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Experience of Undocumented Immigrant Children in the Child Welfare System

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The Experience of Undocumented Immigrant Children in the Child Welfare System

by

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Each person whose signature appears below certifies that this dissertation in his/her opinion is adequate, in scope and quality, as a dissertation for the degree Doctor of Philosophy.

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CONTENT

FIGURES

TABLES

ABSTRACT OF THE DISSERTATION

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by

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As the number of undocumented immigrants entering the U.S. continues to increase, the number of undocumented children and families who come into contact with the child welfare system is also increasing. Currently, there are no federal or state guidelines addressing the immigration status of undocumented children placed in out-of-home care. They are assessed using traditional models without consideration of their unique needs and are referred for the same general types of treatment and services. It is important to identify and address the needs and challenges faced by this population.

The goal of the study was to obtain a detailed understanding of the experience of undocumented immigrants who as children or youth spent time in the child welfare system. Their placement experiences in out-of-home foster care were explored within the context of their immigration status and their level of assimilation. A qualitative study using Grounded Theory methodology was conducted. Six interviews were conducted. There were three male and three female participants. Participants ranged from18 to 21 years of age. Snowball sampling techniques were used to recruit participants. The transcribed interviews were analyzed and coded. Peer reviews, peer debriefings, member checking and other strategies were used to ensure trustworthiness of the data. The core process or experience that emerged during this study was *repeated assimilation to new*

environments. Participants described assimilation processes into three different environments: (1) the United States, (2) out-of-home foster care, and (3) adulthood (emancipation from foster care).

The results identify themes and conditions involved in these repeated processes of assimilation. Assimilation to each new environment involved the following four themes: Reasons for Change/Migration; Factors of Adjustment/Assimilation Experience; (Biological and Foster) Home Experience; and Emotional Experience. Results support the need for a better understanding of the unique needs of immigrant youth at multiple systemic levels.

These findings highlight the need for caregivers and workers to consider: what the child has been through, where they are going, as well as the numerous influences that make up their experience. Findings also identify unmet needs and barriers to services faced by undocumented children and families so that advocacy for changes in child welfare policy, programs and practice can occur.

CHAPTER ONE

INTRODUCTION

As the number of undocumented immigrants entering the Unites States continues to increase, the number of undocumented children and families who come into contact with the child welfare system is increasing as well. Currently, no consistent data on this sub-population is being collected at local, state or federal child welfare levels (Lincroft, Resner, & Leung, 2006). Undocumented families are a unique population as they face additional challenges in comparison to those experienced by domestic (U.S. born) families. These challenges include: physical and psychological effects of the migration experience, consequences associated with illegal immigration status, and the assimilation process. Administrators, social workers, care providers and service providers are often times unfamiliar, unprepared, and/or unable to provide the care and services required by this unique population. This study examines the experience of undocumented Mexican immigrants who spent time during childhood and/or adolescence in the child welfare system. The study takes into consideration interactions between and within multiple systems such as family, peers, agencies, community, and prevailing laws and values as well as the variety of assimilative experiences encountered as participants became part of a new culture. Resources, assimilative factors, and social interactions must be considered and developed when working with immigrant youth. With this in mind it is important to establish a vantage point, or perspective, through which to look at this phenomenon. Ecological systems theory (Bronfenbrenner, 1979) and segmented assimilation theory (Zhou, 1997) provide the overarching and sensitizing conceptual frameworks that serve as a starting point for the study. Both theories allow for a more complete understanding

1

of all of the factors that affect the experience of immigrants. Explaining the potential factors that contribute to the immigrant child's involvement in the child welfare system is necessary to understand the child's overall experience, detect patterns, and develop conceptual models or theories. I utilized a Grounded Theory approach, taking Charmaz' (2006) constructivist approach to qualitatively examine the experience in the child welfare system as described by these young adults and to identify any unmet needs or barriers that they might perceive. Grounded Theory is inherently a "systems approach." Stillman (2006) explains that Grounded Theory recognizes the interrelationships that are central to systems thinking. Grounded Theory discovers theory that explains a process that participants go through in substantive areas as they resolve their main concern.

Immigrants in the Child Welfare System

Nationwide, over 700,000 children per year are found to be victims of abuse or neglect (Children's Bureau, 2007). Twenty percent are placed in out–of- home foster care (US Department of Health and Human Services, 2010a). Of the children placed in foster care, half are from minority families (Hill, 2006). Over the last decade focus has been placed on the increasing numbers of immigrant children and families involved with the child welfare system.

Hispanics in the Child Welfare System

A large percentage of these families are Hispanic. Many of them are immigrants. According to an estimate in a report by the federal Children's Bureau (2007), Hispanics make up 17 percent of the 523,000 children in foster care nationally. In California,

Hispanics made up 40 percent of the 83,091 children in foster care as of July 2005 (Lincroft, Resner, & Leung, 2006). The number of Hispanic children reported for abuse or neglect increased from approximately 90,000 in 1996 to over 108,000 in 1999 (Community for Hispanic Children, 2004). Although reliable data is limited, there is anecdotal evidence that points to a disproportionate increase in the number of immigrant children entering the child welfare system. Hill (2006) asserts that this is a result of disproportionate needs. Although immigrant children come to the attention of child welfare officials for risk and safety concerns associated with abuse, neglect or abandonment like U.S. born children, the migration "…stressors exacerbated by a number of experiences unique to this population" (Austin, 2006, p. 8) might also explain this increase. The unique experiences, not usually experienced by their native-born counterparts include assimilation, loss of close family and social networks, and immigration fears.

Despite the recent interest in the disproportionality of minority children in the child welfare system, there is very limited research on the Hispanic immigrant's migration and acculturation experience, their experience with the child welfare system, and issues related to their cultural needs. There is however, evidence that links race to the reporting of abuse, dispositions (findings), out-of-home placements, and foster care re-entry (Derezotes et al. 2005; Hill, 2006). More specifically, African Americans, Hispanics and Native American children are more likely to be identified as alleged victims of maltreatment (Lau et al. 2003).

Remedy Available to Undocumented Children in the Child Welfare

System: Special Immigrant Juvenile Status (SIJS)

Abused and abandoned children who are in the United States illegally might be eligible to adjust their legal permanent residency through a legal remedy known as Special Immigrant Juvenile Status (SIJS). SIJS provides lawful permanent residency to children who are under the jurisdiction of a juvenile court and who will not be reunified with their parents due to abuse, neglect, or abandonment. The SIJS application is based upon a special order that must be signed by the juvenile court judge. In dependency proceedings the SIJS application is filed after reunification efforts are ended. SIJS status provides access to benefits, immediate employment authorization, and the ability to remain in the U.S. with eventual lawful permanent resident status (Kinoshita & Brady, 2005).

History of SIJS

The foundation of this remedy is based on immigration policy, which is found in the Immigration and Nationality Act (INA) created in 1952. Before the INA, a variety of statutes governed immigration law but were not organized in one location. The McCarran-Walter bill of 1952, Public Law No. 82-414, collected and codified many existing provisions and reorganized the structure of immigration law. While the INA has been amended many times over the years, it is still the basic body of immigration law. The INA stands alone as a body of law and is contained in Title 8 of the United States Code, which deals with "Aliens and Nationality" (U.S. Citizenship and Immigration Services, 2006).

It was not until the amended INA of 1990 that Congress acknowledged the barriers to "permanency and well-being" that undocumented immigrant children in the child welfare system face that special relief was created (Lincroft, 2007). Section 203 (b)(4) of the code allocates a percentage of immigrant visas to individuals considered "special immigrant juveniles." This remedy provides legal immigration status to children who become juvenile court dependents. It is unique as the only provision in U.S. immigration law that expressly includes the "best interests of the child" in its eligibility criteria. Recognizing that state juvenile courts have particular expertise in determining the "best interests" of children subjected to abuse, Congress constructed this remedy for non-U.S. citizen minors who have been victims of abuse, neglect, or abandonment (U.S. Citizenship and Immigration Services, 2006).

Implementation of SIJS

Although the SIJS remedy draws upon the assets of the federal and local child welfare agencies and has been clearly mandated and established for over a decade, it has been implemented poorly and appears at times unattainable because of the reservations, conflicts, and lack of understanding in the implementation and timing. This has made institutional and administrative arrangements necessary for implementation vague and insufficient. According to Lincroft, Resner, and Leung (2006), despite long-established policy, many local consular and federal officials, juvenile courts, and child welfare agencies are unaware of the SIJS remedy for long term, undocumented dependents. These experts further indicate that administration and guidance for implementation was not provided to the courts, child welfare agencies or community-based organizations

regarding the findings necessary to support a petition for SIJS or an application for lawful permanent residency on behalf of the child. Due to the lack of knowledge about SIJS or failure to implement it within specified timeframes, many children lose the opportunity to secure a change of status.

As neither state child welfare agencies nor the Department of Homeland Security (DHS) maintain statistics on the number of children in out-of-home care who qualify for or receive SIJS status, an accurate assessment of SIJS underutilization is not possible. U.S. Citizenship and Immigration Services (CIS) reported the number of child welfare dependents granted permanent status by some means in 2006, was 912 (Thompson, 2009).

Implementation of SIJS policy has been difficult because delivery is reliant on local organizations and agencies that are relatively autonomous from federal or state control. These organizations are often times weak and staff lack foresight in the areas of decision-making, collaboration, program design and outcome measures. It is important for local child welfare agencies and juvenile courts to incorporate immigration remedies such as SIJS into case plans and adjudications.

The following story illustrates a typical case involving an undocumented child and the multiple factors, individuals, and decisions at various levels that influence the outcome of a life.

Maria's Story

Maria, a citizen of Mexico, came to this country at age four with her biological father. She was taken into protective custody at age thirteen by the local child welfare

agency as a result of allegations made of severe, long term, sexual abuse against her father. Maria's mother waived her reunification services due to her unwillingness and inability to travel to the United States from Mexico. Maria's mother had a long history of chronic drug and alcohol use and had resisted prior court-ordered treatment for these problems. Maria's father was denied reunification services and his whereabouts became unknown shortly after the allegations were made. Maria was officially declared a dependent of the juvenile court and ordered to be placed in long-term foster care as the permanent plan. It was also determined by the Court that it was not in the best interest of the child to be returned to her previous country of nationality or country of "last habitual residence."

Maria was placed in the home of a non-related, extended family member. However, after one year in out-of-home placement, the child welfare department became aware that there were "issues" in the caregiver's home. For example, Maria was made to care for the other children while the caregiver went to work and she was not attending school on a regular basis. It was also discovered that her biological mother had been staying in the caregiver's home on an extended "visit." Upon learning of these events, the child welfare department made a recommendation to the court to offer the biological mother reunification services on behalf of Maria. Within months, the court changed the child's dependency status from permanency placement to family reunification, thereby disqualifying her for an adjustment of legal permanent residency status according to the requirements set forth in the Special Immigrant Juvenile Status (SIJS) remedy. The matter of her legal permanent residency was not addressed until after this change of

dependency status. Unfortunately, reunification efforts failed with her mother and Maria remained in foster care for several more years.

Although Maria's dependency status was not terminated until after her eighteenth birthday, her application for legal permanent residency was never completed, nor could it have been completed because of the change of dependency status from permanency to reunification. Maria is now twenty years old. She is an undocumented immigrant who, like other undocumented immigrants, will face the multitude of issues that come with living in a country illegally.

Maria has been victimized several times in her life. She has suffered through the migration experience and all that comes with it. She has suffered severe sexual abuse at the hands of a parent. Finally, she has suffered neglect by an institution, which is charged with ensuring that the needs of all children in its care and custody are met. Maria was not provided the treatment or services, which addressed her migration and acculturation experiences, she was not provided with culturally competent services, and she was ultimately denied the adjustment of her legal permanent residency status that she was entitled to. Although it is difficult to speculate regarding the reasons why Maria was taken from her country of origin or why she was victimized by her father, it is possible to explore the reasons why Maria's needs were not met during her time in out-of-home care.

While it is the purpose of child welfare agencies to protect and preserve the population of children and families at risk or affected by abuse and neglect, there is a distinct subset within this population that is again becoming of increasing concern: undocumented immigrant children and families. Undocumented immigrant children who are abused or neglected feel the same pain regardless of their immigration status. Besides

protection, undocumented children should also be given access to the immigration relief options available to them to avoid further difficulties in adulthood.

Background

Undocumented immigrants include those who are born outside of the United States and who reside here without the legal permission of the U.S. government. It is very difficult to gain accurate estimates of the number of illegal or undocumented immigrants. This is difficult "because the government lacks administrative records of [the individual's] arrival and departure" (Brauer, 2004, p. 5). It is estimated however, that over 400 undocumented children are placed in foster care each year in the state of California (Lincroft, Resner, & Leung, 2006). Nationally, preliminary analysis has found that 9.6% of children involved in the child welfare system are children of immigrant parents and 2.3% are immigrants themselves (Dettlaff & Rycraft, 2009). Information as to the legal status of these immigrants was not provided in the analysis.

There is currently no formal mechanism for recording statistics on immigrant children in the child welfare system at a national, state, or local level. Interviews with child welfare staff and researchers suggest under-reporting or misreporting are the results of problems with the information put into child welfare databases (Lincroft, Resner & Leung, 2006). Optional fields such as country of origin, primary language, and immigration status are rarely documented. Accurate information about immigration can also be difficult to obtain as a result of confusion or fear of jeopardizing the immigration status of the family (Lincroft, Resner & Leung, 2006), lack of understanding of how

immigration status impacts services delivery, and confusion regarding mixed immigration statuses within families (Dettlaff & Earner, 2007).

Neither baseline measurements on undocumented children in foster care, nor data on their specific needs are available. Additionally, there have been no objectives or outcomes identified by federal law. "Data about immigrants in child welfare should be collected on a national, regional, and local basis. While the number of certain immigrant groups in the child welfare system may appear small, compilation of regional numbers by state, city, or county may reveal significant numbers (Lincroft, Resner & Leung, 2006, p. 14).

The technology is available as are the data fields on state child welfare intake systems. Tracking mechanisms are needed to determine the number of families involved in the child welfare system and whether or not the services they receive are effective. Because there "are no baseline data to use for comparisons, it will be some time before useful date begin to emerge" (Williams, et al. 2005, p. 741).

Northcott et al. (2008) suggest that legislation at the federal level is required to ensure consistent data collection at the local, state and federal level. Collected data should include country of origin, languages spoken, immigration status, and all options for permanency within and outside of the U.S.; measures taken within or outside the U.S. for reunification; and length of time to achieve permanency and average cost per case for international placements.

Long-term outcomes of undocumented children exiting the child welfare system should also be considered. Differences in the outcomes of immigrant children versus domestic children are relatively unknown. "No study to date has made an adequate effort

to…assess the post discharge functioning of children formerly in out-of-home care…consequently the relationship between race and post-discharge functioning cannot be considered until this arena is better explored" (Courtney et al. 1996, p. 12). This type of data and documentation will allow weaknesses to be identified, which will allow for improvements in the child welfare system that will ultimately lead to ensuring the "best interest of all kids entering and exiting the U.S." (p. 2).

As a result of this lack of data, the need for research, policy, and procedure has never been fully addressed. "Additionally, little empirical information is available on the unique needs and experiences of immigrant children and families who are involved in the child welfare system or on effective practices to respond to the special needs of this population (Dettlaff & Earner, 2007, p. 5)

Currently, there are no statewide guidelines addressing the immigration status of these undocumented children. Several county child welfare agencies in California such as Riverside County, Los Angeles County, and Fresno County have developed their own plans to address this population. Consequently, limited information is available regarding the mental health, medical and educational needs of these children while in foster care. In addition, little research-based information is available on interventions that are effective in promoting their safety, permanency, and well-being (Velasquez et al., 2007). The bulk of literature available is conceptual or descriptive, consisting primarily of demographic studies on adults. Of the few studies available, the majority also focus on educational and linguistic outcomes rather than on outcomes that are of primary interest to the child welfare system. This will be discussed further in the Literature Review in Chapter 2.

Nevertheless, county child welfare agencies have acknowledged their provision of services to these children, regardless of their immigration status. While these services are meant to be beneficial and in the best interest of the child, the lack of funding and direction has led to numerous challenges (Nation, 2005). Most child welfare personnel have not had the opportunity to receive the specialized education or training necessary to address the unique issues and challenges faced by this population. This includes issues related to migration and acculturation, immigration status, available services, cultural dynamics, and transnational connections. Most cases involving undocumented immigrant children are managed the same way domestic cases are. They are assessed using the same models without consideration of their unique needs and referred for the same general types of treatment and services. It is important to identify and address the needs and challenges faced by this population. This can be done by evaluating what is currently being done and providing information and recommendations for best practice.

Rationale and Study Objectives

Most research on immigrants has examined the effects of migration and acculturation and has focused mainly on adults. Little is known about children (Bacallao, & Smokowski, 2007). Research on children has focused on the needs of refugees and asylees or looked at service provision in child welfare agencies. During the last few years, a number of publications (Earner, 2005; Pine & Drachman, 2005; Xu, 2005) have pointed to the importance of studying undocumented children involved in the child welfare system. Several studies have provided conceptual overviews of issues facing undocumented families and more specifically immigrant children who are placed in out-

of-home care. However, empirical research in every area of this topic is almost entirely

lacking as cited by Earner and Dettlaff (2007):

> We don't know how many immigrant children and families are involved in the
> child welfare system, the unique risk factors that propel them to the attention of
> the child welfare system, and once in the child welfare system, we don't know
> what services best promote positive outcomes. Because the immigrant population
> has unique experiences and stressors, we need more information about practices
> that meet the needs of that population (p. 5)

This study examines assimilation, immigration status and placement in out-of-

home foster care in the context of the mechanisms and processes that define these

relationships. An examination of such contextual issues requires an understanding of

human ecology as well as the various levels of influence by the social environment.

(Zielinskie & Bradshaw, 2006).

The goal of the study is to obtain a detailed understanding of the experience of

undocumented immigrant children in the child welfare system as recalled by young adults

who came into contact with the child welfare system during their childhood and/or

adolescence and in some cases left it, as undocumented immigrants. The original intent

was to merge findings into a heuristic model which would provide an in-depth

understanding and visual depiction of the immigrant experience. This was meant to be

accomplished by exploring 1) the transition and obstacles faced by undocumented

immigrant children and families living in the U.S.; 2) factors leading to child welfare

intervention in undocumented or mixed citizenship families, and 3) the service pathways

chosen for undocumented children involved with the child welfare system. The study

ultimately fell short of these goals for reasons which are discussed in Chapter 5. To

accomplish the study aims, qualitative methods were used, which are ideal for studying

processes and providing "thick description" and context to phenomena which have been little studied (Denzin & Lincoln, 2002; Geertz, 1973).

Findings from the study provide an understanding of the overall experiences of undocumented children involved with the child welfare system and deepen our understanding of the complexities and issues they face. The study will also help to begin identifying unmet needs and barriers to services faced by undocumented children and families so that advocacy for changes in child welfare policy, programs and practice can occur. The connection between children, families, agencies, communities and legislation are placed on a theoretical platform to better describe and understand the problem to be addressed: the link between migration, assimilation and maltreatment, and service provision and child well-being.

Sensitizing Frameworks and Theories

Sensitizing frameworks provide a theoretical foundation, or starting point, for qualitative studies. Charmaz (2003) has referred to sensitizing frameworks as "those background ideas that inform the overall research problem." She goes on to explain that

> sensitizing concepts offer ways of seeing, organizing, and understanding experience; they are embedded in our disciplinary emphases and perspectival proclivities. Although sensitizing concepts may deepen perception, they provide starting points for building analysis, not ending points for evading it. We may use sensitizing concepts *only* as points of departure from which to study the data. (p. 259)

The following sensitizing frameworks will be used to shape this study: Ecological Systems Theory and Segmented Assimilation Theory. These frameworks were derived

from a thorough review of the literature on child welfare and immigration and acculturation.

Ecological Systems Theory

Bronfenbrenner's (1979) ecological model of human development and interaction provides an appropriate introduction or orientation to the study of the experiences of undocumented children in the child welfare system. This conceptual model demonstrates that for children, well-being is influenced not just by personal characteristics or events, but also as a result of that person's environment, which includes caregiver relationships, community resources/support and larger societal influences (Bronfenbrenner, 1986). Other authors add that "these factors must be analyzed together since demands and resources exert a mutual influence on each other" (Aguilera-Guzman, et al. 2006, p. 126). Specific to this population, it considers the "immigrants backgrounds, the probability and degree of trauma, and the resources available to and among clients" (Fong, 2004, p. 6). This perspective can assist child welfare workers in assessing, understanding, and addressing the interactions between the abused child and their environment (Bronfenbrenner & Morris, 1998).

Bronfenbrenner (1979) identified five environmental subsystems: Microsystem, Mesosystem, Exosystem, Macrosystem, and Chronosystem (See Figure 1).

Microsystem

The Microsystem consists of the interpersonal interactions in an individual's life, roles or other "patterns of activities" (Bronfenbrenner, 1979, p. 22). Here, individuals

15

have direct contact and interactions with caregivers, family, friends, and classmates. In

this study, the Microsystem is represented by the interaction between a child entering

foster care, who comes with his/her own "experiences" or "past" who is assimilating to a

new family and community where there are patterns of interaction already established.

Both the child and family members will be affected and affect each other as they interact.

Mesosystem

Next is the Mesosystem which is comprised of the interrelationships between the

various settings in which an individual actively participates. For example, it is a "system

(MICROSYSTEM)
Child

(MESOSYSTEM)
Bio-Family, Peers

(EXOSYSTEM)
Foster Family, School,
Community

(MACROSYSTEM)
Child Welfare System, Juvenile Courts,
Immigration System, Societal Laws,
Values & Beliefs

(CHRONOSYSTEM)
Time & Events
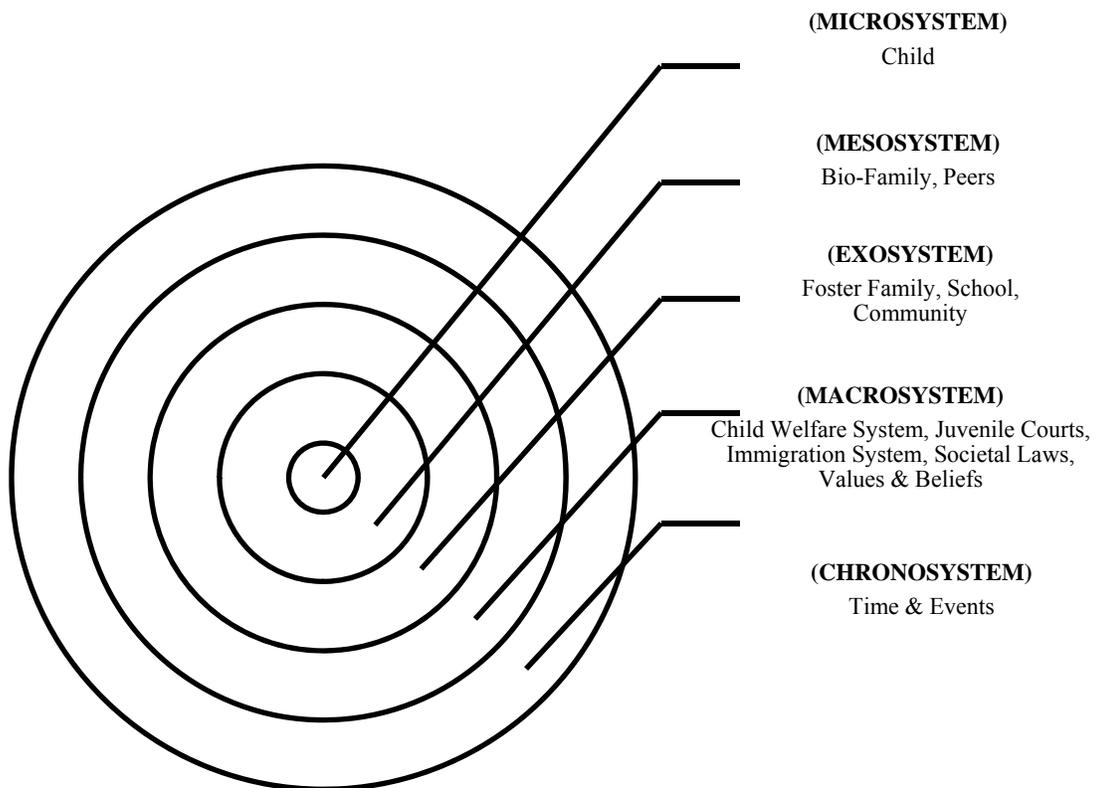
Figure 1. Ecological Systems Model

of Microsystems" (Bronfenbrenner, 1979, p.25). This includes the relationship between home and peers like school and neighborhood friends. These relationships are examined in the context of how they impact the individual.

Exosystem

The third system is the Exosystem, which consists of the interaction and functioning of the undocumented child in their foster homes, new neighborhoods, and school environments given their history (abuse, neglect, migration, and assimilation).

Macrosystem

The Macrosystem consists of settings in which the child may not be actively involved, but in which they may be affected by "indirect forces" (Bronfenbrenner, 1979, p. 25). This is represented by the juvenile dependency court, immigration court, and the child welfare system. While the child may not be participating directly in proceedings, decisions made and actions taken by these agencies will certainly have an effect on the child.

