



Written Testimony of
Mr. William Canny, Executive Director
U.S. Conference of Catholic Bishops' Migration and Refugee Services

Regarding
"Protection Needs of Unaccompanied Children"

For a Hearing of the
Senate Homeland Security and Governmental Affairs Committee
Permanent Subcommittee on Investigations

"Adequacy of the Department of Health and Human Services Efforts to Protect Unaccompanied Children from Human Trafficking"

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My name is Bill Canny and I am the Executive Director for the U.S. Conference of Catholic Bishops' Migration and Refugee Services (USCCB/MRS). On behalf of USCCB/MRS I thank you Chairman Portman, Ranking Member McCaskill, and Members of the Subcommittee for this opportunity to submit the following written testimony. We have a deep, long-standing commitment to victims of human trafficking and unaccompanied children, having worked to pass the bipartisan Trafficking Victims Protection Act (TVPA) in 2000 and its subsequent re-authorizations in 2003, 2008, and 2013 as well as the Unaccompanied Alien Child Protection Act of 2001. Furthermore, we have operated programs, working in a public/private partnership with the U.S. government, to help protect unaccompanied children from all over the world for more than 35 years and trafficking victims for more than 10 years. Our interest today is to share with the subcommittee our recommendations for ensuring unaccompanied children are protected from situations of human trafficking.

We continue to be very supportive of the above legislative efforts, which shifted the approach to unaccompanied children from an enforcement to a child protection paradigm by shifting their care from the U.S. immigration enforcement agencies to the Office of Refugee Resettlement of the Department of Health and Human Services (ORR/HHS). Our testimony today recommends ways the important child protection work of ORR/HHS can be strengthened. We make the following general recommendations to ORR/HHS and to Congress, which will be expanded below:

To ORR/HHS:

1. Strengthen the assessment component of the Home Study,
2. Conduct Home Studies for all unaccompanied children prior to their release from ORR/HHS custody,
3. Standardize the model for post-release services to reflect domestic child welfare best practices.

To Congress:

1. Mandate home studies for each child released from ORR custody,
2. Mandate post-release services for each child released from ORR custody,
3. Provide sufficient funding to meet these critical protections, and
4. Provide ORR/HHS with contingency funds so it can provide the bed space and services required to ensure the safety of children in its care and being released from its care in unforeseen circumstances.

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Catholic Social Teaching

The Catholic Church is a migrant and refugee church. The Catholic Church in the United States, for example, is made up of more than 58 ethnic groups from throughout the world, including Europe, the Middle East, the Near East, Asia, Africa, and Latin America.

We have a long history of involvement with refugees, unaccompanied children, and victims of human trafficking-- both in the advocacy arena and in welcoming and integrating immigrants and refugees who continue to build up our nation as one that embraces ethnic diversity while sharing common values. The work of the USCCB's Committee on Migration is carried out by Migration and Refugee Services (USCCB/MRS), which is the largest U.S. refugee resettlement agency, resettling one million of the three million refugees who have come to our country since 1975. We are a national leader in caring for unaccompanied refugee and migrant children and work with over 100 Catholic Charities agencies across the United States to welcome and serve refugees and unaccompanied refugee and migrant children. We also provide critical community services to help prevent human trafficking and to protect those victimized by it.

The U.S. Catholic Church also relates closely with the Catholic Church in countries throughout the world, where our worldwide Catholic communion serves the needs of the most marginalized regardless of nationality, ethnicity, race, or religious affiliation. We serve many refugees, internally displaced persons, and refugee host nations straining under the large influx of people fleeing persecution and war. The Church's deep experience in combating poverty and forced migration and their root causes throughout the world also includes the work of, among others: Catholic Relief Services (CRS), the official overseas relief and development agency of the U.S. Catholic bishops; the International Catholic Migration Commission (ICMC), of which USCCB is the largest member; Caritas International; Jesuit Refugee Services (JRS); and the Catholic Near East Welfare Association (CNEWA).

The Catholic Church's work of assisting all migrants everywhere stems from our belief that every person is created in God's image. In the Old Testament, God calls upon his people to care for the alien because of their own experience as aliens: "So, you, too, must befriend the alien, for you were once aliens yourselves in the land of Egypt" (Deut. 10:17-19). In the New Testament, the image of the migrant is seen in the life and teachings of Jesus Christ. In his own life and work, Jesus identified himself with newcomers and with other marginalized persons in a special way: "I was a stranger and you welcomed me" (Mt. 25:35). Jesus himself was an itinerant preacher without a home of his own, and as noted above, a refugee whose family fled to Egypt to avoid persecution and death (Mt. 2:15).

