



Bridging Refugee Youth & Children's Services

Separated Refugee Children in the United States: Challenges and Opportunities



Bridging Refugee Youth & Children's Services

A joint project of



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Bridging Refugee Youth and Children's Services (BRYCS) is a national program of technical assistance addressing challenges that face refugee youth and children.

The purpose of BRYCS is to broaden the scope of information, resources, and collaboration among service providers for refugee youth and children. BRYCS works with various agencies, organizations, and associations in child protection, foster care, juvenile justice, education, refugee resettlement, and refugee community associations.

In assisting refugee youth and children, service providers need access to in-depth information about refugee cultures, trauma, resulting family dynamics, and the special needs of youth. BRYCS assists by providing technical assistance, training, presentations, consultations, a Web-based clearinghouse, and resource development.

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Contents

Executive Summary	iii
International Trends	iii
Domestic Trends	iv
Conclusions	iv
1. Introduction	1
Terms	1
Defining the Population	2
USRP Requirements and Services	3
2. Refugee Service Trends	6
Risks and Needs	7
Good Practice and Service Models	9
3. U.S. Child Welfare Trends	11
Risks and Needs	12
Good Practice and Service Models	13
4. Conclusions	16
5. Annotated Bibliography	18
Separated Children	18
Kinship Care	20
Endnotes	23

Executive Summary

This paper is intended to provide an introduction to the use of the term separated children and to help the reader consider the needs of this population within the context of the U.S. refugee resettlement program. It provides examples of relevant current practice with separated children in the international refugee services arena and within U.S. child welfare practice, and it concludes with questions regarding service areas to be strengthened in meeting the needs of this vulnerable population in the United States. This paper was written in the hope that the ideas it presents will stimulate communication among relevant public and private entities in order to enhance services to resettled refugee children outside the care of a parent.

The term *separated children* came into use in the 1990s during emergency relief responses in the Great Lakes region of Africa; it was coined to reflect the needs of children who were separated from their parents but accompanied by other adults. Although some countries, including the United States, have policies differentiating between separated and unaccompanied children,¹ the United Nations and many other international organizations refer to all children who are separated from their parents or usual caregivers as separated children, because doing so emphasizes that such children, whether accompanied by other adults or not, have similar needs.

It is widely accepted that separated children are at higher risk than their parent-accompanied peers for sexual abuse and exploitation, physical abuse, child labor and trafficking, reduced access to opportunities, and military conscription. Such risks are mitigated by resettlement, but separated children still face risks such as family breakdown, usually as the result of some form of abuse, abandonment, or neglect. Certain separated children face a higher risk of family breakdown, particularly those who have weak relationships with their guardian or who did not live with their guardian before resettlement, as well as adolescents who are used to independence.

The U.S. Refugee Program (USRP) served 6,301 separated children from October 1997 through July 9, 2002.² Within the U.S. refugee resettlement system, separated minors and unaccompanied minors receive differing levels of support services; separated minors generally receive only a few months of follow-up services, whereas unaccompanied minors are referred for specialized foster care services lasting up to age 20 or 21. In recognition of the vulnerability of separated children, some recent changes have been made in the placement of separated children, but significant differences remain in length, breadth, and focus of service delivery. These differences contrast with the international movement toward a more uniform approach in serving separated and unaccompanied children.

International Trends

Recent studies, reports, and conferences on the needs of separated children emphasize the need for special procedures and care for these children and provide useful models and guidance for the USRP. To prevent abuse and promote successful placement of separated children, a variety of organizations and nations have developed specialized service models for this population. Services vary from place to place,

¹ The International Committee for the Red Cross defines separated and unaccompanied children as follows:

- An *unaccompanied* child is a child under 18 years of age or the legal age of majority who is separated from both parents and is not being cared for by a guardian or another adult who by law or custom is required to do so.
- A *separated child* . . . is a child under 18 years of age or the legal age of majority who is separated from both parents but not necessarily from other relatives. A separated child can be accompanied by other family members.

² This total includes minors traveling with or joining nonparental relatives and nonrelated adults as well as minors coming to join their parents. Minors unaccompanied by any adult accounted for an additional 614 children.

but the common theme is that separated children are treated with a more intensive level of support and care than their parent-accompanied peers. The different models reviewed include the following elements:

- Closer monitoring following placement (United States)
- General supports to a family, such as visits by a social worker; support for the reintegration of children in the family unit; and material support (United Nations High Commissioner for Refugees)
- Formalized family fostering arrangements, including regular follow-up services for the duration of the child's placement with the family, individualized case management, development of a network of foster homes, support group activities, and development of a group home for young adults leaving foster care (Sweden)
- Ongoing follow-up and child welfare services as well as financial and other support services (Canada and Denmark).

Domestic Trends

In the United States, separated children living with relatives are considered to be in “kinship care,” whether the arrangement is formal or informal. The kinship care phenomenon expanded during the 1990s and is now considered a discrete area of professional child welfare service delivery. Through the U.S. refugee resettlement program, the federal government is, in essence, operating a kinship care program for separated refugee children, though the level of support services for these families is less than for domestic children in formal kinship care placements.

U.S. research on children in kinship care has found that children living with relatives frequently live in poverty and fare worse in their behavioral, emotional, and physical well-being than their peers living with parents. Low-income children in kinship care are more likely to be expelled from school and are more likely to have a physical, learning, or mental health condition than their counterparts living with their parents. In addition, low-income kinship caregivers are more likely to have symptoms of poor mental health.

The research suggests that kinship caregivers, as well as the children in their care, would benefit from specialized services, such as increased assistance with legal issues; appropriate physical and mental health care for children and caregivers; educational assistance and engagement; assistance with housing issues; respite care, transportation, and parenting training for older kinship caregivers; and expanded community services, such as support groups or counseling.

The Child Welfare League of America (CWLA) has published a set of practice guidelines, *CWLA Standards of Excellence for Kinship Care Services*. The CWLA standards suggest that appropriate social work methods with kinship families include provision of concrete resources as well as information about services and supports for kinship families; teaching, modeling, and guiding caregivers about child development and behavior; and establishing support groups for children, parents, and kinship caregivers.

Conclusions

International and domestic service models for separated children share the following principles:

- Investigation of the home environment by a qualified professional
- Regular placement monitoring and assessment
- Follow-up services and assistance tailored to the child's needs

- Support services for the new caregiver, such as support groups, parenting skills training, integration assistance, and legal assistance.

The U.S. refugee resettlement system has offered protection to thousands of refugee children separated from their parents. This is a remarkable achievement, as well as an awesome responsibility. Such an important commitment deserves and requires continual efforts to refine and improve this valuable safety net. It is not clear that the safeguards provided by U.S. refugee resettlement services for separated children are sufficient, given increased knowledge of the risks and needs of this population. The United States must seriously examine the current level of services provided to these children and their caregivers to determine whether more can be done to protect and serve separated refugee children.

1. Introduction

Case 1: A 16-year-old girl from West Africa was resettled with her sister and her sister's husband. After several months in the United States, the girl ran away from home and refused to return to her relatives. She confided to a resettlement caseworker that her brother-in-law had been making sexual advances toward her. The girl was placed in a refugee foster care program while a child protective service (CPS) investigation was initiated.

Resolution: The girl remained in foster care for several months. Charges were not brought against her brother-in-law. The girl asked to return to her sister's home, and this request was granted with the condition of CPS supervision.

Clearly, a child who becomes separated from parents faces greater risks than a child accompanied by parents. For a refugee child separated indefinitely or permanently from parents and moved to a strange country for resettlement, such risks may become a constant aspect of the child's life.

Terms

The term *separated children* came into use in the 1990s during emergency relief responses to the Great Lakes crisis following the Rwandan genocide. This emergency highlighted the protection needs of children separated from parents or caregivers, even if another adult temporarily accompanied them.¹ Although unaccompanied children are commonly identified as vulnerable and in need of special protection, these separated, yet accompanied, children were equally vulnerable but far less visible.

Since the Great Lakes crisis, the term *separated children* has come to be preferred over *unaccompanied children* by the United Nations (UN) and many nongovernmental organizations (NGOs) working internationally with this population. The term *separated children* recognizes the similar needs and vulnerabilities of children who are entirely alone (unaccompanied) and those who are separated from parents or guardians, though accompanied by another adult. One UN document notes that the practice of identifying minors as "accompanied" or "attached" can unfortunately conceal the important fact that they have become separated from their parents or habitual caregivers.²

The general definition used by the United Nations High Commissioner for Refugees (UNHCR) for separated children is as follows:

Children under 18 years of age who are separated from both parents or from their previous legal or customary primary caregiver.³

In its definition, UNHCR has expanded on the traditional definition of unaccompanied children to include those who are separated from their previous caregiver, even if they are accompanied by some other adult. Hence, this definition encompasses both children who are temporarily accompanied and those who are completely alone.

