Journal of Applied Research on Children: Informing Policy for Children at Risk

Volume 10
Issue 1 *Immigrant Child Health: Creating Evidence-Based Practice in a Changing Environment*

Article 7

2019

Unmet Needs of Unaccompanied Minors from Central America: Perceptions of Professionals from Multiple Sectors

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Acknowledgements

We thank Fadya El Rayess, Abigail Price, and Joseph Diaz for their support of this qualitative research.

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BACKGROUND

In recent years, there has been a significant influx of children and adolescents crossing the U.S.-Mexico border without a parent or adult guardian.[1-3] Unaccompanied minors, most of whom are adolescent boys, leave their homes in search of protection from gang violence and political unrest, intrafamilial abuse, food insecurity, and poverty.[4] Facing these prospects in their native countries of Guatemala, Honduras, and El Salvador, youth migrate through Mexico to the U.S. by themselves under dangerous and potentially exploitative conditions.[5]

When children under the age of 18 reach the U.S., they are apprehended by the Department of Homeland Security Customs and Border Protection and taken to a short-term hold facility.[2] If they meet the definition of "unaccompanied alien child" (UAC) from noncontiguous countries or asylum seeker, the Immigration and Customs Enforcement oversees custody transfer and initiates legal removal proceedings for apprehended youth. Minors from the contiguous country of Mexico are screened under the Immigration and Nationality Act's 8 U.S. Code 1232, Title 8 and are only designated UAC if they meet the following criteria: history of being trafficked in their home country, risk of being trafficked if repatriated, fear of persecution if repatriated, and/or refusal to voluntarily return to Mexico.[6,7] The eligible minors are transferred to shelters under the custody of the Department of Health and Human Services Office of Refugee Resettlement (ORR), which oversees their eventual placement in appropriate custody of parents, relatives, family friends, or the foster care system.[8] Throughout this process, the U.S. Citizenship and Immigration Services evaluates children's open legal cases if they are filed for asylum application or unique visas. Otherwise, the Department of Justice's Executive Office for Immigration Review manages immigration court proceedings, removal orders, and administrative closure of the cases. While these procedures are established to oversee the processing, treatment, and relocation of unaccompanied minors, less is known about the scope of children's needs and the range of available services *after* they are placed in appropriate custody in the U.S.

Traditionally, none of these procedures have been systematically designed according to a framework that fits the needs of children at their unique developmental stages and in consideration of traumatic

experiences. To date, children are treated the same as adults within the immigration system and are not routinely provided legal counsel to navigate the process. The lack of legal representation has been associated with a greater likelihood of deportation when compared with minors who have legal counsel.[9] The United States signed but did not ratify the 1989 United Nations Convention on the Rights of the Child, which informs legal proceedings that consider the safety and welfare of children at their unique developmental stage.[10] A holistic approach to children's rights, otherwise known as "the best interests of the child" principle, has not been officially and systematically integrated into all legal proceedings affecting immigrant children seeking legal relief in the U.S.[11] However, improvements have been made to include children's best interests with the expanded definition of "special immigrant juvenile status" under The William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008. The TVPRA allows a minor who is dependent upon juvenile court or in the custody of government agencies/government-appointed guardians to apply for permanent residency if repatriation is not viable and against their best interests.[11,12]

Extensive research has been conducted on the impact of childhood exposure to violence and traumatic events across the lifespan. Leading health organizations, including the American Academy of Pediatrics, have also emphasized an "ecobiodevelopmental framework" that connects the effects of toxic stress on neurobiology, the development of psychological and physical illness, and the adoption of maladaptive coping behaviors later in life.[13,14] Investigations reveal that co-occurrence and increasing number of adverse experiences during childhood are associated with elevated risks for depression, suicidal attempts, smoking, illicit drug use, ischemic heart disease, and obesity in adulthood.[15-18] The current literature also describes significant psychological effects on children who often face long separation from their family, leading to increased reports of depression and anxiety among these youth.[19,20] The psychological and physical burden faced by this vulnerable population raises questions about their well-being and potential avenues for addressing their needs.

