agencies. Beginning March 2006 the Texas Health and Human Service Commission, Refugee Affairs Program, will bring together stakeholders from the Texas Department of Family Protective Services, the Central Texas Trafficking Coalition, and from all levels of the community to include private practitioners; public policy makers, school and court personnel; university educators; intake workers and trainers to establish a Task Force to discuss refugee children and minor trafficking victims in the child protective service system. It has taken perseverance, patience, and time to get these stakeholders to meet and we have realized that capacity-building is coalition-building.

Audience member: The same thread of thought applies to child abuse and neglect. Everyone agrees that children shouldn't be abused, but no one can agree on how to stop the abuse from occurring. Perhaps the issue is the same with refugee and immigrant populations. What does this country think about refugees and immigrants? We can't be naïve and say this is not a contentious issue; it is an emotional issue that has very strong feelings attached to it. People don't leave their homes unless they have to, just as kids do not run away because they think it would be an adventure. We need to be aware of this debate.

Audience member from the Department of Social Services, Charlottesville, VA: We have recently seen an influx of African refugees in the Charlottesville area who seem to have no access to services following the initial resettlement period. What is the best way to jump start services for this population?

Responses from the audience:

- Hire para-professionals from the African communities to engage them in services, to act as interpreters and cultural consultants
- There is a coordinator for services to refugees in each state's department of social services. The Virginia state refugee coordinator should be part of this conversation and can probably assist you.

Donna Pressma: The Children's Home Society of New Jersey has used volunteer mentors. We recruit from within our target population (largely Hispanic), provide training and build up the capacity of these individuals. This builds trust within the individuals and the population as a whole. An on-going challenge for us is to find bilingual staff with a social services background, so this strategy helps to fill that gap.

Adriana Ysern, National Center for Refugee and Immigrant Children, a partnership between USCRI and AILA: ¹⁰

- USCRI's National Center for Refugee and Immigrant Children provides pro bono legal and social services to unaccompanied children released from detention in the United States
- We periodically hold trainings to provide potential volunteer attorneys with information about the forms of immigration relief available for immigrant children, tips on how to work with these children, and other helpful materials.
- We welcome referrals on behalf of immigrant and refugee children released from the custody of the Office of Refugee Resettlement. The Center's priority is to work with immigrant children who are in the United States without their mother, father, or legal guardian.
- Since the Center's inception we have received over 900 calls for assistance.
- We regularly network with non-profits and believe it is critical to work closely with social workers.

Susan Oslund, International Social Service, United States of America Branch (ISS-USA): ¹¹

- ISS is comprised of an international federation of over 140 autonomous national units
- ISS provides international case management for children, families and adults requiring social work intervention in more than one country as a result of forced or voluntary migration, or separation across national borders.

¹⁰ See USCRI's Web site at www.refugees.org. For more information on the National Center for Refugee and Immigrant Children, go to <http://www.refugees.org/our-work/child-migrants/>.

¹¹ See the ISS-USA Web site at <http://www.iss-usa.org/> for more information on this organization.

- Through our network of contacts, ISS-USA can obtain quality, detailed home study reports in over 140 countries
- We can also make reports of child abuse or neglect in other countries through this network
- In our work with the U.S. Repatriation Program (through HHS and DOS) we have noticed an increase in unaccompanied minors (children who were born here, and whose parents are American citizens or foreign-born) who want to return to their country of origin. Sometimes these children are repatriated into foster care programs in the U.S. or, if possible, they are placed with relatives after a home study is provided.

VI. Summary and Next Steps

Lyn Morland

Many excellent examples of promising practices were provided today, by both presenters and those of you in the audience. Some of these are becoming well-documented—for example, the three described by Ilze are now written up as case studies in the recent special issue of the *Child Welfare* journal—and some have developed practical tools that can be used by other agencies, such as New York City's ACS Language Card. Although there is still much work to do, this shows tremendous progress, just over the past year.

These promising practices can be resources to all of us in concrete ways, such as by providing access to federally-funded specialized foster care services for refugee, asylee, and trafficked children; *pro bono* legal assistance from the National Children's Center; and international home studies from ISS-USA. In addition, they provide ideas and examples to inspire us to make changes in our own systems, and "lessons learned" to show us the way. They are also important because they provide "companionship on the road" (for that long trip towards systems change, as Ilze described).

For all of these models, it is important not to forget the *process* in favor of the *concrete results*, such as the language card, that can be used whole-sale. The process of identifying challenges and developing solutions is vital to relationship and coalition-building, capacity-building, ensuring that the model being adapted really does fit your own system and situation, and to facilitate buy-in at all levels.

Finally, as touched on so many times today, partnerships are so key to our efforts, at the local community through the policy levels. We hope that you can use this session as an opportunity to network, and continue to do so throughout this conference, as well as afterwards.

As a next step, BRYCS will write a report on this session and distribute it through our mailing list and on our Web site. Be sure to sign up for our Email Alert (email_info@brycs.org), if you have not already, and check our Web site for our monthly updates. We plan to hold another discussion like this next year, so that we can continue to build on the "promising practices" discussed today that are so vital to the welfare of these especially vulnerable children and to their – and our – future.

Catherine Nolan: The 16th National Conference on Child Abuse and Neglect will take place the week of April 16th, 2007, in Portland Oregon. You may wish to consider this as a venue for continuing this conversation.

That would be a wonderful way to continue this work. We thank you all for coming today!

ATTACHMENTS:

- Attachment A** *Presenter Biographies*
- Attachment B** *Resource List*
- Attachment C** *Foreign Born Populations of Concern to ORR and Public Child Welfare*
- Attachment D** *Table: Separated Refugee Children*
- Attachment E** *Table: Unaccompanied Foreign Born Children in the United States*
- Attachment F** *Table: Meeting the Five Universal Needs of Foreign Born Children*
- Attachment G** *Unaccompanied Refugee Minors (URM) Foster Care Program
URM Program Frequently Asked Questions (FAQ)*
- Attachment H** *Assistance for Trafficked Children: Information for Social Service Providers.*
- Attachment I** *Bridging Refugee Youth & Children's Services (BRYCS)
BRYCS Publications Page*

Bridging Refugee Youth and Children's Services (BRYCS), a joint project of Lutheran Immigration and Refugee Service (LIRS) and the United States Conference of Catholic Bishops (USCCB), provides national technical assistance to "bridge the gap" between public child welfare and other mainstream organizations, refugee serving agencies, and refugee communities. BRYCS' overarching goal is to strengthen the capacity of service organizations across the United States to ensure the successful development of refugee and newcomer children, youth, and families through targeted training, consultation, development of cutting-edge resources, and a web-based clearinghouse. Please visit <http://www.brycs.org> for more information.

