Immigration and Child Welfare

The strengths and skills immigrants bring to the United States help weave the rich tapestry of a diverse and innovative society. As people continue to seek better lives and opportunities by coming to this country, topics surrounding immigration are increasingly becoming a part of the national conversation, including in the field of child welfare. Immigrant families involved with child welfare may face a number of particular issues. These can include legal barriers to accessing services; child trauma resulting from difficult immigration or refugee experiences, extended separation from parents, or a parent’s detention/deportation by immigration authorities; acculturation and language issues; and more. In order for child welfare professionals to provide the most useful and culturally competent services to immigrant families, it is important that they are aware of these issues and how they can impact service delivery. To that end, this issue brief addresses child welfare’s work with immigrant children and families; examines current issues related to immigration and child welfare; provides examples of programs and promising practices; and points to resources for professionals, families, and youth.
Immigration and Child Welfare: Then and Now

To gain an overall perspective of the issues involved, it can be helpful for child welfare and related professionals to know how interactions between child welfare and immigration have evolved over time. In order to best serve immigrant families today, professionals should be aware of how current child welfare and immigration issues can intersect and of key legislation and directives that can impact child welfare practice.

A Brief History of Child Welfare and Immigration

Since its inception in 1912, the U.S. Department of Health and Human Services’ (HHS's) Children’s Bureau has worked to ensure children and families have the support and resources they need to better their lives. Often, this mission has included programs specifically for immigrant children. From pioneering activities in the 1920s that provided nutrition literature translated into numerous languages, to programs for unaccompanied children evacuated from Europe during World War II, to assistance for unaccompanied Cuban refugee children fleeing the Castro regime (HHS, 2013) in the 1960s, the Children’s Bureau navigated the changing waters of child welfare to provide services for immigrant and refugee families and children.

Throughout the subsequent decades, the field of social work and child welfare continued to work toward more inclusive practices and policies, with an ever-increasing emphasis on the importance of cultural awareness, the need for cultural competency training, and the recruitment of minorities into the field (Tannenbaum & Reisch, 2001). Today, child welfare workers face many of the same—as well as some new—challenges in helping immigrant children and their families.

Child Welfare and Immigration Today

The latest data released by the American Community Survey, an annual national survey conducted by the U.S. Census Bureau, estimates that there were 40.8 million immigrants in the United States in 2012 (Nwosu, Batalova, & Auclair, 2014). According to the Annie E. Casey Foundation’s Kids Count Data Center, approximately 17.8 million children in the United States, or about 24 percent of children, live in a home with at least one immigrant parent.1 However, of the children living with at least one immigrant parent, approximately 15.8 million (or 89 percent) are U.S. citizens.2

The data available about immigrant families in child welfare are limited because information about child welfare’s interactions with these families is not regularly collected at State or national levels. The National Survey of Child and Adolescent Well-Being (NSCAW), a nationwide longitudinal survey of children and families who have been investigated by Child Protective Services (CPS), provides some data about immigrant families. While the overall rate of maltreatment did not differ significantly between immigrant and nonimmigrant families, immigrant children were found to be more likely to suffer from emotional abuse, while nonimmigrant children were found more likely to suffer from physical neglect (Dettlaff & Earner, 2012).

The presence of certain risk and protective factors also differed sharply between immigrant and nonimmigrant families. Immigrant families tended to have a higher poverty rate than U.S.-born families because they often work low-wage jobs due to factors such as a lack of proficiency in English or a lower level of education (Lincroft & Dettlaff, 2010). However, they were also less likely to access services that could help alleviate some

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poverty-related stressors due to several factors (e.g., lack of eligibility due to immigration or legal status, fear that accessing services might bring a lack of legal status to authorities’ attention) (Finno-Velasquez, 2014). Immigrants are also often referred to services for which they may not actually be eligible (Finno-Velasquez, 2014).

