Post-Release

LINKING UNACCOMPANIED IMMIGRANT CHILDREN TO FAMILY AND COMMUNITY

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Executive Summary

This report describes the need for post-release services (PRS) for certain unaccompanied alien children (UAC). Thousands of UAC are apprehended at the border each year, and many are temporarily placed with friends or family members in the United States (US)—sponsors—while they undergo deportation proceedings. Those who are determined in need of additional support to help them adjust are assigned a post-release case manager when they are placed with their sponsor. Drawing on case studies of four post-release service programs run by Lutheran Immigration and Refugee Service (LIRS), this report documents the scope of services provided by these programs, the needs of UAC who the Office of Refugee Resettlement (ORR) has classified as “at-risk,” and the enormous challenges UAC face to finding the services and resources they need.

This study was funded by LIRS, but the authors collected the data for the report independently. The report represents the authors’ views based on analysis of these data. LIRS support for the study stems from the organization’s long-term commitment to advocate for the needs of unaccompanied refugee and immigrant children in the United States and elsewhere. Together with the authors, LIRS hopes that this report serves to inform policymakers and practitioners of the risks and opportunities inherent in our nation’s response to children who are seeking safety and protection at our borders.

Post-release services provided by local organizations extend well beyond ORR’s minimum requirements

- PRS providers exceed the minimal program requirements stipulated by ORR. However, this comes at significant cost to these organizations and case managers because of the complicated nature of each case, the immense geography of UAC settlement and the variation of resources by site.

PRS case managers help connect minors to attorneys, schools, mental health services, medical providers, and many other critical resources

- PRS providers consistently state that legal services are the most important referral for UAC. They also report that it can be the most challenging referral to make, depending on the availability of affordable legal service providers.
- Referrals to other types of services can also be difficult, particularly in some suburbs and rural areas—where many UAC are being placed with sponsors—where there are relatively few such providers. Those that are accessible often have long wait times and limited bilingual services.
- Quality services are not additive, but compounding. Education influences a child’s engagement in the legal system, health and mental health influence educational outcomes, and an understanding of the legal process allows children to better engage in their communities.

Minors who receive PRS comply with Immigration Court reporting requirements

- Sponsors and UAC are told at release that they must appear at all Immigration Court hearings, and available data suggests that the vast majority comply with this requirement.
- Minors who receive PRS benefit from additional information about what to expect in Immigration Court and referrals for local and trusted legal service providers.
- PRS case managers remind minors of their court dates and may even accompany them to court. However, while PRS are time limited, the legal process for UAC is not. During the six
months of PRS, case managers are only able to provide needed support during the minor’s first (and possibly second) court date.

**Successful PRS requires extensive capacity-building and support**

- Case management requires a teamwork approach. Case managers need additional support and feedback to manage the complexity and idiosyncrasies of each case. Too often, however, the demands of the position and the dispersed geography of the children they serve require case managers to be away from the office for extended periods of time. While it is not always possible for case managers to regularly interact with one another, support from LIRS Children Specialists provide case managers critical support through monthly meetings, email, and assistance in the field through phone contact.

**Evaluating the screening process for determining who receives post-release services**

- We have some concerns about the accuracy of the instruments used to determine which UAC are in need of post-release services. Many UAC may be “at-risk” even if they are not flagged as such by detention center staff. This is not to suggest that the professionals making these determinations are not equipped to do so. Rather, accurate assessments may be limited by the length of time they have to assess these children, the nature of the trauma many have experienced, and the location of assessment. Based on UAC narratives of their migration experience and what other researchers have shown, many of the factors that contribute to why a UAC presents with “at-risk” symptoms are the norm rather than the exception. These children are fleeing countries with high rates of violence. They have traveled hundreds of miles across multiple borders without a parent or guardian, often enduring hunger, danger, and human rights abuses along the way. It is conceivable that they would be cautious to disclose details about these experiences with someone they do not know in an unfamiliar detention center in a different country. We should not mistake their caution under these circumstances as an indicator that they do not require post-release services.

**PRS goals need to be clarified by ORR**

- Case managers regularly exceed ORR expectations; their experiences provide insight into how ORR objects can be reformulated to more accurately reflect the challenges and importance of family reunification and community integration.

- LIRS centralized support mechanisms—including trouble shooting, trainings, and print materials—are vital to case managers’ ability to do their jobs on a daily basis.

- Although current ORR expectations are fairly minimal, due to a lack of resources in some locations these basic expectations are exceedingly difficult to meet without additional support.

We underscore that, while the goal of post-release services is to connect UAC to the supports they need, there is considerable variation in (a) the sponsors that receive them, (b) the communities where they settle (urban, suburban, rural), and (c) the types and availability of local service providers in these places. The interaction of these factors can exacerbate the need for services, limit UAC access to services, or both. With these variable conditions in mind, we recommend that a more comprehensive evaluation of post-release services is needed to determine what works and under what conditions.
Introduction

In the summer of 2014, the attention of news media was focused on the border and the increasing number of unaccompanied immigrant children detained by the United States (US) government. Immigrant children who enter the United States unaccompanied by a parent or guardian and without legal status are defined by the US legal system as unaccompanied alien children (UAC).1 Political debates sparked by sensational footage of crowded detention facilities focused on the children’s experience immediately after arrival and speculation about why so many were risking so much to reach the US.

Despite divergent speculation about the increase in UAC in the popular press, a growing body of evidence provides valuable insight into this group of vulnerable children. Recent reports from United Nations High Commission for Refugees (UNHCR),2 the Immigration Policy Center,3 and other sources4 have explored the reasons why they are leaving their countries of origin and have convincingly made the case that unaccompanied children are in need of international protection. Other reports have taken up questions concerning the legal options available to UAC once they arrive. A MacArthur Foundation-funded report by the Center for Gender & Refugee Studies and Kids in Need of Defense argues that there are troubling gaps in immigration proceedings that lead to inadequate protections for immigrant children.5 Similarly, a report by the Vera Institute of Justice thoroughly documents the multiple legal pathways taken by unaccompanied children through the immigration system.6 Much less attention has been dedicated to questions concerning the well-being of those UAC who are released from detention while they undergo deportation proceedings. The goal of this report is to address this gap by focusing on a specific subset of UAC: those who are released to sponsors in the US with post-release services.

Post-release Services

Thousands of unaccompanied children are processed at the border each year by the US Department of Homeland Security (DHS). Processing includes the collection of basic data, including name, age, and country of origin, as well as screening the children for victims of trafficking or persecution. Those from countries other than Mexico or Canada who are determined to be traveling without a parent or legal guardian are transferred to the custody of the US Department of Health and Human Services (HHS) within 72 hours of being apprehended. They are then sent to select detention facilities across the country while the Office of Refugee Resettlement (ORR) attempts to find the least restrictive setting for the child while they await removal proceedings, most often a sponsor—usually a family member—who can take custody of the child. Sponsors must be adults who can provide for the child’s well-being; they need to clear a background check; they must also state that the child will be present at all future immigration proceedings and, if necessary, report to Immigration and Customs Enforcement (ICE) for deportation. Based on data from 2008 – 2010,
Vera estimates that 65% of UAC are released to a sponsor. According to ORR data from 2012, nearly half (48%) of all sponsors are parents, 15% are siblings, and nearly one quarter (24%) are other relatives. Just over 45,000 UAC were released to sponsors in the first nine months of 2014.

Prior to release, ORR staff conducts a risk assessment of each child and his/her sponsor. If they determine that the child is at risk or has special needs, or if concerns arise regarding their sponsor, HHS is required to conduct a home study in accordance with the 2008 Trafficking and Victim’s Protection Reauthorization Act (TVPRA). The home study more carefully screens the sponsor and their ability to meet the needs of the child. Upon release, children who ORR has flagged in need of a home study or additional case management services to address mental health or medical issues may receive post-release services. ORR does not offer a model for post-release services, but provides a list of mandatory service domains with which all organizations providing post-release services must comply. These service domains are: (1) ensuring the safety of the placement; (2) making referrals to legal services; (3) assisting with school enrollment and engagement; (4) linking children to medical services; and (5) arranging for mental health services.

Activities within each of these domains range from monitoring progress to providing transportation for appointments. ORR acknowledges that each case is unique, and may require a different combination of services: “Service providers may also assist in needs in areas such as acculturation and adjustment, pregnant and parenting teenagers, juvenile justice, behavior management and/or locating religious places of worship.” Furthermore, “[they] must coordinate or administer all of these services in a manner that is sensitive to the age, culture, religion, native language, sexual orientation, and individual needs of each UAC” (ORR Post-Release Services Funding Announcement, 2013, p. 5).