The macrosystem also addresses broad societal principles and institutions. It is composed of the cultural values, customs, and societal laws of the individual's community (Bronfenbrenner, 1979, p.26). Current attitudes, beliefs, and laws specific to immigrant sentiment and/or attitudes, beliefs, and laws pertaining to foster children will impact the individuals functioning and success in society.

Chronosystem

The final system is the Chronosystem, which considers the idea of time as it relates to a child's environments. It looks at transitions made over the course of life and also considers how the past affects the present. As children mature, they react differently to environmental changes (Bronfenbrenner, 1986). Current circumstances should be considered within the context of all of social systems as well as past events and the natural passing of time.

In this study, the Chronosystem is illustrated by the role that the immigrant child's history and development play in future achievements. An undocumented immigrant child's experience with social oppression in the past and present might have different effects after the child has received interventions such as treatment services and/or legal immigration standing. As a sensitizing framework for this study, EST draws attention to the multiple influences and interrelatedness of numerous social elements in an environment. EST also helps to demonstrate that for immigrant children, well-being is influenced by caregivers (both biological and foster), effective child welfare intervention, and existing systemic ideologies and policies. For the child's biological parents, there is an ongoing struggle as they work to assimilate and survive in a new country with limited resources and support. For foster care providers, there is a responsibility not only for the daily care of the child but the expectation that this care will be provided in a culturally sensitive and developmentally appropriate way. This is in addition to working with social workers, teachers, therapists and others involved in a child's case. Involvement of or collaboration with social workers and availability of services have a significant impact on the outcomes for children involved in the child welfare system (Lee & Ayon, 2004).

Requirements and practices at governmental and administrative levels also have an impact on the individuals working with and on the children themselves.

While an understanding of the multiplicity of factors operating at the various ecological levels is an important focus in this study, there is also a need to understand the experience of these foster children as (undocumented) immigrants. Because a major focus will be placed on migration, it is important to identify, another related sensitizing framework: the assimilation process. Segmented Assimilation Theory as it will be used in this study is related to the assimilation process as represented by "interactions between micro-level assimilation processes and macro-level community contexts" (Xie & Greenman, 2005, p. 1).

Segmented Assimilation Theory

Segmented assimilation theory provides an explanation of the variety of integrative experiences newer, post-1965 immigrants may have experienced as they become part of a receiving society. Historically, from the mid-1920's to the mid-1960's immigrants came to the United States at a slow rate and were primarily European in origin. Since the passage of the Immigration Act in 1965, the U.S. has experienced a surge in immigration. These new immigrants are primarily from Asia and Latin America. Aside from the changes in the immigrants themselves, there have been significant policy changes in America as the receiving society (Xie & Greenman, 2005). Therefore, the process of integration for these "new immigrants" can fluctuate between a "smooth acceptance and traumatic confrontation which depends on the immigrant's characteristics

and the social context that receives them" (Portes & Zhou, 1993, p. 75). Integration will be determined by pre-migratory conditions and available resources.

Segmented assimilation theory differs from traditional assimilation theories which assume that there is one "natural process by which diverse ethnic groups come to share a common culture and to gain equal access to the opportunity structure of society" (Zhou, 1997, p. 70). Traditional assimilation theory asserts that immigrants integrate over time societal norms, behaviors and characteristics, including higher social and economic status - thus the belief that assimilation and upward mobility go hand in hand. The expectation then is for future generations to show these similarities at a faster rate. Segmented assimilation theory posits that the automatic path from assimilation to upward mobility may no longer exist (Xie & Greenman, 2005). The U.S. is currently a stratified, unequal society. Immigrants therefore assimilate into different and unequal "segments" or places in society. This implies that there are several influences, factors or ways to become "American" (Xie & Greenman, 2005). Traditional assimilation theory primarily focuses on process while segmented assimilation offers a broader outlook that takes into account both the process of assimilation as well as the potential outcomes.

Factors Affecting Paths to Segmented Assimilation

Segmented assimilation theory offers three paths to assimilation: "traditional assimilation/upward mobility-transition into the mainstream (middle class); selective acculturation-where individuals remain embedded in supportive ethnic communities; and dissonant acculturation-transition into a native, minority underclass" (Wight, 2005, p. 2).

While segmented assimilation theory acknowledges assimilation as a process which occurs over time, it recognizes that new arrivals are received and positioned in various "segments" or paths of society. Positions or paths are determined largely by external factors such as education, wealth, social support, communal attitudes, and political affairs. Immigrant families who arrive from low socio-economic backgrounds are likely to suffer from the disadvantages found in underprivileged settings such as poverty, violence, substance abuse, health and mental health issues.

Many immigrant children and their families come to the U.S. and have little or no financial support. They might be forced to work in low paying jobs and live or work in substandard conditions. As a result of stress, poor living or working conditions some individuals become ill and receive no medical attention. Others suffer depression, anxiety and other mental health disorders.

However, social support, family connections, and cultural values also play a large role in determining which segment a family will assimilate to (Zhou, 1997). Gratton, Gutmann, and Skop (2007) explain that groups with fixed cultural values and social ties consistent with upward assimilation (e.g. education, success) are likely to be successful and resilient, while those with weak cultural ties will end up in a marginalized population in downward assimilation. Others have found that social support variables also influence health and mental health (Finch & Vega, 2003). For example, immigrants experience a decrease or loss of social support (emotional and/or financial) when arriving to a new country. This adds further stress as they might become isolated or unable to transition successfully because they need explanation or assistance with language, familiarity with customs or access to services. On the other hand, settling in a familiar community

encourages a smoother transition, minimized exposure to discrimination, allows access to support and provides a more stable integration to the new environment. Within this setting, immigrants may choose to retain much of their traditional culture, norms, and behaviors while still acquiring those of mainstream American society.

Other vulnerabilities identified by Johnson and Marchi (2009) include the large numbers of immigrant populations found in "inner city neighborhoods and the absence of economic mobility ladders in such neighborhoods" (p. 102). Brown and Bean (2006) go on further to state that there are foundational barriers which limit employment and other opportunities. Many immigrants, especially undocumented immigrants are limited in the types of jobs they can obtain either due to their illegal immigration status or because of their lack of skills. As a result, many are only able to live in low socio-economic environments which provide little opportunity for advancement.

As previously mentioned, communal attitudes and feelings of the receiving society are also included in these determinants. An example of this is continued downward assimilation and lack of economic improvement among Mexican, Haitian and Dominican immigrants which are the result of "racial and ethnic stratification [that] greatly limits their opportunities" (Gratton, Gutmann, & Skop, 2007, p. 205). Mexican immigrants specifically are a prime example of "low immigrant human capital combined with a negative context of [societal] reception" (Gratton, Gutmann, & Skop, 2007, p. 207). This phenomenon often leads to individuals feeling "heavily disadvantaged" thus refusing to assimilate and adopting behaviors considered resistant or oppositional (Brown & Bean, 2006).

Language acquisition and intergenerational relations are also areas which are recognized by segmented assimilation theory. Oftentimes children of immigrants become Americanized more quickly than their parents do (Zhou, 1997). Children identify with their new society differently than their parents. Children are more concerned with becoming "American" and parents are trying to maintain traditional family values while adjusting to a new environment. Literature shows that children and their parents may become fluent in English at different rates. A variation in language ability between a child and their parent can create a power differential within the family structure. When parents rely on their children, they are put into positions of authority within the family, which can lead to a weakening of the parental role (Atwell, Gifford, & McDonald-Wilmsen, 2009). In addition to a lack of language skills, other minority disadvantages such as certain ethnic traits, different styles of dress, hygiene practices, etc. can also have a tremendous impact on new immigrants.

Segmented Assimilation and Ecological Systems

For immigrants, relocating to a new country involves leaving one cultural world to enter into a new one. This type of transition can last for decades and can impact following generations. Segmented assimilation theory considers the many factors that affect acculturation between parents and their children. By integrating the ideas from segmented assimilation and ecological systems theory, a better understanding of the environmental factors that increase the stressors and susceptibilities of immigrants when adapting to a new country can be reached. Efforts to assist these individuals should be based on "normal life processes of growth, development and decline" (Piedra &

Engstrom, 2009, p. 271). Both segmented assimilation and ecological systems theory

seek to capitalize on the fit between the person and their environment. Ecological systems

recognizes issues such as violence, poverty, discrimination etc. while segmented

assimilation considers susceptibility in the areas of skills, competence, attitudes toward

integration (assimilation) and family structure (Piedra & Engstrom, 2009). By

maximizing the mutual interaction between individuals and their surroundings,

interventions can be modified to develop or increase the individuals "ability to meet their

needs and to coax the environment to become more amenable to their needs" (Piedra &

Engstrom, 2009, p. 271).

This study is based on this two-pronged representation of the undocumented

child's experience, ecological systems and segmented assimilation. It pays attention to

the multiple interacting factors that operate to affect a child's outcome and well-being.

These theories tie together multiple factors and illustrate how their interactions affect the

child's outcome and well-being and provide a better understanding of events that increase

the vulnerabilities of immigrant's experience of adapting to a new country and new

environment. Capitalizing on reciprocal interactions between people and their

environments, decisions and interventions should be based on and designed to enhance

the individual's ability to meet their needs and to influence the environment to become

more responsive to their needs (Piedra & Engstrom, 2009).

Children, families, immigration, and child welfare services are all essential to this

inquiry and both systems theory and segmented assimilation provide broad overviews of

how they interact. Figure 2 represents various systems in which assimilation fits.
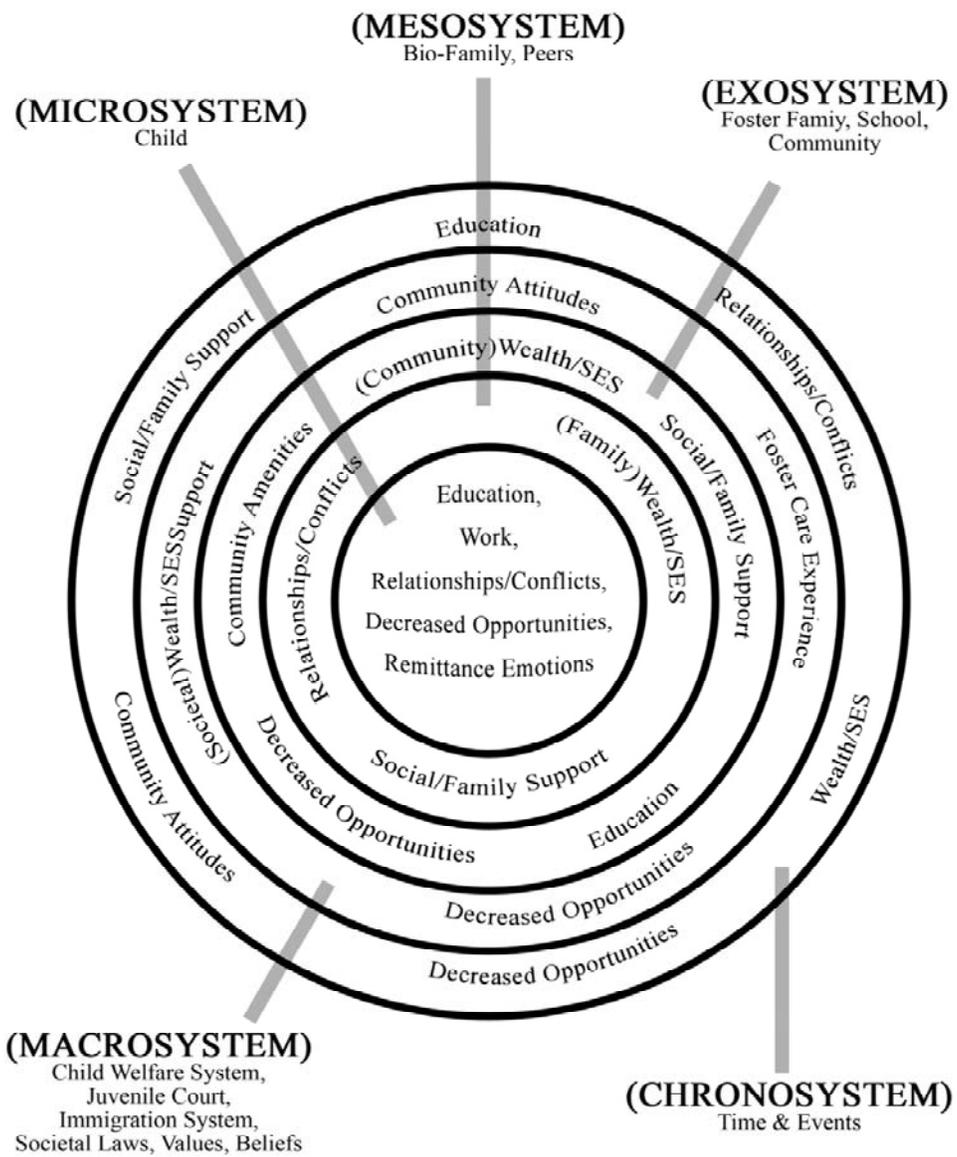
Figure 2. Factors of Adjustment within Systems

Conclusion

This chapter focused on the issue of the growing number of immigrants who come into contact with the child welfare system and the remedies available to them. As noted in the example of Maria, the experience in and services offered in out-of-home care can have a profound impact on an immigrant child's outcome and well-being. Although limited guidelines have been provided, child welfare agencies have attempted to address the specialized needs of these children despite the limited resources and training available to them.

It is important to recognize the multiple factors and influences that impact the immigrant's experience at the personal and societal level. Bronfenbrenner's (1979) ecological systems theory provides an explanation of each systemic level and how they are linked.

Similarly, segmented assimilation theory illustrates how within each systemic level there are factors that affect the immigrant child's path to assimilation. Consideration of both theories provides a better understanding of barriers and vulnerabilities faced by this population. The study helps to identify factors based on the child's perspective that should be considered in order to address their needs and improve the quality of their experience and outcomes.

CHAPTER TWO

LITERATURE REVIEW

The issue of migration to the United States continues to be a very important, unaddressed concern affecting the child welfare system and other areas such as law enforcement, education, and medical services (Lincroft, 2007). This chapter provides an overview of immigrants in the U.S.; the historical background of migration and immigration policies between the U.S. and Mexico; migration and acculturation experiences of immigrant families; and the influence of immigration status on child welfare intervention and service provision. It will also provide an overview of child welfare services, disproportionality in the child welfare system, and challenges serving immigrants.

Immigrants in the United States

In order to understand the experiences of immigrant children and families involved with the child welfare system it is important to have a basic understanding of the population, their experiences pre and post migration, past influences which have led to current practices, and what steps have been and should be taken by the child welfare system to address the needs of this ever-growing population. A specific focus is placed on the Mexican immigrant population in California. As noted below, the majority of foreign-born immigrants in California, because of its close proximity to the border, are Mexican nationals. This is also true of the immigrant population served by local child welfare agencies in California.

Foreign Born Population

The number of foreign-born people in the United States now constitutes twelve percent of the population. A report from the Pew Hispanic Center (Passel, 2005a) placed the number at 35.7 million in 2004. The Center for Immigration Studies placed that number at 37.9 million in 2007 (Camarota, 2007). The U.S. Census Bureau (2009) estimates the current number to be at 38 million. More than half (52%) of these foreign-born people originate in Latin America, with the majority coming from Mexico (30.8%). Asia is the second largest contributor at 26%, Europe and Canada are third at 5.7%, and about 3% of the foreign-born population emigrates from Africa and other countries (Caps et al. 2003; Terrazas & Batalova, 2008).

Until 1995, more than two-thirds of the foreign-born population resided in one of the following six states: California, Texas, New York, Florida, Illinois and New Jersey (Brauer, 2004). In 2005, California's foreign-born population was estimated to be at 9 million, from 1.8 million in 1970 (Immigrants in California, 2007). However, dispersal of the immigration population appears to have expanded into "new growth" areas, which include the Rocky Mountain, Midwest and Southeastern states (Capps & Passel, 2004). According to Capps et al. (2005), ten states in particular had over 100 percent growth in their populations of immigrants between 1990 and 2000: North Carolina, Nebraska, Arkansas, Nevada, Georgia, Iowa, Tennessee, Oregon, Colorado, and Idaho. Although these states have little experience with immigrant assimilation, the influx has placed higher demands on health care, social services, and education (Capps et al. 2005).

Undocumented Population

Undocumented immigrants make up approximately 4% of the nation's population and 5.4% of its workforce (Passel & Cohn, 2009). Nationwide, it is estimated that nearly 1 in 3 immigrants are undocumented (Camarota, 2007). Currently, there are approximately 11.5 to 12 million undocumented immigrants living in the U.S. (Passel, 2006; Passel & Cohn, 2009).

Estimates are primarily extrapolated from sources such as the U.S. Census, U.S. Current Population Survey and the National Survey of America's Families (Capps et al. 2005). These estimates suggest that the flow of undocumented immigrants to the U.S. more than doubled between the early and late 1990's (Capps & Passel, 2004). The Immigration and Naturalization Service (INS) estimated that the undocumented population was at 7.0 million in January of 2000 (Department of Homeland Security, 2002). The Census Bureau (2000) put this number at 8.2 million in 2000. Finally, Researchers at the Urban Institute (2002) estimated the number to be 9.3 million in 2002. The Pew Research Center maintains that despite the rise in the undocumented population over the last 15 years, the influx has since stabilized. Recent analyses also indicate that the rise in undocumented workers has declined (Passel & Cohn, 2009). The Center for Immigration studies estimates a 13.7% decline in the first quarter of 2009. There is also evidence that the number of undocumented immigrants returning to their home country has doubled over the last two years (Camarota, 2008).This decline has been attributed to increased immigration enforcement and economic recession (Camarota, 2009).

The number of undocumented immigrant children under the age of 18 is estimated at about 1.8 million. Another three million are citizen children of

undocumented parents (Pew Hispanic Center, 2006). Estimates place the number of undocumented children that are enrolled in the nation's public schools at 200,000 to 400,000 (Suarez-Orozco, 2001).

California rates exceed national rates for the number of immigrants in its population. Key findings in the California Demographic Futures (2005) summary report show that the growth of California's foreign-born population increased from 3.6 million in 1980 to 9.8 million in 2005. At the current rate of immigration, this number is expected to grow further to 14.1 million in 2030. The growth of the second generation immigrants (children of immigrant parents) in California is also increasing. Among children ages 5-14, 9.6% are foreign born, while 36% are second generation. Over 5.1 million are children of immigrants from Mexico.

Mixed Status Families

To add to an already complicated issue, there are a large number of families that contain a mixture of citizens and non-citizens. These are known as "mixed status families." Current discourse on immigration tends to divide citizens into two groups: Those who are in the country "legally" and those who are in the country "illegally." Legal residents have rights and access to benefits. Illegal residents on the other hand have few rights and limited access to benefits. Mixed status families face a unique set of predicaments that are frequently ignored. Nearly one in ten U.S. families with children are mixed-status families. In California, over a quarter of families with children can be classified as mixed-status families (Fix & Zimmermann, 1999). It is estimated that over 5 million children live with undocumented or unauthorized parents, and in families with

30

parents who are undocumented, two-thirds of the children are U.S. born citizens (Capps et al. 2005). Like undocumented families, mixed-status families are more likely to face economic hardship, be in fair or poor health, and without health insurance (Capps et al. 2005). For instance, while mixed-status families make up 9 percent of all families with children nationwide, they constitute 14 percent of all such families with incomes under 200 percent of poverty. In California, mixed-status families represent 40 percent of low-income families with children (Fix & Zimmermann, 1999). Despite significant increases in numbers, this emerging sub-group of undocumented individuals has gone essentially unnoticed. Most immigration attention has recently been on labor, anti-terrorism, criminal activity, and border security. Children, who are undocumented or born to undocumented parents are particularly influenced and affected by laws and policies aimed at controlling migration, and limiting access to social services and various privileges (Mather, 2009).

Defining Legal Status

Legally speaking, immigrants generally fall into two broad categories; naturalized citizens or non-citizens. A naturalized citizen is a legal permanent resident (LPR) who may become a U.S. citizen through the naturalization process. This process includes a citizenship test and a background check (Capps et al. 2003).

Non-citizens can hold one of four statuses: legal permanent resident, refugee/asylee, temporary resident, and undocumented immigrant. Capps et al. (2003) describe theses categories and statuses as follows:

Legal Permanent Resident

A LPR is a foreign-born person who is allowed to live permanently in the U.S. via an immigration visa or adjustment of residential status. LPRs are issued documentation known as a "green card" and are eligible to become naturalized citizens after three to five years.

Refugee/Asylee

A refugee or asylee is a foreign-born person who is granted legal status due to past persecution or a well-founded fear of persecution, which caused them to flee their country of origin. Refugees are granted their status before entering the U.S. and asylees enter the U.S. without authorization and then apply for asylum while here. After one year, refugees and asylees are eligible for permanent residency.

Temporary Resident

Temporary residents are foreign-born persons who have been admitted into the U.S. for a temporary or indefinite period of time but have not obtained permanent residency. Most of these individuals seek work, education, or temporary relocation due to a catastrophic event or political disturbance that has occurred in their home country.

Undocumented Immigrant

Undocumented immigrants are foreign-born persons who do not posses any legal immigration status or documentation. As of March 2010, 11.2 million undocumented immigrants were living in the United States. Mexican nationals were reported as the

largest group of undocumented immigrants, accounting for 58% of the total (Passel & Cohn, 2011). The U.S. Department of Homeland Security, Office of Immigration Statistics (2010) estimated the number of undocumented immigrants in 2009 to be 10,750,000. California was reported to have 2,600,000 undocumented immigrants. Immigration statuses can be fluid. For example, there are some individuals who have entered the country without authorization, illegally, who eventually obtain legal status. Alternatively, there are others, who initially might enter the country with temporary permission, but overstay their visa and thus become undocumented (Capps et al. 2003). Similarly, privileges and benefits are also fluid according to public policies, which reflect society's attitude toward immigrants at any given time.

Mexican Immigrants

As previously mentioned, Mexico is the largest contributor to the foreign-born population in the U.S. This is due primarily to geographic location. According to Hill and Hayes (2003), the majority of immigrants from Mexico arrive between the ages of 12 and 29, the peak age being 19. In relation to other groups, a greater portion of Mexican immigrants is under age 5.

History of Mexican Migration to the U.S.

The U.S. approach to immigration control during most of the 19th century can be described as "laissez-faire." Employers recruited undocumented workers for southwestern rails and agriculture with little to no government obstruction. In the mid-1800's Mexican presence moved beyond the labor force and into the military. Up until

1908, the U.S. government did not track the numbers of undocumented Mexican

nationals who were entering the country; nor was there border regulation or enforcement

(Sherry, 2004).

Great Depression and Anti-Immigrant Sentiment

In the early 1900's two historical events occurred which influenced Mexican

migration; instability of the Mexican economy resulting from civil discord and active

recruitment of Mexican laborers by U.S. employers (Hondagneu-Sotelo, 1997). As

demands for laborers decreased, sentiments changed and Americans began to pressure the

government to control immigration. In the 1920's the U.S. Border Patrol was established.

Illegal entry was classified as a misdemeanor with prescribed penalties assigned. From

1929-1935, as a result of the fallout from the Great Depression, anti-immigrant sentiment

increased making it harder for Mexican immigrants to remain in the U.S. Under *The Act*

of March 4, hundreds of thousands of Mexicans were returned to Mexico. This included

American citizens who were of Mexican descent. The Act made entry of undocumented

individuals at undesignated borders illegal. It also made it illegal to re-enter the country

after being deported (Sherry, 2004).

World War II and the Bracero Program

In 1942, the United States was heading to war in Europe. Labor was drained from

nearly all areas of the country in support of the war effort. This lack of a labor force

forced the United States to once again turn to Mexico to replace these individuals. That

same year the U.S. signed the Bracero Treaty, which reopened the floodgates for legal

immigration of Mexican laborers. The *Bracero* program and other railroad programs

were negotiated jointly by the U.S. and Mexican governments. The program allowed the

importation of temporary agricultural workers. During WWII, a limited work force

compelled the U.S. to seek Mexican labor. Consequently, the *Bracero* program continued

until 1964 (Hondagnew-Sotelo, 1997; Sherry, 2004). In 1951 the number of illegal

immigrant exceeded the number of legally admitted Braceros. At the suggestion of

President Truman, with support of the Mexican government, to take action against

employers who were hiring undocumented workers, the Texas Proviso was adopted

making it illegal for Americans to "shelter" undocumented immigrants. Ironically,

employment was not considered sheltering thus exempting the culpable employers from

responsibility.

In 1954, Operation Wetback was put into effect. This included massive

deportations of undocumented workers. Law enforcement agencies were sent into

Mexican neighborhoods to expel the undocumented residents by detaining them and

taking them south of the border (Hondagneu-Sotelo, 1997; Johnson, 2001). It is estimated

that somewhere between 200,000 and one million individuals were deported (Sherry,

2004).

