POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of All Children

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# Reception and Assessment of Immigrant Children and Families Seeking US Humanitarian Protection: Upholding the Best Interest of the Child: Policy Statement

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Unaccompanied migrant children and families seeking humanitarian protection face health and well-being risks throughout the migration journey. US immigration policies and enforcement practices that subject children and families to detention and separation compound these risks. Grounded in the Best Interest of the Child (BIOTC) framework, this policy statement recontextualizes reception and proposes recommendations to ensure the safety and well-being of children and families seeking humanitarian protection.

## INTRODUCTION

Children and families worldwide flee their homes because of armed conflict, political instability, extreme poverty, persecution, community or gender-based violence, climate change, and/or environmental disasters.[1–4] Migration exposes them to arduous conditions, impacting physical and mental health. Yet, many US immigration and reception policies have restricted avenues for protection before arrival and at US borders.[5,6] In this policy statement, reception refers to the time when children and adolescents—unaccompanied or in family units—are apprehended at a US border and placed in Customs and Border Protection (CBP) custody until transfer to Office of Refugee Resettlement (ORR) custody, family detention, release into the community, or removal from the US. Building on the BIOTC framework,[7,8] the United Nations (UN) Convention on the Rights of the Child (UNCRC),[9] and trauma-informed care principles, this

## abstract

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policy statement proposes a reimagined reception process ensuring equal protection and upholding the best interests of all immigrant children seeking humanitarian protection in the US. Table 1 defines key terms used in this policy statement.

## CURRENT NATURE OF IMMIGRATION RECEPTION

The US reception of migrants is historically laden with xenophobia, structural racism, classism, nativism, and colorism.[33,34] Notwithstanding some progress in child protections, the existing system for apprehending, detaining, and processing migrant children and families is not child- or family-centered. Since implementation of the 1994 CBP "Prevention Through Deterrence" strategy,[35] cruel federal immigration policies have shown to be ineffective as deterrents and have negatively impacted children's health and well-being.[36–49] The 2017 AAP policy statement, "Detention of Immigrant Children," outlines health risks related to processing and detaining immigrant children.[2]

The US government continues enacting health-harming immigration policies.[50,51] The 2018 "Zero Tolerance" policy separated over 5500 children from their parents upon apprehension at the border.[32,42,47,52] Entry restrictions delaying or obstructing children's safe reception (eg, Migrant Protection Protocols, border metering, and Title 42) stranded families in informal encampments in Mexico, exposing them to hunger, environmental dangers, violence (including physical and sexual abuse), poor sanitation, and limited health care.[5,39,43–46,53] To escape these harsh conditions, some parents send their children into the US unaccompanied, further forcing family separation. The law enforcement-led reception system prioritizes national security, deterrence, and economic interests over the BIOTC, resulting in preventable harm and deaths.[54,55]

## IMPLEMENTATION OF THE BIOTC FRAMEWORK IN IMMIGRATION RECEPTION

The BIOTC is an internationally recognized legal framework prioritizing children's well-being, safety, and development. It seeks to protect children from harm by providing stable, nurturing environments that consider their unique emotional, physical, and developmental requirements (Table 2).[8,56]

The BIOTC framework is a guiding principle in international conventions, laws, and policies, including the Universal Declaration of Human Rights[57] and the UNCRC,[9] both adopted by the UN General Assembly. The UNCRC is a commitment for governments, policy makers, and organizations to protect children's rights worldwide (Table 3). The US remains the only country that has not ratified the UNCRC.[58] The BIOTC framework broadly applies to migration, internal displacement, refugee resettlement, and/or asylum.[7,59]

## FLORES SETTLEMENT AGREEMENT (FSA)

The FSA establishes minimum standards for treatment, placement, and release of children in CBP and ICE custody.[20,60] It requires that migrant children, unaccompanied and in family units, be placed in the least restrictive setting appropriate to their age and needs and in safe and sanitary facilities.

