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Building Bridges for Every Child:
Reception, Care and Services to
Support Unaccompanied Children
in the United States

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BEYOND LABELS

Refugee, migrant and asylum-seeker are terms used throughout this report. Most have specific legal meanings enshrined in international and U.S. laws that correlate to a status in a country. No matter which term is used, a child is a child.

Migrant: A person who is moving or has moved across an international border or within a home country regardless of whether the move is voluntary or involuntary and regardless of the length of stay.

Refugee: A person who lives outside his or her country of nationality or habitual residence and is unable to return because of a well-founded fear of being persecuted for reasons of race, religion, nationality, membership in a particular social group, or political opinion.

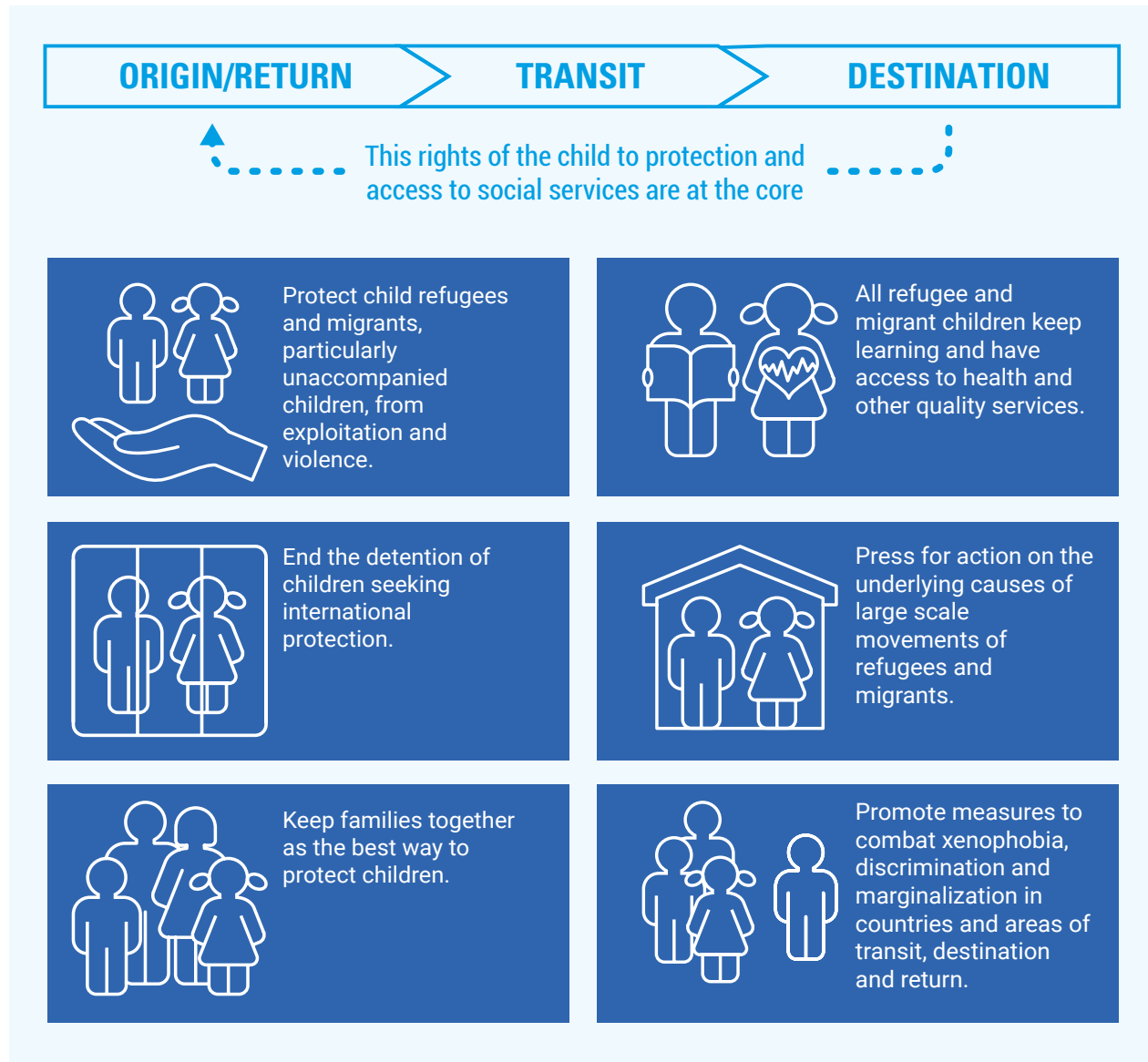
Asylum-seeker: A person who seeks international protection in a country to which she or he has fled because of persecution.

Unaccompanied child: A child separated from both parents and other relatives who is not being cared for by any other adult who, by law or custom, is responsible for doing so.

Sources: UNICEF, *Uprooted: The growing crisis for refugee and migrant children*, UNICEF, New York, September 2016; Inter-agency Working Group on Unaccompanied and Separated Children, *Field Handbook on Unaccompanied and Separated Children*, March 2017, p. 15; United Nations Children's Fund, *Education Uprooted*, UNICEF, New York, September 2017, p. 5.

UNICEF'S WORK ALONG THE NORTHERN CENTRAL AMERICA – MEXICO – UNITED STATES MIGRATORY ROUTE

In northern Central America, Mexico and the United States, UNICEF takes a comprehensive approach to protecting children in countries of origin and across the migratory route. Our work is guided by UNICEF's Agenda for Action,¹ the same priorities that guide our work for uprooted children across the globe.





© UNICEF/Bindra - Alejandra, 10, is held by a UNICEF-supported volunteer at the St. Augustine hotel for refugees in Mexico (2019).

Section 1. Executive Summary

Millions of children are on the move – fleeing violence, conflict, disaster and poverty, in pursuit of a better life.² Of the estimated 272 million international migrants globally, 33 million are children, including 12.6 million child refugees and 1.5 million asylum-seeking children.³ Alarming numbers of children are moving alone between borders. Between 2014 and 2018, almost half a million unaccompanied children sought protection in Europe and the United States (U.S.) – with approximately 240,000 arriving in each place.⁴

Providing child-sensitive and adequate reception and care for migrant children, particularly those who are unaccompanied or separated from their parents or primary caregivers, is a global concern and an important priority for UNICEF. For decades, UNICEF has worked with government partners and other stakeholders around the globe to strengthen child protection systems and reception processes, scale up family- and community-based care, and facilitate cross-border case management and child-sensitive return and reintegration.

In December 2019, the United Nations General Assembly unanimously adopted a Resolution on the Rights of the Child, urging countries to take effective action to provide support to families, prevent unnecessary separation of children from their parents, and provide a range of alternative care options to protect all children who do not have family care, including migrant and asylum-seeking children.⁵ In January 2020, UNICEF and UNICEF USA (a U.S.-based entity) joined forces to launch the **Building Bridges Initiative** to bring together the worlds of international child rights and protection, immigration and domestic child welfare in the U.S. The initiative combines UNICEF's global expertise with UNICEF USA's unique experience in advocating and raising awareness on global child protection needs in the U.S. context. Building Bridges has sought to facilitate collaboration among stakeholders, share knowledge and promising practices, and consider what reception, care and services for unaccompanied migrant children in the U.S. could look like if built around the needs and well-being of each child.

This report reflects a year-long conversation involving representatives from federal, state and local government, care providers within the system for unaccompanied children, child welfare organizations, national and local service providers, technical experts and young people in the U.S. Drawing on UNICEF's global experience, international guidance, and the insights of key stakeholders, the report intends to offer a constructive, solutions-oriented vision for addressing the challenges related to child-sensitive reception and care within the U.S.

Children moving alone between Central America, Mexico and the U.S. are extraordinarily vulnerable. El Salvador, Guatemala and Honduras account for some of the highest rates of murder, femicide and gender-based violence in the world.⁶ Children in northern Central America also bear the brunt of climate-induced disasters, food insecurity, extreme poverty, violence and crime. Forced to flee their countries of origin, far too many face detention, deprivation and discrimination along their journey. While the pressures on children to leave their homes have grown, recent policy changes have further eroded safeguards for children, making it increasingly difficult for them to access safety, international protection and opportunities for family reunification in the U.S.

An already dire situation has been made even more challenging by the COVID-19 pandemic. In mid-March 2020, the U.S. effectively halted asylum processing at its borders, citing public health concerns and invoking a 1944 public health statute (Title 42 of the U.S. Code).⁷ As a result, between March and September 2020 alone, more than 159,000 people, including 7,600 members of families with children and approximately 8,800 unaccompanied children, were expelled from the U.S. border to northern Central America and Mexico without access to regular immigration processing, including asylum, or adequate health and protection screenings.⁸ In November 2020, a federal judge issued a preliminary

injunction halting the expulsion of unaccompanied children under Title 42. Notably, the injunction does not apply to children accompanied by family members who continue to be expelled.⁹

Meanwhile, in northern Central America, stay-at-home orders and other mitigation measures have exacerbated the direct and secondary impacts of the pandemic. Health and child welfare systems – already fragile prior to the pandemic – have been overwhelmed and unable to respond to the scale of need. Natural disasters in the region – including Hurricanes Eta and Iota – have stretched them further. It is against this backdrop that growing numbers of families and children from northern Central America continue to seek protection in the U.S.

The U.S. has a long history of offering refuge to children in need as well as advocating for children to be in protective family care. This report offers encouragement for U.S. policy makers and practitioners to build on that tradition by extending the same levels of care and protection to migrant and asylum-seeking children. It also urges political leadership to end child immigration detention, minimize the use of institutional care models, and scale up family- and community-based reception, care and support services for children, both in the U.S. and across the region.

The report highlights the important features that make a reception and care system for unaccompanied migrant children child-sensitive: an organizational culture centered around child rights, dignity and care, as well as reception processes that incorporate child welfare principles and engage qualified child welfare professionals to screen and interview children, provide clear information, assess their needs, and take a leading role in decisions that affect them. A child's best interests must be the primary consideration at every stage.

A child-sensitive model includes smart firewalls – a separation of functional responsibilities between immigration authorities and those providing care, protection and services for unaccompanied children. Trained, independent guardians or child advocates assess, support and represent the child's best interests, ensure quality of care, and facilitate access to legal and social services. Care providers use family- and community-based settings rather than large-scale facilities as their primary model, facilitate placement stability, and prioritize the child's needs rather than those of the organization. In addition, programs engage young people as experts, influencing the design and implementation of programs.