The aim of this report is to summarize and assess the implementation of PRS, and to explore how the style of implementation varies across several regions of the US. The lack of a specified model for delivering post-release services allows contract agencies considerable freedom to meet ORR’s goal “to promote the safety and well-being of UAC after their release to a sponsor in the U.S.” (ORR Post-Release Services Funding Announcement, 2013, p.1). On the one hand, this flexibility is necessary given the unique set of needs represented by each child who receives post-release services. However, if agencies are not given a best-practices blueprint, the burden to develop an effective service delivery model falls on the individual organizations contracted to provide post-release services. The ambiguity of ORR’s expectations, the variance in resources by geographical local, individual case manager priorities, and a spectrum of UAC needs all complicate an open-ended model.

PRS providers need additional resources and the option to extend case management services beyond six months. We show that, depending on where PRS providers are located, the expectation that they connect immigrant children to community services can be extremely difficult. In the case of legal service providers in some rural and suburban areas, there are very few affordable attorneys familiar

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10 [http://www.state.gov/j/tip/laws/113178.htm](http://www.state.gov/j/tip/laws/113178.htm)
with immigration courts and the possible legal claims available to UAC. Our findings suggest that without case management support it is even less likely that UAC and sponsors would connect to these resources.

Therefore this report describes: (1) the domains and areas of need for PRS; (2) how the current model facilitates or impedes post-release service implementation and community integration; (3) it concludes by providing a blue print for a post-release model that incorporates the identified needs of UAC, sponsors, and the uneven terrain of services by place towards more efficient PRS delivery.

**Methodology**

This report is based on data collected through a formative evaluation of post-release services provided by four programs contracted by Lutheran Immigration and Refugee Service (LIRS), a voluntary agency under contract with ORR. LIRS has worked with over 1,000 unaccompanied children since 2003 to provide post-release services through their Family Reunification program. LIRS and its partner organizations serve UAC across the US, but primarily in New York, metropolitan Washington DC, states in the US South, and the San Francisco Bay Area. The case studies of LIRS-contracted post-release service providers used for this report serve unaccompanied children placed with sponsors in metropolitan Washington DC and three southern states. These sites were selected because they have all undergone significant strain to meet the growing need for post-release services, yet they represent considerable variation along factors such as organizational size/capacity, geography, and history of immigrant settlement.

We conducted in-depth, semi-structured interviews with case managers and program coordinators at all four sites. Questions explored the structure of the program, their particular approach to providing PRS, and their organizational ties to other community service providers. We also interviewed a convenience sample of 20 immigrant children who had received post-release services from these programs. Sponsors were present at just over half (11) of the interviews, and the majority actively participated. These semi-structured interviews lasted from 40 – 120 minutes, and addressed their migration experience and how they have adapted after placed with their sponsor. Interviews were recorded and transcribed to facilitate analysis. Additional data was garnered through an email questionnaire sent to all LIRS providers in order to triangulate interview data and confirm saturation.

We are confident that data from this formative evaluation represents an important contribution to our understanding of the structure and delivery of PRS. To this end, the latter half of the report is dedicated to summarizing and assessing the range of PRS case manager activities. However, this report also provides insight into unaccompanied immigrant children themselves and the challenges they encounter following placement with their sponsor. More specifically, we explore the process of family reunification, barriers to community integration, and the role of PRS case managers in facilitating the critical period after UAC are released to their sponsor. While our evaluation is not summative—typically a large-scale and quantitative analysis that would assess the ultimate success of the post-release services overall—it is a necessary first step towards identifying the core elements that should be properly conceptualized and operationalized before launching a more comprehensive evaluation. It is also the only evaluation of PRS that we are aware of which was conducted by outside experts. Aside from some aggregate data on the outcomes of migrant juvenile court cases, very little data about the well-being of these children is available after their reunification case has been closed. We hope this report sparks future research and evaluation that enhances the ability of
the family reunification program to meet ORR’s goal of improving the well-being of these children, their families, and the communities where they live. Towards this end, in latter parts of this report we put forward recommendations for future evaluation of PRS and a suggested model program design to address the issues discussed in this report.

**Shifting Demographics and Settlement Patterns**

While the number of unaccompanied immigrant children has increased significantly since 2012, children crossing the border to the US without the accompaniment of a parent or guardian is not a new phenomenon. Yet, there has been a noticeable increase in the number of apprehensions since 2012 (Figure 1). Perhaps even more striking than the growth in apprehensions is the shift in composition among UAC: children from Central America now outnumber those from Mexico. In 2009 when Customs and Border Protection (CBP) first began tracking apprehensions by unaccompanied status, children from Mexico represented 83% of all UAC apprehensions. By fiscal year 2014 (October 1, 2013 – September 30, 2014), their share of all UAC apprehensions dropped to 23%. By contrast, the absolute number and share of UAC from the Northern Triangle—El Salvador, Guatemala, and Honduras—has skyrocketed. For example, there were less than 1,000 UAC from Honduras in 2009. Five years later, Honduran UAC had jumped more than 17 fold to represent 27% of all UAC apprehensions in 2014.

**Figure 1: Unaccompanied Children Detained at the Border, 2014**


The rapid increase in UAC from Honduras, El Salvador and Guatemala has several significant implications, both for the children themselves and the types of services they need when they are
placed with a sponsor. First, growing numbers of children fleeing Central America point to acutely worsening conditions in their countries of origin. Emergent data suggests that the increase in Central American UAC is largely driven by instability in sending countries due to violence, gang activity, extortion, and drug cartels. A survey of 404 children migrating from El Salvador, Guatemala, Honduras, and Mexico suggests that nearly half (48%) are fleeing violence in their country of origin. Second, relative to UAC from Mexico, minors from Central America must travel a greater distance, and cross additional international borders to reach the US border. This leaves them vulnerable to numerous human rights abuses along the way. Combined, these two factors suggest that UAC who have arrived from Central America in recent years are at a heightened risk of having experienced some form of trauma, whether in their home country, en route to the US border, or both.

Unaccompanied children who are released to sponsors in the US settle across a vast geography (see Figure 2). Not surprisingly, given that the majority of sponsors are family members, UAC placement reflects recent changes in immigrant settlement. The largest receiving states are those with large immigrant populations to begin with—such as California, Texas, Florida, and New York—yet a nontrivial number of UAC are settling in other regions of the country. In the first eight months of 2014, over 20 states scattered across the Midwest and Northwest each received between 100 – 500 UAC and a block of states in the Southeast welcomed thousands more (marked in grey on Figure 2). Given that the goal of post-release services is to connect children to local resources, the geographic dispersion of UAC raises questions about their proximity to legal service providers, mental health clinics and other organizations. Large cities in states with established Latino communities may have a relatively robust and diverse network of providers accustomed to serving Latino immigrants. After years of serving immigrants, mainstream organizations such as hospitals and schools have developed linguistic and culturally competent forms of outreach and service delivery to make it easier for non-English speaking newcomers to access their services. Los Angeles, San Francisco, and other immigrant “gateways” are also places with relatively large concentrations of ethnic organizations. For sponsors and UAC who may be wary of accessing services at mainstream organizations for cultural or linguistic reasons, the reputation of ethnic organizations can lower barriers to access because of their reputation within immigrant communities. However, reflecting recent immigrant settlement patterns to “nontraditional” regions such as suburbs and the Southeast, many UAC are placed with sponsors outside of traditional immigrant gateways (see Figure 2). Compared with San Francisco, Latino immigrants—particularly those from the Northern Triangle—do not have as long a history of settlement in states such as Georgia, Tennessee, or North Carolina. In much of the Midwest and Southeast, growth began in earnest in the 1990s. This means that immigrants in these areas have had less time to establish ethnic organizations, and mainstream providers are scrambling to develop the capacity needed to serve immigrant newcomers. Because of their limited English skills, lack of insurance, and few economic resources—and given the uneven availability of organizations providing legal services, mental health counseling, and other such programs—connecting UAC to needed supports in these places is challenging, at best.

12 http://www.immigrationpolicy.org/sites/default/files/docs/no_childhood_here_why_central_american_children_are_fleeing_their_homes_final.pdf
13 http://www.unhcrwashington.org/sites/default/files/1_UAC_Children%20on%20the%20Run_Full%20Report.pdf
It is also instructive to note that within these states, UAC are scattered across many counties. Two of the post-release service delivery sites examined for this study are located in (or predominantly serve) UAC living in suburban counties. This further compounds the challenge of making referrals for services. A growing body of evidence suggests that there are significantly fewer service providers in suburbs than in cities. Traveling within or across suburbs may be hampered by limited public transit options—a significant problem for sponsors who are undocumented and who do not have driver's licenses. Metropolitan Atlanta provides an example (see Figure 3). Of the 1,180 UAC released to sponsors in Georgia from January – September, 2014, very few (75) were placed in the City of Atlanta’s Fulton County. Over 400 were placed in neighboring DeKalb and 337 are in Gwinnett County.

We see similar patterns in metropolitan DC. Fairfax County, VA and Prince George’s County, MD each received over 1,000 UAC in 2014, but UAC were also placed in relatively large numbers in neighboring suburban counties such as Montgomery County, MD (948), Prince William County, VA (437), and Loudon County (237). Given the uneven distribution of social service organizations across these regions, the dispersed placement of UAC has significant implications for their ability to connect to service providers.

