

Health and Safety for Young Migrants: Recommendations for Supporting Unaccompanied Youth

July
2021



**DIGNITY
NOT DETENTION**

THE DEFENDING OF DIGNITY





Executive Summary

Thousands of immigrant youth arrive to the US without a parent or legal guardian and are placed in the custody of the Office of Refugee Resettlement (ORR) until they can be released to a sponsor. Often ORR detains these youth in restrictive, large-scale, congregate settings that harm their health and well-being. Rooted in the stories, experiences, and recommendations of young people who arrived to the US as unaccompanied youth, this resource draws from public health evidence documenting the health harms of these large-scale, restrictive settings. It puts forward a vision for ending the current system of detaining unaccompanied minors in harmful settings and for shaping healthy, just, and supportive immigration policy for unaccompanied youth.

Following the work of organizations with experience and expertise in working with unaccompanied youth — including the Detention Watch Network and the Immigrant Legal Resource Center — the resource presents a list of systemic and long-term recommendations that promote the health and well-being of impacted youth:

1. End the practice of holding youth in large-scale influx facilities and emergency intake sites, including in military bases.

2. Rescind the Title 42 border closure and fully restore access to asylum for all at our borders, including at ports of entry, and ensure unaccompanied youth have immediate and consistent access to legal counsel, trauma-informed child advocates, and interpretation services.

3. When youth arrive without a parent or legal guardian, establish a process with the Department of Health and Human Services at the border

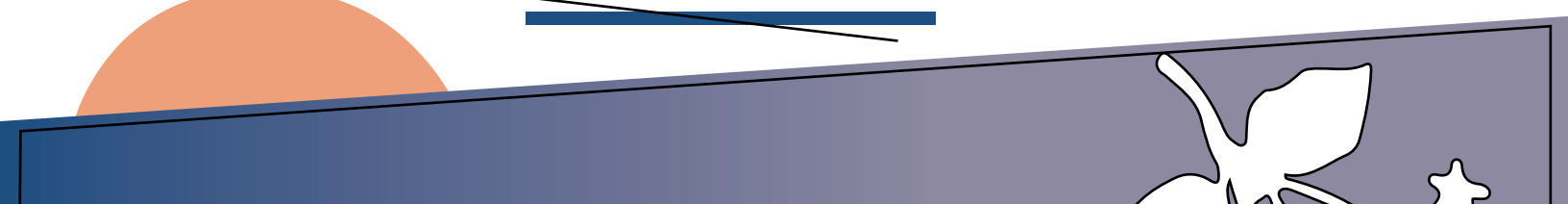
to quickly identify and vet family or sponsors to whom youth can be released without the use of emergency intake or influx facilities.

4. If a young person needs temporary government care, prioritize small scale, non-restrictive settings for unaccompanied youth in facilities licensed for childcare that are fully overseen and controlled by trusted community-based nonprofits.

5. Provide ongoing emotional and material support for unaccompanied youth after they are placed with a family/sponsor and are no longer in ORR custody.

The effects of current US policies for unaccompanied youth reverberate throughout a child's life, to their families and communities, and across borders. In the current system, many young people are confined and harmed, rather than supported and welcomed. With the recommendations in this resource, we are working towards the world we all want for our children: one where young people are united with their families, where they have the resources and support they need to thrive, and where they are happy, healthy, safe, and free.

Health and Safety for Young Migrants: Recommendations for Supporting Unaccompanied Youth



This resource — guided by the stories, experiences, work, and demands of young people who have been directly impacted by the US immigration system — aims to help shape the narrative around what healthy, just, and supportive immigration policy can look like for unaccompanied youth immigrating to the US, without relying on detention or detention-like facilities.

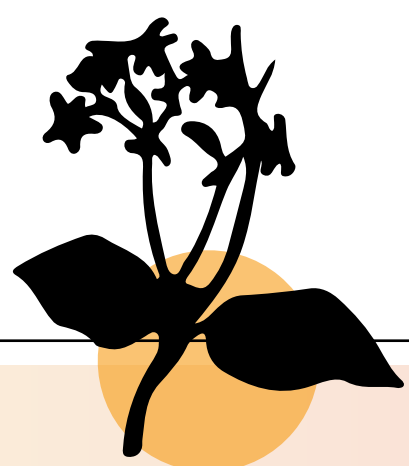
A note on the term “unaccompanied”

A young person who arrives at the US border without a parent or legal guardian is often designated as “unaccompanied” and placed in the custody of the Office of Refugee Resettlement (ORR).