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In modern times, popes over the last 100 years have developed the Church's teaching on migration, teaching that has been frequently applied by church leaders. Pope Pius XII reaffirmed the Catholic Church's commitment to caring for pilgrims, aliens, exiles, refugees, and migrants of every kind, affirming that all peoples have the right to conditions worthy of human life and, if these conditions are not present, the right to migrate.¹

Pope Francis, the current Pope, has said that "human trafficking is a plague on humanity" and that "combatting it is a moral imperative." In a 2014 trip to Mexico he spoke about the unaccompanied children fleeing from Central America: "I would also like to draw attention to the tens of thousands of children who migrate alone, unaccompanied, to escape poverty and violence: This humanitarian emergency requires, as a first urgent measure, these children be welcomed and protected."

USCCB/MRS history of service to unaccompanied children and victims of trafficking

For more than a decade, USCCB/MRS has been a national leader in advocacy and education to eradicate sex and labor trafficking. For six years, through a contract with the Department of Health and Human Services' Office of Refugee Resettlement (ORR/HHS), USCCB/MRS and our partners provided intensive case management services to victims of human trafficking, assisting more than 2,232 survivors of trafficking and over 500 of their family members. Through a cooperative agreement awarded in 2015 by HHS's Office of Trafficking in Persons (OTIP), USCCB/MRS is providing comprehensive case management, through our network of direct service providers, to foreign born victims of trafficking and derivative family members as part of the Trafficking Victims Assistance Program (TVAP).

USCCB/MRS also aims to prevent human trafficking through its Amistad Movement, which leverages the talents and gifts of populations at risk for human trafficking to effect lasting change in their communities, recognizing that their initiative arises from intimate knowledge of the factors that make their communities vulnerable to human trafficking. USCCB/MRS educates fellow Catholics on human trafficking through its SHEPHERD toolkit, which equips persons to learn about human trafficking from a Catholic perspective and to raise awareness in parishes, schools, and other social networks. Finally, as

¹ Pope Pius XII, *Exsul Familia* (On the Spiritual Care of Migrants), September, 1952.

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an NGO with expertise on human trafficking, USCCB/MRS provides consultation to HHS/OTIP on potential child trafficking cases which HHS/OTIP is considering for eligibility for federal benefits.

USCCB/MRS has more than three decades of experience in service and advocacy on behalf of unaccompanied children. In fiscal years 2011—2015 (October 1st, 2010– September 30, 2015), USCCB/MRS served 9,205 youth who arrived as unaccompanied children—6,351 through its Family Reunification Program and 1,846 through its foster care programs. USCCB/MRS also provided direct legal representation for 1,008 children released from ORR/HHS custody, and Child Advocacy services for 190 of these children in FY 2015.

Since 1994, USCCB has operated the Safe Passages program. This program serves children who arrive alone to the United States, who are apprehended by Department of Homeland Security (DHS) and placed in the custody and care of ORR/HHS. Through cooperative agreements with ORR/HHS, and in collaboration with more than 225 community-based social service agencies, the program provides short-term and long-term foster care to unaccompanied alien children² (UAC) in ORR/HHS custody, home studies of sponsors prior to the release of children, and post-release services to children released from ORR/HHS custody to their families. Services received by children served in the Safe Passages foster care programs through our cooperative agreement with ORR/HHS include food, a safe placement with a foster family licensed by the state, clothing, medical and mental health screening and care, and education, provided by the foster care agencies on-site.

USCCB/MRS is also one of only two agencies authorized by the Department of State to place unaccompanied refugee minors in a specialized foster care program called the Unaccompanied Refugee Minor (URM) program, which it has coordinated for more than 35 years. Foreign-born child victims in the United States without the care of a parent or legal guardian are eligible³ to enter the URM program, a specialized system of community-based and licensed foster-care programs developed and funded specifically for certain foreign-born children. The URM programs operate under the principles of safety, permanency, and child well-being, coupled with the principles of integration and cultural competency. The URM network also employs a strengths-based and trauma-informed approach to meet the unique needs of these populations. From 2002-2015, the USCCB/MRS URM programs cared for 125 child victims of trafficking.