In summary, UAC who settle in non-traditional immigrant receiving contexts—whether in states such as North Carolina or suburbs outside of large cities—are likely to encounter major obstacles to accessing the supports that they need. We find that the complex layers of trauma and exposure unaccompanied children have experienced combined with the particular characteristics of where they are placed can present distinct challenges for unaccompanied children and their families, as well as for the caseworkers responsible for connecting those assigned to post-release services to the community services they need. In the following sections, we will first examine some of the characteristics of UAC who are assigned post-release services. Then we will assess the response of PRS case managers whose therapeutic approach strategically builds rapport with these family units to ensure successful referrals.

http://www.urban.org/uploadedpdf/411986_community_based_organizations.pdf

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From Apprehension to Sponsor Placement

Just as there has been a strong focus on the detainment portion of a UAC’s experience in the United States, attempts to understand the experience of UAC upon apprehension have primarily focused on their pathways through the legal system. This focus is incredibly important to UAC and their sponsors as it has the power to determine the length and legitimacy of their time in the United States and the types of services they receive. Moreover, UAC often move between numerous bureaucratic entities over the life course of their legal process and mapping this process provides insight into the government and non-profit actors responsible for UAC. However, the legal focus can obscure larger social processes concurrent to and embedded within the legal processes.

Figure 4 below builds on an earlier graphic from the Vera Institute of Justice, tracing the detainment process. The Vera Institute’s initial graphic summarized the time after detainment at the border until possible relocation to sponsor. The graphic below traces the UAC’s experience from the country of origin through multiple possibilities of deportation or legal relief, with post-release services denoted in green. This broader perspective of the UAC experience is important: not all UAC actually make it to the US and for those who do, there are multiple bureaucratic paths that may result from interactions with various processing points. Post-release services are a result of this “filtering” process because, while in the shelter, an individual child has been identified as vulnerable and in need of additional social, medical, or psychological support. Specifically, according to the TVPRA of 2008, children are assigned post-release services who are (a) the victims of trafficking, (b) whose health or welfare have been harmed by physical or sexual abuse, (c) are disabled, or (d) whose sponsor may present a risk. Data about the number of children who receive PRS at any given time are hard to come by as, “the percentage of released children who receive post-release services fluctuates and is subject to allocation of funding” (Lutheran Immigration and Refugee Service and United States Conference of Catholic Bishops Report on Post-release Services, 2014 p. 1). Therefore, the filtering criteria are subject to the availability of resources and political will to provide funding for PRS implementation.

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Figure 4 - From Arrival to Post-Release

* See section on sponsors for breakdown of sponsor relationship to UAC.
** See legal section for more details on legal options.
*** See subsequent figure for in-depth model of post-release services.
The children, sponsors, and case managers that we interviewed questioned the process by which some UAC are assigned post-release services. Their concern was not necessarily with the diagnosis or legitimacy of the criteria that identified certain children for post-release services (although this did occasionally happen), but more because they perceived that the screening process overlooked certain children in need of PRS. The migration process leading up to the border was often a traumatic experience for children, and parents and case managers often questioned how shelter staff and clinicians could separate the trauma of migration from other forms of vulnerability or need. Likewise, for many children detainment was traumatic as they were separated from siblings or other related children and were subject to long periods of waiting without knowing what might happen. Some children recalled being yelled at by guards in facilities or extended periods of extremely cold conditions. These are not the kind of conditions under which children are likely to disclose details about trauma endured through abusive conditions at home or the experiencing of trafficking that brought them to the border.

While we cannot determine with available data what percentage of children who need post-release services actually receive them, data for this report underscore the scope of services provided by PRS case managers (see Figure 5). To the extent these activities reflect the needs of unaccompanied minors and their sponsors, they provide a window into the barriers these children face to community integration.

Our research suggests that case managers’ ability to support UAC and their families is predicated on rapport that is established in person and developed through matching UAC needs with local resources and services. As Figure 5 illustrates, there is a vast array of post-release services that could potentially occur, yet the majority of these services require the UAC to divulge a significant amount of personal information to the case manager, including information about possible abuse, bullying, physical and mental health concerns, possible trauma or persecution experienced in the country of origin, and family issues. Case managers are able to do this only through personal relationships that allow for sensitive inquiry.
Figure 5: Post-Release Service Schedule

Child identified for post release service based on medical-psycho-social assessment

(Home study of sponsor by ORR-funded provider)

Child released to sponsor with paperwork identifying special needs

ORR VOLLAG case manager contacts family & works with family for identified needs

Referrals as necessary

Assist sponsor with enrolling child in school

Referrals as necessary

Referrals as necessary

Legal
Education
Health
Mental Health

**ORR Required Activities**

**Additional common case management support activities**

- Educate families about possible forms of relief
- Help family communicate with school
- Help child find free/sliding scale clinics
- Help child find clinics that do not require citizenship
- Help child find extracurricular activities
- Dental, eye, and specialty referrals
- Advocate for pro bono representation
- Teach parents about US school system
- Emergency Medicaid sign up
- Educate families about importance of mental health services
- Identify lawyers regionally when none locally
- Advocate for child when bullying occurs
- Address cultural stigmas
- Transport children to meetings
- Teach child gang avoidance strategies
- Access prescriptions as needed
- Family therapy for transition
- Help child communicate experience to lawyer
- Direct child to school-based counseling services
- Identify Spanish-speaking providers
- Forensic medical documentation for legal case
- Linguistic and cultural services
As ORR has moved to a model that requires less case manager time spent directly with UAC (instead, for example, check-ins can occur on the phone), the activities that actually form the most important interventions for UAC and their families are much more difficult. The ORR model based on phone calls simply does not allow the case manager to establish the kind of relationship necessary to meet UAC needs. Because of the complexities of family reunification, effective PRS hinge on the ability of case managers to engage the family system where the UAC has been placed. Therefore, before analyzing the differing PRS case management activity domains, we must better understand what it means for families to reunify.

The Process of Reunification

The most common form of post-release sponsorship is a parent sponsor. ORR policy assumes that parents or other close family members will have the closest relationship to the children. Among UAC who were released to sponsors in 2012, nearly half (48%) were placed with parents, and another 39% are placed with other relatives. All of the children interviewed for this report were placed with family members. We find that, while many children wanted to be placed with family members in the US, their actual experience of family reunification often exposes a gap between their expectations and the reality of uniting with family members. This gap was particularly salient for children whose parents were absent for the majority of their formative years, but UAC and case managers alike repeatedly emphasized the importance of post-release services for family reunification.

This finding is important for two reasons. First, family reunification is a process that extends well beyond the event when the child is officially placed with the sponsor. By contrast, the family reunification process as conceptualized by ORR is the compilation of administrative tasks that precede placement—the mental health assessment conducted in facility, the home study, collecting paperwork from sponsors, etc. Family reunification is better understood as a variable period of time after placement during which child, sponsor, and the receiving household adjust to the newcomer. Indeed, case managers describe the “honeymoon” period after children are placed with sponsors, but considerable and on-going recalibrations are required to stabilize the family system in the ensuing weeks and months. At one extreme, for example, some UAC we interviewed had to change sponsors after their first placement proved to be problematic. More commonly, sponsors wrestle with the sudden and unexpected tasks of setting curfews, helping the child develop positive peer ties, and other mundane tasks of parenting an adolescent. Post-release case management services are instrumental in facilitating the process of reunification because they are present during the period following release. Second, as we will explain below, family reunification involves a complex array of emotions, expectations, and adjustments by children, their sponsors, and other household members. In order for PRS case managers to successfully connect immigrant children to community services, they must also help family systems adjust to the “shock” of incorporating the child newcomer.

<table>
<thead>
<tr>
<th>%</th>
<th>Sponsor Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>48%</td>
<td>Parent</td>
</tr>
<tr>
<td>15%</td>
<td>Sibling</td>
</tr>
<tr>
<td>1%</td>
<td>Grandparent</td>
</tr>
<tr>
<td>23%</td>
<td>Other adult relative</td>
</tr>
<tr>
<td>14%</td>
<td>Non-relative</td>
</tr>
</tbody>
</table>

Source: ORR 2012 Annual Report to Congress

Learning to be a Family

In interviews children expressed that the reunification process was, in itself, an unexpected shock. Upon reuniting with their parents, children were sometimes dismayed to find out that their memories of their parents had been idealized by time spent apart, or that their relationship with their parent or parents had stagnated because of time spent apart. UAC were sometimes surprised to learn that they had siblings, stepparents, or entirely new families in the United States—a reality disconnected from the intimate reunion with the parent(s) that many UAC had imagined prior to departure. Many children arrived in the United States expecting to be the center of their parents’ attention, only to find that younger siblings or work preoccupied their parents’ time. The shock of reunification was also challenging for parents and other family members. Sponsor parents shared with us that they felt guilty because of their time apart from their children or because of the conditions their children remained in after the parents migrated to the US. Like their children, many had idealized their reunion with their children and were frustrated by the reality of getting to know their children again in new, tenuous circumstances. This tension was most evident when sponsors had little to no warning that the UAC had decided to come to the US.