Civil Rights and Immigration Quotas

With the arrival of the civil rights movement in the early 1960s, society saw the

Bracero program as unfair and damaging to Mexican immigrants. Although the program

was ended in 1964, the market was still in demand for laborers. Some believe that labor

has ultimately led to the current issue of illegal immigration. In 1965, the Hart-Celler

Immigration Reform Act was created, which eliminated immigration quotas originally established in the 1920s. Mexicans now had to compete for visas with immigrants from other areas of Latin America and the Caribbean. In 1968, as a result of a surge in population and weakening economy in Mexico, the numbers of undocumented workers coming to the U.S. began to soar and continued through the 1970's (Pettus, 2007).

Immigration Reform and Control Act of 1986

The 1980's included the U.S. Immigration Reform and Control Act of 1986 (IRCA) and attempts of the U.S. Asencio Commission to address unauthorized flow across the Mexican border. IRCA contained conditions for legalization of migrants who had been working in the country prior to 1982 as well as an extension of the H-2 temporary worker program. IRCA also established temporary residence for seasonal farm workers who had been residing in the country for three years. The implementation of IRCA resulted in a decrease in INS detentions along the border for three consecutive years. However, by 1989 the numbers returned to where they had been prior to the enactment of IRCA (Sherry, 2004).

Border enforcement was also expanded through IRCA, which increased funding and availability of new equipment and hardware for border patrol agencies. Employer sanctions were imposed through IRCA making it illegal for employers to retain the services of undocumented individuals. IRCA set up civil and criminal consequences for violators. While IRCA made it illegal to "knowingly" employ undocumented workers, it failed to establish criteria for determining work eligibility. Support for IRCA enforcement was also limited (Rosenblum, 2000).

North American Free Trade Agreement (NAFTA) and Illegal Immigrant Responsibility and Immigration Reform Act (IIRIRA)

In the 1990's, bilateral discussion increased and the North American Free Trade Agreement (NAFTA) was signed (Johnson, 2001). The U.S. continued to strengthen its border control and new laws were instituted to expedite the removal of unauthorized individuals (U.S. Commission on Immigration and Reform, 1997). In 1994, the Justice Department of the Immigration and Naturalization Service (INS) commenced the "prevention through deterrence" program, which was intended to make entry into the U.S. so difficult that fewer individuals would make the effort.

Finally, in 1996 the passage of the Illegal Immigrant Responsibility and Immigration Reform Act (IIRIRA) enforced further border escalation by authorizing funding for more border patrol agents over the course of five years. The IIRIRA also reorganized deportation procedures allowing agencies to remove undocumented individuals in a shorter period of time. The denial of access to social programs was also instituted through the passage of the IIRIRA. Undocumented individuals were denied access to various social welfare programs such as housing, social security benefits and food stamps (Rosenblum, 2000).

The effectiveness of these approaches throughout history is at best questionable. This is evidenced by the continued increase in the number of undocumented individuals entering the country. It appears as though the expansion of border enforcement has merely forced immigrants to go to different parts of the border.

Current Immigration Efforts

It was not until 2000 under the Bush administration that the possibility for change appeared. After a dramatic increase in immigration enforcement through workplace raids (Cervantes, Lincroft & Borelli, 2010), U.S. President, George Bush and Mexican President, Vicente Fox brought hope for change to the immigration dilemma. A meeting took place in 2001 in Mexico between the two presidents in which the Mexican government identified five areas of concern: legalization for undocumented individuals already in the U.S.; an expanded temporary worker program; revision of U.S. visa policy to ensure faster adjustment of legal permanent resident status; funds for increased economic expansion of Mexico to provide options other than emigration; and assistance with safety issues at border crossings (Davidow, 2005). The U.S. acknowledged these issues and agreed to further discussion indicating at once that amnesty as a solution to the legalization process would not be an achievable option. However, the discussions were cut short by the events of September 11, 2001.

Following the September 11th attacks, The Homeland Security Act of 2002 was enacted and there was a restructuring of the Immigration and Naturalization Service (INS), the agency formerly responsible for immigration services, border enforcement, and inspections. The newly formed Department of Homeland Security (DHS) would now take responsibility of those functions. They would be divided into two bureaus: Customs and Border Protection and Immigration and Customs Enforcement (Congressional Budget Office, 2006).

In 2004 President George W. Bush proposed ideas for an expanded temporary worker program. These ideas were never acted on by Congress. In a meeting in

November 2004, the President publicly committed to reinitiate efforts on the temporary worker program (Davidow, 2005). The Bush administration clearly focused on stronger immigration enforcement actions against illegal immigrants and businesses that hire them. Immigration enforcement doubled since 2005 as evidenced by the multi-year strategy being implemented by the U.S. Immigration & Customs Enforcement (ICE). The plan focused on worksite enforcement and sought to defeat dangerous undocumented criminals. ICE reports showed a 44% increase from previous fiscal years in the numbers of illegal immigrants deported by the federal government (U.S. Immigration & Customs Enforcement, 2007). Additional ICE enforcement also occurred in the juvenile justice system. ICE collaborated with various agencies/authorities to aid in the enforcement of immigration. These include local police departments, probation departments, and bench officers. Many youth detention facilities refer undocumented youth to ICE to face immigration detention and deportation. Interestingly, there is neither federal law that requires state or local officials to impose federal immigration laws, nor is there a regulation giving them the "inherent authority to enforce civil immigration laws" (Junck, 2008, p.10).

Incumbent President Barrack Obama has committed to continue immigration reform and has admitted that there are areas of immigration that need consensus. In June, 2009 the President announced the formation of a special workgroup focused on immigration which will work on producing feasible solutions. His stated desire has been to reduce enforcement efforts and consider legalizing illegal immigrants and pursue reforms "true to the United States' identity as both a nation of immigrants and a nation of laws." The Obama administration has continued to increase border enforcement internally

and externally which includes formal cooperation between federal, state, and local,

authorities to enforce federal immigration laws. It appears that even those who might be

eligible for some sort legal status would have to successfully negotiate a complex

pathway to legal status in which they have to meet a number of requirements. On-going

deportation and barring of undocumented individuals from purchasing health insurance

are indicative of the challenges undocumented immigrants will face (Nevins, 2010).

Increased migration is not unique to the U.S. and Mexico alone. It is a global

trend. However, U.S.-Mexican relations are considered a classic example of bi-national

relationships with inter-related policies in both receiving and sending countries (Haskins,

Greenberg, & Frenstad, 2004). Immigrants comprise more than 15 percent of the

population in more than 50 countries and account for large portions of population and

employment growth in most developed countries. Some countries, more than others, have

developed "immigrant integration policies to maximize the economic and social benefits

of immigration" (Haskins, Greenberg, & Frenstad, 2004).

Immigration is currently the most divisive issue between the U.S. and Mexican

governments. Americans are divided over the effects they believe immigration has on

society. Many believe that immigrants will strengthen the American way of life while an

almost equal number believe that immigrants are a threat to traditional American values

(Zarate & Shaw, 2010). This is polarizing issue in which there is a distinct set of opinions

regarding undocumented individuals. One position is that entry into the U.S. is a matter

of legislation, immigration criteria and bureaucracy. Not all individuals will be allowed

the opportunity to enter. The other position accepts that there is a clear need for labor in

the United States, which encourages those seeking the opportunity to make a better life to

come. Currently there is yet another dilemma to add; there is now debate regarding

immigrants already living in the U.S. Should these individuals be allowed to stay, be sent

home, or granted temporary worker status (Zarate & Shaw, 2010)? Since the U.S.

government has done little to discontinue the employment of undocumented individuals

as labor, it is assumed that it is an acceptable practice (Davidow, 2005).

The Immigration Experience

It is important to look at the context in which migration takes place when

assessing the challenges and resources of immigrants. Mexican immigration often begins

with the father or breadwinner migrating in search of a better job. This usually ends up

being farm work or factory work. The majority of immigrants are unskilled with minimal

education (Partida, 1996). For some the immigration process is well planned; for others it

is forced with little or no time to think or plan. According to Fontes (2005), the

immigration experience is different for different populations from different countries.

Depending on the reasons for migration and the atmosphere of the exiting and receiving

communities, immigrant families will experience a significant disruption during the

migration process, change in their socioeconomic status, loss of social support and

cultural shifts in the new environment (Bacallao & Smokowski, 2007). Deepak (2005)

describes the immigration experience as the merging of a

> set of shifting and conflicting demands, expectations and possibilities…coming
> from the ideologies, structural conditions, and cultural and social norms of the
> home and host countries. Families cope with…immigration by accepting,
> rejecting, accommodating and reformulating these demands in ways that can
> either strengthen the family relationship or increase stress on the family system
> (p. 590),

creating challenges which can result in "intergenerational conflict" and other issues.

Migration Process

The stress of the immigration experience begins even before relocation occurs. The migration process involves several "stages" and is influenced by factors such as age, education, religion, race and other socio, political, or economic events. Pine and Drachman (2005) describe the first stage of migration as the Pre-migration or Departure Stage. During this time there is the hope or expectation that a better future awaits in the new country. Other aspects of this stage are issues of separation from social support systems. For many immigrants the family is a source of "pride, strength, identity, and help" (Fontes, 2005, p. 35). Oftentimes members emigrate at different times. There is also the anxiety of encountering a foreign environment, and a general fear of the unknown.

Next is the actual passage or journey to the new country. The length of time spent traveling varies. In some instances the individual may arrive in the U.S. in a few hours via bus or airplane with little incident. However, in the instance of many undocumented immigrants, they face long, dangerous passages. Some become separated from their families or companions during their journey. Others are subjected to difficult, terrifying ordeals, denial of nourishment, and the predatory behavior of smugglers and traffickers who make a lucrative living as human traffickers (Bhabha, 2004; Drachman, 1992).

Upon arrival to the new country immigrants might experience what Fong (2004) describes as a "period of overcompensation" or the "honeymoon" stage. At this time the family is happy to have made it and focuses on obtaining employment, housing,

42

transportation, education, and healthcare. They have not yet recognized the difference in an environment that is culturally and linguistically different. Soon however, they begin to notice the conflicting values, roles and expectation in the new society. They face the reality of being forced into low-level jobs because of their language barriers, lack of education and/or immigration status. They find that safe and affordable housing is also a challenge. They experience "anxiety and disorientation as they try to adjust to a culture that is different than the one they are used to" (Fontes, 2005, p. 31). They may experience conflict over their expectations or an overall sense of disappointment (Altman & Michael, 2007). This is also known as culture shock.

This culture shock can affect even daily activities. Donato et al. (2001) point out that traditional roles are often disrupted both in the country of origin and in the U.S. For example, if a husband migrates first, the woman left in the country of origin becomes the primary earner and key decision-maker in the home. Similarly, for families who have migrated together, women often have to work leading to less time spent doing traditional jobs, which can lead to familial conflicts. It is not uncommon for younger immigrants to adopt American culture while parents hold onto traditions from their country of origin, which can lead to inter-generational clashing. In addition, some immigrants experience what they feel is cultural insensitivity from physicians, teachers, or employers (Fong, 2004).

It is at this time that a period of crisis or decompensation may begin. Fong (2004) asserts that there are clear indicators that occur during this time. For example, difficulty finding a job can become a precursor for depression and resentment as well as substance abuse and violence. Individuals who at one time may have been active can become

43

withdrawn or paranoid, scared to venture out or participate in activities. Many migrant families experience isolation. Uprooting often results in weakened social ties and a decrease in trust. Migrant children might be more vulnerable as they may be less able to rely on their parents to navigate their new social environment and may have to rely on other adults to a much greater degree. For these reasons, newcomers who share languages, religion, and culture often times settle together. Here they might find familiar foods, newspapers, entertainment and values that create a sense of cohesion (Fong, 2004). It is important to note that developments in technology (cell phones, internet and video calling) are enabling immigrants to be "transnational" as they are able to maintain several relations—familial, socio-economic, religious, etc.—across two or more societies: the home country and the new nation of settlement (Glick Schiller et al. 1992). According to Earner (2008), the effects of trans-nationalism have not been fully determined or studied in depth but appear to offer opportunities for ties that previously were not readily available.

Assimilation

Segmented Assimilation Theory has been used to explain the potential outcomes of immigrants that differ from traditional assimilation theories. This theory suggests that paths to assimilation occur depending on the ethnic group itself; some move toward the patterns of the Anglo majority, the other toward patterns of groups marginalized by ethnic or racial prejudices (Portes, 1995; Portes & Zhou, 1993).

There are several factors which account for divergent assimilation patterns between different ethnic groups. The first focuses on the socioeconomic context and

social network structure available. The second involves the emergence of an ethnic identity or "sense of belonging" (Phinney et al. 2001, p. 495) once in the US. Ethnic identity emerges as a response to the dominant majority which is often affected by discrimination.

Pine and Drachman (2005) suggest that the family's social network and resources are an important mediator of the assimilation process. With regard to socioeconomic context, immigrant families are under considerable stress and pressure. They endure long working hours, financial uncertainty, and worry financially for families "back home." On top of these stressors, their undocumented status is a constant source of anxiety and stress. It implies "limited legal rights and limits in service eligibility" (p. 548) and the potential of deportation. As a result, many undocumented immigrants feel pressured, discouraged, and suffer depression. These pressures put strain on the family and are often associated with other problems such as alcohol or drug dependency, violence and child maltreatment (Segal & Mayadas, 2005). Studies (Sorenson & Shen, 1996; Turney & Kao, 2009; Wadsworth & Kubrin, 2007) suggest that many immigrants have little familial or community support available to them at the time they come to the U.S.

Ethnic identity is determined by feelings of belonging and commitment to a group and a sense of shared values. Ethnic identity changes in response to societal and contextual factors (Phinney et al. 2001). Research has shown that the assimilation experience for Hispanics is different from that of other immigrant groups. The current political climate which is filled with anti-Hispanic immigrant attitudes has resulted in increased institutional racism and stereotyping. Hispanic immigrants are reported to be aware of the negative attitudes and perceptions of them which has added to the stress

associated with assimilation (Dettlaff & Rycraft, 2006). This has influenced the development of the immigrant's ethnic identity.

Challenges Faced by Immigrants

Studies (Reardon-Anderson, Capps, & Fix, 2002) have shown that immigrant families have a higher likelihood of living in poverty, and suffering from poor health, and stressful living conditions as a result of low wages. Capps et al. (2005a) assert that in 2003, 54% of immigrant families were low income. Although one or both parents might work full time, they are more likely to receive lower pay and less likely to receive any type of benefit from their employer. Most public social service benefits are not readily accessible for immigrants. Undocumented immigrants are further reluctant to seek assistance. Because of their legal status they feel they do not have the right to seek assistance. Many immigrants lack valid forms of identification and fear that providers might report them to immigration officials. Additionally, immigrants are hesitant to discuss their needs. Immigrants often feel shame in admitting to or discussing issues like victimization, inability to provide, or depression. Some immigrants are skeptical about counseling and psychotherapy despite the effects they are experiencing or issues they are dealing with (Lincroft et al. 2006; Pine & Drachman, 2005).

Acculturation Conflicts

Acculturation is different from assimilation. In assimilation, one culture is completely replaced by another whereas acculturation is a complex process through which immigrants adopt the attitudes, values, customs, beliefs, and behavior of a new

culture (Anderson, 2004). Cultural norms in the country of origin may differ from those in the United States, which may lead to acculturation conflict. Acculturation conflict may be experienced in many different areas of life; one is in the area of parenting. Parenting styles shape the social development of children. Expectations are closely linked to cultural values. Parenting styles and child rearing practices are based on several factors including race, class, education, personal experience, levels of acculturation and existing social supports. Traditional immigrant families are usually authoritarian which sometimes clashes with U.S. norms for child rearing (Fontes, 2005).

Additionally, respect and politeness are a main concern of Hispanic families. Dishonorable or disrespectable behavior might lead to corporal punishment. Many immigrants come from countries where corporal punishment or public shaming is accepted and Western parenting styles might feel too lax (Lincroft, Resner, & Leung, 2006). Mendez (2006) discusses the value that Hispanic culture places on the "positive effects of punishing children and the use of punitive strategies as a corrective practice" (p. 57) and as a way to instill values and produce moral people.

There is also the difference in social outlook. The U.S. is largely an individualistic society where emphasis is placed in autonomy and individuality whereas most Latin American, African, or Asian cultures are collectivist. In a collectivist culture emphasis is placed on family loyalty, cooperation and inter-dependence. A family coming here from a collectivist culture that has a child exposed to and displaying contrary values because of school or media exposure might cause tension that can lead to parent-child conflicts. Similarly, an immigrant child trying to fit in at school might engage in behavior that is unacceptable to the family. In an immigrant's eyes behavior is crucial (Fontes, 2005).

47

Values that are traditionally important, such as obedience, respect, and family are now minimized and labeled as "old fashioned" (Partida, 1996).

Because children adapt more quickly they are able to learn English faster and might soon feel embarrassment about their language, cultural practices, or even their parents who represent the culture from which they are departing (Whitman, 2000). Immigrant children find themselves faced with a decision to balance their ethnicity with American culture, completely deny their culture, or refuse to accept the new culture (Pumariega et al. 2005). This can be very stressful for both the child and the family. If the child chooses to assimilate completely, there might be conflict in the home. If the child decides to identify with his/her ethnic culture only, the child can remain a permanent foreigner never feeling like part of the larger society.

Finally, immigrant children rarely talk about their experience. Investigations done on the effects of stress on immigrant children indicate that the more difficult the pre-migratory stressors and the actual migration experience, the more difficult the assimilation process. Children will suppress their own feelings and fear because they are often more concerned for their parents and siblings. This suppression can later lead to helplessness in times of anxiety or danger (Duenas-Jolly, 1994). "Acculturative stress and stressful experiences on immigration to the Unites States has a pervasive, life-long influence on [one's] psychological adjustment, decision-making abilities, occupational functioning, and overall physical and mental health" (Institute for Hispanic Health, 2005, p.9). By understanding the conflicts and stressors experienced by immigrant families, better services can be provided which can enable them to assimilate easier and be more productive in their new society.

Child Welfare Services

Parents have a fundamental right to raise their children as they see fit. The societal expectation is that that parents will act in their children's best interest. When parents do not protect their children from harm and meet their basic needs, society has a responsibility to intervene by providing services to ensure the safety and welfare of these children (Goldman, Salus, Wolcott, & Kennedy, 2003).

Child welfare services are intended to protect children from further harmful experiences or conditions in their direct environment, reduce risk to their safety, and assist families in restoring their ability to provide appropriate care for their children. They are largely shaped by the Child Abuse Prevention and Treatment Act (CAPTA) and the Adoption and Safe Families Act (ASFA, 1997). CAPTA (1974) was signed into law in 1974 (P.L. 93-247) and is reauthorized by Congress every 5 years. ASFA was signed into law in 1997 (P.L. 105-89) and built upon earlier laws and reforms to promote the safety and well-being of maltreated children (Goldman, et al. 2003).

Abuse and neglect are defined in both federal and state law. The federal law, CAPTA, as amended by the Keeping Children and Families Safe Act of 2003, provides a legal basis by identifying a minimum set of acts or behaviors that define physical abuse, neglect, and sexual abuse. The state laws, California Welfare & Institutions Codes (W&IC) expand and attempt to clarify definitions in a variety of ways that are specific to local needs (Badeau & Gesiriech, 2003). For example, the W&IC state that cultural and religious practices/beliefs that differ from common societal standards should not alone constitute abuse or neglect unless they present a threat to the child's well-being. The W&IC also provide for culturally appropriate prevention, intervention, and treatment

services (Levesque, 2000). Decisions regarding risk, safety and needs are driven not only by the above-mentioned laws, but also by organizational and administrative factors within child welfare agencies. A family's culture, nationality and background have been found to play a role in risk assessments (McRoy, 2004). Unfortunately, many of the measures used to determine risk, safety and needs are not sensitive to cultural diversity (Church, 2005).

Child welfare services are primarily based on an ecological view of maltreatment. In other words, child maltreatment is believed to be the result of multiple factors related to the parent, family dynamics, neighborhood factors, attitudes and beliefs (Juby, 2005). Environmental risks that have been found to increase the likelihood of maltreatment include unemployment, poverty, lack of social supports, and unresponsive service systems (Whitelaw-Downs, et al. 2009).

Child welfare agencies are mandated to provide a basic set of "core services." These include intake, investigation/determination, crisis intervention, and case planning (Whitelaw-Downs, et al. 2009). If placed in out-of-home care, which occurs in about 20 percent of cases under the supervision of child welfare agencies (US Department of Health and Human Services, 2010a), the child and family receive an array of services, which can include basic healthcare, counseling, substance abuse treatment, education, and independent living skills. The following is an overview of the Juvenile Dependency Process (Badeau & Gesiriech, 2003; US Department of Health and Human Services, 2010).

Juvenile Dependency Process

A family's involvement with a child welfare agency usually begins when a mandated reporter or concerned citizen makes a report of abuse or neglect to a child welfare agency (Badeau & Gesiriech, 2003; US Department of Health and Human Services, 2010).

Intake and Assessment

The intake service of the agency is then responsible to determine whether an investigation is warranted and if so, assign a social worker to investigate the referral. If an investigation is initiated, then it is the duty of the investigating social worker to determine if indeed the allegations are true or likely to have happened (Badeau & Gesiriech, 2003).

Investigation

During the investigation parental response is a key factor in the investigator's disposition. Parents' responses are assessed for appropriateness. This process is quite subjective and influenced highly by personal experiences, education, and biases. It is during this time that the decision is also made whether the allegations of abuse and neglect are unfounded. If the allegations are unfounded, then the case is closed. If the agency finds evidence that the child is in eminent danger or at risk for subsequent abuse then an assessment is done to determine whether the child can remain safely at home with supervision or support services. Sometimes it is necessary to remove a child from the home and place them in protective custody (Badeau & Gesiriech, 2003).

Crea (2010) explains that some child welfare agencies have made efforts to make more objective and consistent "substantiation and placement decisions" (p. 197) by using strategies such as structured risk assessments, multidisciplinary teams, and family group conferencing. The implementation of these types of models allows for decisions to be more "balanced" as they are based on the strengths of evidence based assessments, multiple professional perspectives, and family input and participation.

In the event that the child welfare agency must intervene formally and take custody of a child, the agency petitions the juvenile court recommending the removal of the child from his home under the supervision of the child welfare agency. This petition initiates a series of judicial hearings including the initial detention hearing, adjudicatory or dispositional hearing, review hearing, permanency hearing, and termination hearing. At the initial detention hearing the court determines whether the child has been abused or neglected. If the judge determines that abuse or neglect has occurred, the case then proceeds to an adjudicatory and dispositional hearing (Badeau & Gesiriech, 2003).

At the dispositional hearing, the judge will decide, based in part on the child welfare agency's recommendation, to send the child home without services and close the case, send the child home with agency supervision and support services, or remove the child from the home and place him or her in out-of-home care. When a child is removed from his or her home, the family becomes formally involved with the juvenile court system and the child is considered a dependent of the court (Badeau & Gesiriech, 2003).

Court Dependency

The family is assigned a social worker from the child welfare agency (Badeau & Gesiriech, 2003). It is the social worker who is responsible for developing a case plan and to coordinate the necessary services. The types of services that the family will receive may include: parenting classes, mental health or substance abuse treatment, and family counseling. The case plan must be developed with, not for, the family. Involving the family in planning serves several purposes. It facilitates the family's investment in and commitment to the plan, it empowers parents or caregivers to take the necessary action to change behavior, and ensures that the agency and the family are working toward the same end (Goldman, Salus, Wolcott, & Kennedy, 2003). Case plans should be individualized and goal-oriented and should clearly reflect what the agency's expectations are in order to retain the child in the home or reunify at a later time. The social worker is also responsible for monitoring the family's progress (Whitelaw-Downs, et al.2009).

The juvenile court reviews the progress of the case every six months to determine whether the placement is still necessary and appropriate, whether the case plan is being followed by the family, and whether progress has been made toward reunifying the family. Within the case plan there should also be a concurrent plan to address permanent placement in the event the child is unable to return to their family (Badeau & Gesiriech, 2003). In the case of immigrant families additional issues may arise which can make reunification additionally challenging. For example, immigrants find it difficult to navigate foreign systems like the court or child welfare agency. These individuals might

experience language barriers or feel pressured into leaving their children in foster care (Lincroft, 2007) ultimately having an effect on their reunification outcome.

After 12 months a permanency hearing is scheduled. This hearing is intended to decide where the child's permanent home will be. It also sets a specific date for achieving this permanent home. If a child remains in foster care longer than 12 months, a permanency hearing must be held at least every 12 months thereafter (Badeau & Gesiriech, 2003).

If the parents are successful with the court-ordered treatment plan, the child is reunited with his parents, and the case is closed. If a family does not complete the court-ordered reunification plan, the child welfare agency petitions the court for the termination of parental rights (TPR). If granted, the permanency plan, usually adoption or legal guardianship will be set in motion (Badeau & Gesiriech, 2003).

Upon completion of a case plan or the child reaching the age of majority, the case is closed. While this design is intended to transition smoothly from intake to case closure, it must be recognized that child welfare agencies face difficulties in carrying out these functions. Standards and expectations are high and funding and resources are limited and often insufficient. In addition, staffing problems exist, including high turnover and low morale (Whitelaw-Downs, et al.2009).

No articles could be found on immigrants in the dependency process. This chapter will however, discuss challenges serving immigrants in the child welfare system.