The International Committee for the Red Cross (ICRC), however, uses both terms:

An *unaccompanied child* is a child under 18 years of age or the legal age of majority who is separated from both parents and is not being cared for by a guardian or another adult who by law or custom is required to do so.

A *separated child* on the other hand is a child under 18 years of age or the legal age of majority who is separated from both parents but not necessarily from other relatives. A separated child can be accompanied by other family members.⁴

The ICRC definitions are used in this paper. In the United States, markedly different resettlement services are available to refugee children accompanied by no one and to refugee children accompanied by relatives, so these definitions have the most clarity in the U.S. context. However, Lutheran Immigration and Refugee Service (LIRS) and the U.S. Conference of Catholic Bishops/Migration and Refugee Services (USCCB/MRS) also concur in principle with UNHCR's desire to highlight the similar needs of both populations by using the term *separated children* to refer to both those who are alone and those who are in the temporary care of a nonparental adult.

Defining the Population

Separated children come to the United States through a variety of means: as part of the U.S. Refugee Program (USRP); as trafficking victims; as asylum seekers; or as undocumented entrants seeking protection, family reunion, or opportunity in the United States. All of these children have similar service and protection needs. This paper, specifically addresses the service and protection needs of separated children who have come to the United States through the USRP.

According to statistics from the Refugee Data Center for October 1997 through July 9, 2002 (Table 1),⁵ counting only children who were accompanied by, or joining, extended family or some other nonparental adult, the total of separated children for this period was 2,886 (minor codes M2, M3, and M6), or an average of 502 cases per year.

When refugee children traveling alone but coming to be reunited with parents in the United States are included, the total increases to 6,301 separated refugee children (minor codes M2, M3, M5, and M6; see Table 1), or an average of 1,096 cases per year.⁶ Because these children were separated from parents until arrival in the United States, they are considered separated children under Department of State cooperative agreements with service agencies, and completion of a home suitability assessment, a 30-day visit, and a 90-day follow-up report is required for all of these populations.

Table 1: FY97–FY02 Resettlement Data for Separated Children Coming to the United States to Join Relatives, Parents or Other Adult Caregivers

Minor Code	FY97	FY98	FY99	FY00	FY01	FY02 (Oct. 1–July 9)	Total
M2	260	416	755	609	523	74	2,637
M3	2	0	5	9	1	3	20
M5	555	504	672	794	742	148	3,415
M6	33	33	45	69	44	5	229
Total	850	953	1,477	1,481	1,310	230	6,301

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

Source: From data provided on September 26, 2002, to USCCB/MRS by Jessica Yutacom, of the U.S. Department of State, Bureau of Population, Refugees, and Migration (BPRM). These numbers reflect only separated children entering the United States through the USRP. Other separated children entering the United States and of interest to the Office of Refugee Resettlement, but not reflected in these numbers, include Cuban/Haitian entrant children, alien children in immigration proceedings, and children who are victims of severe forms of trafficking.

Although children coming to the United States to reunite with parents cease to be considered “separated children” after rejoining their parents, this population faces risks that are similar to those faced by other separated children, and some risks that are unique. For example, these children may struggle to develop an emotional attachment to a parent they have not seen for many years, while assuming that this feeling of attachment should be immediate. These children may also experience a sense of anger and betrayal toward parents for being left behind, as well as self-imposed guilt over separation or confusion about prolonged separation. These feelings may conflict with unrealistically high expectations regarding reunion. Parents may also experience guilt or a sense of failure at having left children behind, a lack of closeness and attachment to children due to prolonged separation, and a sense of being a stranger to one’s own child.⁷ These emotional burdens can cause conflict within the family and may take years to resolve. Because of these sensitive psychological issues that continue beyond the moment of reunification, these children are included in our discussion of the needs of separated children.

USRP Requirements and Services

Since the mid-1970s, the USRP has resettled and served unaccompanied refugee minors. The Office of Refugee Resettlement (ORR), an office of the Administration for Children and Families in the U.S. Department of Health and Human Services (DHHS), estimates that nearly 12,000 unaccompanied refugee children have been given protection in the United States since 1980.⁸ Indeed, the United States has served as a model for other countries in its acceptance of unaccompanied minors and its comprehensive service delivery to this population. Although the USRP has also welcomed many separated children accompanied by, or coming to join, extended family or nonparental adults, the level of specialized services to this latter population has been far less than the level of services available to unaccompanied minors. The reason for this difference in service delivery has been the assumption that relatives can and will take on the responsibilities of substitute parents.

For all refugees resettled in the United States, the USRP requires private resettlement agencies to provide, at a minimum, the following:

- Sponsorship assurance (a guarantee that a relative or community group is ready to assist the family upon arrival)
- Pre-arrival resettlement planning
- Airport reception
- Basic needs support for at least 30 days, including the provision of decent, safe, and sanitary housing; essential furnishings; food or a food allowance; necessary clothing; and other basic necessities
- At least one home visit within the first 30 days by affiliate staff, co-sponsor, or other designated representative
- Case management, including counseling, adjustment, and referral services throughout the initial 90-day reception and placement (R&P) period
- Community orientation
- Referral to physical and mental health services
- Referral to employment services.⁹

In addition to these core services, refugee families are eligible for 8 months of Refugee Cash Assistance (RCA) and Refugee Medical Assistance (RMA), which are comparable to Temporary Assistance for Needy Families (TANF) and Medicaid. Additional social services may be provided, varying from state to state, but such programming usually focuses on adult refugees.

Supplementary aspects of the U.S. resettlement plan that are distinctive for separated refugee children include a home evaluation by a refugee resettlement worker before arrival (if the caretaker relatives already live in the United States), or a home evaluation after arrival (if the caretaker relatives are resettling in the United States along with the child). This “suitability determination” assesses the prior relationship between the child and the relative, the relative’s willingness and ability to care for the child, an explanation of relevant state guardianship or custody laws (e.g., what legal procedures are required for the child to remain in the household), and the relative’s understanding of and intentions toward the pursuit of legal guardianship or custody for the child. Resettlement agencies are to provide “regular and personal contact with the minor for at least 90 days” and must submit a 90-day follow-up report to the Department of State.¹⁰ In some locations, the follow up may be longer because of additional services funded by the state or by the ORR, but this is by no means uniform.

In recognition of the vulnerability of separated children, the USRP revised its placement guidelines in Fiscal Year 2003 to require that any child resettled with a nonrelative be directed to LIRS or USCCB, the two national agencies with refugee foster care capabilities. Such cases might include a child who was fostered by a nonrelated family while still in the refugee camp, or a child resettled with members of the same clan or tribe who are not close blood relatives. Previously, such cases could have been resettled by any of the 10 national resettlement agencies, rather than directed to the 2 agencies with special child welfare expertise and programming. This change allows the resettlement agency to determine whether the placement is in the child’s best interest and whether foster care supports are required to maintain the placement, and it allows the agency to provide alternative foster care arrangements if the placement appears inappropriate for the child. Although this change is too recent to assess its impact, it signifies recognition by the U.S. Department of State of the more specialized protection needs of this population.

In contrast to the services for separated children described above, children who are classified as unaccompanied minors and have no adult relative in the United States to care for them receive a full complement of child welfare services, monitoring, and financial support until at least age 18, and in the majority of cases until age 20 or 21 (depending on state foster care emancipation guidelines and the wishes of the youth). Services to this population generally include the following:

- Indirect financial support for housing, food, clothing, and other necessities
- Medical care
- Intensive case management by a social worker
- Independent living skills training (i.e., consumer/budgeting skills, housing, food preparation, social and legal systems, transportation, education, community resources, health and sexuality)
- Education/English as a Second Language (ESL)
- Tutoring/mentoring
- Job skills training and career/college counseling
- Mental health services
- Family tracing, where possible
- Cultural activities/recreation
- Special educational services, where needed
- Legal assistance.¹¹

Services to these two populations have several significant differences. Perhaps the most noticeable differences are length and breadth of delivery: Services for separated children joining relatives are required to last for a minimum of 90 days; services for unaccompanied children who are placed into

foster care continue at least until age 18, but refugee youth can voluntarily prolong services until age 20 or 21. In addition, services to unaccompanied minors are provided by child welfare professionals and often include specialized programming such as support groups, counseling, and independent living skills training for young adults; ongoing foster family training regarding changed family dynamics is also provided.

A further difference is the focus of service delivery. For unaccompanied children, the child or youth is the client and the focus of service delivery. Most often for separated children, the family unit or the household adults are the main focus of service delivery. Sometimes refugee resettlement programming concentrates on the needs of “employable” adults and assumes that the benefits to well-served adults will trickle down to also meet the needs of household children and youth. This assumption may be true for well-functioning family units, but it is risky with separated children, who are more likely to have a tenuous or fragile place in the family structure.

These distinctions in services available to separated and unaccompanied children contrast with the international movement toward a more uniform approach in serving both populations. Child welfare policy makers and others are increasingly recognizing that the needs of these two populations are more similar than different, and against this backdrop the variation in U.S. service provision is significant.

