

Bridging organizational, community, and national borders to serve Latino families: Addressing the child welfare needs of immigrant families in the U.S. state of Illinois¹

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Introduction: Growth of the nation's immigrant population

The United Nations estimates that one in every 35 persons worldwide is residing outside of their country of birth. Nowhere is the trend of migration more marked than in the U.S., which receives more immigrants and refugees than any other nation.² Immigration has been a central feature of the U.S. since its founding in the late 18th century, the peak of immigration occurred in the 1890s, when the percentage of the foreign-born population in the U.S., most coming from Europe, neared 15% of the total population. In actual numbers, there were approximately 9.25 million foreign-born inhabitants in 1890. In recent years, the nation has experienced another peak in immigration. The U.S. Census Bureau estimates that the U.S. is currently home to more than 35.2 million foreign-born individuals, a figure amounting to 12.1% of the total current U.S. population. Furthermore, the Census Bureau indicates that one in five U.S. residents are either foreign born or a first-generation child of an immigrant.³

While the U.S. has a long history of receiving immigrants and refugees, the current composition of that population has changed dramatically in a number of ways. First, the contemporary immigrant population reflects a trend of migration from the south to the north across the Americas, with

¹ La primera versión de este ensayo apareció en *Protecting Children*, publicación de la American Humane Association, 2005, vol. 20, núm. 1, pp. 16-27.

² K. Ryan, Remarks at Fairfield University Jesuit Migration Conference, in: <http://www.state.gov/g/prm/rls/47881.htm>.

³ U.S. Census Bureau Reports 56 million immigrants and children, Public Information Office 301-457-3030, in: <http://usinfo.state.gov/usa/diversity/census02.htm>.

more than half of all foreign-born U.S. residents coming from Latin America. Second, most new immigrants to the U.S. are undocumented. As of March 2006, the estimated unauthorized population in the United States was 11.5 to 12 million.⁴ The number of undocumented migrant entries into the U.S. has grown from approximately 200,000 to 300,000 per year in the early '90s to the current 850,000 per year average.⁵ Eighty-one percent of undocumented migrants in the U.S. are from Mexico (57%) or other Latin American nations (24%).⁶

As in previous centuries, contemporary immigrants continue to contribute to and transform American society. In every period of history, immigrants have added to the artistic, linguistic, cultural, and culinary richness of the United States and have contributed their labor and skill in building the nation's infrastructure, institutions, and economy at all levels, in every sector. Also, as in previous times, immigrant communities pose a variety of challenges as they begin the process of incorporation into their new country. One area that has been tested by the recent influx of immigrants has been the nation's child welfare system.

Immigrant population characteristics: Implications for child welfare service
Concentration of children and youth in immigrant households

Immigration is a significant factor for child welfare services because of the high proportion of children residing in immigrant households in the U.S. and the rapid growth of this family form. In the last decade, the number of children living with immigrant parents increased by 25%.⁷ Twenty-one percent of the nation's population under age 25 in 2000 was either foreign born or first generation, up from a mere 7% in 1970.⁸ Furthermore, one of every five children under age 18 in the U.S. is the child of an immigrant, and

⁴ Migration Information Source, in: www.migrationinformation.org.

⁵ Vid. U.S. DHS, Yearbook of Immigration Statistics; Passel, in: <http://pewhispanic.org/files/reports/46.pdf>.

⁶ Vid. Passel, op. cit.

⁷ This figure includes only children living in households in which both parents are immigrants. Mixed-status parent households are excluded. (A. Douglas-Hall & H. Koball, Children of recent immigrants: National and regional trends, in: http://www.nccp.org/pub_cri04.html).