**Relevant Legislation and Policies**

There are several Federal laws and other policies that can affect immigrant families’ eligibility for and access to public services. Child welfare professionals who work with immigrant families should be aware of the potential impact of these laws and policies on their cases. Some key legislation, policies, and directives that child welfare professionals working with immigrant families should know about are below.

**Federal Child Welfare Legislation**

**The Adoption and Safe Families Act (ASFA) of 1997** prioritizes the reunification of families when it is in the best interest of the child and requires that jurisdictions make reasonable efforts to promote reunification. Immigrant families are entitled to receive reunification services; however, certain provisions of the Act may create barriers to reunification in cases involving undocumented immigrant families (Wessler, 2011). For example, States are required to initiate termination of parental rights proceedings after a child has been in foster care 15 of the previous 22 months, with some exceptions. States are able to begin these proceedings before 22 months if it is determined that a parent is not complying with the family’s reunification plan (Wessler, 2011). This can be problematic for some immigrant parents because their situations may make it more difficult to comply with reunification plan requirements (e.g., parents who are not English proficient may not have ready access to services in their language of origin). Learn about ASFA’s major provisions on Information Gateway at [https://www.childwelfare.gov/topics/systemwide/laws-policies/federal/search/?CWIGFunctionsaction=federallegislation:main.getFedLedgDetail&id=4](https://www.childwelfare.gov/topics/systemwide/laws-policies/federal/search/?CWIGFunctionsaction=federallegislation:main.getFedLedgDetail&id=4).

**The Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351)** requires title IV-E agencies to identify and notify all adult relatives of a child, within 30 days of the child’s removal, of the relatives’ options to become a placement resource for the child. This should include adult relatives residing in the United States and in other countries (Park, 2014). Learn more at [https://www.childwelfare.gov/topics/systemwide/laws-policies/federal/fosteringconnections/](https://www.childwelfare.gov/topics/systemwide/laws-policies/federal/fosteringconnections/).

**The Multiethnic Placement Act of 1994 (P.L. 103-382)** prohibits State and federally funded entities from delaying, denying, or otherwise discriminating when making a foster care or adoption placement decision on the basis of the parent or child’s race, color, or national origin. Learn more at [https://www.childwelfare.gov/topics/systemwide/laws-policies/federal/search/?CWIGFunctionsaction=federallegislation:main.getFedLedgDetail&id=46](https://www.childwelfare.gov/topics/systemwide/laws-policies/federal/search/?CWIGFunctionsaction=federallegislation:main.getFedLedgDetail&id=46).

**Other Policies and Directives**

**The Facilitating Parental Interests in the Course of Civil Immigration Enforcement Activities Directive (Parental Interests Directive).** This directive was issued by Immigration and Customs Enforcement (ICE) in 2013 for cases involving detained immigrant parents, guardians, or primary caretakers of minor children to encourage fair and humane enforcement of immigration laws while taking into account the rights and responsibilities of the detained parents and guardians. To read an overview of the directive, visit the ICE website at [https://www.ice.gov/about/offices/enforcement-removal-operations/parental-directive.htm](https://www.ice.gov/about/offices/enforcement-removal-operations/parental-directive.htm).

**Federal Executive Actions on Immigration.** Immigration policies and legislation have been much debated in recent years, and immigration policies and procedures can often change. These changes can and recently have included Executive Actions regarding immigration policies and programs, such as Deferred Action for Childhood Arrivals, which allows deferred action from deportation for certain unauthorized immigrants who came to the United States as children. For more information on recent Executive Actions, visit [http://www.uscis.gov/immigrationaction or http://www.adminrelief.org](http://www.uscis.gov/immigrationaction or http://www.adminrelief.org).
Special Immigrant Juvenile Status. An immigration classification under Federal law, Special Immigrant Juvenile Status aims to help abused, abandoned, or neglected immigrant children who are unable to be reunited with their parents stay safely in the United States. To learn about eligibility and stipulations, visit http://www.uscis.gov/green-card/special-immigrant-juveniles/special-immigrant-juveniles-sij-status.