Indeed, several of the children we interviewed left their country of origin without telling anyone. For example, one 15-year-old from Honduras worked for years to save money for the journey without mentioning her intentions to the aunt and uncle who were raising her, and without notifying her family in the US. It came as a complete surprise to her uncle when ORR informed him that his niece had been apprehended at the border. The two of them had never met before she arrived.

In light of these challenges to reunification, case managers stated that a significant part of their job was helping families cope with the unfamiliar dynamics of living together after significant time apart. For some sponsors, they had no experience raising adolescent children, let alone teenagers in the US. They had very little knowledge about parenting strategies relevant to adolescent children, the developmental needs of teenagers, or the American school system. The potential turbulence of reunification caught many sponsors and children off guard and all parties struggled to recognize the need to learn how to cohabitate and develop healthy relationships. Case managers play an exceptionally important role in these situations. The most effective case managers use a therapeutic case management approach, helping families identify and understand their situation and, when necessary, referring families—not only children—to mental health professionals (discussed in more detail in the latter half of the report).
Caught In Between
Case managers must also consider other factors that influence the family reunification process. One factor that repeatedly emerged from our interviews with children and case managers is something of a paradox: the reconstitution of one family system (in the US) requires the disruption of another (in the country of origin). That is, while family reunification by definition suggests a process by which child and sponsor develop a set of cultural norms and behavioral expectations for their family system, for the child reunification comes at the cost of being displaced from an established family system in their country of origin. For some children, this cost is minimal if they were raised by an extended family member in their country of origin but never developed strong bonds with their caregiver. In the case of other children, however, they harbor a deep sense of guilt for leaving behind those who cared for them. In one case, a child was raised by her grandparents in Honduras and grew up referring to them as “mom” and “dad.”

Maria grew up in El Salvador in a neighborhood at the intersection of several gang boundaries. Maria’s father was in a gang and his abusive behavior was the reason Maria’s mother left for the US when Maria was three years old. Maria and her younger sister were raised by her maternal grandparents.

When Maria began receiving threats from gang members, her mother sent her money to escape and her grandparents were forced to move. As with many UAC, Maria had expectations for what it would be like to see her mom again. “I thought [seeing my mom] would be an emotional experience because, you know, when it’s been a long time since you lived with your parents, you run [to greet them], cry, and everything. But it wasn’t like that. I saw my mom and said to the caseworker, ‘I think that lady over there is my mom.’ I saw her, hugged her. No tears.” Her mom would ask her questions, but Maria was hesitant to talk. Maria struggled to adapt to living with her mother and her two, US-born, half-sisters.

Maria’s caseworker helped Maria manage her expectations, adjust to life in her reconstituted family, and find the resources she needed. Beyond connecting Maria with a lawyer and medical doctor, however, her caseworker also developed a therapeutic connection with her and her family system. “I received a lot of help from [my caseworker]—help that my mom and I needed.”

because her grandmother in El Salvador was ill and she was no longer there to take care of her. The strong family ties and sense of duty that are characteristic of familismo weigh heavily on many of these children. The process of reunification requires that they navigate the tension between a yearning to belong in a new family and a sadness about having left another behind.

PRS case managers aim to figure out these and other factors affecting the family dynamic because they understand that a list of referrals to community services will not necessarily facilitate the hard work of family reunification. Thus, many case managers describe their client base as the entire UAC-sponsor household because UAC success is ultimately contingent upon household support.
The intense need for family therapy and support services is listed as a possible activity in ORR literature, but the ORR post-release service model provides few details about the factors influencing reunification after placement. In the case of many UAC, being reunited with family members in the US is like moving in with relative strangers. Despite the strength of transnational kinship bonds, parent and child have not developed in tandem. Likewise, parenting is treated as an innate ability, not a skill that is largely culturally situated and understood. In our research, this family dynamic emerged as an important resource, but also an obstacle. In order to be able to address the family dynamic—and thus address other UAC needs—the most effective case managers develop trust-based relationships with UAC and their families. Just as family reunification is itself a process that unfolds over time, the rapport between case managers and the UAC/sponsor family often requires a significant amount of face-to-face contact in order to establish even a basic level of trust. With the trust of the UAC and sponsor, case managers are better positioned to connect these families to community resources—the process of community integration.

Facilitating Community Integration

“Although the intentions are good, [ORR standards] appear to be based on the false assumptions that information and resources are the primary need, the sponsor will be able to access local community resources on their own, and that such resources are available.” (Post-release Service Program Director)

If the goal of post-release services is to ensure that at-risk UAC have additional supports when they are placed with their sponsor, referrals to local organizations and institutions clearly represent a core case management activity. The three most important referrals identified by case managers in our study were legal service providers, schools, and mental health services, but as depicted above in Figure 5, we find that case managers address a broad array of service needs that extends well beyond these domains. In this section we will examine these service needs, focusing on the interaction between background characteristics of the UAC/sponsor (English-language skills, legal status, poverty, etc.) and the availability of services in the places where they live.

Below we present the services as separate domain areas—health and mental health, legal, education—in order to illustrate the challenges faced in each domain. We present the data this way in order to dissect the different processes, but in reality children and their sponsors experience these services as mutually informing. That is, children who are physically and mentally healthy are better able to attend school and court dates; children who are attending school and learning English are more engaged in the court process and better able to comprehend the legal process; children who are engaged in the legal process and feel like they understand their rights and the potential outcomes are better able to focus at school and establish connections in their community. As we discuss below, these services are not additive, but compounding: they do not simply exist alone as referrals, but collectively help children experience a better quality of life and engage in the legal process. Case managers play an important role in connecting children and sponsors with all of these services.
Post-release services assist with court compliance. Case managers help UAC and sponsors prepare for and comply with Immigration Court requirements. They remind parents of court dates and educate them about the importance of being present for hearings. All of the UAC we interviewed for this report were compliant with Immigration Court, and most of the sponsors we interviewed were aware of future court dates and the importance of being present at them. Their attentiveness is attributable to their investment in the well-being of their unaccompanied minor, but many UAC and sponsors also stated that their case manager was an important intermediary who provided them with helpful information about the legal process.

Post-release services also connect UAC to legal services. Legal representation in Immigration Court is one of the most important—and inaccessible—supports for UAC. Separate reports by UNHCR and the Vera Institute suggest that the percentage of UAC with viable status claims range from 40 – 60%, but those who have attorneys representing them in Immigration Court are much more likely to make a convincing case for their right to these status claims. Data published by Syracuse University’s Transactional Records Access Clearinghouse (TRAC) indicates that, in 2013, among juvenile cases in immigrant courts that had an attorney, 78% were allowed to stay in the US. Among those without legal representation, only 25% were allowed to remain in the US. Children in immigrant court who have legal representation are also more likely to appear in court. TRAC data from 2005 – 2014 that was analyzed by the Immigration Policy Center suggests that by far the majority (79%) of children appear in immigration court, but those who have an attorney attend court 95% of the time (Figure 6).21

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20 http://trac.syr.edu/immigration/reports/359/
Despite the importance of legal representation, we find that UAC encounter numerous barriers to affordable legal services. Because the deportation process is a civil rather than a criminal proceeding, while UAC have the right to an attorney the state is not obligated to provide counsel. This means that sponsors must find a lawyer. It may not be difficult to find an attorney, but reports from case workers and sponsors alike attest to the exploitative fees charged by some individuals who may or may not be licensed, and who do not necessarily understand the legal options available to UAC. Many UAC and their sponsors cannot afford these fees. While some sponsors may have access to legal aid clinics, these entities have limited capacity to respond to the surge of UAC and they tend to be located in large metro areas.

Legal representation in court has a significant effect on case outcomes for UAC, and post-release services direct UAC to legal service providers. Data from a study of post-release services in Massachusetts suggests that these services have a 95% success rate in linking UAC to legal services. At the very least, post-release case managers provide UAC with a list of affordable local legal service providers. Case managers have a variety of strategies to facilitate referrals to legal services. For example, one case manager will call the legal service provider after the sponsor has made an appointment to make sure they are able to give the UAC an appointment at the office that is most convenient for the family. She will advise the sponsor to bring the UAC to appointments with the attorney, and will coach the UAC on the importance of providing the attorney with a thorough account in response to the questions they ask. She will then follow up separately with the lawyer and

Source: Data obtained from the Executive Office for Immigration Review (EOIR) by TRAC, as analyzed by the Immigration Policy Center

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Figure 6: Appearance Rate, Immigration Cases Begun Against Children (2005 – 2014)

Source: Data obtained from the Executive Office for Immigration Review (EOIR) by TRAC, as analyzed by the Immigration Policy Center

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UAC/sponsor to make sure the appointment was successful. This case manager also understands that referral lists are imperfect and dynamic. She tracks how well the pro bono attorneys on her referral list work with UAC. She has identified two that are not transparent with clients and interact with them in ways that UAC and sponsors find demeaning, and has taken them off her referral list.

