

Patchwork of promises: A critical analysis of immigration policies for unaccompanied undocumented children in the United States

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Abstract

In 2014, the United States saw a greater than 50% increase in the number of unaccompanied children from Mexico and Central America arriving at the U.S./Mexico border, and unaccompanied children continue to migrate to the United States in consistent numbers. The dramatic increase of 2014 exposed gaps in policies aimed at supporting unaccompanied children as they await legal adjudication. This paper begins with a historic review of immigration policies in the United States aimed at supporting unaccompanied migrant children. An analytic review is provided of existing immigration policies in the Department of Homeland Security and the Office of Refugee Resettlement, highlighting the competing paradigms created by missions of security-focused policy versus child-centred policy. A close examination of the values that influenced policy development in this area is included, along with a discussion of how social work practice can infuse elements of social justice into immigration policy reform. Areas for future research to reform immigration policy focused on supporting unaccompanied undocumented minors are highlighted.

KEYWORDS

child welfare, children's rights, separation and return, unaccompanied minors/asylum-seeking children

1 | INTRODUCTION

In 2014, the U.S. Office of Refugee Resettlement (ORR) received 57,496 referrals for support for unaccompanied undocumented children (UC). The majority of these children arrived at the U.S./Mexico border from the Central American "Northern Triangle" of Guatemala, El Salvador, and Honduras (Administration for Children and Families, 2015). This figure was an increase from 24,000 newly arrived unaccompanied children in 2013, a staggering increase for an already strained immigration system. The United Nations High Commissioner for Refugees, in a study conducted in 2014 of 404 unaccompanied children, found 58% of the children interviewed were forcibly displaced due to actual or potential harm constituting a need for international protection (United Nations High Commissioner for Refugees [UNHCR], 2014). These children, travelling without parents or caregivers, often used a variety of methods to traverse dangerous areas,

such as jumping trains or hiding in trucks. Upon entering the United States, these children encounter complex political and legal systems primarily designed to maintain border security and not designed to provide children with a child welfare informed response. To serve these children more effectively and meet their complex needs, a thorough understanding of the policies directed at serving unaccompanied children and UC is needed.

Research highlights policy implications for unaccompanied children in international contexts. For example, Arnold and Ní Raghallaigh (2017) document improvements in policies and practices for supporting unaccompanied minors in Ireland. Lidén, Gording Stang, and Eide (2017) document the tension between existing policies for UC and political barriers in the context of Norway. In the United Kingdom, unaccompanied children exhibit unique vulnerabilities that require therapeutic psychosocial support to promote recovery and community integration (Kohli & Mather, 2003). Although there is a

broad body of literature documenting policies to support UC in international settings, a critical analysis of policies for UC in the United States is necessary, given the recent increases in arrivals.

2 | THE HISTORICAL DEVELOPMENT OF U.S. REFUGEE POLICIES

Prior to the current unprecedented levels of displacement (UNHCR, 2015), the end of World War II saw one of the most dramatic increases in forced migration in the history of the world. In the United States, seeing a pressing need, President Truman signed into law the Displaced Persons Act in 1948. This was the first act in the United States to directly address the needs of displaced persons and called for the United States to accept 415,000 individuals and later an additional 214,000 when the act was reauthorized (Haines, 2010). Although the United States responded to the growing needs of displaced persons in the wake of World War II, the term “refugee” remained absent from the language of U.S. Government laws and regulations. The UNHCR defined a “refugee” in 1951 in the Convention and Protocol Relating to the Status of Refugees as someone who

... owing to well founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it. (UNHCR, 1951)

Today, the term “refugee” is defined by the U.S. Government as a person who has “been persecuted or fear they will be persecuted on account of race, religion, nationality, and/or membership in a particular social group or political opinion” (United States Citizenship and Immigration Services [USCIS], 2015, para. 1). The criteria for children to achieve refugee status are the same as adults, and unaccompanied children in the United States who receive refugee status are referred to as unaccompanied refugee minors (URM; ORR, 2012a). Refugees meeting this criteria are afforded legal protections and are supported by UNHCR in safely returning to their country of origin, integrating into a local community, or resettling in a third country (United States Department of State [USDS], n.d.).