This report includes examples of services that support children's transitions to communities after they are released from federal custody by expanding access to medical care, mental health and psychosocial support, as well as social and legal services. Best practices in post-release support include coordinated or integrated services centered around case management. For instance, schools and legal service providers use their unique roles to engage youth and their families and facilitate access to community-based services. Furthermore, when it is in children's best interests to return to their country of origin, pre-departure counseling, cross-border case management and support services help facilitate safe and successful reintegration in their communities of origin.

Inspired by promising examples of child-sensitive care and services that exist in the U.S. and around the world, this report presents eight overarching recommendations. The recommendations have one thing in common: they build bridges between unaccompanied children and the actors they come into contact with – from the moment a child is apprehended at the border to family reunification and integration in the community. The recommendations build bridges between the immigration and child welfare systems, national and local care and service providers, and child protection authorities across borders. With a shift in investments and sustained commitment at all levels, it will be possible to build the bridges that protect and support unaccompanied children along every step of their migration journey.

Recommendations to strengthen child-sensitive reception, care and services for unaccompanied children in the United States

- 1. Uphold all children’s rights to access protection, seek asylum, and remain and reunite with family members, while taking public health precautions.**
 - a. End pushbacks and forced expulsions of all children without due process.
 - b. Develop and expand legal pathways for children to seek protection and reunite with family in the U.S. so they do not have to take dangerous, irregular migratory routes.
 - c. Develop and implement protocols that include child-sensitive screening upon arrival, quarantine, provision of relevant information in a language and format that children can understand, and access to medical care, mental health services and psychosocial support.

- 2. Strengthen child-sensitive border and reception processes.**
 - a. At reception, screen and process all children, regardless of nationality, in line with international and national laws to ensure their protection. Child welfare professionals should lead on interacting with and interviewing children and any accompanying adults/caregivers during the screening process. These professionals must have meaningful authority to make decisions in the best interests of each child.
 - b. Guarantee an explicit and sufficient firewall between immigration authorities and those providing care, protection and services for unaccompanied children and their sponsors. This must include a separation of roles and responsibilities as well as protection of children’s personal information, including immigration status and case records.
 - c. Develop standardized processes, implemented with child welfare professionals and robust oversight, to recognize kinship care earlier on in the reception process so children can remain with non-parental caregiver adults provided it is safe to do so.

- 3. Prioritize family- and community-based care and case management as alternatives to immigration detention and institutional care.**
 - a. End the immigration detention of all children in law and practice, and scale up and implement community-based alternatives, ensuring the adequate reception, protection and care of every migrant and asylum-seeking child in U.S. territory.
 - b. Focus on case management rather than immigration enforcement to increase children’s participation and case resolution, improve children’s well-being, and save costs.
 - c. Develop policy and regulations to move away from a reliance on institutional care settings, including large-scale residential and influx facilities, and prioritize family-based care and community-based services. When necessary and in the best interests of the child, provide quality, temporary care in a small group setting, organized around the rights and needs of the child, while actively facilitating the child’s reintegration with her/his family.
 - d. When family reunification is not possible or in the best interests of the child, secure safe, stable and nurturing care in an alternative family setting or supported independent living during the transition to adulthood.

- e. Prioritize care settings that offer a diversity and continuum of programs and services organized around the needs of any individual child, while minimizing placements and care team disruptions and transitions.
 - f. Strengthen independent oversight and monitoring of all care placements and facilities by a child welfare authority to ensure adherence to child welfare principles and best practices.
- 4. Ensure inclusion, non-discrimination and equity in care, and strengthen linkages between the unaccompanied children’s program and other children’s programs overseen by the U.S. Department of Health and Human Services Administration for Children and Families (HHS/ACF) to ensure consistent standards of care and protection.**
- a. Build bridges between stakeholders through local, state and national mechanisms and improve coordination between various systems providing care and protection for children without family care in the U.S.
 - b. Upgrade the standards in reception and care facilities for unaccompanied children so that they are equivalent to standards for children in domestic child welfare programs under HHS/ACF.
 - c. Strengthen the regulation, oversight, accountability and monitoring of all procedures affecting unaccompanied children, from identification and reception to care and release.
- 5. Establish best interests determinations as a core component of the system for unaccompanied children and ensure that every unaccompanied child is appointed an independent child advocate.**
- a. Establish standard procedures, codified in law, to ensure that all approaches and decisions related to unaccompanied children are grounded in the best interests and rights of the child and made on a case-by-case basis, with a view to ensuring children’s safety and participation.
 - b. To the extent possible, ensure that those responsible for assessing and determining children’s best interests coordinate to elicit all relevant information in a consolidated, non-confrontational and age-appropriate interview under the guidance of child welfare specialists.
 - c. Expand the child advocate program so that every unaccompanied child has consistent access to a trained, independent child advocate as early on as possible to support and represent the child’s best interests, ensure quality care, advocate for improvements where needed, and facilitate access to legal and social services.
- 6. Support children to participate in all matters that affect them, including decisions related to placement, care and access to services, in accordance with the age and maturity of the child.**
- a. Ensure that unaccompanied children and their sponsors have access to effective and independent complaint and feedback mechanisms related to the provision of care and services for unaccompanied children.
 - b. Engage unaccompanied children who have been through the Office of Refugee Resettlement (ORR) system as key stakeholders in the development, implementation and regular monitoring and evaluation of policies and services to ensure that they are accessible and responsive to all unaccompanied migrant and asylum-seeking children.

- 7. Scale up post-release services, case management and integrated support so that all unaccompanied children receive continuity of care as they transition to families and local communities. Ensure that every unaccompanied child has access to free legal representation during immigration proceedings.**
- a. Ensure that every unaccompanied child has access to case management services after release from federal custody, with the goal of ensuring safe release, continuity of care and follow-up, including linkages to community resources to support successful integration.
 - b. Ensure that children and their families or sponsors in local communities are able to access coordinated services at central access points to concurrently address comprehensive needs. Offer service models that facilitate and integrate access to medical and mental health care, legal assistance, social services, education and family support.
 - c. Ensure that children have access to free legal representation and services as they reunite with families, transition to independent living, navigate immigration processes, or are returned to countries of origin. All children should have the right to legal assistance and to challenge before a judge any decision that could deprive them of liberty or force return.
 - d. Develop standard processes and services – equivalent to those available to national children – to meet the needs of unaccompanied youth who “age out” of ORR care as they reach the age of majority.
- 8. Ensure child-sensitive return and reintegration support for children for whom returning to their country of origin is safe and in their best interests.**
- a. Ensure that children’s return to their country of origin is carried out only after an assessment and determination of the best interests of each child, taking into account the child’s right to family life and family unity. No children should be returned to any place where their safety and well-being may be at risk.
 - b. Facilitate child-sensitive cross-border case management and coordination between immigration and child welfare authorities in countries of destination, origin and return prior to departure to facilitate appropriate reception, care, reintegration support and follow-up for each child throughout the return process. Make certain that each returning child is able to access education, health care, psychosocial support, child protection and social services without discrimination upon return.
 - c. Fund urgently needed reintegration support, including investments in child welfare and protection systems in countries and communities of origin, to provide essential services for all vulnerable children, including migrants and asylum-seekers.



© UNICEF/Bindra - Alejandra, 10 (center), is held by her older brother and sister at the St. Augustine hotel for refugees in Mexico. (2019).

Section II. An increasingly dangerous journey for unaccompanied children

The demographics of migrant and asylum-seeking populations arriving at the U.S.–Mexico border have shifted. Once predominantly adult males seeking employment, and mostly from Mexico, arrivals in recent years have included an increased proportion of families and children seeking protection in the United States. In fiscal year (FY) 2019 (October 1, 2018 – September 30, 2019), 65 percent of those apprehended by U.S. authorities at the southwest border were families with children (473,682 individuals in family units) and unaccompanied children (76,020), a significant increase from previous years.¹⁰ This shift has posed considerable operational challenges for strained border reception processes and infrastructure that often lack adequate facilities, processes and staffing suitable for children.

Those who have approached or crossed the U.S. southern border, either alone or with family members, have fled interlocking crises and high levels of violence, crime, natural disasters, food insecurity and poverty in northern Central America, where El Salvador, Guatemala and Honduras have recently accounted for some of the highest rates of murder, femicide and gender-based violence in the world.¹¹ In a recent report conducted by UNICEF and United Nations High Commissioner for Refugees (UNHCR), more than 30 percent of unaccompanied migrant children identified some type of violence as the main driver of their movement, which in turn affected their ability to access essential services, including going to school.¹²

U.S. Southwest Border Apprehensions		
Fiscal Year	Individuals in Family Units	Unaccompanied Children
2020	52,230	30,557
2019	473,682	76,020
2018	107,212	50,036
2017	75,622	41,435
2016	77,674	59,692
2015	39,838	39,970
2014	68,445	68,541

Source: U.S. Department of Homeland Security, U.S. Customs and Border Protection.

YOUTH VOICES

“When I left, I felt that I had to go because there were many bad things that happened – gang problems, things like that. People do not threaten you there. People just come and kill you, so you have to be aware. But at the same time, I didn’t want to come because of my relatives who were there – my grandmother, my brothers, my cousins and all the people that I grew up with. I know that one day we will all meet as we used to.

I had encounters with bad people and some people died. Once, a friend of mine and I were going to play ball. I was going to keep him company, but I decided not to go. That same day, they killed him. That day I felt death. I was about 9 years old when my friend died – I was very young. I am still young, but at that time, I learned many things, had many experiences on the street that I do not want to go through again.”

- Ángel, age 16 (from Honduras)

Furthermore, the recent policy context has steadily eroded many safeguards for migrant and asylum-seeking children. In the past few years, international agreements adopted by countries in the region and a myriad of U.S. regulations, policies and practices have significantly reduced access to safety and family reunification and have sought to deter immigration by restricting asylum processing or eligibility.¹³ Family separation under “Zero Tolerance,”¹⁴ the Migrant Protection Protocols (MPP, also known as “Remain in Mexico”),¹⁵ Mexico’s deployment of National Guard troops to its borders with the U.S. and Guatemala,¹⁶ and Title¹⁷ 42 are just some examples of a heightened enforcement approach aimed at deterring and controlling irregular migration.