Given increasing concerns about the welfare of unaccompanied children, the American Academy of Pediatrics and similar professional associations advocated for a coordinated response that prioritizes the safety and well-being of these vulnerable children.[2,21-23] Despite existing policy recommendations, more investigation is needed on the intersectionality of children's needs with policies and practices designed to meet their needs

after release from ORR custody. The objective of this qualitative study was to explore professionals' perspectives on the needs of unaccompanied minors after release from ORR custody, barriers to meeting their needs, and opportunities to improve delivery of services across sectors, including the legal, social work, educational, and medical fields.

METHODS

Data collection. The theoretical framework guiding this study was a biopsychosocial approach to the health of children in which traumatic events and social determinants of health are considered key factors affecting development.[24,25] Consideration of legal policies, both international and national, affecting the welfare of immigrant children were also included in the guiding framework. This biopsychosocial framework was chosen because the guiding biomedical model in health and medicine accounts for biological aspects of human conditions without including the psychosocial dimensions of personal considerations, family dynamics, and community factors that influence human conditions. By acknowledging a more holistic framework, professionals invested in health disparities and adverse outcomes across the lifespan can begin to operationalize the biopsychosocial model. To enhance trustworthiness, purposive, strategic sampling of professionals from the medical, legal, social work, and education fields was conducted. This approach was taken to recruit a heterogeneous sample of key informants in different stakeholder professions with wide-ranging knowledge about critical elements of the biopsychosocial framework in effect in this study, and to allow for triangulation of findings from these different categories of professional stakeholders. Key informants were recruited across the U.S. after review of published issue briefs, policy reports, commentary articles, and peer-reviewed publications related to unaccompanied immigrant minors, including searches for "unaccompanied minors from Central America", "unaccompanied alien children" legal term, and "asylum seeking minors" as it relates to Latin America and the U.S. A complementary news search was performed in Google news archives for 2010 to 2016 to identify trends in media coverage and policy directions related to unaccompanied immigrant minors in the U.S. Review of publicly available reports and writings yielded names of professionals in professional associations, committees, nonprofit organizations, health facilities, and government entities. The lead author (SPM) used the list of professionals to develop a stakeholder map of potential informants from different sectors with the

assistance of an anonymous legal expert. The author (SPM) conducted recruitment primarily via email communication and also elicited suggestions from informants for other professionals who were subsequently interviewed if they met our inclusion criteria and expanded the perspectives represented in our sample. Most of the suggested professions had already been included in our stakeholder map.

Between July 2016 and April 2017, the lead author (SPM) conducted 14 in-depth qualitative interviews with professionals from the medical, legal, and social service/education fields. The goal of the interviews was to explore professionals' experiences and perceptions associated with their work on the welfare of formerly unaccompanied immigrant minors in an effort to better understand the unique situational needs of these children and to improve service delivery.

The interview guide included open-ended questions and probes that were considered after review of the literature on unaccompanied minors, psychosocial stressors of asylum-seeking minors, and involvement of legal, educational, and health/social service sectors in the welfare of undocumented immigrant children. The interviews were completed in approximately 30 to 60 minutes after receiving verbal consent. The interviews were mostly conducted via telephone because informants were recruited from across the United States. One interview was conducted in person. All interviews were audiorecorded and transcribed by the lead author (SPM). The qualitative study was reviewed by the Institutional Review Board of Brown University, Providence, RI.

Data analysis. Immersion and crystallization techniques were used in the study, which also incorporated within-case and across-case analytic strategies that were appropriate for a study involving professionals from different sectors.[26,27] Initial engagement with the topic of unaccompanied minors was performed as described above. Analysis began with the interviewing phase of the study as identification of preliminary emerging themes were recorded and reviewed throughout the interview process. Insights gathered from the interviews helped to refine the focus of subsequent interviews until no new themes emerged at the conclusion of data collection. Once all interviews were recorded and transcribed, systematic review and analysis of data was undertaken.

First, immersion was conducted with interviews from a designated sector (e.g., medical, legal, social work-education). Repeated immersion

for each interview was performed to identify significant statements and begin formulating preliminary topical categories. Once within-case analysis was completed, the lead author proceeded with across-case comparison of significant categories and statements, which yielded commonalities across respondents and differences in professionals' perceived scope of needs and barriers affecting formerly unaccompanied minors. The process was repeated for interviews with professionals from the legal sector and those working in social services and social work within educational settings.