The international and domestic service models presented in this paper lead to the question of whether U.S. service providers can automatically assume that relatives are able and willing to act as substitute parents *with only minimal continuing support*. Although the current level of services to separated children offers some degree of support and safeguard to this population, one must ask whether it is sufficient.

In assessing any services to children, the fundamental considerations should be meeting a child’s best interests and providing adequate protection.¹² A DHHS report to Congress on kinship foster care builds on these principles by describing the three basic goals of the U.S. child welfare system as

1. ensuring children’s safety,
2. promoting permanency in their living situations, and
3. enhancing their well-being.¹³

With these fundamental values of child welfare in mind, consider the following questions as you read this paper:

- How can the current level of resettlement services to separated children be enhanced to ensure their well-being and best interests?
- Does the current level of resettlement services offer sufficient support to refugee children separated from their parents, in order to ensure their safety and the stability of their placements?

The U.S. refugee resettlement system has offered protection to thousands of refugee children separated from their parents. This is a remarkable achievement, as well as an awesome responsibility. Such an important commitment deserves and requires continual efforts to refine and improve this valuable safety net.

2. Refugee Service Trends

Case 2: A 16-year-old Southeast Asian boy and his 13-year-old sister were resettled in the Midwest with their father and his new wife. Shortly after arriving in the United States, tension developed between the father's wife and the 16-year-old boy. The boy initially went to live in a local group home for adolescents. However, he did not want to be separated from his sister, so he convinced her to run away with him to the East Coast. They sought out a nail salon for which the brother had seen an employment advertisement. The brother and sister traveled alone through several states until they located the nail salon, which employed the siblings and gave them food and lodging. Eventually, conflict arose between the brother and the employer, at which point the siblings sought refuge with a sympathetic client from the salon. The client invited the brother and sister to come live with her, where they remained until they were brought to the attention of the local child welfare authorities.

Resolution: The brother and sister were referred for formal foster care placement through a local refugee foster care program. The nail salon client who had taken them in was officially licensed as their foster parent and received financial and casework support for care of the children.

Internationally, a growing level of attention is being paid to the needs and prevalence of separated refugee children. Through a joint collaboration of UNHCR and the International Save the Children Alliance, which began in 1999, 28 European countries have been working together on the Separated Children in Europe Programme to examine policies and procedures toward separated children seeking refuge in European countries.¹⁴ Although this project is primarily concerned with asylum procedures for separated children, the findings and recommendations have relevance for the USRP because most of the participating European countries are not resettlement countries and thus separated refugee children only enter their territory by way of asylum procedures.¹⁵

A number of other international efforts regarding separated refugee children have taken place. UNCHR/Canada convened an international meeting on separated children seeking asylum in Canada, which resulted in a report.¹⁶ Save the Children UK has undertaken several comprehensive reports on the needs of separated children in Europe and the United Kingdom:

- *Separated Children Coming to Western Europe: Why They Travel and How They Arrive* (2000);
- *Cold Comfort: Young Separated Refugees in England* (2001); and
- *Separated Children in the UK: An Overview of the Current Situation* (2001)¹⁷ (produced in collaboration with the British Refugee Council).

UNHCR and Save the Children's influential training module, "Action for the Rights of Children" (ARC), includes a 125-page section on working with separated refugee children. In the latest international effort, a coalition of six international agencies (ICRC, UNHCR, United Nation's Children's Fund [UNICEF], International Rescue Committee, Save the Children UK, and World Vision International) has published *Inter-agency Guiding Principles on Unaccompanied and Separated Children*,¹⁸ which promotes preparedness, coordination, and good practices in serving this vulnerable population from the time an emergency begins, through family tracing, reunification or interim care, and long-term solutions.

Each of these documents and collaborative efforts underscores the growing global awareness that separated and unaccompanied children are uniquely vulnerable in refugee situations and require special procedures and care. The USRP and child welfare agencies can learn much from existing guidance about the risks faced by separated children and emerging good practice models to mitigate these risks.

Risks and Needs

It is widely accepted that separated children are highly vulnerable. A September 2001 report of the UN Secretary-General to the General Assembly on protection and assistance to unaccompanied and separated refugee children discusses these risks:

Such children, although living with extended family members, may face risks similar to those encountered by unaccompanied refugee children. Consequently, the term ‘separated children’ is now widely used to draw attention to the potential protection needs of this group.¹⁹

The report notes the particular risks faced by separated children, including neglect, violence, forced military recruitment, sexual assault, and other abuses.²⁰ The report singles out girls as being especially vulnerable to negligence, sexual exploitation and abuse, contracting sexually transmitted diseases and HIV/AIDS, and exploitation for domestic labor.²¹ Even if these risks are greater before resettlement, they can also affect a child’s ability to successfully integrate once resettled in the United States.

UN and NGO reports of abuse of West African refugee children also highlight particular risks of this population:²²

The children most vulnerable to sexual exploitation were those without the care of their parents, children in child-headed households, orphaned children, children in foster care, children living with extended family members and children living with just one parent.²³

A 2002 independent evaluation of UNHCR’s activities on behalf of children notes the special vulnerability of adolescents and the special risks regarding child labor and child abuse:

Refugee children, especially adolescents, are acutely at risk of being influenced by violence due to the role of conflict in their lives and dearth of positive development opportunities. . . .²⁴

Child labour and abuse were consistently raised as issues of special concern throughout our field missions. While some child labour, abuse or exploitative practices may have existed before flight, the refugee experience often exacerbates poverty and the degree to which families depend on the economic roles of their children. . . . [R]efugee circumstances create specific vulnerabilities to abuse and exploitation for children. This can range from an increase in domestic violence to exploitive labour to trafficking and links to issues of detention.²⁵

Although some of the risks mentioned above are lessened by resettlement to the United States, the underlying risks of abuse, abandonment, and neglect do not disappear, and new risks emerge following resettlement. No substantive research has been done on the risks faced by separated refugee children in the United States. The anecdotal experience of LIRS and USCCB/MRS is that the refugee children most likely to face family breakdown once in the United States are those who have been separated from their parents and resettled with some other adult. Some of these children are ultimately referred for refugee foster care, whereas others may be referred for services through a local public child welfare agency. It is difficult to quantify the number of children who never come to the attention of service providers and must survive on their own at the margins of their communities and the larger society.

For refugee children who are served by one of the LIRS or USCCB/MRS foster care programs, some common reasons for their referral are as follows:

- Abusive household labor required of a child
- Sexual abuse
- Abandonment
- Irresolvable tension with a caregiver (usually involving an adolescent)
- Running away
- “Couch-surfing” from one friend or family member to another
- Relatives who lack parenting skills or caregiving interest (most often a sibling older than the age of majority)
- Relatives who are overwhelmed by the needs of their own biological children
- Delinquency by the minor
- Mental health or substance abuse issues for the adult caregiver or the minor
- Misrepresented relationships (e.g. a “son” who is really a nephew, or a “niece” who is really the daughter of a friend.)

It is worth noting that such placement breakdowns seem to occur less often during the initial three months following arrival in the United States than in the six months to one year after arrival, or even later.

The experience of our agencies has shown that the trauma and grief of being separated from a parent, along with the added stressors of a new parental authority figure and the challenges posed by resettling in a new country, combine to make separated children more prone to hardship and family breakdown than their parent-accompanied peers. Although every case is different, children in the following situations sometimes face greater risks of family breakdown or tension:

- If the relationship to the adult is distant, or if the relationship is by marriage rather than blood
- If the child has not been living with the caregiver before resettlement and must now get used to a new parental figure
- If the youth (more likely an adolescent) has had a high degree of independence before resettlement and then must adjust to living with a new caregiver
- If the youth is an adolescent; adolescents in general can face more tension with adult caregivers as the adolescents begin to seek more independence while the caregivers may seek more control over the youths’ behavior.

Currently, much of the emphasis during follow-up services to separated refugee children resettled in the United States is on pursuit of legal guardianship status by caregivers. The U.S. legal system presumes that all children have an adult who is legally responsible for them, but there is anecdotal evidence that many refugee caregivers fail to complete the legal guardianship process. Legal guardianship is not attained for numerous reasons, including a lengthy and complicated legal process that varies greatly from state to state; confusion and even discouragement by local probate and family courts regarding the relevance of the guardianship process to refugee families; prohibitive costs due to filing fees and legal expenses; a process and concept that are viewed by some refugees as foreign, intimidating, unnecessary, or even offensive; and the understandable tendency of many newly arrived refugees to remain focused on immediate physical needs rather than an intangible future protection such as legal guardianship.

The mere acquisition of legal guardianship does not protect children against abuse, neglect, and abandonment. However, it can indicate a level of seriousness on the part of the caregiver, and guardianship allows the adult caregiver to make important decisions for a separated child. Thus, in addition to the various forms of mistreatment and neglect already mentioned, children who lack a legal guardian risk not having a caregiver with the legal authority to authorize important decisions such as medical treatment, educational services, and access to benefits.²⁶

Many of the risks mentioned in this paper are common to all separated children, whether they are refugees resettled in the United States or native born. Section 3 of this paper, “U.S. Child Welfare Trends,” discusses research on American children living with nonparental relatives and their challenges when compared with peers living in parent-headed households.

