Meeting the Needs of Latino Undocumented Immigrant Children in Washington, DC

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Introduction

This research project, conducted in collaboration with the National Center for Refugees and Immigrant Children (NCRIC), seeks to better understand and meet the needs of undocumented and unaccompanied children in the Washington, DC Area. Specifically, the current research project seeks to do the following: 1) better understand the needs of Latino undocumented, unaccompanied immigrant children in the DC area; 2) create an asset-map of services available to these children; and 3) to identify the extent to which the children’s needs are being met. The NCRIC is run by the U.S. Committee for Refugees and Immigrants (USCRI) and the American Immigration Lawyers Association (AILA) (U.S. Committee for Refugee and Immigrants, 2005) and matches undocumented children who are out of detention and in need of representation in court with lawyers who are willing to provide their services, pro-bono. However, the NCRIC has found that undocumented immigrant children have needs that extend beyond the legal realm and has committed itself to addressing the medical, psychological, physical and educational needs of the children. The NCRIC is putting together a database organized by city that lists organizations and services that can meet the social and psychological needs of its clients.

Though undocumented children come from all over the world, the majority of children with whom the NCRIC works in Washington, DC are Latino. After determining the needs of the Latino undocumented immigrant children who are involved with NCRIC and the resources available in the Washington DC area that address those needs, I will

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1 In the context of this proposal, undocumented/unaccompanied children will simply be referred to as undocumented children. When the phrase ‘immigrant children’ or simply ‘immigrant’ is used, that signifies that the topic is relevant to both undocumented/unaccompanied immigrant children and documented immigrant children.
then determine the capacity of the organizations and their current ability to serve children with whom the NCRIC works.

**Research Questions**

In my research I will investigate three questions:

1. What are the needs of undocumented Latino immigrant children in Washington, DC with whom the NCRIC works?
2. What resources in Washington, DC exist to address those needs?
3. What is the capacity of each organization to address the needs of NCRIC children living in Washington, DC?

**Hypotheses**

I expect the following hypotheses to be proven based on the respective research question:

1. The needs of the undocumented Latino immigrant children with whom the NCRIC works are based on their experiences as immigrants and undocumented immigrants and are based in the following areas: mental health, medical, legal, education/language and housing.
2. There are not sufficient resources in the Washington, DC area to address the needs of undocumented immigrant children.
3. The capacity of each organization does not meet the current demand for the services because the organizations have not anticipated such a need.

**The Project in Context**

The Washington, D.C. area is struggling to balance “a shortage of affordable housing, unequal access to healthcare, barriers to work, and violent crime” (Urban Institute [UI], 2005). Less than half of the area’s poorest residents can afford housing;
almost 20% of D.C. residents are uninsured; the “juvenile violent death rate is almost three times the average for the largest 50 U.S. cities” (UI, 2005). Though six states hold almost 65% of the undocumented population (California, Texas, Florida, New York, Illinois and New Jersey), the largest rates of increase of undocumented immigrants are outside of those six states. The Washington, D.C. metropolitan area includes regions that are experiencing the largest rates of undocumented immigrant increase, it would be expected that their ‘Washington D.C.’s undocumented immigrant population is estimated to be between 25,000-50,000, Maryland’s between 120,000-150,000 and Virginia’s between 175,000-200,000. Thus, there is a great need to focus on the Washington, D.C. area to determine the ability of the region to meet the growing needs of the population since providing for this growing population will continue to increase the burden on services as they are currently distributed and organized (Passel, Capps and Fix, 2004). Of the 20 immigrant children with whom the NCRIC works that live in the Washington, D.C. metropolitan area, 11 reside in Maryland in five different cities: Baltimore, Silver Spring, Germanton, Oxon Hill and Hyattsville. Seven live in Virginia in six different areas: Herndon, Fairfax, Arlington, Sterling, Alexandria and Burkeville. There are two children who live in Washington, DC.

**Literature Review**

This literature review will examine four integrally related aspects of that circumstances that Latino undocumented immigrant minors face when coming to and living in the United States: (a) introduction on undocumented immigration; (b) the process of undocumented immigration and needs that develop for undocumented immigrant children; (c) discussion on current provision of services to the undocumented population;
(d) strategies for improved service provision. These elements are inextricably linked in crafting how well the undocumented, unaccompanied immigrant youth are able to survive their experiences and establish meaningful lives if they are permitted to stay in the United States. The literature review will also assess the different methods of data collection for community improvement to be used in the project, needs based mapping and asset mapping.