Second, immersion and comparison of significant categories and themes across sector-specific interviews were performed using open coding using QSR International's NVivo 12 qualitative data analysis software. This process allowed for thorough comparisons of relevant themes under a particular coded category, with special attention for omission or variation of perceptions across sectors. The process helped the authors delineate varying conceptualizations of the needs of unaccompanied minors and barriers affecting their well-being. Lastly, reports from individual codes were generated and further analyzed to arrive at the final interpretation of data and presentation of findings related to formerly unaccompanied minors.

RESULTS

Key Informant Demographics. Key informants included 5 legal professionals; 5 medical professionals, including mental health providers; and 4 professionals who were engaged in school-based or human rights-based social work on behalf of current or formerly unaccompanied minors. Informants had previous or current direct experience working with unaccompanied minors for 3 years to several decades, as well as extensive systems-level experience, from community organizing and regional networking to political advocacy.

Background of Unaccompanied Minors. Key informants reported that unaccompanied minors tended to be teenage boys aged 14 to 17 from low-resource areas. However, informants noted that their work involved children spanning ages 2 to 18 years. The majority were from the "Northern Triangle" countries of El Salvador, Honduras, and Guatemala with a small percentage being natives of Mexico who did not meet the criteria of immediate repatriation under 8 U.S. Code 1232, Title 8.[6] Generally, unaccompanied children received financial and logistical

assistance from a family member who arranged their journey with a "coyote", a navigator who was paid to take them across the U.S.-Mexico border. Informants reported that the minors were responsible for negotiating their safety during the journey as there was no adult guardian who could protect them. Most unaccompanied children speak Spanish as their primary language or secondary language after their respective Native American languages.

According to informants, unaccompanied minors were often relocated from their points of entry into the U.S. to areas where family members or parents reside. Informants reported that, in general, these neighborhoods offer few social and economic opportunities for families and relocated minors.

Needs of Formerly Unaccompanied Minors

Burden of childhood trauma. Informants described a cumulative burden of childhood trauma in various settings when asked about their perceptions of the health of formerly unaccompanied minors. The collective burden of trauma is conceptualized as trauma in their native country and trauma en route to the U.S., including the journey to reach the U.S.-Mexico border, the Customs and Border Patrol facilities that are often referred to as the "ice boxes", and shelters under ORR custody. Informants also commented on the role of trauma in the health of unaccompanied minors after they are released to their adult sponsors.

Exposure to traumatic events in children's native countries included witnessed and experienced threats from gangs and community members as well as abusive relationships and assault at home. While informants reported a trend of sexual assault among female youth, some boys also experienced such trauma. As one medical professional explained: "They not only have been witness to horrific acts of violence for themselves, but people that they love, people that they know in their country of origin."

Similar to the depth of trauma experienced in their native countries, the journey to reach a better life in the U.S. was fraught with multiple risks. One legal informant described children "in a trailer with a hundred other people or in a tunnel, with drug traffickers." Medical and social work informants noted that the danger was heightened for children and for women, who were at high risk of sexual violence in their journey.

However, traumatic events did not end at the point of apprehension by U.S. border patrol. Informants described trends in their clients' or patients' experiences in detention facilities, which often opposed guiding principles of child safety, human rights, and public health infection prevention. One medical informant recalled "horrible violations" within Customs and Border Protection facilities: "What I heard from families… pretty bad including not having any bedding and not having toilets." Another legal informant described children detained under ORR custody for months:

> "But we know what a few more months does to kids, especially the young kids. It breaks your heart to see them stuck there. And they know that mom is somewhere and they cannot get to mom or their guardian."

Attachment and adjustment in unfamiliar settings. Informants noted that relocation to an area with adult sponsors or family members presented challenges to family dynamics. Informants contextualized children's challenges in adjusting to new family units, which may be considered an expected reaction at their developmental stage. Reports from informants highlighted the well-known effects of dysfunctional attachment in children whose perceived stability is less secure, as defined by the limited consistent presence of trusted adults in their lives. A legal informant stated:

> "A parent who has been separated from their child almost a decade and now reconciling for the first time, learning to live together for the first time and this child has maybe grown un-parented or is a teenager and dealing with all the normal teenage issues and all of these things affect them."