Significant safety and child welfare concerns in CBP sites led to additional litigation and resulting standards focusing on the El Paso and Rio Grande Valley sectors in 2022.[14,61] The court appointed a juvenile care monitor (JCM) to assess governmental compliance with CBP Settlement terms for children in custody in these regions.[14] CBP was also required to establish "juvenile priority facilities" for UC and families, including child-appropriate environments prioritizing basic needs (eg, hygiene, sanitation, nutrition, sleep conditions) and enhanced medical care. The CBP Settlement emphasized that standards be maintained in all settings, even when receiving high numbers of children.[14,55] Although JCM reports note improvements, ongoing compliance gaps include prolonged stays, non-child-friendly environments, insufficient communication with medical teams and trusted adults regarding medical needs of children and youth with special health care needs (CYSHCN), privacy concerns, and separation of opposite-sex parents from their children.[21,54,55,62] Following a child's death in CBP custody in 2023, the JCM recommended establishing protocols to identify children at high medical risk, improving clinical information handoffs, and excluding CBP officers from medical decision-making, including transfers to higher levels of care.[54]

## TRAFFICKING VICTIMS PROTECTION REAUTHORIZATION ACT (TVPRA)

TVPRA codifies several FSA provisions and includes additional safeguards to protect migrant children upon arrival and during detention (Table 1). TVPRA requires UC undergoing CBP processing be transferred to ORR.[14,30,29,55] However, the process treats UC from contiguous countries differently from children from noncontiguous countries. Although TVPRA provides consistent standards for initial screening and adjudication of UC's asylum claims, more cursory initial screening for UC from Mexico and Canada places these children at ongoing risk.[30,31]

Overall, safeguards delineated in TVPRA and FSA are designed to mitigate harm and prolonged custody and are critical to the safety of children and families.

## TRAUMA-INFORMED CARE AND ADVERSE CHILDHOOD EXPERIENCES (ACES)

ACEs are traumatic events that can cause prolonged stress responses, impacting physical, emotional, developmental, and behavioral health; ACEs are best buffered by safe,