Federal Task Force to Strengthen Communities


The Children’s Bureau published an Information Memorandum encouraging child welfare agencies and related professionals to work closely with immigrant families with parents who are at risk or in the process of detention and/or deportation to help ensure their safety, stability, and well-being. Learn more about the Children’s Bureau’s recommendations regarding working with detained or deported parents, the ICE Parental Interests Directive, Special Immigrant Juvenile Status, unaccompanied immigrant minors, workforce and provider competence development, and more by reading ACYF-CB-IM-15-02: Case Planning and Service Delivery for Families With Parents and Legal Guardians Who Are Detained or Deported by ImmigrationEnforcement, accessible at http://www.acf.hhs.gov/programs/cb/resource/im-15-02.
Working With Immigrant Children and Families

The following section addresses a number of factors that affect how child welfare and related professionals work with immigrant children and families. These include recognizing the strengths and challenges of immigrant families, issues within child welfare agencies, issues in working with immigration enforcement, and available services. This section also provides some examples of successful programs and practices.

Strengths of Immigrant Families

The act of emigrating, of leaving behind home, friends, family, and community, requires immigrant families to have a willingness to work through challenges and a determination to make a better life. These traits are reflected in a number of strengths often found in immigrant families:

- A strong work ethic
- An emphasis on education and its importance for children
- An emphasis and reliance on family (children of immigrant families often live near or in households with extended family members who can help with child care or offer other supports [Shields & Behrman, 2004])

Challenges Faced by Immigrant Families

Even with the help and support of friends and family, starting life in a new country can be daunting. Along with the everyday stresses of family life, immigrant families face additional challenges that may cause a great deal of stress:

- Many families are not able to migrate together. For example, one parent may come over first to find work and establish a situation in which bringing the rest of the family would be more feasible. These transnational families may deal with long periods of time, often years, in which parents and their children are separated.

- If the family is able to reunite in the United States, they may have difficulty settling into new family dynamics and roles.

- Language barriers can make it difficult for parents to find a job and access services and for children to excel in their studies. Language can also cause family conflict if the children learn English faster than their parents.

- Some families may be fleeing dangerous or violent situations in their home countries, and they often face trauma-related issues that, if not addressed, may cause further stress in their daily lives.

Issues Within Child Welfare Agencies

There are several common systemic issues agencies often face when working with immigrant families. The following describes some of the more prevalent ones.

Child welfare workers and attorneys may be unfamiliar with immigration issues, policy, and enforcement. A lack of understanding regarding barriers faced by immigrants can cause professionals to create case plans that some families may not be able to complete. Undocumented immigrant parents may find it difficult or impossible to access needed services due to their legal status or language barriers. If they have been detained or deported, undocumented parents may not be able to complete the requirements for reunification as outlined in their case plan, such as visiting with their children or completing required parenting classes. A lack of understanding regarding reasons a parent might be detained or deported (e.g., assumptions of criminal activity vs. simple immigration issues) can affect the way a child welfare professional views the detained or deported parent, which in turn can impact the way the case is treated (Wessler, 2011).

3 To “emigrate” means to leave a country or region to live in another country or region, to “immigrate” means to come into a country or region in order to live there.
Child welfare agencies may be reluctant to consider placing a child in kinship care if the family members are undocumented. Agencies may not realize that it is indeed permissible to place a child with undocumented kin. The frequent result is the unnecessary placement of a child in nonrelative foster care, even when there are family members willing to care for him or her (Wessler, 2011). Immigrant children who remain in nonrelative foster care for long periods of time can struggle with a loss of cultural identity and language of origin, which can bring up issues of cultural conflict within families and make the reunification process more difficult. To view examples of policies and procedures for placing children with undocumented kin, visit the California Child Welfare Indicators Project at http://cssr.berkeley.edu/ucb_childwelfare/lpac/Resources.aspx?topic=3&subTopic=22.