⁸ Vid. U.S. Census Bureau, op. cit.

the rate is much higher in states with large Latino populations. For example, in California alone, one of every two (50%) children has an immigrant parent. Nearly one in three (30%) children in New York, Florida, Arizona, Nevada, and New Jersey, and nearly one in four (23%) in Texas and New Mexico, has an immigrant parent.⁹

Economic and social vulnerability of immigrant families

Contemporary census data indicate that over 11 million children live with only immigrant parents, and nearly one-third of these families are recent immigrants, having come to the United States in the last 10 years. These immigrant families present a number of characteristics that increase their economic and social insecurity. For example, 65% of children of recent immigrants are of low income despite the fact that 85% of these children live with parents who are employed.¹⁰ Recent immigrant, low-income families are more likely to have younger children present in their households than are households headed by low-income, native-born adults. More specifically, the median age of low-income children of recent immigrants is six years of age, compared with nine years of age for similar children of native-born parents.¹¹

While the majority of immigrants work, they are concentrated in low-wage jobs that typically do not offer employer-based health insurance. This employment pattern, paired with government restrictions on immigrant access to public health insurance, makes these children and families more likely to lack health care coverage than similar low-income, native-born populations. More specifically, nearly one-half (47%) of children living with low-income recent immigrant parents do not have any type of health insurance. In contrast, the percentage of children of uninsured, low-income native-born parents is 22%.¹² Furthermore, one in three children who does

⁹ M. Fix & W. Zimmermann, "All under one roof: Mixed-status families in an era of reform," *The International Migration Review*, 35, 397-420.

¹⁰ Low income is defined as twice the federal poverty level. For example, a family of four with an income of less than \$37,000 in 2004 would meet this standard.

¹¹ Vid. Douglas-Hall & Koball, op. cit.

¹² Idem.

not have health insurance and resides in the United States is in an immigrant family.¹³

In addition to limited employer-based insurance coverage, most recent immigrants are restricted from public health insurance programs. The 1996 federal welfare legislation, the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), severely restricted immigrant eligibility for public assistance. Most documented immigrants were restricted from receiving any federal means-tested benefits program for their first five years of residence in the United States. While a limited number of immigrants qualified for programs under the partial restoration of access to some programs (primarily food stamps and ssi), most have been left without a social safety net, contributing to food and housing insecurity. Also under the PRWORA, states are given broader power to determine eligibility of “qualified” immigrants for state-funded programs. Previously, states could not discriminate against legal immigrants in the provision of benefits, but now states can choose to deny, limit, or extend access to locally funded aid such as general assistance. States also retain the option to deny non-emergency Medicaid, social services block grants, and the Supplemental Food Program for Women Infants & Children.¹⁴

Even among those eligible for programs such as food stamps, Temporary Assistance to Needy Families, and public health insurance, many have gone without assistance. This is due to confusion regarding eligibility, misunderstandings about the nature of the affidavit of support signed by their sponsor, or fear of being deemed a “public charge,” a status that could affect their access to a green card, which is necessary for legal employment.¹⁵ Many immigrants are reluctant to seek health care because they fear losing their jobs or income for missing work time, fear being deported if they are undocumented, or don’t know how to access health care in the United States.¹⁶

¹³ A. Morse, A quick look at U.S. immigrants: Demographics, Workforce, and Asset-Building, in: <http://www.ncsl.org/programs/immig>.

¹⁴ Kilty & Vidal de Haymes, “Racism, nativism, and exclusion: Public policy, immigration, and the Latino experience in the U. S.,” *Journal of Poverty*, 4 (1/2), 1-25.

¹⁵ Legal Aid Society, Testimony of the Legal Aid Society concerning problems facing immigrant families in the child welfare system: Hearings before the New York State Assembly Committee on Children and Families and the Assembly Legislative Task Force on New Americans, in: <http://www.legal-aid.org>.

¹⁶ Vid. L. R. Chavez, *Shadowed lives: Undocumented immigrants in American society*.

Furthermore, the particularly punitive measures of the 1996 immigration laws—the Illegal Immigration Reform and Immigrant Responsibility Act (IIRIRA) and the Anti-terrorism and Effective Death Penalty Act (AEDPA)—and the post 9/11 government policy initiatives aimed at increasing national security (e.g., immigration raids conducted under programs such as Operation Chicagoland Skies and Operation Landmark) have led to increased mandatory detention and automatic deportation of many immigrants.¹⁷ As a result, many immigrant families have been deprived of loved ones who often are the primary sources of economic support, and they are ineligible to qualify for public support programs because of the 1996 welfare changes.