Even prior to the COVID-19 pandemic, a growing number of migrant and asylum-seeking children were returned from the U.S. and Mexico to northern Central America, particularly during 2019 and 2020. Since the start of the pandemic, border controls have tightened further across the region. In March 2020, the U.S. effectively halted asylum processing at its borders, citing public health concerns and invoking a 1944 public health statute (Title 42 of the U.S. Code).¹⁸ As a result, between March and September 2020 alone, more than 159,000 people, including 7,600 members of families with children and approximately 8,800 unaccompanied children, were expelled to northern Central America and Mexico without access to regular immigration processing, including asylum, and without adequate health and protection screenings.¹⁹ On November 18, 2020, a federal judge issued a preliminary injunction halting the expulsion of unaccompanied children under Title 42. The injunction, however, does not apply to the expulsion of children accompanied by family members, who continue to be expelled.²⁰

More generally, in northern Central America, stay-at-home orders and other measures put in place to mitigate the spread of COVID-19 have exacerbated the direct and secondary impacts of the pandemic. Domestic violence and abuse against women and children have increased in many countries.²¹ Economic shocks have compounded existing hardships, creating a potent mix for violence to thrive. Child welfare and protection systems, already fragile prior to the pandemic, have been overwhelmed and ill-equipped to respond to the scale of need.

Border restrictions throughout the region have left more migrant and asylum-seeking children and families in precarious situations and in need of sustained humanitarian assistance. Some migrant shelters operated by non-governmental organizations have had to close due to an inability to ensure COVID-19 prevention measures and a lack of resources to continue operations.²²

As the situation for migrant and asylum-seeking children in the sub-region has grown increasingly dangerous, the need for a child-sensitive reception and care system in the U.S. is especially urgent.

Upholding children’s right to protection, seek asylum, and remain and reunite with family members, while taking public health precautions

Many governments around the world have closed borders and suspended asylum processing amid the COVID-19 pandemic in response to concerns about the potential spread of the virus, practical constraints on operational capacity given social distancing requirements, and the limited availability of testing. Nevertheless, more than 110 countries have found ways to make asylum systems function while taking necessary public health precautions.²³ It is possible to

establish protocols to prevent and mitigate health risks while upholding children’s right to seek protection, using the same measures developed for nationals in similar circumstances.

Examples include health screenings upon arrival, quarantine in non-custodial settings, and provision of training and personal protective equipment for frontline workers. Some governments have also put moratoriums on the use of immigration detention, where distancing and other necessary sanitation measures are difficult to implement.

Uganda, which already hosts more than 1.4 million refugees, re-opened its borders in July to allow 3,000 people fleeing violence in neighboring Democratic Republic of the Congo to seek protection.²⁴ The governments of Cambodia, Lao People’s Democratic Republic, Myanmar, Thailand and Vietnam have joined forces to launch a public information campaign on the role of border and law enforcement in protecting women and children during public health crises such as COVID-19.²⁵ France has extended protection for all children in the government’s care until the end of the COVID-19 emergency, including unaccompanied and separated children and young adults under 21 who were previously cared for by the French child welfare services.²⁶ Around the world, governments have found practical ways to protect public health while ensuring human dignity and universal rights to protection, to seek asylum, and to family life.²⁷

With worsening conditions in northern Central America exacerbated by COVID-19 and recent natural disasters, many children seeking protection and family reunification have no other option but to take dangerous, irregular migratory routes. There is an urgent need to develop and significantly expand legal pathways and access to asylum. Protocols to protect public health can be developed and implemented concurrently. These include screening upon arrival, quarantine that ensures children’s physical and psychological health and wellbeing, provision of relevant information in a language and format that children and their families can understand, and access to medical care, mental health and psychosocial support.



© UNICEF/Bindra - Mary walks her daughter, Miriam, 12, and her son, Luis, to school in Chimaltenango, Guatemala on April 30, 2018. They were deported from Texas in January 2018. The mother had migrated from domestic violence 10 years ago, and after two years in the US, was able to bring her children to join her. She had a stable job as the manager at the local restaurant Chilll's and her kids attended school. They were detained and separated for 5 months until they were deported back to Guatemala. Now Mary has no job and is in worse living conditions. The children are finding it hard to adjust to a different life. UNICEF and its partners are supporting the family through the project called "Te Conecta".

Section III. An unaccompanied child’s journey through the U.S. reception and care system

Most unaccompanied migrant and asylum-seeking children arrive at the U.S.–Mexico border hoping to reunify with parents or other family already living in the United States.²⁸ For these children, the border marks the end of a long and dangerous trek – by foot, bus and/or train – a journey often disrupted by exploitation and violence at the hands of criminals who control many of the migratory routes. Most have faced extreme hardship, danger and extraordinary challenges to their physical and psychosocial well-being.

Prior to the implementation of Title 42 in March 2020, children would encounter an array of government institutions responsible for their care and custody: U.S. Customs and Border Protection (CBP) and Immigration and Customs Enforcement (ICE), agencies under the jurisdiction of the Department of Homeland Security (DHS); and the Office of Refugee Resettlement (ORR) within the U.S. Department of Health and Human Services (HHS).

The best way to understand the experience of unaccompanied children themselves – what happens to them, where they sleep, and who they encounter as they move between facilities, care settings and service providers – is to follow a child’s journey starting at the U.S. - Mexico border. The sections that follow present each step along the unaccompanied child’s journey and highlight relevant global principles, national laws and promising practices that can be used to develop a more child-sensitive system within the U.S.

Part 1. First encounters with immigration authorities

Navigating the complex immigration and reception systems of the U.S. is challenging for anyone. For a child who arrives alone, it can be overwhelming. A migrant child’s first contact with government authorities is usually with border guards or immigration enforcement officials who are unlikely to have professional training in child welfare and protection.

At the border, a child may present at an official port of entry and request protection or attempt to cross the border between ports of entry. A CBP official conducts an initial screening, and the child is held in a CBP detention facility, either a small outpost or a large “processing center,” until being repatriated or sent to longer-term U.S. government custody.²⁹ CBP’s detention facilities gained considerable public attention during population influxes, when children and families were sometimes held for prolonged periods in overcrowded cells that were originally designed to house single adults.³⁰

Within the detention facility, a CBP official determines the individual’s age and whether she or he meets the definition of an “unaccompanied alien child.”³¹ If so, ICE coordinates the child’s transportation to an ORR facility. By law, an unaccompanied child must be transferred to an appropriate ORR facility within 72 hours of apprehension, where screenings for trafficking and other protection concerns are conducted and family reunification efforts commence.³²

If the child is from Mexico or Canada, CBP officers conduct a trafficking screening, and if certain conditions are met, the child may be repatriated without ever being placed in immigration proceedings. According to the William Wilberforce Trafficking Victims Protection Reauthorization Act (TVPRA), if such a determination cannot be made within 48 hours, the child must be immediately transferred to ORR custody.³³

Strengthening child-sensitive border and reception processes

The initial contact between a child and a government official is important as it sets the stage for interaction between the child and the immigration system. A child-sensitive reception system ensures that border processes incorporate child welfare principles and engage qualified, culturally competent professionals to screen and interview children, assess their needs and familial relationships, and determine their best interests. Child welfare authorities should have a leading role in the screening and any decisions related to the reception, care and protection of migrant and asylum-seeking children. Smart firewalls – a separation of functional responsibilities between immigration authorities and those providing care, protection and services for unaccompanied children – must exist.

In Sweden, for example, on-call emergency child protection services in some locations allow for an immediate child-centered assessment of unaccompanied and separated children from the moment they are identified. When relevant, the child protection response team examines the child's situation to determine whether an emergency care placement is necessary.³⁴

The *Barnahus* (child house) model, originating in Iceland and adopted throughout the Nordic countries, is a one-stop approach to multi-sectoral coordination and integrated services for newly arrived unaccompanied children. It offers a child-friendly environment in a residential neighborhood where one joint interview is conducted by a child specialist to assess needs and minimize the stress and potential re-traumatization of multiple interviews by different service providers.³⁵

Under the Homeland Security Act of 2002, Congress transferred the care and custody of unaccompanied migrant children in the U.S. from the former Immigration and Naturalization Service to DHS and then ORR. This marked an important step to move away from an adult detention model and separate the functions of immigration and child welfare authorities.

ORR is an office under the umbrella of HHS/ACF, a division charged with delivering a wide range of services focused on the well-being of children, families, individuals and communities, from childcare to child abuse prevention. Within ACF, ORR helps new arrivals integrate in the United States through the U.S. Refugee Resettlement Program, and provides care and services for children through the Unaccompanied Refugee Minors (URM) program and the Unaccompanied Alien Children (UAC) program.³⁶ In addition, ORR is responsible for migrant children who, for other reasons, have been separated from their parents or legal guardians.³⁷



© UNICEF/Barnahus - The Barnahus reception model in Iceland and in many other countries across Europe offers a child-friendly environment in a residential neighborhood.

YOUTH VOICES: At the border

“My experience when I arrived at the border was bittersweet because I was anguished. I didn’t know if they were going to return me back to El Salvador, and I knew that (the guys who threatened me) were waiting for me if I was sent back.”

- Brenda, 18 years old (from El Salvador)

Between DHS and ORR, responsibility for the apprehension, temporary detention, transfer and repatriation of unaccompanied children is delegated to DHS, and responsibility for coordinating and implementing the placement, care, sponsor vetting and release of unaccompanied children is delegated to ORR. ORR plays no role in the apprehension or initial detention of unaccompanied children prior to their referral to ORR custody, nor is ORR party to the child’s immigration proceedings.

Under the TVPRA, which expanded and redefined ORR’s statutory responsibilities, Congress directed that each child must “be promptly placed in the least restrictive setting that is in the best interests of the child.”³⁸ In addition, the 1997 Flores v. Reno Settlement Agreement sets standards of care for unaccompanied children while in DHS or ORR custody.³⁹

Despite the important role of ORR in the care of unaccompanied children, gaps remain. CBP and ICE “processing” – even if done within 72 hours – do not yet adequately incorporate child-sensitive approaches.

Incorporating child welfare professionals into border processing to lead interactions with children would be key to ensuring that reception processes are child-sensitive. When the remote location of some CBP outposts makes the presence of child welfare professionals impractical, improved child protection training, clear procedures and stronger oversight of CBP officials would help ensure that children are properly treated while awaiting transfer to an appropriate care setting.