Post-release services, while critically important for UAC, do not represent a “fix” for the shortage of affordable legal services and the capacity of these providers to meet growing demand. One sponsor called the legal service provider recommended by her case manager on several occasions, but could never get through. She was sent to the organization’s voicemail, but it was in English. Frustrated, her husband contacted a lawyer he heard about on television, incurring greater cost without any guarantee of better services. Similarly, in another site the primary obstacle to legal services is that clients have to travel considerable distances to meet with their lawyer. One case manager at this site finds that face-to-face meetings with UAC and lawyers are preferable, but some of her clients have to travel over an hour to a legal aid clinic.

In the absence of affordable legal services, sponsors across all three case studies who could afford to pay for a lawyer hired private attorneys at exorbitant fees. Some sponsors find these lawyers through informal channels, such as recommendations from friends and family. One family we spoke with retained a lawyer for their son because the boy’s father had met the attorney while doing work on his house. Others hear about private attorneys through television and radio. One family we interviewed was contacted by a lawyer offering his services pro bono because he heard about the UAC through a media report on the news.

One case manager advises sponsors: “If you want to hire a private lawyer, you have to be careful. Ask him to give you all the receipts every time you pay him. Ask questions. Be sure the lawyer is doing what he says [from the very] the beginning.”

Sponsors who hire private attorneys pay a considerable sum, often with little assurance that their lawyer is familiar with immigration law or the particular legal needs of UAC. This is due, in part, to the lack of lawyers with expertise in immigration law, particularly the specialized skills for the many types of claims relevant to UAC such as Special Immigrant Juvenile Status (SIJS), U Visas, V Visas, and asylum. When specialized legal resources were available, case managers we interviewed indicated the difference they saw between their clients who hired lawyers without specialized training and those who used the recommended specialists. Many other sponsors cannot pay for a private attorney and must rely on case managers to locate quality legal services they can afford.
Mental Health Services

“Although mental health concerns are a frequent reason for referral for post-release services and increasing violence in-home country is a motivating factor for youth to travel to the US, there are limited resources in the community that are able to best serve a Spanish-speaking youth with a trauma history, a lack of relationship with their parent, and who is not able to attend therapy sessions between 9-5 Monday to Friday.” (Program Director)

While ORR standards reflect the need that UAC have for mental health services, referring UAC for services is contingent upon factors beyond the control of programs implementing these services—including the cultural and linguistic sensitivity of providers and, at times, the existence of local mental health providers.

Mental health services, where communication and comprehension are especially important, pose a significant challenge. Case managers often did significant leg work in identifying mental health service providers that met the linguistic and financial needs of their clients. But beyond simply identifying providers, case managers had to do significant work priming their clients (and their clients’ families) to access services by addressing questions of stigma, cultural relevance, and potential outcomes. Appropriate mental health providers could also be difficult to identify; UAC often had unique experiences of violence, trafficking, and torture that went far beyond the expertise of most community mental health professionals.

Accessing physical and mental health services also meant risking legal status disclosure. Some UAC feared being “discovered” and health service sites often required disclosure in order to access services. Case managers sometimes helped families navigate and negotiate service access by acting as a scout to identify possible services and inquire about documentation requirements before referring parents to a service. This helped relieve parents’ anxieties about having to divulge their immigration status: they knew that the referrals were safe and did not pose an immediate risk to their well-being.

Case managers also acted as mental health educators, helping parents understand the importance of finding their children mental health services, as well as connectors by referring children to mental health service providers that were linguistically and culturally competent and providing transport and other logistical support when necessary.

Health Services
The detention screening process identifies UAC health issues before they are released to sponsors. However, while they may receive vaccinations or attention for emergent medical needs, the centers are either not equipped to address larger health issues or children are not placed there long enough to adequately do so. Once children were united with their sponsors, they encountered numerous obstacles to accessing care. The most significant issue identified in our research was the lack of affordable medical services. Since UAC receive no government support for health services and many UAC and their sponsors lack health insurance, health care access was predicated on the availability
of free clinics or the benevolence of health care providers. This was the case for all of the UAC in our sample.

Under these circumstances, sponsors and children worry about the financial cost of treating their health needs and lament the lack of providers willing or able to provide affordable care. There are certainly exceptions. For instance, one child underwent a major surgery after reuniting with his family, but only because his parents happened to live in a county where charitable medical services were provided by a local philanthropist. His relatives, living in an adjoining county, were without medical care. Another UAC in our study fainted in school. School officials contacted the sponsor—her mom—to ask permission to call an ambulance, but her mom hesitated because she did not think they would be able to pay for it. Her daughter received the medical attention she needed, but her mom’s hesitation is emblematic of the impossible decisions facing sponsors and UAC who have minimal financial resources and who are uninsured.

Even when medical services were available, there were other challenges to accessing care. Language was a challenge for some UAC—very few doctors provided services in Spanish and phone translation services were often inadequate to assuage concerns and questions. The small minority of non-Spanish-speaking UAC (or those who speak Spanish as a tertiary language), especially struggled to find linguistically appropriate medical care.

While parents struggled with this unevenness, case managers, too, often found it challenging to work in multiple counties. Resources that were available to some clients were unavailable to others. Because case managers were so dependent upon local nonprofits for connecting their clients to care, they became experts in the nuances of health care provisioning and target populations: some services were uneven by city or county, others required patients to be a member of a particular sub-population (e.g., women’s health, ethnicity, country of origin, immigration status, or religion), and others were booked for the foreseeable future, but would make exceptions if a client’s case was framed in a certain way. Case managers, then, needed to know much more about a client than their ORR defined job description entailed; case managers tracked not only their clients, but also the changing landscape of potential service providers.

**Academic Assistance**

Case managers served as educational resources for their UAC clients. As required, they helped UAC enroll in school, but they did much more. UAC described how their case managers helped give them strategies for finding friends, joining clubs and extracurricular activities, avoiding gangs, selecting classes, talking to teachers, identifying guidance counselors, and learning about American culture. Many of these important roles occurred after months in country, after the newness had worn off and the minor began to have a clearer picture of the challenges before them and their own struggles.

In interviews, many UAC glowed as they talked about new friends, new skills, and new interests established at school. Schools in the sampled communities often had well-developed systems for English language learners and special “welcoming” programs for those who recently arrived in the US. For the most part, UAC took these educational opportunities very seriously. They understood the importance of doing well in school, and described their hopes for attending college and their future career goals.
However, UAC also experienced challenges when adjusting to school. One high school aged UAC in Georgia described being harassed by a teacher for being undocumented. Another UAC was bullied by classmates for not knowing English. Case managers often helped UAC come up with strategies for navigating the challenges they faced at school. In the case of the teacher who was harassing immigrant students, the case manager directly called the school and followed up with the principal. Still, many of the UAC we interviewed described actively hiding information about their pasts and immigration status from their closest friends—even other immigrant students—out of fear of rejection.

Enrolling UAC in school was seldom a challenge, but in the few cases when it was a problem, it was a significant hurdle. One UAC we interviewed was initially placed with a maternal uncle who did not enroll her in school. The child, who we call Katrina, describes the setting as overcrowded. She had no preexisting relationship with her uncle, and he was minimally involved with helping her adapt. Katrina left and moved in with another family member in the area, a different aunt and uncle. The conditions of her new placement were much better, but her new sponsors were unable to enroll her in school because they were not designated as the legal guardians. The new sponsor’s attempt to obtain the necessary documents from Katrina’s uncle were unsuccessful. When the case manager’s efforts to intervene were fruitless, the program director herself went to the first sponsor’s home to get the necessary documents. While the other family members now have the required documents for enrollment, they lack official legal guardianship of Katrina, a process that requires hiring a lawyer—an expense the family is unable to afford. Katrina is not enrolled in school, despite her new sponsor’s persistent attempts to find solutions to the problem. Without resources to hire a lawyer, Katrina is unlikely to be enrolled in school before her court proceedings begin and she is unlikely to have representation in court.

Fear

While family reunification seems to be the end of what is often an arduous and scary migration process for children (and their family members), it rarely marks the end of fear for children and their

FAMILIES & VIOLENCE

Families were keenly aware of the risks and threats their UACs would face if they returned home. One family described the experience of one UAC’s aunt, “Noemí.” Noemí had been living in the southern US with her husband. Noemí was a victim of domestic violence at the hands of her husband and was taken into custody for a lack of legal status when her husband was arrested for domestic violence. Noemí requested asylum—her husband had connections to drug traffickers and gangs that had previously threatened her if she returned to her country of origin—and could have qualified for domestic violence relief, but her request was not taken seriously by the rural sheriff where she was arrested. Noemí was deported. She was killed by gang members shortly after returning to her country of origin.