Nativity and legal status

Nearly one in 10 U.S. families with children is a mixed immigration status family (i.e., families with at least one noncitizen parent and one child who is a citizen). Three-quarters of the children in noncitizen-parented families are citizens.¹⁸ While the birth of children in the United States is the most frequent route to a mixed-status family, there are other avenues as well, primarily family members who immigrate to join others in the United States. For example, seven out of 10 legal immigrants come to join close family members, some who may be U.S.-born or naturalized citizens.¹⁹

According to 2000 Census estimates, 37.4% of the total foreign-born U.S. population are naturalized citizens. Although 81.6% of those who entered the country before 1970 had obtained citizenship by 2000, only 13% of those who entered between 1990 and 2000 had become citizens.²⁰ The latter figure is not surprising, since the process of becoming a naturalized citizen usually requires a minimum of five years of residence in the United States. Furthermore, the Census Bureau estimates that there were 8.7 million

¹⁷ American Immigration Lawyers Association, *Restore fairness and due process: 1996 immigration laws go too far*, in: <http://www.aila.org/fileViewer.aspx?docID=9848;yF.Tsao, Losing ground: The loss of freedom, equality, and opportunity for America's immigrants since September 11>, in: <http://www.icrir.org/dat/pages/losingground03.pdf>.

¹⁸ Vid. Fix & Zimmerman, *op. cit.*

¹⁹ Vid. National Immigration Forum, "Facts on Immigrants and the Economy".

²⁰ Malone et al., *The foreign born population: 2000*.

unauthorized immigrants living in the United States in 2000. The Bureau estimates that the majority of this group (62% or 5.4 million) were of Latin American origins.²¹

As previously mentioned, one of the primary configurations of mixed-status families is U.S. born (and therefore citizen status) children of immigrant parents, who may or may not have legal immigration status (e.g., resident alien visa or other current visa). The difference in immigration status between parent and child has implications in many social welfare areas, including eligibility to means-tested public benefit programs, as previously discussed. However, immigration status can be particularly acute in child welfare proceedings that may involve potential deportation of parents, transnational jurisdictions, restricted rehabilitation, and family support resources for non-citizen parents/families, and in the eligibility for a number of health care, housing, and income social welfare support programs.²²

Immigration status also is significant in child welfare placements, particularly in kinship placements. For example, the placement of children is not contingent on the immigration status of a family member; however, federally funded foster care benefits are restricted to qualified alien and U.S. citizen foster parents. Confusion regarding this issue contributes to child welfare workers' reluctance to view undocumented relatives as a placement resource.²³

Immigration assistance is often warranted for many families in the child welfare system. For example, children in foster care can apply for an adjustment of their legal status under a special juvenile status application. An adjustment in status allows the child to obtain lawful permanent residency in the United States and removes legal barriers to employment, higher education, travel, public benefits, and other government-supported programs, thereby enhancing the child's eligibility for services. In another situation, referring parents to immigration-law resources when appropriate may help them correct immigration problems that could result in deportation or removal. For example, a child protective service investigation may find that a

²¹ Vid. J. Bonilla, Executive Summary: A Demographic Profile of Hispanics in the U.S., in: <http://www.prdc.org/summaries/hispanics/hispanics.html>.

²² Vid. Committee for Hispanic Children and Families, *Creating a Latino Child Welfare Agenda: A strategic framework for change*.