The perception of becoming integrated into a family is further complicated by the acculturation process because, according to a medical informant, children have "experiences of discrimination, experiences of not belonging, experiences of confusion or ambivalence about their own culture and the culture that they're adapting to." Across professional sectors, informants discussed children's experiences in the context of their trauma burden and the common realities of adolescents who are naturally searching for their identity and motivations in life.

Medical needs. Professionals across sectors discussed health needs in the context of medical screening and treatment, preventive counseling,

dental treatment, and mental health services. Medical concerns included environmental exposure to lead, chronic micronutrient deficiencies, exposure to infectious diseases (eg, tuberculosis, parasitic infections, and dermatologic infections), and sexually transmitted infections. The physical needs of formerly unaccompanied children were introduced along with a heightened need for comprehensive mental health services. Trauma may manifest itself in children's depressed mood, psychosomatic symptoms, or disruptive behavior at home or in school. Services needed include psychiatric care, therapeutic counseling, and school-based support groups.

Informants viewed medical needs as significant because youth find it challenging to access healthcare services. In most states, minors without legal documentation cannot easily access public services and establish a "medical home", as noted by a medical informant. However, medical and legal informants commented that a few states and Washington, DC, had state Medicaid coverage for all children regardless of documentation status. A medical informant described a local government-funded medical charity care system for all minors living within the county. Despite these established systems, informants described challenges in meeting the needs of highly complex medical cases requiring surgical procedures and specialty care.

Educational needs. Informants framed educational needs of formerly unaccompanied minors as concerns related to registration of children in school, evaluation for learning disabilities, provision of individualized education plans for alternative learners, and English Language Learner (ELL) education. These challenges are complicated by the fact that most formerly unaccompanied children have attained a lower level of schooling than their same-aged peers in the U.S. As a social work informant noted, their formerly unaccompanied students completed up to seventh grade in their home countries but were placed in high school-level classes because of their age.

When it comes to school registration, informants commented on the required paperwork and medical clearance to enroll in public school. In some locations, this is streamlined by a school professional dedicated to the registration needs of these unaccompanied minors, and at other locations, strict regulations delay school attendance for weeks to months. Despite the Plyler v. Doe ruling that establishes equal access to public education for all children regardless of documentation status, it is possible

that older students may be discouraged from enrolling in public schools.[28] A social work informant described the surge of alternative programs -- some of which are not accredited -- to provide the necessary requirements for a GED or high school diploma:

> "Older students are being discouraged from enrollment or redirected to other organizations, alternative programs… if a student is being directed to other programs that are not recognized, they are limiting their options for post-secondary education."

Informants across sectors also noted that access to Spanish-language neuropsychological evaluation was a common unmet need. According to school-based social workers, the process of providing individualized learning plans for formerly unaccompanied youth was challenging when the system has requirements that prolong the establishment of an individualized education plan (IEP) or 504 plan. One social work informant commented that it took 2 to 3 years to formally recommend a student to receive these free services. The length of time is largely affected by the dearth of Spanish-language and affordable neuropsychological testing that is needed to first establish eligibility for these services. These school-based protocols demonstrate limitations in policies that are meant to optimize learning for all students but may fall short if the requirements include evaluations that may not be readily available to formerly unaccompanied minors.

Socioeconomic and political factors affecting well-being. Economic pressures on formerly unaccompanied minors who suffer from an unsustainable balance of school-work responsibilities were listed as significant challenges. An informant attributed youth's strong work ethic to the need to send remittances to family in their native country. Youth may also experience a chronic fear of deportation, which may be heightened as they age out of K-12 education and are attempting to secure legal routes to residency in the U.S. A day in the life of an unaccompanied adolescent was described by a social work informant:

> "The student has been here for 4 months from Guatemala. Finished seventh grade … He's like, 'I started working last month and I'm working from 3 to 12. Don't get home till 1:30. Then I have to come to school and it's…I'm overwhelmed. On top of this, I've talked to 3 lawyers and the 3 lawyers are telling me that because there's no one here to sponsor me,

> to legally sponsor me, I'm going to be deported back … I want to graduate, I want to get my high school diploma. But how do I get there if I'm going to be leaving in 2 years?' He wants to be a personal trainer, wants to learn more English, wants a high school diploma … and he's here by himself."