“Unaccompanied” is a legal category referring to a young person who:

- Has no lawful immigration status in the US
- Is under 18 years old
- Has no parent or legal guardian in the US or no parent or legal guardian in the US is available to provide care and physical custody¹

The category is deployed despite the fact that some youth arrive in the US with family or loved ones but — due to the multiple policies and practices that separate immigrant families — are labeled “unaccompanied” under the law.



In some cases, this label is what allows a young person to stay in the US. For example, under directives from Trump’s Centers for Disease Control (CDC) during the COVID-19 pandemic,² immigrants are prohibited entry to the US under the false guise of “public health,” though experts at the CDC have voiced that there was no public health justification to invoke the law.³

Instead of revoking the Title 42 order, the Biden administration has continued it in the early days of his administration, and the CDC created a temporary exception for young people labeled “unaccompanied,” allowing them to enter the US. Under this temporary exception, thousands of youth have been separated from their families in order to seek asylum after being prevented from entering together.⁴ In this resource, we will use the term “unaccompanied,” with the recognition that this is a legal, rather than social, category.



Snapshot of Unaccompanied Youth detained by ORR across the United States in May 2021:⁵

Number of unaccompanied youth in ORR custody	20,332
Sex of youth in ORR custody	69% male 31% female
Age of youth in ORR custody	<ul style="list-style-type: none"> • 1.8% 0-5 • 9.7% 6-12 • 11.2% 13-14 • 40.9% 15-16 • 36.3% 17 or older
Number of unaccompanied youth released to sponsors	16,857
Average length of stay for those released	35 days
Average length of stay for those still in custody	40 days

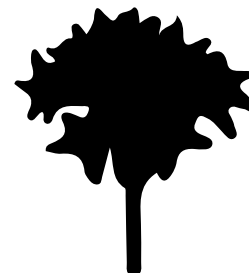
Of note, the number of unaccompanied youth detained by ORR fluctuates month to month and year to year. For example, in 2021, there were 4,020 unaccompanied youth in ORR custody in January and 20,339 in custody by April. While there are approximately 200 facilities for unaccompanied youth across 22 states, ORR only provides state-level data on how many young people have been released to sponsors.

Recent data show that California has the third highest number of unaccompanied youth released to sponsors in the US, following Texas and Florida. In fiscal year 2021, 4,405 young people have been released to sponsors in California, making up 9.95% of unaccompanied youth released to sponsors across the US that year.⁶ Data are also skewed when youth are counted as “released,” but in fact are just transferred between ORR facilities.



In fiscal year 2021, 4,405 young people have been released to sponsors in California, making up 9.95% of unaccompanied youth released to sponsors across the US that year.⁶

With thousands of youth passing through this system unaccompanied each month and the known health harms of these experiences, change is urgently needed. Guided by the prior work of organizations with experience and expertise in working with unaccompanied youth, including the Detention Watch Network and the Immigrant Legal Resource Center,⁷ this resource presents a list of systemic and long-term recommendations that promote the health and well-being of impacted youth.





A note on “influx facilities” vs. “emergency intake sites”

When unaccompanied youth enter the US and are detained by Border Patrol, they are supposed to be transferred to a facility run by Health and Human Services’ Office of Refugee Resettlement within 72 hours. One type of facility run by ORR are **influx facilities**: facilities that are built – often on military bases, in convention centers, or in stadiums – when the number of unaccompanied youth in ORR custody exceeds their licensed bed space. They are restrictive, large-scale, not licensed for childcare, and often remain open long-term, despite their intended temporary nature.⁷ ORR influx facilities also cost more than permanent ORR facilities: temporary influx facilities cost about \$775 a day per child, compared with \$290 a day for permanent facilities.⁸

Recently, the Biden administration has started using **emergency intake sites**, which are also temporary, unlicensed facilities meant to move youth from Border Patrol custody to ORR custody as quickly as possible. Because they are meant to be temporary, there is no licensing or permit oversight for either of these types of settings.

In this resource, we use both of these terms to describe unlicensed, temporary, large-scale facilities.