Good Practice and Service Models

Several models of good practice with this population exist in UNHCR guidance and in other countries. The “Separated Children” section of the UNHCR and Save the Children ARC training document includes some guidelines on follow-up services for children who have been reunited with family (focusing primarily on reunion in the country of origin). This document notes the following:

How follow-up is carried out depends on the resources available and the needs of the individual child and family. One or two visits may be all that is necessary: for example, one visit one month after reunification and another up to six months later. . . . [A] child reunited with both parents after a short separation may be less likely to have problems than a child reunited with a distant relative living in difficult circumstances.

However some problems only become apparent after re-unification. Often difficulties arise within families after re-unification as a result of the changes which have taken place in the family since separation, the changes to the family when a child is received back, and from the experiences of both the child and other family members during separation.²⁷

It is important to remember that this section of the ARC document is largely addressing children reunited in their home country, rather than those facing the additional challenges of resettlement in a new country and culture. In general, this document lists appropriate follow-up assistance as including some or all of these features:

- General support to a family, such as visits by a social worker
- Supporting the reintegration of children into the family unit
- Material support.²⁸

A UNHCR handbook on Refugee Resettlement also documents the value of specialized services for children resettled with nonparental adults, as well as supports for the caregivers. In discussing resettlement of separated children, it notes:

Some countries have specific procedures for assessing care arrangements for refugee minors who arrive with adults who are neither parents nor legal or customary guardians, to ensure that they are provided an appropriate standard of care. This may also include ongoing assessment and monitoring as well as support for caregivers (e.g. orientation to their roles as a parent in the receiving society.) These steps are important because such arrangements are sometimes unsuitable and may be vulnerable to breaking down.²⁹

A notable example of good practice in this area is in Stockholm, Sweden. The child welfare services of the Rinkeby district in Stockholm undertook a 3-year project to examine and intensify its services to

unaccompanied and separated refugee children in its jurisdiction. The majority of the children served were Somali youth living with relatives in informal foster care arrangements. Through this project, the social service providers of Rinkeby

- assessed the suitability of the homes, whether friend or relative, and made new placements where a home was found unsuitable;
- provided regular follow up by a social worker for as long as the child stayed with the family;
- developed a regularly updated plan for orientation into Swedish society and a plan for care by the foster family (whether a relative or unrelated foster home);
- nurtured a network of Somali foster homes and initiated a series of support group meetings and activities; and
- following input from the Somali foster families, developed a group home for young adults ages 17–20 who were transitioning out of foster care.³⁰

In Canada, the province of Quebec provides another helpful service example. All separated children identified in Quebec are referred for services to SARIMM (Service d'Aide aux Réfugiés et Immigrants du Montréal Métropolitain), a para-public agency responsible for providing social work services to refugees and immigrants in the Montreal area. SARIMM evaluates each separated child regarding their financial and protection needs, including both children who are alone and children who are with nonparental adults. Each child is assigned two social workers, one to address the child's resettlement service needs, and a second to follow up on the child's immigration status needs. For separated children living with nonparental relatives, a SARIMM social worker conducts a home assessment and makes recommendations regarding the appropriateness of placement, length and breadth of follow-up services needed, and financial assistance needs. In short, a case-by-case assessment is made for each separated child by a trained and qualified social worker regarding the type and duration of services needed.³¹

Denmark provides yet another service example. Relatives caring for separated refugee children in Denmark must be approved by the social service authorities as foster care providers before the related child can be placed permanently in the home. Such children are financially supported and monitored by child welfare authorities until age 18.³²

These guidance manuals and service examples consistently show the value of monitoring and follow-up services for refugee children resettled or reunited with relatives. The length and breadth of such services may vary from place to place, but the common theme is that such children are treated with a more intensive level of support and care than their parent-accompanied peers. Relative caregivers are seen as a valuable placement resource for separated children, but they are not seen as a replacement for parental care. As such, in many places relative and foster family care arrangements are treated similarly, with provision of follow-up services and monitoring to ensure the protection and well-being of a separated child. A further suggestion from the sources cited in this section is a case-by-case assessment of each child and family's needs, rather than a one-size-fits-all approach to service delivery.

3. U.S. Child Welfare Trends

***Case 3:** Six Central Asian siblings were resettled together as a family unit. The adult sisters were ages 19 and 20, and they were accompanied by two girls, ages 15 and 13, and two boys, ages 11 and 9. The adult sisters were expected to take on parental responsibilities for their four minor siblings. While the resettlement agency was explaining legal guardianship procedures to the adult sisters, it became clear that they only wanted to pursue guardianship for the two younger girls and not the boys. The adult siblings felt that they could control the behavior of the girls, who were more compliant and obedient. The boys, in contrast, were more independent, and the adult sisters seemed fearful of taking on guardianship responsibilities for them.*

***Resolution:** After meeting with a lawyer, discussions with other Central Asian friends in the United States, and consideration of domestic and refugee foster care, the sisters agreed to pursue guardianship for all four of their younger siblings. After 1 year in the United States, they had only just completed legal guardianship proceedings for the minors. The resettlement agency estimates that they made 25 home visits within the first 6 months after arrival and invested more than 100 volunteer hours in assisting the family.*

The phenomenon of children being cared for by nonparental relatives is prevalent in U.S. society, with 2.3 million children living in such arrangements in 1999.³³ Within the field of child welfare, as well as by organizations serving older Americans, it is widely recognized that families caring for a relative's children need additional support services. In fact, this trend has spurred the development of an extensive body of research and study on the issue of kinship care, whether the arrangements are formalized by a court or are informal nonlegal arrangements. The refugee resettlement field can benefit from this existing body of knowledge on kinship care by considering the similar challenges and needs faced by refugees raising the children of relatives.

The Child Welfare League of America (CWLA), the premier professional organization dealing with child welfare in the United States, considers kinship care a "discrete child welfare service."³⁴ CWLA has established good practice guidelines in the publication *CWLA Standards of Excellence for Kinship Care Services*. Table 2 on the next page lists the CWLA definitions related to kinship care in parallel with the definitions used by DHHS in its June 2000 report to Congress on kinship care.

In determining where separated refugee children cases (or *guardianship cases*, as they are sometimes called) fall within these classifications, one must consider that these cases have elements of both informal and formal kinship care arrangements. The arrangements are informal or private, in that the public child welfare agency does not generally take custody, unless family breakdown is reported to the authorities after resettlement occurs. However, it is generally unknown whether the kinship arrangement was one arranged by the child's parents, nor are parents, if alive, generally present to retain custody of the child (see the CWLA definition of "informal kinship care.") At the same time, refugee cases involving separated children have some similarities to formal or public kinship care arrangements in that the government is involved in brokering the placement arrangement (see the DHHS definition of "public kinship care"). In addition, the children could be considered dependent or abandoned children, given the usual absence of parents in the United States (see the CWLA definition of "formal kinship care.")

Table 2: CWLA and DHHS Definitions Related to Kinship Care

CWLA Definitions*	DHHS Definitions**
<p>Kinship care is the full-time nurturing and protection of children by relatives, members of their tribes or clans, godparents, stepparents, or other adults who have a kinship bond with the child.</p>	<p>Kinship care is any living arrangement in which a relative or someone else emotionally close to the child takes primary responsibility for rearing a child.</p>
<p>Informal kinship care is a living arrangement in which parents ask kin to care for their children and the public child welfare agency assumes neither legal custody nor fiscal responsibility for the children Because parents retain custody of their children, informal kinship caregivers need not be approved, licensed, or supervised by the state.</p>	<p>Private kinship care are arrangements that occur without child welfare system involvement.</p>
<p>Formal kinship care (also known as kinship foster care) is the daily parenting and care of children by kin as a result of a determination by the court and the public child protective service agency that a child must be separated from his or her parents because of abuse, neglect, dependency, abandonment, or special medical circumstances. In formal kinship care, the court places the child in the legal custody of the child welfare agency, and kin provide full-time care, protection, and nurturing to the child.</p>	<p>Public kinship care arrangements are those that occur with child welfare system involvement</p> <p>These may be either foster care under the State’s supervision, or situations in which the child welfare agency may have been involved in brokering the arrangement, but the child is never formally taken into State custody.</p>

* CWLA. (2000). CWLA standards of excellence for kinship care services (pp. 11–12). Washington DC: Author.