Following the Displaced Persons Act of 1948, the next major piece of U.S. legislation directed to supporting refugees was the 1980 U.S. Refugee Act. Although the United States was a voting member in the creation of the Convention and Protocol Relating to the Status of Refugees, there remained until 1980 no federal legislation with a title including the word “refugee.” In 1980, President Reagan signed the U.S. Refugee Act to respond to large numbers of refugees in Southeast Asia in the wake of the Vietnam War. The U.S. Refugee Act of 1980 was also the first act that specified federal support for unaccompanied minors arriving to the United States (United States Conference of Catholic Bishops [USCCB], 2013). Speaking of the U.S. Refugee Act on July 30, 1981, President Ronald Reagan remarked:

Immigration and refugee policy is an important part of our past and fundamental to our national interest. With the help of the Congress and the American people, we will work towards a new and realistic immigration policy, a policy that will be fair to our own citizens while it opens the door of opportunity for those who seek a new life in America. (Reagan, 1981)

The values that guided the passing of the U.S. Refugee Act of 1981 were grounded in a coherent understanding of the U.S. role in ensuring peace and security for vulnerable citizens throughout the world. Although President Reagan made clear the United States needed control of its borders, he also emphasized the role the United States should take in leading the effort to support victims of oppression around the world. Less than a decade from the end of the Vietnam War, the values underpinning President Reagan's words and the enactment of the U.S. Refugee Act were an attempt to recognize and atone for horrors related to U.S. involvement in the Vietnam War. Importantly, the U.S. Refugee Act of 1980 was the first piece of legislation to outline specific legal protections afforded to a person living as a refugee in the United States.

Being a refugee affords individuals certain legal protections, as outlined by the 1951 Convention and Protocol Relating to the Status of Refugees created by UNHCR. These rights extend to individuals seeking asylum in the United States, who became party to the 1967 Protocol Relating to the Status of Refugees (UNHCR, n.d.). The process for obtaining asylum and achieving refugee status in the United States is completed either in an affirmative or defensive manner. The key difference between an affirmative and defensive application for asylum is that in a defensive application, an individual has been placed in removal proceedings before an immigration judge, and the claim for asylum is made as a defence against deportation (USCIS, 2015). For UC arriving to the United States, the criteria to be granted asylum and be classified as a refugee is the same as adults. However, given the diminished capacity for self-advocacy, children are at an increased risk of not being granted the support they need under the U.S. Refugee Act.

Following the U.S. Refugee Act of 1980, the next major policy related to the care of URM in the United States was the beginning of the Special Immigrant Juvenile Status (SIJS) programme in 1990 (United States Custom and Immigration Services, 2011). SIJS was designed to support children in the United States who have been abused or neglected by one or both parents. The SIJS programme has been amended twice—in 1997 and 2008. The 2008 amendment was focused on streamlining SIJS as part of the Trafficking Victims Protection Reauthorization Act (TVPA; Daugherty, 2015). Importantly, SIJS allows children to receive a green card and lawful permanent resident status. However, the process requires children to be dependent on a juvenile court or in the custody of a child welfare agency. In addition, if a UC obtains a green card, the programme does not allow for the child to petition for a green card for his or her siblings, until the unaccompanied child becomes a U.S. citizen.

Although SIJS can provide important immigration relief for UC with a history of abuse or neglect, evidence suggests that the programme is underutilized (Junck, 2012). Up to 2013, only 2,753

petitions for SIJS were granted, out of a cap of 5,000 petitions (Daugherty, 2015). In 2014, 5,776 SIJS petitions were received by the U.S. Citizenship and Immigration Services in 2014, and of these, 4,606 petitions were approved (USCIS, n.d.). Still, the 5,776 petitions filed is a fraction of the nearly 60,000 UC apprehended at the U.S./Mexico border, further suggesting the programme may be underutilized (Daugherty, 2015).

Given some estimates that 58% of UC from the Northern Triangle meet criteria for international protection (UNHCR, 2014), SIJS is an important facet of immigration relief for vulnerable and unaccompanied children. However, the focus of SIJS is on UC who cannot reunify with parents due to abuse or neglect; the programme is of little benefit to UC striving to reunify with parents in the United States, in the absence of maltreatment. Although SIJS does provide a pathway for adjustment of immigration status after entering the United States (Mandelbaum & Steglich, 2012), important considerations are needed to expand the criteria of the legislation to meet contemporary immigration and child welfare needs. SIJS serves the best interest of the child in terms of responding to abuse or neglect but excludes the often difficult process of family reunification. The gap in services as a result of the narrow focus of SIJS further contributes to the patchwork of policies that aim to serve UC entering the United States but fails to meet their complex needs.

