

Panel: Survival and Development of Displaced Children

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1. In what ways do current practices or policies provide for the holistic needs of children who have been displaced across borders?

In the United States, the rights of children are influenced by legal status. Refugees—a formal category established by UNHCR and the U.S. government—have access to resettlement services (although in Texas how these services are provided is changing). These services may include a case manager, a counselor, and other concrete services, such as housing, food stamps, etc. While these services are time limited, it is a cursory approach to providing holistic services to vulnerable youth and their families. However, displaced youth who enter the United States seeking asylum or another form of immigration relief (i.e. Special Immigrant Juvenile Status) do not have any access to any of these services. Youth are unauthorized to live in the United States until their immigration status is adjusted through the U.S. legal process. This can take two-three years and may not be successful. During this time, youth are vulnerable to mental and physical health problems, homelessness, hunger, and maltreatment. One critical example is seen with unaccompanied migrant youth released from the care of the Office of Refugee and Resettlement (ORR). We do not know what happens to them. There is no government follow-up about their well-being and we are not sure if they attend school and seek immigration relief with access to an attorney. In this case, neither practices nor policies provide for the holistic needs of youth who have been displaced by borders. From my perspective, these systemic and access issues are in direct contradiction with articles 3 and 6 of the U.N. Convention on the Rights of the Child. What is striking is that there is substantial research suggesting the effectiveness of resettlement programs. For example, look at the health, education, mental health, and socioeconomic status of Cuban refugees and compare them to Central American asylum seekers. One group has access and the other does not.

2. In what ways do current practices or policies make it difficult to respond to the holistic needs of children who have been displaced across borders?

Current policies that distinguish between refugees and asylum seekers make it difficult to respond holistically to the needs of children and youth displaced across borders. Additionally, current immigration policies that define what an “asylum seeker” is and the conditions that they can seek immigration relief make it extremely onerous to “prove.” Even when a child may be in grave danger or live in extreme poverty in their country of origin, these conditions may not meet the statutory definitions and therefore adjustment of status may be denied. Being repatriated to their country of origin can put that in risk for poverty and, in many cases, death. Additionally, in Texas, youth who are seeking asylum do not have formal access to comprehensive services. If they are in need of mental health services, for example, whether or not they receive them depends on the community organizations and how they may extend their non-federal funding to include access to these youth. Policies such as these are in direct contradiction of the U.N. Convention of the Right of the Child, as they are not “in the best interest of the child” and they do not ensure survival and healthy development.

3. If you could identify two key aspects of policy or practice that need to be changed to ensure the holistic survival and development of displaced children, what would you recommend and why?

- A. Policies and practices by the Office of Refugee and Resettlement do not ensure the safety and well-being of (unaccompanied migrant) children and youth released from federal foster care. It is critical to increase federal monitoring of children and youth who are released from federal care to ensure they are safe and not exposed to further maltreatment (i.e. human trafficking). Monitoring may also help facilitate access to legal services, mental health services, education, and other concrete services, like food and housing.
 - B. A federal extension of refugee post-resettlement services to asylum-seeking youth and their families. If the U.S. congress extended the refugee post-resettlement services to children and youth seeking asylum this may help facilitate some of the recommendation in the point above.
 - C. Immigration policy that is not child focused on the “best interest of the child.” Decisions about immigration relief are not made in the best interest of the child. In contrast, many immigration and family court judges have complete autonomy to make decisions about the future of children and youth. These decisions could lead to a forced repatriation to the country of origin and family separation from parents and other key family members.
4. If you could identify one critical question that future research should investigate to address challenges to the healthy survival and development of displaced children, what would that be, and why?
- A. What are the long-term health, mental health, and quality of life effects of U.S. policies on youth who do not have access to comprehensive services during the resettlement/integration period?
 - B. What are the major structural, political, and financial challenges that hinder the U.S. from adopting the U.N. Convention on the Rights of the Child?
 - C. If the U.S. were to adopt the U.N. Convention on the Rights of the Child, what federal and state policies would have to change to be in compliance with the articles ratified in the document?

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