²³ Vid. Legal Aid Society, *op. cit.*

parent is undocumented, which may lead to deportation proceedings, but if the parent is provided specialized legal counsel, he or she may have options to adjust their legal status (e.g., they are eligible for asylum status or can petition for residency based on family relationship). Other common challenges involved difficulties obtaining birth certificates for undocumented children, which can result in delays in service delivery and adoption.²⁴

Language considerations

Findings from the 2000 Census indicate that 47 million (18%) of U.S. residents five years of age or older spoke a language other than English at home. The number of people in this category grew to 38% in the 1980s and 47% in the 1990s. The Census Bureau reports that while the number of individuals aged five or older residing in United States grew by one-fourth, the number who spoke a language other than English at home more than doubled between 1980 and 2000. Among those families speaking a language other than English in their home, the majority, 28.1 million, indicated that they spoke Spanish at home. This figure represents a 60% increase over the last decade.²⁵

Speaking a language other than English in one's home should not be interpreted as an inability to speak English. This later group of limited English proficient or linguistically isolated individuals is actually much smaller than the number of individuals who speak a language other than English in their home. The U.S. Census Bureau considers a household to be linguistically isolated if no person aged 14 or over speaks English at least "very well." In 2000, 4.4 million households, encompassing 11.9 million individuals, were linguistically isolated. Furthermore, these households were concentrated in California, Florida, and Texas.²⁶

Language can pose a tremendous barrier for immigrant families involved in the child welfare system. For example, investigations and assessments that are not conducted in the client's primary language can yield insufficient and inaccurate data to accomplish appropriate and effective case disposition and

²⁴ Idem.

²⁵ Vid. Shin & Bruno, Language Use and English-Speaking Ability: 2000.

²⁶ Idem.

planning, with devastating consequences for children and families. Furthermore, a lack of services in the client's primary language can lead to delays in service provision for biological parents and/or kinship care providers, thus compromising permanency goals and timelines.²⁷

The placement of children from Spanish-speaking homes in non-Spanish-speaking substitute care settings presents a number of threats to the case trajectories and outcomes. In the immediate term, placing children in linguistically different settings can also exacerbate the confusion, fear, isolation, and loss that they experience when they are removed from their home. Lengthy stays in linguistically different placements also increase the probability that the child will lose proficiency in his or her home language, thereby disrupting the ability to speak with parents and/or other family members. This process can also be accelerated if the child attends a day care or school setting that does not support maintenance of his or her home language (non-duallanguage or one-way bilingual education program). This linguistic disconnect can make reunification more difficult and challenges children's ability to maintain biological and community ties.²⁸

The use of translators when bilingual workers are not available can, at best, cause delays, but also can inhibit engagement and trustworthy communication between the child welfare professionals and family members. The use of translators can also create additional opportunities for misunderstandings and errors in accuracy. Furthermore, the use of translators can inhibit the trust and effectiveness of caseworkers and other human and legal service professionals in working with immigrant families.²⁹

Cultural factors

While economic and social vulnerability, language proficiency, and immigration status have readily observable implications for family well-being, culture is also paramount in child welfare interventions. The importance of

²⁷ Vid. Suleiman Gonzalez, Five commentaries: Looking to the future. The future of Children, in: http://www.futureofchildren.org/information2827/information_show.htm?doc_id=210646.

²⁸ Idem y Legal Aid Society, op. cit.

²⁹ Idem.

culturally informed assessments, services, programs, and policies in promoting good child welfare outcomes has been widely recognized in the professional literature.³⁰ In the case of immigrant families, several areas of cultural variation with particular significance for child welfare have been identified: family structure and process,³¹ child rearing, socialization, disciplinary practices and maltreatment,³² risk and protective factors,³³ migratory experiences, acculturation stress and assimilation process,³⁴ and help-seeking behaviors and treatment adherence.³⁵

For these services to be relevant, they should also address germane population characteristics and population-specific research regarding services system barriers and bias,³⁶ legal issues,³⁷ ethnicity and maltreatment,³⁸ and clinical

³⁰ A. R. McPhatter & T. L. Ganaway, "Beyond the rhetoric: Strategies for implementing culturally effective practice with children, families, and communities", *Child Welfare*, 82, 103-124; L. Fontes, "Child discipline and physical abuse in immigrant Latino families: Reducing violence and misunderstandings", *Journal of Counseling & Development*, 80, 31-40.