Child welfare agencies may not have in place adequate policies or procedures for reuniting children with deported parents (Wessler, 2011). International reunification options are often not considered when there is no clear policy to do so because of worker and/or agency biases against placing children, particularly U.S.-citizen children, abroad (Wessler, 2011). Agencies may cite a lack of supervisory control when reunification efforts and case plans must be carried out at a distance (Wessler, 2011). However, with the involvement of the foreign country’s consulate, reunification between deported parents and their children in the United States is possible. Consulates can help agencies locate deported parents, help parents access the necessary services in their country, help coordinate home studies, and more (Wessler, 2011). Find sample memorandums of understanding (MOUs) between U.S. public child welfare agencies and foreign consulates as well as other examples of State documents for working with immigrant and transnational families on the California Child Welfare Indicators Project website (http://cssr.berkeley.edu/ucb_childwelfare/lpac/Resources.aspx?topic=3&subTopic=20) and via the Center on Immigration and Child Welfare, formerly the Migration and Child Welfare National Network (http://cimmcw.org/state-specific-resources/).

Unaccompanied Immigrant Minors

There has been an increase in the number of unaccompanied minor immigrant children (also known as unaccompanied alien children) fleeing situations of violence, poverty, and abuse in their home countries (mainly from Mexico and Central America). According to the Homeland Security Act of 2002, an unaccompanied alien child is a child who “has no lawful immigration status in the United States, has not attained 18 years of age, and who has no parent or legal guardian in the United States, or no parent or legal guardian in the United States available to provide care and physical custody.” Unaccompanied children brought to the attention of U.S. authorities are placed in the custody of the HHS Office of Refugee Resettlement (http://www.acf.hhs.gov/programs/orr/programs/ucs/about), and they are assessed for placement according to their needs while their legal cases are reviewed (Center on Immigration and Child Welfare, n.d.). These children may be eligible for immigrant relief options such as Special Immigrant Juvenile Status, asylum, U visas for crime victims, or T visas for victims of human trafficking (Catholic Legal Immigration Network, Inc. [CLINIC], n.d.). However, as they are not entitled to receive government-funded legal assistance, many of these children face their immigration proceedings without legal representation in court. For more information, visit the Center on Immigration and Child Welfare at http://cimmcw.org/unaccompanied-children/. To learn about finding and providing appropriate legal services to unaccompanied immigrant minors, see CLINIC’s online Toolkit for Working With Unaccompanied Children (https://cliniclegal.org/resources/unaccompanied-migrant-children-toolkit) and the American Bar Association’s ProBAR Children’s Project (http://www.americanbar.org/groups/public_services/immigration/projects_INITIATIVES/South_texas_pro_bono_asylum_representation_project_probar/immigrant_childrensassistanceprojecticap.html).

Services for Immigrant Families

Like many other families, some immigrant families may need health, behavioral/mental health, legal, or education services or even child welfare services. A number of Federal laws are applicable in determining what services are available and required. However, mandating services and ensuring that families receive them can be two different things. There are several reasons why immigrant families may not access the services they need.

- Eligibility for certain services, such as employment assistance, can vary according to jurisdiction, both for documented and undocumented immigrants (Finno-Velasquez, 2014). Services based on federally defined requirements, such as housing assistance, are much more restrictive (Finno-Velasquez, 2014).
- Immigrant families may be afraid that accessing services will bring them to the attention of immigration enforcement personnel (Finno-Velasquez, 2014).
- Language barriers also make it difficult for immigrants to access services.

Just as there are many factors that may limit immigrant families’ ability to access the helpful services they need, there are also many factors that can help determine an immigrant family’s eligibility for services.

Child Welfare Services: What Works

There are many ways for child welfare systems and programs to work toward improving immigrant families’ access to necessary services. Below are examples of State and local initiatives aimed at promoting immigrant child and family well-being through a focus on systemic improvements, family reunification efforts, parenting skills education, health-care access, and more. For more examples of promising and evidence-based strategies, visit the California Child Welfare Indicators Project at http://cssr.berkeley.edu/ucb_childwelfare/lpac/Resources.aspx?topic=2.