Introduction

Immigration has long been a process familiar to the United States since the U.S. was founded as an immigrant nation. However, the face of immigration is radically changing from European to Latino immigrants as the population of the latter has grown in recent years (Clark et al, 2004 p.1878). The number of Latino immigrants to the United States has increased by 58% between 1990 and 2000 (Chapman and Perreira, 2005 p.104). Not all immigrants who enter the United States do so legally and as a result, new issues and debates have developed over how to care for and welcome undocumented immigrants. The process of undocumented immigration has various effects on immigrants. Undocumented immigrants arrive in the United States with needs based on their experiences by entering into the United States illegally and the debate continues regarding the extent to which the U.S. should meet the needs of undocumented people. The situation is further complicated when the undocumented immigrants are minors, as an increasing number are. Of the 90,000 children who enter the United States illegally each year, 50,000 unaccompanied minors are detained (Tebo, 2004; Xu, 2005 p.748). That number has risen by 50% since 1997 (Xu, 2005 p.748). The highest number of unaccompanied minors arrives from China, El Salvador, Guatemala, Honduras and
Mexico (Tebo, 2004). The diversity of immigration experiences goes beyond the various countries of origins for the undocumented immigrant children. Nevertheless, the different immigration experiences faced by each immigrant child significantly affects the quality of life available to them upon entering the United States. The stress from the immigration process includes the initial reasons that people leave their home countries (economic hardship; familial strain, etc…), their experiences during their transit, the reality of life in the United States and social issues such inadequate health care. These stressors can significantly affect each immigrant child’s personal well-being and has the potential to lead to behavioral issues and mental health troubles (Pine and Drachman, 2005 p.538). Yet a number of organizations are supporting unaccompanied children during their transition to American society. The following discussions will explore the process and challenges faced by unaccompanied child immigrants, how some organizations are supporting these children and what ways we could improve support for children immigrating alone.

**Process of Undocumented Immigration**

The immigration experience starts before the child leaves his/her home country. There are different theories that ascertain reasons for illegal immigration to the United States (Espenshade, 1995 p.203). For example, the neoclassical theory posits that the reasons for immigration are motivated by a desire to obtain a larger income (Espenshade, 1995 p.203; Clark et al, 2004 p.1879; Passel, 1986 p.193). As such, immigration is not necessarily a personal choice but instead one that is based on “families and households whose survival strategies include but often supersede those of individual household
members” (Espendshade, 1995 p.204). Therefore, children in addition to adults are pressured or want to find ways to contribute to household earnings in order for the family to survive. Some immigrant children may struggle with being separated from their family, depending on the quality of their relationships with their family members (Pine and Drachman, 2005 p.545). Similarly, at this stage of the immigration process, the children involved develop expectations for life in the United States that include glorified ideas of opportunities, particularly to make money, and the quality of life they can lead.

When children do initiate the immigration process, the nature of illegal immigration offers limited options for travel and transit to the U.S. The process of “illegal immigration also increases the risk of victimization through exposure to criminal activity and lawlessness” (Pumariega et al, 2005 p.583). Undocumented children immigrating without family members are subject to crude, dangerous and inhumane traveling conditions which can have a lasting impact on their developing personalities, both mentally and emotionally.

Once in the United States, the immigration process largely revolves around meeting the needs of undocumented immigrants which stem from three primary issues, legal aid, medical services, and adjusting to the life and culture in the U.S. By the nature of being undocumented, the child will need legal representation (NCRIC, 2005). Since the majority of undocumented immigrants are living in poverty, pro bono or sliding scale legal services are necessary for the children to receive legal representation for immigration proceedings.

Like all children, undocumented children also have medical needs. These needs are exacerbated by the often poor health provision in their countries of origin, the
children’s experiences while in transit, and their exposure to new bacteria within the United States. For example, many undocumented children do not receive immunizations that are required in the U.S. before coming and are thus more susceptible to getting sick (Committee on Community Health Services, 2005 p.1096). Further, undocumented children may enter with diseases that are not diagnosed frequently in the U.S. and so are overlooked in a medical examination. This oversight prevents the child from receiving treatment. Since medical prevention techniques, including appropriate dental hygiene habits, is not emphasized in many of the countries of origin, undocumented children enter the U.S. in need of dental services. Also, due to impoverished living conditions in their home countries, many undocumented children do not meet the appropriate height and weight for their age as stipulated by the U.S. Thus, undocumented children require special attention to address these basic medical and dental needs.