Ending child immigration detention

Processing unaccompanied migrant and asylum-seeking children at the border is necessary to determine age and familial relationships, conduct trafficking and credible fear screenings, and attend to immediate humanitarian needs. This can be done in a child-sensitive manner without detaining children.⁴⁰

The past decade has seen an emerging global consensus on the need to end the practice of child immigration detention, which has been recognized as unlawful by the United Nations Committee on the Rights of the Child.⁴¹ This position has been reinforced by international and regional jurisprudence, including the Inter-American Court of Human Rights.⁴² Detention is also burdensome and costly to administer – detaining a family can be up to 80 percent more expensive than community-based supervision.⁴³

The move away from the use of child immigration detention through child-sensitive border processes and adequate reception and care is backed by research on the long-lasting and devastating impacts of detention on a child’s physical, emotional and psychological health



© UNICEF/Fleischer - Boys play in the courtyard at the UNICEF supported open-door reception center in Chihuahua, Mexico.

and development. The American Academy of Pediatrics (AAP) has pointed to the negative physical and emotional symptoms among detained children, including high rates of post-traumatic stress disorder, anxiety, depression, suicidal ideation and other behavioral problems. According to the AAP, even brief detention in well-appointed facilities can cause psychological trauma and induce long-term risks for children.⁴⁴

Alternatives to immigration detention consist not so much of physical places as processes and procedures that reflect an entirely different orientation – one that prioritizes the rights and best interests of children.⁴⁵ As a promising example, in Mexico, UNICEF and the national welfare agency have developed an alternative model using open-door reception centers. The first two centers were adapted in Tabasco and Sonora in 2019, and the model has since been replicated in Chihuahua.⁴⁶

Part 2. Placement in Office of Refugee Resettlement custody

Once “processed” by border authorities, an unaccompanied child is then transferred to a residential care site operated under the auspices of ORR. Often with little understanding of where she or he is headed, the unaccompanied child begins a new chapter in the migration journey.

ORR is responsible for providing housing and care commensurate with the child’s safety and emotional and physical needs, including medical care, education and other services, and identifying and vetting sponsors (usually family members) to whom the child may be safely released while awaiting immigration proceedings.⁴⁷

The system of care for unaccompanied children under ORR includes a diverse network of implementing partners – 180 residential care centers and providers in 21 states⁴⁸ – with a continuum of placement options for unaccompanied children: shelter facilities, foster care or group homes (which may be therapeutic), staff-secure or secure care facilities, residential treatment centers, special needs care facilities⁴⁹ and emergency influx facilities.⁵⁰

With the variety of placement options built into the system, there is an important opportunity

for unaccompanied children to be placed in care settings suited to their individualized needs. Despite this, there has been an increased use of large institutional care and emergency influx facilities in recent years.⁵¹ Foster care programs are traditionally reserved for younger children (0–12 years old), sibling groups where one or more siblings are younger than 12 years old, and pregnant or parenting teens. In FY 2019, approximately 88 percent of unaccompanied children were initially placed in a shelter and 12 percent were placed in a transitional foster care program within the U.S. system.⁵²

The number of unaccompanied children in the temporary care of ORR has fluctuated over the years, peaking in November 2018, when approximately 14,000 children stayed in the care system for an average of 93 days.⁵³ The high numbers and longer stays were largely attributed to procedural changes that slowed the process of vetting sponsors and facilitating family reunification.⁵⁴ For instance, in May 2018, an agreement between CBP, ICE and ORR required the continuous sharing of information, effectively eliminating the firewall between law enforcement and child welfare service provision. Fearful of immigration enforcement, parents and other caregivers were reluctant to come forward to serve as sponsors.⁵⁵ Subsequently, changes to some of these procedures did help ease the time lag for children's release. The average length of stay decreased to 47 days in April 2019.⁵⁶

These fluctuations, particularly with regard to length of stay, demonstrate the importance of maintaining firewalls between immigration enforcement and child welfare and balancing the need to release children from federal custody as quickly as possible while also ensuring that placements are safe for children.

Prioritizing family- and community-based care

The U.S. government has a long history of advocating for children to be in protective family care. In the early 1900s, child advocates began championing deinstitutionalization in the U.S. with a call to move children out of orphanages. The second half of the twentieth century ushered in the development of the contemporary child welfare system and the closure of additional residential care institutions.⁵⁷ This marked the beginning of a global movement toward better care principles.

Decades of research have underscored the severe and negative impact on children resulting from a lack of family care. The physical, social, psychological and emotional harm caused by family separation, combined with the inappropriate use of alternative care, particularly in large-scale institutions, is also well documented.⁵⁸ International law recognizes governments' primary responsibility in promoting parental care, preventing unnecessary child-family separation, facilitating child-family reintegration where separation has occurred, where appropriate, and in all matters protecting the best interests of the child.⁵⁹ A growing number of countries across all regions have adopted national standards for the provision of alternative care for children, including minimum standards for residential care, foster care and kinship care guidelines.

QUICK FACTS

- In FY 2019, 76,020 unaccompanied children were apprehended by U.S. authorities at the southwest border, a 52 percent increase from the year prior.⁶⁰ In FY 2020, in the context of COVID-19 and border restrictions, 30,557 unaccompanied children were apprehended at the southwest border, a marked decrease.⁶¹
- Of the 76,020 unaccompanied children apprehended at the border in FY 2019, 69,488 were referred to ORR, an increase of more than 42 percent from the same time period in FY 2018.⁶² In FY 2020, DHS referred 15,381 unaccompanied children to ORR.⁶³
- The average number of unaccompanied children in ORR care peaked in November 2018 at 13,936.⁶⁴ By the end of January 2020, with increased immigration enforcement in Mexico, the average number of unaccompanied children in ORR care decreased to 3,621.⁶⁵ In the context of the COVID-19 pandemic and border entry restrictions, the number of children in ORR care dropped further to 849 in August 2020.⁶⁶ By December 2020, the number of children in ORR custody had increased again to approximately 3,100.⁶⁷
- In FY 2020, the majority of unaccompanied children in ORR care were from northern Central America: 46 percent are from Guatemala, 25 percent from Honduras, and 14 percent from El Salvador.⁶⁸
- 84 percent of unaccompanied children in ORR care are older than 13 years of age; 16 percent are 12 years old or younger.⁶⁹
- 68 percent are male and 32 percent are female.⁷⁰
- ORR currently funds 180 facilities in 21 states.⁷¹
- In FY 2019, approximately 88 percent of unaccompanied children were placed in shelters, 12 percent in transitional foster care, and less than one percent in secure facilities.⁷²
- The average length of stay in ORR care during FY 2019 was 66 days. In April 2019, the average length of stay was 47 days, down from a high of 93 days in November 2018.⁷³ At the end of March 2020, the average length of stay was 51 days and had increased to 239 days by the end July 2020.⁷⁴ The variability is due to a number of factors, including procedural changes and the effects of the COVID-19 pandemic and Title 42. In FY 2020, the average length of stay in ORR care was 102 days.⁷⁵
- In FY 2019, 72,837 unaccompanied children were released from ORR to sponsors in the community. In FY 2020, the number of unaccompanied children released to sponsors dropped to 16,837.⁷⁶
- States receiving the largest numbers of unaccompanied children released to sponsors included Texas, California, New York, Florida, New Jersey and Maryland in FY 2020.⁷⁷
- 22 percent of unaccompanied children received ORR-funded post-release services in FY 2019.⁷⁸

The Family First Prevention Services Act of 2018 codifies domestic child welfare standards in the U.S., ensuring that children are placed in the least restrictive, most family-like setting appropriate to their special needs. The law seeks to curtail the use of congregate⁷⁹ or group care for children and instead places emphasis on family foster homes. With limited exceptions, the U.S. federal government will not reimburse states for children placed in congregate settings for more than two weeks.

In addition to U.S. government laws and policies relevant to domestic child welfare, the federal government promotes family care and deinstitutionalization through its foreign assistance programs. Advancing Protection and Care for Children in Adversity (2019–2023) is a multi-agency U.S. government strategy for international assistance that prioritizes “appropriate, safe, permanent family care for children to secure the best environment for their development.” The strategy emphasizes that the “process of transitioning from a child-care protection system that relies on residential care settings to one that primarily supports family-based care requires careful planning, skilled social services personnel and sufficient resources.”⁸⁰

These child welfare principles should apply to migrant and asylum-seeking children as well. In December 2019, the United Nations General Assembly unanimously passed the Resolution on the Rights of the Child, which focuses on children without parental care, including unaccompanied migrant and asylum-seeking children. The resolution urges governments to prioritize quality alternative care options over institutionalization and to redirect resources to family- and community-based care services, with adequate training and support for caregivers, and robust screening and oversight mechanisms.⁸¹

Despite U.S. government initiatives to prioritize family and small group care for national children and for children abroad, large institutional care continues to be the default for unaccompanied children in the U.S.⁸² There are some notable exceptions, and several ORR providers prioritize family- and community-based care for children and youth. For instance, Lutheran Immigration and Refugee Service (LIRS) operates family foster homes and small group homes (shelters) of fewer than 36 unaccompanied children seeking reunification with sponsors. One of LIRS’ programs in South Carolina cares for 12 children, placed in community foster homes, while they attend classes and receive clinical and case management services. Bethany Christian Services, with its exclusive focus on family-based and small-group homes, prioritizes training, supervision and coaching of foster parents to help them meet the needs of this particularly vulnerable population.⁸³

For young people for whom smaller group care is more appropriate, a model of supported independent living has been piloted in Greece, where community-based care is available for unaccompanied adolescents to facilitate their integration and transition to adulthood. A maximum of four unaccompanied youth share an apartment, located in a safe neighborhood with proximity to schools, health facilities, food stores and transportation. The emphasis of supported independent living is on building self-esteem, cultivating life skills and enhancing job readiness.⁸⁴

Family- and small-group homes require appropriate training, support and oversight, but they are more cost-effective than larger residential care facilities.⁸⁵ Unaccompanied children who are

The Family First Prevention Services Act of 2018 defines a “family foster home” as having six or fewer children, with some notable exceptions made to keep siblings together and a few other reasons. A “child care institution” includes any public or private child-serving institution that holds 25 or fewer children.