BRYCS is supported by the Office of Refugee Resettlement, Administration for Children and Families, Department of Health and Human Services, Grant No. 90 RB 0018. Any views expressed in BRYCS' resources are those of the authors and do not necessarily represent views held by the Office of Refugee Resettlement.

Attachment A

Brighter Futures for Migrating Children: An Overview of Current Trends and Promising Practices in Child Welfare

Discussion Session

Child Welfare League of America National Conference

Children 2006: Securing Brighter Futures

Washington, D.C., February 27, 2006, 10:30 – 12:00

Speaker Biographies

Ilze Earner, PhD
Assistant Professor
Hunter College School of Social Work
New York City

Ilze Earner is the founder and director of the Immigrants and Child Welfare Project at the Hunter College School of Social Work. Since 1996 she has been working on raising awareness and addressing the special needs of immigrant, refugee families, children and youth, especially when they become involved with child welfare services.

Dr. Earner is a member of the New York City Administration for Children's Services Sub-Committee on Immigration and Language Access - the group that developed the ACS Handbook on Immigration Status and Language Access; she was also responsible for developing curriculums on topics that affect immigrant children and youth in child welfare that are now part of the mandatory training of caseworkers in New York City.

Dr. Earner has published a number of research studies on immigrant and refugee families and was one of the guest editors of the Child Welfare League of America's Special Issue of the Journal of Child Welfare on "Immigrant, Refugees and Child Welfare" published in September 2005. This work represents the first national compilation of articles on this very important topic.

Dr. Earner is a professor of social work at the Hunter College School of Social Work and is currently working on a collaborative project to promote internships for social work students in immigrant-serving community based organizations. Dr. Earner is herself an immigrant; she was born in a refugee camp.

Nathalie Lummert
Assistant Director, Children's Services
Office of Refugee Programs
Migration and Refugee Services
United States Conference of Catholic Bishops (USCCB)

As Assistant Director for Children's Services within Migration and Refugee Services/USCCB, Ms. Lummert supervises the federally funded programs for family reunification, foster care and local field coordination serving unaccompanied undocumented children. She coordinates the programmatic development and responses to the needs of migrating children for whom the Catholic network in the United States has the capacity to respond. Previously, she worked as a children's services specialist and an immigration and refugee policy analyst within the United States Conference of Catholic Bishops. In this previous position, Ms. Lummert wrote "Children on the Move: the Plight of Immigrant and Refugee Children", a staff paper used by the Bishops' Committee on Migration to further consider public policy initiatives.

Ms. Lummert also worked with the United Nations High Commissioner for Refugees (UNHCR) in Washington, DC, and with homeless and runaway youth in Covenant House Florida. Ms. Lummert received a Master in Social Work degree from the Catholic University of America, with a specialization in policy, planning, and administration and a focus on international child welfare issues.

Lyn Morland
Senior Program Officer, BRYCS
Children's Services, Office of Refugee Programs
Migration and Refugee Services
United States Conference of Catholic Bishops (USCCB)

Lyn Morland's career in cross-cultural social work spans twenty-three years. After developing health and social service programs in the Philippines, she earned her Master of Social Work degree and worked in refugee resettlement and child welfare for Associated Catholic Charities, Archdiocese of Washington. She soon became Director of Health Services for the Archdiocese, overseeing the community clinics and volunteer physicians serving undocumented immigrants from Central America. Most recently, she directed a national technical assistance effort in multicultural mental health and provided senior management, fundraising, and evaluation expertise to the Center for Multicultural Human Services in Falls Church, VA, an agency providing mental health and social services to immigrant and refugee children and their families.

In addition to an MSW, she holds a Masters degree and earned her doctoral candidacy in Anthropology. She is currently Senior Program Officer for the Bridging Refugee Youth and Children's Services (BRYCS) program, a partnership between the US Conference of Catholic Bishops and Lutheran Immigration and Refugee Service. BRYCS is a national technical assistance initiative working to broaden the scope of information and collaboration among service providers in order to strengthen services to newcomer youth, children and their families. BRYCS provides training, consultation, publications, and access to up-to-date and centralized information through the www.brycs.org Web site and clearinghouse.

Attachment B

Brighter Futures for Migrating Children: An Overview of Current Trends & Promising Practices in Child Welfare

*Bridging Refugee Youth & Children's Services (BRYCS)/Children's Services
United States Conference of Catholic Bishops/Migration & Refugee Services*

CWLA 2006 National Conference, Washington, DC, February 27, 2006

Resource List

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Attachment C

Foreign-Born Populations of Concern to ORR and Public Child Welfare

Public child welfare providers working with foreign-born children in need of special services can best assist them by identifying early whether they fit into any of the following categories:

Asylees: Asylees request refugee status after entry into the United States, in contrast to refugees, who receive this status before U.S. entry. An asylum seeker is someone who has come to the United States seeking protection; he or she must go through a legal process to gain asylum. Asylum is granted by either the Bureau for Immigration and Customs Enforcement (ICE) of the U.S. Department of Homeland Security or by the Executive Office for Immigration Review (EOIR) of the U.S. Department of Justice. Like refugees, asylees must be found "unable or unwilling to return to his or her country of origin because of past persecution or a well-founded fear of persecution, based on the person's race, religion, nationality, membership in a particular social group, or political opinion."

Amerasians: Children who were born in Vietnam between January 1, 1962, and January 1, 1976, and fathered by a U.S. citizen. They were eligible for the ORR-funded refugee foster care program and other federal benefits.

Child Victims of a Severe Form of Trafficking: Under the Trafficking Victims Protection Act of 2000 a child involved in a sex act induced by force, fraud, or coercion, or the recruitment, harboring, transportation, provision, or obtaining of a child for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

Cuban/Haitian Entrants: Special legal status has been accorded to Cubans who entered the United States illegally between April 15 and October 10, 1980, and Haitians who entered the country illegally before January 1, 1981. Members of those groups who have continuously resided in the United States since before January 1, 1982, and who were known to the INS before that date are eligible to adjust to permanent residence status under the law.