Following SIJS, the next major policy related to the care of URM in the United States was the 1997 Flores Agreement. After the passage of the 1980 Refugee Act, the United States witnessed an influx of immigrants, from 111,363 refugees admitted in 1979 to 207,116 refugees admitted in 1980 (Refugee Processing Center, 2016). At this time, the Immigration and Naturalization Service (INS) was primarily responsible for initial screening and sheltering of UC. Reports of children being held in detention style facilities for prolonged periods of time prompted concern from various advocacy organizations to file legislation on their behalf (Lutheran Immigration and Refugee Services [LIRS], 2015). Following a decade of legislation, the 1997 Flores Agreement was created with the INS that stipulated UC were to be held in the least restrictive environment and released without unnecessary delay to a parent, guardian, or licenced child care provider. After the creation of the Department of Homeland Security (DHS) in 2002, the Flores Agreement extended to DHS and the care provided to UC in their custody (LIRS, 2015).

Perhaps the most important feature of the Flores Agreement is that it outlines policy for UC that is in line with child welfare best practices, specifically children being held in the least restrictive environment upon apprehension (Alpert & Meezan, 2012) and their reunification with an adult caregiver or licenced child care provider without unnecessary delay (Kelly, 2000). Although these stipulations were enacted to preserve the best interest of the UC, evidence suggests that DHS struggled with sheltering children in the least restrictive environment, following the dramatic increase in apprehensions of UC at the U.S./Mexico border in 2014 (LIRS, 2015).

Following the Flores Agreement, the next major legislation aimed at supporting UC was the Trafficking Victims Protection Act (TVPA) of 2000, signed by President George W. Bush (USCCB, 2013). This legislation was created as a response to the increase of sexual trafficking of adults and children into the United States. Specifically, the U.S.

Department of State (2000) explains the TVPA is "an act to combat trafficking in persons, especially into the sex trade, slavery, and involuntary servitude, to reauthorize certain Federal programs to prevent violence against women, and for other purposes." ORR further explains that trafficking victims are subjected to force or coercion to engage in commercial sexual or labour practices. Given the possibility of children being subjected to human trafficking, the TVPA was pivotal in supporting UC in the United States (ORR, 2012b).

The TVPA was reauthorized in 2008 as the TVPRA. Changes to the act included adding different pathways for UC to meet criteria as refugees in the United States. Specifically, the act outlined a contiguous country agreement, where children from Mexico or Canada who are apprehended at the border are screened and returned to their country of origin within 48 hr, unless they have a valid claim for asylum or exhibit signs or symptoms of being a victim of human trafficking (USDS, n.d.). This change in policy has led to a dramatic decrease in the number of UC from Mexico receiving services or support from the ORR. In the first 8 months of 2014, Customs and Border Patrol (CBP) apprehended 11,577 children; however, only 494 UC were in ORR custody in the first 7 months of 2014 (Wasem & Morris, 2014).

Beginning in 1948 and continuing until present-day legislation, the U.S. response to the needs of refugees has grown to include more than three million refugees who have resettled in the United States (USDS, n.d.). The values underlying the creation of U.S. policy to support refugees include recognition of the needs of vulnerable citizens who can no longer live safely in their countries of origin. Contemporary U.S. refugee policy is grounded in the belief of extending democratic values to people living on the margins of society. However, for UC who migrate to the United States, the current state of immigration policy is an unforgiving landscape aimed at protecting the safety of America's borders while largely overlooking the needs of vulnerable unaccompanied children.

3 | CURRENT IMMIGRATION POLICY FOR URM

Policy for URM is administered from a patchwork of federal government agencies with varying mandates and missions, including agencies within the U.S. DHS and the U.S. Department of Health and Human Services (DHHS). Following the 9/11 terrorist attacks, Congress passed the Homeland Security Act in 2002, and in 2003, DHS was established as a cabinet-level department of the U.S. Government (DHS, 2015). The creation of DHS dramatically shifted the values and priorities of the U.S. Government to a newfound emphasis on the security of the U.S. border. DHS replaced the INS and held responsibility for all matters related to border security.