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| **TABLE 1.** Key Terms and Agencies for US Reception of Children | |
|---|---|
| Border metering[10,11] | This approach, applied by CBP officials as early as 2016, entails turning all but a limited number of asylum seekers away from ports of entry each day without allowing them to access the humanitarian relief process or providing any specific date or time to return. Metering and migrant protection protocols (MPP) were implemented in overlapping timelines, so both practices affected some individuals. Although CBP stated that people from Mexico and unaccompanied children would be exempt from metering, families from Mexico and unaccompanied children were affected by prolonged waiting or turnback. |
| Children's centers (previously known as influx care facilities)[12] | Facilities operated by ORR, when capacity for placements in ORR's traditional programs is exceeded during an influx or emergency. These facilities, unlike standard ORR beds, are not subject to state or local licensing standards and provide temporary emergency shelter and services for unaccompanied children. |
| Customs and Border Protection (CBP)[13] | Law enforcement agency under the DHS responsible for managing and controlling the US border, including customs, immigration, border security, and agricultural protection. |
| CBP Caregiver Program[14] | CBP contracts caregivers to provide basic services and assistance to children, whether unaccompanied or in family units. These include feeding, hygiene, recreation, and referral for further medical and nonmedical assessment. CBP was mandated to contract with caregivers as part of the 2022 Flores Agreement regarding the El Paso and Rio Grande Valley CBP sectors. |
| CBP stations and processing centers[15] | Facilities designed to move people through CBP custody expeditiously. These facilities detain unaccompanied children and families seeking humanitarian protection. |
| Department of Homeland Security (DHS)[16] | Federal department that engages in enforcement of immigration law through CBP, ICE, and US Citizenship and Immigration Services. |
| Emergency intake site (EIS)[17,18] | Facilities, operated by ORR from 2021–2022, were designed as a short-term emergency response to hold unaccompanied children and mitigate dangerous overcrowding within CBP. |
| Family residential centers[19] | ICE detention facilities that hold family units. |
| Family unit | One or more minors (under 18 y) apprehended with their parent(s) or legal guardian(s), excluding minors apprehended with adult family members who are not their parents or legal guardians. |
| Flores Settlement Agreement (FSA)[20,21] | The FSA, the result of a class-action lawsuit filed in 1985, establishes minimum standards for the treatment, placement, and release of children in federal immigration custody. In the past, FSA standards applied to those in DHS and HHS custody. In 2024, following publication of the ORR Unaccompanied Children Program Foundational Rule and a related court decision, the standards still apply to those in DHS custody and to those in ORR in secure, heightened supervision, and out-of-network facilities.[22] As a legal consent decree, the FSA has the force of law, although it is not legislation. As such, it imposes a floor, not a ceiling, for the services and protections that should be provided to children in federal immigration custody. |
| Homeland Security Act[23] | Law that originally set forth the definition of an unaccompanied child and transferred responsibility for unaccompanied children's care and placement from the former Immigration and Naturalization Service (INS) to ORR. |
| Juvenile priority facilities[14] | Facilities designed for unaccompanied children and families that are required to adhere to child-appropriate environments with prioritization of basic needs (eg, hygiene and sanitation, nutrition, sleep conditions) and enhanced medical care. CBP was mandated to develop these in 2022 as part of the FSA regarding the El Paso and Rio Grande Valley CBP sectors. |
| Migrant protection protocols (MPP)[24] | Also known as "Remain in Mexico," this 2019 policy provided individuals who arrived at the southern border and asked for asylum (either at a port of entry or after crossing the border between ports of entry) with notices to appear in immigration court. People were then sent to wait in Mexico with instructions to return to a specific port of entry at a specific date and time for their next court hearing. Unaccompanied children were exempt from this policy; nevertheless, it led to family separation as parents and guardians sent their children alone across the border to protect them from dangerous conditions in Mexico. This policy was terminated in 2022 after the Supreme Court found the President has authority to end it. |
| Office of Refugee Resettlement (ORR) | An office under the Administration for Children and Families (ACF), part of the HHS. Reception and immigration processes differ for unaccompanied children, and they are transferred to ORR, which houses the unaccompanied children program. |
| Title 42[5,25–27] | A public health code utilized during the COVID-19 pandemic to prohibit migrants from entering the country, ostensibly to prevent the spread of contagious diseases. The policy was used to expel children beginning in March 2020 until an injunction exempted UC in November 2020. |

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| TABLE 1. Key Terms and Agencies for US Reception of Children (Continued) | |
|---|---|
| Unaccompanied children (UC)[28] | UC are individuals who are not yet 18 y of age at time of entry to the US, without lawful immigration status, and who do not have a parent or legal guardian in the US or a parent or legal guardian in the US available to provide care and physical custody. |
| US Immigration and Customs Enforcement (ICE)[13] | Law enforcement agency under the DHS that is responsible for preventing terrorism, immigration enforcement, and combating transnational crime. This agency oversees the detention of family units. |
| William Wilberforce Trafficking Victims Protection Reauthorization Act (TVPRA)[29,30] | Law enacted in 2008 to combat human trafficking and exploitation that creates procedures for processing the cases of UC, generally requiring their transfer to the care of the HHS within 72 h of being detained by immigration authorities.<br>This act ensures that UC are given the right to an initial nonadversarial immigration proceeding with an asylum officer instead of an immigration judge, are released to the least restrictive setting possible and, for the most vulnerable children based on age or medical status, have an independent child advocate appointed.[31] |
| "Zero tolerance" policy[32] | Also known as "family separation," this 2018 policy prosecuted all migrants apprehended at the border, including family units. Because federal criminal facilities do not comply with protections for children, the federal government separated children from their parent or legal guardian and treated them as unaccompanied children. Thousands of children were forcibly separated until legal action stopped the practice months later. |

stable, and nurturing relationships with parents or caregivers.[63,64] Trauma-informed systems that assess, recognize, and respond to the effects of traumatic stress can minimize re-traumatization, promote well-being, and support children and child-caregiver relationships.[64,65]