² Children under 18 years of age who enter the United States without an available legal guardian or parent to provide care and custody are referred to as Unaccompanied Alien Children (UAC) by U.S. law. Homeland Security Act of 2002, §462.2, 107th Cong., 2nd Sess. (2002).

³ Child populations eligible for the URM program include refugees, asylees, certain children with special immigrant juvenile status, victims of human trafficking, and Cuban/Haitian entrants.

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From an enforcement to a child protection paradigm

Prior to 2002, the Immigration and Naturalization Service (INS) was responsible for the care and custody of UACs detained based on their lack of immigration status. This custodial relationship meant the federal government agency responsible for immigration enforcement and removal was charged with the conflicting interest of care and child protection. As a result, children were housed mainly in detention facilities and their movements were severely restricted. Very few children were cared for in community-based settings, which are in their best interests, and there was little screening done of sponsors to assess and validate their relationship to the child and their motivation for sponsoring.

In 1996, the Flores Settlement⁴, resulting from a civil suit by attorneys on behalf of unaccompanied children, established minimum standards and conditions for the detention, housing, and release of unaccompanied, migrant children taken into the custody of the U.S. government. The Flores Settlement also established that unaccompanied, migrant children have the right to reunify with family members and other caregivers in the United States.

The Homeland Security Act of 2002⁵ (HSA) reorganized federal responsibilities for UAC and created the Department of Homeland Security (DHS). Under HSA, DHS is responsible for processing and transporting UAC to ORR/HHS within 72 hours and ORR/HHS is responsible for the care and custody of these children pending the resolution of their immigration case. This legislative change eliminated the conflict of interest within the U.S. government and allowed children to be placed in the least restrictive care environment and released to family members. Furthermore, it put these children under the care and custody of HHS, which also oversees the U.S. child welfare system -- thus recognizing that they should be treated under the same standards and be afforded the same child welfare protections available to other children in the United States. These standards were developed to respond to the unique vulnerabilities of children and ensure the underlying principle that all decisions made on behalf of children are in the best interest of the child, prioritizing safety, permanency, and well-being. The resources and attention the United States, and specifically, ORR/HHS, has directed to ensure the custody and care of UAC in their best interest is noteworthy.

4 *Reno v. Flores*, 507 U.S. 292 (1993).

5 Homeland Security Act of 2002, §462.2, 107th Cong., 2nd Sess. (2002).

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Policies in place by ORR for treatment of unaccompanied children

ORR/HHS adheres to minimum standards established by the Flores Settlement⁶ for the custody and release of unaccompanied children, and it also incorporates best practices from domestic child welfare. Among other services, UAC in ORR/HHS custody receive food, shelter, clothing, and educational, medical, mental health, and case management services. The time these children spend in ORR/HHS custody is limited—most often, less than 30 days-- and ORR/HHS reports that most children in its care are released to family members, who consent to ensure that children attend their immigration proceedings as a condition of their release.⁷ The Flores Settlement established that unaccompanied children while undergoing immigration proceedings have the right to reunify with sponsors (family members and other caregivers in the United States), which includes (in order of preference) parents, legal guardians, grandparents, adult siblings, aunts, uncles, cousins, and, unrelated adults (i.e. family friends).

Case Managers at ORR/HHS-contracted facilities identify family members and family friends of unaccompanied children in its care and custody who live in the United States and are interested in sponsoring children. All sponsors are required to submit a family reunification packet and submit to screening by ORR/HHS case managers to verify the sponsor's relationship and identity.⁸ Case Managers conduct background checks on all prospective sponsors, and coordinate FBI fingerprint checks for non-parental sponsors or for parents if there is a risk to the child's safety, if the child presents with unique vulnerabilities, or if the case is being referred for a mandatory home study. When considering the appropriateness of a sponsor, and whether or not the sponsor should be referred for a mandatory home study, ORR Case Managers consider the sponsor's "strengths, resources, risk factors and special concerns within the context of the unaccompanied child's needs, strengths, risk factors, and relationship to the sponsor."⁹ ORR also considers the nature and extent of the sponsor's relationship to the child; the sponsor's motivation for sponsoring the child; the perspective of the UAC's family; the perspective of