³¹ C. Coohy, "The relationship between familism and child maltreatment in Latino and Anglo families", *Child Maltreatment*, 6 (2), 130-142; Fix & Zimmerman, *op. cit.*

³² Vid. A. Ferrari, "The impact of culture upon child rearing practices and definitions of maltreatment", *Child Abuse & Neglect*, 26, 793-813; L. Wissow, "Ethnicity, income, and parenting contexts of physical punishment in a national sample of families with young children", *Child Maltreatment*, 6(2), 118-129; Medora et al., "Attitudes towards parenting strategies, potential for child abuse, and parental satisfaction of ethnically diverse low-income U.S. mothers", *The Journal of Social Psychology*, 141(3), 335-348; Fontes, *op. cit.*

³³ Fontes, *op. cit.*; Fraser et al., *op. cit.*

³⁴ Orellana et al., "Accessing Assets, Immigrant Youth as Family Interpreters", *Social Problems*, 50 (5), 505-524; Portes & Hao, "Linguistic Adaptation, Acculturation, and Gender in the Immigrant Second Generation", *Ethnic and Racial Studies*, 25(6), 889-912; Nee & Sanders, "Understanding the Diversity of Immigrant Incorporation", *Ethnic and Racial Studies*, 24:386-411; Malik & Velazquez, "Cultural competence and the 'New Americans'", *Children's Voice*, in: <http://www.cwla.org/articles/cv0207culturalcompetence.htm>.

³⁵ Antshel, "Integrating culture as a means of improving treatment adherence in the Latino population", *Psychology, Health & Medicine*, 7(4), 435-449; Kataoka et al., "Unmet need for mental health care among U.S. children: Variation by ethnicity and insurance status", *American Journal of Psychiatry*, 159:1548-1555.

³⁶ E. P. Cohen, "Framework for culturally competent decision-making in child welfare", *Child Welfare*, 82 (2).

³⁷ Kerwin, "Immigrant families under siege", *Migration World Magazine*, 28, (1/2), 36-43; Tumlin & Zimmermann, "Immigrants and TANF: A look at immigrant welfare recipients in three cities", in: <http://www.urban.org/url-print.cfm?ID=8615>; Wang and Holahan, "The decline in Medicaid use by noncitizens since welfare reform", *Health Policy Online*, in: <http://www.urban.org/url.cfm?ID=900621>; National Immigration Forum, National Immigration Forum, "Facts on Immigrants and the Economy"; American Immigration Lawyers Association, "Restore fairness and due process: 1996 immigration laws go too far", *AILA Issue Papers*, in: <http://www.aila.org/fileViewer.aspx?docID=9848>; Tsao, Tsao, "Losing ground: The loss of freedom, equality, and opportunity for America's immigrants since September 11", in: <http://www.icrir.org/dat/pages/losingground03.pdf>.

³⁸ L. Behl et al., "Ethnicity in child maltreatment research: A content analysis", *Child Maltreatment*, 6(2), 143-147; J. Cohen et al., "The importance of culture in treating abused and neglected children: An empirical review", *Child Maltreatment*, 6(2), 148-157.

insights, practice theories, and techniques related to culture and interventions in child welfare.³⁹ These are all culture-related elements that should be considered in the development of services, programs, policies, and procedures, as well as professional staff training to enhance and expand system and practitioner capacity to effectively serve immigrant and culturally diverse children and families in the child welfare system.

Addressing the child welfare needs of Latino immigrant and mixed-status families

The tremendous growth of the United State's immigrant population and their heightened economic, social, and legal vulnerability demands the attention of child welfare professionals at this juncture. A number of legal, linguistic, and cultural factors that should be considered in child welfare practice with immigrant children and families have already been highlighted. In Illinois, which has mirrored the national trends regarding immigration and growth, several innovative policies, programs, and initiatives have been undertaken to address the state's, as well as the nation's, largest and fastest growing immigrant and ethnic group: Latinos.⁴⁰

National and Illinois contexts

More than one of every eight U.S. residents is now identified as Hispanic, and that ratio is increasing rapidly. In 1970, a total of 9.1 million Hispanics were counted in the decennial census; by 2000, the count was at 35.3 million. During that 30-year period, the population increase amounted to 26.2