CBP has stated its aim to be trauma-informed.[66] Relatedly, Congress directed DHS to create a Child Well-Being program, staffed by child welfare professionals, to improve care for children in custody.[67] However, current reception practices are often incompatible with trauma-informed care, including inappropriate facility conditions, moving children between CBP facilities with insufficient preparation, inadequate scaling of caregiver programs, and family separation (including from nonparental family members and legal guardians who are trusted adults).[54,55] Additionally, when apprehensions surge, insufficient licensed ORR beds for UC forces prolonged CBP stays and/or transfers to unregulated emergency intake sites (EISs).[18] Older children may be misidentified as adults and placed in adult ICE detention rather than ORR.[68] Moreover, interviews for UC and families are not conducive to disclosing traumatic histories of abuse, torture, and persecution, and may re-traumatize children, leading to adverse legal outcomes, including removal orders.[69] Although the US has implemented policies ostensibly to align with the BIOTC framework, ongoing policy gaps and poor operationalization put children and families at risk.

## ALTERNATIVE MODELS

The challenge of humane reception is not unique to the US. With rising child migration globally, humane reception policies seek to prioritize alternatives to detention.[70] Successful models in Europe include centers with on-site legal assistance, social support, and coordination with nongovernmental organizations (NGOs).[71] UC are appointed temporary guardianship from reception through the asylum process in the Netherlands.[72] UNHCR and UNICEF's Blue Dot centers along European migration routes provide safe, child-friendly spaces with vital services in a single location.[73,74] The US piloted the defunct Central American Minors program, resettling refugees and bypassing the hazards and uncertainty of the migration and asylum process.[75,76] Drawing from strengths and limitations of such models can inform safer US reception policy.

| TABLE 2. Principles of the BIOTC Framework in Immigration Reception That Should Be Incorporated Into Immigration Reception | |
|---|---|
| Child-centered approach | The unique vulnerabilities and rights of children must be protected. |
| Child's best interest | The primary and overriding concern of reception policies should be centered in the BIOTC. |
| Holistic well-being | The child's physical, emotional, and developmental well-being, such as safety, health, education, family unity, and cultural identity is taken into consideration. |
| Nondiscrimination | Policies apply to all children regardless of their nationality or background. |
| Family unity | The preservation of family unity is a paramount principle. |
| Child's voice | The decision-making process considers children's views and preferences through interviewing or consulting with the child in a safe and sensitive setting. |
| Least restrictive measures | This standard emphasizes that children should be placed in the least restrictive alternative, most often with their family or in a family-based setting, with detention as a measure of last resort to be explored only when all other options have been exhausted. |
| Access to legal representation | This right protects and advocates for the child's best interests by advising children about and advocating for their legal rights, interests, and access to protection. |



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**TABLE 3.** International Guidance from the Convention on the Rights of the Child Relevant to Newly Arrived Immigrant Children and Families[9]

| **The UNCRC consists of 54 articles that cover a wide range of rights for children** | |
|---|---|
| General principles | Underscores fundamental principles such as nondiscrimination (Article 2), the BIOTC (Article 3), the right to life, survival, and development (Article 6), and respect for the views of the child (Article 12). |
| Civil rights and freedoms | These include the right to a name and nationality (Article 7), preservation of identity (Article 8), family reunification (Article 10), freedom of expression (Article 13), freedom of thought, conscience, and religion (Article 14), and freedom of association and peaceful assembly (Article 15). |
| Protection rights | Articles cover protection from all forms of violence (Article 19), abuse, neglect, and exploitation (Articles 32–36), and abduction, trafficking, and illegal transfer (Article 11). |
| Health and welfare | The right to adequate health care, nutrition, and living standards (Article 24), social security and childcare services (Article 26), and education (Article 28) is also emphasized. |
| Special protection | Articles 23, 30, 31, and 38 focus on the rights of children with disabilities, minorities, Indigenous groups, and children involved in armed conflict. |
| Legal rights | Issues related to the juvenile justice system (Articles 37–40) and adoption (Article 21). |

**Box 1.** Key Principles for Reimagining Reception

1. Reception of migrant children, families, and pregnant individuals must be a humanitarian effort rather than a law enforcement operation.
2. The BIOTC framework guides reception of children.
3. Medical and mental health services must be timely, migrant-focused, and informed by pediatric experts.
4. Every stage of reception must integrate principles of trauma-informed care.
5. All reception facilities should meet recognized state child welfare licensing standards.
6. Monitoring should be iterative and drive quality and safety.
7. Preservation of family unity is paramount and should never be breached unless an expert panel of child welfare specialists deems the family to be unsafe for children.
8. Children, unaccompanied or in family units, should not be subjected to policies that undermine their right to seek humanitarian protection in the US.