** U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau. (2000, June). Report to the Congress on kinship foster care (pp. iv, 67). Retrieved from <http://aspe.hhs.gov/hsp/kinr2c00>

In a sense, the Bureau of Population, Refugees, and Migration (BPRM) and ORR are coordinating a *de facto* kinship care program for separated refugee children, because BPRM (through its cooperative agreement holders) arranges and facilitates the placements of these children, and BPRM and ORR subsequently provide limited follow-up services. In these refugee cases, the government has more knowledge of, and intervention with, the child’s care arrangements than in most informal kinship care arrangements. At the same time, the level of intervention is much less than with children who are in formal kinship care under the auspices of a public child welfare agency. An important additional distinction between placements of separated refugee children and domestic kinship placements, whether formal or informal, is that refugee caregivers are newcomers dealing simultaneously with countless adjustment issues, of which the care of a separated child may be of lesser immediate priority.

Risks and Needs

The March 2000 Current Population Survey of the U.S. Census Bureau found that only 7 percent of the 2.1 million children living with relatives are in formal foster care arrangements. Census Bureau 1997 data showed that grandparent-maintained households, when compared with parent-maintained households, were more likely to live in poverty and less likely to have health insurance.³⁵

Some of the most extensive research on kinship care has been undertaken by the Urban Institute, culminating in a series of papers documenting the needs of children in kinship care, whether formal or informal. The Urban Institute’s 1999 National Survey of America’s Families (NSAF) found that 2.3 million children were being cared for by nonparental relatives; 46 percent of these children lived with a caregiver older than age 50, and 90 percent lived with a female caregiver.³⁶ When compared with children living with a parent, this survey revealed that “children living with relatives fare worse than children living with their parents on most measures of behavioral, emotional, and physical well-being.”³⁷

Many children in kinship care also live in poverty, which adds to their developmental risks.³⁸ Based on findings from the 1997 NSAF, it was reported that “children in all kinship care environments face substantial socioeconomic risk.”³⁹ Using 1999 NSAF data, the Urban Institute found that low-income children living with relatives struggled with housing, food, and child care.⁴⁰ Moreover, when low-income children in kinship care were compared with low-income children with parental caregivers, it was found that those in kinship care were more likely to be suspended or expelled from school and were more likely to have a limiting condition, such as a physical, learning, or mental health condition.⁴¹ The relatives they lived with were more likely to have symptoms of poor mental health or to experience high levels of aggravation.⁴²

In another report on kinship care by the Urban Institute, prepared for DHHS, the authors sum up the risks to both children and caregivers in kinship arrangements as follows:

Kin often face significant challenges carrying out their caregiving role. They are typically caring for children who have experienced a traumatic separation from their parents, often as a result of abuse or neglect. At the same time, kinship caregivers tend to be older, have less education and lower incomes, report being in poorer health, and are more likely to be single than parent caregivers. The children in these families are also at a comparative disadvantage, scoring lower on measures of cognitive, physical, and psycho-social well-being than children in parent families.⁴³

This report summarizes the needs of kinship care families as

- financial assistance,
- practical information and emotional support through support groups,
- mental health services for caregivers and children,
- child care and respite care (temporary relief from kinship care duties), and
- affordable legal assistance.⁴⁴

In addition, the DHHS Secretary’s report to the Congress in 2000 on kinship care concludes with numerous areas needing further study. Relevant to refugee children, these areas include

- the service needs of relative caregivers;
- understanding the variation in state guardianship laws;
- children’s perceptions of permanency in kinship care;
- the social context of children in kinship care;
- whether it matters who is defined as kin, with a focus on cultural differences; and
- developmental outcomes of children in kinship care.⁴⁵

In the aggregate, these reports on kinship care document that children outside the care of their parents face greater risks and vulnerabilities than their peers benefiting from parent care. These reports also suggest that kinship caregivers, as well as the children in their care, would gain from more specialized services tailored to meet their needs. Finally, these reports recommend that additional study be undertaken to improve our understanding of this population and ultimately improve the services provided to them.

Good Practice and Service Models

Within U.S. practice a tension exists between two countervailing trends. The first is a movement during the past decade toward greater use of kinship care as a form of formalized foster care placement.

Florida, Louisiana, and Missouri have initiated subsidized guardianship programs, for which kinship care children are eligible even if they have not been formally placed in state custody. An additional 21 states now have some form of subsidized guardianship program for children who have been taken into state custody but are cared for by a relative.⁴⁶ In contrast to this movement is the reluctance of some policy makers to excessively broaden the notion of foster care to include all informal kinship care or subsidized guardianship, for fear of turning child welfare programs into income support programs. This more cautious viewpoint seems to be the perspective expressed in the DHHS *Report to the Congress on Kinship Foster Care*.⁴⁷

Despite this tension, practice standards and research for improving services to kinship care families are proliferating. Much of the research and many of the standards and recommendations come from CWLA, Generations United, and the Urban Institute.

The CWLA standards on kinship care note that when an informal kinship care family approaches a child welfare agency seeking help, or is referred to an agency for help, the following social work practice methods are relevant:

- Providing concrete resources
- Providing information about services and supports for kinship families
- Teaching, modeling, and guiding parents and caregivers about child development and behavior
- Establishing support groups to assist children, parents, and caregivers in anticipating and coping with the changes in family life.⁴⁸

The CWLA standards specify that essential services to children in kinship care should address their health, emotional, and developmental needs. Issues to be addressed include the following:

- Changed feelings and relationships with self, siblings, parents, and caregivers
- The new parental authority and role of the kinship caregiver
- Acceptance of the new living arrangements and dealing with feelings of guilt and responsibility for separation from parents
- Understanding confused feelings toward parents, such as loyalty and anger.⁴⁹

The CWLA standards delineate the qualifications that kinship care workers should have:

Social workers providing kinship care services should have, at minimum, a bachelor's degree in social work or a closely related field, such as counseling, psychology, or sociology, and possess the personal qualities and capacities required to work successfully with families who are experiencing life crises and whose children may need to live in a kinship care arrangement.⁵⁰

A new CWLA approach for concurrently assessing and preparing relatives to be kinship caregivers was presented at the agency's spring 2003 conference.⁵¹ In nine meetings, staff and caregivers address issues such as role change, loss, guilt, ambivalence, split loyalties, resource needs, legal rights and responsibilities, and management of difficult behaviors and emotions. At the end of the training, staff and caregivers mutually assess whether the family is able to support the child according to desired outcomes.

These basic standards delineated by CWLA regarding practice methods and professional qualifications for serving kinship care families are constructive benchmarks for the process of crafting appropriate services to refugee families in similar circumstances.

A primary focus of Generations United is to address the needs of grandparents and other relatives raising children. Generations United advises that kin-maintained households require more assistance in the following areas:

- Legal issues, such as obtaining medical, education, or financial services for children in their care
- Appropriate physical and mental health care, for both children and their kin caregivers
- Educational assistance, in order to enroll and participate in a child’s educational plan and parent activities
- Appropriate housing for children and their kinship caregivers.⁵²

Data from the Urban Institute showed that few kinship care families receive public benefits, even if eligible.⁵³ They find that kinship care families would be served better by increasing the number and/or expanding the scope of the following services:

- School engagement, including counseling, tutoring, or screening for children in kinship care
- Assistance of area offices for the aging in providing such services as respite care, transportation, or parenting training for older kinship caregivers
- Community services such as support groups and counseling for caregivers.⁵⁴

As one Urban Institute report concludes:

Children living with kin are already in a vulnerable situation given that they are separated from their parents. . . . [M]any children in kinship care arrangements face considerable socioeconomic risks to their healthy development and their families may not be receiving the services they need to overcome these risks. Ideally, a service system to support these families would capitalize on the benefits children gain from being placed with kin while at the same time providing the resources relatives need to create environments that promote children’s well-being.⁵⁵

The practice experience of LIRS and USCCB/MRS with unaccompanied children in the custody of the U.S. Immigration and Naturalization Service (INS) also provides an instructive model.⁵⁶ For nearly a decade, LIRS and USCCB/MRS held contracts with the INS to provide foster care and family reunification services for separated children in the custody of the INS. This program, at one point, provided 6 months of follow-up services to Chinese children who were smuggled into the United States and reunited with family. After several years of using this service delivery model, the INS reduced the follow-up period to 3 months, because of enforcement and financial concerns. Feedback from caseworkers revealed that the 6-month period of follow up was more effective in building relationships and trust with the children and in allowing caseworkers to be present when problems began to arise. In the words of one caseworker, “At the end of 3 months, you are just getting to know a child. By the end of 6 months, kids are more likely to tell you what their real problems are.”⁵⁷

Research on the needs and appropriate service models for assisting kinship care families is an important topic in U.S. child welfare, and numerous parallels exist in the development of services for separated refugee children worldwide. Data from U.S. child welfare practice examples suggest that the needs of kinship care families exist on a continuum somewhere between children in formal foster care with nonrelatives and children in parent-headed households. It is logical to assume that the service needs of resettled refugee children likewise fall between those of refugee children in foster care and refugee children in the care of their parents. However, refugee children in kinship care are simultaneously facing the struggles associated with the resettlement experience.