U.S. CBP is the branch of DHS primarily responsible for the security of the U.S. border. The mission of CBP is "To safeguard America's borders thereby protecting the public from dangerous people and materials while enhancing the Nation's global economic competitiveness by enabling legitimate trade and travel" (USCBP, 2015, p. 7). For UC apprehended at the U.S. border, CBP agents are trained to view unlawful entrance as a potential threat to the United States. Closer analysis will reveal that the emphasis of threat detection

overlooks the mental health needs of UC, many of whom fear or have directly experienced threats of violence in their homeland.

3.1 | Initial apprehension

Upon first arriving at the U.S. border, a UC is referred to by CBP as an unaccompanied alien child or UAC (USCBP, 2016). The initial screening of a UC by a CBP agent is focused on determining if the child exhibits any symptoms of human trafficking or has any claims that meet criteria for refugee status (LIRS, 2015). UC from noncontiguous countries initially are held in short-term detention style facilities and are transferred from DHS custody to DHHS custody within 72 hr (LIRS, 2015).

Children from Mexico or Canada are screened by CBP agents upon their apprehension at the U.S. border, and within 48 hr, a decision is made regarding their entry into the United States. CBP agents in the initial screening assess for symptoms of human trafficking or claims for asylum or refugee status. Specifically, existing policy calls for DHS to determine within 48 hr of apprehension that

1. the UAC is not a victim of a severe form of trafficking in persons;
2. there is no credible evidence that the UAC is at risk of being trafficked if repatriated;
3. the UAC does not have a fear of returning to his or her country owing to a credible fear of persecution; and
4. the UAC is able to make an independent decision to withdraw the application for admission to the United States and voluntarily return to his or her country of nationality or last habitual residence. (U.S. Government Accountability Office (GAO), 2015)

If a UC meets the criteria outlined by the TVPRA, the child is given the option for voluntary return to their country of origin or a hearing in an immigration court (LIRS, 2015). Between 2009 and 2014, 95% of children from Mexico apprehended at the U.S. border were repatriated, or immediately returned to Mexico, by a CBP agent (U.S. GAO, 2015). Strikingly, these children often were without legal representation and alone in their attempts to learn and understand their legal rights as UC (LIRS, 2015). Children from Mexico and Canada who do not meet the criteria outlined by the TVPRA and children who are from noncontiguous countries are transferred from DHS custody to DHHS custody within 72 hr.

Recent evidence suggests that the initial phase of assessment conducted by CBP has not been properly implemented, possibly compromising the proper care of UC from contiguous countries apprehended at the U.S. border. The U.S. GAO (2015, Executive Summary) reports "GAO found that agents made inconsistent screening decisions, had varying levels of awareness about how they were to assess certain screening criteria, and did not consistently document the rationales for their decisions." In addition, the GAO (2015) found CBP agents returned approximately 93% of UC from Mexico under age 14, although CBP policy generally assumes children under age 14 to be unable to make an independent decision regarding immigration matters. Existing policy calls for CBP agents to transfer UC who cannot make independent decisions related to immigration matters

to DHHS for further assessment and shelter. This finding suggests the possibility of UC from Mexico being inappropriately repatriated to Mexico without a comprehensive assessment regarding their complex needs. For UC who meet criteria under TVPRA, have legitimate claims for asylum, or are from noncontiguous countries, they are transferred from CBP to DHHS within 72 hr of apprehension.

3.2 | Transition to the Office of Refugee Resettlement

The ORR is the primary department of DHHS responsible for the care of UC in the United States. The main goal of ORR is to reunify UC with their caregivers and, if reunification is not possible, support the UC with a stable placement and appropriate services for a permanency plan. Further support for UC not able to reunify with parents is made with coordinated partnerships with LIRS and the USCCB (ORR, 2015).

Although DHS and CBP are security focused, viewing apprehensions at the border as potential threats, ORR shifts focus to the best interests of the UC, with particular concern for their immediate health and mental health needs. During the initial transition from DHS custody to ORR custody,

ORR requests background information from the referring Federal agency to assess whether the unaccompanied child is a danger to self or others, whether there are any known medical and/or mental health issues, and whether other special concerns or needs are known. ORR uses this information to determine an appropriate placement for the child or youth in the least restrictive setting. (ORR, 2018a)

This dramatic shift from threat-focused assessment to child-focused assessment does not occur until the UC transitions from DHS custody to ORR custody. Custody refers to UC being in the care of ORR prior to placement with sponsors or reunification with family members. This initial assessment completed upon custody transfer includes biographical information, health, mental health, and family history and is more closely aligned with social work's biopsychosocial approach to assessment and planning. ORR, after completing the initial assessment, partners with care providers to provide shelter and ongoing services for the UC, while they remain in ORR custody.