Those who killed Noemí also began making threats against her extended family members still living in the country of origin—including the UAC we interviewed. As these threats became more specific and more violent, the UAC’s mother (Noemí’s sister) sent money for the child to flee. The UAC made it to the US, but still faces possible deportation. The child and mother continue to fear for the child’s siblings still living in the country of origin and the mother is trying to save money in order to help the other children flee. The mother fears that her efforts may be for nothing; her child in the US may ultimately be deported and face a similar outcome to Noemí.
families. Fear permeates the reunification process and shapes children’s post-release experiences. In response, the PRS case manager functions as an intermediary between UAC/sponsor and the fear they have of engaging outside resources and institutions.

In some families, the UAC reunification process brought up parents’ migration traumas—or the traumatic events that may have necessitated their departure from the home country. Children were often unaware of these traumas before reunifying with their family members and parents often were forced to explain to their children their reasons for leaving or being absent or the struggles they endured while migrating. Parents often described other traumas—rape, domestic violence, or run-ins with organized crime—that necessitated their departure from the country of origin that were sometimes linked to their child’s reason for departure.

UAC sponsors held various legal statuses. Many were immigrants with legal documents, others were naturalized citizens, and some were undocumented. Families where the parents or sponsors were also undocumented faced a unique form of fear. A lack of legal status—and the fear of deportation—often shaped daily life in these UAC households. Some sponsors refused to drive out of fear of police checkpoints, making it difficult for their child to make appointments, find legal representation, or create friendship networks. In these situations children and parents were often very socially isolated and thus struggled to find even basic resources or work that was accessible by foot. In addition to the UAC, parents often had other children, many of whom were US citizens. The threat of deportation, then, was not only a threat to their daily existence, but could ultimately cause families to be separated, leaving minor children in the country without adult family members. Parents often tried to plan and prepare in case of deportation by identifying neighbors to raise their children. The constant, lurking threat of deportation complicated the expectations that many UAC arrived with that they would finally be “safe”—economically and in terms of security—after arriving in the United States. Instead, they found that separation continued to be a threat, but that the source of the threat—the US government—was also the source they were supposed to engage with in order to make legal claims. We found that UAC in these households faced complicated decisions about how and when to seek legal services, often making them vulnerable to fake immigration lawyers or others falsely promising “easy” immigration cases. Case managers played the essential role of making sure these families were connected to legitimate lawyers and that children were being emotionally, socially, and legally prepared for their court dates. Often parents found this process overwhelming, but case managers helped to guide them through it.

Consistent with numerous other reports, physical safety and protection was one of the most prevalent reasons why UAC are fleeing their country of origin. For many of the UAC we interviewed, the fear that initiated migration was not abstract, but personal and targeted. Our participants included children who witnessed violence against their family members, including the murder of close family members or physical assaults of teachers and peers in school. As surviving witnesses, these children fled out of fear of retribution or silencing. Others described being raped by gang members, forced into gangs or relationships with gang members, and having their homes targeted by gang activity. Seeking help from the local police was also problematic in a number of these cases: children reported that police were sometimes active gang members, paid off by gang

members, or were also fearful of gangs. Although many of the children we interviewed sought help from the police, this often led to an escalation in violence or additional targeted violence.

While UAC reached the US, families often had other children and family members who failed to reach the US or who were unable to afford the expensive journey. A UAC’s safety was a relief to parents, but rarely provided full closure or peace. While families feared gangs and drug cartels, they also feared the police in the US and were unwilling to step forward when something happened out of fear of deportation. In these moments, the multiple systems and sources of fear these families lived with intersected and there was no sense of potential justice, recourse, or safety. Therefore, while case managers play a very important role in helping families, ultimately there are larger structural issues that need to be addressed by ORR and the US government regarding humanitarian relief and immigration policy.

**Alleviating fear.** A successful referral can hinge on whether the sponsor trusts the provider. Many sponsors are themselves undocumented and have lived in fear of engaging public institutions in the US. This uncertainty does not suddenly evaporate when the unaccompanied child is placed in their home. For other sponsors, they have young children who are US citizens and who are younger. Interacting with schools and other institutions on behalf of the adolescent UAC is a new experience, particularly given that the UAC does not have legal status. Case managers, therefore, intervene to educate and advise sponsors on how to access and engage institutions such as schools, extracurricular programing, hospitals, etc. Their role is to alleviate some of the fear and uncertainty that inhibits sponsors from seeking help.

**Case managers will accompany children to their appointments.** Case managers are familiar with the barriers to a “successful” referral. They know that distance, location, language, and culture can all stand in the way of connecting a UAC to a needed service. Many case managers will physically accompany the family to an initial appointment. Depending on the circumstance, they may be present as a quiet support or intervene to advocate for the rights of the child. Regardless, without this additional action by case managers, UAC in need of supports may not receive them.

**Improving Post-release Service Delivery**

Considerable program flexibility is required to adequately develop, run and sustain effective family reunification services. That is, flexibility is required in order for these programs to efficiently provide services that integrate UAC into their families and communities. There are several reasons for this. First, as outlined above, the needs of UAC and their sponsors are extremely variable from one case to the next. Most UAC arrive having experienced some form of trauma, whether in their country of origin or en route to the US, but the nature and extent of the trauma varies considerably from one case to the next. Second, program flexibility is important because the number of UAC crossing the border fluctuates during the year. Historically, more UAC tend to arrive during the summer months. This can make it difficult to adequately staff a family reunification program, especially if programs must rely on part-time or hourly workers. Finally, resources vary greatly by location. UAC reunification with the sponsor occurs wherever the sponsor is living, which may not correlate with services for immigrants. Case managers, then, are forced to consider resources far outside of their locale or creatively seek out specialized services.
The challenge is to take these often disparate needs, flows, and resources to create a standardized model for service delivery that utilizes specific and measurable indicators in order to ensure UAC who have been identified for post-release services are receiving adequate services. In the sections below we propose two key components to developing a model program:

(1) Establish clear program objectives and indicators to help guide case managers as they prioritize referrals and work towards a concrete goal;
(2) Develop a flexible program model that considers the multiple levels of constraining and enabling factors impacting UAC, their sponsors, and the agencies that serve them;
(3) Deliver services through a therapeutic case management model.

Identifying Clear Program Objectives and Indicators
The lack of a guided program model and broad program goals makes the current PRS very difficult to evaluate. Case managers often lament that they struggled to identify the boundaries and expectations of their jobs, which commonly led to case manager burn out as they worked with UAC and the sponsor family above and beyond ORR, LIRS, and agency expectations. Yet such overextension was often necessary to ensure UAC well-being. In locations with few resources, case managers were stretched especially thin as they spent time transporting UAC long distances for services and searching for additional resources for families. These problems—a lack of a defined and measurable goals with little recognition of the variation of services by place—are detracting from the overall goal of the PRS program.

Creating clear and defined expectations with smart, measurable, assignable, and time-related (SMART) objectives and indicators would provide case managers with a sense of how to manage their time, focus their resources, and would clarify the trajectory of the program. Right now case managers express confusion regarding the actual point of the program. Is the point of PRS to support children as they socially integrate into life in the United States? Attend to children’s basic needs as they await deportation? Direct children to the resources necessary to establish their legal case? Ensure court compliance? Case managers often described defining their own objectives and goals for the program in order to provide a clearer mission statement and direction for their work. These personalized goals were often informed by LIRS materials and agency missions, but also incorporated case managers’ own experiences as immigrants or previous work experiences in areas like adoption, mental health, or education. This lack of clarity and personalization led to an unevenness in the types of services case managers prioritized, how they implemented services, and what was ultimately accomplished.

While we strongly recommend a more focused and clearly delineated set of goals, indicators, and measures, we also recognize that the extreme disparity in resources by locations poses the greatest problem. The work it takes for case managers in urban areas with historic immigrant populations to make a referral to an immigration lawyer is minimal; but in rural areas that are not traditionally immigrant centers, a simple referral to a lawyer can be nearly impossible or require traveling to another state or region. Currently this issue is bypassed with vaguely expressed goals that allow UAC in under-resourced areas to receive very different kinds and quality of services than their peers in other areas. Creating a better program requires addressing some of the structural issues that inhibit program implementation and uneven program access. This requires a flexible model that can respond to a variety of national, local (state, city), and family-level crises or resource issues. The model we suggest in the following section is derived from evaluation data in order to identify and
name the various levels and forces shaping PRS implementation. The model is designed to be flexible in order to recognize variation among and between sites in order to help identify what kinds of variation in service implementation support are needed in various locations. We are suggesting that as program goals, indicators, and measures are developed, there must be some adaptation of resources in order to help local agencies and case managers implement the goals. This means that some locations need additional resources in order to accomplish even basic tasks, resources like immigration lawyers or funding for mental health services. As we describe in the next sections, the most effective case management and program strategies identified through our research are not necessarily generalizable; however, they point to a series of practices that can potentially be implemented and, in conjunction with better honed and defined goals, can significantly improve UAC outcomes.