³⁹ J. Cohen et al., op. cit.; Fontes & Cruz, "Views of child sexual abuse in two cultural communities: An exploratory study among African Americans and Latinos", *Child Maltreatment*, 6(2); Feiring et al., "Ethnic status, stigmatization, support, and symptom development following sexual abuse", *Journal of Interpersonal Violence*, 16(12), 1307-1329; Kumpfer et al., "Cultural sensitivity and adaptation in family-based prevention interventions", *Prevention Science*, 3(3), 241-246; Waites et al., "Increasing the cultural responsiveness of family group conferencing", *Social Work*, 49(2), 291-301.

⁴⁰ The terms Latino and Hispanic are used interchangeably here to refer to a person of Latin American birth or descent who lives in the United States.

million people, a growth rate of 288%. Current population projections indicate continued growth, with some predicting that by 2050, one of every four Americans will be Latino.⁴¹ One of the most significant factors in the growth of the Latino population in recent years has been immigration, with just over half of the total national increase attributed to immigration.⁴² Latino immigration is so significant that more than half of the nation's current foreign-born population originates from Latin America.⁴³

This fast pace of growth is mirrored in Illinois, as the Latino population is the fastest growing in the state, having increased by 69.2% over the last decade. Census 2000 data indicated that the Latino population for Illinois had increased to 1.53 million, making up about 12.3% of the total state population, which is estimated at 12.42 million. In the city of Chicago, which has about 2.9 million residents, Latinos represent approximately 26% of the city's population (about 754,000).⁴⁴ In addition, Latinos in the Chicago Metropolitan Area now top 1.4 million, making Chicago home to the nation's second largest Mexican community and the second largest Puerto Rican community in the U.S. While the largest Latino population resides in Cook County, where about one in every five individuals is Latino, there are substantial percentages of Latinos throughout the surrounding counties.⁴⁵

Latinos also compose a substantial, and growing, segment of the child welfare system. Latino children make up about 15% of the child welfare system nationally, with much higher concentrations, exceeding 50%, in some states with large Latino populations.⁴⁶ Furthermore, this proportion of Latino children in care has doubled in the past decade.⁴⁷ Some studies have indicated that Latino children in the child welfare system are placed in

⁴¹ Vid. Bonilla, op. cit..

⁴² Vid. Ramirez & de la Cruz, "The Hispanic population in the United States: March 2002", Current Population Reports.

⁴³ Dianne Schmitley, "The Foreign-born population in the United States: March 2002", Current Population Reports; Gibson and Lennon, Historical census statistics on the foreign-born population of the United States: 1850-1990.

⁴⁴ Vid. U.S. Census Bureau, Census 2000 Redistricting Data.

⁴⁵ Vid. Puente & Kemper, "City population bounces back", Chicago Tribune, p. 1.

⁴⁶ U.S. Department of Health and Human Services, Department of Children and Families, Administration on Children, Youth and Families, Children's Bureau, The Adoption and Foster Care Analysis and Reporting System (AFCARS).

⁴⁷ Idem.

out-of-home care at twice the rate of non-Latino white children.⁴⁸ Once in the child welfare system, Latino children and families usually receive linguistically and culturally inappropriate services.⁴⁹ The scarcity of bilingual foster care and residential placements increases the likelihood that Latino children will be placed in settings that are not culturally or linguistically consistent with their family of origin.⁵⁰ This situation is compounded by the lack of bilingual rehabilitative and family support services for parents, making reunification more difficult. The lack of linguistically appropriate resources for families often inhibits them from fulfilling court mandates within Adoption and Safe Families Act (ASFA) time frames, placing Latino families at higher risk for the termination of parental rights.⁵¹

As the number of Latino children and families has grown in both the general, as well as the child welfare, population, the state of Illinois has responded with a number of inventive child welfare system reforms. The most significant of these innovations are 1) the Burgos Consent Decree, 2) the development of the Latino Consortium, 3) the execution of a Memorandum of Understanding between the Illinois Department of Children and Family Services (IDCFS) and the Mexican Consulate in Chicago, and 4) the launching of the Illinois Latino Child Welfare Field Training Initiative. Each of these unique child welfare system reforms is briefly described below.

