**DEPARTMENT OF HOMELAND SECURITY**

**Vision**

Immigrant children represent the fastest growing segment of the U.S. population. One in every four children lives in an immigrant family. Immigrant children who have fled violence, trauma, and extreme poverty and arrive in the United States deserve compassion and assistance. All children, throughout the immigration process, should have access to comprehensive, trauma-informed care, including preventive care, chronic condition management, dental care, and mental health treatment, when indicated. Culturally informed education, interpretation, and legal services should be available at every step in the immigration process. Children should never be placed in settings that fail to meet basic standards of health and well-being. In no case should a child be forced to represent him or herself in an immigration proceeding. It is unconscionable that a child seeking asylum or other protection in the United States be allowed to go before a judge without legal representation. The needs of the child should come first, and typically that means that separation of a parent from his or her children should not occur, unless there are concerns of safety of the child.

**Recommended Administrative Actions**

**Family detention.** The Department of Homeland Security (DHS) should close all its existing family detention centers, which do not meet appropriate standards for the safety and well-being of children. In cases where children cannot be released from custody, DHS should contract with Department of Health and Human Services (HHS) and its Office of Refugee Resettlement to provide shelter and care for children.

**Access to legal representation.** The next administration should ensure that all children in immigration custody have access to legal counsel and should make legal orientation programs available at all detention and processing centers, so families know their rights and responsibilities under immigration law.

**Executive actions to defer action on deportation.** The next administration must strongly defend and expand the executive actions to defer action on deportation: Deferred Action for Childhood Arrivals (DACA) and Deferred Action for Parents of Americans and Lawful Permanent Residents (DAPA). The next administration should end the practice of denying access to health care through the Affordable Care Act (ACA), Medicaid, and Child Health Insurance Program (CHIP) to immigrant youth who qualify for the DACA program.

**Recommended Congressional Actions**

**Enact immigration reform that provides health care for all.** Every individual living in the United States, including and especially every child, should have health insurance coverage. All children, regardless of immigrant status, should have access to affordable, high-quality, comprehensive, coordinated, continuous, and culturally and linguistically responsive health services provided in a medical home. The health, well-being, and safety of children should be prioritized in all immigration proceedings. Congress should enact comprehensive immigration reform that addresses these principles.

**Legal representation.** If the administration fails to make legal representation available to all children in immigration proceedings, Congress should pass the Fair Day in Court for Kids Act (S. 2540 in the 114th Congress).

**Funding Priorities**

**Protection of children.** There must be a vast increase in the resources spent on medical care (including mental and dental care), educational, interpretation, and legal services for children who arrive in the United States at the border.

**About this Document**

This document is an excerpt from Blueprint for Children: How the Next President Can Build a Foundation for a Healthy Future (http://aap.org/blueprint), which was produced by the American Academy of Pediatrics in September 2016 and has also been endorsed by the following organizations: the Academic Pediatric Association, the American Pediatric Society, America’s Promise Alliance, the Association of Medical School Pediatric Department Chairs, Family Voices, the National Association of Pediatric Nurse Practitioners, the Pediatric Policy Council, the Society for Adolescent Health and Medicine, the Society for Pediatric Research and ZERO TO THREE.