Reclassified Minors: Refugee minors who arrive in the United States accompanied by adult relatives but who later are abandoned, neglected, or otherwise separated from their caregiver can be reclassified by ORR to unaccompanied refugee minor (URM) status. URM's are eligible for specialized refugee foster care services.

Refugee: Someone who is outside his or her country of origin and cannot return due to a well-founded fear of persecution on account of his or her race, religion, nationality, political opinion, or membership in a particular social group. Refugees in the United States are people who fit this

description and have received legal status as a refugee from the U.S. Department of Homeland Security prior to resettling in this country.

Separated refugee child: The International Committee for the Red Cross defines a separated child as a child younger than age 18 or the legal age of majority who is separated from both parents, but not necessarily from other relatives. Other organizations, such as the United Nations High Commissioner for Refugees, use the term "separated children" instead of "unaccompanied children" to include any child separated from parents, whether cared for by other relatives or alone.

Special Immigrant Juvenile Status (SIJS): An immigration visa available to foreign- born children in the United States who are deemed eligible for long-term foster care, have been declared dependent upon a juvenile court, and for whom it is not in their best interest to be returned to their country of origin.

Unaccompanied refugee minor (URM): A refugee who is younger than age 18 and is outside the care of a parent or guardian; URM's are eligible for specialized foster care and child welfare services.

Undocumented minors: Children under age 18 who enter the United States without any legal status or permission. The Office of Refugee Resettlement has responsibility for the care and welfare of undocumented children who are unaccompanied by a parent or guardian and who are in federal custody.

Victims of torture: The Office of Refugee Resettlement funds a program providing services to victims of torture, regardless of their immigration status; services may include mental or psychological services, legal and social services, and research and training for health care providers.

Statistics on Unaccompanied Children in the United States

Undocumented Unaccompanied Children placed in care by the Office of Refugee Settlement, Division of Unaccompanied Children's Services (DUCS)	
FY 2004	6,475
FY 2003* (March 2003 through Sept. 2003)	3,086
TOTAL	9,561

*DUCS initiated services in March of 2003

Source: From data provided to USCCB on April 14th, 2005 by ORR/ACF/DHHS.

FY97-FY04 Resettlement Data for Separated Children Coming to the United States to Join Relatives, Parents or Other Adult Caregivers									
Category	FY97	FY98	FY99	FY00	FY01	FY02 (Oct. 1-July 9)	FY03	FY04 (through 7/04)	Total
M2	260	416	755 609	523		74	315 737		3,689
M3	2	0	5 9 1			3	24 36		80
M5	555	504	672 794	742		148	17 29		3,461
M6	33	33	45 69 44			5	328 362		919
Total	850	953	1,477	1,481	1,310	230	684	1,164	8,149

Note: M2 = minors attached to, traveling with, and resettling with nonparental blood relatives; M3 = minors traveling with or coming to join a nonrelated adult; M5 = minors coming to join a biological or legally adoptive parent; M6 = minors coming to join a nonparental relative already in the United States. This table does not include numbers for M1 cases (minors traveling with parents), M4 cases (minors destined for foster care), and M7 cases (married minors).

Source: from data provided on April 15th, 2005 to USCCB/MRS by Jessica Yutacom, of the U.S. Department of State, Bureau of Population, Refugees, and Migration (PRM). These numbers reflect only separated children entering the United States through the USRP. Other separated children entering the United States and of interest to the Office of Refugee Resettlement, but not reflected in these numbers, include Cuban/Haitian entrant children, alien children in immigration proceedings, and children who are victims of severe forms of trafficking.

U.S. Department of Health and Human Services Overview of HHS Certifications						
	FY2001	FY2002	FY2003	FY2004	FY2005	Total
<i>Adults</i>	194	80	145	144	94	657
<i>Minors</i>	4	19	6	19	19	67
Total	198	99	151	163	113	724
<i>Male</i>	22	20	81	57	33	213
<i>Female</i>	176 79		70	106	80	510
Total	198	99	151	163	113	724

Source: From Data provided to USCCB on April 14th. 2005 by ORR/ACF/DHHS

Separated Refugee Children *	
Eligibility Category	Refugee
Relevant Federal Agency	Department of State/ Population, Refugees, & Migration (DOS/PRM)
Immigration Status	Refugee under §207 of INA
Custody	No person or agency, unless child is joining parent/s in the U.S. – Accompanying refugee family may file for legal guardianship or custody
Length and Type of Services Available	<p>“Core Services” required by DOS/PRM for all arriving refugee families:</p> <ul style="list-style-type: none"> • Sponsorship assurance prior to arrival (a guarantee that a relative or community group is ready to assist the family upon arrival) • Pre-arrival resettlement planning • Airport reception • Basic needs support for at least 30 days, including provision of decent, safe, sanitary housing; essential furnishings; food or food allowance; necessary clothing; other basic necessities • At least one home visit within first 30 days by affiliate staff, co-sponsor, or other designated representative • Case management, including counseling, adjustment, and referral services throughout initial 90-day reception and placement (R&P) period • Community orientation • Referral to physical and mental health services <p>Specialized services required by DOS/PRM for separated children:</p> <ul style="list-style-type: none"> • “Suitability Determination” / home evaluation conducted <i>before</i> arrival (if caretaker relatives already live in the United States) or <i>after</i> arrival (if caretaker relatives are resettling in the United States along with the child) <u>Goal:</u> assess prior relationship between child & caretaker; caretaker’s willingness and ability to care for the child; explanation of relevant state guardianship or custody laws (e.g., legal procedures required for child to remain in household); caretaker’s understanding of and intentions toward pursuit of legal guardianship or custody for child • regular and personal contact with the minor for at least 90 days (submit 90-day follow-up report to Department of State) • in some locations, follow up may be longer because of additional services funded by the state or by DHHS/ACF/ORR, but this is by no means uniform.
Education	Placed in the public school system; often ESL training
Medical Care Coverage (and other benefits)	8 months of Refugee Cash Assistance (RCA) and Refugee Medical Assistance (RMA) [<i>comparable to Temporary Assistance for Needy Families (TANF) and Medicaid – available to all refugee families following arrival</i>]
Authorizing Legislation	INA (Refugee Act 1980)
VolAg Contacts	LIRS: Children’s Services 410-230-2725 or childrenservices@lirs.org USCCB: Migration and Refugee Services 202-541-3352 or mrsrp@usccb.org

* According to the USRP, **separated refugee children** are those who are separated from their parents but accompanied by some other adult (such as a sibling, extended family member, or friend) who is a refugee [has fled his or her country, has been recognized by the United Nations High Commissioner for Refugees (UNHCR) as a refugee, and accepted by the US for resettlement].