End the practice of holding youth in large-scale influx facilities and emergency intake sites, including in military bases

Young people who have lived in ORR facilities describe the jail-like features of the sites and the harms they experienced while detained. The little public information that exists about the conditions inside youth detention centers in the US documents inadequate access to clean water, nutritious food, blankets, places to sleep, soap, and other hygiene products.⁹ Some of the more notorious unlicensed large-scale facilities in the US — like those at Fort Bliss in El Paso, Texas and in Homestead, Florida — have received attention for the human rights abuses that have occurred there.

“It’s very ugly, 10 people are sleeping together. And you have just one bathroom and they don’t give you your own privacy. The food—sometimes they give you the food half frozen. They give you almost the same as donkeys. We went to sleep with an empty stomach.”

-Anonymous immigrant from Honduras, arrived as an unaccompanied youth

The federal government shut down the Homestead facility in 2019 after the publicization of multiple cases of child sexual abuse, but still kept the facility in “warm” status, meaning the presidential administration can reopen it at any time. The Homestead facility is also near a Superfund site, potentially exposing youth to toxic chemicals that are carcinogenic and cause chronic health issues.¹⁰ Reports from the facility on the Fort Bliss military base reveal young people detained there have experienced severe mental health crises due to the conditions — including high rates of anxiety, panic attacks, and self-harm.¹¹

Trauma experienced by unaccompanied youth creates particular healthcare needs

Due to the often physically and emotionally traumatic nature of the immigration experience, unaccompanied youth often arrive to the US with particular healthcare needs, beyond the care children typically require. The health needs of unaccompanied youth include immediate physical needs like adequate nutrition and vaccinations.¹² Many also arrive with experiences of prior trauma: one study found that



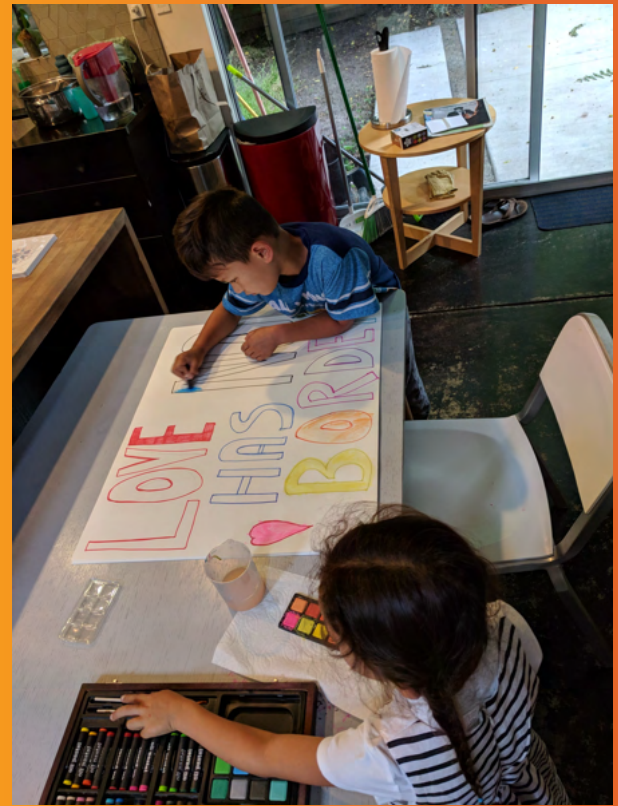
25% of unaccompanied youth report having experienced extreme traumatic events, including witnessing the killing of parents, living on the streets, or being kidnapped.¹³

The same study found that 63% of unaccompanied youth reported experiencing four or more traumatic events in their lifetimes. These high rates of exposure to trauma result in high prevalence of mental health needs, including anxiety, depression, post-traumatic stress disorder (PTSD), and borderline personality disorder.^{12,13}

ORR facilities fail to provide unaccompanied youth with the care they need

Unlicensed large-scale ORR detention facilities fail to provide unaccompanied youth with the comprehensive care they need. These large-scale facilities are incapable of providing consistent, individual, trauma-informed, and culturally relevant mental healthcare for young people.