The process of adjusting to life in the United States is a long and difficult one, complicated by poverty and language barriers. Since the majority of undocumented immigrants are living in poverty, housing options for undocumented immigrants are limited and assistance in finding affordable, safe housing is critical (Pumariega et al, 2005 p.584). While some undocumented children may have family members or other people with whom they could stay, research has shown that such environments could be unstable and thus alternate housing resources are necessary.

Many undocumented children arrive in the United States without any prior knowledge or exposure to English. This language barrier has tremendous affects on the immigration process including achievement in school and adoption of cultural values and norms.
Schools

Education and the opportunities it offers are in theory one of the best resources for undocumented children because they provide a means to improve the quality of life for the child, (Melia, 2004). It provides opportunities for immigrant children to improve their English speaking and comprehension skills while also developing skills necessary to be able to work and live in Washington, DC. However, the U.S. lacks a strong bilingual education system so a limited grasp of the English language prevents the child from succeeding in school (Green, 2003 p.66). Only if non-English immigrant children are placed in superb bilingual educational settings will they obtain native-speaker proficiency in 4-7 years.

Language and Culture

If immigrant youth are unable to learn English appropriately, they are unable to socialize outside their limited circles and seize opportunities to enrich their success and development. However, since that is largely the reality of immigrant children in schools, their success is very much based on “forming closed pockets that protect them from strong influence by the social structures, habits and expectations of students who are growing up in disadvantaged segments of American society” (Bankston III, 2004 p.176).

One of the most difficult aspects of immigrating is the struggle to balance one’s own ethnicity with American “culture and forge their own identity” (Pine and Drachman, 2005 p.547). Immigrant children have different options concerning the extent to which they wish to integrate their culture with the American one and vice versa. Immigrant children can choose to shape their identity by completely denying their ethnic origins and embracing American values, finding a middle ground between both, or refusing to accept
American values/culture. This process is significantly affected by the degree to which immigrant children can communicate with English-speaking citizens and is very much a sociological process (Pumariega et al, 2005 p.584). The isolation that the language barrier provides makes it more difficult for immigrant children to become part of the non-Spanish speaking community and form social networks that support the children in learning cultural social norms and values (Bankston III, 2004 p.176).

**Stressors from process result in the need for mental health services**

Immigration can be a traumatic experience for a child because of the many things including: the reasons for leaving and resettling in the United States. The reasons for immigrating can put a significant amount of stress on the child. The immigration could be motivated by fear of abuse or persecution. As mentioned earlier, many times it is not even the child’s choice to leave if in fact the home environment is too stressful to stay in, the child might leave for fear of persecution. (Chapman and Perreira, 2005 p.106; Pine and Drachman, 2005 p.538; Pumariega et al, 2005 p.583). Or children may leave because the of the tremendous financial pressures faced by their families.

Despite the diversity of immigration experiences, undocumented children show consistent problematic psychosocial development tendencies, regardless of their country of origin or their destination, during the process of resettlement (Melia, 2004). Though many populations face anxiety disorders, depression and post-traumatic stress disorders, they are “compounded for an immigrant child…” (Pumariega et al, 2005 p.588; Pine and Drachman, 2005 p.553). During the process of resettlement, there are various factors that are sources of stress including if his/her expectations were met, whether s/he was detained upon arrival, or opportunities s/he has(Pine and Drachman, 2005 p.547).
Further, stress arises from the child’s decision whether or not to integrate him/herself into life in the U.S., because it has the potential to make “the immigrant a perpetual foreigner… [and] vulnerable to negative distortions of their culture in everything from the media to school classrooms” (Melia, 2004 p.127).

The impact of the stress is influenced by the age of the child upon immigrating (Bonovitz, 2004). The younger the child, the more vulnerable s/he is. Such vulnerability is intensified by the overall lack of parental guidance and stability in the process. Further, the stress is intensified by the reality of “crime, overcrowded buildings, poverty, low social cohesion, discrimination and prejudice” (Pumariega et al, 2005 p.584) in the U.S...

**Current Provision of Services for Undocumented Immigrants**

While it is clear that undocumented children have certain needs, providing for those needs is not an easy task for two reasons; 1) There is an overall lack of services and 2) children face barriers accessing those that do exist. Undocumented immigrant children face a variety of barriers to accessing services to help meet their needs and ensure their welfare. It is critical for this population to have their needs met so that the children can lead productive lives and experience proper identity formation.