Unaccompanied Foreign Born Children in the United States						ATTACHMENT E
Issues	With Legal Status in U.S. or Immigration Process and Specialized Federally funded Programs					Applicants for legal status or without legal status
Eligibility Category	Refugee	Cuban/Haitian Entrant	Asylee	Victim of Trafficking and derivatives	Unaccompanied Alien Children (in custody while in proceedings)	Children not in custody with temporary immigration status, seeking immigration status or undocumented
Immigration Status	Refugee under §207 of INA	Cuban or Haitian paroled under §212(d)(5) and other	Asylum under §208 of INA	Various-may be eligible for T Visa or other	In immigration court proceedings – may be eligible for immigration status	Various – including applicants, temporary status, in immigration court proceedings, undocumented
Relevant HSS/ORR Division(s)	Office of Refugee Resettlement Division of Refugee Assistance (ORR/DRA)			ORR Trafficking Team ORR/DRA	ORR Division of Unaccompanied Children's Services (ORR/DUCS)	N/A
Who determines Unaccompanied Minor eligible for ORR funded foster care	Overseas – U.S. Department of State Bureau of Population, Refugees, and Migration (DOS/BPRM) In U.S. – ORR/DRA	Department of Homeland Security (DHS)/U.S. Immigration and Customs Enforcement (ICE)	ORR/DRA	ORR Trafficking Team	Referred to ORR/DUCS by DHS/ICE	Not eligible for ORR funded foster care; may be eligible for state/local foster care
Custody	Local/State				Federal	With families or in local or state custody
Length and type of Services available	Specialized foster care in Unaccompanied Refugee Minor (URM) Programs (federally funded foster care) Length of foster care/independent living services varies by State Law, for minors in school can extend to 21 or 22 years of age				Group, Shelter or Foster Care placement until the age of 18; release to family or return to country of origin.	May be eligible for state/local services; some may be eligible for Title IV-E funding
Education	Placed in the public school system; English language education				Initial education provided in-house, foster care children in public school	Eligible for the public school system
Medical Care Coverage	Refugee Medical Assistance (RMA), Medicare A, Medicaid, State Children's Health Insurance Program (SCHIP)				Veteran Affairs (VA)	Emergency Medicaid, Community Health Centers, SCHIP (varies by state)
Authorizing Law	INA (Refugee Act 1980)			TVPA 2000 & TVPRA 2003	Homeland Security Act 2002 §462	8 USC 1601 and other; PRUCOL (court authorized)
Voluntary Agency Contacts	LIRS: Children's Services 410-230-2757 or childrensservices@lirs.org USCCB: Migration and Refugee Services 202-541-3170 or mrsrp@usccb.org					

Attachment F

Eligibility Category Prior to LPR or Citizenship	With Legal Status in the U.S. and Specialized Federally-Funded Programs				Applicants for Legal Status/Children without Legal Status	
	Refugee	Cuban/Haitian Entrant	Asylee	Victim of Trafficking	Unaccompanied Children In Federal Custody by reason of Immigration Status	Children not in custody with Temporary Immigration Status, seeking immigration status or Undocumented
Basic Needs	Children from these categories retain the legal right to remain in the U.S. because it has been determined that it is unsafe to return to their country of origin. Basic needs include replacing shelter, food, education, health care etc. due to loss in flight. Many of these children may also suffer medical conditions resulting from malnutrition or deprivation of other basic needs during flight.				These children may be in immigration proceedings and do not retain the right to remain in the U.S., but may be eligible if such an application is made. They may be involuntarily returned to their home country. However, basic needs of shelter, food, education and health care remain the same. Many of these children may have suffered separation from family, including living as street children in their home country and traumatic experiences during migration.	
Safety	A family and child centered approach should be used. Children should be protected from situations that caused them to flee their country of origin and protected from other forms of exploitation. Efforts should be made to ensure long term placement and minimize disruption in order to provide a stable environment.		Children who have been victims of trafficking are especially vulnerable and require special attention in the development of a safety plan both while in the U.S. and in considering if it is in their best interest to return to their country of origin.		Provide assistance for survival in U.S. or country of origin. While in custody, these children should be protected from situations involving violence, environmental harms or other hazards that could cause injury or accidental death. These children are especially vulnerable due to the uncertainty of their status.	
Nurturing Relationships	Provide substitute caregivers and the opportunity for children to form new relationships with significant adults. Consider foster care, safe group homes or reunification where appropriate. Where children are with their family of origin, consideration should be given to providing support for their caregivers.		Victims of trafficking also need the opportunity to form relationships with significant adults, whether in current placement or upon return to country of origin. It will be important to complete an assessment to determine if reunification with family of origin is safe.		Provide opportunity for nurturing relationships through appropriate care arrangements. Consider least restrictive environment.	
Opportunities	Provide developmental opportunities including educational & social development & the ability to reclaim childhood. Provision of a stable and least restrictive environment will ameliorate previous interruptions in development, as well as assist these children in regaining skills that may have been stunted or did not develop due to the experience of trauma.					
Healing	Efforts should be made to ease the impact of harm due to the traumatic migrating experiences of these children. Helping children from these categories heal will include: “ensuring their ongoing safety, supplying emotional support, assessing the need for and providing medical, mental health and other needed services and in some cases making amends through restorative justice practices.”					

The Unaccompanied Refugee Minor Program of the U.S. Refugee Program

The United States Refugee Program includes specialized resettlement and foster care services for unaccompanied refugee minors. These services are provided by two voluntary agencies: Lutheran Immigration and Refugee Service (LIRS), and the United States Conference of Catholic Bishops/Migration and Refugee Services (USCCB/MRS), which are authorized by the U.S. Department of State to resettle unaccompanied youth and have worked with unaccompanied refugee youth for more than 25 years. These agencies work through a network of licensed child welfare agencies to provide appropriate support services.