Furthermore, unaccompanied youth lack the legal protections that require parent or guardian consent for medical treatment. The result is often mistreatment, and coercion. There are many reports of staff at ORR facilities coercing youth into receiving medical treatments: in one facility in northern Virginia, for example, ORR medicated as many as 70% of youth with psychotropic medication to control their behavior.¹²



Rescind the Title 42 border closure and fully restore access to asylum for all at our borders, including at ports of entry, and ensure unaccompanied youth have immediate and consistent access to legal counsel, trauma-informed child advocates, and interpretation services

The Title 42 border closure invoked by the CDC under the Trump administration is the latest in a long line of policies that separate immigrant families.¹⁴ With the CDC exception that allows unaccompanied youth to enter the US, thousands of young people have been forced to separate from their families because they are prevented from entering together.⁴ Multiple studies document the ways that family separation harms the health of children, including associations with post-traumatic stress disorder, toxic stress, anxiety, and depression.¹⁵

“It was my first time in court, I had never been in front of a judge. And I felt very, very bad for that reason, in the first court appearances. But when the lawyer took my case, I felt calmer because I had someone to keep me company, to be with me in court.”

-Anonymous immigrant from Honduras, arrived as an unaccompanied youth

In the short term, toxic stress can impact a child’s physical health, including increased frequency of infections as high levels of stress hormones can suppress a child’s immune system. Untreated, the trauma and stress caused by family separation can also result in developmental delays and behavioral concerns.¹⁶ A process that allows families to apply for asylum at the border together, without the use of detention, would best support the health of young people and their loved ones.

Unaccompanied youth with legal counsel are more successful at obtaining needed services

Consistent access to legal counsel, child advocates, and interpretation services are all critical to support young people upon arrival to the US. When unaccompanied youth do not have access to legal counsel, they face possible deportation if they fail to appear in court.¹⁷ Data from immigration courts show that unaccompanied youth received deportation orders in 28% of cases when they were represented by an attorney, compared with 77% of cases when they did not have an attorney.¹⁷



Access to legal counsel for unaccompanied youth can also have a direct impact on access to mental health services. As some immigrants include psychological assessments in their asylum applications, many unaccompanied youth encounter mental health services first due to the advocacy of their lawyers. In one study, nearly half of lawyers who work with unaccompanied youth referred their clients for mental health services.¹⁸ In a large majority of these cases, lawyers encountered obstacles — including prohibitive costs, difficulty finding services in the child’s language, and transportation issues — which prevented their client from ever receiving support services.¹⁸

Child advocates can help unaccompanied youth address their trauma history

Access to trauma-informed advocates is necessary to ensure that young people receive needed healthcare and support services. In reference to unaccompanied youth, the American Psychiatric Association defines “trauma-informed” as “understanding a patient’s life experiences in order to deliver effective care.”¹⁹ This includes understanding a child’s familial circumstances, trauma and health history, cultural context, and language. Research

documents the importance of shared cultural understandings in children’s interactions with adults— for example, with physicians, teachers, and foster parents — for positive health outcomes, educational outcomes, and behavioral outcomes.^{20–22} Trauma-informed advocacy is especially important for the many unaccompanied youth who enter the US with extensive trauma histories.

Interpretation services help unaccompanied youth obtain the care they need

Finally, language barriers negatively impact unaccompanied youth in a number of ways, including limiting access to, utilization of, and quality of healthcare and legal services. Youth who speak indigenous languages disproportionately fall through the cracks in the US school system, healthcare system, and immigration system due to language barriers.²³ Research shows that trained interpreters improve patient satisfaction, health outcomes, and communication with healthcare providers.²⁴ Importantly, professional, trained interpreters result in fewer miscommunications and medical errors than ad hoc interpreters like family members or others who are untrained.²⁵

When youth arrive without a parent or legal guardian, establish a process with the Department of Health and Human Services at the border to quickly identify and vet family or sponsors to whom youth can be released without the use of emergency intake or influx facilities

A process that quickly moves unaccompanied youth into more permanent, non-restrictive, and supportive care with family or sponsors has important implications for young people's health outcomes. Around 90% of unaccompanied youth are ultimately placed with a relative, with 40% placed with one or both of their parents.²⁶

However, before a child is released to their relatives, family members are currently forced to go through an onerous process that includes completing a "family reunification

"I think the best thing that they can do is make a much, much faster process, and one that is not so complicated. One that doesn't scare the families, because if they really want to let you out, then they would make things easy for you."