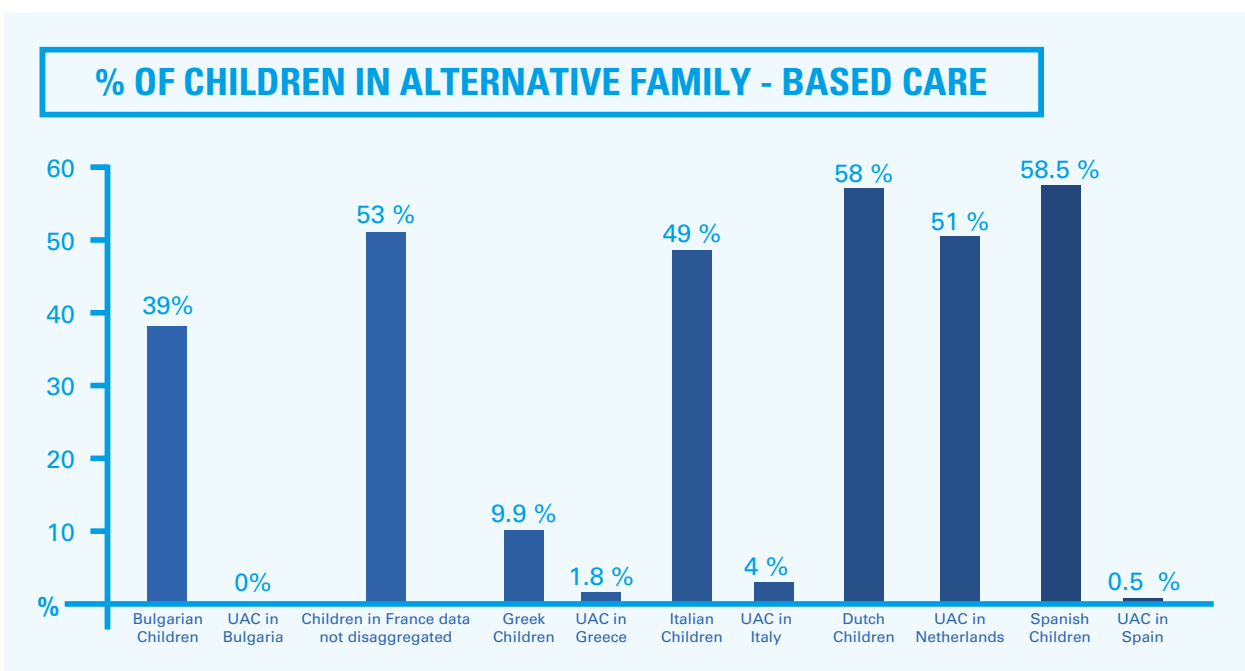
placed with families also benefit from the opportunity to become more familiar with American culture and integrate into community life once released to sponsors.

Ensuring inclusion, non-discrimination and equity in care

In many countries, the standard of what constitutes adequate care for migrant and asylum-seeking children tends to be lower than for national children. For example, governments often justify the use of child immigration detention as a protective measure to ensure the child’s safety, prevent child trafficking, and assess the child’s age – arguments that are rarely used for national children in similar circumstances. As previously noted, institutional care is also more frequently used for unaccompanied migrant children, even in countries that have well-established family-based alternative care systems for national children.⁸⁶

Article 2 of the UN Convention on the Rights of the Child protects each child from discrimination of any kind, irrespective of the child’s or his/her parent’s or legal guardian’s race, color, sex, national, ethnic or social origin, or other status. In accordance with the principle of non-discrimination, the reception and care of unaccompanied children should be integrated into national systems, ensuring that children – no matter their status – have access to the same types and quality of services as national children.

There are some promising examples of governments that are putting the “equity in care” principle into practice. For example, since 2010, Ireland has required that all unaccompanied minors receive care on par with other children in the care system until the age of 18.⁸⁷ In the Netherlands, 51 percent of unaccompanied migrant and refugee children are in family-based care, compared with 58 percent for Dutch children without parental care⁸⁸ – a clear example of non-discrimination and nearly equal treatment for national and immigrant children without parental care. While the majority (86 percent) of American children in the child welfare system are placed in family-based care,⁸⁹ more than half of all unaccompanied children in ORR custody were in facilities that held more than 200 children between January 2018 and September 2019.⁹⁰



Lumos Foundation (2020) Rethinking Care: Improving Support for Unaccompanied Migrant, Asylum Seeking and Refugee in the European Union, p. 66, <https://www.wearelumos.org/resources/rethinking-care/>

There is a solid foundation for an inclusive approach to the care of unaccompanied children in the U.S. In contrast to the adult detention model prior to 2002, the placement of the unaccompanied children program within ORR marked an important step forward for children's welfare and protection.⁹¹ The co-location of ORR with other child welfare authorities within HHS/ACF, including the Children's Bureau and the Family and Youth Services Bureau,⁹² offers an opportunity to standardize principles and facilitate inclusive systems of care for all vulnerable children in the U.S. without discrimination.⁹³

In addition, state child welfare authorities play a role in the unaccompanied children's program through the licensing and monitoring of most ORR facilities. However, in many states, there is little meaningful involvement at the operational level between programs for unaccompanied children and the state child welfare systems. Building collaborative bridges between ORR and state child welfare authorities would provide greater opportunities for technical support, access to resources and inclusion, regardless of immigration status.

CHILDREN OUTSIDE OF FAMILY CARE IN THE UNITED STATES

In the U.S., hundreds of thousands of children have experienced child-family separation or alternative care. Recent data indicates that there are more than 423,000 children in foster care,⁹⁴ 700,000 young people between the ages of 13 and 17 experiencing homelessness,⁹⁵ and more than 69,000 unaccompanied migrant children in U.S. government custody,⁹⁶ including 1,800 unaccompanied refugee minors.⁹⁷

The U.S. government currently operates four distinct programs for children in need of alternative care: Foster Care, Runaway and Homeless Youth, Unaccompanied Alien Children, and Unaccompanied Refugee Minors. In keeping with better care principles, they are all managed by HHS/ACF, a department focused on child welfare. However, each of these programs is authorized by separate federal legislation, funded through specific appropriations, managed by one of several bureaus and offices within HHS, and operated according to distinct standards of care, oversight or reporting.

Domestic foster care programs have been moving steadily away from institutional care models, and recent legislation has sought to curtail the use of congregate or group care for children in the child welfare system.⁹⁸ Data shows that, over the past 10 years, states have consistently placed more of the children who enter the child welfare system with relatives and foster families. Eighty-six percent of these children were placed in families in 2017.⁹⁹

Equity in care is still an issue: White children are more likely than Black children to be placed with families, and older children are more likely to be placed in group care settings. A third of children age 13 or older lived in group placements in 2017, the same proportion as 10 years prior.¹⁰⁰ **Between January 2018 and September 2019, more than half of all unaccompanied children in ORR custody were in facilities that held more than 200 children.**¹⁰¹

Building care around the needs of children

Unaccompanied children, like all children, have various needs that may emerge and change over time. Responsive services, along with placement stability, are important for children's well-being. Placement instability – the transfer of children between multiple child welfare facilities – can cause additional emotional, psychological, developmental and neurological harm, and delay or disrupt mental health treatment, education, case management and reunification services.¹⁰² Children who experience placement transfers during crucial times during the family reunification process may show negative behaviors, which can lead to additional placement transfers.¹⁰³

In an effort to avoid multiple placements or disruption in services experienced by many of the children in ORR care,¹⁰⁴ Rising Ground's Passage of Hope program provides different levels of care based on regularly assessed needs. As an ORR-contracted provider for regular shelter beds, family foster care, group homes, as well as residential treatment centers for children with mental health needs, Rising Ground provides a full spectrum of placement options for children, all within the same organization. Unaccompanied children placed in transitional or longer-term foster homes can stay with the same caregiver and support team even as they access different services or transition to different levels of care. Children placed in the basic shelter level of care can also continue their case management and clinical process if transferred to other levels of care within Rising Ground. In this way, care and services are arranged around the child's needs rather than around the needs of the organization or facility.

Ensuring children's best interests

The child's best interests should be the primary consideration in all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies.¹⁰⁵ In child-sensitive reception systems, trained, independent guardians or advocates should assess, support and represent the child's best interests, ensure quality of care, advocate for improvements where needed, and facilitate access to legal protection and social services. Although many countries incorporate best interests determination (BID) procedures in asylum or related processes, the influence that the BID carries in decisions concerning children is inconsistent.



© UNICEF/Bindra - Ensuring children's best interests.

One of the most promising models of centering the child’s best interests throughout the reception and care process is in the Netherlands, where NIDOS, an independent organization, is appointed by the court as a guardian for every unaccompanied child. NIDOS guardians are professional social workers who meet children upon arrival at the central asylum center, inform them of immigration processes and organize their reception and care. The guardian remains responsible throughout the child’s stay in the country until adulthood.¹⁰⁶

In the U.S. domestic child welfare system, the best interests principle is firmly anchored in state laws, which require courts to consider the best interests of children who are separated from their parents or legal guardians.¹⁰⁷ Under the Immigration and Nationality Act, federal decision makers are not explicitly required to consider the best interests of children in every decision, but with the passage of the TVPRA in 2008, the best interests principle was integrated into immigration law and applies to ORR’s placement decisions and to the role of child advocates.¹⁰⁸

Under the TVPRA, independent child advocates (guardian ad litem) are appointed to children who ORR has identified as most vulnerable.¹⁰⁹ Through the Young Center for Immigrant Children’s Rights, a volunteer advocate, in conjunction with a multi-disciplinary team that includes an attorney and a social worker, builds a close and reliable relationship with the child through regular visits to provide support, mentoring and advocacy. The Young Center’s role is to assess, recommend and advocate for children’s best interests – from custody and release to the ultimate decision about whether the child will be allowed to remain in the U.S. Over the years, the Young Center has integrated the legal standards from international, federal and state child welfare laws, UNHCR’s Best Interests Determination Guidelines,¹¹⁰ and The Best Interests Framework¹¹¹ into a paradigm that it applies in every case.

In 2013, Congress expanded funds for child advocate programs from two to eight locations where large numbers of children are in ORR custody.¹¹² Although the Young Center has been appointed to unaccompanied children across the country, there are not yet child advocate programs in each location where children are held in government custody or where they are subjected to adversarial immigration court proceedings.

While decision makers – immigration judges, asylum officers, representatives from ORR and others – are not required to adhere to the best interests recommendations, 70 percent of the recommendations made by the Young Center were adopted by the entity to whom they were directed. A Government Accountability Office report states, “According to our interviews with stakeholders, these recommendations give children – especially those who are unable to make an independent decision due to young age or trauma – a voice during the immigration process.”¹¹³

Engaging young people as contributors, actors and experts

Child participation is one of the core principles of the United Nations Convention on the Rights of the Child, which asserts that young people have the right to freely express their views and that there is an obligation to listen to children’s perspectives and facilitate their participation in all matters affecting them within their families, schools, local communities, public services, institutions, government policies and judicial procedures.¹¹⁴ Creating opportunities for young people to share their views and experiences is not only good policy – it is grounded in the science of resilience. Helping young people develop a sense of self-efficacy and perceived control can have a positive impact on their psychosocial well-being, especially in the face of adversity and uncertainty.¹¹⁵

Nordic countries, including Denmark, Finland and Norway, have legal provisions ensuring children’s right to participation.¹¹⁶ In Germany, more than 130 young refugees and migrants were involved in a national, multi-stakeholder initiative to improve the protection and care for refugees and migrants at reception centers and support their integration, including the development of minimum standards.¹¹⁷

In the U.S., there are limited opportunities for unaccompanied children or their sponsors to help inform the way in which programs are designed and delivered. However, some organizations put greater emphasis on this important aspect of programming and accountability. For example, The Door, which offers comprehensive services to immigrant youth in New York City, including those recently released from ORR care, implements feedback loops with young people to evaluate their experiences. In response to client surveys, social workers now run a bi-weekly support group, which combines an activity of the young people’s choosing with a broader discussion about mental health and other social issues, including changes to immigration laws and policies.