Resilience of formerly unaccompanied minors. Informants described that the hope for a better future was a key motivation observed in children's engagement with activities organized by social service agencies and schools. To informants, formerly unaccompanied minors were viewed as resourceful, demonstrating high levels of self-efficacy and "from the beginning, they have a sense of relief, like 'I made it, I'm safe, I have hope now, I have open doors now.'" To medical and social work informants, their complex exposures to trauma were used to develop resilience. Resilience is viewed by informants as interconnected personal attributes that support children's navigation of the world and engagement with new experiences, such as those found in the process of acculturation and community integration. The approach to building resilience among unaccompanied children requires continuous awareness of the "repeated and multiple sources of traumatic stress" and open communication to assist children in processing negative experiences.

Barriers to Addressing Needs of Formerly Unaccompanied Minors

Legal status, immigration laws, and visa policies. The primary barrier to addressing medical and social needs is limited access to services as an undocumented minor in the process of legal adjudication. Informants across sectors connected a child's legal status to their welfare and possible access to care in times of medical complications, mental health deterioration, and integration in their community or family.

In contrast to criminal offenses processed by the American legal system, legal representation is not a required service for a civil offense defined as the act of crossing the U.S.-Mexico border without proper documentation. Informants described regional differences in the supply of immigration lawyers who offer pro-bono or subsidized legal services to formerly unaccompanied minors. Informants serving as referring professionals (eg, social workers and medical professionals) may face challenges in connecting a client to legal services if the nearest available lawyer is hours away. The reality of meeting legal needs of unaccompanied minors is multifactorial and often attributed to supply-

demand imbalances and inherent flaws of the legal system. As a legal informant observed:

> "There might be 2 children with equally strong claims, they might even be from the same village, they might even be from the same family, brother and sister … but if one has a lawyer and fills out an asylum application and the other doesn't, only one of them is formally designated an asylum seeker. Only one of them is formally an asylum seeker and so that can mean 2 different things. One could end up deported and one could end up getting asylum. One person has a stronger case than the other, and a lot of it comes down to representation."

According to legal and social work informants, immigration law does not adequately have "the best interest of the child" principle integrated into its legal procedures and practices involving children. This limitation is viewed as a major barrier to meeting children's legal needs:

> "There are kids who really just don't have strong relief under our immigration law, so that's a problem when really their best interest is to be here and not to be back in their home country … and that's enormously stressful for the child, to the child's family, for everyone. So that's a problem of our immigration laws, what they say and how they have been interpreted."

Legal informants also commented on the limited number of visas under the Special Immigrant Juvenile Status application that is often used by children with legal representation. The cap in visas places an increasing number of formerly unaccompanied minors in long wait times and "the kids feeling like being in limbo," without a certain path toward resolution. As such, the immigration system is not equipped to evaluate the higher number of cases, to consistently consider children's best interests as formal legal considerations of a case, and to provide legal counsel to all minors.

Public perception of unaccompanied minors. Similar to informants in other sectors, a social work informant described the public's limited awareness of U.S. involvement in the welfare of unaccompanied minors:

> "Unaccompanied children did not just start in 2014…we have accepted unaccompanied children and refugees from all over the world … a new light is shining on the population but know that we've been welcoming these kids … we cannot pull that welcome mat now."

Informants described negative public perceptions about immigrants in the U.S., including unaccompanied children who may be viewed as criminals for crossing the U.S.-Mexico border. A legal informant described the challenges in navigating a "sophisticated dialogue of what these kids need" amid an overwhelming public perception that may disregard the circumstances driving their migration and their unique developmental stage. A medical informant described a broader context affecting formerly unaccompanied children:

> "The long-term psychological impact of this new level of fear, the chronic stress and anxiety that is being produced because of the, again, the dehumanization, the public rhetoric that's coming at the national level. But then finding its way into our schools, into our communities, into our homes, into the homes of these already vulnerable populations."

In addition, these political beliefs may be manifested in professionals' perceptions toward formerly unaccompanied minors, which may be focused on deep-rooted biases of what children deserve based on their background. A social work informant recalled an education colleagues' negative response to allocating time and efforts toward serving formerly unaccompanied minors in public schools. These reflections are not isolated and were identified by other informants: "We need to make sure that we're providing a safe learning environment free from all forms of discrimination, racism, and hate. And that's clearly not happening in some places."