The current availability of social service resources for/to undocumented immigrants is very limited and varies among regions in the country. In Texas, for example, undocumented immigrants use primarily education and health services and are part of the “medically underserved population (Weintraub, 1984 p.745 and Shirley, 1995 p.859). But for the most part, the needs for services (education, housing, legal, medical, language and mental health) greatly exceed available services (Pine and Drachman, 2005
While the social services networks for immigrant assistance in the six major immigrant receiving states, California, Florida, Illinois, New Jersey, New York and Texas, are fairly developed, that is not the reality in other areas of the country (Pine and Drachman, 2005 p.540). Since “effective service delivery is dependent on familiarity” with the rights of undocumented immigrants of which both immigrants and service providers are unsure, accessing services is made even more difficult (Drachman, 1995 p.195). Knowing the rights is easier said than done as they vary based on regional ordinances (Drachman, 1995 p.194).

There are three types of programs that were created with the unique needs of immigrant children in mind. Primary prevention programs work to improve the biological, social or psychological state of the child while also minimizing the effects of “learning or behavioral disorders” (Aronowitz, 1984 p.248). Government policies on the local and federal levels that affect immigrant children are primary examples of such interventions. The secondary level of intervention is conducted directly on the behalf of the needed group (Aronowitz, 1984 p.249). Such programs have been traditionally hosted by the schools or are related to education because “it has been argued that the school is the most appropriate agency through which to provide support services to…immigrant children” (Aronowitz, 1984 p.249). Lastly, the tertiary form of intervention involves “rehabilitation approaches for immigrant children” (Aronowitz, 194 p.250). This form of social welfare provision is initiated and led by members of the family and community. It is critical to note that the community responsibility to assist immigrant children is evident on each level of intervention.
Challenges with Provision of Care

Though some service providers do work with or cater to the undocumented immigrant population, many do not serve this population effectively. The most common error is not acknowledging the immigration experience as a process, meaning that it will continue to affect the child long after s/he has arrived in the U.S. (Chapman and Perreira, 2005 p.105). As a result, the care provided will not sufficiently meet the needs of the individuals (in what ways). Further, immigrants must go to different agencies to have their needs met, and most lack a person to assist them in coordinating provision of care (Committee on Community Health Services, 2005 p.1097).

Challenges for undocumented immigrants in accessing health care

There are a variety of barriers that deter undocumented immigrants from pursuing services. For example, many are hesitant to pursue services for fear of getting caught (Drachman, 1995 p.193). Since the majority of undocumented immigrants do not have their basic and immediate needs met (like food and shelter), accessing other services is not a priority (Committee on Community and Health Services, 2005 p.1095). Different cultural views about “health, mental health, help-seeking behavior, education, child-rearing practices [and] gender-role behavior” present more barriers to accessing much needed services (Pine and Drachman, 2005 p.547). The medically underserved population “disproportionately have English language limitations” (Shirley, 1995 p. 859). Other barriers to care include “poverty, high mobility…and lack of insurance” (Committee on Community Health Services, 2005 p.1095).

Providing services to undocumented immigrants is done best if the provider understands immigration as a process and keeps that in mind at all times, as noted by
Marquez and Padilla, 2004 (Pine and Drachman, 2005 p.545). This idea of a “circular process of the migration experience” is one that accepts the fluidity of the immigration experience and the (re)surfacing of parts of it at various points throughout the immigrant’s resettlement in the United States (Pine and Drachman, 2005 p.538).

Advantages of community-based services

Community based services and systems of care are the best means by which to meet the various and interrelated needs of undocumented immigrant children because they are “the natural strengths and supports in the immigrant community….to [maintain] the child living and functioning in that community” (Pumariega et al, 2005 p.593). Community based systems are usually more sensitive to cultural differences and needs and can thus reach out to more individuals. For example, Mexicans are unlikely to seek medical care outside of their most likely overburdened primary care giver for specialized needs or problems (Pumariega et al, 2005 p.591). With this recognition, community based systems are in a better position to reach out to Mexicans and encourage them to access mental health services. Community based services can also be more intoned to the importance of “address[ing] the need for validation, mutual support and processing of their common experiences” (Pumariega et al, 2005 p.591).