Burgos Consent Decree

In 1977, IDCFS entered into a consent decree under the supervision of the U.S. District Court in response to the Burgos class action lawsuit that was filed by community leaders and parents in response to a pattern of language discrimination in the state's child welfare system. Spanish-speaking children and their families involved in the child welfare system were being denied services in their primary language. The protections gained for Latino fami-

⁴⁸ Vid. R. C. Ortega, *Latinos and Child Welfare: Social Demographics and the New Millennium*.

⁴⁹ Vid. Suleiman Gonzalez, *op. cit.*

⁵⁰ L. D. Hollingsworth, "Promoting same-race adoption for children of color", *Social Work*, 43(2), 104-115.

⁵¹ Vid. Committee for Hispanic Children and Families, *Creating a Latino Child Welfare Agenda: A strategic framework for change*.

lies under the Consent Decree include assurances that all services and written communications will be made available in Spanish; all Spanish-speaking families will be assigned Spanish-speaking caseworkers; and children of Latino parents who are placed with foster parents will be placed in Spanish-speaking homes. Furthermore, the Decree and subsequent Agreed Orders created a new category of certified bilingual workers, prohibited having children translate for their parents, and created internal coordinating and external monitoring structures.⁵²

The Latino Consortium

In the mid 1990s, a group of eight Chicago private agencies under contract with IDCFs to provide child welfare services to Latino children and their families came together to develop a consortium of agencies. Their primary interest was improving child welfare services for Latino families in Cook County. The founding members included a mix of small and moderately sized Latino community-based agencies and settlement houses, and several large multi-service private agencies with offices in Latino-concentrated communities. Although the agencies formed a diverse group, they all shared a history and continued commitment to the provision of culturally and linguistically responsive services for Latino children and families.⁵³

In support of the Consortium's efforts, the IDCFs funded a planning grant in 1996 work toward the organizational development of the Latino Consortium, and later that year, a model for the organizational structure of the Consortium was finalized. This model recognized the Latino Consortium as the care manager for Latino children requiring substitute care services. While substitute care formed the core of the Latino Consortium's services in this model, its continuing goal has been to provide a complete array of intact family and substitute care services for Latino families in the

⁵² Vid. L. Barrios et al., "Latino Population Characteristics and Child Welfare Services: Reflections on Policy, Practice, and Research from the Latino Consortium Roundtable Discussions", Illinois Child Welfare.

⁵³ Idem.

Chicago area.⁵⁴ The mission of the Latino Consortium has remained the same since its inception:

- To provide a holistic array of community-based bilingual and culturally competent social services to Latino children and families, through agencies that have demonstrated mission-based planning in their services to Latino children and families, as well as dedicated substantial resources to serve Latino families.
- To build the capacity of other organizations to provide culturally competent services to address the unmet needs of Latino children and families.

The memorandum of understanding with the Mexican Consulate of Chicago

Mexico's largest consulate in the United States is located in Chicago and provides consular protection to its nationals under the Vienna Convention for Consular Relations of 1969. The consulate serves the more than 600,000 Chicago-area residents born in Mexico, a number that has doubled since 1990 and represents the nation's second largest Mexican community. In the summer of 2000 the IDCFs entered into a Memorandum of Understanding (MOU), an agreement with the Consulate General of Mexico in Chicago to develop procedures to notify the Consulate when a Mexican national or child of a Mexican national is taken into protective custody. This year, an updated and strengthened agreement was signed by the director of IDCFs and Mexico's Consul General in Chicago.