4. Conclusions

Case 4: A 16-year-old girl from West Africa was resettled with her aunt and her aunt's children. About a year after arrival, a neighbor learned that the girl was given minimal food, had inadequate clothing, was not allowed to engage in school activities, and was treated as a household servant. The neighbor reported the girl's situation to CPS, which promptly removed the girl from her aunt's home and placed her into foster care.

Resolution: *The girl was referred to a local refugee foster care program. She is a senior in high school and preparing to attend college.*

Developing appropriate services for children separated from their parents is a recognized need both nationally and internationally. Substitute care by relatives offers the benefits of familiarity and continuity to a child separated from parents, but it does not fully replace the care of a child's biological parents. The challenge for the United States is to tailor good practice examples from national and international models in order to appropriately serve, support, and protect separated refugee children and their caregivers. Ideally, such services would mitigate the harmful impact of parental separation while building on each family's inherent strengths to maximize their potential in their new country.

It seems clear that the United States can learn from both domestic and international trends in a number of areas. Following are some broad service principles gleaned from current practice within the United States and from other developed countries, keeping in mind the fundamental child welfare principles mentioned at the beginning of the paper: meeting a child's best interests and providing adequate protection.

International and domestic service models for dealing with children separated from their parents share the following common principles:

- An investigation of the home environment by a qualified professional
- Regular placement monitoring and assessment
- Follow-up services and assistance tailored to the child's needs
- Support services for the new caregiver, such as support groups, parenting skills training, integration assistance, and legal assistance.

Although the USRP has developed some safeguards for separated children, the question of whether these safeguards are sufficient in duration, intensity, and service provision remains, given current knowledge of the risks and needs of separated children and their caregivers. In considering the level of current services provided to separated children and their caregivers in the United States in light of the broad principles cited above, the following questions should be asked:

- Is the current level of follow-up services to separated children long enough and intensive enough, particularly given the prospect that problems are more likely to arise after the initial 3-month resettlement "honeymoon" period has ended?
- Are there ways to tailor the current service model in order to meet the needs of separated children on a more individualized basis?

- Given both the similarities and differences between care arrangements for separated refugee children and domestic kinship care cases, are there services provided in domestic kinship care that can or should be made available to separated refugee children?
- Are current caregiver supports sufficient, particularly in the areas of parenting skills, developing support networks, skills for raising adolescents, mental health services, and legal assistance?
- Are there ways that the current emphasis on establishing legal guardianship can be complemented by social services to ensure the protection and well-being of separated children?
- Are there ways that resettlement services for separated children can better address the emotional and psychological impact of separation from parents—anger, guilt, grief, confusion, trauma, loneliness?
- Are there ways to enhance the training of refugee resettlement staff to enable them to identify and address potential problems in the placements of separated children?
- How can collaborative efforts improve services to separated children and their caregivers, either through researching and modeling programs on international and domestic examples or through partnering with domestic kinship care service providers?

Current practice in the United States reflects an assumption that a resettled child no longer needs help with the wounds of separation, whether reunited with extended family or with parents. However, a separated child is in some sense always a separated child, in that the experience of separation from primary caregivers is a life-shaping event that is a permanent part of a child's development. For children reunited or resettled with extended family, parents, or other adult caregivers, the experience of separation from parents is one that continues even after resettlement and reunion.

Child welfare professionals in the United States have recognized that children separated from parents generally require greater support and services than children cared for by their parents, so much so that a specific field of practice has been developed about the service needs and standards for working with this population. The UNHCR and other countries serving separated refugee children have likewise recognized that children cared for by nonparental adults have unique needs and vulnerabilities requiring specialized research, policies, and assistance.

In light of existing knowledge about the needs and risks faced by children separated from their parents, public and private service providers in the United States must seriously examine the current level of support given to these children and their caregivers to determine whether more can and should be done to better protect and serve this population.

5. Annotated Bibliography

The reference materials listed in this section are grouped by relevance either to separated refugee children (children who are outside their country of origin and are separated from their parents or habitual caregivers) or to kinship care in the United States. This is a selective list of the most helpful documents reviewed on these topics.

Separated Children

Ayotte, W. (2000). *Separated children coming to Western Europe: Why they travel and how they arrive*. London: Save the Children UK. Available for purchase from Amazon at: <http://www.amazon.co.uk/Separated-Children-Coming-Western-Europe/dp/1841870366>

Through interviews with separated children and their service providers, this 94-page report written by Wendy Ayotte details the reasons that these children are making their way to Western Europe and their means of arrival. The report provides a historical context for separated children seeking refuge in Europe, as well as an overview of current circumstances and areas in need of further study. It includes a helpful summary of the variety of difficult circumstances that cause children to seek refuge in other countries.

Ayotte, W. & Williamson, L. (July 2001). *Separated children in the UK: An overview of the current situation*. London: British Refugee Council.

This 77-page document provides a clear comparison between the policies and practices toward separated children seeking refuge in the United Kingdom and the principles of good practice established by the Separated Children in Europe Programme. The report summarizes areas of concern and makes specific recommendations to improve the treatment of separated children in the United Kingdom. The report is instructive in examining how the United Kingdom measures up to the principles of the Separated Children in Europe Programme and in summarizing the challenges in appropriately serving separated children in the U.K. context.

International Committee of the Red Cross, United Nations High Commissioner for Refugees, United Nations Children's Fund, International Rescue Committee, Save the Children UK, & World Vision International. (2004). *Inter-agency guiding principles on unaccompanied and separated children*. Geneva, Switzerland: International Committee of the Red Cross. Retrieved from <http://www.icrc.org/web/eng/siteeng0.nsf/iwpList74/EBFB81451C9E809AC1256E630035DD3F>

This document represents the consensus of six international agencies regarding broad principles for serving unaccompanied and separated children. The authors take a comprehensive approach focused on preparedness and cooperation, beginning with ways of preserving family unity during an emergency, tracing and family reunification, care arrangements, durable solutions, special concerns for refugee children, and ways of promoting children's rights. The guidelines provide a succinct compilation of principles for protecting and serving separated children from the beginning of an emergency through arrangement of durable solutions.

Rinkeby Social Welfare Services. (2001, April). *A summary report: A project concerning unaccompanied minors 1999-2001, experiences from Rinkeby, a city district of Stockholm*. Distributed at the UNHCR International Conference on the Reception and Integration of Resettled Refugees, Norrköping, Sweden, 2001.

This report summarizes a pilot project in Sweden to improve services and training to separated children and their caregivers and social service providers. The report includes information about the population assisted and services developed to enhance their well-being and integration into Swedish society. Though produced before the project was completed, the report provides the most

thorough English description of this good practice model for serving separated children in kinship care placements.

Ruxton, S. (2000). *Separated children seeking asylum in Europe: A programme for action*. Retrieved from http://www.separated-children-europe-programme.org/separated_children/publications/reports/SandyRuxton.pdf

This 121-page report compiles and analyzes information from the national assessments completed by participating European countries on their implementation of the *Statement of Good Practice* cited below. The report is organized around critical areas of discrepancy between the participating countries and includes specific recommendations for improving practice and making policies more child-friendly and consistent across the continent. This report is useful as a summary of similarities and differences in European practice toward separated children, and it provides a road map for achieving more consistent treatment of this population.

Separated Children in Europe Programme (2000, October). *Statement of Good Practice* (2nd ed.). Save the Children and UNHCR. Retrieved from http://www.separated-children-europe-programme.org/separated_children/publications/reports/index.html

This 18-page document, written by Wendy Ayotte, concisely describes the Separated Children in Europe Programme and lays out basic principles for good practice in working with separated children. The document reflects the consensus among participating European countries on how separated children ought to be treated and serves as a benchmark against which the participating European countries are to evaluate their policies and practices. The document includes a compilation of relevant regional and international law, policy and guidelines related to this topic.

Stanley, K. (2001, October). *Cold comfort: Young separated refugees in England*. London: Save the Children UK. Available for purchase from http://www.savethechildren.org.uk/en/54_2313.htm

This 131-page report includes the results and analysis of interviews with 125 separated children seeking refuge in the United Kingdom, and interviews with 125 professionals assisting this population. The report highlights service gaps and good practices, summarizes key findings from the interviews, and makes specific recommendations to the government and local authorities regarding next steps to better treatment of separated children. This report complements the report *Separated Children Coming to Western Europe: Why They Travel and How They Arrive* by focusing on the reception faced by children upon arrival in England. The unique contribution of this report is its representation of the voice of children in describing their reception experiences.

United Nations General Assembly (UNGA). (2001, September 7). *Protection and assistance to unaccompanied and separated refugee children: Report of the Secretary-General (A/56/333)*. Retrieved from <http://www.unhcr.org/excom/EXCOM/3cbbf1905.pdf>

This nine-page document reports the activities of UNHCR to protect and serve unaccompanied and separated children, in compliance with UNGA resolution 54/145. The report includes a concise rationale for using the term *separated children*, as well as new developments in family tracing and reunification, the Separated Children in Europe Programme, the ARC training program, the Convention on the Rights of the Child, internally displaced children, military recruitment of children, sexual violence toward and exploitation and abuse of children, strengthening the field network of UNHCR, the girl child, adoption of separated children, and child-headed households. Although formal in tone, this document is evidence of the importance paid by UNGA to the needs of separated children and provides a summary of UNHCR programmatic efforts on behalf of this population.