Similarly, Children’s Defense Fund – New York (CDF-NY) facilitates a College Readiness and Youth Leadership Program, providing an opportunity for youth leaders to engage on issues affecting their communities. During UNICEF’s New York convening with stakeholders in January 2020, CDF-NY’s youth advocates recommended peer-to-peer mentorship programs that can be scaled up and replicated throughout public school systems, youth-oriented drop-in centers that focus on community-building and linkages to services, youth-led training of adult service providers, pay/stipends for contributions of time, and feedback processes to ensure that youth voices are considered in the development, implementation and redesign of programs.

YOUTH VOICES

Kids in Need of Defense (KIND), a national organization that advocates for the rights of unaccompanied migrant and refugee children in the U.S., in collaboration with partner organizations and UNICEF, worked with children affected by migration and displacement to share their experiences through the *Central America Voices Project*.¹¹⁸ Workshops helped children to identify, frame and develop the stories they wanted to tell, and create photographs and drawings to illustrate them. The children made recommendations to improve conditions for migrant and refugee children in their countries of origin, transit, destination and return.

Children's Recommendations to Better Treat and Protect Migrant Children:

- 1. Authorities should not detain children; they should help them reach their destination safely.**
- 2. Help migrants so they don't get lost, sick or hurt.**
- 3. Protect migrants from gangs and drug cartels.**
- 4. Do not discriminate against migrants.**
- 5. In detention:**
 - a. Provide children with better food and medical care.
 - b. Respect the rights of migrants.
 - c. Provide better legal services.
 - d. Provide more security in detention centers so there are no fights and migrants aren't robbed or abused.
 - e. Give children blankets and a comfortable place to sleep.
 - f. Look for other solutions instead of deporting children back to the problems they are fleeing.
 - g. Allow children to call their families.
 - h. Believe children when they tell you about their experiences and why they migrated.



UNICEF/Principles Pictures - A girl (age 15) drawing at her home on Long Island, NY (2020).



© UNICEF/Bindra - Maria, 26, and her daughter embrace each other at a transit center in Guatemala.

Section IV. Transitioning to families and communities

Unaccompanied children often need significant support upon their release from federal custody, whether they are reunifying with family in the United States, transitioning to independent living when they age out of care, or returning to countries of origin.¹¹⁹ Unlike many countries that receive unaccompanied migrant children, the U.S. is unique in the high proportion of children arriving to reunify with family. Forty-nine percent of the unaccompanied children in ORR care are released to a parent or legal guardian, 41 percent to an immediate relative, and 10 percent to a distant relative or unrelated adult.¹²⁰

Some children arrive to a parent's home in the U.S. after years of separation or to a relative they have never met. Some have lived with a great deal of independence, taking care of their own survival under extraordinary circumstances. Even when a young person is released to a parent, prolonged periods of separation may have strained family relationships. An unaccompanied child's reunification with family and transition to community life is not a single event but a long process requiring preparation, support and follow-up adapted to each child's age, needs, evolving capacities, the cause of separation, past experiences or trauma.¹²¹

Family reunification efforts are a core component of the ORR system for unaccompanied children. While in ORR care, the process of identifying and vetting the child's parent or potential sponsor usually begins straight away through a risk assessment. If the child is determined to be at risk or has special needs, or if concerns arise regarding the sponsor, ORR is required under the TVPRA to conduct a home study to more carefully screen the sponsor and their ability to meet the needs of the child. In such cases, ORR must provide post-release services (PRS) unless the child has reached the age of 18 and is no longer eligible.¹²² In addition, ORR may refer certain cases for a "discretionary" home study, and children released without a home study may also receive PRS if they are identified as needing additional assistance in connecting to community resources.¹²³

YOUTH VOICES: On reunifying with my mom

I came here because of the situation. What happened in El Salvador is very difficult. My dad was killed in front of me when I was 5 years old. I was little. I almost can't remember, but they killed my dad in front of me. That's when my mom left. From then, I started thinking about mom. "I have a mother." That was my biggest reason for coming here. I was 12 when I saw her again. It had been seven years.

I live with my mom now. Sometimes my mom and I get along, sometimes we don't. I thought it was going to be different, but I had many issues with her. We kept fighting. To be honest, I didn't grow up with my mother. I was raised by my grandparents and I feel closer to them than my mom. She felt closer to my brothers, who grew up with her here in the U.S.

- Albert, age 17

The ORR-funded PRS network consists of multiple providers operating in various locations throughout the country who are expected to ensure safety of placement, make referrals to legal services, assist with school enrollment and engagement, and link children to medical and mental health services.¹²⁴ These services can last anywhere from 90 days to a child's 18th birthday. Despite the importance of these types of services to ease the transition for children to family and community life, in FY 2019, only 6 percent of placements received a home study and 22 percent received post-release support.¹²⁵

While coverage and reach of PRS are insufficient, there are promising service delivery models that demonstrate the importance of building bridges for unaccompanied children to ease their transition out of care and into local communities.

Scaling up post-release services and case management

Effective case management is an important element in supporting a child's transition to family and community life, helping to ensure quality, consistency and coordination of services.¹²⁶ Case management processes connect children with community services based on the child's individual needs with the goal of ensuring the safety and well-being of the child and promoting a successful family reunification. Investments and services should be well coordinated and integrated when possible, so that the health, education, protection and other needs of children can be addressed simultaneously.¹²⁷ In addition, an in-house, wrap-around service model can facilitate quicker access to needed services and build on the child and family's trusted relationships, which is especially important in communities with fewer resources and services.¹²⁸

The United States Conference of Catholic Bishops (USCCB) Migration and Refugee Services provides a model of care integrated with post-release services within the ORR system through its national network of service providers. The USCCB Family Reunification network connects each child with a qualified social worker skilled in navigating the resources unique to that child's community.

Notwithstanding the limited federal support for PRS, including case management, some states and communities have responded to the needs of unaccompanied children and their families through expanded health, mental health, school and after-school programming, legal assistance and other services. An encouraging example is California, where the 2019 state budget bill authorized funding to support navigation services to facilitate linkages with existing community services that support reunification and post-placement needs of undocumented minors arriving in the state unaccompanied.¹²⁹ At a more local level, schools and privately funded programs have filled some of the critical gaps in services for unaccompanied youth as they transition into communities.

Ensuring access to legal services

Without an attorney, children often have difficulty understanding their basic rights. Advocating for themselves – often with language barriers – is virtually impossible when faced with an unintelligible maze of immigration laws and processes. Although unaccompanied children have the right to be represented by an attorney in immigration court proceedings, legal representation is not guaranteed at government expense. As a result, many children interacting with the immigration system do not have representation in court.¹³⁰

Children in ORR custody are immediately placed in removal (deportation) proceedings. While many unaccompanied children apply for asylum, access to legal representation helps ensure that

all avenues for immigration relief are adequately explored. Legal representation has historically been one of the most important factors in determining whether or not a child is ordered deported. Overall, 90 percent of unaccompanied children without legal representation were ordered deported in 2015. Only 18 percent of unaccompanied children with legal representation experienced the same outcome.¹³¹

ORR contracts with independent legal service organizations to familiarize children in custody with their legal rights and provide an initial legal screening to match children with counsel. Due to limited resources, only some children get government-funded legal representation.¹³² The need for qualified attorneys who can provide adequate defense for children in removal proceedings is far greater than the funding available for direct representation, and pro- and low-bono attorneys from the private bar are in short supply.

In Europe, many countries ensure that unaccompanied and separated children have access to free legal representation. For instance, in the Netherlands, Sweden and the United Kingdom, government-funded legal assistance is available for all children in asylum procedures, including appeals. In the Netherlands, upon submitting an asylum request, an unaccompanied child is immediately informed about the appointment of a legal representative.¹³³

Legal service providers play an important role in assisting unaccompanied children and their families both in representing the child during legal proceedings, and in many cases, helping connect children with services to address other needs. Attorneys and support staff often work with children and their families for several years while their immigration cases are pending. During this period, a family's relationship with the legal service provider may be the most consistent and enduring among service providers. The intensity and duration of such relationships position legal service staff to help address children's basic needs, which can be important both in advancing the case and in supporting children's well-being.

In Arizona, the Florence Immigrant and Refugee Rights Project offers a holistic approach to the legal representation of unaccompanied children. An integrated social services team facilitates trauma-informed legal services and directly supports the food security, counseling and housing needs of particularly vulnerable clients. The integrated services model has been instrumental in the Florence Project's efforts to secure the release of unaccompanied minors on their own recognizance to organizational sponsors and host families upon turning 18 years old.¹³⁴ The social services team cultivates the relationships with community stakeholders that make it possible to identify and propose community-based placements, particularly under urgent time constraints.

Leveraging schools as a link to community integration

In the U.S., all school-age children have the right to a free public K-12 education, regardless of immigration status.¹³⁵ Public schools can play a critical role in linking newly arrived children to important services, including legal assistance, mental health support and case management. Coordinating services with public school systems is key to ensuring that unaccompanied children successfully integrate into their new communities.

In Fairfax, Virginia, the public-school system developed the Immigrant Family Reunification Program in collaboration with a number of local organizations and federal agencies, including the U.S. Committee for Refugees and Immigrants. The program aims to ease the process of family reunification by offering parent education, parent support groups, school navigation assistance, counseling and community referrals.¹³⁶

YOUTH VOICES: On readjusting to a new relationship with my mother

What I remember from Guatemala is when we spent time with my mother. We loved it when sometimes the power went out, so we had to turn on tealights, and we drew pictures in the candlelight. I just wanted five minutes to see her. My dream was to make up all the lost time.