The purpose of the MOU is to protect Mexican minors by providing a vehicle for early identification of these minors and their families when they become involved with the state's child welfare system, and for subsequent immediate notification of the Consulate. These steps are taken to ensure that all protections afforded by the Vienna Convention, the Bilateral Convention, and all other applicable treaties and laws are followed. In addition, this agreement extends the assistance of the Consulate to IDCFs in a number of transnational transactions, such as obtaining documentation from Mexico

⁵⁴ Idem.

necessary for the completion of special immigration juvenile status applications; obtaining birth certificates of Mexican minors in IDCFs custody; obtaining appropriate home studies of potential family placements within Mexico by local child welfare authorities; locating individuals who reside in Mexico and who must appear in an Illinois court regarding the case of a minor; and many other actions related to the complex transnational nature of some cases.⁵⁵

Illinois Latino Child Welfare Field Training Initiative

The Burgos Consent Decree and the MOU provide powerful tools to support appropriate services for Spanish-speaking families and for Mexican children and children of Mexican nationals involved with the child welfare system. The greatest challenge to the realization of these system reform vehicles, however, lies in their complete implementation. More than 25 years have passed since the Burgos Decree was established, and IDCFs continues to fall short of full compliance with its various provisions. As a relatively new agreement and corresponding procedure, there is a general lack of knowledge about the MOU and its implementation among child welfare workers.

Early this year, a forum of Illinois child welfare advocates, professionals, administrators, and researchers, representing broad organizational expertise from IDCFs, the Mexican Consulate, Consortium member agencies, and researchers from three major local universities, was convened to review the current state of Latino child welfare services in Illinois. One of the strongest conclusions of this gathering was that the inadequate and inconsistent training of child welfare workers, supervisors, and court personnel was a major factor contributing to problems with implementing the Burgos Consent Decree and MOU. In addition, the group identified the need for enhanced and continuous staff development in cultural competence with Latino children and families in child welfare services. In particular, participants noted that child welfare professionals often lack an understanding of immigration status and its implications for eligibility for services, licensing, international protections, and immigration proceedings. They also often

⁵⁵ Vid. Barrios et al., *op. cit.*

lack knowledge about relevant resources and how to access culturally and linguistically appropriate community-based service and advocacy resources for Latino non-U.S. nationals. Furthermore, they reported an insufficient number of bilingual, culturally competent, professionally trained child welfare staff across the state, particularly in areas outside the Chicago metropolitan area.⁵⁶

These findings, as well as the organizational relationships that developed across these groups, set the stage for a shared initiative to develop a training program to address the identified challenges. To this end, funding was secured from the U.S. Department of Health and Human Services Children's Bureau to support a collaboration among Loyola University Chicago School of Social Work, the IDCS, the Latino Consortium, and the Consulate General of Mexico in Chicago to develop, field test, and evaluate a culturally responsive, competency-based training curriculum to prepare child welfare supervisors, front-line staff, and court personnel to work effectively with Latino children and families.

This three-year project was initiated in October 2004 and has developed training curricula that incorporate current knowledge of Latino cultural factors relevant to child welfare practice, including family structure and process, risk and protective factors, communication patterns, migratory experiences, acculturation stress and the assimilation process, and help-seeking behaviors. It also addresses relevant population characteristics and population-specific research regarding services system barriers, legal issues, and practice theories and techniques. The goal of this project is to enhance and expand system and practitioner capacity to effectively serve Latino children and families involved with the child welfare system. The training curricula were field tested with the public and private agencies and courts and evaluated for their effectiveness in developing knowledge, skills, and culturally relevant competencies necessary to achieve safety, permanency, and well-being for Latino children and families. Currently, a state-wide training effort utilizing these curricula is underway.

⁵⁶ Idem.

Conclusion

Immigration has been a defining feature of the United States through its history. The U.S. is now home to more than 56 million foreign-born and first-generation citizens, the highest overall number in the nation's history, and one that is expected to grow as new immigrants continue to arrive, form families, and bear children. This trend has considerable implications for the nation's child welfare system. As the child welfare professional community grapples with serving the nation's newcomers and their families, Illinois can be looked to for a number of innovative system reforms that attempt to address the complex linguistic, cultural, and transnational issues present in child welfare practice with Latino families as a model. The four system reforms identified in this article present a model for collaborative partnerships that bridge organizational, community, and national borders to respond to child welfare needs of one immigrant community.

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