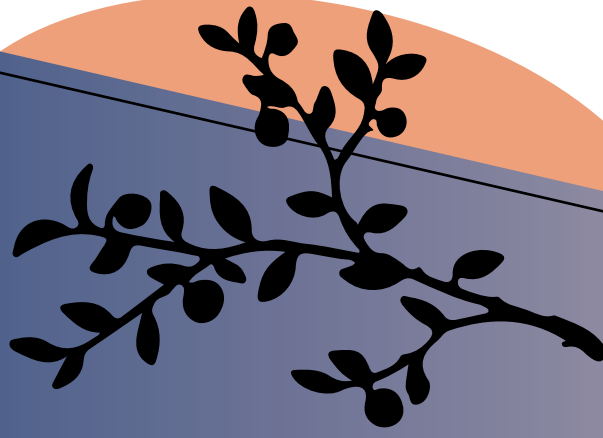
-Anonymous immigrant from Honduras, arrived as an unaccompanied youth

application," interviews with case workers, documentation of birth records to verify their relationship, and background checks.²⁶ The complexity of the process means unaccompanied youth are detained longer — and often results in a backlog.

Being confined in any sort of carceral setting harms youth health

When there is an increase in the number of youth arriving into ORR custody and a backlog of matching young people with family or sponsors, HHS uses more of the temporary large-scale facilities. In these facilities, young people are held in highly restrictive, jail-like settings with unhealthy conditions.²⁷ Research shows that the longer a young person is incarcerated, the worse their mental health, including increased prevalence of depression.²⁸

This research serves as a proxy for child detention in influx and emergency intake facilities due to their restrictive, carceral nature. Young people also report ongoing and additional trauma the longer they are separated from their parents and families.²⁶ However, being reconnected with caregivers can support children to live healthy lives for years after traumatic events.²⁹



The current ORR process for sponsors creates fear for undocumented family of unaccompanied youth

Undocumented family members of unaccompanied youth may also be reticent to undergo this onerous process for fear that discovery of their own immigration status could result in their detention and deportation. Already, the Biden administration has made a few changes to the vetting process that make it easier for unaccompanied youth to be reunited with their families, including:

- Eliminating the need for sponsors to share a Social Security number and thus, immigration status³⁰
- Ending information sharing on unaccompanied youth and their sponsors with Immigration and Customs Enforcement (ICE)³¹
- Paying the transportation costs for sponsors to come pick up the child held by HHS³²

Instituting a more timely, accessible, and simplified vetting process to ensure that youth are released to sponsors who can support their well-being would result in improved health outcomes, and help prevent the use of emergency intake or overflow facilities.



Recommendation

4.

If a young person needs temporary government care, prioritize small scale, non-restrictive settings for unaccompanied youth in facilities licensed for childcare that are fully overseen and controlled by trusted community-based nonprofits

Under the Flores Settlement Agreement — which sets standards for the detention and release of unaccompanied youth³³ — as well as federal law, the Department of Homeland Security is legally mandated to place unaccompanied young people in the “least restrictive setting that is in the best interest of the child.”³⁴ Yet thousands of young people have nonetheless been detained in large-scale, restrictive influx facilities and emergency

intake facilities since the Homeland Security Act of 2002 transferred responsibility for unaccompanied youth to ORR.⁷

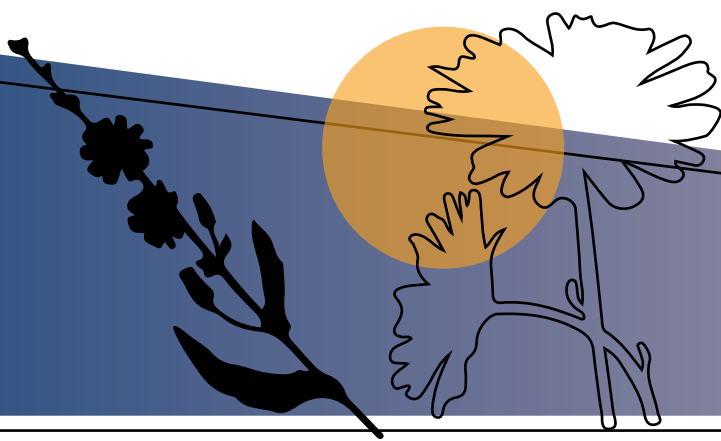
Instead of only being held for up to 72 hours, as legally mandated by the Flores Settlement Agreement, unaccompanied young people reportedly spent an average of 117 hours in Customs and Border Patrol (CBP) detention facilities before being transferred to ORR custody in March 2021.²⁷ There is no legal time limit on how long a child can stay in ORR custody: average stays in ORR custody were 89 days in 2019-2020.¹² Ideally, youth should be connected with sponsors within 72 hours. When this is not possible, small-scale, licensed facilities must be prioritized until youth can be reunited with a sponsor.