## RECOMMENDATIONS

The US government is accountable for children's well-being and safety throughout reception and should comply with principles outlined in the Declaration of Human Rights,[57] UNCRC,[9] the BIOTC framework,[8] and trauma-informed care guidance.[64] A fundamental reorganization is needed to end criminalization of people seeking humanitarian protection and promote humane policies protecting health and well-being. Box 1 offers key principles for reimagining reception of newly arrived migrant children and families and guides recommendations thereafter.

**Reception of migrant children, families, and pregnant individuals must be a humanitarian effort rather than a law enforcement operation.** As CBP and ICE's role is one of national security and not centered on the BIOTC, alternative government agencies with expertise in child welfare should be authorized and funded to assist and oversee all aspects of reception of children, pregnant people, and families.

- Eliminate detention of migrant children, recognizing that any detention is deleterious to their safety and well-being. Upon apprehension, UC and family units should be immediately transferred to facilities operated by government agencies, guided by state child welfare licensing regulations. Federal legislation should be enacted to replace oversight by law enforcement agencies (ie, CBP and ICE) with funding for government agencies, such as ACF, to implement policies and practices like those for UC.
- Child welfare agencies managing reception should be responsible for identifying children as unaccompanied, consistent with legal provisions, to ensure their protection and all rights granted to them by this designation. Current standards for rights must be upheld and enhanced with any agency change.
- During periods of significant influx, enhance coordination among federal agencies overseeing reception of UC and families, other governmental entities (eg, FEMA, USPHS, state and local public health agencies), NGOs, and local or academic medical systems.[77]
- Prioritize health of newly arrived children and families through pediatric-focused protocols, guideline-based medical and mental health screenings, and immediate attention to unmet medical and accessibility needs.

**The BIOTC framework guides reception of children.** New models, operationalized through interagency and NGO collaboration, must be implemented to ensure appropriate screening, care, and custody of children and prevent prolonged federal custody that is associated with toxic stress, mental health deterioration, developmental harm, and long-term adverse health outcomes for children.[2]

- Led by child welfare professionals, assess children's well-being, provide support, and advocate for children's needs at each step.
- Develop policies and procedures for reception in collaboration with governmental, nongovernmental, and community organizations, including child and immigrant rights groups, professional organizations, and migrants with lived experience.



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- Design reception facilities to be child-friendly and accessible for people with disabilities
- Designate confidential spaces for screenings and evaluations by child health and welfare professionals.
- Avoid misidentifying adolescents as adults. Because skeletal and tooth maturity vary across ages and are susceptible to error, avoid radiological examination of bones and teeth to determine age. Age discrepancies should be resolved in the child's favor.[78]
- Implement changes in EISs to prioritize the BIOTC and follow guidelines for state-licensed childcare and only be utilized during high arrivals, avoiding prolonged stays in CBP facilities.
- Prohibit policies that result in prolonged federal custody of children. Policies should explicitly prioritize rapid reunification with parents or family members (regardless of immigration status), placement in community-based settings, or community integration supports (eg, school enrollment) when reunification is delayed rather than extending time in federal custody.

**Medical and mental health services must be timely, migrant-focused, and informed by pediatric experts.** Children may present with acute and chronic medical conditions that require immediate and ongoing assessment and treatment throughout reception. Such conditions require clear medical triage protocols, appropriately scaled at times of increased arrivals. Protocols for children in US governmental custody must follow nationally accepted care guidelines, optimizing wellness and health care access while minimizing time in governmental custody.