California’s Reuniting Immigrant Families Act (SB1064) prioritizes keeping families that have been impacted by the immigration system together. The bill provides an extended family reunification period for detained or deported parents, prohibits the exclusion of kinship placements based on immigration status, requires child welfare agencies to determine if a child is eligible for any immigrant relief, and requires State agencies to produce guidance on creating MOUs with foreign consulates (Lincroft, 2013). For more information, visit http://www.sb1064.org/.

Collaborative Partnerships to Enhance the Well-Being of Foreign-Born Children in New York City is a collaboration between New York City’s Administration for Children’s Services (ACS) and immigrant advocacy groups that seeks to promote culturally competent and accessible public child welfare services. The program focuses on creating systemic changes to improve services for immigrants via training for ACS staff on issues faced by immigrant families; instructions for finding an appropriate interpreter; the creation of a handbook covering topics such as immigration status, child welfare agency policy on immigrant eligibility, and resources for immigrant families; and improved data collection. Learn more via Bridging Refugee Youth and Children’s Services (BRYCS) at http://www.brycs.org/promisingpractices/promising-practices-program.cfm?docnum=0036.

Intercountry Home Studies, administered by the International Social Service-United States of America Branch, Inc. (ISS-USA), uses State, county, and private funding to assist U.S. and foreign child welfare systems in making placement decisions for children in care. In collaboration with foreign partners, ISS-USA helps gather information and assess national and international placement options and provides the information to the relevant court systems to ensure children are placed in the best and most beneficial environment, wherever that may be. Learn more via BRYCS at http://www.brycs.org/promisingpractices/promising-practices-program.cfm?docnum=0071.
The U.S. Department of Health and Human Services’ Office of Minority Health (OMH) funded a National Umbrella Cooperative Agreement grant in 2012 to promote collaboration between organizations and Federal agencies. Migrant Health Promotion, Inc., one of its grantees, provides training and technical assistance to community-based organizations and health departments to help improve underserved Texas migrant workers’ access to health care via Community Health Worker programs. To read about the project, visit OMH’s website at http://minorityhealth.hhs.gov/omh/content.aspx?ID=9653&lvl=2&lvlid=51.

Yakima Valley Farm Workers Clinic is a local program in Washington State that provides Spanish-language parenting education classes to low-income migrant families. Funded by a Children’s Bureau discretionary grant, the classes aim to help parents develop nonpunitive discipline skills, improve family and community protective factors, promote family communication, and show how programs serving children and families can work together. Learn more at http://friendsnrc.org/tribal-and-migrant-grantees. Read about the clinic’s previous grant-funded activities on Information Gateway at https://www.childwelfare.gov/topics/management/funding/funding-sources/federal-funding/cb-funding/cbreports/tribal/yakima/#tab=summary.

Other Services

Health Care

Many provisions of the Patient Protection and Affordable Care Act (P.L. 111-148) and Health Care and Education Reconciliation Act of 2010 (P.L. 111-152), more commonly known as the Affordable Care Act (ACA), significantly impact immigrant children and families and the health-care services they are eligible to receive. Provisions require most U.S. citizens, legal permanent residents, refugees, and documented immigrants to have at least minimal health insurance coverage and stipulate that legal permanent residents and refugees shall have the same benefits as U.S. citizens (Dawes, Rider, & Lambert, 2013). However, certain immigrant populations (e.g., undocumented immigrants, undocumented immigrant children granted Deferred Action for Childhood Arrivals status) will not have access to federally funded public services or be eligible to purchase health-care coverage through the insurance exchanges (Dawes, Rider, & Lambert, 2013). For more information on how the ACA affects different immigrant populations, visit the National Immigration Law Center website at http://www.nilc.org/ACAfacts.html.