Out-of-Home Care

When a child is placed into out-of-home care, he or she can be placed in a variety of settings. These can include a placement with a relative or extended family member, small family foster home, group home, or larger congregate facility depending on the needs of the child (Badeau & Gesiriech, 2003).

During Fiscal Year 2009, an estimated 3.3 million referrals for allegations of abuse or neglect were received by child welfare agencies. One-fifth (20.8%) of victims were placed in out-of-home care (US Department of Health and Human Services, 2010a), During that same time approximately 60,000 children were placed in out-of-home care in California (Public Policy Institute, 2010). The number of Latino children in foster care has increased from 15% in 2000 (US Department of Health and Human Services, 2006) to 20% in 2009 (US Department of Health and Human Services, 2010b).

There is a substantial body of literature (Cervantes, et al. 2010; Church, et al. 2005; Fawley-King, 2010; Law, et al. 2003; Pasztor, et al. 2005; Vericker, et al. 2007) that documents ethnic disparities, also referred to as disproportionality throughout the child welfare process. Until recently, disproportionality focused on the disproportionate numbers of African American children in out-of-home care. However it appears that Hispanics, along with Native American children are included in groups over-represented in out-of-home care (U.S. DHHS, 2005).

Disproportionality in the Child Welfare System.

There are a variety of reported reasons for Hispanic immigrant families to come into contact with the child welfare system. Church (2005) proposes that it stems from an

"inaccurate understanding of the clients culture" (p. 1008). Derezotes (et al. 2005) argues that minority or immigrant families have a disproportionate need for child welfare services as a result of poverty. There has been a persistently strong relationship between poverty and minority or immigration status in the United States. The relationship between income and child maltreatment is supported by research (NCANDS 2002; U.S. DHHS, 1999) and indicates that the greater incidence of maltreatment among low-income families combined with the over-representation of minority or immigrant families living in poverty poses one probable explanation for the overrepresentation representation of minority or immigrant children in the child welfare system.

Another reason identified by Derezotes (et al. 2005) is the influence that race has on decision making at any given time during the child welfare process. Some believe that the child welfare system is not set up to support and serve minority families and children and that workers' decisions about cases are influenced by race. Studies have been done to explore race affects family's interactions with child welfare. However, findings have been inconsistent.

A third reason for Hispanic immigrant families to come into contact with the child welfare system proposed is based on the argument that there are substantially greater risks of child abuse and neglect for minority and immigrant families due to a variety of risk factors (Derezotes et al. 2005). Commonly reported factors in immigrant families include money problems, marital problems, substance abuse, domestic violence, abuse or neglect, and parent-child conflict (Drachman, 1995). Difficulties experienced by immigrant youth specifically involve language proficiency, new peer relations, and conflicting cultural values and norms (Garcia & Saewyc, 2007). As a result, when reports

are made, the differences in the way that these families are treated and decisions made, it is more likely that children will enter and remain in care. Derezotes (et al. 2005) goes on to point out further disparities in the reporting of maltreatment, in decisions to maintain minority and immigrant children in their homes, in the receipt of services and in workers' decisions about case plans. While research has found that minority families receive less support and less appropriate services to retain their children at home, there is conflicting evidence regarding the effects of race on caseworkers' decisions about case plans.

Literature further reveals that there appears to be a disconnect between the "cookie cutter" approach to child welfare that disregards the personal, familial and cultural connection and a Hispanic family who's cultural connection is seen as a critical part of their survival. Child welfare agencies have historically ignored the immigrant families struggle with language, immigration and assimilation issues and remedies available to assist these families (Committee for Hispanic Children, 2004).

Hispanic children are also said to be more likely to be placed in out-of home care and for longer periods of time than their White, non-Latino counterparts (Church, Gross & Baldwin, 2005). Additionally, according to Vericker, et al. (2007), Hispanic children who require out-of-home care are more often placed in group homes or non-relative placements. They also have a higher likelihood to be placed in an environment where the caregiver is unfamiliar with their language and/or culture.

In any setting, most children are susceptible to or may experience effects such as separation anxiety, depression, identity issues, or further abuse. Researchers believe these effects are compounded by multiple placements, frequent school changes, separation from family, and loss of communication with parents and relatives in the home country

(Casey Family Programs, 2010). It is estimated that 35-85% of children in foster care examined for psychological and developmental problems are moderately to severely impaired (Burns et al. 2004). These children experience difficulties in school, adjustment problems, aggression, and other social problems. Children in foster care are also reported to have a high level of unmet need for mental health services (Burns et al. 2004). "Many children enter foster care with special health and mental health needs and, while in care, those conditions are often exacerbated" (Halfon, et al. 1992, p. 33).

Ethnic children or minority children are more likely to be diagnosed with additional mental health needs and are less likely to have these needs met (Church, 2005; Zima, et al. 2000), a concept referred to as mental health disparity (Alegria, et al. 2002; Kataoaka, Zhang, & Wells, 2002). A study conducted by the Center for Disease Control (CDC) (2006) revealed that Hispanic children have a higher risk for suicidal ideation, plans, and attempts than children of other ethnicities. These children suffer from the effects of neglect, poverty, homelessness, exposure to substance abuse, HIV/AIDS, learning issues, and physical or sexual abuse. Children with these risk factors "need a stable and therapeutic living arrangement, in which the effects of these traumas can be ameliorated if not healed" (Pasztor et al. 2005, p. 34).

Immigrant children in out-of-home care are believed to be particularly vulnerable to the development of mental health problems (Cervantes, Lincroft & Borelli, 2010). They are impacted by the migration experience, the assimilation process and difficulties experienced in foster care placement such as language barriers, dissimilar cultures, and loss of family (Cervantes, Lincroft & Borelli, 2010). They are said to be reunified with their families at half the rate of Anglo kids (Church, 2005) and are also more likely to

suffer poorer outcomes. "Public policy supports the placement of children across ethnicities and cultures, but their health and mental health needs may be less well understood and, therefore, the response to them may be less if their caregivers are not culturally competent" (Pasztor, et al.2005, p. 39).

It is important to emphasize that little research exists on the mental health prevalence and characteristics of undocumented immigrants who settle in the United States (Law, Hutton, & Chan, 2003) and none has been done on undocumented immigrants in out-of-home care. Most studies surrounding immigrant mental health focus primarily on the obstacles to obtaining mental health services, under-utilization of mental health services, and the implication of migration and assimilation on immigrant mental health. A recently published article by Fawley-King (2010) discusses effective mental health treatments for immigrant families and provides an analysis of how certain treatments could be adapted for different types of immigrant families involved with the child welfare system.

Current Services for Immigrant Children and Families

Most attention is given to laws and programs concerning the entrance of new immigrants into the U.S. There is little coordination between federal and state policies for addressing the needs of those already in the US, especially children and families in need of protective social services. The result has been a "pieced-together-approach" of federal, state, and local services that can leave immigrants falling between the cracks (Earner, 2005). Child welfare staff do not receive any special training. However, in order to be prepared to deal with the immigrant population, they should understand the "role of

immigration law, fear of deportation, the hostile and discriminatory attitudes [faced by this population]…and the dynamic of migration" (Earner, 2008).

Through a partnership facilitated by the American Humane Association and Loyola University (Velasquez, et al. 2006), leading experts and advocates in the area of immigrant children and families have identified several areas of practice in the child welfare system that need to be addressed. These areas include: the deficiency in attention to migration and its effects on the child welfare system; lack of services that address the needs of immigrant children with regard to safety permanency and well-being; the need for education on immigration law and best practices affecting immigrant children and families for all child welfare agencies, courts, and other professionals in this arena; and a lack of research and demonstration at the national level (Velasquez, et al. 2006).

"In 2001, a national study on healthcare policies for children in out-of-home care was reported in *Child Welfare*. Virtually all of the 46 participating state child welfare agencies acknowledged falling short of meeting the standards set by the Child Welfare League of America for the care of children in out-of-home care" (Pasztor et al. 2005, p. 38).

Throughout the child welfare system, there are not enough bi-lingual workers or interpretation/translation services. Moreover, as Miller (2006) points out, staff is not prepared with the "multicultural skills" necessary to address these families. For example, effective communication consists of more than speaking the same language; workers should be aware of the cultural influences in communication style. Assumptions about beliefs and practices should be avoided. Workers should be aware of their own cultural history and position in society and how it impacts others. Important legal paperwork with

timelines and dates are often provided only in English. Immigrant families often don't understand their rights or responsibilities. Some agencies rely on neighbors or family members as interpreters, raising serious confidentiality issues. Untrained interpreters may not give accurate information or leave out important information (Lincroft, Resner, & Leung, 2006). These types of issues can lead to erroneous decisions or dispositions being made.

When working with immigrant families child welfare agencies "lack an appreciation of the cultural variations in family forms and parenting expectations and styles of the families they are working with" (Mendez, 2006, p. 60). Social workers do not always take into consideration differing definitions of abuse and neglect, personal boundaries, or ideas of family. Fontes (2005) provides some examples of this; in many cultures it is acceptable for family members to sleep on the floor, sleep outside in extreme heat, to share beds or even hear the sounds of parents during sexual intercourse. Additionally, since family is considered even at the extended level, it is acceptable to share homes, clothing, money, food, cars, and other resources. These cultural differences can influence expectations, service delivery, and client participation. Some parents are labeled as being incapable because their parenting style and cultural beliefs do not fit with traditional values. Therefore they are penalized for the action, or inaction they take (Fostering Connections Act, 2009).

There is also a lack of culturally appropriate services such as parenting classes and drug treatment programs in the languages that immigrant parents need to fulfill case plan requirements. Generally, when these services are available, they often have long waiting lists. Child welfare workers who participated in a series of community

61

conversations conducted by the Bridging Refugee Youth and Children's Services (2006)

partnership identified for themselves the need for more training, resources, information

sharing, and collaboration. When working with immigrant families they lack the

language, knowledge about immigration issues, background information, and resources to

link these families to specialized services available in their ethnic communities (Morland,

et al. 2005).

Lack of Culturally Competent Services

At this time there are a limited number of studies on the impact of cultural

competency on actual child welfare practice including its effect on practice and the

quality of services provided to children and their families (Derezotes, et al. 2005). What

is known is that the lack of awareness about cultural differences makes it difficult for

agencies and families to achieve the desired outcome.

Although the social work profession through the Council on Social Work

Education (CSWE) and the National Association of Social Work (NASW) includes

cultural diversity in their curriculum and standards, there is still a lack of theories,

practice models and interventions, which adequately address the diversity among ethnic

groups. Expertise has emphasized awareness and knowledge building but more

information is necessary about providing culturally effective remedies and services with

the immigrant population. The approach in the child welfare arena for example is to

provide the same services that are offered to everyone but with an interpreter involved.

This practice is not effective as immigrants "require not merely the translation of words

but, more importantly, the exchange of culturally different ideas and meaningful

interventions" (Fong, 2004, p. 40).

What does culturally competent mean specifically? Social work literature

discusses cultural competence at length. Miller and Gaston (2003) offer several

definitions and frameworks to clarify the understanding of cultural competence:

> Culturally competent professionals recognize similarities and differences in the
> values norms, customs, history, and institutions of group of people that vary by
> ethnicity, gender, religion and sexual orientation. They recognize sources of
> comfort and discomfort between themselves and clients of similar or different
> cultural backgrounds. They understand the impact of discrimination, oppression,
> and stereotyping on practice. They understand their own biases toward or against
> certain cultural groups (p.239).

Cultural competence includes the ability to provide services that are identified as

appropriate for issues experienced by culturally diverse individuals. This understanding

of cultural competence considers not just the ability to understand the experience of the

individual but also to provide help in addressing what the person views as important

(Miller & Gaston, 2003).

Workers should recognize that the European worldview is not superior to any

other, reevaluate their commitment to neutrality in their practice, and commit themselves

to constant growth and understanding (Miller & Gaston, 2003). Finally, Fontes (2005)

asserts that cultural competence is the state of being open to forms of diversity, culture,

gender, class, religion, language, sexual orientation, etc. as well as the ability to address

diverse needs and situations. This includes acknowledging and addressing one's own

feelings and biases. Cultural competence requires an individual to be open and fair.

Miller and Gaston (2003) argue that the consideration of culture is lacking in child welfare practice. The absence of cultural "awareness" is not the problem. "The problem is that the culture at the center of the discussion has been, almost exclusively, European" (p. 237). The child welfare system in the U.S. is culturally rooted in Anglo-Saxon, Protestant ideas. These philosophical basis include the idea that poverty is a result of the persons "laziness and immorality" having nothing at all to do with the society's role. While many child welfare workers are not Anglo Saxon, they still use these standards when assessing and working with families. Child welfare workers should be informed of the cultures they serve. This would include recognizing the community's strengths, socio-economic ability, legal factors affecting the community, religion, and resources. Workers should also consider their own personal attitude and perception toward the community as well community's attitude and opinion toward government agencies (Miller & Gaston, 2003).

Challenges Serving Immigrants

After becoming involved with an immigrant family, the child welfare agency plays "a pivotal and unique role in providing much needed help and services to these families, too often they are unprepared to meet these special challenges… and, as a result, fail to serve them appropriately" (Earner & Rivera, 2005, p. 531). A number of studies have demonstrated racial disparities in a number of fields involving minority clients. Research has shown that minority families, including immigrants receive differential access, treatment, and outcomes (Lu et al. 2004). Church (2005) points to findings that "the system responds more slowly to crisis with ethnically diverse families...Hispanic

children receive less comprehensive service plans, and parents of color have been viewed as less able to profit from what the system has to offer" (p. 1008). Additionally, child welfare staff appear to act more as "decision-makers and less as service providers" (Cohen, 2003, p. 144).

Organizational Barriers

Child welfare agencies respond to immigrant families in different ways. Besides the legal requirements and current political climate, an organization's culture will factor in the process. The agency's culture is reflected in its "mission, goals, policies, procedures, performance standards, staff, data collection, and desired outcomes" (Cohen, 2003, p. 148). Major barriers faced by child welfare agencies in serving the immigrant population include a lack of funding, culturally competent services, and training on immigrant issues and forms of legal relief. Additional barriers include "changes in immigration laws, anti-immigrant sentiment, reduction of government services…" (Saco, 2008). There is also little done to ensure accountability, consistency, or equal provision of services to immigrant children and families.

Immigrant families often times have similar experiences and challenges as domestic families, however, they also have unique needs. Some immigrant families have existing sources of support and resources, others have none. Child welfare staff are often times not trained on issues concerning "perceptions, stereo types, and attitudes" (Earner & Rivera, 2005, p. 534) towards the immigrant population. Cases involving immigrant families, especially undocumented immigrants can be very complicated and time-consuming. There are a number of other "players" involved such as the local consulate or

embassy, other child welfare agencies, immigration officials, and other community based organizations. Social workers working on these cases must be trained on immigration issues with regards to the family's needs, culturally appropriate services, the service plan that is in the best interest of the child, as well as the legal remedies available. In order to have this specialized staff or access to specialists in this area, child welfare agencies need more money.

Agencies must use local funds since undocumented immigrant children are not eligible for federally funded Title IV-E foster care. Services such as translation/interpretation, international transports and visits, and foster care placement are paid for from local funds. Additionally, "it is difficult to license relative caregivers since many relative caregivers have difficulties fulfilling foster care regulations, including minimum space per occupant requirements, fingerprint clearances without government-issued identification, and income qualifications. Given the shortage of licensed foster care homes, immigrant youth are rarely placed in linguistically and culturally matched foster homes" (Lincroft, Resner, & Leung, 2006, p. 5).

Child welfare agencies are also faced with competing federal, state and local mandates, which drive agency practice and affect some populations more than others. For example, the Adoptions and Safe Families Act of 1997 (AFSA, 1997) and the Multi Ethnic Placement Act Interethnic Adoption Provision of 1996 (MEPA-IAP, 1996) changed experiences and outcomes for families involved in the child welfare system. The ASFA created a new framework for child welfare that prioritized safety and permanency and shortened the timelines to complete service plans. This is added pressure for immigrant families when bilingual services are scarce. The ASFA (1997) also created

incentive payments for states that increase adoptions of foster children. Since there is no incentive for family reunification, the law seems to promote adoption over other options.

MEPA-IAP prohibits the consideration of race or national origin in the placement of minority children in out-of-home care or adoption. The law does, however, require "diligent recruitment of potential foster and adoptive families that reflect the diversity of children needing homes" (Committee for Hispanic Children, 2004, p. 6). Despite MEPA-IAP provisions for recruitment of these caregivers, there has been limited compliance due to a lack of funding and an absence of sanctions for non-compliance (Lincroft, Resner, & Leung, 2006). MEPA is sometimes being used to argue against culturally appropriate services.

Other Challenges

In addition to the above-mentioned barriers and constraints, Hispanic families tend to be distrustful of the child welfare system. Many immigrants do not trust government agencies. They may have experienced corrupt government agencies or fled their country due to political difficulties. As a result, they may not seek or accept help or participate in services required by child welfare or other social service agencies (Lincroft, Resner, & Leung, 2006). According to Fontes (2005), child welfare in the U.S. is thought to be unfair in their treatment towards immigrant parents. Oftentimes parents are unfamiliar with the process or expectations and are punished for this. Since effective service delivery depends on the familiarity with the rights and needs of undocumented immigrants, accessing services is even more difficult (Drachman, 1995).

Many undocumented children involved with the child welfare system are likely to be eligible for special forms of immigration relief, and some may be eligible for citizenship. Child welfare officials should ensure that their staff are compelled and prepared to protect and serve the children and families in their care. Child welfare services are provided to all children and families without regard to immigration status. While child welfare agencies do not conduct investigations for immigration purposes, inquiry into immigration status is required to ensure certain rights as well as the most appropriate services and case plan for a family. The issue of immigration adds another layer to an already complex issue. There is a wide array of family structures and the child welfare system is not equipped to deal with these immigration issues (Cervantes, et al. 2010).

Summary of the Literature

Literature provides an understanding of the immigrant population and how it has evolved over time. The numbers of foreign born individuals continues to increase and their resettlement destinations have expanded into new areas. The legal status of these individuals plays a vital role in determining where they will fit in and the attitudes of the receiving community. Emphasis has been placed on Mexican nationals due to its close proximity to the U.S. and its large contribution to the number of foreign born individuals in the U.S.

Historically, until the 1980's, immigrants were a necessary and welcomed addition to the American workforce. Immigrants have since gone from invited guests to unwanted troublemakers. Anti-immigrant sentiment has increased and the issue of

immigration is currently a highly debated political topic with no simple solution in sight. Nonetheless, for those individuals who are here and in need of social services the migration experience and assimilation process must be considered.

Reasons for migration and migratory experiences differ for each person and depend on circumstances in the home and receiving countries. Most immigrants however, follow a similar series of stages which deal with pre-migratory issues, migratory experiences, and arrival to the U.S. Once in the U.S. the assimilation and acculturation process begins. For some, challenges in adjustment and difficulties with others lead to an encounter with the child welfare system.

Child welfare agencies provide mandated services and ensure protection of the child. This can include placement into foster care. Research has shown that children in out-of-home care, specifically minority children have a more difficult time adjusting and are at a higher risk for mental health issues. They are also less likely to be reunited with their biological families. Studies have also shown that current child welfare services do not fully address the cultural and legal needs of immigrant children. Hispanic children make up a large percentage (40%) of children in placement. Reasons as to why this number is high are speculated to be as a result of cultural incompetency by social workers conducting child abuse investigations, a higher level of abuse or neglect due to poverty and other factors affecting the undocumented population, and unrealistic or unsupportive case planning and services.

Working with immigrant families requires those working with immigrant children and families to be aware of values and beliefs brought by immigrants and assisting them

in learning and adjusting to new environments, rules, and practices while being respectful and providing support and guidance.

As previously mentioned, most research on immigrants has examined the effects of migration and acculturation on adults. Little is known about children. Recently, a number of publications have pointed to the importance of studying undocumented children involved in the child welfare system. Several studies have provided conceptual overviews of issues facing undocumented families involved with the CWS. However, empirical research is lacking.

From a practice standpoint there are currently no federal or state guidelines addressing the immigration status of these undocumented children. There is no formal mechanism or mandate for recording statistics on immigrant children in the child welfare system at any level. These children are assessed using traditional models without consideration of their unique needs and are referred for the same general types of treatment and services that domestic children are referred for. It is important to identify and address the needs and challenges faced by this population. Those working with this population are often unaware of additional barriers faced by this population and are also unfamiliar with cultural practices and beliefs

From a policy standpoint current federal policies have limited or denied access to funding, benefits and services making it difficult for workers to design and implement case plans, and at neither the state nor federal level, no formal guidance or implementations strategies have been provided to deal with undocumented immigrants.

CHAPTER THREE

METHODS

It is important for child welfare officials, staff, and lawmakers to understand the experience of undocumented immigrant children and their families if they are to ensure their best interest. The experience of undocumented immigrants who interact with the child welfare system remains unclear. A qualitative study taking Charmaz' (2006) constructivist Grounded Theory approach was conducted to map the way undocumented (Mexican) immigrants have understood and experienced services offered and received by them with regard to migration transitions and obstacles they faced, issues leading to child welfare intervention and the experience of being placed in out-of-home care. This study will help to provide insight into the immigrant's experience. Findings have the potential to inform child welfare practice and policy. This chapter will discuss the research approach and the study's procedures.

Rationale for Qualitative Design

The word *qualitative* denotes processes and meanings that are not "experimentally examined or measured in terms of quantity, amount, intensity or frequency. Qualitative researchers stress the socially constructed nature of reality…" (Denzin & Lincoln, 2003, p. 13). Rather than starting with a pre-disposed set of categories within which individuals fit their views, respondents comment freely on details of their experiences. Qualitative research looks at the ambience (what, where, when and how), meanings, and descriptions of a phenomenon (Berg, 2007). It incorporates a variety of fields, disciplines, traditions and subjects connected with cultural and interpretive studies. Qualitative research

71

involves the collection and study of a variety of materials that describe moments and meanings in the participant's life. It seeks answers by looking at how individuals live and function in their environment through rules, norms, rituals, etc. The analysis of this data allows researchers to look at the "various social contours and processes human beings use to create and maintain their social reality" (Berg, 2007, p. 9).

Straus and Corbin (1998) define qualitative analysis as "research about persons' lives, lived experiences, behaviors, emotions, and feelings as well as about organizational functioning, social movements, cultural phenomenon, and interaction between nations" (p.11). Qualitative research captures relationships and patterns. Patterns can assist in developing "explanations about reality, organize events, or even predict future events" (Berg, 2007, p. 20). This is important since the aim of this study was to understand undocumented immigrants' experience through "their" reality and develop ways to address barriers and needs affecting their outcome.

Overview of Grounded Theory

Grounded Theory was developed by the collaborative work of Barney Glaser and Anselm Strauss. Glaser and Straus advocated the development of theory based on gathered data (Charmaz, 2006). They challenged the dominating quantitative research paradigm used in the social sciences by questioning the division between theory and research, the separation of data collection and analysis, the notion that qualitative research was merely a precursor to more popular quantitative methods, and the idea that qualitative methods could not produce theory (Denzin & Lincoln, 2000).

Glaser and Strauss pushed qualitative research in the direction of theory development by establishing guidelines for "systemic qualitative data analysis with explicit analytic procedure and research strategies" (Denzin & Lincoln, 2000, p. 512). They mixed quantitative positivistic methodology with field research symbolic interactionism. The practice set forth by Glaser and Strauss "legitimized qualitative research as a credible methodological approach" (Charmaz, 2006, p. 6). Grounded Theory is currently one of the dominant qualitative methods.

Most recently, researchers are using a more "neutral" view of Grounded Theory known as constructivist Grounded Theory. This view, as adapted by Charmaz (2006), will be adopted for this study as it is said to fit with "twenty first century methodological assumptions and approaches" (Charmaz, 2006, p. 9). Denzin and Lincoln (2003) describe the constructivist view of Grounded Theory as one which takes the middle ground between post modernism and positivism. Constructivist Grounded Theory "assumes the relativism of multiple realities, recognizing the mutual creation of knowledge and aims toward interpretive understanding of subject's meanings" (p. 510). Otherwise stated, the researcher creates meaning and analysis through his or her interaction and relationship with the participant. Multiple meanings arise from the interactive process. To understand a participant's experience, the researcher would explore his or her beliefs, values, and behaviors.

Grounded Theory starts with data. Data is constructed through observation and information gathered about a subject. Data form the foundation of theory and the analysis of these data generates the concepts we construct (Charmaz, 2006).

According to Denzin and Lincoln (2003), Grounded Theory provides "systematic inductive guidelines for collecting and analyzing data to build middle range theoretical frameworks that explain the data collected " (p. 509) as well as a useful conceptual rendering and ordering of data that explains the studied phenomenon. Grounded Theory looks at "slices of social life" (p. 522) in a particular moment in time. Analytic interpretations are developed during the research process. Grounded Theory studies specific social processes in an attempt to identify connections or patterns between occurrences. The information gathered is ultimately used to develop a theoretical analysis that "specifies relationship among concepts" (p. 510). The use of Grounded Theory methodology allowed for pieces of data to be connected which provide insight into the process of repeated assimilation and the various phases encountered by immigrants during these processes.