6 Reno v. Flores, 507 U.S. 292 (1993).

7 U.S. Department of Health and Human Services, Office of Refugee Resettlement, "Unaccompanied Children's Program: Fact Sheet," retrieved on January 25, 2016 from https://www.acf.hhs.gov/sites/default/files/orr/orr_uc_updated_fact_sheet_1416.pdf

8 U.S. Department of Health and Human Services, Office of Refugee Resettlement, "Sponsors and Placement," retrieved on January 25, 2016 from <http://www.acf.hhs.gov/programs/orr/about/ucs/sponsors>

9 U.S. Department of Health and Human Services, Office of Refugee Resettlement, "Children Entering the United States Unaccompanied: Section 2.41 Safe and Timely Release from ORR Care" retrieved on January 26, 2016 from <http://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2>

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the UAC; and the sponsor's understanding of the child's unique needs and his or her capacity to provide for them.¹⁰

As required by the Trafficking Victim Protection Reauthorization Act of 2008 (TVpra 2008), ORR/HHS requires a mandatory home study before releasing a child under any of the below circumstances:

1. The child is a victim of a severe form of trafficking in persons.
2. The child is a special needs child with a disability as defined by section 3 of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102(2))⁴.
3. The child has been a victim of physical or sexual abuse under circumstances that indicate that the child's health or welfare has been significantly harmed or threatened.
4. The child's sponsor clearly presents a risk of abuse, maltreatment, exploitation or trafficking to the child based on all available objective evidence.¹¹

Recognizing that these categories do not capture all potential areas of risk, in 2015, with feedback from USCCB/MRS and other organizations with expertise in the intersection of migration and child welfare, ORR/HHS included an additional mandate for a home study before releasing any child to a non-relative sponsor who 5.) is seeking to sponsor multiple children, or 6.) has previously sponsored a child and is seeking to sponsor additional children.

ORR/HHS funds social service providers, including USCCB/MRS, to coordinate and provide home studies for the above-listed categories, and post-release services to support reunification once the child is released. Post-release services are provided to reunified children and families in cases where there was a home study, and can also be referred at the case manager's discretion (i.e. for children with mental health needs). The model of post-release services varies depending on the grantee delivering the service, but all post-release services entail social service referrals to meet identified needs of children and families.

Unfortunately, ORR/HHS is not able to provide home studies and post-release services to all children, and our estimate is that home studies are conducted for less than five percent of children in ORR/HHS

10 U.S. Department of Health and Human Services, Office of Refugee Resettlement, "Children Entering the United States Unaccompanied: Section 2.41 Safe and Timely Release from ORR Care" retrieved on January 26, 2016 from <http://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2>

11 100th Congress, "William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008," Sec. 235 (2) (c) retrieved on January 26, 2016 from <https://www.gpo.gov/fdsys/pkg/BILLS-110hr7311enr/pdf/BILLS-110hr7311enr.pdf>

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custody prior to their release, and that less than 10 percent of children are released from ORR/HHS custody with post-release services. Understanding that many children released from its care need ongoing social service assistance, in 2015, ORR/HHS announced that its hotline would accept calls from released children or their sponsors seeking assistance with safety-related concerns. ORR/HHS provides post-release services to child and sponsor callers if the child was placed with the sponsor within 180 days and the placement has disrupted or is at risk of disruption. ORR/HHS and its hotline operators are required to report any concerns about a child's safety to Child Protective Services.

The unaccompanied child: vulnerability to human trafficking

Unaccompanied children are particularly vulnerable to human trafficking, domestic servitude, and other exploitative situations-- in part, like any child, due to their age and inherent desire to trust and please adults. In the case of a child in a forced migration context, prior victimization in their home country or during their journey to the United States, large debts that they incur for smuggling fees, engagement with criminal networks to facilitate their migration, and undocumented status are all characteristics that put them at heightened risk and make them easy prey for traffickers.

U.S. law has recognized this vulnerability and in reauthorizations of the Trafficking Victims Protection Act (TVPA) included significant provisions to identify and protect unaccompanied, migrating children -- for example, by not requiring them to cooperate with law enforcement in the investigation and prosecution of their traffickers in order to receive public benefits or immigration relief, and also by requiring ORR/HHS to conduct home studies of children being considered for release to sponsors who show particular vulnerabilities (see above).