Education

All children residing in the United States, regardless of their legal status, can receive free public education from kindergarten through grade 12. In 2014, the U.S. Department of Justice issued guidance for public school districts that reiterates districts’ obligation to ensure equal education opportunities are available to all children, regardless of race, national origin, citizenship, or legal status or that of their parents (U.S. Department of Justice, 2014). To access the documents (available in English, Spanish, and Korean) visit the Department of Justice website at http://www.justice.gov/crt/about/edu/documents/plyler.php. To learn more about immigrants and access to education, including access and barriers to postsecondary education, read First Focus’ brief Access to Education: Challenges and Opportunities for Immigrant Students at http://firstfocus.net/resources/report/access-education-challenges-opportunities-immigrant-students/.

Culturally Competent Practice

Differences in cultural perspectives and attitudes, both on the part of child welfare workers and of immigrant families, can significantly affect how issues are treated by both parties, as well as case and family outcomes. Therefore, it is important that child welfare systems and professionals work toward incorporating cultural competence into their practices and policies.
Agency Culture

A culturally competent agency is one that can effectively respond to the needs of all its clients—regardless of their race, ethnicity, culture, sexual orientation, faith, or class—while being respectful of clients’ diverse backgrounds, valuing their cultural experiences, and integrating their unique strengths into service plans.

In order for culturally competent practices and policies to be effective, they must be implemented and supported at the organizational level. A recent research brief from HHS’s Office of Planning, Research and Evaluation (OPRE) proposes a framework that illustrates how a culturally competent organizational climate can impact the cultural competence of staff and service providers, programs, and services (Calzada & Suarez-Balcazar, 2014). The brief outlines a number of concrete strategies agencies can use to promote cultural competence, such as providing staff training, collaborating with organizations and stakeholders within cultural communities, promoting discussions about effective practices for working with diverse clients, and taking part in self-assessment procedures (Calzada & Suarez-Balcazar, 2014). Access the brief at http://www.acf.hhs.gov/programs/opre/resource/.

Agencies’ practices can follow a similar path and include efforts to learn about and apply styles of communication that are more sensitive to cultural preferences. The following are examples:

- Communicate in person instead of via email because some families may value a face-to-face encounter over a more impersonal electronic message, or they may not have easy access to a computer or the Internet (Calzada & Suarez-Balcazar, 2014).
- Recruit and promote minority and bilingual staff, engage in community outreach efforts, provide educational materials in different languages and at appropriate reading levels, and ensure that trained and culturally competent translators/interpreters are available (Calzada & Suarez-Balcazar, 2014).
- Include members of a child’s extended family in meetings and discussions, as many immigrant groups consider family members that are outside of the traditional “core” family just as important to their family dynamics (Calzada & Suarez-Balcazar, 2014).
- Use approaches that include and center on the family, such as family group decision-making (FGDM). Find information on cultural competence in family-centered practice, including State and local examples, on the website for Information Gateway at https://www.childwelfare.gov/topics/systemwide/cultural/services/famcentered/.

Worker Biases

For child welfare professionals, cultural competence can mean learning to recognize and overcome attitudes and perceptions they as individuals may hold that could affect how they work with clients. It is important for workers to be aware of how cultural differences can affect their cases and the need to allow space for cultural adaptation. Different cultures can have widely varied beliefs about parenting practices and what constitutes child abuse and neglect. Kinship structures can also vary greatly, and it is important for professionals to be aware of traditional family structures and expectations. For example, in some cultures grandparents may play a larger role in family decisions, or parents may have different expectations of their children (e.g., traditionally, children may be expected to take on roles that are more mature than what is usually expected of children in the United States).

Child welfare professionals need also be aware of the feelings and perceptions that immigrant families may have toward child welfare services. Families may feel uncomfortable discussing personal issues with someone who is unfamiliar with their customs or beliefs. There may be a fear or mistrust of authority figures (particularly among refugees from violent or oppressive situations or undocumented immigrants), or cultural mores or taboos may exist that define what is and is not considered appropriate (e.g., regarding kinds of physical contact, such as handshakes, and particularly in terms of gender roles).
Professionals who work with immigrant families can work toward cultural competence by learning about the cultures in the communities they serve and working with families to ensure quality services. The following are examples (Calzada & Suarez-Balcazar, 2014):

- **Take part in awareness trainings** and think about how personal biases may be affecting the work at hand. Links to courses that aim to promote cultural competency are provided in the Training section (page 11) of this issue brief.