Grounded Theory according to Patton (2002) begins with:

> basic description, moves to conceptual ordering [organizing data into categories using descriptions to explain the categories], and theorizing [forming ideas or concepts and placing them into a systematic format]…in the course of conducting a Grounded Theory analysis, one moves from lower-level concepts to higher-level theorizing (p. 490-491).

Constructivist grounded theory uses three processes to guide analysis. These include: initial coding, focused coding, and memo writing development. Initial coding is the first step in data analysis. Relevant data is organized and labeled. In this phase the following questions are explored: What is being studied? What does the data imply? Is there a process or pattern? What role and effect does this process have on participants?

(Charmaz, 2006). Connections are made between situations and participant's interpretations of their experiences.

Focused coding uses "the most significant and/or frequent earlier codes to sift through large amounts of data" (Charmaz, 2006, p. 57) and compares them. The purpose of focused coding is to construct and refine a category by examining all the data, including similarities and differences in it. These categories are then merged together through which an experience is revealed and explained (Charmaz, 1983).

Written memos are explanations of ideas about the data. Codes are described in detail and relationships between codes are explored. Memos help to refine conceptual categories.

Strengths of Grounded Theory

The Grounded method is inherently a "systems approach" in that it looks at various systemic levels and actions or events that might affect the issue. It also makes the distinction between the social problem and the research problem, which are oftentimes intermingled ultimately causing there to be disconnect between reality (causal explanation), and solutions (action) (Simmons & Gregory, 2003). It has opened the possibilities of rigorous ways to explore data through qualitative means. Grounded Theory is said to be durable because it accounts for variation. It is flexible in that analysis can be modified as situations change or as more data is collected. Other strengths lie in the strategies it provides for the analytic process; the flexibility in the data collection process; and the emphasis on comparative methods (Denzin & Lincoln 2003).

Experience and Background

Grounded Theory is an inductive method. Yet it does not start without theoretical understanding. Strauss and Corbin (1990) suggest that through life experience one acquires an understanding of how things work. A researcher's familiarity with literature, professional experience and personal experience make up his or her theoretical sensitivity (Strauss & Corbin, 1990, 1998).

Theoretical Sensitivity

A researcher's past experience, level of understanding of the data and his or her ability to separate the relevant from the irrelevant data comprise his or her theoretical sensitivity. This experience allows the researcher to predict possible outcomes under certain circumstances. This knowledge helps the researcher to make sense of the events and actions that are observed. Charmaz (2006), asserts that theoretical sensitivity is gained through "studying life from multiple vantage points, making comparisons, following leads, and building on ideas" (p. 135). Charmaz (2006) also notes that "every researcher holds preconceptions that influence…what we attend to and how we make sense of it" (p. 67).

Rationale for Topic

Interest in the current topic is drawn from multiple experiences. This topic is relevant at a time when immigration is a key issue in U.S. politics and the number of undocumented immigrant children involved with the child welfare system continues to increase. Additionally, I am of Mexican ancestry and know individuals who have migrated to the U.S. legally and illegally. I have lived in areas where there is a high

concentration of Mexican-Americans and through my own family have been exposed to the value and belief systems taught and experienced by Mexican and Mexican-American individuals.

In addition to my cultural background, I am also a former social service worker who worked with cases involving undocumented immigrant children. I have been involved in cases that have resulted in both positive and negative outcomes for children. I feel that this experience has allowed me to remain unbiased in my expectations and anticipation of findings. My experience and exposure to this population has provided some understanding which will increase theoretical sensitivity when concepts are being generated from the data. I did not, however, share this information with participants. I believe that providing this information would influence how participants would answer questions related to their experience in foster care.

Grounded Theory as a Rigorous Model

Grounded Theory implements strategies for demonstrating trustworthiness as suggested by Lincoln and Guba (1985): maximizing credibility, transferability, dependability, and confirmability. Credibility evaluates whether or not findings accurately represent the perspective of participants (Lincoln & Guba, 1985). Credibility depends less on sample size but on the richness of the information gathered (Patton, 1999). Transferability refers to the degree to which the results generalized or transferred to other contexts or settings. Dependability is established by an audit of the inquiry process. Data is compared to transcripts to ensure accuracy and levels of saturation (Flick, 2002). Confirmability is a measure of how well the inquiry's findings are

supported by the data collected and refers to the degree to which results can be confirmed

by others (Lincoln & Guba, 1985). It also refers to the notion that findings can be traced

back to the data (participant), and are not the result of the researchers "worldview,

disciplinary assumptions, theoretical proclivities and research interests (Charmaz, 1995,

p. 32).

Study Methods

All study procedures described in this section were approved by the Institutional

Review Board of Loma Linda University.

Sampling Strategy

The intent for sampling in the study was to follow a sequential order of targeted

then theoretical sampling. In accordance with theoretical sampling, a population was

"pre-selected" in terms of their experience with the phenomena being studied. These

individuals were to have provided a starting point. Then, as concepts began to emerge, a

shift was to be made to theoretical sampling as further data collection would be based on

developing ideas. Participants, interviews, and/or locations were to be added, changed, or

removed in an effort to expand and improve emerging concepts (Charmaz, 2006;

Draucker et al. 2007). This process was unable to be completed due to the lack of

participants and/or their willingness to be re-interviewed. No incentives for follow up

interviews were offered as all participants indicated during the screening process that

they would only participate in the study if no further contact was required.

Research on undocumented immigrants is significantly impeded by difficulties in gaining access to this population (Lincroft, Resner & Leung, 2006). As such, this study's plan was to recruit study participants through the help of the local Mexican Consulate. However, due to regulations regarding confidentiality and a change in administrative staff at the consulate, an alternate recruitment source had to be identified and implemented. This study utilized a snowball sampling approach. Participants were identified and recruited through (1) flyers posted in each of the four County of San Bernardino, Department of Behavioral Health, Transitional Aged Youth (TAY) Program sites located throughout the county of San Bernardino which provides placement and case management services to former foster youth; or (2) flyers provided to personal community-based contacts with access to the undocumented immigrant population. This approach was utilized as it provided a means of directly informing potential participants about the study. The recruitment flyer (see Appendix A) briefly described the study and asked interested individuals to contact the researcher. Participants contacted the researcher via phone or e-mail if they were interested in taking part in the study, and a screening survey was completed. Participants meeting the following criteria were invited to take part in the study: Mexican national, undocumented immigration status (while in out-of-home care), current age 18 or older, and emancipated from foster care system.

Initial participants taking part in the study used their social networks to refer others who could potentially participate in the study. In accordance with guidelines for Grounded Theory, a sample size of 20 to 30 was intended. However, only six participants could ultimately be recruited. Reasons for the hesitancy to be involved in the study along with methodological implications will be discussed later.

Interview Process

At the participants' request, interviews were held at various public places (e.g. libraries, parks, coffee shops) and were audio taped. Participants were initially reluctant to be audio taped; however, they ultimately agreed to do so since they were able to use pseudonyms which ensured confidentiality of their identity. Recordings were later transcribed word for word and then organized using QSR NVIVO software version 8. The participants were given the opportunity to have the interview conducted in English or Spanish. All participants chose to be interviewed in English. Prior to beginning the interview participants were provided with the consent form (see Appendix B), written in English and Spanish, which explained the purpose of the study, data collection procedures along with the risks and benefits of the study.

Interviews were conducted utilizing a semi-structured discussion guide to provide a sequence of open-ended questions. This method allowed the interviewer to gain as much information as possible from the experience of participants in state foster care and allowed for the participant to serve as the expert (Charmaz, 2006). Interviews lasted between 1 to 2 hours and examined the participants' views and beliefs regarding how their migration and involvement with the child welfare system affected them as individuals. The following areas were explored with each participant (See Appendix C-Interview Guide):

- Background/demographic information on the participant

- Migration experience

- Initial contact with child welfare system

- Experience during out-of-home placement

- Recommendations from the participant's perspective

Clarifying and prompting questions were utilized by the interviewer to gain more information from the respondents based on their reality. Questions included clarification of terms used, background information about their parents assimilation experience, feelings about experiences and current situations. The following is an example of this:

> Interviewer: Tell me briefly about the place where you were born/grew up.
> Participant: I was born in Mexico, in Guadalajara. I grew up with my mom and younger brothers and sisters. My dad lived mostly on the other side but would come back and forth constantly. Sometimes I would go back with him and stay to help him work.
> Interviewer: What do you mean when you say he lived "mostly on the other side?" Where was that?
> Participant: Oh! I mean he lived in the U.S. most of the time, in Fontana [California]. He worked on some ranch and did other things too. He worked really hard all the time. I would come stay with him for a few months and help him work and then I would go back with my mom. He would always send money to my mom.

By following the participants' theme or storyline, more information was obtained and greater clarity achieved. Upon completion of the interview, participants received a $10 gift card as a token of appreciation.

Data Analysis

Coding of data was broken into two phases: Initial Coding and Focused Coding.

Initial Coding

The initial phase began once the first interview was completed and transcribed. The purpose in the initial phase was to "define what the data are about" (Charmaz, 2006, p. 43). This was accomplished by reviewing sections of data (line by line), selecting, and

labeling key points. For example, one participant answered a question regarding his experience in a new country saying: "Everything was so different than our little town that we came from. The U.S. seemed so big. In our town everyone knows everyone. Here nobody even pays attention to you." In this response, the participant explained his feelings and experience in a new country. This was initially coded as "being in a different environment." The initial coding phase generated over 50 codes.

Initial coding helped to break up data and to see processes (Charmaz, 2006, p. 51) The responses of each interview were compared to one another.

Focused Coding

Focused coding was the second phase used to explain larger segments of data and how they are connected. I continued to "compare data to the codes, which helped to refine them" (Charmaz, 2006, p. 60). The most important codes identified in the initial phase were taken and codes with similar themes were grouped together to form elements. Using the previous example of the initial code "being in a different environment," a broader element of "environmental adjustments" was created to describe and understand conditions of this theme. Also during this phase new areas of analysis began to appear and "unexpected ideas" (Charmaz, 2006, p. 59) regarding culture and emotions emerged.

Focused coding included a constant comparative coding process where elements were theoretically sorted providing a means to organize them into themes in a logical way. Continuing with the previous examples, the initial code of "being in a different environment," which was developed into the focused code of "environmental adjustments," was now categorized under the theme, "adjustment/assimilation

experience." Focused coding resulted in the identification of four main themes. Figure 3 illustrates the coding process from initial coding to focused coding to the identification of the core process.

Memo Writing

Memo writing included noting any thoughts, questions, and comparisons that emerged in the data. For example, as initial and focused coding progressed, questions arose regarding the emotional experience. One of the main questions identified was if participants all experienced a similar set of emotions during their experience. The data was reviewed again for patterns surrounding emotions. A specific set of emotions was found to be experienced by all participants which will be discussed in the following chapter.

Coding Process

Elements (Conditions) **Phases (Themes)**

| Education   Work   Remittance
Abex   Age |

Reasons for Change/Migration

| Community Attitudes
Language/Communication
Relationships/Conflicts
Decreased Opportunities
Social/Family Support
Wealth/SES
Education
Environmental Adjustment
Addressing Immigration |

Adjustment/Assimilation Experience

| Consistency
Cultural Consideration
Preparation for Emancipation/Adulthood
Support and Involvement
(Social Worker, Foster Parent, Bio Parent) |

(Biological Home/Foster Home) Experience

| Fear   Confusion
Anger   Frustration
Hurt   Sadness
Loss/Grief |

Emotional Experience

Central Process (Core Theme)

Repeated Assimilation to New Environments

Figure 3. Coding Process

Strategies for Rigor

Strategies used in this study to ensure rigor and assess trustworthiness are based on Lincoln and Guba's (1985) work and are consistent with strategies used in other Grounded Theory studies (Bowen, 2009; Chiovitti & Piran, 2003; Hernandez, Almeida, & Carranza, 2010).

Credibility

Because participants declined any follow up interviews, credibility was attempted to be reached by alternate means. For example, because member checks were only done at the time of the interview and unable to be done again, transcripts were presented to other "experts" (undocumented immigrants) to ensure that an accurate explanation of data was given and that findings correspond to reality (Merriam, 1998). Although the same participants were not involved, other undocumented individuals (with no experience in out of home placement) were able to recognize the experience as being similar to their own. This, according to Guba & Lincoln (1989) suggests credibility.

Peer reviews and peer debriefing were also used as an alternate method to ensure credibility (Spall, 1988). A thick, detailed description was used to describe the situation. This information was then reviewed by peers, which included practitioners, who indicated that they felt they could recognize the experience if they were to encounter it after having read the study. This also, according to Cooney (2011), suggests credibility. Other strategies used included: use of participants own words in findings in order to ensure an accurate representation of meaning; review and comparison of researchers', participant's, and consultant's viewpoints during the development of initial interview

questions, verification of themes arising throughout interviews, and post-interview

discussions; and finally, recognition of the researchers' previous experience, cultural

views and other insights about the phenomenon being studied (Lincoln and Guba, 1985).

Additionally, the use of memos and reflective journaling provide a record of the research

and analytic process. Memo writing enabled this researcher to evaluate: the data as it

progressed, initial impressions, personal thoughts or assumptions, and the effectiveness

of the techniques being used. These records are sufficiently detailed making it possible

for other researchers to repeat the same study in the same setting.

Transferability

The study makes no claim for generalizability, but the strategies used suggest

transferability in that themes may be transferable to contexts outside the study and at

minimum provide a "baseline understanding with which the results of subsequent work

should be compared" (Shenton, 2004, p. 71). For example, contextual information such

as demographic information about the sample, characteristics of the study setting,

philosophy of care and other relevant policy were provided to help the reader understand

the context of the study so that they can be applied or considered in other settings. Also,

similarities between study findings and theoretical constructs were noted so as to further

demonstrate potential transferability (Chiovitti & Piran, 2003).

Dependability

Lincoln and Guba (1985) stress the close relationship between credibility and

dependability, proposing that, ideally, an ability to show credibility will help ensure

dependability. This was achieved through a detailed description of the research plan, data collection, and assessment of the study's achievement.

Steps taken to demonstrate confirmability include the checking and rechecking of data throughout the study (Patton, 1999). There was an audit and discussion of coding decisions, developing themes and interpretations. Also acknowledged was the researchers own biases and beliefs.

CHAPTER FOUR

RESULTS

This chapter provides an in-depth description of the study participants and details the coding process from with the core process was identified. Themes and elements or conditions that make up each theme are also described in detail. Finally, findings are theoretically connected to the ecological systemic and assimilative elements which affect the complex experienced faced by this population.

Description of Participants

The study participants consisted of 3 men and 3 women. Their ages ranged from 18-21 years of age at the time of the interview. All participants were Mexican nationals, former foster youth (not currently involved with the child welfare system) who had an undocumented legal status during their placement in out-of-home care.

Jorge

Jorge, 19, came to the U.S. at age 16. Unlike the other participants he traveled frequently to the U.S. with his father to work. He helped his father to support his mother and siblings who remained in Guadalajara. He was placed in out-of-home care at age 17 due to physical abuse by his father and was emancipated from care without obtaining legal permanent residency through SIJS. Jorge has remained in the U.S. working on a ranch and was reunited with his father who is also undocumented and working on the same ranch.

Alejandra

Alejandra, also 19, came to the U.S. at 4 years of age with her parents. Alejandra's parents found it difficult to adjust to the U.S. They missed their life in Durango and began using alcohol and other substances. Alejandra was placed in out-of-home care at age 14 as a result of domestic violence and substance abuse that was occurring in the home. Alejandra was also emancipated from care without obtaining legal permanent residency. She was currently living with her boyfriend and seeking employment.

Maria

Maria, age 21 at the time of the interview, was brought to the U.S. at 10 months old by her mother. Maria did not recall her life with her mother in San Luis Potosi or here in the U.S. and only knew that she was placed in out-of-home care at age 3 due to neglect. She was raised by her foster parents. Maria's immigration status was adjusted via the SIJS remedy giving her ability to access benefits available to emancipated foster youth including funding for college and assistance with housing.

Nikolas/Jose

Nikolas, 18, and Jose, 19, are brothers who traveled to the U.S. together from Oaxaca at ages 9 and 10. They described their journey to the U.S. with their cousin as a traumatic experience. They witnessed beatings, robberies and rapes. Their cousin became separated from them and was never found. The brothers were placed in out-of-home care shortly after their arrival when it was discovered they were living and working in a

junkyard and were unaccompanied by a parent or guardian. Both obtained residency and continue to reside with their foster parents while they secure employment and housing.

Beatriz

Beatriz, age 21, came to the U.S. with her father and sister at age 11. She described her sadness at having to leave her mother and siblings in Oaxaca. After being sexually abused by her father, she and her sister were placed in out-of-home care. Her age at the time of placement was undisclosed. Beatriz was shunned by her family for disclosing the abuse. Both she and her sister remained in the home of their foster parents who ultimately obtained legal guardianship for them. Despite not obtaining legal residency, Beatriz indicated that she had a job, lived with her boyfriend and continued to receive support from her foster parents. Table 1 below provides demographic information collected from participants.

Saturation

As already noted in Chapter 3 due the small size saturation was likely not obtained. As such this study's findings may not be a complete representation of the prevailing themes. However, as Myers (2000) points out, a small sample size such as this allows for a more in-depth examination and a more personal understanding of participants' experience. Sufficient data was gathered to develop concepts and categories as well as an understanding of the relationships among concepts and categories. However, the small sample sizes prevented development of a heuristic model, which had been the initial aim of the study.

Table 1

Demographics

(Pseudo) Name	Gender	Age at time of Interview	Age at Migration to United States	Age at time of Foster Care Placement	Current Legal Status
Jorge	Male	19 years	16 years	17 years	Undocumented
Alejandra	Female	19 years	4 years	14 years	Undocumented
Maria	Female	21 years	10 months	3 years	Legal Permanent Resident
Nikolas	Male	18 years	9 years	9 years	Legal Permanent Resident
Jose	Male	19 years	10 years	10 years	Legal Permanent Resident
Beatriz	Female	21 years	11 years	undisclosed	Undocumented

Study Process, Themes, and Elements

The coding process yielded one core theme (also referred to as the core process),

repeated assimilation to new environments, and four themes. These themes include:

Reasons for Change/Migration; Adjustment/Assimilation Experience; Home Experience;

and Emotional Experience. Each theme, including the elements or conditions that form

them will be discussed in this section.

Core Process

In the core process of *repeated assimilation to new environments* participants

describe having to assimilate to: (I) the United States, (II) out-of-home care, and (III)

adulthood (emancipation from out-of-home care).

Assimilation Processes

There are various kinds of assimilation. Assimilation occurs when there is exposure to new information or situations which must be incorporated with existing knowledge in existing situations (Reinkling, Labbo, & McKenna, 2000). In certain cases assimilation can be forced; in others it is done voluntarily.

Assimilation to the United States

The first assimilation process identified by individuals in their experience occurred upon their arrival to the United States. This instance of assimilation followed a more traditional pattern of cultural assimilation that most Hispanic immigrants are familiar with; one in which individuals are concerned with adopting the customs and attitudes of the prevailing culture around them while maintaining traditional ways (Wallendorf & Reilly, 1983).

Participants described a mixture of feelings about coming to the U.S. and upon initial arrival. The age at migration varied. Some came as infants and others came in their teens. For those who wanted to come there was a sense of happiness and excitement. Only one, like Beatriz, who did not want to leave Mexico, described a sense of loss and fear: "I hated it. I cried all of the time for my mom and family in Mexico. I didn't want to talk to anyone or play with my sister." Participants explained that initially they settled in communities where most of the residents were Mexican immigrants and where traditions from Mexico were intermixed with American traditions. Those who came with parents described conflict with their elders as they stressed a need to maintain their Mexican heritage. Some parents were described as being resistant to the idea of assimilating into

U.S. society. Alejandra described her father's reaction when she suggested he learn English and dress and act differently: "He got mad and said 'I'm Mexican…I'm not gonna change for nobody.'"

Participants noted that while there was diversity in their communities, a mixture of Hispanics and Americans, they still felt underlying biases and discrimination and that more emphasis was placed on the traits that set them apart. Participants noted that they very quickly understood the importance of "fitting in" and learning English but found it difficult because they had never been exposed to another language and were teased about their appearance and in their attempts to speak English. Nonetheless, participants all stayed in the U.S. to take advantage of greater opportunities and a chance to help their families in Mexico. Eventually they all became comfortable with their new environment, learning the necessary skills and ultimately integrating into their surroundings. Jorge shares his feelings about living in the U.S.: "I know I was born there, but I feel like this is my home. I'm comfortable here. I look and talk like everyone else now. At first it was hard, like I said. But I think I caught on pretty quickly."

Assimilation to Out-of-Home Care

The second assimilation process experienced by participants was upon entering the foster care system. Participants described this transition as shocking and confusing. They were again forced to adapt and develop into a new environment. All indicated feeling scared and none were familiar with the American child welfare system.   Four described placement situations that challenged their cultural norms and beliefs. Nikolas shares his experience with one foster family:

The foster family was Mexican, but not Mexican like we were…They acted more "American" than Mexican. How they talked, how they acted…the other kids in the foster home were the same. They were Mexican too but not like us. They made fun of us because of how we looked and talked and dressed.

Each foster home placement brought exposure to new customs and attitudes. Multiple placements meant repeated losses of "family," friends, teachers, and stability similar to the loss they experienced when leaving their family, friends, and communities in Mexico. In many cases there was little communication and participants felt left out in decision making and overall inclusion in their cases. Those with more positive experiences described foster parents and social workers who identified activities that would be helpful in the assimilation process and who showed interest in providing them with opportunities to learn. Jose reflects on the support he received from his social worker: "She explained to us what foster care was and told us about school here. She went with us to our appointments or she would send her assistant. She would come every month to tell us about court or if she heard from immigration."

Assimilation to Adulthood (Emancipation from Out-of-Home Care)

The third assimilation process participants underwent was the transition into adulthood and emancipation from foster care. Adulthood for participants had a different meaning than it did for some foster parents and social workers. Cultural norms in the U.S. dictate that an individual becomes an adult in terms of age and independence. This is marked by an individual moving out of their parents home, getting married, and starting their own family (Arnett, 2001).   For participants, their adulthood is primarily based on their ability to protect, contribute and care for the family (Arnett, 2003). Half of the

94

participants came to the U.S. at a young age to seek employment in order to help support their families in Mexico. Brothers Nikolas and Jose had already taken on the responsibilities of primary breadwinners at 9 and 10 years of age in the home prior to migrating to the U.S.

Participants indicated that they were unable to care for themselves after leaving foster care. Many felt unprepared and stated that they lacked job skills, a source of income, education, emotional and community support. Some participants had social workers and foster parents who assisted them in developing emancipation plans and teaching them some independent living skills such as cooking, cleaning, shopping, creating and maintaining a budget. However, these plans were still unable to address participants' needs completely as in the case of Jose who despite receiving independent living skills training still felt unprepared: "Having money to use when you get out of foster care would help. When you move out you need money for deposits, groceries, cleaning stuff, laundry, transportation. Even if you work and save your money, it is not enough."

Participants identified various elements involved in the assimilation process. Each element worked in a different direction and led to different outcomes for each individual. These elements are the themes described below.

Themes

The results identified four themes involved in assimilation to each new environment: Reasons for Change/Migration; Elements or Conditions of Adjustment/Assimilation Experience; (Biological and Foster) Home Experience; and

Emotional Experience. Each of these themes was influenced by a variety of elements or conditions which will also be discussed.

Reasons for Change/Migration

The first theme, Reasons for Change/Migration was seen to be the reasons why participants were forced to change or "migrate" from one environment to another. For example if participants were found to be in unproductive or unsafe situations or at a stage in life that warranted progression, then change occurred. For some, this change was self-identified, for others, it was determined by outside sources or individuals. Education, Work, Remittance, Abuse and Age were elements influencing change.

In the context of migration to the U.S. for example, participants identified their primary reason for coming as seeking the opportunity for work and education. This opportunity would allow for participants to have a better life than they would in Mexico and enable the participant to send money to family in the home country (remittance).

Education

The first element identified as a reason to migrate to the United States was its easily accessible, no-cost, public education. This was a major element of attraction for half of the participants. So, when Nikolas was asked if he wanted to return to Mexico and be with his family, he explained his reasons for choosing to stay in the U.S.: "Our mom wanted us to stay here and go to school. That's why she sent us. Even though I missed my family, I knew that it would be better for us to stay in the U.S."

96

Work

       A second element for migration was economic opportunity, the attraction of obtaining a better job. This was the case for all participants in the study. They were sent by their families to seek employment, or their parents came (bringing them along) to find work. We see this as Jose explains why his mother sent him and his brother at ages nine and ten to the U.S. with an older cousin: "My mom paid a coyote to bring us over. She wanted us to go with my cousin so we could live with him and either work or go to school in the U.S.… My mom wanted us to come here for a better life." Alejandra, who came with her parents at age four, recalls her parents reasons for coming to the U.S.: "I think [they came to the U.S.] because my mom and dad wanted to work here and get more money." Participants and their families understand that they are more likely to gain employment and at a higher rate of pay than they would typically receive in Mexico. For most, U.S. employment even at a low wage provided a much higher standard of living than in Mexico.