When I came here, I was 13 years old. I expected that my mother would spend all her time with us, like before when it was just me and my two sisters. But when we got here, it seemed like my mother no longer cared for us – everything changed. At home, we were having problems. I was skipping class, I was taking the wrong steps. I did worry a little about my future, but I just wanted to be outside with my friends. The (local youth) program helped me get out of all that. I changed – now I am attending classes.

One of the greatest achievements that I have had is that I have gotten along better with my mother. I am also still in school, and now I am also taking care of my daughter. I'm very happy being a mom – it's really beautiful, being a mom. What I want to teach my daughter is to learn to value the opportunities that life gives her.

- Gabriela, 16 years old



© UNICEF/Principles Pictures - A girl (age 14) from Guatemala gets her hair braided by her sister at their home on Long Island, New York (2020).

In Houston, Texas, Las Americas Newcomer School provides specialized support and education for newly arrived immigrant and refugee students. Students are provided with an intensive English curriculum where they can learn about life and expectations in the U.S. and have the needed time to adjust to a new culture. The school facilitates wrap-around, trauma-sensitive social services.¹³⁷ In addition, Texas Children’s Hospital oversees two privately funded mobile medical and mental health clinics to serve newly arrived and undocumented students attending Houston’s public schools.

Community school models – where schools serve as resource hubs with integrated services – can play a key role in building trust between families and community-based programs and partners.¹³⁸

Facilitating access to comprehensive support

Accessing services in local communities has been made significantly more complicated as a result of the COVID-19 pandemic. Undocumented immigrant families in the U.S. are disproportionately uninsured and face challenges affording basic health care, housing and food. They are also excluded from many social safety net and pandemic relief programs. Even when they are eligible, many immigrant families do not seek health care or other critical support services for fear of adverse immigration consequences.¹³⁹ Without access to support and services, undocumented children may be among the children most likely to face hunger and eviction and the least likely to receive health care.¹⁴⁰

Informal “ally” networks can help reach those unaccompanied children and their families who have concerns about accessing services. Integrating health care and psychosocial support with other important services is an effective way of addressing multiple needs and building an environment of trust for immigrants without legal status. Terra Firma is a nationally recognized medical-legal partnership and collaborative project between Catholic Charities’ Archdiocese of New York and the Children’s Hospital at Montefiore, where doctors, lawyers and mental health providers coordinate to provide wrap-around services aimed at protecting children from deportation, improving health outcomes, and promoting youth resilience. To support these efforts, Terra Firma provides a therapeutic support group for immigrant youth, facilitates a monthly gathering of sponsors and caretakers and offers enrichment programming, including college readiness workshops, photography classes and English language instruction held in partnership with Catholic Charities’ International Center.¹⁴¹

On Long Island, New York, S.T.R.O.N.G. Youth provides culturally relevant mental health and psychosocial support services through individual, family and peer group support, mentoring services, youth enrichment and youth-led community service opportunities in partnership with schools, clergy, law enforcement and other community-based organizations. S.T.R.O.N.G. creates a safe and inclusive environment for young people, including immigrant youth, using “credible messengers” who share their own life experiences and build trust. The work incorporates a culturally rooted curriculum,¹⁴² including healing circles, rites of passage experiences, and support to parents and caregivers.



© UNICEF/Principles Pictures. 16 year old from Honduras in his home on Long Island, New York in November 2020.

Section V. The journey into adulthood: Aging out of care

The U.S. reception system for unaccompanied children works best when a child’s reunification with a parent or caregiver is relatively straightforward. Children with complex needs are more likely to be in federal custody for longer periods of time and experience multiple placements.¹⁴³ Young people who lack a viable sponsor to whom they can be released (Category 4 cases) are of particular concern, at risk of extended placement in ORR custody and also of being transferred to adult detention once they turn 18.¹⁴⁴ A child whose case has been designated as Category 4 will remain in ORR custody until the child turns 18 unless a sponsor is identified and approved, he or she obtains a legal status, or the child returns to his or her home country through voluntary departure or other immigration proceedings.

Per ORR guidance, care providers should develop a plan for young people “aging out” of ORR custody, taking individual circumstances into account and identifying an alternative to adult detention where appropriate.¹⁴⁵ Under the Violence Against Women Reauthorization Act of 2013, DHS is required to consider placing the unaccompanied young person who “ages out” of ORR custody in the least restrictive setting, such as a supervised independent living program or other community support program as an alternative to detention, or releasing the youth on his or her own recognizance after taking into account the individual’s danger to self, danger to the community and risk of flight.¹⁴⁶ However, ICE frequently does not take this into consideration, and the young person is often transferred to an adult detention center.¹⁴⁷

There are, however, several models in Europe and the U.S. that demonstrate how protection and support can extend through the whole arc of a child’s journey – including as a child reaches the age of majority or returns to his or her country of origin.

Supporting independent living for those who “age out” of care

In recognition of children’s unique vulnerabilities, many countries have enacted child-specific safeguards from reception through legal adjudication, such as protections related to education, guardianship, detention, specific minimum standards for humane conditions, health care and social service assistance, among others.¹⁴⁸ However, once an individual reaches the age of majority, many of these protections are no longer available.

Recognizing the unique risks faced by unaccompanied children “aging out” of care, some countries have expanded alternatives to removal at 18 or granted permission for them to remain permanently. In Sweden, unaccompanied and separated asylum-seekers remain under the responsibility of the state until the age of 21. Once they turn 18, these young people may move to an after-care home. The homes provide unaccompanied youth with housing, access to social workers and the ability to cook for themselves. Additionally, young migrants are able to enter vocational training and then apply for jobs. Once employed, they may transition from being asylum-seekers or undocumented migrants to having legal migrant worker status.¹⁴⁹

In the U.S., children without parental or family care in the Unaccompanied Refugee Minors (URM) program or domestic child welfare system face a different set of circumstances compared with unaccompanied migrant children as they reach the age of majority. Depending on the state, foster care services for national children and URM end between the ages of 18 and 21 years old, with several states offering independent living services until 21 in recognition of the need to support young people as they transition to adulthood. Support for education and/or vocational training

can sometimes be extended to age 24. In response to the COVID-19 pandemic, California has extended support for foster youth even further.¹⁵⁰ Research related to domestic child welfare indicates that youth who remain in extended foster care after they turn 18 have more savings and are more educated than their peers who exit foster care at 18.¹⁵¹

Providing unaccompanied migrant and asylum-seeking children with support after the age of 18 would similarly recognize the gradual nature of a young person's transition to adulthood without discrimination.

YOUTH VOICES: On family, hope and making a difference

My Dad died when I was about 3 or 4 years old. Many times I felt death, but not anymore. Thank God I am already improving my life and learning from my mistakes. If I could talk to my Dad now, I would tell him that I would like to have him by my side. I know that I had to go through some things, and I know that God took him, and he is watching me. I know that I have achieved many things for him and that one day he will see me succeed – that I will achieve my goals. But I would also tell him that I love him very much and that I would like him to be by my side. I have two pieces of music in his name...about missing him. I know that one day he will listen to my songs...that he is seeing me, that he will be happier than he is now. I know that parents, even if we are wrong, are proud of us.

I'm making a movie about a child who started from the bottom and keeps trying, but many things happen to him. He improved his life, and later he achieved all the things that he wanted and now he is with his family. He has lost many loved ones, but he feels happy and got where he always wanted to be.

I am 16 years old, and I know that I am making a big difference in my community. I know that I am improving for myself and for others and being an example, because I have lived experiences that I do not want others to go through. I know that my community is going to rise as I have.

- S.T.R.O.N.G. Youth participant, musician and filmmaker



© UNICEF/Bindra - Unaccompanied migrant children who were found traveling alone with human smugglers known as coyotes and subsequently deported back to Guatemala by Mexican authorities are led through Guatemalan immigration to be reunited with their families at La Aurora International Airport, Guatemala City, Guatemala.

Section VI. Return journey: Child-sensitive return and reintegration

Across the globe, return processes are frequently traumatic for children. They are rarely coordinated between countries, leaving many children lost in the system or unprepared for their return to a country they may have left many years ago. Upon reentry, children may face stigmatization and discrimination, as well as exacerbated violence and poverty.

Recognizing and mitigating child-specific risks and vulnerabilities is a critical starting point for any child-sensitive return and reintegration process. Returns should occur only when determined to be in the child's best interests and considered as one of several options available to the child. If return is determined to be safe and in the child's best interests, planning and cross-border coordination with receiving countries is needed to ensure that a safe landing can be prepared even before a child departs the U.S. Family tracing and assessments are critical to determining whether the child can return to the care of a capable and willing adult. If so, the child should receive continuity of care throughout the return journey as well as cross-border case management and reintegration support before, during and after return.

Unfortunately, good communication and cross-border coordination between immigration and child protection authorities in countries of destination and countries of origin/return have been more the exception than the rule. If improved, these bridges could provide the continuum of protection returning children need for sustainable reintegration. In addition, strengthening the capacity of child protection and social workforce actors in countries of origin/return is key to establishing and developing effective cross-border collaboration.

Ensuring child-sensitive return and reintegration support

In the absence of a robust U.S. government program to facilitate assisted return and reintegration support, several organizations provide pre-departure assistance with cross-border case management linkages in countries of origin. For example, International Social Service-USA (ISS) provides concurrent pre-departure reunification assessment services and planning while children are still in the U.S. ISS contacts the family in the country of origin within 48 hours of an initial referral. The program also maps available and appropriate child-centered resources in the community to which a child will return.

Similarly, KIND collaborates with community-based organizations to help unaccompanied children from Guatemala and Honduras return to their home countries and reintegrate into their families and communities with case management, as well as psychosocial, educational and other critical services they need to safely reintegrate. KIND ensures that children understand the context and conditions in order to make an informed decision regarding voluntary return.

Ultimately, child-sensitive return and reintegration should be led by governments and ensure a well-coordinated cross-border approach. Toward that end, in Honduras, UNICEF supports a community-based reintegration program for returned migrant children and families at the Belén Center for Returned Migrants. Ten social workers, hired and trained to work with the national child protection agency, identify protection cases through an initial screening and best interests determination process for arriving children. They assess family needs and build a plan for individualized services, including regular home visits, referrals to specialized health or



© UNICEF/Fleischer - A mural outside the Belén Center with the message "Honduras needs you!".

mental health services, education, technical training and social protection programs, including food vouchers and micro-credit. Reintegration services are embedded into programming for all children in a community – an approach that reduces potential stigmatization of returning children, while also addressing root causes that drive forced migration.

Even with formidable challenges and constraints, the many promising examples from the United States and other countries presented in this report show that it is possible to put better care and child welfare principles into practice for all children, including unaccompanied migrant children, and to fully support their transition to family and community life.