- **Learn from families** by asking questions about how to best work together in a respectful way (e.g., preferences for communication and how family members are addressed; individual family’s beliefs, practices, and values).

- **Adapt services** to times and locations that are more comfortable for families and convenient to their schedules; find ways to alleviate barriers so that families can attend necessary services (e.g., childcare, family meals).

- **Include aspects of the family’s culture and values** into services (e.g., family-centered programs; programs, classes, and materials in families’ language of origin).

### Language Issues

Language issues can significantly impact immigrant families’ access to services, as well as successful interventions on behalf of child welfare and related professionals. Limited English proficient parents and families can have difficulty communicating with staff that only speak English, and vice versa. This can lead to miscommunications between families and service providers, and it can also impact legal proceedings and family dynamics.

Because young children generally learn new languages more easily than adults, and immigrant children have access to full English-language immersion in schools, children in limited English proficient immigrant families tend to acculturate faster than their parents and are many times the first in their families to become proficient in English. These children are often put in the position of having to be their parents’ interpreter; this is sometimes known as “language brokering” (Hua & Costigan, 2012). The practice of language brokering can have unintended psychological effects on the child as well as on the parent-child relationship. Language brokering can cause a child to feel great pressure to correctly relay information, and it can sometimes upset traditional views of familial hierarchical structures if the child is placed in decision-making positions on behalf of his or her parents (Hua & Costigan, 2012).

The kinds of issues that can involve a family with child welfare are often difficult and traumatic. In light of this, children should never be asked to serve as interpreters for their parents in any type of child welfare setting (BRYCS, 2009). Agencies should make an effort to hire bilingual and bicultural staff that can work with families, or ensure that professional and knowledgeable interpreters are available for a variety of languages. Agencies can also make an effort to provide written materials for families in various languages.

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The **Hmong Child and Family Team Meetings program**, administered by North Carolina’s Catawba County Social Services, Family and Children’s Services Division, and the United Hmong Association of North Carolina, implemented a strength-based, family- and community-centered approach called Child and Family Team (CFT) meetings to help local agencies work with Hmong families. Based on a model of FGDM, the program found that the values emphasized by the CFT approach were similar to traditional Hmong family and community values, which helped workers build a more trusting and collaborative relationship with the families. Learn more via BRYCS at [http://www.brycs.org/promisingpractices/promising-practices-program.cfm?docnum=0043](http://www.brycs.org/promisingpractices/promising-practices-program.cfm?docnum=0043).
Training

When staff work in an environment that actively fosters cultural awareness, they can develop the knowledge and skills to better serve a diverse client base (Calzada & Suarez-Balcazar, 2014). Below are some examples of trainings and guidance to promote cultural competency.


Culturally Competent Practice With Latino Families, from Georgia’s Division of Family and Children’s Services, introduces the basic concepts of culturally competent practice and specific skills and knowledge for culturally competent practice with Latino families. http://dhr.state.ga.us/sites/dfcs.dhs.georgia.gov/files/imported/DHR-DFCS/DHR_DFCS-Edu/Files/Latino%20Module%201%20participant%20guide%204-25-07.pdf


Expanding the Family Circle, from the School of Social Welfare at the University at Albany, New York State, offers six modules addressing the vital concepts of cultural competence and how to integrate them into practice and everyday life. This training was developed through a Children’s Bureau Child Welfare Training grant. http://www.albany.edu/ssw/ecf/about-the-training.html