Funding constraints affecting formerly unaccompanied minors. Informants perceived that the negative political climate toward immigration prevents improvements in available budgets used to care for formerly unaccompanied minors, especially funds from government entities. Informants commented on the changing landscape of funding as one that includes a diverse pool of funding from private entities and nonprofit organizations. Even in districts that have adopted policies in favor of

meeting the needs of unaccompanied minors, a social work informant stated that “it’s just a matter of resources that they don't have the funding in place to do a system-wide approach, and that’s what’s needed.”

Funding constraints were emphasized in the limited reimbursement for supervision and professional support for clinical and social service providers. Although informants described internal organizational practices and lessons learned from other entities on supporting junior professionals, the sustainability of these initiatives generally depends on short-term grants and professionals who may adopt these practices in addition to their full workload. With respect to the provision of services, the system appears to be overwhelmed, as evidenced by professionals’ reports of higher caseloads. Some facilities that provide primary care are reimbursed significantly less for uninsured, undocumented immigrant patients, making it more difficult to absorb costs of providing primary health care for this population.

Similarly, legal and medical informants described limited reimbursement, if any, for bilingual interpretation in legal proceedings outside of court and medical visits. A legal informant commented on the legal system’s heavy reliance on volunteer interpreters for cases in their geographic location, thus revealing limited funding allocation for qualified ancillary support professionals that facilitate effective communication in legal proceedings or asylum office evaluations. Legal informants noted that the current infrastructure was not conducive for significant increases in the number of children as evidenced by the overload of pending asylum office evaluations and the backlog of cases in the Executive Office for Immigration Review. Although one medical informant confirmed that having a medical interpreter is the law in the care of non-English-speaking patients, this practice depends on funding available to meet the needs of patients beyond a bilingual phone line. These limitations highlight barriers to the quality of service that may be provided to formerly unaccompanied minors in systems that rely on ad hoc support rather than established, integrated services.

Funding constraints affecting children in ORR custody. Informants noted that established resources may be strained as the number of unaccompanied children increases. From the medical perspective, an informant described the challenges of meeting the needs of a growing population with ORR’s standing budget that is also allocated for refugee resettlement initiatives.

Limited supply of Spanish-speaking professionals. Social work and medical informants described the limited supply of qualified professionals in their respective sectors, which is largely variable across geographic locations. In particular, informants commented on the need for mental health professionals who are fluent in Spanish to directly communicate with clients. Informants conceptualized the supply limitations in terms of pipeline constraints of qualified professionals joining their fields and the professional burnout that drives team members to leave the line of work.

Variation in professional practices. Medical informants commented on the lack of consistency among healthcare professionals to ask sensitive questions about children's travel history and legal status as factors influencing their development. Informants attributed these limitations to scarce professional training and training guidelines for community providers. Given these limitations, informants felt that healthcare professionals may be unaware of or even uncomfortable broaching these topics in medical visits. This, in turn, leads to a gap in care when professionals cannot identify for which public services, if any, their patients are eligible.

Legal procedures also vary in the context of an overwhelmed system as described by legal informants. A legal informant explained how a child's case may be closed for missing the initial court hearing without acknowledgement of reasons behind the child and guardian's absence in court:

> "Children are very often – and yes there's regional variation in this – are often ordered deported just for not showing up … It could be that their mother didn't tell them they had a court date, or their uncle who's caring for them didn't take them because they didn't have a car, or it could be because the letter got lost in the mail. For any number of reasons, the consequences are very high and they end up with removal orders, deportation orders for not showing up as little as one time."

The legal decision to deport a child rests in judges' review and professional considerations of the case, which vary depending on location: "It's likely that a judge in New York system and say a judge in Atlanta, Georgia sort of take that differently. For example, Atlanta, Georgia has

some of the lowest asylum approvals and the highest deportation rates of any court." Disparities in asylum approvals of similar cases in different jurisdictions reveal potential variation in legal interpretation that may ultimately affect the welfare of children and render children with similar legal cases at higher risk of deportation if their case is processed in a more hostile legal environment.