Care providers are "any ORR funded program that is licensed, certified or accredited by an appropriate State agency to provide residential care for children, including shelter, group, foster care, staff-secure, secure, therapeutic or residential treatment care for children" (ORR, 2017a). In a report exploring initial placements for UC between 2008 and 2010, Byrne and Miller (2012) found that 80% were placed in shelter settings ($n = 11,468$). Shelter settings are the lowest level of care within ORR, have minimal restrictions, and typically are placements for UC without special needs or a history of criminal activity (Byrne & Miller, 2012). ORR reports that UC spend less than 35 days in shelters prior to reunifying with family members or transitioning to a sponsor's care (ORR, 2017b). However, shelter settings are not aligned with child welfare best practices, as evidenced by the high numbers of children living in one setting and limits in individualized

care for UC (LIRS, 2015). In addition to shelter placements, 11% were placed in transitional foster care ($n = 1,563$), 4% were placed in secure care ($n = 588$), 4% were placed in staff-secure care ($n = 535$), and 1% were placed in a setting classified as "other" ($n = 145$).

Upon transitioning to a care provider, a UC receives an additional assessment. ORR policy specifies:

"As a first step, ORR requests background information from the referring Federal agency to assess whether the unaccompanied alien child is a danger to self or others, whether there are any known medical and/or mental health issues, and whether other special concerns or needs are known. ORR uses this information to determine an appropriate placement for the child or youth in the least restrictive setting" (ORR, 2018a).

ORR further reports that if a child provides information during the initial intake assessment indicating they were the victim of human trafficking, ORR refers this information to the ORR Anti-Trafficking in Persons Division for further assessment. Current TVPRA policy allows victims of human trafficking to receive the same benefits afforded to UC with refugee status (ORR, 2018a).

3.3 | Placement priorities

One goal of ORR is to safely reunify a UC with a parent, caregiver, or sponsor. While awaiting reunification, ORR shelters UC in the least restrictive environment possible. The Women's Refugee Commission (2012) reports UC were in ORR custody for an average of 72 days prior to 2011. The length of stay in ORR custody decreased to an average stay of approximately 41 days in 2017 (ORR, 2018b).

Current evidence suggests that ORR shelter settings are not aligned with child welfare best practices, specifically that ORR shelter settings have high numbers of children in one setting, limiting the individualized care UC can receive (LIRS, 2015). ORR (2015, 2018a) reports that placements providing specialized treatment are utilized for children with special needs including children under age 13, groups of siblings with one sibling under age 13, and teens who are pregnant or are parents. For children placed in secure care settings, TVPRA stipulates the child's placement in a secure setting must be reviewed after 30 days. In addition to children in secure settings, a 30-day review of placement must occur if children step down from secure settings to a lower level of care or if ORR staff recommend a secure setting (ORR, 2018a).

Children who remain in ORR custody for 4 months or longer are referred to as "extended care cases." Unaccompanied children are often in extended care due to the absence of a feasible sponsor, because a legal specialist determines they are eligible for legal immigration relief, or their country of origin is in a state of emergency, preventing ORR officials from facilitating repatriation. One additional option for UC in extended care is long-term foster care. For children eligible for long-term foster care, ORR officials attempt to match UC with homes that can provide appropriate cultural and linguistic support for the UC (ORR, 2018a).

For children with significant mental health difficulties, ORR may seek placement in a residential treatment setting. If UC struggle with behaviour that places themselves or others at risk, and they do not

respond well to outpatient mental health support, they may be placed in a residential treatment setting for ongoing support. ORR will place a UC in residential care after a psychiatrist or psychologist provides a comprehensive assessment (ORR, 2018a).

After a sponsor or long-term foster care placement is identified, ORR facilitates a UC's transition out of ORR custody and into a more permanent placement. The process of transitioning out of ORR custody is a multistage process including identifying a sponsor and verifying their identity and relationship with the UC, reviewing the sponsor's application for release from ORR custody, completing background checks and home studies when appropriate, and planning for post-release services for the UC (ORR, 2018a).