Remittance

       A third element for migration was participants and their parents' interest and urgency to come to the U.S. to find work for the reason of sending money back to Mexico to help support the family. This concept is known as remittance. While participants experience the loss of family, anxiety and adjustment that occur during migration, there is a chance to build and sustain that same family through remittance. Jorge describes this scenario as he explains his feelings about coming to the U.S. to work: "My dad lived in the U.S. most of the time, in Fontana [California]. He worked on some

ranch and did other things too. He worked really hard all the time. He would always send money to my mom…. I miss her [my mom] a lot but I'm scared to go back to Mexico to see her. What if I can't get back across the border? I don't think I can get used to Mexico. Plus, there's no work. I can work hard here and help my dad and send money to my mom."

In the context of change or "migration" to the child welfare system, abuse was a common element amongst all participants. In this instance, change was necessary because the participants' situation was unsafe. Migration here occurred as a result of outside involvement.

Abuse

All the reports of suspected child abuse or neglect in this study were said to be initiated by a neighbor who intervened by calling law enforcement or child welfare to come and investigate the abusive behavior that was occuring in the home. Maria explains what she was told about her involvement with child welfare at age three: "My mom had met this guy right after we got here and we started living with him. He used drugs and got my mom hooked on cocaine or speed or something. I guess since they were always high they never bought food or cleaned or anything. I heard some of the neighbors called social services and they came and took me." Other participants were removed as a result of physical abuse as in Jose's case, substance abuse and domestic violence in Alejandra's case, abandonment in Nikolas and Jose's case, and sexual abuse as in the case of Beatriz.

In the final change or "migration" to adulthood (emancipation from foster care),

coming of age was the consistent element amongst participants. This is another instance

where change occurred as a result of outside involvement.

Age

Because the legal age of an adult in the U.S. is 18, upon their 18th birthday

participants were no longer eligible for out-of-home care. They were "emancipated,"

released from the foster care system. Most participants had no plans or preparations for

housing upon their release. Jorge describes his experience upon turning 18: "Nothin' was

really discussed about emancipation. I just knew when I turned 18, I was free. I kind of

hated leaving my foster mom, but I knew I couldn't stay. She let me stay there for a

couple days while I went to look for my dad."

Even those that did have some help planning and preparing for emancipation still

had a difficult time adjusting. Alejandra shares her story:

> My social worker told me I needed to be prepared for when I turned 18 especially cuzz they couldn't find my mom and dad. She sent me to these special classes for foster kids that teach you how to open up a bank account and save money and how to apply for Medi-Cal. She told me about different programs for foster kids. She told me I could go to college and they would pay for it… I wish they would give you some money or something or help you find a place to go before they let you out. I wish I could have had a job and been saving money to get a place or rent a room or something. Right now I'm staying with my boyfriend and looking for a job.

Elements and Conditions of the Adjustment/Assimilation Experience

The second theme, Elements and Conditions of Adjustment/Assimilation,

describes the elements and/or conditions identified by participants that affected their

experience in each assimilation to a new environment. These include: Community
Attitudes, Language/Communication, Relationships/Conflicts, Decreased Opportunities,
Social/Family Support, Wealth/SES, Education, Environmental Adjustment, and
Immigration.

Community Attitudes

The adjustment experience was not based entirely on the participant's actions, but
on the attitudes and treatment they received from the community they were assimilating
to. Jorge talked about feeling like he was set apart because of his appearance: "The kids
would make fun of me…I didn't speak English that good and I didn't have the clothes
and hairstyles they had." Aware of the laws, political climate and sensitivity surrounding
the issue of immigration, all immigrants described their fear of being identified and
deported. Alejandra described her parent's response: "They never wanted to be involved
in my school stuff or sign up for things, even free stuff. They always thought the
immigration was gonna find out and take them. It's like they wanted to be invisible."

Language/Communication

The incorporation of language and communication were identified as top
priorities. Command of the English language was an obvious and strong determinant of
assimilation. Participants felt that it was important for them as well as their parents to
learn English. Alejandra shared her parent's experience: "It was hard for them too cuz
they didn't speak that good English. I always had to help them whenever we went places.
I had to translate for them. They were always like scared to ask for anything or do

anything." Nikolas talks about his experience upon arrival to the U.S. and upon arrival to foster care: "We didn't speak any English so that made us stand out more… We were scared someone would see us and know we crossed illegally… [In foster care] the kids made fun of us because we didn't speak English. Our first social worker didn't even really speak Spanish so we could hardly communicate with her. She mostly talked to our foster mom."

Relationships/Conflicts

Intergenerational conflict was common. Participants and their families tried to manage individual desires amongst the larger, collective needs of the family. Also, participants and their parents appeared to undergo different types of acculturative experiences. Participants integrated American culture at a faster rate than their parents. Parents, on the other hand, seemed apprehensive about absorbing new values and customs and were concerned with retaining traditional values and activities. This created gaps between some participants and their parents which led to frustration and conflict. Jorge discusses his father's resistance to integrate: "He is still kind of old-school Mexican. He mostly talks Spanish. He speaks a little English when he has to… He only likes Mexican food." Jorge went on to describe how unlike his father, he adjusted quickly: "I feel like this is my home. I'm comfortable here. I look and talk like everyone else now." These conflicts would eventually lead to Jorge's father physically becoming abusive toward him.

Another participant, Alejandra described feeling anger and frustration toward her parents because they refused to assimilate: "It used to make me mad…I always had to

help them whenever we went places. They were always scared to ask for anything or do anything."

In all instances some form of conflict occurred in the relationship. In half of the cases, this conflict led to the abusive situations in which the child welfare system was forced to intervene. Even foster care was not without its own form of relationship or intergenerational conflicts. Alejandra described how difficult it was to acclimate to her (Anglo) foster home" "everything was so different…everything had to be done on schedule… I couldn't do anything I wanted to do." Jose had a similar experience. He had difficulties with the foster family because "they just lived different…"

Decreased Opportunities

Social and economic disadvantages were common for all. Because of limited resources and undocumented status, participants and their families were forced to settle in poor, lower socio-economic communities in which there were fewer benefits and limited prospects for progress. Parents' unwillingness to acculturate or learn English further limited possibilities. Three participants were not allowed to attend school and three did not have their immigration status changed. These individuals will be less likely to find higher paying jobs. Participants aging out of foster care that were lacking the necessary independent living skills were additionally limited.

Social/Family Support

Social support was an important predictor of participants and their family's well-being. Participants who came to the U.S. having family or friends already established

here received more support with job placement, school enrollment, and/or familiarizing them with the community. Alejandra described how her aunt and uncle assisted in getting their family settled in: "We lived with my aunt and uncle and they helped us a lot. My aunt helped my mom get me into school. She took my mom to work with her to clean houses so she could make money." Because of this assistance they were able to obtain their own house to live in. Beatriz talks about the support she received while in foster care: "our foster mom took us to church and put us in activities with other Mexican kids our age…so at least me and my sister had friends."

On the other hand, the four participants and their families who were socially isolated and had no familial or social support experienced more stress, emotional issues and conflict levels. Jorge shares an example of this in his father: "He was tired of this life…He didn't do anything except work. I guess he missed my mom. I don't know, he never talked about that stuff with anyone."

Wealth/Socio Economic Status (SES)

Prior wealth, occupational training and other socio-economic conditions such language ability and education was associated with the type of job and housing environment attained in the U.S. All participants and their families had limited income and limited occupational skills. Beatriz describes her feelings upon arrival to her new home in the U.S: "I was shocked…the place where my dad was living was not much better than where we lived in Mexico. The apartment was small and dirty." Nikolas and his brother were taken to live in a trailer that was located in a junk yard. Finally, Alejandra describes the neighborhood she came to live in: "It was kinda ghetto where we

103

lived. There was a lot gangs and shootings and stuff. You get used to it though. A lot of the kids I went to school with ended up getting jumped into the gang."

Education

Education carried particular significance and was seen as a way for upward mobility and greater opportunities. Participants came to this country with varied levels of education. Jorge completed a junior high level education in Mexico. However, most families did not have the means to provide education for their children in Mexico. As a result, several came with little or no education. Brothers Nikolas and Jose were sent to the U.S. by their mother specifically for the opportunity to attend school. Education appeared to play a role in determining the rate and extent to which the participant acculturated as with the example of Jorge who described feeling like he "fit in" fairly shortly after his arrival. Most parents believed that education (in the U.S.) would increase opportunities greatly for their children. Although some participants were denied the opportunity by caregivers to become educated and were made to stay in the home as in case of Beatriz: "My dad never put us in school when we got here. We just stayed home and cooked and cleaned the house."

After being placed into foster care, all six participants were enrolled in and attended school. The quality of their experience and level of their educational success appeared to depend largely on the individual schools they went to. Beatriz was placed into an English as a Second Language (ESL) program which assisted her. Nikolas received an Individualized Education Plan (IEP) which assisted with his language barrier and diagnosed speech and learning disabilities. Information on successful completion of

high school was not ascertained as part of the interview process. Education was not considered an area of focus when exploring the services offered by the child welfare system.

Environmental Adjustment

Part of the assimilation process included adjustment to physical surroundings and tangible things. Participants identified several adjustments they had to make for food, physical space and surroundings, hair and clothing styles. Many described wanting to "fit in" and make friends quickly. All were teased to some extent and set apart because of their cultural differences, language barrier and appearance. Nikolas describes his experience in foster care, "When we got to the foster home that's when it really got bad. I missed my mom and my brothers and sisters. I missed the food. The houses were so big and everything was so clean that you didn't want to touch anything…"

Immigration Status

One of the biggest difficulties identified in assimilation is the undocumented legal status. While feeling relieved that they made it to America, participants described how because of their immigration status they or their parents had to live in fear, remain inconspicuous, and work in poor, oppressive conditions. Some participants were fortunate to receive legal permanent residency through the SIJS remedy while in foster care while others were not. For some, immigration was never discussed.

Nikolas describes how he and his brother were put to work immediately, at ages nine and ten, after being brought over by coyotes:

We went with some of the guys we met and they took us to this man who put us to work on a ranch. We only lasted a couple of weeks because they said we were too small and weak. The man from the ranch brought us to California and took us to live with another man in a trailer. It was a dirty place but we had nowhere else to go. The man in the trailer had a junk yard and he made us work in the junk yard. He was kind of mean to us but at least he would feed us and let us sleep inside the trailer.

Maria shares the positive experience she had: "My social worker helped me to get my papers fixed. I have a green card now. This helps so I could get a job and go to school." While Beatriz describes the realities she must face being emancipated and still undocumented: "Immigration was never discussed… Now that I am on my own and have to work, I wish I could have gotten my papers fixed. I know other people who were in foster care that got their green cards. My boyfriend was born here so if I marry him maybe I can get papers."

(Biological and Foster) Home Experiences

The third theme identified in the assimilation processes, "Home Experiences," described how caregivers played an important role in participant's lives. Each described feeling that they were provided with varying degrees of care, teaching, and support. They described conditions in their biological and/or foster homes that influenced or affected their adjustment to a new environment: Consistency, Cultural Consideration, Preparation for Adulthood, (Parent/Foster Parent/Social Worker) Support and Involvement.

Consistency

Participants identified a need for consistency and reliability. A desired expectation was for caregivers and workers to be dependable; to make commitments and

keep them or follow through with them. Jorge provides an example: "When I got to the Victorville house I got a different social worker. She said she was going to try and get a hold of my mom but she never did. I stopped seeing my dad. I don't know why. I would ask the social worker if I was gonna see him and she would say yes, that she was going to set it up, but it never happened…"

Consistency of placement was also described. All participants described how being moved multiple times caused repeated feelings of fear, anxiety, and loss each time a change of placement occurred. Some participants responded negatively to these changes. Alejandra shares her response after being moved numerous times: "I got kinda messed up after that and started acting up. I had an anger problem and I got real depressed so they put me in a group home for a while."

Cultural Considerations

Consideration of culture was important to participants as a way for them to remain connected to their families and culture. Many felt that workers and caregivers were uncaring, unaware or uninformed regarding the importance and value of cultural practices to them. For example, most participants were initially placed in an Anglo foster home. All described disliking or feeling uncomfortable in the Anglo placements because everything was so culturally "different." Jose said he disliked the placement because "they didn't speak English, their food was different… . They didn't seem close to their kids. Everyone was in their own world doing their own thing."

Participants indicated that long-term placement in a culturally compatible home made the adjustment process much easier. Familiar food, language and communication reminded

participants of their biological families. All participants stated they felt bonded with these families and received emotional, educational, and long-term social support. The same was felt with regard to social workers. Jose recalls his experience "…everything was so different. They didn't speak Spanish, their food was different, they just lived different… It was the same thing with the social worker. The first ones didn't speak Spanish and didn't even talk to us. Our last social worker knew what we liked and seemed like she knew how we felt. She spoke Spanish and talked to us."

Preparation for Adulthood/Emancipation

Participants recognized their biological parents' efforts to prepare them for adulthood and teach them values which would promote a positive outcome; becoming educated, working hard and being responsible to their family. The lesson from parents for participants was consistently that hard work would enable them to become successful, productive citizens. As a young child Nikolas had learned and understood what his mother taught him: "Even though I missed my family, I knew that it would be better for us to stay in the U.S. to work. My brother felt the same way. We knew that as long as we stayed together, we would be ok and even help my mom and family."

All six participants stated that they received some sort of emancipation preparation from their foster parents. Skills taught to them were centered around saving money, shopping, and housekeeping. Four indicated that they received assistance from their social worker, while the other two stated that "the social workers never really said anything" about what would happen after foster care. Those that received help from their social worker participated in a variety of activites that included courses in independent

living skills, participation in workshops, and employment assistance. Maria shared how her social worker enrolled her in an independent living program to help her prepare: "I learned a lot there. I went to different trainings and conferences for youth. I got a scholarship and money when I went. It helped me to find a job and low income housing."

Support and Involvement

All caregivers were identified as providing basic housing, supervision and food. Participants appeared to be satisfied overall with the love, support, and interaction they received from their parents while in Mexico. Some, like Beatriz noticed a change in their parents after arriving to the U.S.: "My dad never put us in school when we got here. We just stayed home and cooked and cleaned the house. My dad drank a lot when he got home from work… He was a totally different person than what he was like in Mexico."

Once participants entered foster care contact and inolvement with their biological families was limited or lost. Most families remained unaware of their location for long periods of time. This lack of communication was the result of several conditions. Some families had limited access to a telephone in their home country, some were never contacted by the social worker, and some were unable to be located.

Social workers and foster parents were identified as sources of support. Alejandra discusses her feelings about her social workers: "The social worker was cool. I had the same ones for a long time. They would come see me wherever I was and ask if I was good. They made sure I stayed in school and would go to my counseling. They tried to find my mom." Maria also had a supportive social worker and foster parents: "I had great

foster parents and a great social worker. They both helped me a lot. I have my own place, a job. I went to community college for a little while. I'm probably gonna go back…"

Those who did not have a supportive social workers felt that they were deprived of the opportunity for information and support. Beatriz describes her relationship with her social workers: "I had several social workers and none ever told me anything about my case. They all asked the same questions- was I eating, was I being abused, was I going to school… Even though they didn't do that much for me, I wish the social workers would have been more involved with us. I feel like they just dumped us on our foster parents and only saw us because they had to." Jose illustrates this further has he shares his feelings of frustration: "no one ever told us what was going on. We never got to pick who to go with. The social workers never talked to us about anything."

Some participants did indicate having social workers and foster parents who remained in constant contact, offered treatment services, provided information regarding their case, family, and immigration status, and were actively involved with their educational and emancipation plans.

For some like Beatriz, their long-term foster families replaced the biological family and were actively involved in their activities and emotional well-being: "our foster parents made sure we went to school and got jobs. We stayed with them even after we turned 18."

Emotional Experience

The final theme described by participants that influenced their experience, interactions and behavior during each assimilation process was the Emotional

Experience. Each described having feelings of: Fear, Confusion, Anger, Frustration, Hurt, Sadness, and Loss/Grief.

Participants described how when they arrived in the U.S., they realized what they left behind: homes, families, communities, language, customs and values. They immediately attempted to adjust to new communities which had different values, conditions, and customs. They learned to navigate new systems and rules of society. The emotions they felt appeared to have an effect on how they currently viewed themselves and their future.

Fear

Jorge described his feelings when he arrived to the U.S. at age 9: "I was scared. I didn't speak any English." He went on further to describe his fear and anger when he was placed into foster care: "I was mad and scared. I thought they were gonna send me back to Mexico…I didn't want to go back to Mexico, but I didn't want to go to juvi or nothing." Even after emancipating from foster care, Jorge would not return to Mexico to visit his mother for fear of deportation as he did not get his immigration status adjusted while in foster care. Nikolas felt a similar reaction when he and his brother arrived in the U.S. at ages nine and ten: "We were scared someone would see us and know we crossed illegally...We didn't speak any English so that made us stand out more." Jose added to his brother's description: "Like I said, it was scary. We didn't know what was gonna happen to us. I was scared that the man would kick us out and we would have nowhere to go. We didn't have any money, we didn't speak English. We missed our mom and cried for her but not when the man was around."

Confusion

Jose describes the confusion he felt when he and his brother arrived: **"**We knew nothing about this country. We didn't speak English. We didn't know where anything was or how to get around. At least in Mexico we could survive if we had to. We knew the neighbors and they would help. We knew where we could get food or find medicine. We didn't know anybody here and people didn't seem as friendly."

Changes in family dynamics and responses from parents were also a source of confusion. Beatriz discusses her experience with her father: "Like I said, my dad drank a lot. He was a totally different person than what he was like when he came to see us in Mexico. Now he was weird. He talked to me and my sister like we were older. Not like his daughters, but like his wife or girlfriend. I don't know, it just wasn't right."

Anger

Alejandra describes her feelings of anger and depression after being moved multiple times in foster care placement. She discusses her response after being told that she was going to be moved again: "I got kinda messed up after that and started acting up. I had an anger problem and I got real depressed so they put me in a group home for a while. They said I needed help with my issues."

Frustration

Participants were often not involved in any decision-making processes. Nikolas shares his experience while in foster care: **"**It was scary and frustrating. No one ever told us what was going on. And the next place they put us was no better than the one before.

At least till we got our last family. We never got to pick who to go with. The social

workers never talked to us about anything."

Hurt

Even after participants were separated from family members as a result of abusive

behavior, their actions continued to have a tremendous effect on participants. Beatriz

shares her experience with her mother and biological family after being removed from

her father as a result of sexual abuse: "I still call her even now and she is still cold to me.

My dad is out of jail and still goes back and forth. He still denies what happened and she

believes him. That hurts. They've all gone on with their lives and me and my sister are

outcasts. She [my sister] is all I have left. *"*

Sadness

Beatriz describes the sadness she felt when she was told she was going to the U.S.

with her father: "I really didn't want to come. I didn't want to leave my mom. I was real

sad. It wasn't fair that my other brothers and sisters got to stay with mom but not me and

my sister. We didn't want to leave our friends or our school."

Loss/Grief

Participants also described feelings of sadness, lonliness, and loss after leaving

their home country. All participants described having close relationships with their

parent(s) and siblings. Most, like Jose describe "always being together…talking and

laughing together all the time. " Some participants indicated that they felt pressure to cross the border successfully so that they could begin to work and send money home to their families who were depending on them.

While questions were not asked regarding how participants dealt with loss of family repeatedly, it was evident that maintaining contact with family, reconnecting with family, and formation of new bonds when necessary were important parts of coping with loss. Four participants maintained contact with their families, two reconnected with family, and half described forming bonds with foster parents to replace the loss of biological parents.

Summary of Results

This chapter provided an analysis of the complex experience that undocumented immigrants undergo. The central process identified, repeated assimilation to new environments, involves a number of phases with elements and conditions influencing each experience. It is important to note that each of these interact with all levels of the child's environment. Participants described having to assimilate repeated times. They described three separate assimilation processes during their experience; assimilation to the U.S., foster care and adulthood. In each of these experiences, participants identified four themes with distinct elements or conditions that influenced each process.

For example, there was always a reason or incident that led to change or "migration" to a new environment. The need for work or education led to migration to the U.S. Abuse was the reason for migration into the foster care system and age led to migration into adulthood.

In each assimilation experience there were also specific elements that influenced participant's adjustment to the new environment. Adjustment to the U.S. or foster care, for example was affected by the community's attitude, their ability to speak English and communicate, or the amount of support they received from family or peers to adjust. Similarly, when transitioning into adulthood, conditions such as level of education, immigration status and environment affected the ease or difficulty in adjusting.

The third theme that contributed to the assimilation experience was the experience they had in the biological or foster home. The amount of preparation or level of support they received from parents and caregivers influenced adjustment to new environments. Consistency and cultural considerations helped to create and maintain connections.

Finally participants described the range of emotions they felt each time they changed or migrated to new environments. There was always a feeling of fear of the unknown, frustration and anger at having to move and learn new rules, and sadness and loss each time family or friends were left behind.

Assimilation does not mean having to losing one's identity or connections. Immigrants can maintain a solid ground in their identity while learning to live in accordance to new customs and rules of the society. By using participants' own experiences and perspectives, I was able to describe the experience during the migration and assimilative process and the emotions that immigrants felt in response to their arrival and adjustment to numerous situations. I was also able to describe elements and conditions that influenced these individuals at each stage and systemic level of the assimilation process.

It is evident that undocumented immigrants have particular needs that go above and beyond the traditional needs of domestic children placed in out-of-home care. They undergo the psycho-social effects of the migration and assimilation process, multiple times as pointed out in the study. This includes emotional stress such as fear, anger, sadness and grief due to adjustments to new environments, treatment by receiving communities, and fear of deportation. Most undocumented immigrants have little or no social or emotional support. They are separated from their traditions and customs. They arrive unable to speak English and come with little formal education.

CHAPTER FIVE

DISCUSSION

This study may be one of the first studies to conduct a qualitative examination of the experience of undocumented immigrants involved in the child welfare system from the perspective of the individuals themselves. The themes that emerged in this study are supported by participants and provide considerable insight into the experience of undocumented immigrants in out-of-home care. Participants described numerous elements and conditions which influenced their experience and outcomes in multiple environments.

Literature suggests that the immigrant population is multi-faceted. The migration process, risks and stressors for immigrants, and the assimilation process place these individuals at a higher risk for maltreatment, thus making them vulnerable to contact with the child welfare system. The need for child welfare providers to understand the unique needs of immigrants has been documented. This study not only confirms these findings but suggests that they be expanded to include the role of external influences like foster parents, social workers, the community, and policies. Regrettably, the limited data available and small sample size did not support development of a heuristic model as originally planned.

This chapter will provide an interpretation and explanation of the results. Implications for child welfare practice and policy implications will also be discussed. Finally, study limitations and recommendations for further research will be provided.

Theoretical Connection to Findings

In this study, elements or conditions found in ecological systems and segmented assimilation were used to understand the effects of the youth's environment on their processes of assimilation. Ecological systems theory helps to understand and conceptualize affecting conditions at the individual, family, community and societal levels as they occur over time. Segmented assimilation explains how assimilation is affected by specific conditions that are likely to be experienced by immigrants and their families which in turn affect how and where they will fit in. It forces a connection to be made between the individual and their environment. Changes of conditions in one system cause changes in other systems.

Participants' experiences and outcomes can be understood as collection of interactions or exchanges that occurred between children, families and their environments. Ecological systems theory was helpful in illustrating the complexity of the socio-cultural contexts of participants within and among their communities and explains how various influences and responses are affected at each system level (Micro, Mezo, Exo, Macro, Chrono) during the phases of assimilation experienced by participants . Each of the themes identified relates and interacts between multiple systems over time.

For example, in the microsystem the child or participant's demographics such as gender and age at migration affected certain memories, emotions, coping mechanisms and physical abilities. Personality, disposition, and behavior also played a role in their experience.

In the mesosystem, it is the parent's demographics, personality, parenting skills and socioeconomic status that are integral to the family's functioning and experience.

The family's relationship, conflicts and peer support were additional elements to be considered.

Social environments in the exosystem such as the community, school, and new foster families also influenced adjustment. Participants who migrated to similar cultural communities appeared to have less difficulty adjusting and fitting in.

Societal systems, laws, values, and beliefs especially toward the undocumented immigrant population greatly influenced how macro level components responded to and interacted with participants and their families. Participants felt as though (some) foster parents and child welfare staff were unfamiliar with and unprepared to address their cultural and legal needs.

Over time, experiences with each of these systems continued to occur, each having its own influence on the participant.

Findings

To begin with, a specific cultural understanding of a phenomenon was gained from the participants' perspective which can be useful and applicable to those working with the undocumented immigrant population. Is has been noted that many social workers, care providers and service providers are unfamiliar or unable to provide care and services required by these individuals. A common assumption is that individuals of the same cultural background or nationality would be adequately prepared or even accepted by these individuals. This assumption was found to be untrue. During the interview process, despite the use of a culturally compatible, culturally competent interviewer, participants still viewed this individual as an outsider. There was hesitancy

and fear to readily provide information and share emotional aspects of their life. After further discussion and reassurance, participants felt able to continue. This is an important aspect for practitioners and workers to consider when trying to engage and work with this population.