- Address unique needs of migrant children, recognizing migration-related stressors, and acknowledging detrimental effects of detention on health and well-being.
- Ensure that a team of pediatric medical experts is available on site and that mental health experts are accessible daily.
- Utilize evidence-based guidelines for consistent medical triage, assessment, and treatment.
- Provide medical clearance for all children between each transfer, including release into communities, without significant delay.
- Develop medical protocols appropriate for children's age, developmental stage, and gender and sensitive to culture, language, and learning differences.
- Provide health care at the request of caregivers/parents or children.
- Provide children identified with acute medical, developmental/behavioral, or mental health needs with immediate care at facilities where they are detained or urgent transportation to health care facilities with higher-level care without interference by CBP or nonmedical personnel.
- Ensure timely assessment of children who arrive with medications or medical equipment from another country to determine whether to continue that treatment and/or prescribe and provide US-based substitutions without delay in care or transfer of care.
- Implement protocols for periodic mental health screening and make mental health services available throughout reception to address children and families' psychological needs, including needs related to prolonged lengths of stay, in the facilities where they reside and/or at outside facilities when a higher level of care is required. Mental health care documentation should be confidential and not shared with any immigration enforcement agencies.
- Recognize unique needs of adolescents, including reproductive and sexual health needs, provision of menstrual hygiene products, and timely access to comprehensive gynecological and reproductive health care, including abortion.[79]
- Develop protocols to identify CYSHCN and care plans encompassing all required services within and beyond reception facilities. Proper care plans must be established before releasing CYSHCN from custody and reviewed with a trusted caregiver. Make every effort to establish appointments with health care specialists and primary care. All children should continue to receive medical care coverage upon release to avoid delays in release.[80]
- Establish systems for smooth and timely transitions into communities (or ORR for UC), including transferring medical records and providing adequate medications upon release. All children should continue to receive medical care coverage.
- Utilize a unified electronic medical record system across agencies to ensure portability and accuracy and reduce medical errors and/or duplication of care. Copies of health records must be provided upon release from custody. A password-protected, accessible medical record system should be available for community-based health care providers.

**Every stage of reception must integrate principles of trauma-informed care.**

- Require comprehensive and periodic training in trauma-informed practices for all personnel interacting with children.
- Tailor assessments and procedures to children's age, developmental stage, cognitive ability, and learning differences in child-friendly environments that integrate trauma-informed principles.
- Minimize interviewing of children until a trusted adult (ie, parent, legal guardian, or nonparent adult family member) or, in their absence, an assigned independent child advocate is present.



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- Ensure comprehensive language access services for languages of limited diffusion and culturally sensitive communication strategies.
- Utilize appropriate assent and consent processes and uphold confidentiality and privacy standards throughout all assessments and interactions.[81,82]
- Inform children about every step of the reception process, including medical and mental health assessments. Provide at least 24 hours' notice before being moved between facilities.

**All reception facilities should meet recognized state child welfare licensing standards** in the state where they are located. State child welfare licensing best practices prioritize physical health, mental well-being, and safety throughout reception. Facilities must be child-friendly and developmentally appropriate and address basic needs, legal considerations, communication, accessibility, and educational needs of children based on age, gender, and abilities.

- Ensure sufficient staffing of licensed pediatric providers, nurses, social workers, psychologists, and child life professionals so that these child welfare experts can conduct screenings, assessments, and supervision.
- Ensure safe and sanitary accommodations that meet unique hygiene, nutrition, and sleep needs of children of different ages.
- Provide adequate age- and culturally appropriate foods that meet nutritional needs.
- Integrate educational and recreational activities considering a child's learning history and differences, developmental state, and linguistic needs.
- When immediate reunification is not possible, children should be placed in community-based alternatives with access to education, health care, legal services, and psychosocial supports instead of congregate living facilities.

**Monitoring should be iterative and drive quality and safety.** Quality monitoring of reception must be continuous and responsive to ensure the highest standard of care and safety for children.