Placements outside ORR custody are composed of four categories: parent/guardian, immediate relative, distant relatives, or no identified sponsor. ORR prioritizes release placements with parents and guardians. ORR federal field specialists, case managers, and case coordinators facilitate releases from ORR custody. Federal field specialists are ORR employees who are responsible for managing a network of care providers and approving the transfer of UC to care providers and post-release placements. Case managers provide direct services to UC including completing assessments, individual service plans, and making placement recommendations to ORR federal field specialists. Case coordinators are responsible for reviewing services for UC and ensuring all recommendations from case managers are integrated into the UC's service plan. On the basis of the results of the care assessment and individual service plan, the case coordinator will ensure post-release services are established prior to a UC's placement with a sponsor.

Care providers, in consultation with ORR federal field specialists, complete a post-release assessment 30 days after the UC is placed with a sponsor. The focus of the assessment is to ensure the child is safe, enrolled in school, and aware of any scheduled court hearings (ORR, 2018a). Research on outcomes for UC post-resettlement is in a nascent stage, but existing research suggests differences in education outcomes based on country of origin, with UC from Guatemala facing more challenges in their educational advancement compared with children from other countries of origin (Crea et al., 2017). Unaccompanied children who have reunified with their birth families in the United States also face challenges in adjusting to their new living situations (Roth & Grace, 2015).

Unaccompanied children attempting to migrate to the United States are confronted with two policy frameworks with profoundly different values. Although concerns exist related to the screening and placement of children in detention style facilities when they are first apprehended by DHS, ORR policy mandates UC are placed in the least restrictive setting possible—a policy aligned with child welfare best practices. Yet existing policy for UC in the United States begins with an initial interface with DHS, a government agency mandated to protect the borders of the United States from potential threats. It is after an initial screening from CBP agents that a UC receives age appropriate and trauma-informed care that is necessary for their health and well-being. Along with an understanding of the current policy in place for UC in the United States, there are also present-day gaps and possible future policy remedies to support this vulnerable population.

4 | GAPS AND AREAS FOR GROWTH

When UC arrive at the U.S. border, many have experienced family separation, witnessing violence, or abuse or neglect. In a 2014 study exploring the reasons why children arriving at the U.S./Mexico border left their country of origin, UNHCR interviewed 404 children and found 41% of the children claimed to fear or already experienced violence in their home communities due to organized crime associated with gangs. The highest percentage of exposure to organized crime violence was found among children from El Salvador (66%) followed by children from Honduras (44%), children from Mexico (32%), and children from Guatemala (20%). In addition, UNHCR found 53% of the children interviewed reported struggling with poverty and meeting basic needs prior to attempting to arrive to the United States (UNHCR, 2014). Empirical research also suggests that children living as refugees are at an increased risk of mental health issues including post-traumatic stress (O'Donnell & Roberts, 2015) and depression (Jabbar & Zaza, 2014).

Current immigration policy for UC in the United States does not fully meet the complex needs of children experiencing life in the wake of forced migration. The most glaring gap in U.S. immigration policy is the absence of trauma-informed care for UC at the U.S./Mexico border. Trauma-informed care is defined as a programme or policy that

1. realizes the widespread impact of trauma and understands potential paths for recovery;
2. recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
3. responds by fully integrating knowledge about trauma into policies, procedures, and practices; and
4. seeks to actively resist re-traumatization. (Substance Abuse and Mental Health Services Administration, 2015)

Since 2002 and the establishment of DHS, the assessment of UC at the U.S./Mexico border has focused on the threat they may pose while overlooking their potential, and likely substantial, psychosocial needs.

Current U.S. immigration policy is particularly ill-suited for children attempting to enter the United States from Mexico. The current authorization of TVPRA allows for U.S. immigration officials to repatriate children from Mexico within 48 hr of their arrival unless they meet criteria for asylum or exhibit symptoms of human trafficking. CBP agents, although highly trained to complete thorough assessments to evaluate risk of terrorism or violence to the United States, may lack the more nuanced skills of evaluating the mental health status of a UC. Recent reports from the U.S. GAO (2015) indicating CBP officers have not properly implemented existing policy in regard to UC from Mexico further highlight concerns regarding the values of DHS, CBP, and how policies in these agencies conflict with the needs of UC.