United Nations High Commissioner for Refugees (UNHCR). (2002, October). *Refugee resettlement: An international handbook to guide reception and integration*. (Separated children addressed on pp. 274–276.) Retrieved from <http://www.unhcr.org/protect/PROTECTION/3d9862c74.pdf>

This document was developed from the proceedings of the UNHCR-sponsored International Conference on the Reception and Integration of Resettled Refugees. It compiles good practices in refugee resettlement from around the globe. The document provides a useful section on service principles in working with separated children, as well as brief “good practice” descriptions from Sweden and the United States.

United Nations High Commissioner for Refugees and Save the Children Sweden. (2001, June). *Action for the rights of children* (revised version). <http://www.unhcr.org/protect/PROTECTION/3f82dadf4.pdf>

This comprehensive document serves as a training initiative on the rights of refugee children. It includes a detailed module on separated children, which addresses the prevention of separation, family tracing and reunification, care arrangements, and sample programs for separated children. Each topic area includes sample overheads, exercises, and handouts to be used in training. This document is useful as a general resource tool on the needs and rights of refugee children, and it also provides the most updated UNHCR resource on the specific service needs of separated children.

United Nations High Commissioner for Refugees Branch Office for Canada. (2001, July). *Separated children seeking asylum in Canada*. Available by phone or e-mail: 613-232-0909 or canot@unhcr.org

This 64-page report provides an overview of separated children in the Canadian context, current immigration procedures for separated children, policies affecting children in the Canadian refugee determination process, and the care arrangements and practices toward separated children in the three Canadian provinces receiving the largest number of separated children. The report includes specific recommendations for improving treatment of separated children. This report is useful to U.S. readers as a policy and practice comparison with a comparable country, particularly for the good practice example provided by the province of Quebec.

Kinship Care

Child Welfare League of America. (2000). *CWLA standards of excellence for kinship care services*. Washington, DC: CWLA. Available online from www.cwla.org/pubs/pubdetails.asp?PUBID=7800.

As part of CWLA’s Standards of Excellence series, this 135-page document sets forth principles of good practice for serving children, parents, and caregivers in kinship care arrangements. These standards include a description of kinship care as a discrete child welfare service, the components of good social work practice with kinship care families, the supports and services needed by kinship families, how kinship care services should be organized and administered, and types of community-based support services for kinship families. The standards are useful as a summary of the prevailing wisdom of child welfare professionals regarding appropriate kinship care services in the United States.

Children’s Defense Fund. (2001). *Healthy ties: The grandparent’s and other relative caregiver’s guide to health insurance for children*. Washington, DC: Author. Retrieved from http://cdf.convio.net/site/DocServer/healthyties_cg-2.pdf?docID=632

This 45-page brochure provides general information about the Children’s Health Insurance Program (CHIP) and state-specific details about the program. It also includes specialized information relevant to nonparental caregivers and answers to frequently asked questions. This brochure could be a useful resource for providing information about CHIP eligibility as an alternate means of health insurance for separated children once their eligibility for Refugee Medical Assistance has expired.

Geen, R., Holcomb, P., Jantz, A., Koralek, R., Leos-Urbel, J., & Malm, K. (2001, September). *On their own terms: Supporting kinship care outside of TANF and foster care* (Executive Summary, p. 1). Paper prepared by the Urban Institute for the Assistant Secretary for Planning and Evaluation, DHHS. Retrieved from www.aspe.hhs.gov/hsp/kinicare01/Executive.htm

This lengthy report summarizes current practice across state governments regarding kinship care and highlights seven innovative programs addressing the needs of kinship care families. These highlighted programs are outside the typical approaches of using TANF and Title IV-E funds to serve this population. This report is useful in summarizing the most common means of assisting kinship caregivers, while suggesting alternate creative means of serving children and adults in kinship care arrangements.

The Generations United Web site (<http://www.gu.org/privacy.asp>) has the following useful fact sheets in the Grandparents and Other Relatives Raising Children series:

Challenges of caring for the second family. This two-page fact sheet provides statistics on grandparents and other relatives raising children, as well as basic information on their needs, challenges, and policy considerations. The document gives a short introduction to the issue, particularly from the perspective of older caregivers.

Subsidized guardianship programs. This four-page fact sheet lists information on the states that operate subsidized guardianship programs, which are a means of providing social service and financial support to relatives caring for children who were formerly in state custody. Of particular interest to the refugee program would be information on the three states (FL, LA, and MO) that allow subsidized kinship guardianship programs for children who were not initially in state custody.

Inclusion in the National Family Caregiver Support Program. This two-page fact sheet provides basic information about this program, which was authorized by the Older Americans Act of 2000 and provides funding to states for support services to nonparental relatives older than age 60 caring for children. Administered by the DHHS Administration on Aging, this program may provide opportunities for older refugee caregivers to participate in existing local support programs or for states to develop new programming specific to the needs of newcomers.

51 state kinship care fact sheets (click on "State Fact Sheets"). Eight organizations have collaborated to create individual fact sheets on kinship care for each state and the District of Columbia. Each fact sheet includes state-specific information on statistics on kinship care, local services and agencies serving kinship care families, foster care policies relevant to kinship caregivers, public benefits information for kinship caregivers, and relevant state laws and policies.

U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2000, June). *Report to the Congress on kinship foster care*. Retrieved from www.aspe.hhs.gov/hsp/kinr2c00/.

This 138-page report was completed in compliance with a study required by the Adoption and Safe Families Act of 1997. The report includes a summary of findings on kinship care, from research compiled by the Urban Institute. Major findings include statistics on the use of kinship care, costs and funding of kinship care, comparison of state policies on kinship care, characteristics of kinship care households, why children enter kinship care, services to kinship caregivers and birth parents, birth parent access to children in kinship care, and permanency planning for kinship care children. The study concludes with a report given to Congress by the Secretary of Health and Human Services; the report summarizes DHHS conclusions and recommendations on kinship care, based on the contracted research, input from an advisory panel, and internal deliberations. This report is useful for its comprehensive government-commissioned research, its delineation of the DHHS positions on the use of kinship care in the United States, and recommendations of areas for further study.

Urban Institute Policy Briefs on Kinship Care. Available from www.uipress.org:

Billing, A., Ehrle, J., & Kortenkamp, K. (2002, May). *Children cared for by relatives: What do we know about their well-being?* (Assessing the New Federalism, Series B, No. B-46, p. 1). Washington DC: The Urban Institute.

This seven-page policy brief provides general statistics about children in kinship care and summarizes their developmental challenges, using data from the 1999 NSAF. The brief is most helpful for its comparisons between children living with parents and children living with kin caregivers and for its recommendations regarding the service needs of kin caregivers.

Ehrle, J., & Geen, Rob (2002, June). *Children cared for by relatives: What services do they need?* (Assessing the New Federalism, Series B, No. B-47. p. 1). Washington DC: The Urban Institute.

Using data from the 1999 NSAF, this 7-page policy brief presents some of the specific service needs of kinship care families. The brief highlights gaps in services to kinship families, particularly in the area of public benefits, and gaps in services faced by families in private kinship arrangements compared with their counterparts in public kinship care.

Ehrle, J., Geen, R., & Clark, R. (2001, February). *Children cared for by relatives: Who are they and how are they faring?* (Assessing the New Federalism, Series B, No. B-28, p. 1). Washington DC: The Urban Institute.

The earliest Urban Institute policy brief on kinship care, this 7-page report summarizes data on kinship care families from the 1997 NSAF. It provides a useful general overview of the issue, characteristics of kin caregivers, public services available to this population, and broad socioeconomic risks faced by kinship families.

Endnotes

¹ United Nations General Assembly. (2001, September 7). *Protection and assistance to unaccompanied and separated refugee children: Report of the Secretary-General (A/56/333, p. 3)*. Retrieved from <http://www.unhcr.org/excom/EXCOM/3cbbf1905.pdf>

² United Nations High Commissioner for Refugees (UNHCR). (October 2002). *Refugee resettlement: An international handbook to guide reception and integration* (p. 274). Retrieved from <http://www.unhcr.org/protect/PROTECTION/3d9862c74.pdf>

³ UNHCR and Save the Children Sweden. (Revised version, June 2001). *Action for the rights of children. Separated children* (p. 6). Retrieved from <http://www.unhcr.org/protect/PROTECTION/3f82dadf4.pdf>

⁴ ICRC. (2002, May 24). *Refugee children: ICRC statement to the UNHCR Global Consultations on International Protection, fourth meeting, Geneva, 22-24 May 2002*. Retrieved from www.icrc.org

⁵ From data provided on September 26, 2002, to USCCB/MRS by Jessica Yutacom, of the U.S. Department of State, Bureau of Population, Refugees, and Migration (BPRM). These numbers reflect *only* separated children entering the United States through the USRP. (Note that the Federal fiscal year runs from October through September.) Other separated children entering the United States and of interest to the Office of Refugee Resettlement, but *not* reflected in these numbers, include Cuban/Haitian entrant children, alien children in immigration proceedings, and children who are victims of severe forms of trafficking.