Home studies and post-release services are an effective tool at identifying trafficking and risk for trafficking. I will highlight two case examples below which illustrate how home studies and post-release services have been effective in preventing or addressing a potential trafficking situation:

- A USCCB/MRS Home Study worker, when visiting a potential sponsor for a UAC in ORR/HHS custody, learned that multiple children had previously been released from ORR/HHS to the same apartment building. The sponsor did not know the whereabouts of those children. After further assessment, it became clear that someone had filled out the Family Reunification Packet for the sponsor as he was unable to answer questions about responses he included in the packet. The Home Study worker learned that the sponsor was a migrant farm worker, and had a very limited previous relationship to the UAC who was being considered for release to his care, and it appeared there was an expectation for the UAC to work once released to the home. The USCCB/MRS Home Study worker's assessment was that the sponsor himself may have been a victim—he appeared to be unclear of the responsibility and context of sponsoring the UAC.

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USCCB/MRS recommended to ORR/HHS that the youth not be released to this particular building, and contacted Homeland Security Investigations (HSI) as well as the local anti-trafficking task force to report concerns that UAC had previously been released to the building and that their whereabouts were unknown. Based on USCCB/MRS's assessment and recommendation, ORR/HHS did not release the UAC to this particular sponsor.

- A USCCB/MRS case manager was contacted by one of the youth to whom she was providing post-release services. The youth said that he did not feel safe and that he was being forced to work without pay in the sponsor's store to pay off a travel debt that was continuing to increase. The USCCB/MRS case manager reported the situation to the FBI, the local anti-trafficking task force, and Child Protective Services, and within two days, the youth was removed from the home and placed in the custody of Child Protective Services.

Recommendations for models to ensure the safety, permanency, and well-being of children

USCCB/MRS believes ORR/HHS is the best agency within the U.S. government to serve this population, and that it has strong policies in place to identify the potential or risk for trafficking among UAC released from its care. We do, however, have recommendations for how ORR/HHS policies can be augmented, and how increased funding to ORR/HHS could allow it to provide home studies, post-release services, and legal services for all UAC released from its care to families, thus better identifying potential situations of human trafficking and ensuring the child's safety following release from ORR/HHS custody.

1. Recommendations for ORR/HHS

a. Strengthen the assessment component of the Home Study

- ORR/HHS should ensure that all adults in the household are referred for background checks at the beginning of the Home Study process; case managers should ensure that the sponsor is fully educated on ORR's fingerprint requirement for home study cases. Currently, Home Study cases are referred for background and Child Abuse and Neglect (CA/N) checks concurrently with the Home Study referral. As such, it is highly unlikely that the home study provider will have background check results at the time of the home visit.*
- Cases should not be referred to a Home Study provider until fingerprint results are received for the sponsor and all adult household members. This will further ensure safety, allow the opportunity for any criminal charges to be assessed during the home visit, and avoid delays later in the process. Conducting the home study in advance of the results of the fingerprint results presents a*

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concern due to a lack of ability to discuss and assess potential criminal charges, as well as a potential safety concern for the Home Study worker. There is also a potential delay if criminal charges are revealed at a later date, warranting a second home study visit to assess this important additional information that was not yet available at the time of the first home visit. Also, in several cases, a Home Study worker has learned during the home visit that other adults in the home have not yet been referred for background checks, further delaying the process. This information is essential to ensure a safety assessment of the proposed placement, which is a key component of the home study recommendation.

- iii. *ORR/HHS should reinstitute its former requirement that Home Study case managers interview shelter case managers and clinicians prior to the home visit to ensure a comprehensive assessment of the proposed sponsor and placement.* According to ORR/HHS's new home study guidance, the Home Study provider is no longer required to interview the child's case manager or clinician as part of a comprehensive assessment. From its years of experience conducting home studies for unaccompanied children, USCCB/MRS has found some of the most valuable information to be obtained from these interviews. Without a complete picture of the child, we are not able to provide a comprehensive home assessment which would ensure the sponsor's willingness and ability to meet the child's specific needs.

b. Standardize the model for post-release services

Currently, ORR/HHS does not have a standardized model for post-release services. This means that the quality and intensity of services provided to children released from ORR/HHS care vary depending on the home study provider. USCCB/MRS has developed a unique hybrid model of post-release services rooted in domestic child welfare best practices and tailored for the unique needs of UAC. The following will highlight models and approaches for the care and custody of unaccompanied, migrant children that, in our experience, help to ensure their safety, permanency, and well-being, thereby mitigating the risk of trafficking, exploitation, and abuse or neglect. These models are also highlighted in a USCCB/MRS paper entitled "Shifting the Lens: A family-focused approach to the treatment of unaccompanied children."¹²

¹² Peck, Kristyn; Feasley, Ashley; and Kuennen, Kathryn. "Shifting the Lens: A family-focused approach to the treatment of unaccompanied children" (September 2015). Pages 9-14.