Trauma-Informed Practice

Immigrant families may suffer from trauma-related issues for a number of reasons. There are aspects of the immigration process itself that can be very difficult for children and families to manage. Immigrants must leave behind family, social networks, and traditional support systems; upon arrival in the new country, they must learn a new language and culture. Some families face additional challenges during their immigration experiences that can cause stress and trauma. Sometimes, family members must immigrate separately. These families often face long periods of separation, or family members who were left behind may continue being exposed to the violent or dangerous situations that made the family want to emigrate. Family separation due to immigrant parent detention and/or deportation can also be incredibly traumatic for a child who may already be struggling with the stresses of immigration (Wessler, 2011). Even when families are able to emigrate from harmful situations and reunite with separated loved ones, the impact of the traumas they suffered can continue to cause stress and conflict.

To help immigrant families deal with trauma, child welfare agencies and related professionals can familiarize themselves with and implement evidence-based, trauma-informed practices. Trauma-informed systems and practices focus on strategies that take the impact of trauma on child development into consideration and strive to minimize its effects without causing additional trauma. One evidence-based treatment approach that can be implemented with traumatized immigrant children and families is trauma-focused cognitive behavioral therapy (TF-CBT). This approach has been shown to help children, adolescents, and caregivers overcome trauma-related difficulties and reduce negative emotional and behavioral responses following child sexual abuse, domestic violence, traumatic loss,
and other traumatic events. It incorporates elements of several therapeutic approaches and provides comprehensive treatment for the entire family.

A flexible approach that can be modified to fit families’ needs, TF-CBT has successfully been adapted and used to help manage symptoms such as posttraumatic stress disorder in children from diverse cultures (National Child Traumatic Stress Network, 2004). For more information on TF-CBT, see Information Gateway’s issue brief Trauma-Focused Cognitive Behavioral Therapy for Children Affected by Sexual Abuse or Trauma (https://www.childwelfare.gov/pubs/trauma/).

An approach that has roots in TF-CBT is Culturally Modified Trauma-Focused Treatment (CM-TFT). Developed for use with Latino children, this approach incorporates aspects of Latino cultural concepts into its treatment practices. For more information, see the National Child Traumatic Stress Network’s factsheet on CM-TFT at http://www.nctsn.org/nctsn_assets/ pdfs/promising_practices/CMTFT_General.pdf.

Conclusion

Immigrant families possess many strengths and skills that have made them an integral part of the United States’ social fabric. They have the bravery and dedication to leave their countries for the dream of a better life. Like all families, however, immigrant families face stresses and challenges and sometimes may need child welfare services. It is important for child welfare professionals to be aware of the particular challenges immigrant families can face. These include barriers to services due to limited English proficiency, legal status, and other cultural factors; a lack of culturally accessible services; and issues related to immigration and trauma. With a growing national focus on immigration issues such as unaccompanied immigrant minors and mixed legal status immigrant families, child welfare continues to respond to the changing landscape of its field. By focusing on cultural competency training, working with immigrant family strengths and helping families work through challenges, exploring promising practices, and collaborating with systems that affect immigrant children and families, child welfare systems can help ensure that the health and well-being of all children and families remain a priority.

Resources

For Professionals


Barriers to Immigrants’ Access to Health and Human Services Programs (Office of the Assistant Secretary for Planning and Evaluation, HHS) http://aspe.hhs.gov/hsp/11/ImmigrantAccess/Barriers/rb.shtml


Resources in Spanish (Child Welfare Information Gateway https://www.childwelfare.gov/spanish/#tab=general


Self-Assessments (National Center for Cultural Competence) http://nccc.georgetown.edu/resources/assessments.html

State Policies and Examples (Center on Immigration and Child Welfare) http://cimmcw.org/state-specific-resources/

For Families and Foster Parents


What Immigrants and Refugees Need to Know About the Affordable Care Act (ACA) (Substance Abuse and Mental Health Services Administration) http://beta.samhsa.gov/sites/default/files/immigrants-refugees-affordable-care-act-with-notes.pdf

For Youth


United We Dream, DREAM Educational Empowerment Program http://unitedwedream.org/about/projects/education-deep/

References


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