Informants commented that legal practices are not systematically conducted in a child-inclusive manner that integrates developmentally appropriate questioning, modification of spaces to decrease intimidation of children, and modification of information communicated to children that appropriately accounts for their developmental stage. Legal informants noted that interviews at the asylum office may vary in intensity depending on the asylum officer carrying out the interviews, highlighting variations in practice that may affect children's experience while processing their asylum case. Informants envisioned a different approach to conducting legal procedures in the presence of children, thereby demonstrating ideas that integrate the "best interests of the child" principle:

> "If we were serious about having all of these things done in a child-friendly manner, the judge and the opposing counsel, the attorney and the child should sit, maybe, in a conference room where the judge is not wearing a robe and kind of go through the process much slower and one-on-one."

Fear of deportation. Informants across sectors identified "looming deportation" as a significant fear among families and formerly unaccompanied children under their care. Delay in medical care was observed by medical informants and attributed to fear and anxiety associated with documentation status: "A lot of these sponsors may be undocumented … have less comfort or experience or trust in the system in terms of accessing the system." As such, informants described motivations that may be driving healthcare utilization in their respective locations.

Limited awareness of and training in practice standards. According to informants across sectors, efforts to meet the needs of unaccompanied minors are exercised in a landscape of limited awareness about screening and management guidelines of immigrants. According to informants, professional recommendations tend to lack the intersectionality needed to support formerly unaccompanied minors from the legal perspective to the

aspects associated with their medical, mental, and educational welfare. Informants observed that even if screening for social determinants of health were standard recommendations, it might not be followed by practitioners on the front lines of clinical care for formerly unaccompanied minors. Medical informants described limitations in "standard questions to ask about legal status, medical legal partnerships, more linkage with law groups … training across the board, CME standards on this and for immigrants in general."

The perception of limited awareness of and training in practice standards was also highlighted among legal professionals. According to informants, the legal sector might not be trained in trauma-informed practice even when their day-to-day work is comprised of listening and responding to the legal aspects of children's traumatic events. A legal informant described their view of available resources for legal professionals:

> "It would be really helpful to have access to trainings available for people who work with kids in trauma and put a gloss specifically on that for lawyers who are working with kids … I haven't seen those training opportunities specifically geared towards lawyers as much."

Opportunities to Support the Needs of Formerly Unaccompanied Minors

Multidisciplinary approach. Informants mentioned that formerly unaccompanied minors are regularly enrolled in public schools and spend most of their daytime in this educational space. As such, they commented on the role of school-based health centers as a potential medical/legal home. Efforts to overcome weaker lines of communication across sectors included co-location of services. This model of culturally inclusive and child-centered practice was highlighted as an innovative model in which coordination of services is at the center of operations. A legal informant described co-location of services:

> "It's about providing all of these services in one place, for people who have barriers to access services many times but it also allows … the providers to coordinate and work together. It is better for the patient, better for the services with the client's consent. There's collaboration and synergy that can happen between and among them."

Perceptions of effective professional practice. Informants described professionals who embodied character qualities as well as practices that uphold a core belief that all children deserve to live safe and healthy lives. Informants described a holistic and inclusive approach to formerly unaccompanied minors that honors children's developmental stages, burden of trauma, and sociocultural background. Informants described a practice of setting the environment to promote trust and communication with children. The practice was most effective when it was implemented as an institutional policy and practiced by all, from volunteers to staff who work with children. As a legal informant stated: "First, anybody who is working with unaccompanied children needs to be trained on how to work with children, how to interview children, how you identify signs of trauma, how to work on cultural barriers."

Informants discussed the value of acknowledging intercultural differences linked with institutional efforts to promote intercultural awareness. For example, a medical professional described the value of hiring and supporting staff that reflect the sociocultural background of the children that they serve:

> "A critical aspect is hiring diverse staff. So taking all the efforts possible for leaders and recruiters to recruit people from different backgrounds, races. Just diverse. That in itself naturally encourages more awareness just because of contact and conversations that come up and that allows the patients or the participants more likely to see themselves in some way in the staff."

DISCUSSION

This qualitative study aims to understand professionals' perspectives on the needs of formerly unaccompanied minors from Central America, barriers to meeting their needs, and opportunities to improve delivery of community services across legal, educational, social work, and medical sectors. Interviews revealed that the medical, mental, and psychosocial needs of formerly unaccompanied minors are interconnected and largely unmet due to the children's legal status and the variable availability of public services. The reasons for migration and their relocation process, from apprehension at the U.S.-Mexico border to family integration in unfamiliar locations, demonstrated the cumulative burden of trauma and acculturation. Opportunities to support children's needs included

innovative co-location of services to facilitate inter-sector communication and to promote a potential medical home for children whose well-being is tied intricately to social and political stressors.

