

AAP works to address needs of immigrant children in latest surge

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As another surge of unaccompanied children and those with families flee violent homes in Guatemala, El Salvador, Mexico and Honduras, the Academy continues to advocate for their needs in the U.S.

The number of children entering the U.S. unaccompanied more than doubled from 5,129 to 10,588 from Oct. 1 to Nov. 30, 2014, compared to the same period in 2015. The number of immigrant children entering with an adult family member increased by a staggering 173% from Oct. 1 to Nov. 30, 2014, compared to Oct. 1 to Nov. 30, 2015 (<http://1.usa.gov/1m4OaEA>). The influx correlates with more violence at the end of a truce by two rival Central American gangs.

The No. 1 resolution at the 2015 Annual Leadership Forum, “Addressing the Legal and Mental Health Needs of Undocumented Immigrant Children,” has been a priority for the Academy.

This month, Alan J. Shapiro, M.D., FAAP, and Kim Avila Edwards, M.D., FAAP, visited a family residential center in Karnes, Texas, and met with employees and mothers. Dr. Shapiro is co-founder and medical director of Terra Firma, a medical-legal partnership program for unaccompanied immigrant children, and Dr. Avila is Texas Chapter vice president. Then-AAP President-elect Benard P. Dreyer, M.D., FAAP, and Dr. Shapiro also visited a family center in Pennsylvania in November. The visits have provided a firsthand understanding of the needs of those in the detention centers.

The family centers are overseen by the Immigration and Customs Enforcement Agency, which contracts with prison companies. This differs from the Office of Refugee Resettlement under the Administration on Children and Families, which has oversight of unaccompanied immigrant children.

Recently, the Academy became part of the Federal Advisory Committee on Family Residential Centers established to advise the Department of Health and Human Services (HHS) and Immigration and Customs Enforcement. AAP Associate Executive Director Judith Dolins, M.P.H., was appointed to the group, which comprises experts in primary education, detention management, detention reform, immigration law, family and youth services, trauma-informed services, and physical and mental health. The 15-member committee met for the first time on Dec. 14 to establish its role and process for helping to improve the services and conditions of the centers where families are housed temporarily.

The influx of immigrants in fall 2015 is concerning to the Department of Homeland Security and HHS, which are monitoring trends to coordinate “an effective response to any changes in migration flows.” Previous years’ data show a peak in spring with numbers declining in the fall.

The latest surge prompted the Office of Refugee Resettlement to expand the number of beds for unaccompanied minors from 7,900 to 8,400. Department of Homeland Security and HHS stated that they are “working together to accommodate these children without disrupting the vital national security mission of the Border Patrol and have begun a process to expand HHS temporary capacity to shelter unaccompanied children.” In January, HHS also announced that it began to step up [efforts to remove and repatriate adults with children](#).

The Academy has been monitoring the conditions and time spent in family residential centers. Last July, it raised concern with the government over the negative effects on children who are detained in family residential centers.

Concurrently, a federal judge issued a ruling that immigrant children and their parents should be released from detention centers as quickly as possible and that facilities need to meet state child care requirements (<http://bit.ly/1Ys64C4>).

The Office of Refugee Resettlement releases unaccompanied children to a family member as soon as possible. Children spend fewer than 35 days in the shelters, according to 2014 data from HHS (<http://1.usa.gov/1m64mW2>). Children in family units remain in family residential centers for an average of 20 days, according to anecdotal reports.

Last summer, the Academy convened Caring for Immigrant Children: Multi-Sector Service Coordination. More than 40 service providers attended the meeting and drafted recommendations on how diverse professionals can work together to improve unaccompanied children’s access to education, legal and health care services in local communities (<http://bit.ly/1PjK4n7>).

Pediatricians caring for the influx of children in their communities can use the AAP Immigrant Child Health Toolkit (<http://bit.ly/1fgRTeB>). The compendium of resources includes recently updated sections on clinical care and mental and emotional health. Depression, anxiety, adjustment disorders, behavioral problems and suicidal thoughts are among ailments suffered by the children. The toolkit also addresses state legal resources, access to health care and public benefits, immigration status and related concerns, and general information.

According to a study released Dec. 22 in *Pediatrics* (<http://pediatrics.aappublications.org/content/early/2015/12/22/peds.2015-3221>), only 28% of immigrant children with special health care needs have access to a medical home. The study calls for enhancing family-centered care and care coordination for these children as well as their peers without special needs.

Resources

- [Houston Chronicle op-ed by AAP President Benard P. Dreyer, M.D., FAAP, \(login required\)](#)
- [AAP Immigrant Health Special Interest Group](#)
- [Office of Refugee Resettlement Unaccompanied Children’s Services](#)
- [Pediatrics in Review article “Caring for Refugee Children”](#)