A growing trend in providing for immigrants is provision of services by immigrant populations themselves (Cordero-Guzman, 2005 p.893). Dr. Alex Taylor, director of Public Policy and Research at the Council of Latino Agencies in Washington, DC, noted that the Latino immigrant community in Washington, DC has, in his opinion, mobilized to provide a community-based framework from which to meet the needs of the Latino immigrant community. Such provision arose largely from the lack of
response/action on the government’s part because the government does not recognize immigrants as resources that can be used to enhance social capital, but rather sees them as burdens. Organizations of this nature exist on three levels. The first is provision by immigrant groups. These are the informal individual networks by social and economic ties in the immigrant community (Cordero-Guzman, 2005 p.890). The second level is immigrant organizations (mostly non-profits) which are formed by members of an ethnic group to serve immigrants from mostly the same ethnic group, though many also develop a pan-ethnic focus (Cordero-Guzman, 2005 p.894, 893). Such organizations develop because of increasing immigrant populations in the area, an increased awareness of the needs of immigrant groups and how to provide for them, an increased presence of social-service professionals among the immigrant populations to help coordinate the service provisions and stronger connections to larger city-wide social services (Cordero-Guzman, 2005 p.894-5). The final level is composed of organizations that serve the metropolitan area (Cordero-Guzman, 2005 p.894). Though Dr. Taylor acknowledges the presence of immigrant driven community groups in Washington, DC, he believes they cannot function at their optimal capacity because they lack resources.

Data Collection

There are two approaches to addressing the needs of communities. The first approach is a needs-based approach which focuses on identifying a community’s “needs, deficiencies and problems” (Kretzman and McKnight, 1993 p.1). Needs-based approaches have garnered a negative reputation for a variety of reasons. First, it creates a culture of dependency so that residents identify themselves purely in terms of their role as a client. It also prevents the community members from seeing themselves as units of
change and instead leads them to rely on outsiders to address their needs. Further, efforts and funds to address the needs become focused on the outside institutions brought in to guide the process. The privileged roles that institutions assume devalue the importance of ties within the community between neighbors as well as their ability to solve problems. However, needs assessments can be helpful if it “include[s] a wide range of community leaders, service providers, researchers, and members of the target population, which can offer multiple resources and views that help to understand the identified community needs” (Finifter et al, 2005 p.294).

A capacity-based approach provides an alternative method to address community needs. This method requires the identification of the “capacities, skills and assets” of a community (Kretzman and McKnight, 1993 p.5). This approach recognizes that true and sustainable change within a community is only possible if “the local community people are committed to investing themselves and their resources in the effort” (Kretzman and McKnight, 1993 p.5). Further, a capacity-based approach does not rely on outside institutions, which may or not be available to help. Thus, this method promotes self-sufficiency and a positive self-image for community members. Assets come in a variety of different forms, namely individuals, associations and institutions. Associations are classified as “less formal and much less dependent upon paid staff” (Kretzman and McKnight, 1993 p.6). Institutions have a greater formal infrastructure. Consider the assets that “the community”, in this case the children themselves, have to offer in addressing some of their own needs. This could be anything from the psychological stamina to withstand the experiences that they have faced, to a connection with a cultural community within the US or back home that helps them traverse this new terrain. If you
consider this, it might give you additional ideas about the resources that would assist the children.

Methods and Data Analysis

This section will present an overview of the research methodology based on each question under investigation.

Question 1: what are the needs of the undocumented immigrant children with whom the NCRIC works?

The first research question will be explored by analyzing a hand-picked sample of the client profiles collected by the NCRIC. The NCRIC conducts an evaluation of each undocumented immigrant child referred to its program to garner the child’s history, reasons for leaving his/her home country, what the journey was like and any family/connections the child might have in the U.S. Only two children within the NCRIC live in Washington, DC, so a larger sample was needed to garner a better understanding of the needs of undocumented immigrant children. The sample was increased by examining the files of all clients who lived in the Washington, DC metropolitan area including Virginia and Maryland. Out of the 22 files for children with court hearings in the Washington, DC area, 20 were sub-selected because they met the requirement of being a resident of the Washington, DC area. Of this sample, there are 11 females and 9 males. The female age range is from 4-17 years old, while the males range from 9-18 years old. All but two of the males are over 16 years old. The children come from four different countries. 1 female and two males are from Guatemala, 7 girls and 5 boys are from El Salvador, 3 girls are from Honduras, and 1 boy is from Peru. Of the females, five have been in the United States for less than a year, entering in either July 2005, April
2005, January 2006 or February 2006. Two females have been here for approximately 15 months after arriving in December 2004. There was no data on the date or approximate time of entry for four girls. Of the males, five have been in the United States for longer than one year. Four boys arrived in either February, November, or December 2005. One boy arrived in October of 2003. Of the male sub-sample, four did not have data on the date or approximate time of entry into the United States. Please see Appendix A for graphs describing distribution of gender, distribution of age by gender and distribution of country of origin by gender.