In addition, Human Rights Watch (2016) report that fewer than 1% of UC from the Northern Triangle detained by the Mexican Government receive refugee status or other forms of formal protection, leading to high rates of deportation. Mexico's enhanced rates of deportation come in the wake of increased financial support from the U.S. Government, beginning in 2014, to stem the flow of UC

arriving to the U.S./Mexico border (Human Rights Watch, 2016). This is further indication of a broader conflict between the missions of CBP and ORR.

The missions of CBP and ORR are dramatically different, establishing a competing paradigm that pits national security against the welfare of UC. A major facet of this competing paradigm is the absence of mental health screening from CBP agents who complete initial assessments of UC. Given the complexities of childhood trauma, it is unclear if current policy that directs how CBP agents assess UC is adequate in how it addresses, or does not address, the intricacies of mental health issues UC experience as they arrive at the U.S. border. Although UC receive more comprehensive biopsychosocial assessments after their transition to ORR custody (ORR, 2018a), children may benefit from mental health treatment upon apprehension, rather than after a CBP agent screens them.

4.1 | Changing priorities

Since January 2017, immigration policy priorities have changed dramatically. On January 25, 2017, an executive order entitled "Border Security and Immigration Enforcement Improvements" (Amnesty International, 2017) resulted in new measures of securing the U.S. border, often at odds with the best interests of UC. For example, the order stipulated that asylum seekers apprehended at the U.S. border could be detained while awaiting court proceedings. This new measure directly conflicts with the 1997 Flores Agreement, which outlines care for UC apprehended at the U.S. border, including that they be placed in the least restrictive environment possible (Amnesty International, 2017).

Provisions for the care of UC are also intertwined with U.S. politics concerning reform legislation that would grant immigration status to individuals who qualify for Deferred Action for Childhood Arrivals (DACA). DACA is an immigration benefit created by executive action in 2012 that provides temporary relief from deportation for some young adults without legal immigration status. DACA is renewable every 2 years, and eligible recipients needed to have arrived to the United States prior to age 16, have lived continuously in the United States since June 15, 2007, and be under age 31 as of June 15, 2012 (USCIS, 2018). However, in 2017, the presidential administration took the position that any legislative deal benefitting DACA recipients must include provisions for expedited removal of UC. Such a measure would further marginalize UC—a separate yet distinctly vulnerable group of children who have mostly arrived too recently to benefit from DACA—by infringing on their human right to seek safety in neighbouring nations through limiting their due process rights when seeking asylum (Garcia Bochenek, 2017).

The social work code of ethics calls for actions that "expand choice and opportunity for all people, with special regard for vulnerable, disadvantaged, oppressed, and exploited people and groups" (NASW, 2017, p. 30). UC arriving at the U.S. border, exposed to violence and separated from caregivers, are especially vulnerable and easily exploited. Existing immigration policy is absent of the social justice paradigm necessary to guide the care and treatment of UC at the border. Social work, as a profession, is uniquely positioned to highlight this absence

of social justice and infuse future policy development with appropriate measures to meet the needs of this marginalized population.

Longitudinal research is needed to evaluate the outcomes of children who are provided care in ORR custody and children who repatriate within 48 hr of arriving to the United States. This avenue of research could profoundly inform the future care of children from Mexico, who are disproportionality deported from the United States compared with children from noncontiguous countries. Continued evaluation of DHS and CBP policies are also needed to explore how social justice can inform the work of CBP agents.

5 | CONCLUSION

In recent years, the United States has witnessed a dramatic increase in the number of UC attempting to migrate to the United States. Research suggests that these children are attempting to escape violence and poverty in their communities (UNHCR, 2014). For UC attempting to migrate to the United States and seek asylum, current immigration policies are a labyrinth of regulations aimed at ensuring the nation's security while overlooking their complex psychosocial needs. This shift in priorities is further exacerbated by the policy priorities of the current Executive Branch of the U.S. Government, which advocates for restricting legal immigration and overlooks the human rights of UC who migrate to the U.S. border seeking safety, refuge, and in some circumstances reunification with family.

Social work is a profession dedicated to utilizing the value of social justice to ensure access to basic needs and opportunities for all people. Current immigration policy for unaccompanied children is an imperfect patchwork of promises for a better life. Continued research and policy development with an emphasis on social justice can help weave a stronger fabric of support and enhance unaccompanied children's access to basic needs in the United States.

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