All children need support to grow into their full potential – wherever their journey leads. For unaccompanied children, this requires sturdy and sustainable bridges between stakeholders in the immigration, child welfare and protection sectors – that extend from northern Central America to Mexico and throughout the United States. The work to build these bridges to strengthen child-sensitive reception, care and support services for unaccompanied migrant children is as critical as ever.



© UNICEF/Bindra - Smoke rise about the volcanic hills of Quetzaltenango, Guatemala on May 4, 2018.

In recent years, an increasing number of children and families from the Northern Triangle countries of Central America – El Salvador, Honduras and Guatemala – are migrating northwards through irregular pathways, hoping to resettle in the U.S. Some are fleeing pervasive gang violence in their home communities, while others are trying to escape endemic poverty. Many are hoping to be reunified with family members already living in the U.S. or are looking for better education opportunities. The common thread that joins everyone who sets off on this journey, however, is the hope for a better life.

Annex: Thirty years of global policy and guidance related to the care and protection of unaccompanied children

Thirty years ago, world leaders made a historic commitment to the world's children by adopting the United Nations Convention on the Rights of the Child (UNCRC). The UNCRC is the most widely ratified human rights treaty in history and serves as an internationally recognized legal framework for the protection of children's basic rights. The UNCRC recognizes States' primary responsibility in promoting parental care, preventing unnecessary child-family separation, facilitating family-child reintegration where separation has occurred, where appropriate, and in all matters protecting the best interests of the child.

The principles of the UNCRC should be applied as a minimum in the care provision to all children. However, the UNCRC does not go into prescriptive detail on how the standards should be implemented. Ten years ago, the United Nations General Assembly welcomed the Guidelines for the Alternative Care of Children to provide further guidance regarding the definition of the relationship between parental care and the child's family environment, goals for alternative care and the criteria for decisions regarding alternative care placements. The Guidelines target both policy and practice necessary for the protection and well-being of children deprived of parental care or those at risk of being so, underscoring that formal alternative care should always be a temporary measure while permanent solutions are sought and should have the clear purpose of offering children a stable, protective and nurturing environment.

Further policy and implementation guidance related to the care and protection of children without parental care, including unaccompanied migrant children, has been offered by the United Nations Committee on the Rights of the Child, a body of 18 independent experts that monitors implementation of the UNCRC by its State parties, as well as the United Nations High Commissioner for Refugees (UNHCR) and UNICEF. UNICEF is guided by the Convention on the Rights of the Child and strives to establish children's rights as enduring ethical principles and international standards toward children.

On the 30th anniversary of the UNCRC, the United Nations Secretary General released a report on the status of the UNCRC, with a focus on children without parental care, including unaccompanied migrant children. As a follow-up, the United Nations General Assembly unanimously passed the 2019 Resolution on the Rights of the Child, which also includes a particular focus on children without parental care. The Resolution recommends:

- *“Prioritizing quality alternative care options over institutionalization with the best interests of the child as the primary consideration, and, where relevant, adopting policies, strategies and comprehensive plans of action in that respect, including by implementing relevant reforms, developing or reforming legislation, budget allocation, awareness-raising campaigns, training, and increasing the capacity of all relevant actors;” and*
- *“Progressively replacing institutionalization with quality alternative care, including, inter alia, family and community-based care and, where relevant, redirecting resources to family and community-based care services, with adequate training and support for caregivers and robust screening and oversight mechanisms.”*

References to key policy and guidance documents relevant to unaccompanied children are below:

- 1989: UNGA – United Nations Convention on the Rights of the Child
- 1994: UNHCR – Refugee Children: Guidelines on Protection and Care
- 1997: UNHCR – Guidelines on Policies and Procedures in Dealing with Unaccompanied Children Seeking Asylum
- 1999: UNHCR – UNHCR Revised Guidelines on Applicable Criteria and Standards relating to the Detention of Asylum Seekers
- 2005: UN Committee on the Rights of the Child – General Comment No. 6, Treatment of unaccompanied and separated children outside their country of origin
- 2009: UNGA – Guidelines for the Alternative Care of Children
- 2009: UNHCR – Guidelines on International Protection No. 8: Child Asylum Claims under Articles 1(A)2 and 1(F) of the 1951 Convention and/or 1967 Protocol relating to the Status of Refugees
- 2010: OHCHR – Study of the Office of the United Nations High Commissioner for Human Rights on challenges and best practices in the implementation of the international framework for the protection of the rights of the child in the context of migration
- 2011: UNHCR – Field Handbook for the Implementation of UNHCR Best Interests Determination (BID) Guidelines
- 2012: UN Committee on the Rights of the Child – Report of the 2012 Day of General Discussion: The rights of all children in the context of international migration
- 2012: UNHCR – Guidelines on the Applicable Criteria and Standards relating to the Detention of Asylum-Seekers and Alternatives to Detention
- 2012: UNHCR – A Framework for the Protection of Children
- 2014: UNHCR – Beyond detention: a global strategy to support governments to end the detention of asylum-seekers and refugees (2014-2019)
- 2016: UNGA – New York Declaration for Refugees and Migrants
- 2017: UNHCR – UNHCR’s position regarding the detention of refugee and migrant children in the migration context
- 2017: UN Committee on the Protection of the Rights of All Migrant Workers and Members of Their Families – Joint general comment No. 3 (2017) of the Committee on the Protection of the Rights of All Migrant Workers and Members of Their Families and No. 22 (2017) of the Committee on the Rights of the Child on the general principles regarding the human rights of children in the context of international migration
- 2017: UNGA – Report of the Secretary General: Making Migration Work for All
- 2018: UNGA – Global Compact for Safe, Orderly and Regular Migration
- 2018: UNHCR – Guidelines on Assessing and Determining the Best Interests of the Child
- 2019: UNGA – Status of the Convention on the Rights of the Child: Report of the Secretary-General
- 2019: UNGA – Resolution on the Rights of the Child

Other recent global guidance

- 2004: IRC, et al. – Interagency Guiding Principles on Separated and Unaccompanied Children
- 2012: CELSIS – Moving Forward: Implementing the ‘Guidelines for the alternative care of children’
- 2013: Inter-agency Working Group on Unaccompanied and Separated Children – Alternative Care in Emergencies Toolkit
- 2014: UNHCR – Safe and Sound: What States can do to ensure respect for the best interests of unaccompanied and separated children in Europe
- 2015: UNICEF & Better Care Network – Making Decisions for the Better Care of Children: The role of gatekeeping in strengthening family-based care and reforming alternative care systems
- 2016: Inter-agency Working Group on Unaccompanied and Separated Children – Framework for Considering the Best Interests of Unaccompanied Children
- 2016: Inter-agency Group on Reintegration – Guidelines on Children’s Reintegration
- 2017: Inter-agency Working Group on Unaccompanied and Separated Children and the Alliance for Child Protection in Humanitarian Action – Field Handbook on Unaccompanied and Separated Children
- 2018: The Alliance for Child Protection in Humanitarian Action – Recommendations for the Reunification of Separated Children with Their Families and Recommendations for Improving Interim Care for Separated Children
- 2019: UNICEF – UNICEF Working Paper: Alternatives to Immigration Detention of Children
- 2019: International Organization for Migration – IOM Handbook on Protection and Assistance for Migrants Vulnerable to Violence, Exploitation and Abuse
- 2019: The Alliance for Child Protection in Humanitarian Action – Minimum Standards for Child Protection in Humanitarian Action

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1 United Nations Children’s Fund, Agenda for Action, UNICEF, <www.unicef.org/children-uprooted/agenda-for-action>, accessed 8 December 2020.

2 United Nations Children’s Fund, *A Child is A Child: Protecting children on the move from violence, abuse and exploitation*, UNICEF, May 2017, p. 6, <www.unicef.org/publications/files/UNICEF_A_child_is_a_child_May_2017_EN.pdf>, accessed 13 January 2021.

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5 United Nations Children’s Fund and the Better Care Network, ‘It’s time for care: Prioritizing quality care for children - Challenges, opportunities and an agenda for action’, Discussion paper, 10 December 2020, <www.corecommitments.unicef.org/kp/it%27s-time-for-care>, accessed 18 February 2021; Resolution adopted by the United Nations General Assembly, ‘Rights of the Child’, A/RES/74/133, 20 January 2020, <<https://undocs.org/en/A/RES/74/133>>, accessed 18 February 2021. In the build-up to the adoption of the 2019 Resolution on the Rights of the Child, a global coalition of more than 250 organizations, networks and agencies engaged at national, regional and international levels on issues related to children’s care worked together to propose a set of key recommendations to inform the Resolution. The Resolution was also informed by a report released by the United Nations Secretary General on the status of the Convention on the Rights of the Child with a focus on children without parental and family care. See United Nations, Status of the Convention on the Rights of the Child: Report of the Secretary-General, A/74/231, United Nations, New York, 26 July 2019, <<https://undocs.org/A/74/231>>, accessed 19 November 2020.

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10 "Apprehensions" refers to the physical control or temporary detainment of a person who is not lawfully in the U.S. which may or may not result in an arrest. These figures do not include "inadmissibles," which refers to individuals encountered at ports of entry who are seeking lawful admission into the United States but are determined to be inadmissible, individuals presenting themselves to seek humanitarian protection under U.S. laws, and individuals who withdraw an application for admission and return to their countries of origin within a short timeframe. The number of individuals deemed "inadmissible" in the past few years was as follows: FY2019 53,430 family units and 4,614 unaccompanied children; FY2018 53,901 family units and 8,624 unaccompanied children; FY 2017 – 29,375 family units and 7,246 unaccompanied children; United States Department of Homeland Security, U.S. Customs and Border Protection, 'Southwest Border Migration FY 2019', <www.cbp.gov/newsroom/stats/sw-border-migration/fy-2019>, accessed 20 May 2020.

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150 California Senate Bill No. 912, California Fostering Connections to Success Act, 1 September 2020, <http://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200SB912>, accessed on 10 November 2020. On 4 March 2020, the California Governor proclaimed a state of emergency in the state in the midst of the COVID-19 threat. Executive Order No. N-53-20, signed by the Governor on 17 April 2020, and as extended by Executive Order No. N-69-20, signed by the Governor on 15 June 2020, authorizes temporary waivers of certain foster youth program requirements to ensure continuity of care in response to the COVID-19 pandemic. Under this bill, a nonminor dependent who turned 21 years of age between 4 March 2020 and 30 June 2021, inclusive, would be eligible to continue receiving extended foster care support through 30 June 2021.

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