Barriers to meeting children's needs were policy and political forces that drive funding constraints in overwhelmed systems with growing caseloads. Geographic differences in the supply of services were also noted by informants as well as the challenges of meeting children's needs in a reality of siloed professions. There was variation in professionals' awareness of services for which a formerly unaccompanied child may be eligible. An additional barrier stemming from children's legal status was the children's and families' fear of deportation, which may be associated with their delay to accessing services.

Informants revealed an imbalance between the growing demand for services, including legal counsel, and the limited supply of professionals and well-funded services to meet children's complex needs. Qualifications desired for successful work with formerly unaccompanied minors included trauma-informed practice, child-centered practices, intercultural awareness and humility practices towards clients and their families, and proficiency in Spanish that allows for more direct and effective communication with these children.

Opportunities to support children's needs were centered around establishing stronger networks of communication across sectors and investing in professionals to effectively practice. This could occur through better practice standards, continuing education trainings and distribution of resources, and supervisory support to assist junior professionals in handling their workload. Informants concluded that institutional changes were needed to train and include professionals who meet these criteria in order to improve services to formerly unaccompanied minors.

Promising initiatives for formerly unaccompanied minors. Co-location of services from different sectors has transformed professionals' approach toward assisting undocumented families, especially formerly unaccompanied minors. By leveraging legal services within healthcare and educational settings, medical-legal partnerships create the optimal space in which clients can readily access free consultations.[29] The East Bay Community Law Center (EBCLC) partnership with the Oakland Unified School District middle schools serves as an example of school-based legal services that offers extensive network of pro-bono and low-

bono private firm lawyers serving immigrant families.[30] With similar principles of fostering safe spaces for immigrant children and families, Terra Firma in New York City is the first medical-legal partnership solely dedicated to the holistic needs of formerly unaccompanied children with co-located medical, mental, and legal services.[31]

Capacity building and ongoing support of professionals are critical aspects that encourage up-to-date best practices. The American Academy of Pediatrics Immigrant Child Health Toolkit provides a general overview of disparities and social determinants of health affecting immigrant children.[32] The toolkit combines practical information for clinicians about eligibility for services with a brief overview of language surrounding state legal resources. It also includes clinical guidelines for the medical care of immigrant children. The National Child Traumatic Stress Network provides extensive resources on trauma-informed care and trauma treatments, including select documents in Spanish, that may be applicable to formerly unaccompanied minors.[33] The Vera Institute of Justice and Kids in Need of Defense comprises leading organizations that promote universal legal representation for unaccompanied children during and after release from ORR custody. These entities provide technical resources for lawyers who are interested in pro-bono or low-bono immigration cases.[34,35]

Limitations. This qualitative study has several limitations. First, the study reports the aggregate viewpoints of a purposive sample of informants and cannot represent the views of all professionals in their respective sectors. Second, the interviews were conducted within a span of 10 months, and findings reflect informants' perceptions of policies and practices at that particular time and prior to the interview. Viewpoints may be different at the time of publication. Third, policies such as proposed changes to Public Charge became a political issue affecting formerly unaccompanied minors after this qualitative study was conducted. It is commonly rumored that immigrants become ineligible to secure a U.S. visa if they access government assistance programs. Although the changes have not gone into effect and are not applicable to the vast majority of unaccompanied minors, this widespread rumor may fuel youths' and families' hesitations to access programs that may support the welfare of formerly unaccompanied minors.

Conclusions. This qualitative study explores professionals' experiences and perceptions associated with their work on the welfare of formerly unaccompanied minors from Central America in an effort to better

understand the unique situational needs of these children and to improve service delivery. The needs of unaccompanied minors are complex and interconnected across the medical, social work, education, and legal sectors. Their cumulative burden of trauma is significant and emphasized by informants across sectors. In addition, children's legal status is a critical barrier to accessing services that may support their needs. Multidisciplinary collaboration is one way to address the challenges faced by formerly unaccompanied minors and support their developmental success. To further inform best practices, more research is needed on healthcare utilization among formerly unaccompanied minors, social determinants of health by geographic location, and professionals' training in working with formerly unaccompanied children.

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