Developing a Model Program

Reflecting the call for flexibility above, we find that the programs that are able to offer the most comprehensive post-release services, and in which UAC thrive, share the following criteria:

- **Programs are located in areas with sizable immigrant populations** where there are existing, low-cost services available for immigrants.
- **Agencies have existing programs for other immigrant populations** and are able to work collaboratively with those programs’ case managers in order to identify service providers or in-house resources.
- **Programs are cognizant of their employees’ skills and develop flexible work plans for these employees to use their skills or connections to develop the UAC program.** This includes human and social capital, things like language skills, specialized education or training, social connections or knowledge from previous employment, and professional networks.
- **Programs employ case managers who are well connected to both immigrant communities and immigrant serving organizations** in order to utilize these connections to identify services and needs.

The challenge, then, is addressing some of the larger structural issues that cannot be simply overcome by small fixes on a local level. For instance, what are case managers to do in locations where there are few services for immigrants? In these locations case managers often have large caseloads, face extensive travel to reach clients, and often must provide transportation to clients so that they can reach services that are often hours away. These service providers currently face some of the most significant challenges and the existing recommendations available address few of their actual needs. The ORR model assumes that resources are simply available and evenly distributed across geographies. Consequently, existing advice focuses on referrals as the primary case manager task. For instance in LIRS’s resource, “Preparing for Unaccompanied Children: Guide for Community Leaders and Service Providers,” the advice is predicated on connecting UAC to existing services. Indeed, as the sections above indicate, we find that the identified services are vitally important to post-release service community integration. Yet case managers in areas with few services for referrals struggle to connect UAC to the resources they need.

The development of a model must consider structures and resources at the national level including government and national-level agencies that have cooperative agreements to resettle refugees in the United States; local level including state, municipality, and implementing agency; and family level
including household resources and social, economic, linguistic, cultural, and human capital. This multi-level model considers the resources and strengths of each program and helps to identify areas of needed support and resources. It also recognizes that there can be variation in family resources and that a one-size-fits-all model for children does not adequately address the needs of the most vulnerable. Finally, this design must be accompanied by clearly delineated objectives and indicators so that case managers can adequately conceptualize the scope of their jobs and the desired outcomes for their clients.

Ideally such a model would be responsive and flexible to local needs, helping to establish resources in areas with few immigrant-serving organizations and options for referrals. One PRS provider in this study uses a similar model and it has allowed the agency to creatively respond to funding flows and program needs by rearranging case managers and integrating programs in order to give UAC access to needed referrals.

**Cultivating a Therapeutic Approach to Case Management**

“The assumption that information and resources are the primary need is false because from our observations the most significant need of the families is to address the relational issues surrounding their reunification.”

“UAC who receive services from our program receive a significantly higher level of service based on the knowledge of the workers and the time invested in the UAC. Previously the program followed the outline of ORR-required services, but now meets the required services and consistently exceeds them. At this time, the program’s time investment and work is based on the needs of the family.” (Program Directors from two sites)

A therapeutic case management model involves approaching each case from an individual perspective and creating treatment plans based on the needs of the UAC and sponsor, not solely on ORR requirements. This approach provides children with comprehensive support, ultimately improving the quality of all received services: legal cases benefit from medical and mental health documentation of certain forms of trauma; educational outcomes improve when children are receiving needed health and mental health care; and children’s lives are more stable when they have access to high quality, reliable services. The benefits from this style of service delivery are compounding, not simply additive: individual needs often occupy more than one domain—health concerns, for instance, can affect educational outcomes.

Post-release case managers know that the service needs of UAC are overlapping and interconnected. For example, an approach that focuses too much on mental health without an eye on legal needs ultimately does not serve the client adequately because legal status is a central piece of the integration puzzle. Alternatively, a model that focuses on legal services without attending to the mental health concerns of UAC may limit a lawyer’s ability to identify and support an argument for
legal status. The best case model would coordinate mental health, health, education, and legal services to improve a child’s ability to receive quality services and to allow findings in one area to help shape services in other areas. But the availability of resources continues to be an obstacle for families to obtain services. Without pro bono legal assistance near her home, for example, Katrina has few options for guardianship and thus school enrollment, despite her interest in attending school and the legal requirement to be enrolled in school. This obstacle ultimately shapes her future options for relief; without representation children are significantly more likely to face deportation.

**In order to provide this form of compounding care, programs need to develop the organizational capacity to provide family reunification services by partnering with other local providers and acting as a central hub to help synchronize and coordinate care.** However, this assumes that potential community service providers are accessible to UAC and sponsors. Long wait-lists can delay counseling services for weeks. Wait times are exacerbated because clinics have few bilingual counselors—if they have any at all. Hospitals and mental health clinics only accept certain types of insurance, and sponsors do not have the money to pay for services out-of-pocket. Geography and hours of operation can also be an impediment. For sponsors who do not have driver’s licenses or who live in areas poorly served by public transit, or who work long hours, it can be difficult to make these appointments. One sponsor lost his job shortly after his daughter was placed with him because he missed so many days of work taking his daughter to her appointments. When services are unavailable or inaccessible, case managers work to find other options, although the quality of these services is often uneven. In the case of mental health services, case managers will help sponsors and unaccompanied children find resources in school, for example, or through community volunteers. At one site with few mental health resources (and none available in Spanish), a case manager reached out to local church congregations for volunteers to act as mentors. While these connections can be extremely important for the social support of UAC, they cannot replace comprehensive mental health services. But faced with few other options, the case manager worked with the resources she had to support her clients.

**Alternatively, another model of compounding care is to provide many of these services “in house.”** This model allows case managers to be more effective in their work by enabling them to spend less time searching for outside referrals or organizations; there are fewer waiting lists or bureaucratic limitations to the types of services available; and case managers are able to build trust more quickly with their clients by being able to address their most pressing needs as soon as possible. Given the sensitivity of each UAC client and the uncertain dynamics of family reunification, it is paramount that post-release service providers develop trust with both UAC and sponsor quickly. If mental health and legal services are provided within the same organization it can accelerate the referral process. UAC clients and sponsors are more likely to build on existing trust with the post-release service provider than travel to a different organization for counseling or legal services. This in-house wrap-around service model is especially needed in emergent immigrant communities where there are few resources available to immigrants and case managers often struggle to be able to make even basic referrals.

**Additional Research and Evaluation**
As changes to PRS are made, we recommend expanding research and evaluation in order to better gauge program effectiveness. As described in the introduction, this evaluation provides only a broad picture of the effectiveness and challenges of PRS (see Figure 7). In order to measure the effectiveness of a new model, we recommend the collection of baseline data in order to track via
ongoing monitoring and evaluation. Likewise, in order to get a better understanding of how PRS improve UAC outcomes, we recommend expanding PRS to non-risk-identified UAC in order to get a better sense of how PRS work across UAC sub-populations. This would also mean collecting data and tracking the following groups for comparison: (1) non-risk-identified UAC not receiving PRS; (2) non-risk-identified UAC receiving PRS; (3) risk-identified UAC. Consistent with ethical research guidelines, due to the criteria for vulnerability that risk-identify UAC, we do not recommend withdrawing services from a risk-identified group to compare. A comprehensive evaluation would also examine geography, agency, UAC characteristics (including sex/gender, education, household resources, etc.) and other variables that interact with local context to shape processes of family reunification and community integration.

Figure 7 – Levels of Analysis for Model Program Development

- **National**
  - ORR Policy
  - ORR-contracted provider
  - Political environment
  - Immigration policies

- **Local**
  - Local political context
  - Agency’s community embeddedness & programs
  - Available Services
  - Available transportation
  - State laws
  - Geography of settlement
  - Schools

- **Family**
  - Linguistic, economic, cultural, & social capital
  - Size
  - Legal status of members
  - Employment
  - Ability to drive
  - Sponsor relationship and history
Conclusions and Recommendations

For UAC, the benefits of post-release services are significant. Whether a minor is assigned PRS can make the difference between remaining with loved ones in the US or eventual deportation. PRS are designed to address UAC needs, thus diminishing risk by empowering youth through education, quality legal representation, and addressing health and mental health concerns. However, in order for post-release services to be most effective, additional resources and supports are needed.

More Flexible PRS, with the Option to Extend Beyond 6 Months.
Case managers identify numerous barriers to community integration. One barrier is simply building trust with UACs and sponsors. From the first time they meet, case managers must convince UACs and sponsors that they are not agents of the government who are monitoring and reporting on their actions. This is the first time that most of these families have received any kind of case management service, and some of them require more time before they are willing or able to fully access the support that case managers provide. Many cases will fit within the basic six month time frame, but other cases need additional time and support. The person best situated to make this kind of assessment and decision is the case manager who interacts with the UAC on a regular basis. Empowering case managers to extend services—or recommend the continuation of services after six months—ensures that those best informed of the case and responsible for outcomes see each case to a successful completion.

Address the Unevenness of Services.
The biggest obstacle to UAC moving through the defined legal process and integrating into their communities is a lack of services. Ideally ORR would address resource deficiencies in these sites by providing resources to contract with lawyers or culturally and linguistically competent mental health personnel in order to offer services at the agency level in-house. Without this support, agencies will continue to waste resources on travel or paying for time for case managers to search in vain for resources where none exist.