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- i. *Family Engagement Approach.*¹³ The Family Engagement approach is based on the principles of a family-centered and strengths-based approach. The goal of this approach is to empower families to recognize their own needs, strengths, and available resources and work collectively towards achieving positive outcomes. This is done by promoting open communication, encouraging families to build on strengths, involving the extended family, and engaging family members as key stakeholders throughout the process. The Family Engagement approach encourages families to build on their existing strengths and kinship connections, including family, social, and community support systems.

Family Group Decision-Making. A core principle of the Family Engagement approach is engaging families as “key stakeholders” in the reunification process. Having the family invested in the decision increases the likelihood of commitment to achieving service objectives post-reunification. Thus, families may be more likely to engage fully in services following the child’s release from federal custody and feel more empowered in ensuring timely follow-up in connecting the child with resources in the community. Utilizing the approach Family Group Decision Making (FGDM)¹⁴, all family members are viewed as the “experts” and are collectively involved in the decision-making process. This involvement increases the likelihood that family members will also have a more vested interest in working toward the goals of safety, permanency, and well-being.

- ii. *Parent-Partner Model.*¹⁵ Several states currently implement a “parent-partner model” which has been successful in promoting permanency. This model uses expertise from parents who have successfully completed the reunification

13 National Resource Center for Permanency and Family Connections, “Family Engagement: A Web-Based Practice Toolkit,” retrieved on January 26, 2016 from <http://www.nrcpfc.org/fewpt/index.htm>

14 National Resource Center for Permanency and Family Connections, “Family Engagement: A Web-Based Practice Toolkit,” Retrieved on January 26, 2016 from <http://www.nrcpfc.org/fewpt/index.htm>

15 Child Welfare Information Gateway (Washington, DC: Department of Health and Human Services, Children’s Bureau) “Jefferson County Parent Partner Program,” retrieved on January 26, 2016 from

https://www.childwelfare.gov/management/reform/soc/communicate/initiative/soctoolkits/resources/CO_ParentPartnerManual.pdf

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process and who act as mentors to others, providing support and guidance throughout. This model would be useful for children released from ORR/HHS to their sponsors. The sponsors could either serve as individual mentors to other sponsors, or perhaps, more efficiently provide guidance through facilitated support groups in the community to share their own experiences, share resources, and provide mutual support to other recently reunified immigrant families. Focus groups conducted after reunification with sponsors and children in Houston, Texas and Los Angeles, California indicate a strong desire for the opportunity to establish and maintain connections with others who had experienced similar migration and reunification journeys. Sponsors participating in these focus groups also reported that they benefit from the opportunity to share challenges, resources, and successes related to this experience for mutual support.

- iii. *Family Preservation Services.* Family preservation services are short-term, family-focused services that promote safety, improve family functioning, and prepare the family to effectively respond if faced with a crisis.¹⁶ The foundational principle of family preservation services is that services are provided within the context of the home environment, thus maintaining family unity when safe and appropriate.

While there are various existing approaches to implementing a family preservation service model, perhaps the most relevant to draw from is that of wraparound services, which has been rated a “Promising Practice” by the California Clearinghouse on Evidence Based Practice¹⁷. Wraparound services are defined as a “team-based planning process” focused on providing individualized and “family-driven care,” in order to “meet the complex needs of children who are involved with several child and family-serving systems, are at risk of placement in institutional settings, and who experience emotional, behavioral, or mental health difficulties.”¹⁸ Implementing a wraparound service model

16 Child Welfare Information Gateway (Washington, DC: U.S. Department of Health and Human Services, The Children’s Bureau, 2012). Retrieved on January 26, 2016 from <https://www.childwelfare.gov/supporting/preservation/index.cfm>