These individuals are said to be unique and face additional and/or different challenges than domestic children in out-of-home care. The study identified a distinctive process of repeated assimilation. Participants explained that each assimilation was influenced consistently by four main themes, each theme having distinct elements or challenges. These themes include: reasons for migration or change; elements or conditions affecting their adjustment/assimilation; experiences in the (biological or foster) home; and emotional experiences. These findings are important from a practice standpoint. Service provision for immigrant children should include consideration of all of these elements and conditions.

For instance, with each transition or "migration" there was a reason. When coming to the U.S. the primary reasons were education, work, and remittance. There appeared to be a strong sense of obligation and responsibility to provide support for the family. This could be accomplished by becoming education and/or finding employment. Transition to out-of-home care was caused by an instance of abuse, neglect or abandonment. Participants and their families experienced the pressures and stressors that most immigrants face like poverty, prejudice, difficulty adjusting which resulted in substance abuse or violence. Finally, transition into adulthood resulted from participants reaching the age of majority. At age 18 participants were no longer able to remain in out-of-home care and were forced to become independent despite the amount of preparation

received. It seemed that participants had limited control in each instance of migration to a new environment. Reasons were based on both individual and collective actions.

In terms of assimilation, again, this is not an individual adjustment; it involves the immediate and outlying surroundings in which the individual is in. In each new environment participants relied on community acceptance, and the support and encouragement of others. When coming to the U.S. they relied on support from family members, peers and the community. When placed in out-of-home care, they relied on acceptance by caregivers, peers, teachers and social workers. Their adjustment experience was affected by other conditions as well. These included: language acquisition, education, adjustment to physical surroundings and immigration status.

Another finding concerns experiences encountered in the participants biological and/or foster homes. Participants perceived consistency, cultural compatibility, caregiver involvement and preparation for adulthood as an important determinant of their outcome. Participants indicated the importance of remaining in one home as long as possible and having a social worker who communicated consistently with them. Very important to participants was placement with a culturally compatible family. Familiar language, food, and customs assisted in the formation of bonds with families. Parental, caregiver, and worker participation played a large role in successful assimilation experiences. Participants who had more positive experiences and outcomes had caregivers and workers who were involved in their education, assisted them to learn English, explained the importance of adjusting their immigration status and ensured they learned the skills necessary for independence and adulthood.

There is also a distinct emotional experience. Each time a participant assimilated to a new environment, they identified feeling the same set of emotions to varying degrees; fear, confusion, anger, frustration, hurt, sadness and loss. Fear was associated with a sense of what the future held and going into an unknown environment. Some described feeling confused about why they had to move. There was anger and frustration at not being included in decision making or being forced into the new environment. Participants expressed feelings of sadness and loss. Each time they were placed in a new environment it meant having to leave family, friends, and other sources of stability.

Finally, somewhat identified in the literature and discussed by participants were the feelings that workers are unfamiliar with the immigration needs and remedies available. Consequently, those emancipating from care without a change in immigration status stated that they are in constant fear of deportation, experience discrimination and other limitations. Participants who did obtain legal permanent residency identified a sense of freedom and opportunity. With the ability to travel, apply for benefits or financial aid, and obtain a work permit, participants reported feeling more hopeful about their future.

Unique Experiences and Differences

While participants in this study underwent experiences similar to other immigrants and domestic children in out-of-home care, there were several aspects identified that make the experience of undocumented immigrant children in out-of-home care distinct from immigrant adults and domestic children in out-of-home care. For example, the effect of the migrant's journey must be taken into account. The migration experience marks the starting point of the immigrant's experience. Oftentimes, migration

is extremely stressful. Women and children are the most vulnerable, becoming victims of rape, physical abuse, and other forms of psychological and emotional abuse (Suárez-Orozco, 2005). Therefore many come children come to this country and into care with a traumatic experience different from and not experienced by other children in care.

Also, many of these children were brought to this country at a young age, against their will, and raised here. Contradictions between laws and inconsistent enforcement practices have made it possible for these individuals to live and become educated here. Therefore, they share more in common with domestic children or second generation Americans. These children have been exposed to an American culture and maintain limited contact or feel little connection to their country of origin. Despite this loyalty and association to the U.S., these individuals are unable to participate and contribute to the society in which they have made a home in. They are unable to vote, obtain an identification card, driver's license or social security number which renders them unable to get a job, or apply for various types of programs including financial aid for college. This makes their transition to adulthood even more difficult than that of adult immigrants and/or domestic children exiting the child welfare system. Another effect resulting from this total acculturation and assimilation to the U.S. is the additional source of stress or "intergenerational conflict" that occurs, which in some cases may precipitate or be a risk factor for abuse by parents.

A final issue identified which is unique to this population is the reality that child welfare workers are often unable to address their unique needs; cultural differences, immigration, and language needs. These are all barriers that adult immigrants and domestic children in out-of-home care do not experience. The experience of

undocumented immigrant children experience is created from their social environment. Interactions with family, caregivers, peers, social workers, teachers, etc. construct their reality.

Implications for Practice

Social work has pioneered work with immigrants since the early 1900's and studies of adult immigrants have continued. However, the study of immigrant youth has remained minimally addressed. Practitioners and policymakers have been impeded by "limited familiarity with the migration experience and often even less understanding of the cultural backgrounds and contexts of these experiences" (Fong, 2007, p. 102). New immigrant populations are increasingly varying in culture, language, socio-economic status and reason for migration. There is also a sensitive political climate surrounding immigration, migrants, and access to services, all of which makes providing services to these individuals more complex (Borelli, Earner & Lincroft, 2007).

Child Welfare Intervention with Undocumented Immigrants

Researchers in the area of migration and child welfare (Borelli, Earner, & Lincroft, 2007; Dettlaff & Earner, 2007) have identified several areas needing attention: language, cultural awareness, migration and assimilation experience, and immigration status. Findings from this study support these assertions and further illustrate how these elements and conditions occur at multiple systemic levels. Specifically, caregivers, child welfare workers, and service providers should consider: what the child has been through, where they are going, as well as the numerous influences that make up their experience.

This can be accomplished by addressing these unique issues from the time of initial contact and assessment all the way through emancipation. This study has several implications for social work practice.

Assessment

When conducting assessments in response to allegations of abuse and neglect, child welfare staff should understand and consider how the migration and assimilation experience may have attributed to the allegations. Participants in this study discussed feelings of loss, anger, confusion and fear felt by them and their parents after arriving in the U.S. These feelings attributed to parents substance abuse, domestic violence, and physical abuse. Conflicts in relationships due to differing rates of assimilation, decreased social support, and poverty also added tension in the family. Identification of these things will allow workers to gain a better understanding about the family's needs, resources, and strengths.

Case Planning

For those placed in out-of-home care, case plans are a requirement and based on state and federal guidelines, Requirements include: a description of the type out-of-home care the child will receive; a plan for ensuring proper care and that appropriate services are provided to the child and his/her caregivers; the child's health and education records; a description of programs and services that will help the child prepare for independent living; and plan for visitation between the child and his/her family (U.S. Department of Health and Human Services, 2008). However, most child welfare staff and service

providers working with undocumented immigrants are unfamiliar or do not consider the additional needs presented in this population. There are additional considerations to be made for culturally appropriate out of home placement, service providers and immigration services. Social workers and caregivers should be informed about the stress and trauma of migration, elements and conditions of assimilation, the importance of immigration status, and the importance of support and involvement of social workers and caregivers.

Participants who had more successful outcomes described feeling comfortable in homes where they felt more culturally connected; where values were similar, Spanish was spoken, and familiar foods were served. Participants pointed out the importance of having supportive social workers and caregivers who explained the child welfare system, included them in case planning, ensured their language educational needs were met, and provided them with the skills and information necessary to prepare them for adulthood and emancipation from out-of-home care. While none of the participants were working toward reunification with their biological families they did express the importance of maintaining communication with them.

Lastly, and possibly most important is the adjustment of immigration status. Information obtained from participants indicated that that not all child welfare staff were familiar with immigration policies or remedies available to these individuals or culturally prepared to provide services. It was also clear that staff and caregivers in other settings (e.g. schools, mental health, etc.) were also not prepared to address cultural and immigration related issues.

Participants who did not receive an adjustment of immigration status emancipated from foster care as undocumented individuals. In addition to what Reilly (2003) describes as typical of emancipated foster youth: at risk of homelessness, lacking education and having limited life experience, an undocumented individual is plagued with a constant fear of deportation, discrimination and other limitations. Participants described feeling sad and frustrated at not being able to travel out of the country (and return) to visit family, or unable to obtain a drivers license or social security card which further limited their options for employment. Other expressed the missed opportunity to attend college or receive other forms of assistance.

For children born here in the U.S. the assimilation process (to adulthood) is continuous and occurs in one continuous place. For undocumented immigrants who enter the child welfare system there are multiple assimilation processes that occur throughout the lifetime. This starts with assimilation to a new country, then assimilation to out-of-home care, and finally assimilation into adulthood upon emancipation. Each of these assimilation processes brings a new set of stressors, emotional gains and losses, and adjustments. Many things are being learned about practice with this population however it is not being shared or implemented consistently (Dettlaff & Earner, 2007). Policy plays an important role in the work being done.

Policy Implications

Policies should be designed to respond to various types of social, political, and/or economic problems where these decisions have a potential influence on future decisions rather than on immediate events (Nagel, 1988). Because of this, policies should be

formulated in ambiguous, adaptable terms. The intent is for it to be fluid so as to adjust it (incrementally) whenever new dynamics are introduced. Optimal policymaking should encompass the ability to deal with an uncertain future (Dror, 1983). This has not been the case with regards to policies on undocumented immigrants. For example, existing policy at the state and federal levels have not been modified to reflect the increase in and diverse needs of undocumented immigrant families and children. Adjustments have not been made on eligibility criteria for services and funding so that child welfare agencies can receive funds for undocumented children. There are clearly gaps between currently enacted policies (at various levels) and implementation. There is no consistency in dissemination, interpretation, guidance, and practice (Cervantes, W., Lincroft, Y., & Borelli, K. 2010; Dettlaff & Earner, 2007).

Multiagency Policy Implementation

Implementation of immigration policies and legal remedies such as SIJS which involve multiple agencies is even more complex and difficult. The top–down development approach is problematic because successful implementation attainment rests on resolving practical, ground level issues such as agency culture, education, power differentials and work styles found among different agencies (Balloch and Taylor, 2001). Policies such as the ones discussed are vague. They lack direction and fail to take local conditions into account. Successful implementation would include data collection for a better understanding and recognition of the demographic transitions and needs which have occurred and are currently occurring. This would allow for more effective planning for the future; flexible criteria for program eligibility; delineation of roles and

responsibilities; mandatory training across concerned agencies; and an identified source of funding.

Minority and immigrant over-representation in the child welfare system is clearly a multifaceted issue. Research to date has produced conflicting results in several areas partially due to the lack of data. It is also difficult to demonstrate the need for research, policy development, and practice guidelines without data.

A critical shortcoming of the current body of research is the minimal attention paid to the perceptions of the immigrant children involved. Despite the small sample size, the study does contribute to knowledge in the area of policy as it provides a place to start from the immigrant's perspective. Despite political sensitivity, it is ultimately the responsibility of the child welfare system to ensure safety and effective and appropriate services to all children and their families regardless of their immigration status. Lincroft (2007) suggests that this can be accomplished through collaboration with the courts, consulates, and other service providers. Davidson (2008) provides several areas that should be addressed by collaborators to ensure safety and stability. These include making decisions/judgments based on the child's best interest (versus a law enforcement or criminal justice view), taking immediate jurisdiction and providing care regardless of immigration status, making diligent efforts to reunify or repatriate children with family, and provide appropriate services and support for children requiring long term out-of-home placement which includes securing legal permanent residency through SIJS.

Derezotes (2006) notes internal steps for agencies to address in policy and decision-making: assessment of cultural competence, training, and technical assistance; measurement of racial equity in agency programs and outcomes; identification and

tracking of goals by racial and ethnic groups; and the examination of culturally sensitive practices to better meet the needs of ethnic clients.

In conclusion, service providers, administrators, bench officers, and policymakers should be knowledgeable about the undocumented immigrants experience not just in the child welfare system but before and after it.

Limitations and Methodological Implications

Findings of this study need to be interpreted within the context of its limitations. By design, qualitative studies do not generate generalizable findings, but the question remains whether insights gained from the interviews have applicability for undocumented immigrant youth in child welfare. Charmaz (2006) notes that "quality and credibility" of a study starts with the data. The strength and range of the data also make a difference. While the data in this study was strong and presented broad findings, there was insufficient data available to provide a complete picture of the phenomenon. The issue of access to the population is an area clearly needing attention.

The target sample size for the study was between 20 to 30 participants, which is generally viewed as necessary to achieve saturation. Charmaz (2006) suggests that "25 are adequate for smaller projects" (p. 114)." However, recruiting participants from this vulnerable population was more challenging than anticipated. After initial attempts to recruit participants through an after-care service program proved unsuccessful, staff explained that after emancipating from the foster care system, many youth are unable or unwilling to access after-care services offered to them by the county (e.g. TAY centers) as they are forced to move out of the counties in which they resided in order to seek

housing and employment. Others are fearful to come forward due to their immigration status or stigma related to being in the foster care system. As such, participants who were recruited through other members of the Hispanic community offered no identifying information and refused to participate in any follow up interviews. This prevented any opportunity to engage in member checking with participants during data analysis and for further longitudinal research with this sample. Thus, the small sample size at best permits the identification of potential themes, but it does not allow for the development of a full conceptual model or theory development. There was no indication that saturation was achieved, which means that some findings were unique to one or two cases.

Similarly, Charmaz (2006) emphasizes that data collection methods are tools, some more useful than others. During the research process, new data gathering methods are identified that help to explore and advance ideas. A larger sample size would enable further development of methods. Research in this area would be improved if research was move beyond the descriptive into a more blended, mixed methods analysis.

Another area to be considered in further research development is studies about other immigrant groups other than Mexican nationals. There appears to be less known about multiple immigrant groups, in particular for child welfare experiences. Research in this area must take into consideration the challenges such as issues of trust, language barriers, cultural barriers and differences. In this study the use of peer debriefing and consultation allowed for self-reflection, ongoing assessment, and identification and discussion of potential biases. For this reason, it is recommended that peers/consultants be selected who are part of or knowledgeable about the target population.

Additionally noted was the fact that findings were based on the respondents'
memories of their experience which may have occurred several years in the past.
Memories may have been distorted or details forgotten. However, Berney and Blane
(1997) report that accuracy of recalled information is approximately 80% and still found
to "be useful for many purposes" (p. 1520). Becket et al. (2001) suggest that retrospective
histories provide "nearly as good quality reports as provided by short term histories" (p.
622).

The study did not include the experience of social workers, child welfare officials,
service providers, or court personnel. Without the perspectives of these other individuals,
the study is limited to one perspective. However, this approach is counterbalanced by
providing an in-depth perspective that would be lost in a larger quantitative study.

Other lessons learned from this study include the agreement that although very
time consuming, a grounded theory approach is especially appropriate in this context. It
can be effective for diverse populations. It is well adept for delicate issues. It aims to
obtain a deeper understanding of participant's assumptions, beliefs, and experience in the
context of their environment. However, it is important that the researcher has a sufficient
understanding of the method. He or she must be sensitized, trained and experienced
(Strauss & Corbin, 1998).

Recommendations for Further Research

There has been little research on the experience of undocumented immigrants in
the child welfare system. This is in part due to the lack of data being collected and on
strict policies regarding confidentiality. However, further prospective research with a

larger sample of children currently in out-of-home care could confirm the current findings and identify if they are consistent with immigrants other than Mexican nationals.

Research is also needed to identify the long-term impact of immigration status on children, effective service delivery and intervention strategies. These are important in order to provide guidance for effective practices with this population.

Studies should be expanded to include other nationalities and possibly other perspectives (attorneys, judges, administrators, policy makers). It is also important to explore why the SIJS remedy is not being implemented. What are the ethical and/or moral obligations of practitioners to pursue this remedy? Are there cultural or psychological barriers affecting implementation?

In addition to further qualitative research on undocumented immigrants, quantitative studies emphasizing the number of undocumented children served in foster care would provide an increased understanding of the complex issue of immigrants in the child welfare system.

Conclusion

The experience of undocumented Mexican immigrant does not end when they reach their destination; it begins. Their experience is not just determined by their own actions but by others in the new country, home, community, and larger society. Attitudes and actions (or inaction) by individuals in these social systems like caregivers, peers, teachers, and service providers influence their experience and to some degree a successful or unsuccessful transition to adulthood.

Overall, findings from this study support the ecological and segmented assimilation perspective that individuals are influenced and affected by a number of elements and conditions, individuals, structures, and events. The study extends the dialogue regarding the importance of considering these influences when serving undocumented immigrants. The use of Grounded Theory methodology allowed participants to be the "experts" in this arena. The focus was thus to understand the experiences these individuals had upon entering, during, and exiting the child welfare system. Although this study provides a glimpse of this experience and makes recommendations for service providers, child welfare workers, and policy makers, further research is necessary. However, more importantly, the findings from this study emphasize the importance of hearing from and responding to this population as their perceptions determine to a high degree the quality and success of their experience.

REFERENCES

Adoption and Safe Families Act (ASFA) of 1997. P.L. 105-89 (1997).

Aguilera-Guzman, R.N., Salgado de Snyder, V.N., Romero, M. & Medina-Mora, M.E. (2006). Paternal absence and international migration: stressors and compensators associated with the mental health of Mexican teenagers of rural origin. *Adolescence*, 39(156), 711-723.

Alegria et al. (2002). Inequalities in use of specialty mental health services among Latinos, African Americans, and Non-Latino Whites. <u>*Psychiatric Services*</u>, 53(12), 1547-1555.

Altman, J.C. & Michael, S. (2007). Exploring the immigrant experience: An empirically based tool for practice in child welfare. *Protecting Children,* 22(2), 41-54.

Anderson, N. (Ed.). (2004). *Encyclopedia of health and behavior.* Newbury Park, CA: Sage.

Arnett, J. (2003). Conceptions of the transition to adulthood among emerging adults in American ethnic groups. *New Directions for Child & Adolescent Development*, 100, 63-76.

Arnett, J. (2001). Conceptions of the transition to adulthood: Perspectives from adolescence through midlife. *Journal of Adult Development*, 8, 133-144.

Atwell, R., Gifford, S. M. and McDonald-Wilmsen, B. (2009) Resettled refugee families and their children's futures: Coherence, hope and support. *Journal of Comparative Family Studies*, 40(5), 677-697.

Austin, L. (2006, Summer). Immigrant children and families in the foster care system. *The Connection*, 22(3), 6-13.

Bacallao, M.L. & Smokowski, P.R. (2007). The costs of getting ahead: Mexican family system changes after immigration. *Family Relations,* 56, 52-66.

Balloch, S. and Taylor, M. (eds) (2001), *Partnership Working: Policy and Practice*, Bristol: Policy Press

Badeau, S., & Gesiriech, S. (2003). *A child's journey through the child welfare system.* Washington, DC: Pew Commission on Children in Foster Care.

Berney, L.R. & Blane, D.B. (1997). Colleting retrospective data: Accuracy of recall after 50 years judged against historical records. *Social Science & Medicine,*45, (10), 1519-1525.

Bhabha, J. (2004). *Crossing borders alone: The treatment of unaccompanied children in the United States.* [policy brief]. Boston, MA: American Immigration Law Foundation.

Becket, M., DaVanzo, J, Sastry, N., Panis, C., & Peterson, C. (2001). The quality of retrospective data: An examination of recall in a developing country. *Journal of Human Resources,* 36 (3), 593-625.

Berg, B.L. (2007). *Qualitative research methods for the social science* (7th ed). Boston, MA: Allyn & Bacon.

Borelli, K., Earner, I., Lincroft, Y. (2007). Administrators in public child welfare: Responding to immigrant families in crisis, *Protecting Children,* 22(2), 8-13.

Bowen, G. A. (2009). Supporting a grounded theory with an audit trail: an illustration. *International Journal of Social Research Methodology,* 12, 305-316.

Brauer, D. (2004). *A description of the immigrant population.* Retrieved from Congressional Budget Office website: http://www.cbo.gov/ftpdocs/60xx/doc6019/11-23-Immigrant.pdf

Bridging Refugee Youth and Children's Services (BRYCS). (2006). *Brighter futures for migrating children: An overview of current trends and promising practices in child welfare.* Baltimore, MD and Washington, DC: Lutheran Immigration and Refugee Service and United States Conference of Catholic Bishops/Migration and Refugee Services

Bronfenbrenner, U. (1979). *The ecology of human development.* Cambridge, MA: Harvard University Press

Bronfenbrenner, U. (1986). Ecology of the family as a context for human development: Research perspectives. *Developmental Psychology,* 22(6), 723-742.

Bronfenbrenner, U. & Morris, P. A. (1998). The ecology of developmental processes. In W. Damon & R. M. Lerner (Eds.), *Handbook of child psychology, Vol. 1: Theoretical models of human development* (5th ed., pp. 993-1023). New York: John Wiley and Sons, Inc.

Brown, S.K. & Bean, F.D. (2006*). Assimilation models, old and new: Explaining a long-term process.* Washington, D.C.: Migration Policy Institute.

Burns, B.J., Phillips, S.D., Wagner, H.R., Barth, R.P, Kolko, D.J., Campbell, Y. & Landsverk, J. (2004). Mental health need and access to mental health services by youths involved with child welfare: A national survey. *Journal of the American Academy of Child and Adolescent Psychiatry, 43* (8), 960-970.

Camarota, S.A. (2007). *Immigrants in the United States, 2007: A profile of America's foreign-born population.* Washington, D.C.: Center for Immigration Studies.

Camarota, S.A. (2008). *Illegal immigrant population d*r*opping: New report finds significant decline since last summer.* Press conference held at Center for Immigration Studies. (Transcript) Retrieved from Center for Immigration Studies website: http://www.cis.org/trends_and_enforcement_transcript

Camarota, S.A. (2009). A shifting tide: Recent trends in the illegal immigrant population. *Backgrounder/Report.* Washington, D.C.: Center for Immigration Studies.

Capps, R., Fix, M., Murray, J., Ost, J., Passel, J., & Herwantoro, S. (2005). *The new demography of America's schools: Immigration and the No Child Left Behind Act.* Washington, DC: The Urban Institute.

Capps, R., Fix, M., Ost, J. Reardon-Anderson, J. & Passel, J.S. (2005a). *The health and well-being of young children of immigrants.* Washington, D.C.: The Urban Institute.

Capps, R. & Passel, J.S. (2004). *Describing immigrant communities.* Washington, DC: The Urban Institute.

Capps, R., Passel, J., Perez-Lopez, D., & Fix, M. (2003). *The new neighbors: A user's guide to data on immigrants in U.S. communities.* Washington, DC: The Urban Institute.

Casey Family Programs. (2010). *How are the children? Inspiring hope. renewing vision. influencing action.* Retrieved from http://www.casey.org/Resources/Publications/pdf/

Center for Disease Control (CDC). (2006). *Youth risk behavior surveillance-U.S. 2005.* Washington DC: CDC.

Cervantes, W., Lincroft, Y., & Borelli, K. (2010). *Caught between systems: The intersection of immigration and child welfare policies.* Retrieved from First Focus website: http://www.firstfocus.net/sites/default/files/CaughtBetweenSystems.pdf

Charmaz, K. (1983). The grounded theory method: An explication and interpretation. *Contemporary field research: A collection of readings.* In: R. M. Emerson (ed.). Prospect Heights, Ill, Waveland Press**:** 109-126.

Charmaz, K. (1995). Grounded theory. In J. A. Smith, R. Harre and L. V. Langenhove. (Eds.) *Rethinking methods in psychology.* (pp. 29-49.) London: Sage.

Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis.* Thousand Oaks, CA: Sage Publications, Inc.

Charmaz, K. (2003). Grounded theory: Objectivist and constructivist methods. In N. K. Denzin & Y. S. Lincoln (Eds.), *Strategies for qualitative inquiry* (2nd ed., pp. 249-291). Thousand Oaks, CA: Sage.

Child Abuse Prevention and Treatment Act (CAPTA) of 1974. P.L. 93-247 (1974).

Children's Bureau. (2007). *Child maltreatment*. Washington, D.C.: Administration for Children, Youth and Families.

Chiovitti, R. F., & Piran, N. (2003). Methodological issues in nursing research: Rigour and grounded theory research. *Journal of Advanced Nursing*, 44(4), 427-435.

Church, W.T. (2005). From start to finish: The duration of Hispanic children in out-of-home placements. *Children and Youth Services Review, 28*, 1007-1023.

Church, W., Gross, E., & Baldwin, J. (2005). Maybe ignorance is not always bliss: The disparate treatment of Hispanics within the child welfare system. Children & Youth Services Review, 27, 1279-1292.

Cohen, E. P. (2003). Framework for culturally competent decision-making in child welfare. *Child Welfare, 82,*143-155.

Community for Hispanic Children and Families. (2004*). Creating a Latino child welfare agenda: A strategic framework for change.* New York: Committee for Hispanic Children and Families, Inc.

Congressional Budget Office (2006). *Immigration policy in the United States.* Available from http://www.cbo.gov/ftpdocs/70xx/doc7051/02-28-Immigration.pdf

Cooney, A. (2011). Rigour and grounded theory. *Nurse Researcher,* 18, 17-22.