Non-restrictive, small-scale settings best support youth health outcomes

Research shows that non-restrictive, small-scale settings are most supportive of the health outcomes and well-being of unaccompanied young people.

“At the center [in Denver], when I arrived there were 12 young people under 18. But still we all had a space for ourselves. [In Texas], they had us locked inside more. Instead, when we got to Denver, we had the opportunity to go out and play, go out for a walk, go ice skating, whatever. We had more freedom.”

-Anonymous immigrant from Guatemala, arrived as an unaccompanied youth



One study compared depression and anxiety in unaccompanied refugee youth in a restrictive facility in Europe with highly regimented programming to unaccompanied refugee youth in a non-restrictive setting with more contact with the local community. Young people in the non-restrictive setting had lower scores of depression and anxiety than those held in the more restrictive setting.¹³

Another study found that unaccompanied young people in foster care, with family, or in placements licensed for childcare had better mental health than those living alone or in large-scale detention facilities.²²

Community-based care strengthens resilience

Finally, research supports that community-based care results in better health outcomes than larger institutional settings for youth. If youth arrive to the US alone or are separated from their families, they should remain within communities where they can build relationships, create and retain a sense of belonging and identity, and benefit from multiple types of support from community members³⁵ — rather than in restrictive facilities. A sense of belonging has been shown to buffer against anxiety³⁶ and depression³⁷ and to strengthen resilience.³⁸

These feelings of community connectedness, belonging, and inclusion



are important to the growth and development of children. In order to ensure that young people are placed in small-scale settings that are culturally aware and responsive, local and federal administrations should work with trusted community-based nonprofits rooted in the communities where youth are placed.

The nonprofits should have full oversight and control over these sites so that they are not beholden to government contracts that determine the conditions of confinement. Community-based organizations can play a critical role in supporting culturally aware and relevant education, developing young people's leadership skills, and ending cycles of violence that might lead young people to get pulled into gangs or other criminalized actions.³⁹

5.

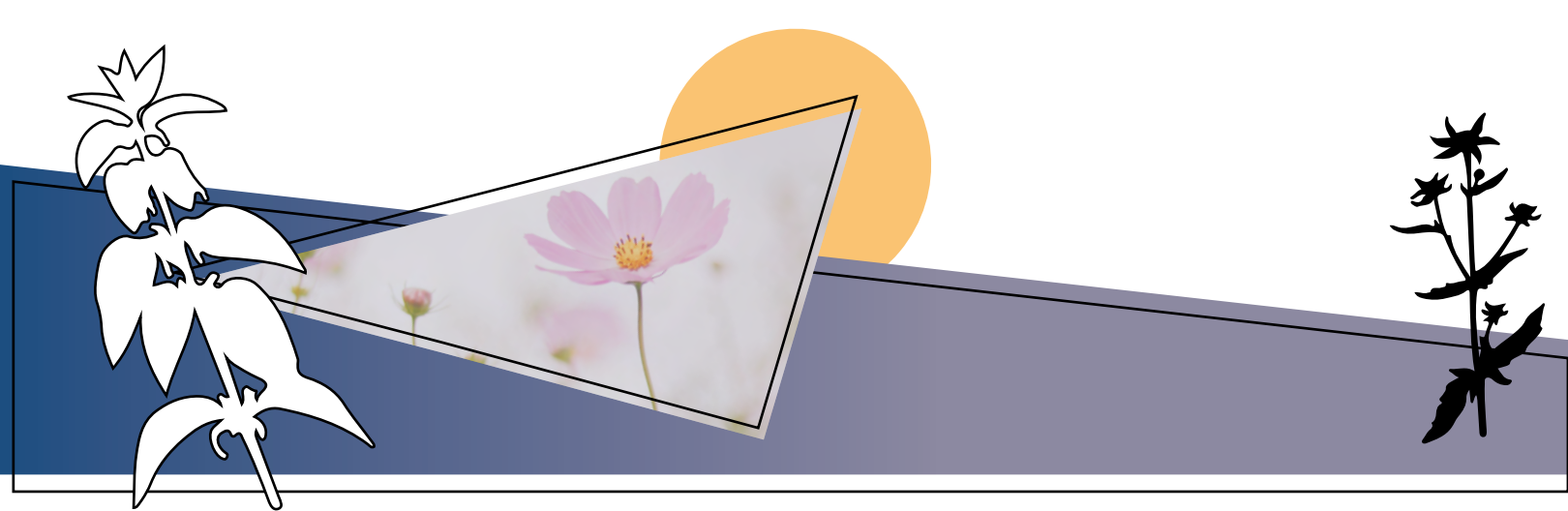
Provide ongoing emotional and material support for unaccompanied youth after they are placed with a family/sponsor and are no longer in ORR custody