The 20 files were examined to identify the needs the children have. After examining the files based on the knowledge of the needs of undocumented immigrant children garnered from the literature review, a coding scheme was developed to reflect the identified needs of the children. In order to be as clear as possible, need categories are as specific as possible. Thus mental health services are in a category distinct from medical services, though both needs share a broader grouping.

Coding Scheme
- Mental health services
- Educational programs (tutoring)
- ESL classes
- Parenting classes
- Pre/postnatal care
- Medical services

A need for mental health services was noted when a history of abuse, gang-based fear or threats, tragic experience in immigrating was recorded in the files. In one example, an explicit need for mental health issues was recorded. Though 12 files explicitly mentioned that the child was attending school, trying to attend school, or learning English, the need for educational services is expected for all the children, given a lack of previous
comprehension of English, which will delay their academic progress. Parenting classes and infant care were identified because a one of the files was of a teenage mother whose baby was undernourished during the immigration. A need for medical services was based primarily on the information provided by the literature review which identified receiving proper immunizations and medical care as a great need for this population.

Question 2: what are the community resources available to meet the identified needs of the NCRIC’s clients living in the Washington, DC area?

To investigate the second research question, a convenience sample was conducted. The website for the Council of Latino Agencies (CLA) was the basis for the search, since it had already been identified as an umbrella organization of Latino social service agencies. Only organizations that served undocumented immigrants were considered for inclusion. That information was determined by examining the organization’s web site, if applicable, and by calling/emailing the agencies. By looking at the CLA list of service providers, 40 organizations were identified. Of those 40, 12 were identified because the services the provided matched the needs of the undocumented immigrant children. Those 12 organizations were contacted to determine if they served the undocumented immigrant population. Out of those, all 12 groups offered services regardless of the client’s immigration status. These groups are all considered to be participants in this research and profiles of each organization are compiled in Appendix B.

Questions 3: what is the capacity of each organization to address the needs of NCRIC children in Washington, DC?
To investigate the third research question, each organization that had been identified as providing services that meet the needs of undocumented immigrant children was called and asked

1. How many children can your organization serve at once?
2. How many children is your organization currently serving?
3. How many children can your (insert program name here) serve?

Please view Appendix C for the full script.

All the individuals who provided this information are also considered participants in this project. Those participants were receptionists and staffers at the organizations.

Results

Out of the 20 children surveyed, 10 files reflected a need for mental health services. 12 files explicitly referenced going to school and or learning English and thus require education programs/ ESL classes. Only one file stated a need for medical services. One file expressed a need of infant care and medical services. The following chart shows the distribution of need based on gender:

Graph 1
Though there are only two more females than males in the sample, the distribution of need is fairly consistent in regards to the two greatest identified needs, mental health services and education/ESL programs. This chart does reflect some needs that appear to be gender specific, particularly parenting classes and infant care.

The following graph indicates the distribution of needs based on country of origin:

**Graph 2**

![Needs by Country of Origin](image)

**Question 2:** What are the community resources available to meet the identified needs of the NCRIC’s clients living in the Washington, DC area?

The following table reflects the types of services provided by the 12 identified groups in Washington, DC to meet the needs of undocumented immigrant children.
Based on the table, it is obvious that there are far more educational programs than any other type since eight have been identified in the city. Five groups offer mental health services, four offer parenting classes, one offers pre/postnatal care, five provide medical services and two provide ESL classes.

Of the 12 organizations called, to date, only four groups were able to provide specific numbers\(^2\). Of those five, when I asked how many children each program could serve, three responded that they were not sure, one referred me to the website and one said to call back. When called back, there was no answer. I left a recorded message with four other groups and have since called back again and left another message. No call has been returned. I was unable to leave a message with one group because their mailbox was full. One group’s phone just rang each time it was called. Another group’s number led to a recording that stated the number dialed is incorrect. One group could not disclose the capacity information because of privacy concerns.