Courtney, M.E., Barth, R.P., Berrick, J., Brooks, D. Needell, B., & Park, L. (1996). Race and child welfare services: Past, research and future directions. *Child Welfare,* 75, 99-137.

Crea, T. M. (2010). Balanced Decision Making in Child Welfare: Structured Processes Informed by Multiple Perspectives. *Administration in Social Work*, 34(2), 196-212.

Davidow, J. (2005) *Immigration, the United States and Mexico.* Retrieved from http://www.mexidata.info

Davidson, H. (2008). *Six principles for child welfare agencies and juvenile courts.* Chicago: Presented at The Migration and Child Welfare National Network.

Deepak, A.C. (2005) Parenting and the process of migration: Possibilities within South Asian families. *Child Welfare, 8,* 585-606.

Denzin, N.K. & Lincoln, Y.S. (Eds.). (2002). *The qualitative inquiry reader*. Thousand Oaks, CA: Sage Publications, Inc.

Denzin, N.K. & Lincoln, Y.S. (Eds.). (2003). *Handbook of qualitative research.* Thousand Oaks, CA: Sage Publications, Inc.

Department of Homeland Security (2002*). Immigration statistics*. [Fact sheet]. Retrieved from http://uscis.gov

Derezotes, D. M. (2006). Race matters in child welfare. *Permanency Planning Today,* Summer 2006, 5-7.

Derezotes, D.M., Poertner, J., & Testa, M. F. (Eds.) (2005). *Race matters in child welfare: The overrepresentation of African American children in the system*. Washington, DC: Child Welfare League of America.

Dettlaff, A.J. & Rycraft, J.R. (2006) The impact of migration and acculturation on Latino children and families: Implications for child welfare practice. *Protecting Children, 21*, 6-21.

Dettlaff, A.J. & Rycraft, J.R. (2009). Adapting systems of care for child welfare practice with immigrant Latino children and families. *Evaluation & Program Planning [e-pub ahead of print].*

Dettlaff. A.J., & Earner, I. (2007). The intersection of migration and child welfare: Emerging issues and implication. *Protecting Children- A Professional Publication of American Humane Association,* 22(2), 3-7.

Donato, K.M., Kanaiaupuni, S.M., & Stainback, M. (2001). *The effects of migration, household income, and gender on Mexican child health.* Madison, WI: University of Wisconsin Center for Demography and Ecology.

Dror, H. (1983). *Public policymaking re-examined.* New York: Free Press.

Drachman, D. (1992). A stage-of-migration framework for service to immigrant populations. *Social Work*, 37(1), 68-72.

Drachman, D. (1995). Immigration statuses and their influences on service provision, access, and use. *Social Work, 40,* 188-197.

Draucker, C.B., Martsolf, D.S., Ross, R., & Rusk, T.B. (2007) Theoretical sampling and category development in grounded theory. *Qualitative Health Research, 17*, 1137-1148.

Duenas-Jolly, O.L. (1994). *Effects of stress in Mexican immigrant children.* Fullerton, CA: California State University, Fullerton.

Earner, I. & Dettlaff, A. (2007). *Immigrants and refugees: the intersection of migration and child welfare.* New- York: National Resource Center for Family-Centered Practice and Permanency Planning.

Earner, I. (2005). Immigrant children and youth in the child welfare system: Immigration status and special needs in permanency planning. In G.P. Mallon and P.M. Hess (Eds). Child welfare for the 21st century: A handbook of practices, policies and programs (pp. 655-664). New York: Columbia University Press.

Earner, I. and Rivera, H. (Eds). (2005). Special issue: Immigrants and refugees and child welfare. *Child Welfare* 84, 537-562.

Earner, I. (2008). *Immigrant Parents and the child welfare system: New factors to consider in the era of globalization.* Seattle: National CASA Association Judges Page.

Fawley-King, K. (2010). A review of family-based mental health treatments that may be suitable for children in immigrant families involved in the child welfare system. *Journal of Public Child Welfare, 4 (3), 287-305.*

Finch, B.K. & Vega, W.A., (2003). Acculturation stress, social support, and self-rated health among Latinos in California. *Journal of Immigrant Health,* 5 (3), 109-117.

Fix, R. & Zimmermann, W. (1999). *All under one roof: Mixed-status families in an era of reform.* Washington, D.C.: The Urban Institute.

Flick, U. (2002) *An introduction to qualitative research.* (2nd ed.) London: Sage.

Fong, R. (2007). Child welfare challenges in culturally competent practice with immigrant and refugee children and families. *Protecting Children,* 22(2), 101-105

Fong, R. (2004). *Culturally competent practice with immigrant and refugee children and families.* New York: Guilford Press.

Fontes, L.A. (2005). *Child abuse and culture: Working with immigrant families.* New York: Guilford Press.

Fostering Connections Act promises new opportunities for Child Welfare Reform. (2009). *Voice.* Casey Family Services.

Garcia, C.M. & Saewyc, E.M. (2007). Perceptions of mental health among recently immigrated Mexican adolescents. *Issues in Mental Health Nursing,* 28 (1), 37-54.

Geertz, C. (1973). The interpretation of cultures. New York: Basic Books.

Glick Schiller, N., Basch, L. & Blanc-Szanton, C. (1992). *Towards a Transnational Perspective on Migration*. New York: The New York Academy of Sciences.

Goldman, J.M., Salus, D., Wolcott, & Kennedy, K. (2003). *A coordinated response to child abuse and neglect: The foundation for practice (The User Manual Series)*. Washington, DC: U.S. Department of Health and Human Services.

Guba E.G. & Lincoln, Y.S. (1989). Fourth Generation Evaluation. Newbury Park, CA: Sage Publications.

Halfon, N., Berkowitz, G., & Klee, L. (1992). Mental health service utilization by children in foster care in California. *Pediatrics, 89*, 1238-1244.

Haskins, R., Greenberg, M, & Fremstad, S. (2004). Federal policy for immigrant children: Room for common ground? *The Future of Children, 14,* 1-6.

Hernandez, P., Almeida, R., & Carranza, M. (2010). Mental health professionals' adaptive responses to racial microaggressions: An exploratory study. *Professional Psychology, Research & Practice*, 41, 202-209.

Hill, R.B., (2006). *Synthesis of research on disproportionality in child welfare*. Casey-CSSP Alliance for Racial Equity in Child Welfare. Retrieved from http://www.casey.org

Hill, L.E. & Hayes, J.M. (2003). California's newest immigrants. *California Counts-Population Trends and Profiles, 5,* 1-19.

Hondagneu-Sotelo, P. (1997). The History of Mexican Undocumented Settlement in the United States. In M. Romero, P. Hondagneu-Sotelo & V. Ortiz (Eds.), *Challenging Fronteras* (pp. 314). New York, NY: Routledge.

Institute for Hispanic Health. (2005). *Critical disparities in Latino mental health: Transforming research into action.* Washington, D.C.: National Council of La Raza.

Johnson, K. R. (2001). Immigration, Citizenship, and U.S./Mexico Relations. *Bilingual Review*, 25 (1), 23.

Johnson, M. A. & Marchi, K. S. (2009). Segmented assimilation theory and perinatal health disparities among women of Mexican descent. Social Science & Medicine, 69(1), 101-109.

Juby, C.L. (2005) *Using a structural equation model to examine child maltreatment potential across ecological systems in a population of families in poverty.* Retrieved from Proquest Dissertations and Theses database.

Junck, A. (2008). *Immigration and juvenile delinquency*. Chicago: Migration and Child Welfare National Network.

Kataoaka, S.H., Zhang, L., & Wells, K.B. (2002). Unmet need for mental health care among U.S. children: Variation by ethnicity and insurance status. <u>*American Journal of Psychiatry,*</u> 159(9), 1548-1555.

Kinoshita, S. & Brady, K. (2005). *Immigration benchbook for juvenile and family court judges.* San Francisco: Immigrant Legal Resource Center.

Lau, A.S., McCabe, K.M., Yeh, M., Garland, A.F., Hough, R.L., & Landsverk, J. (2003). Race/ethnicity and rates of self-reported maltreatment among high-risk youth in public sectors of care. *Child Maltreatment*, 8, 183-193.

Law, S., Hutton, M., & Chan, D. (2003). Clinical, social, and service use characteristics of Fuzhounese undocumented immigrant patients. *Psychiatric Services,* 54, 1034-1037.

Lee, C.D. & Ayon, C. (2004). Is the client-worker relationship associated with better outcomes in mandated child abuse cases? *Research on Social, Work Practice, 14,* 351-357.

Levesque, R.J.R. (2000). Cultural evidence, child maltreatment, and the law. *Child Maltreatment* 5, 146-160.

Lincoln, Y.S. & Guba, E.G. (1985). *Naturalistic inquiry.* Beverly Hills, California: Sage.

Lincroft, Y. (2007). *Testimony before California Blue Ribbon Commission on children in foster care.* Denver, CO.: Migration and Child Welfare National Network.

Lincroft, Y., Resner, J., & Leung, M. (2006). *Undercounted. Underserved. Immigrant and refugee families in the child welfare system.* Baltimore, MD: Annie E. Casey Foundation.

Lu, Y.E., Landsverk, J., Ellis-Macleod, E., Newton, R., Ganger, W., & Johnson, I. (2004). Race, ethnicity, and case outcomes in child protective services. *Children and Youth Services Review,* 24, 447-461.

Mason, M. (2010). Sample size and saturation in PhD studies using qualitative interviews. *Qualitative Social Research, 11, 3.*

Mather, M. (2009). *Reports on America: children in immigrant families chart a new path.* Baltimore, MD: Annie E. Casey Foundation.

McRoy, R. (2004). The color of child welfare. In K. Davis & T. Bent-Goodley (Eds.) *The color of social policy*. Alexandria, VA: Council on Social Work Education;

Mendez, J.A.O. (2006). Latino parenting expectations and styles: A literature review. *Protecting Children, 21,* 53-61.

Merriam, S.B. (1998). *Qualitative research and case study applications in education.* San Francisco: Jossey-Bass.

Miller, L. (2006). *Counseling skills for social work.* London: Sage Publications.

Miller, O.A. & Gaston, R.J. (2003). A model of culture-centered child welfare practice. *Child Welfare, 82*, 235-250.

Morland, L., Duncan, J., Hoebing, J., Kirschke, J., & Schmidt, L. (2005). Bridging refugee youth and children's services: A case study of cross-service training. *Child Welfare, 84,* 791-812.

Multiethnic Placement Act- Interethnic Adoption Provisions (MEPA-IAP) of 1996. PL 103-382 (1996).

Myers, M. (2000). Qualitative research and the generalizability question: Standing firm with proteus. *The Qualitative Report,* 4, 3/4.

Nagel, S.S (1988). *Policy studies: Integration and evaluation. New York:* Greenwood Press.

Nation. (2005). *Assembly Bill 1338: Immigrant Children.* [Bill analysis] Retrieved from http://info.sen.ca.gov

Nevins, J. (2010). Security first: The Obama administration and immigration 'reform'. *NACLA Report on the Americas*, 43(1), 32-36.

Northcott, F.S., Helton, A.C., & Harvey, J.R. (2008). *Where have all our children gone? Examining documentation standards for international placement.* Seattle: National CASA Association Judges Page.

Partida, J. (1996). The effects of immigration on children in the Mexican-American community. *Child and Adolescent Social Work Journal, 13,* 241-254.

Passel, J.S. & Cohn, D. (2011). *Unauthorized immigrant population: National and state trends, 2010.* Washington, D.C.: The Pew Hispanic Center.

Passel, J.S. & Cohn, D. (2009). *A portrait of unauthorized immigrants in the United States.* Washington, D.C.: The Pew Hispanic Center.

Passel, J.S. (2006). *The size and characteristics of the unauthorized migrant population in the U.S.: Estimates based on the March 2005 current population survey.* Washington D.C.: The Pew Hispanic Center.

Passel, J.S. (2005a). *Estimates of the size and characteristics of the undocumented population*. Washington, D.C.: The Pew Hispanic Center.

Pasztor, E.M., Holliger, D.S., Inkelas, M., Halfon, N. (2005) Health and mental health services for children in foster care**:** The central role of foster parents. *Child Welfare, 85,* 33-57.

Patton, M.Q. (1999). Enhancing the quality and credibility of qualitative analysis. *Health Services Research.* 34, 1189-1208.

Patton, M.Q. (2002). *Qualitative research and evaluation methods.* Thousand Oaks, CA: Sage Publications, Inc.

Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA): Interpretation of "Federal Public Benefit" 63 Fed. Reg. 41,657. (1998). Available at http://www.acf.hhs.gov/programs/ocs/liheap/guidance/special_topics/im98-25.html

Pettus, A. (2007). *Uneasy neighbors: A brief history of Mexican-U.S. migration.* Boston: Harvard Magazine.

Phinney, J.S., Horenczyk, G. Liebkind, K. & Vedder, P. (2001). Ethnic identity, immigration and well-being: An interactional perspective. *Journal of Social Issues,* 53, 3, 493-510.

Pine, B. & Drachman, D. (2005). Effective child welfare practice with immigrant and refugee children and their families. *Child Welfare*, 84, 537-562.

Portes, A. (1995). Segmented assimilation among new immigrant youth: A conceptual framework. In R. Rumbaut and W. Cornelius (Eds.) *California's immigrant children: Theory, research, and implications for educational policy.* La Jolla, CA: Center for U.S. – Mexican Studies, University of California, San Diego.

Portes, A. & Zhou, M. (1993). The new second generation: Segmented assimilation and its variants among post-1965 immigrant youth. *Annals of the American Academy of Political and Social Science,* 530, 74–96.

Public Policy Institute. (2010). *Foster care in California.* Retrieved from http://www.ppic.org/content/pubs/jtf/JTF_FosterCareJTF.pdf

Reardon-Anderson, J., Capps, R., & Fix, M. (2002). The health and well-being of children in immigrant families. *Assessing the New Federalism*. Survey Brief B-52. Washington, D.C.: The Urban Institute.

Reilly, T. (2003). Transitions from care: status and outcomes of youth who age out of foster care. *Child Welfare, 82,* 727-746

Reinkling, D., Labbo, L. D., & McKenna, M. C. (2000). From assimilation to accommodation: a developmental framework for integrating digital technologies into literacy research and instruction. *Journal of Research in Reading*, 23, 110-123.

Rosenblum, M.R. (2000). U.S. immigration policy: Unilateral and cooperative responses to undocumented migration. *Institute on Global Conflict and Cooperation, 55,* 1-23.

Saco, C. (2008). *Los Angeles County Department of Children and Family Services Special Immigrant Status Unit and Interagency Collaboration.* Chicago: The Migration and Child Welfare National Network.

Segal, U.A. & Mayadas, N.S. (2005). Assessment of issues facing immigrant and refugee families. *Child Welfare, 84,* 563-584.

Shenton, A.K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information, 22,* 63–75.

Sherry, A. (2004) *Foundations of U.S. immigration control policy: A study of information transmission to Mexican migrants,* Working Paper No. 95. San Diego: Center for Comparative Immigration Studies, University of California-San Diego.

Simmons, O.E. & Gregory, T.A. (2003). Grounded action: Achieving optimal and sustainable change. *Qualitative Social Research, 4,* 1.

Sorenson, S. B. & Haikang, S. (1996). Youth suicide trends in California: An examination of immigrant and ethnic group risk. *Suicide and Life-Threatening Behavior* 26,143–154.

Spall, S. (1998). Peer debriefing in qualitative research: Emerging operational models. *Qualitative Inquiry, 4,* 280-292.

Stillman, S. (2006). Grounded theory and grounded action: Rooted in systems theory. *World Futures*, 62, 498–504.

Strauss, A. & Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedures and techniques.* Newbury Park, CA: Sage.

Strauss, A. & Corbin, J. (1998). *Basics of qualitative research techniques and procedures for developing grounded theory.* Thousand Oaks, CA: Sage Publications Inc.

Suarez-Orozco, C. & Suarez-Orozco, M. (2001). *Children of immigration.* Cambridge, MA: Harvard University Press.

Terrazas, A. & Batalova, J. (2008). *U.S. in focus: Up to date frequently requested statistics on immigrants in the United States*. Washington, D.C.: Migration Information Source.

The Urban Institute (2002). *Undocumented immigrants facts and figures.* Washington, D.C.: The Urban Institute.

Thompson, A. (2009) . *The intersection between state and federal agencies.* Austin, TX: Center for Public Policy Priorities.

Turney, K. & Kao, G. (2009). Assessing the private safety net: Social support among minority immigrant parents. *The Sociological Quarterly,* 50, 666-692.

U.S. Commission on Immigration and Reform. (1997). *The Mexico/United States binational study on migration.* Austin, TX: Lyndon B. Johnson School of Public Affairs.

U.S. Immigration & Customs Enforcement (ICE). (2007). *Annual Report .* Retrieved from www.ice.com

U.S. Census Bureau. (2009) *Census Product Update. .* Retrieved from http://www.census.gov/mp

U.S. Citizenship and Immigration Services. (2006). *Annual Report. .* Retrieved from http://www.uscis.gov/portal/site/uscis/

U.S. Department of Health and Human Services. (2008). *Case planning for families involved with child welfare agencies: Summary of state laws.* Available from http://www.childwelfare.gov/systemwide/laws_policies/statutes/caseplanningall.pdf

U.S. Department of Health and Human Services. (2010). *How the child welfare system works.* Available from http://www.childwelfare.gov/pubs/factsheets/cpswork.pdf

U.S. Department of Health and Human Services,(2010a). *Child Maltreatment 2009.* Available from http://www.acf.hhs.gov/programs/cb/stats_research/index.htm#can.

U.S. Department of Health and Human Services (2010b). The *AFCARS report: Final estimate for FY 2009.* Available from http://www.acf.hhs.gov/programs/cb/stats_research/afcars/tar/report17.htm

U.S. Department of Health and Human Services. (2006). *The AFCARS report: Final estimate for FY 1998 Through FY 2002 (12).* Available from www.acf.hhs.gov/programs/cb/stats_research/afcars/tar/report12.htm

U.S. Department of Health and Human Services (DHHS) (2005). *The AFCARS (Adoption and Foster Care Reporting System) Report.*

U.S. Department of Homeland Security, Office of Immigration Statistics. (2010). *Estimates of the unauthorized immigrant population residing in the United States: January 2009.* Retrieved from http://www.dhs.gov/ximgtn/statistics

Velasquez, S.C., Boreli, K., & Davidson, H. (2007). *World as community: The intersection between migration and child welfare.* [PowerPoint slides]. Chicago: Family to Family National Conference of State Legislators Legislative Summit.

Velasquez, S., Bruce, L., Vidal de Haymes, M. & Mindell, R. (2006). Migration: A critical issue for child welfare. *American Humane Associaltion Research and Policy Report.* Available from http://www.americanhumane.org/assets/pdfs

Vericker, T., Kuehm, D., & Capps, R. (2007). *Foster care placement settings and permanency planning: Findings from Texas.* Washington, D.C.: The Urban Institute Child Welfare Research Program.

Wadsworth, T. & Kubrin, C.E. (2007). Hispanic suicide in U.S. metropolitan areas: Examining the effects of immigration, assimilation, affluence, and disadvantage. *American Journal of Sociology,* 112 (6), 1848-1885

Wallendorf, M., & Reilly, M. D. (1983). Ethnic migration, assimilation, and consumption. *Journal of Consumer Research*, 10, 292-302.

Whitelaw-Downs, S., Moore, E., & McFadden, J. (2009). *Child welfare and family services: Policies and practice.* Boston: Pearson.

Williams, M., Bradshaw, C., Fournier, B., Tachble, A., Bray, R., & Hodson, F. (2005). The call centre: A child welfare liaison program with immigrant serving agencies. *Child Welfare, 84,* 725-746.

Whitman, S. (2000). *Immigrant children.* Minneapolis, MN: Carolrhoda Books.

Xu, Q. (2005). In the "best interest" of immigrant and refugee children: Deliberating on their unique circumstances. *Child Welfare, 84,* 747-770

Zarate, M. A., & Shaw, M. P. (2010). The role of cultural inertia in reactions to immigration on the U.S./Mexico border. *Journal of Social Issues*, 66(1), 45-57.

Zhou, M. (1997). Segmented assimilation: Issues, controversies, and recent research on the new second generation. *International Migration Review* 31(4), 975-1008.

Zima, B. T., Bussing, R., Yang, X., & Belin, T. R. (2000). Help-Seeking Steps and Service Use for Children in Foster Care. *Journal of Behavioral Health Services & Research, 27,* 271-285.

Recruitment Flyer
Tell me about your experience!!!

<u>VOLUNTEERS WANTED FOR A RESEARCH STUDY</u>

The Experience of Undocumented Immigrant Children in the Child Welfare System

The purpose of this study is to understand the overall experience of undocumented, Mexican, immigrant youth while in out-of-home foster care and to identify any unmet needs and barriers to services faced by the youth and/or their family.

Eligibility criteria:

- ☐ Mexican
- ☐ Undocumented Immigration Status (while in foster care)
- ☐ Male or Female
- ☐ Age 18 or older
- ☐ Emancipated from foster care system

Research participants will be given a gift card upon completion of their interviews.

Location of interview: TAY office or other location to be determined by researcher and participant.

To learn more about this research, call Brenda Flores (951) 751-1010 or e-mail bflores03g@llu.edu
This research is conducted under the direction of Dr. Sigrid James, School of Social Work and Ecology, Loma Linda University ssjames@llu.edu or (909) 379-7591.

*The identity of participants shall remain confidential and <u>shall not</u> be used to report immigration status to any agency or entity.

INFORMED CONSENT

Informed Consent

Disparities in Child Protection: The Experience of Undocumented Immigrant Children in the Child Welfare System

Purpose and Procedures

You are invited to participate in a research study because you have been identified as a Mexican national who has had previous experience with the public child welfare system in Riverside or San Bernardino County. The purpose of this study is to understand your experience while in out-of-home foster care and to identify unmet needs and barriers to services faced by you and your family.

Participation in the study will take approximately 1 to 1½ hours and involves answering some open-ended questions. Interviews will be conducted at the offices of the Mexican Consulate in San Bernardino or other location of your choice. If necessary, I can also talk to you over the phone. Our conversation will be audio taped for the purposes of capturing all of your answers.

Risks

The committee at Loma Linda University that reviews human studies (Institutional Review Board) has determined that participating in this study exposes you to minimal risk. This means that there is the possibility that your confidentiality could be breached or that you could become upset in recalling your experience with the child welfare system. If this occurs, you may terminate the interview at any time. To make sure that your confidentiality remains protected,

several steps will be taken. These are discussed in the confidentiality section below. Please understand that your answers will have no effect on your current immigration status or any services you might be receiving from county service systems.

Benefits

While you may not benefit personally from this study, findings from this research may lead to changes in policy and practice in the child welfare system that may help other undocumented immigrant children who come into contact with the child welfare system.

Participant Rights

Participation in this study is voluntary, and you can refuse to answer any question and/or stop at any time. Should you choose to discontinue with the interview, there are no consequences or penalties to you, and your information will not be used in this study.

Initial _____

Date _____

Confidentiality

To protect your identity, a code number will be used to identify you. That means that your real name will not appear on any of the study materials. In addition, interview transcripts and audiotapes will be locked in a file cabinet in the researcher's office at Loma Linda University. Data will be entered in a password-protected computer and only members of the research team (Brenda Flores and Dr. Sigrid James) will have access to these data. No identifying information will be used in any publications or presentations resulting from this study.

Compensation

Research participants will be given a $10.00 gift card upon completion of their interviews.

Impartial Third Party Contact

If you wish to contact an impartial third party not associated with this study regarding any questions or complaint you may have about the study, you may contact the Office of

Patient Relations, Loma Linda University Medical Center, Loma Linda, CA 92354, phone (909) 558-4647 for information and assistance.

Informed Consent

I have read the contents of the consent form and have listened to the verbal explanation given by the investigator. My questions concerning this study have been answered to my satisfaction. I hereby agree to participate in this study. Signing this consent document does not waive my rights nor does it release the investigators, institution or sponsors from their responsibilities. I may call Dr. Sigrid James at (909) 379-7591 if I have additional questions or concerns.

I have been given a copy of this consent form.

<div> </div>

_____   _____
      Participant Signature   Date

I have reviewed the contents of this consent form with the person signed above. I have explained potential risks and benefits of the study.

_____   _____
      Participant Signature   Date

Initial _____

Date _____

INTERVIEW GUIDE

Interview Guide

Participant ID#	Date:	Time:
Gender: ☐ Male ☐ Female	Age:	

1. Tell me briefly about the place where you were born/grew up.

2. Tell me about the time you migrated to the United States. When? Why? With whom? How?

3. What was it like living in a new country?

4. How did you get involved with the child welfare system?

5. Where were you placed? Were they Hispanic?

6. Were you moved? How many times?

7. Were you in contact with your family?

8. What were you told about your case? By whom?

9. Was immigration ever discussed? If so, by whom? What was discussed?

10. What services were offered to you/your family? What things did they address?

11. What were you told about what would happen when you left the foster care system?

12. What would have made your experience being in out-of-home care better?

13. What would have helped prepare you for life after foster care?