Once an unaccompanied child is no longer in ORR custody, ORR does not always follow up to continue services youth received while detained — including mental healthcare, though limited and inadequate — despite the fact that the trauma that young people experience can have life-long impacts to their health. Experiencing Adverse Childhood Experiences (ACEs) early in life is associated with detrimental impacts to mental and physical health, including the risk of early mortality.¹⁵

Research on ACEs demonstrates a dose-response relationship between trauma and negative health outcomes: the more trauma a child has experienced, the worse their health outcomes.⁴⁰ The trauma and toxic stress of separation can impact health and family relationships long beyond reunification or release from detention. Reconnection with caregivers and consistent trauma-informed mental healthcare can help mitigate some of those harmful effects, but mental healthcare provided by ORR is withdrawn after release in the vast majority of cases.

“I think there needs to be some sort of cultural relevancy in terms of the services provided and more strategic community intervention services to support their integration. That’s why I talk about reentry support services. Of course this is all post-incarceration, post-release, but there needs to be some sort of reentry support in the same way that when someone comes out of prison after serving time in prison for an extended period of time, we have to make sure they have their paperwork, take them to the DMV, help them set up a bank account.”

-Ana Minauri, Program Director, Homies Unidos



Youth and their sponsors need support in navigating the US healthcare system

One major challenge for youth released from ORR facilities is a lack of support in helping the child access healthcare services. Unaccompanied youth are ineligible for health insurance under the Affordable Care Act, the Refugee Medical Assistance Program, Medicaid, or the Children's Health Insurance Program (CHIP).⁴¹

Sponsors, who may be English language learners, are tasked with navigating the complexities of the US healthcare system on their own. Few states provide state-funded healthcare coverage for young people regardless of immigration status. As a result, many unaccompanied youth do not receive necessary ongoing healthcare, including those to treat medical illnesses and those to address their trauma histories.⁴¹

Support in school enrollment improves youth health and educational outcomes

Similarly, while sponsors are expected to enroll youth in school after ORR releases them, very little support is given to navigate the educational system, including obtaining vaccination records and proving residency in the school district. School enrollment is critical not only for educational outcomes, but for accessing mental health care and other supports, as school is often where unaccompanied youth receive support services they need.

Yet youth and their sponsors face multiple challenges in accessing the educational system: in addition to many unaccompanied youth being English language learners, some may require social, emotional, and academic supports — often as a result of earlier experienced trauma.⁴²

Youth with legal counsel are more likely to be granted permission to stay in the US

Finally, unaccompanied youth need legal representation after being released from ORR custody to help them resolve their immigration status. While ORR has some funding to provide unaccompanied youth with representation, the majority of youth released do not receive ORR-funded legal support⁴³ and are left to find a lawyer on their own.

Legal representation has a major impact on the outcome of a child's case. An analysis of data from 2014 found that 73% of unaccompanied youth who had legal representation were granted permission to stay in the US, compared to 15% of unrepresented youth.⁴³ Ongoing follow up — provided by community-based organizations that are knowledgeable about the child's cultural background — is essential to ensure that unaccompanied youth receive necessary support for health, educational, and legal outcomes.

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About the Dignity Not Detention Coalition

The [Dignity Not Detention Coalition](#) works to abolish immigrant prisons and to free criminalized communities from incarceration in the state of California.

About Human Impact Partners

[Human Impact Partners](#) transforms the field of public health to center equity and build collective power with social justice movements.

Collaborators



Inland Coalition for
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