\(^2\) Please refer to Appendix D for call logs.
A table that displays the results can be found in Appendix B. The Latin American Youth Center (LAYC), Barbara Chambers Children’s Center (BCCC), and the Spanish Education Center (SEC) were able to provide their capacity information. LAYC is currently exceeding its total capacity and is working with over 100 youth. BCCC is operating at capacity and serving 96 youth. The SEC is operating under capacity and serving 87 youth with a potential to serve 88. The Rosemont Center said they serve approximately 300 clients and said that was a “stable” number.

**Discussion**

In regards to my first research question, what are the needs of undocumented Latino immigrant children in Washington, D.C. with whom the NCRIC works, I am able to support my hypothesis in correctly identifying the areas of needs for social services for the children: mental health, medical, legal, and education/language. The majority of the needs are based on the children’s experiences of being an undocumented immigrant and young, and the conflicts that both experiences involve. However, I incorrectly hypothesized that housing would be a need for this sample. I also failed to include parenting classes and infant care in the hypothesis, both of which were identified during data collection.

Though the research supports the hypothesis, the sample population (N=20) is very small. Though it would be expected that the needs that arise based on the nature of being an undocumented immigrant are standard, the rest of the undocumented youth in the city may have other unique, needs. However, the undocumented immigrant population is one that is very difficult to keep records on since admitting one’s illegal status jeopardizes his/her life in the United States. Because the needs were determined
by examining the case files for each child, not all of the his/her needs might surface
during that interview. Further, this research methodology does not take into account the
needs that undocumented immigrant children might develop later in their adolescence,
but no less require social and medical services.

In regards to my second research question, 12 social service groups were
identified that are located in the areas with the highest concentration of foreign born
people from Central and South America. The hypothesis cannot be supported because
there are a number of resources in the Washington, D.C. area that can address the needs
of the undocumented immigrant children. All of the resources identified are non-
governmental and largely driven by the communities they serve.

There were some problems in collecting and analyzing this data. As research has
shown, many social service providers have limited resources and may not choose to
spend money to own and update a website when it would not be a way their low-income
clients would learn about them. If the search was limited from the beginning to services
within the wards with the highest concentration of Central and South American born
people, more time could have been spent on-site at the services determining how they
advertise in hopes of identifying more resources to serve the undocumented immigrant population.

In regards to analyzing the data, determining what number of resources was
“sufficient” was problematic. Did sufficiency depend on the sheer number of resources
or was it necessary to take into account each provider’s capacity (even though the third
research question and hypothesis address that)? Since that was not clearly articulated
from the beginning, it proved troublesome when analyzing the data. Further, the data is
in regards to six children from the NCRIC and thus it is much easier for the data collected to be deemed “sufficient” in regards to the small sample.

In regards to the final question, the hypothesis can be supported because the capacity of the organizations cannot meet the current demand for services. Based on the data collected, there is only one space available for someone to receive educational assistance at the Spanish Education Development Center. All the children in need of medical assistance would be able to receive it at Clínica del Pueblo (Though only one filed explicitly mentioned the need for medical services, based on the literature review it can be inferred that all the children are in need of low cost/free medical care).

Getting the exact capacity of each group was incredibly difficult to determine. Some groups did not have exact numbers, some had no idea, some were unreachable, or could not release that information because for confidentiality concerns. It is interesting to note that those groups which could provide specific numbers all offered education programs. Further, the organizations were asked their overall capacity and the current number of clients they were serving; neither of which are specific to undocumented immigrants. Though all organizations included in the survey serve undocumented immigrants, it is nearly impossible to collect data on the number of undocumented clients because admitting that could jeopardize their right to practice and serve, as a violation of federal laws.

It is very likely that my research was affected by the current debates over undocumented immigrants in the U.S. Providing social services for undocumented immigrants is facing new challenges under the House Bill 4437 which criminalizes anyone or any organization who "assists" an individual without documentation in the
United States for up to five years in prison. Such an act would make it next to impossible to provide for a population that cannot and should not be ignored by weakening the system of support created specifically for this group.

Data Liabilities

My project is limited by the fact that I am only working with a select number of undocumented Latino immigrant children, those on whom the NCRIC has a file. This group is fairly self-selecting as either the children themselves or an individual acting on behalf of the child contacted the NCRIC. Thus, only individuals who are aware of the NCRIC or are referred to the NCRIC have the potential to participate in the study.