Reclassification

Culturally appropriate foster care and resettlement services of the Unaccompanied Refugee Minor (URM) program are available to some minors who enter the United States attached to families but whose circumstances change drastically, in addition to minors who enter unaccompanied. This may be true in the case of family breakdown after arrival, or some other event leading to abandonment, abuse or neglect (e.g., unresolvable conflict between a teenager and a non-parental relative, death of a parent or guardian, runaway or abandoned youth, etc). If no relative is available to care for a minor, foster care may be in the child's best interest. Such children can be "reclassified" by the Office of Refugee Resettlement (ORR) to unaccompanied minor status in order to access the program. In situations where a child would have to move to a different community in order to be placed in a refugee foster care program, consideration must be given to whether it is in the child's best interest to be placed in a local foster care program or be moved to a specialized refugee foster care program.

Program Services

Resettlement of unaccompanied minors occurs in accordance with domestic child welfare guidelines, but services are only provided through programs specifically designed for the reception of refugee youth. Minors are placed in foster care, group homes or independent living arrangements, appropriate to the youth's developmental needs. Services available through these programs include

- indirect financial support for housing, food, clothing, and other necessities medical care,
- intensive case management by a social worker
- independent living skills training (e.g., consumer/budgeting skills, housing, food preparation, social and legal systems, transportation, education, community resources, health and sexuality)
- education/English as a Second Language (ESL) tutoring/mentoring
- job skills training and career/college counseling
- mental health services
- ongoing family tracing, where possible
- cultural activities/recreation
- special educational services, where needed
- legal assistance.

Foster care placements are based on the individual needs of a particular youth, with attention to the cultural, linguistic, and religious background of a youth; special health, educational, and emotional needs; and the personality, temperament and opinions of the youth. Foster parents must be licensed by their state or county child welfare provider and receive ongoing training in child welfare matters. Foster parents come from a diversity of ethnic and linguistic backgrounds, and they receive special training on the adjustment needs of refugee youth.

Youth who enter the United States prior to age 18 can remain in foster care/independent living until they complete high school or reach 20-21 years of age (depending upon particular state emancipation guidelines).

Eligibility

The following two groups of minors may be identified as unaccompanied minors overseas and may be placed directly into the program upon arrival:

- refugee minors
- Amerasians.

The following groups of minors may enter the United States with non-refugee status, but may be reclassified as unaccompanied minors by the director of ORR and placed in the program:

- Cuban and Haitian entrants
- those who receive asylum
- victims of severe forms of trafficking.

In addition, though minors in the above categories may arrive in the United States accompanied by parents or other caregivers, they sometimes become eligible for URM program services after arrival in the United States (e.g., through family breakdown or a death in the family).

Reclassification Process

Please contact LIRS or USCCB to assess what would be best for a particular child. The general process is as follows:

- Contact Children's Services of LIRS or USCCB to discuss the child's situation. If foster care appears in the child's best interest, LIRS or USCCB will make placement arrangements with the appropriate foster care program.
- LIRS or USCCB files an "Interstate Compact on the Placement of Children" form as needed
- The foster care program arranges the official reclassification request between their State Refugee Coordinator and the Office of Refugee Resettlement
- Travel arrangements are made after reclassification approval by ORR
- Paperwork and this process can take 1-2 weeks, depending on the situation.

Contact Information

Migration & Refugee Services
U.S. Conference of Catholic Bishops
3211 4th Street, N.E.
Washington, DC 20017-1194
(202) 541-3352
mrsrp@usccb.org

Children's Services
Lutheran Immigration and Refugee Service
700 Light Street
Baltimore, MD 21230
(410)230-2757
childrenservices@lirs.org

FOSTER CARE FOR UNACCOMPANIED REFUGEE MINORS

Frequently Asked Questions

Who are “unaccompanied refugee minors”?

The United Nations High Commissioner for Refugees (UNHCR) defines unaccompanied refugee minors (URM) as children who are separated from both parents and are not being cared for by an adult who, by law or custom, is responsible to do so. In resettlement terms, URM are children under age 18 who are resettled alone in the United States, without a parent or relative able to care for them. Children who arrive with parents or other relatives may become eligible for URM program services if their caregivers can no longer care for them once present in the United States.

Who is eligible for the refugee foster care programs?

Five types of unaccompanied youth are eligible for refugee foster care:

- 1) Refugee Minors: These are refugee children who are identified overseas and enter the United States prior to their 18th birthday, without a parent or appropriate caregiver to provide for them. These minors are placed directly into foster care at the time of arrival.
- 2) Asylee Minors: Minors who are granted asylum in the United States and have no family to care for them are also eligible for refugee foster care. These include minors granted asylum by an Immigration Judge, as well as minors granted asylum through an INS Asylum Office.
- 3) Cuban/Haitian Entrants and Amerasians: Minors who enter the United States as entrants or Amerasians are also eligible for the refugee foster care program.
- 4) Victims of a Severe Form of Trafficking: Minors who are victims of a severe form of trafficking, which involves some form of forced labor or prostitution, are also eligible for the refugee foster care program.
- 5) Inaccurate Age Cases: Minors sometimes enter the country with documents mistakenly indicating that they are adults. In such cases it is possible, through established procedures, to have an age changed and arrange for reclassification.

Minors in the above categories are also eligible for refugee foster care in the case of family breakdowns. These are minors who enter with, or come to the United States to join, an adult relative. Sometimes these care arrangements do not work out or are not appropriate, and a refugee minor becomes neglected, abandoned, abused, or destitute shortly after entering the United States. A few examples:

- Relative caregiver is unable or unwilling to continue providing for the minor: In some situations, relatives may be overwhelmed by their own adjustment experience, and may be unable to meet the needs of a minor, or a single mother may have six biological children of her own and may be unable to care for her additional niece and nephew. In other situations, a relative may be unwilling to continue caring for a minor who is not her own child, leaving a child at-risk for abandonment or homelessness. This is sometimes the case when there is conflict between a teenager and a non-parental relative caregiver.
- Secondary migration: Sometimes relatives, or minors themselves, decide to move to another city or state, without making new care arrangements for a minor in their care. This has sometimes been the case with adult siblings caring for younger siblings, where the adult sibling decides to take off on his/her own. In other cases, adolescents have decided to try making it on their own, unaware of how difficult that can be.
- Abuse: In some cases, a minor may be mistreated by his/her relatives and may need to be removed from the home. Some minors can be returned to the home under supervision, others require long-term foster care.
- Inaccurate relationships: Some minors are listed as having a certain relationship with their adult caregiver, which later turns out to be erroneous (e.g., a “daughter” who turns out to be a sister-in-

law, or a child who was fostered in the refugee camp and was listed as a biological child on the bio-data). In some cases this was an error made on the case referral information or a cultural difference in how relationships are described; in other cases it may be a fraudulent relationship (which agencies are required to report to the Department of State). These cases may put a minor at risk if not monitored, or the adult caregiver may never have intended to care for the child.