⁶ These numbers do not include children unaccompanied by any adult during transit and upon arrival. If we include this population, an additional 614 unaccompanied refugee minors were resettled during this period.

⁷ Carli, A. *Restoring a broken dance: Therapy with refugee mothers and their children reunited after many years of separation*. Presentation given at the First International Congress on Child Migration, sponsored by Child Migrants Trust and Nottinghamshire County Council, October 27–31, 2002. Presentation notes on file with author.

⁸ Retrieved December 11, 2003, from http://www.acf.hhs.gov/programs/orr/programs/unaccompanied_refugee_minors.htm

⁹ U.S. Department of State, BPRM. (2002, October 23). *FY 2003 refugee reception and placement program: summary of proposal guidance*. Retrieved December 2003, from www.state.gov/g/prm/rls/other/14613.htm

¹⁰ This language is from the cooperative agreement between DOS/PRM and USCCB/MRS.

¹¹ Lutheran Immigration and Refugee Service. (n.d.). *The Unaccompanied Refugee Minor Program of the U.S. Refugee Program*. Retrieved from www.lirs.org/What/children/URMprog.htm

¹² For more on the best interests of the child, see the United Nations Convention on the Rights of the Child, Part 1, Article 3:

1. In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.

2. States Parties undertake to ensure the child such protection and care as is necessary for his or her well-being, taking into account the rights and duties of his or her parents, legal guardians, or other individuals legally responsible for him or her, and, to this end, shall take all appropriate legislative and administrative measures.

¹³ DHHS, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2000, June). *Report to the Congress on kinship foster care* (p. iv). Retrieved from <http://aspe.hhs.gov/hsp/kinr2c00>

¹⁴ Separated Children in Europe Programme. (2000, October). *Statement of Good Practice* (2nd ed.). Save the Children and UNHCR.

¹⁵ Much of the *Statement of Good Practice* is also relevant to the needs of separated children who are undocumented in the United States. Following the example of the European countries, the United States and Canada are forming a group to look at issues similar to those addressed by the Separated Children in Europe Programme.

- ¹⁶ UNHCR Branch Office for Canada. (2001, July). *Separated children seeking asylum in Canada*. Ottawa, Ontario: UNHCR.
- ¹⁷ The first two titles are available from <http://www.savethechildren.org.uk>. The third title is available from the British Refugee Council: <http://www.refugeecouncil.org.uk/policy/position/2001/separatedchildren.htm>
- ¹⁸ International Committee of the Red Cross, United Nations High Commissioner for Refugees, United Nations Children's Fund, International Rescue Committee, Save the Children UK, & World Vision International. (2004). *Inter-agency guiding principles on unaccompanied and separated children*. Geneva, Switzerland: International Committee of the Red Cross.
- ¹⁹ United Nations General Assembly. (2001, September 7). *Protection and assistance to unaccompanied and separated refugee children: Report of the Secretary-General* (p. 3). Retrieved from <http://www.unhcr.org/excom/EXCOM/3cbbf1905.pdf>
- ²⁰ Ibid, p. 3.
- ²¹ Ibid, p. 8.
- ²² UNCHR. (2002, February 26). *UNHCR press releases. Extensive abuse of West African refugee children reported*. Retrieved November 21, 2002, from www.unhcr.org
- ²³ UNHCR and Save the Children UK. (2002, February). *Note for implementing and operational partners by UNHCR and Save the Children-UK on sexual violence and exploitation: The experience of refugee children in Guinea, Liberia and Sierra Leone based on initial findings and recommendations from assessment mission 22 October–30 November 2001* (p. 3). Retrieved from www.unhcr.org
- ²⁴ UNHCR Evaluation and Policy Analysis Unit. (2002, May). *Meeting the rights and protection needs of refugee children: An independent evaluation of the impact of UNHCR's activities* (EPAU/2002/02, p. iii). Retrieved from www.unhcr.org
- ²⁵ Ibid, pp. 29–30.
- ²⁶ More information on guardianship issues can be found in the Bridging Refugee Youth and Children's Services (BRYCS) "Guardianship Fact Sheet for Staff Assisting Refugee Families," available at www.brycs.org/documents/GSHPFACT.pdf
- ²⁷ UNHCR and Save the Children Sweden, p. 27.
- ²⁸ Ibid, p. 27.
- ²⁹ UNHCR. (2002, October). *Refugee resettlement: An international handbook to guide reception and integration* (p. 274). Retrieved from <http://www.unhcr.org/protect/PROTECTION/3d9862c74.pdf>
- ³⁰ Rinkeby Social Welfare Services. (2001, April). *A summary report: A project concerning unaccompanied minors 1999-2001, experiences from Rinkeby, a city district of Stockholm*. Unpublished report distributed at the UNHCR International Conference on the Reception and Integration of Resettled Refugees, Norrköping, Sweden, April 2001.
- ³¹ Description of services based on personal correspondence with Marian Shermarke, a SARIMM caseworker, December 1, 2002 (on file with author); a November 15, 2002, telephone conversation with Wendy Ayotte (International Bureau for Children's Rights, Montreal); and the UNHCR Branch Office for Canada report *Separated children seeking asylum in Canada*.
- ³² Description of services based on personal correspondence with Birgit Jensen of Red Barnet (Danish Save the Children), December 11, 2002 (on file with author).
- ³³ Ehrle, J., & Geen, Rob (2002, June). *Children cared for by relatives: What services do they need?* (Assessing the New Federalism, Series B, No. B-47. p. 1). Washington DC: The Urban Institute.
- ³⁴ CWLA. (2000). *CWLA standards of excellence for kinship care services* (p. 11). Washington DC: CWLA.

- ³⁵ Generations United. (2002, January). *Fact sheet. Grandparents and other relatives raising children: Challenges of caring for the second family.*
- ³⁶ Billing, A., Ehrle, J., & Kortenkamp, K. (2002, May). *Children cared for by relatives: What do we know about their well-being?* (Assessing the New Federalism, Series B, No. B-46, p. 1). Washington DC: The Urban Institute.
- ³⁷ Ibid., p. 4.
- ³⁸ Ehrle, J., Geen, R., & Clark, R. (2001, February). *Children cared for by relatives: Who are they and how are they faring?* (Assessing the New Federalism, Series B, No. B-28, p. 1). Washington DC: The Urban Institute.
- ³⁹ Ibid., p. 5.
- ⁴⁰ Ehrle & Geen, No. B-47, p. 2.
- ⁴¹ Billing, Ehrle, & Kortenkamp, No. B-46, p. 5.
- ⁴² Ibid., p. 5.
- ⁴³ Geen, R., Holcomb, P., Jantz, A., Koralek, R., Leos-Urbel, J., & Malm, K. for the Urban Institute, prepared for the Assistant Secretary for Planning and Evaluation, DHHS. (2001, September). *On their own terms: Supporting kinship care outside of TANF and foster care* (Executive Summary, p. 1). Retrieved from www.aspe.hhs.gov/hsp/kincare01/Executive.htm
- ⁴⁴ Ibid, pp. 2–3.
- ⁴⁵ DHHS. (2000). *Gaps in research, evaluation and other information, Part II: Secretary's report to the Congress* (not paginated).
- ⁴⁶ Generations United. (2001, June). *Fact Sheet. Grandparents and other relatives raising children: Subsidized guardianship programs.*
- ⁴⁷ DHHS. (2000). *Issues, Part II: Secretary's report to the Congress* (not paginated).
- ⁴⁸ CWLA Standards, p. 23.
- ⁴⁹ Ibid., p. 61.
- ⁵⁰ Ibid., p. 80.
- ⁵¹ Cunningham, L. *Assessing families for kinship care.* Presentation on the CWLA *Guide for assessing families for kinship care*, at the CWLA *Imagine an America* conference, Washington, DC, March 5, 2003.
- ⁵² Generations United. (2002, January). *Fact sheet. Grandparents and other relatives raising children: Challenges of caring for the second family* (p. 2).
- ⁵³ Ehrle & Geen, No. B-47, pp. 2, 4–5.
- ⁵⁴ Billing et al., No. B-46, p. 5.
- ⁵⁵ Ehrle, Geen, & Clark, No. B-28, p. 6.
- ⁵⁶ The INS was dismantled in March 2003 and is now divided among several agencies under the U.S. Department of Homeland Security. Care of unaccompanied alien children has been moved to the ORR, an agency of DHHS.
- ⁵⁷ Personal correspondence with Henry Ye, Program Coordinator for Lutheran Social Services of Metropolitan New York, May 8, 2003.



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