The information I collect is further limited by the fact that some groups that help meet the needs of the undocumented Latino populations might be more informal. Though they may provide valuable services to the population, they may be relatively unknown outside of the community. Thus, they are less likely to be found on a website or on a referral page. Further, with organizations I could not reach, it might have been due to a change in contact information which I was not able to correctly locate.

Conclusion

The data supports the hypothesis that the needs of the undocumented Latino immigrant children with whom the NCRIC works have mental health, medical, legal, education/language and housing needs. However, the data have also shown that there are sufficient resources in Washington, D.C. to address these needs and the capacities of these organizations meets the demand for services and thus the data do not support the remaining hypotheses.
The research methodology and data have unquestionably shown the lack of information on specific numbers in working with the undocumented population and the need for a system that can keep track of undocumented immigrants without jeopardizing their livelihoods in the United States. Though the majority of these groups are overworked and thinly stretched, being able to keep track of this information is critical. Accurate information will allow for more efficiency and better distribution of limited resources for social service provision.

The overworked system is driven by non-governmental groups and are committed to stretching resources however far is necessary to meet the needs of its clients. However, that begs the question; can that be done without jeopardizing the quality of care provided? Though it is obvious that more support is needed from the government, such support must be met with improved techniques in record keeping. From the data collected, it is certain that there is a solid foundation for the network that is working to meet the needs of the undocumented population. Though the challenge to making the most of these resources will be significantly affected by the legislation of HR 4437, that cannot affect the attention these children and all immigrants so desperately need. Only by doing so can they be in the position to full take advantage of opportunities in the U.S. This will serve to correct the blatant misconception that they are a burden to the country and not a valuable resource.
Appendix A

Graph 4

**Distribution of Gender**

- Females
- Males

Graph 5

**Distribution of Children's Ages by Gender**

Graph 6

**Distribution of Gender by Country of Origin**
Appendix C: Script for phone calls to social service organizations

Hi, my name is Annie O’Brien and I am a senior sociology major at Georgetown University. For my senior thesis, I have been researching the needs of undocumented immigrant children in Washington, DC in collaboration with the National Center for Refugee and Immigrant Children. I have been trying to determine what social service groups in Washington, D.C. meet the needs of this population and have identified your group as one. I was wondering if I could ask you some questions about the capacity of your organization? At no point should you feel obligated to answer any of these questions. These responses will not be confidential since they will be shared with the participating groups and members at a research conference in Washington, DC.

How many children can your organization serve at once?
How many children are you currently serving?
How many children can your (insert program name here) serve?

Thanks for your time!
Appendix D Call Logs

March 5, 2006
• Barbara Chambers Children’s Center
  *Call back at 1:30
  *Called back, call back tomorrow

• Bell Multicultural High School
  *Mailbox Full

• CentroNia
  *Left message

• Casa del Pueblo
  *Left Message

• Change, Inc
  *Could not get through

• Clínica del Pueblo
  *left message

• Latin American Youth Center
  *spoke with someone; determined numbers

• Mary’s Center for Maternal and Child Care
  *left message

• Rosemont Center
  *spoke with someone; determined numbers

• Spanish Catholic Center
  *no answer

• Spanish Education Development Center
  *spoke with someone, determined numbers

March 15, 2006
• Barbara Chambers Children’s Center
  *spoke with someone, determined numbers

• Bell Multicultural High School
  *Mailbox Full

• CentroNia
  *Left message
• Casa del Pueblo
  *Left Message

• Change, Inc
  *Could not get through

• Clinica del Pueblo
  *spoke with someone, referred to web page

• Mary’s Center for Maternal and Child Care
  *left message

• Spanish Catholic Center
  *spoke with someone, could not give numbers

April 24, 2006

March 5
• Bell Multicultural High School
  *Mailbox Full

• CentroNía
  *call back

• Casa del Pueblo
  *no answer (rang)

• Change, Inc
  *Could not get through

• Latin American Youth Center
  *spoke with someone about numbers for specific programs, said to call back

• Mary’s Center for Maternal and Child Care
  *left message

• Spanish Education Development Center
  *spoke with someone, updated numbers

April 25, 2006
• CentroNía
  *left message

• Casa del Pueblo
  *no answer
• Change, Inc
  *Could not get through

• Latin American Youth Center
  *spoke with someone, unsure of specific numbers for programs

• Mary’s Center for Maternal and Child Care
  *left message
Bibliography