(Hereinafter, all of the above categories of children are described as refugee children.)

How long are minors eligible for refugee foster care?

Minors must enter refugee foster care prior to their 18th birthday. Once in care, refugee youth can remain in a foster care program until the age of 20 or 21 (depending on particular state child welfare guidelines). After age 18, continued participation in the program is voluntary.

What services are available through the refugee foster care programs?

Refugee foster care includes a comprehensive set of services and financial supports, designed to assist with a youth's resettlement adjustment, provide for a youth while obtaining an education, and prepare each youth for eventual independence. These services are specially geared towards the needs of refugee youth, with a focus on blending their cultural identity with their new American environment. More specifically, these services include indirect financial support providing for housing, food, clothing, and other necessities; educational supports; health, mental health and legal services; intensive case management; cultural and recreation activities; mentoring and life skills training; etc.

How are these programs like or unlike domestic foster care programs, and how are they funded and monitored?

Refugee foster care programs follow the same state or county laws and regulations that govern domestic foster care. Refugee youth are eligible for all of the same services for which an American youth would be eligible. However, refugee foster care programs are separate from domestic foster care programs in that they have been developed by agencies with expertise in working with refugees. Foster families are oriented towards the particular needs of refugee youth. Social work staff assist with special services which may be needed by refugee youth (e.g., English as a Second Language or other special educational needs, cultural identity and adjustment, family tracing, refugee trauma, etc).

Refugee foster care programs are funded by the Office of Refugee Resettlement, via State Refugee Coordinator offices. All foster care programs are licensed and monitored regularly by their state child welfare authority. Foster families must go through a background clearance and licensing process. In addition, LIRS and USCCB provide quality control and serve as an on-going resource for these programs.

What kind of foster family or other care arrangements will be provided to minors?

These programs use families from varied backgrounds to foster refugee youth. Programs recruit families from the same ethnic communities represented by minors in their care. Such placements are a priority for younger children. American foster families are also a strong resource for this program, with many families who have fostered children from various ethnic backgrounds and become familiar with the needs of refugee youth. In addition, programs recruit immigrant families from varied ethnic origins, who personally understand the refugee adjustment, even if not from the same ethnic perspective.

In addition to foster care, programs use a mix of supervised, semi-independent, and independent living arrangements. These services are available to older youths (generally 17 and older), and allow them to live with other youths in semi-autonomous arrangements while they receive training and intensive social worker assistance in learning the life skills they will need to live independently. Some programs also utilize group homes or group foster care homes. In a few specialized circumstances, programs have been able to access residential treatment services for severely traumatized or special needs youth.

How do these children respond to foster care?

Like children everywhere, refugee children yearn for love, security and the chance to learn. Unfortunately, many of these children have been deprived of one or all of these things. Many children have been forced to grow up too soon, due to the circumstances of war and hardship. Consequently, they value a second chance at childhood and newfound stability.

How do refugee children fare in the American educational system?

Most refugee children have missed years of schooling due to the disruptions of war. Although they lag behind their American peers, they are generally very motivated to learn. The absence of educational opportunities often increases their appreciation of schooling once it is available again. Refugee foster care programs are experienced in the educational needs of refugee children, and social work staff help each child access the special services they need to learn in the United States.

Who can become a foster parent?

Refugee foster care programs seek foster parents through local churches, mosques or other houses of worship; community or civic organizations; Mutual Assistance Associations or other refugee collectives; and word of mouth from other foster parents. These programs seek caring and committed foster parents, and always welcome foster parent inquiries. Persons interested in learning more about refugee foster parenting can contact the URM program at LIRS or USCCB/MRS.

Are unaccompanied refugee minors ever reunited with their families?

Although refugee minors are generally long-term foster placements, programs continue family tracing where possible. A number of minors have ultimately been able to reunite with family either in the United States or in their country of origin. Like children in domestic foster care, family reunification is always a goal, where feasible and in the child's best interest.

Where are the refugee foster care programs located?

There are currently refugee foster care programs in the following communities:

Boston, MA	Phoenix, AZ
Dallas, TX	Richmond, VA
Fargo, ND	Rochester, NY
Grand Rapids, MI	San Jose, CA
Houston, TX	Seattle, WA
Jackson, MS	Syracuse, NY
Lansing, MI	Tacoma, WA
Miami, FL	Washington, DC
Philadelphia, PA	

Contact Information:

Migration & Refugee Services
U.S. Conference of Catholic Bishops
3211 4th Street, NE
Washington, D.C. 20017-1194
(202) 541-3352
mrsrp@usccb.org

Children's Services
Lutheran Immigration & Refugee Services
700 Light Street
Baltimore, MD 21230
(410)230-2757
childrenservices@lirs.org

What should I do if I think I have identified a child victim of trafficking?

Remember that your client is a victim of a crime even if she or he lacks legal status in the United States. She or he is eligible for services and has legal rights that must be protected. In addition to providing your services, there are other ways you can help your client:

- **Contact LIRS or USCCB** for assistance in obtaining benefits for your client. See the back panel of this brochure for contact information.
- **Call the Trafficking in Persons Information and Referral Hotline** (funded by the Department of Health and Human Services/Office of Refugee Resettlement)—**1-888-373-7888**—to help suspected victims to access services in your area.
- **Call the Trafficking in Persons and Worker Exploitation Task Force complaint line** (sponsored by the U.S. Departments of Justice and Labor)—**1-888-428-7581 (voice and TTY)**—to begin an investigation of a suspected case by federal law enforcement authorities.
- **Contact local child protection authorities in accordance with your state's mandatory reporting laws**, particularly if the child needs emergency care in a licensed foster home or facility.
- **Find a reputable attorney** to talk to your client about legal immigration issues and ensure that his or her rights are protected.

Where can I get more information or assistance with serving a trafficked child?