If ORR is unable or unwilling to address these larger issues, LIRS should build upon its current centralized support model to assist sites through these struggles. Many case managers mentioned the importance of their point person at LIRS and the assistance this person provides. A similar model could be used to help provide tech/tele-services from a centralized location via Skype or other technological communication resources. Differences in legal licensing laws from state to state may complicate the applicability of this model for legal services, but it may prove useful for counseling.

One of LIRS’s greatest strengths is its dispersed network of church supporters and synod-level support. While many local agencies described support and volunteers from area congregations or congregants, in interviews local sites often described exhausting and even alienating their local networks through their constant requests for support for their numerous programs. LIRS is well situated to work with churches at a centralized, national level to coordinate legal or mental health volunteer campaigns. LIRS may have greater reach than individual agencies and may be able to work through a different set of networks and geographies to identify potential collaborators near or close to under-served sites.
Expand Legal Services

According to scholars who study the integration of undocumented youth, legal status is a “master” status. Until UAC are able to regularize their legal status, it is difficult—if not impossible—to address adequately the multiple aspects of community integration. Many of the UAC who receive post-release services are eligible for SIJS or T-visas, but they have difficulty accessing legal services. The most basic barrier is that there are not many legal service providers who are familiar with these types of cases and who offer their services for free or at a cost that is affordable to UAC and their sponsors. For agencies near providers such as Ayuda or Kids in Need of Defense (KIND), it is much easier to connect UAC to legal services. In other regions of the country it is much more difficult. We need to develop a new approach to connecting UAC to legal service providers to lower—if not eliminate—the spatial mismatch between where UAC settle and where legal service providers tend to locate. As the section above describes, there may be technological and social network possibilities for connecting UAC with lawyers outside of normal social service referral organizations.

Support Mental Health Access

Access to high quality and linguistically relevant mental health services fundamentally helped children in other life areas. When children felt secure and confident, they did better in school. When family dynamic questions were adequately addressed, children were more comfortable in their home environment and began to adapt to other areas of life. Mental health services providers often played an important role in helping children talk about some of the traumas that motivated them to migrate in the first place — and often for the first time. This information is crucial for children in need of humanitarian protection as they form their legal cases. Across all sites providers discussed learning about instances of trafficking, targeted gang violence, and other forms of violence not through detainment processing or in legal referrals, but in mental health visits. Only through professional interactions with mental health professionals were children able to discuss some of the most traumatic events: their reasons for migrating and their need for safety. Unlike adults, children were not able to connect these experiences to their legal cases without professional support, and mental health services often facilitated these processes. But in many locations there simply are not enough mental health resources, let alone culturally and linguistically relevant services, to support the needs of unaccompanied children and their families.

Like legal services, there is a geographical unevenness to mental health service access. Technology may help providers reach underserved communities and could help support other available services, as described above. Questions of access are also shaped by financial resources. Many of the families we interviewed were overwhelmed by the growing legal, health, and mental health costs, and mental health services were the first to go when financial resources were tight. If LIRS or ORR were to fund a centralized system, they would need to consider other questions of access: do children and their families have access to the internet, or do local libraries or schools have private spaces where children could use technologies to connect with providers from afar? Do children have access to phones or private spaces where they could engage with mental health providers (in person or via technology) and maintain privacy? Are LIRS’s partners’ offices located in areas accessible to children and their families where they could use office technologies for assistance?

LIRS and ORR may also consider providing resources for offices to innovate. In one location, peer support groups were being established for UAC at the time of our visit. We are hopeful that these
kinds of simple innovations may provide children with important forms of support at a relatively low cost to funders. The same office was able to hire a mental health professional by strategically aligning programs and resources. This requires a certain threshold of clients (across programs), but this form of cross-programmatic thinking and innovation clearly provided added benefits to multiple programs and provided UAC with a necessary resource.

Clearly mental health service access is a vital part of UAC post-release services, and case managers work hard to connect children to these resources. Currently, however, there is an assumption within ORR’s program model that all communities have the same level of resources; UAC sponsor families and communities have a working understanding of the location, importance, and need of these resources; and that the role of the VOLAG case manager is to simply connect the UAC to these resources. As we have described above, this is not the case for a number of services and a lack of one service often impacts a child’s ability to access other services. The case of mental health services illustrates the importance of aligning program expectations with geographic realities and designing and funding programs that address resource realities instead of theoretical best-case scenarios.

**Clearly Define ‘Community Integration’**

Currently there are conflicting messages about the point of PRS. At the heart of this confusion is the issue of community integration. As a program model is developed and program objectives and indicators are honed, the issue of community integration needs to be more clearly defined and associated measures developed in conjunction with individual domain areas (legal, education, health, and mental health). Likewise, there is currently an epistemological disconnect between the idea of community integration and the risk of deportation. Defining community integration and operationalizing how it is part of post-release services will benefit case managers as they negotiate the various demands of their jobs.

**Define a New Service Model**

Currently one of the greatest challenges to PRS implementation is the lack of full-time case managers working with UAC. This is often due to the issues of case flow and funding described above. However, the temporary or contract model that many agencies use due to program funding limitations is currently hindering PRS implementation. This is not to be attributed to part-time or contract case managers who are exceptionally dedicated to their PRS jobs. However, this funding model constrains the amount of time that case managers are able to spend with their clients and consequently their ability to help develop interventions and referrals that meet actual UAC needs. Due to the compounding nature of post-release services—that is, the services build on each other towards an improved experience and better referral process—when case managers have an inadequate grasp of their clients’ needs, traumas, and experiences, they fail to make needed referrals and inform legal representatives of possible areas for relief.

Recognizing that it may be difficult to convert all UAC case managers into full time positions, alternatively, LIRS should reconsider current organizational contracts and staffing structures to consolidate multiple part-time case manager positions into one (or more) full-time position. This would improve the longevity of case managers as currently many contract employees quit the UAC program when they identify better full time positions elsewhere. In one program, Northern Virginia Family Services, case managers who worked part time often did so on multiple similar projects that made similar kinds of referrals. This not only helped case managers refer clients in-house, but it also
Evaluation and Research towards Better Program Implementation

As described above, more rigorous, comprehensive, and long-term research needs to be conducted in order to understand the full spectrum of UAC needs—both those identified for PRS and those who are not risk identified. In interviews and conversations, parents and case managers often questioned the ability of government workers to differentiate between the trauma of migration, the trauma of detention, and other “pre-existing” trauma that might lead a child to be identified as in need of post-release services. This form of questioning was especially common in households with two UAC where one was identified for post-release services and the other was not. Parents often argued that the “special needs” of one child were very similar to the “special needs” of the other: the children had jointly endured similar traumas in their country of origin, during migration, and in detention, yet only one was selected for post-release services. The selection process for UAC for PRS continues to be unclear to parents, agencies, and the broader community. We recommend that ORR clarify this selection process, the individuals who are charged with making such recommendations, and how these identified needs are to be rectified via PRS. This issue goes back to the lack of clarity in PRS goals; information gleaned from ORR regarding this process should inform the goals and indicators of a PRS model.

Funding

We recommend that ORR more closely align UAC post-release service program design to match the on-the-ground realities of services, UAC children and sponsor demographics, and the economic realities of implementing such a broad program. Current funding levels do not allow for the kinds of comprehensive case management services children need and do not consider how case managers are supposed to connect children to services that are unavailable locally. This includes vital services like legal representation. The result is that case managers end up traversing state lines in search of services and often these services are too expensive for families.

The result is a paradox: ORR identifies children’s needs in detainment, but does not provide the financial resources to actually address these needs. Children are told that they should engage in their local schools, communities, and families, but under the ongoing threat of deportation and separation. Children who have legitimate humanitarian legal claims often never voice their experiences, threats, or fears because there is no system in place to ensure that children understand how the legal process works and the types of threats that might constitute a claim to reprieve. Families, especially children, experience post-release service as an ongoing series of contradictions and frustrations as the system that they fear (after all, it is the system that deports) is also supposed to be the system that they trust and entrust with their personal information and fears.

Case managers have to work extremely hard to be understood as separate and apart from the government and the bureaucratic process of deportation. And yet, in reality, case managers recognize that they play a crucial role in bureaucratic process leading up to court hearings. Case managers are fundamentally crucial to helping families access the resources necessary for making a case; yet, too often communities lack the resources for referral. And in these cases, case managers expressed sheer exhaustion and frustration with being able to identify needs, see the crucial role resources can play, and recognize that a child may face deportation and continued violence because the resources necessary for legal protection simply do not exist in a particular place. Case managers

allowed the agency more flexibility during dips in UAC flows. Likewise, cross-training case managers equips them to more effectively respond to UAC needs.
become the buffers between refoulement and safety and too often they are inadequately equipped (by means of community resources) to adequately prepare their clients. Funding mechanisms need to support more than just case management by addressing the dearth of local services that hinder effective case management and elide important questions of access within the justice process.
This report is also available online at immigrantaccessproject.org