17 The California Evidence-Based Clearinghouse for Child Welfare, “Wraparound”. Retrieved on January 26, 2016 from <http://www.cebc4cw.org/program/wraparound/>

18 National Resource Center for Family-Centered Practice and Permanency Planning, “Family Preservation Programs”. Retrieved on January 26, 2016 from http://www.hunter.cuny.edu/socwork/nrcfcpd/downloads/Family_Preservation_Programs.pdf

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would be most applicable to children released from ORR/HHS who have an identified mental health or behavioral need requiring more intense monitoring and support post-reunification to promote family preservation and placement stability. Key concepts of this approach include a focus on community-based services, inclusion of the child and family in the planning process, individualized services, and cultural competency. Additionally, there is emphasis on utilizing a “strengths-based” approach to empower the family to identify and build on existing support networks.

iv. Kinship Care Model

The Kinship Care Model is based on the premise that if a child must be removed from care of a biological parent, the most appropriate alternative placement is with another relative. This approach ensures that the child is able to maintain connection with the larger family unit and is often considered as a type of family preservation, relating directly to the core values of the Catholic Church promoting the preservation of the unity and dignity of migrant families. It is also worth noting that care and protection of children by extended family members is a long-standing tradition in many cultures. Kinship care arrangements can be either formal or informal, but are widely considered to be a positive care arrangement which allows the child to be placed in a stable home environment while maintaining family connections.

Information from the Children’s Bureau shows that, to increase the likelihood of a successful kinship placement, it is essential that kinship care providers receive adequate community-based supportive services. In the domestic child welfare system, kin often become caregivers following ¹⁹a family crisis. A similar mindset can be applied to working with children released from ORR/HHS custody to adults who are not biological parents, whether the sponsor is another relative or not related to the child. Promoting trust and establishing a strong connection between the worker and family is essential to providing necessary support to kinship caregivers. They may have limited knowledge of how to access needed

¹⁹ Child Welfare Information Gateway (2012). *Working with kinship caregivers*. Washington, DC: U.S. Department of Health and Human Services, Children’s Bureau. Retrieved on January 26, 2016 from <https://www.childwelfare.gov/pubs/kinship.pdf>

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community resources, and require additional support post-reunification due to the child's past social experience of trauma related to family separation.

2. Recommendations for Congress

As we have outlined, home studies and post-release services are vital to successful and safe placement of children in child-appropriate environments. During a home study, a community-based case worker assesses the safety and suitability of the proposed caregiver and placement, including the caregiver's capacity to meet the child's unique needs, any potential risks of the placement and the caregiver's motivation and commitment to care for the child. Home studies result in a recommendation on whether placement with the proposed caregiver is in the child's best interest. Post-release services include risk assessment, action-planning with families around areas of need and concern, systems advocacy with community providers, and culturally-appropriate services and community referrals for social and legal services.

We urge Congress to authorize sufficient funding to ORR/HHS to provide home studies and post-release services to all UAC released from its care to communities. As discussed, home studies and post-release services address family preservation, child safety, community integration, access to counsel and continued participation in immigration proceedings, and they also help identify and protect children who are at risk from human trafficking. The current lack of sufficient funding for home studies and post-release services increases the likelihood that children will be released to unsafe situations such as trafficking, exploitation, abuse and neglect, and family breakdown. Inadequate funding also makes it more difficult for children to access public education and community services, and decreases the likelihood that the children will show up for their immigration proceedings. With the release from custody happening in a shorter time frame—now less than 30 days—and with up to 90% of UACs being released from ORR custody to communities, UAC resources need to be prioritized into community-based reception services which are located where families live.

We recommend that Congress:

1. Mandate home studies for each child released from ORR custody,
2. Mandate post-release services for each child released from ORR custody,
3. Provide sufficient funding to meet these critical protections, and
4. Provide ORR/HHS with contingency funds so it can provide the bed space and services required to ensure the safety of children in its care and being released from its care in unforeseen circumstances.

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Conclusion

Mr. Chairman, I thank you for this opportunity to submit written testimony about this population of vulnerable children of God who are in need of our protection. The United States Conference of Catholic Bishops stands by to offer our assistance to the Senate Homeland Security and Governmental Affairs Committee and ORR/HHS to strengthen protections for unaccompanied children to prevent and mitigate situations of human trafficking, exploitation, abuse, and neglect.