LIRS and USCCB staff can assist with guidance in navigating law enforcement referrals and eligibility for services. Contact one of the following for more information:

Program Coordinator
LIRS Trafficked Children Initiative
410-230-2758 trafficking@lirs.org

Children's Services Specialist
USCCB/MRS
202/541-3462 mrstvics@usccb.org



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Lutheran Immigration and Refugee Service
700 Light Street, Baltimore, Md. 21230
410/230-2700, lirs@lirs.org, www.lirs.org

and

**United States Conference of Catholic Bishops
Migration and Refugee Services**
3211 4th Street, NE, Washington, D.C. 20017
202/541-3352, mrs@usccb.org, www.usccb.org/mrs

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Assistance
for Trafficked
Children

Information for
Social Service
Providers

What is trafficking?

In 2000 Congress passed the **Trafficking Victims Protection Act**, which provides immigration relief and social services to eligible victims of trafficking. Congress defines trafficking as...

- sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform the act is under 18 years of age; or
- the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

Any child under the age of 18 who is induced to perform a commercial sex act is a victim of trafficking, as a minor cannot consent to such acts.

Are children trafficked to the United States?

In cities throughout the United States, women, men, and children are subjected to forced prostitution, domestic servitude, debt bondage, or labor for little or no pay. The U.S. government estimates that as many as 17,500 persons are trafficked into the country each year for these purposes. They may come from almost any region in the world.

How will I recognize a victim of trafficking?

If you wonder whether a child you know is a victim of trafficking, consider that he or she...

- may be from outside the United States
- must be a victim of one of the acts identified by Congress (at left).

In addition, a child victim...

- may not have any immigration or identification documents because these may have been confiscated by the traffickers
- may have believed he or she was coming to the United States to be united with family, to work in a legitimate job or to attend school
- may owe a significant debt to a trafficker
- may have been subject to psychological intimidation or threats of physical harm to herself or her family members
- may have been referred to you by another social service agency, a healthcare provider or a law enforcement agency but may not have been identified by the referring agency as a victim of trafficking
- may have been sexually abused and traumatized
- may have been trafficked by family members or family friends
- may have family members that are also enslaved in their home country
- may have legitimate fears for the safety of herself and family members

What help is available for child victims of trafficking?

Child victims of trafficking may be eligible for federally funded, specialized services. Lutheran Immigration and Refugee Service (LIRS) and the United States Conference of Catholic Bishops (USCCB) are nonprofit voluntary agencies that work with the Office of Refugee Resettlement to place eligible child trafficking victims in culturally appropriate family foster care, small group care, or independent living, appropriate to the youth's developmental needs.

These specialized programs are known nationally as the **Unaccompanied Refugee Minor (URM) Programs**, and are located in cities across the United States. The URM Programs provide comprehensive services, such as...

- care within a family or group environment
- mental health services
- education
- medical care
- intensive case management services
- legal representation for immigration needs
- family reunification, if appropriate
- cultural orientation
- tutoring and career guidance
- independent living skills training

A law enforcement officer or other concerned party must send a referral to the Office of Refugee Resettlement (ORR) in order for a trafficked child to enter a URM program.



Bridging Refugee Youth & Children's Services



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BRYCS EMAIL ALERTS

Would you like to hear about new BRYCS resources and Web site features each month, by email? Send an email to info@brycs.org with "subscribe" in the subject line.

*Each month at
www.brycs.org we
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About BRYCS :

Bridging Refugee Youth and Children's Services (BRYCS) is a national technical assistance project working to broaden the scope of information and collaboration among service providers in order to strengthen services to refugee youth, children and their families.

The Service Disconnect

Refugee families in the U.S. receive services from many different agencies, which approach their work with separate goals, perspectives, information and resources. This can lead to a fragmented experience on the part of families, and less effective services all around.

The Bridge

BRYCS facilitates information sharing and collaboration among a diverse group of service providers, including child welfare, refugee-serving and refugee community agencies.

The Benefits

When agencies collaborate and share information, services improve. Refugee parents, youth and children are thus better supported in their new culture, and are better equipped to meet adjustment challenges as they transition into their new communities.

BRYCS has provided technical assistance to a broad range of service providers including:

- Refugee resettlement
- Refugee led organizations
- Child welfare
- Health/mental health
- Juvenile justice
- Education

COMING SOON:

"Brighter Futures for Migrating Children: An Overview of Current Trends & Promising Practices in Child Welfare" The report – highlighting promising practices in refugee and immigrant child welfare - will be published May 1 on www.brycs.org.

BRYCS will publish our Positive Youth Development Toolkit on June 1, 2006! Our June Web site will introduce the Toolkit, providing an overview of the issues, examples of creative programming, and resources for serving refugee youth. Whether your goal is leadership development, school success, or gang prevention, BRYCS uses a positive youth development framework in order to understand and effectively address the special strengths and needs of refugee youth.

BRYCS Most popular

Publications:

For Service Providers:

Raising Children in a New Country: A Toolkit for Working with Newcomer Parents

Guardianship Publications, including: Guardianship Information by State, Guardianship FAQ and the FAQ Summary

Roundtable Reports:

Foster Care at a Cultural Crossroads: Refugee Children in the Public Foster Care System (July 2003)

Enhancing State Child Welfare Services for Migrating Children (April 2005)

Cultural Resources:

Somali Bantu Refugees: Cultural Considerations for Social Service Providers

Liberian Refugees: Cultural Considerations for Social Service Providers

In addition to BRYCS publications, 1,200 more resources can be found at www.brycs.org/brycs_resources.htm and through a search of our clearinghouse



Bridging Refugee Youth & Children's Services



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BRYCS PUBLICATIONS

The following BRYCS publications are accessible on this site:

- [BRYCS Public Child Welfare Online Assessment Tool: Preliminary Findings](#)
- [Building Bridges: A Cross-Service Training Guide](#)
- [Case Study of Child Welfare Interventions with Refugee Families in Texas](#)
- [Child Welfare Standards Summary](#)
- [Community Conversations Summary](#)
- [Cross-Service Training Report, Atlanta](#)
- [Cross-Service Training Report, St. Louis](#)
- [Developing Refugee Foster Families: A Worthwhile Investment](#)
- [Directions in Service Provision: Findings From Needs Assessments of Refugee Youth, Children, and Parents](#)
- [Enhancing State Child Welfare Services for Migrating Children - BRYCS Roundtable Discussion: 15th National Conference on Child Abuse and Neglect](#)
- [Foster Care at a Cultural Crossroads: Refugee Children in the Public Foster Care System \(July 2003 Roundtable Report\)](#)
- [Foster Care Training Report, St. Louis](#)
- [Fundraising for Refugee-Serving Agencies - BRYCS Special Feature Series](#)
- [Guardianship: Frequently Asked Questions \(FAQ\)](#)
 - [Guardianship FAQ Summary \(2 pages\)](#)
- **UPDATED** [Guardianship Information by State](#)
- [Hope for the Future: Building on the Strengths of Hmong Refugee Youth and Children](#)
- **NEW** [Lessons Learned: Best Practices with Immigrant and Refugee Families, Children, and Youth](#)
- [Liberian Refugees: Cultural Considerations for Social Service Providers](#)
- [Local Service Deliveries Strategies Report](#)
- [Newsletter on Cross-Service Training](#)
- [Raising Children in a New Country: A Toolkit for Working with Refugee Parents](#)
- [Refugee Minors Arriving in the United States: Statistics from FY 1997 - FY 2002](#)
- [Separated Refugee Children in the United States: Challenges and Opportunities](#)
- [Serving Foreign-Born Foster Children: A Resource for Meeting the Special Needs of Refugee Youth and Children](#)
- [Serving Refugee Children in Foster Care: Fundamental Considerations](#)
- [Somali Bantu Refugees: Cultural Considerations for Social Service Providers](#) (text version)
- [Somali Bantu Refugees: Cultural Considerations for Social Service Providers](#) (slide show)
- [Strengthening Services for Refugee Parents: Guidelines and Resources](#)
(Link to the [executive summary](#).) Find information to order the manual [here](#).
- [Suitability Assessment Tips: Safeguarding Refugee Minors Who Arrive Without Parents](#)

BRYCS' partner organizations offer the following related publications:

LIRS and USCCB/MRS

- Description of the [Unaccompanied Refugee Minors \(URM\) foster care program](#)

- [URM program Frequently Asked Questions \(FAQ\)](#)

LIRS

- [Foster Care: A Fact Sheet for Prospective Muslim Families](#)
- [Caring for Muslim Minors: Guidelines for Non-Muslim Families](#)
- [Working with Refugee and Immigrant Children: Issues of Culture, Law and Development](#)
 - View the table of contents using the above link. For more information, contact Administrative Assistant for Children's Services Nikki Massie, 410/230-2757. To order, send a money order or check for \$19.95 with your name and mailing address to Children's Services Unit, LIRS, 700 Light Street, 2nd floor, Baltimore, MD 21230.

USCCB/MRS

- [Seeking Durable Solutions: The 2002 Africa Mission - A report on the USCCB Committee on Migration fact-finding trip to refugee camps in central Africa.](#) The committee reports on the conditions and prospects faced by refugee children, many of them without any adult family members to care for them.
- [Sudanese "Lost Boys" in the United States: Adjustment after Six Months](#)
- [Children on the Move: The Plight of Immigrant and Refugee Children](#)
- [In Support of Refugee Minors: Skills for Caseworkers](#), training manual and video set
 - View the manual's table of contents using the above link. The manual is being revised and is not currently available for purchase. To order the video only, please print out and mail or fax this [form](#).)

Documents from other sources available on this site:

- [Background on Potential Health Issues for Hmong Refugees from Wat Tham Krabok.](#) Office of Global Health Affairs (updated June 17, 2004); **ALSO SEE...** US Embassy Refugee Resettlement Unit bulletins dated [11 February 2005](#) and [18 February 2005](#); U.S. State Department press release: [Enhanced Medical Screening for Hmong Refugees](#) and Centers for Disease Control and Prevention background documents: [TB FAQ sheet](#) and [Hmong Lao refugees, Tuberculosis and Multi-Drug Resistant Tuberculosis](#). The last three resources are also available as one document [here](#). More information is also available at the [CDC TB Education and Training Resources Web site](#).
- [Background on Potential Health Issues for Liberian Refugees.](#) Office of Global Health Affairs (updated January 30, 2004)
- [Background on Potential Health Problems for Somali Bantu](#), from the U.S. Department of Health and Human Services.
- [Biculturalism and Ethnic Identity: an Integrated Model](#) from *FOCUS: Notes from the Society for the Psychological Study of Ethnic Minority Issues*, June 1984.
- [FC? FGC? FGM?: To Those Who Experience It, the Term is Insignificant. The Suffering is Not.](#) from *Bridges for Cross-Cultural Understanding*, April-May 2002.
- [Foster Care](#), from *Azizah Magazine*, Spring 2002.
- [Multi-Cultural Guidelines for Assessing Family Strengths and Risk Factors in Child Protective Services](#), P. Pecora and D. English (Eds.) and the [Seattle] Washington Risk Assessment Project. 1993.
- [A Nationwide Study of the Functional and Behavioral Health of Sudanese Unaccompanied Refugee Minors Resettled in the United States.](#) [Project Report Executive Summary](#). Geltman, P. et al. April 2003.
- [Parenting Teens for Cambodians: A Model Curriculum](#), Julianne Duncan, 1998.
- [Reaching First Base: Guidelines on Good Practice on Meeting the Needs of Refugee Children from the Horn of Africa](#), C. Sherriff (Ed.). Daycare Trust. 1995.
- [The School System and Refugee Children: Bridging the Gap](#)
- [Somali Bantu Cultural Orientation - Emails from Kenya](#), from the International Organization for Migration (IOM), Kenya staff, 2003-2004.
- [Special Immigrant Status Unit](#), presentation by Cecilia Saco, SCSW, 2005.
- [Stop Lead Poisoning in Refugee Children](#), backgrounder prepared by Church World Service

Immigration and Refugee Program and offered as a resource for broad use; it contains links to the CDC and EPA lead fact sheets, as well as the CDC's [Recommendations for Lead poisoning](#).

- [Understanding Children, Immigration, and Family Violence](#), a collaboration between Learning Systems Group (LSG) and Family Violence Prevention Fund (FVPF) - BRYCS representatives Julianne Duncan, Lyn Morland and Laura Schmidt participated on this National Workgroup.
- [Understanding, Preventing, and Treating Problem Behaviors Among Refugee and Immigrant Youth](#), Hunt, Dennis; Morland, Lyn; Barocas, Ralph; Huckans, Marilyn; Caal, Selma; Center for Multicultural Human Services, 2002.
- [The U.S. Kosovar Refugee Program: Operation Provide Refuge](#), from *ESL Magazine*, July 1999.

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