- Monitor all reception facilities, including EIFs, internally and by external pediatric and child welfare experts who have unfettered access. An interdisciplinary external oversight committee should be formally implemented to ensure adherence to federal law, medical standards, regulations, and policies impacting immigrant children.
- Generate deidentified, disaggregated data on migrant children's health upon reception to ensure that systems are responsive to changes in migration patterns or health status.
- Assemble an independent monitoring team of medical experts to conduct investigations of any death or serious adverse outcome of a child in custody.
- If monitoring involves interviews with children or their families, notify the child's legal representative or advocate as appropriate in advance and allow their presence during the interview.

Preservation of family unity is paramount and should never be breached unless an expert **panel of child welfare specialists deems the family to be unsafe for children.** Nurturing caregivers mitigate the impact of toxic stress for children; thus, family unity is paramount.

- Implement a policy prohibiting separation of children from parents or legal guardians unless the child's safety is at immediate and direct risk at the hands of the family member and no reasonable efforts can be taken to avoid the separation. This policy should extend to child or adult relatives once family members have been vetted as safe.
- Establish an interdisciplinary panel of licensed child welfare experts to assess imminent risk when separation is necessary to preserve child safety and reassess the separation every 24 hours. Family reunification should be expedited as soon as it is deemed safe for the child.
- Provide free legal representation to families and an independent child advocate for the child when family members or trusted adults are separated from a child.
- Design family-oriented facilities that satisfy state child welfare licensing requirements. Prioritize family unification and allow older children to remain safely with their families, regardless of gender. CYSHCN who need assistance should not be separated from family members unless there are safety concerns.
- Assess the need to separate families to prevent transmission of infectious diseases using shared decision-making and harm-reduction approaches.
- Ensure free, unfettered access to communication with family and friends in the US throughout reception.

Children, unaccompanied or in family units, should not be subjected to policies that undermine their right to seek humanitarian protection in the US.

- Ensure that entry-related policies protect the legal right to seek humanitarian protection and raise these protections to the highest possible standard for all children, regardless of country of origin or transit.
- Do not subject children to US deterrence policies that jeopardize their health or safety within or outside of the US through administrative or physical barriers to entry, temporary encampments, the use of coercive, intimidatory, and exploitative tactics, or other means.



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- The federal government should monitor policies and intervene when states adopt specific, inhumane deterrence strategies that breach federal immigration law and place children and families in harm's way.
- Provide "Know Your Rights" information to children and families as early in the reception process and tailor information to age, literacy, preferred language, and learning ability.
- Provide children with free legal representation to ensure children comprehend the immigration process and its legal implications to the extent possible, especially in persecution or trafficking assessments (eg, for Mexican and Canadian children as per TVPRA).
- Repatriation of children and families to their country of origin, whether by force or voluntarily, must be dignified, prioritize family unity and ensure their safety and the best interests of the child.[83,84]
- Legal consultation should be offered to all children and families prior to repatriation or forced removal to ensure they can exercise their rights and make informed decisions to protect against unsafe return to their country of origin.
- Children and families should not face removal against their wishes to countries where they have not previously lived (i.e 3rd country removal), do not have family, and/or do not know the language.
- From initial reception through community resettlement in the US, once humanitarian relief is granted, never deny fundamental legal protections to children and families because of immigration status alone, and do not subject them to arrest or deportation through immigration enforcement.

## CONCLUSION

There is an immediate need to re-envision and restructure immigration reception to uphold the safety and well-being of children and families. The recommendations outlined in this policy statement aim to humanize the gateway to the immigration process, ensuring that children and families are treated with dignity, respect, and compassion—in essence, a process with the BIOTC at its core.


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### ABBREVIATIONS

AAP: American Academy of Pediatrics
BIOTC: best interest of the child [framework]
CBP: Customs and Border Protection
UNCRC: United Nations Convention on the Rights of the Child
DHS: Department of Homeland Security
FEMA: Federal Emergency Management Agency
FY: fiscal year
HHS: US Department of Health and Human Services
ICE: Immigration and Customs Enforcement
INS: US Immigration and Naturalization Service
JCM: juvenile court monitor
ORR: Office of Refugee Resettlement
TVPRA: Trafficking Victims Protection Reauthorization Act
UC: unaccompanied children
UNHCR: UN Refugee Agency
UNICEF: UN Children's Agency
USPHS: US Public Health Service



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