Health Care for Children in Immigration Detention

Position Statement

The National Commission on Correctional Health Care (NCCHC) does not support the detention of any child due to immigration status and encourages full compliance with the Flores Settlement Agreement, which establishes standards and licensing authority and limits the amount of time that migrant and asylum-seeking children can be detained. There is no evidence that any amount of time in detention is safe for children. Therefore, any detainment should be in the least restrictive setting, and safe release to the community should occur as soon as possible as per the Flores Settlement Agreement. If a child is close to 18 years of age, every effort should be made to ensure community release prior to the child turning 18 to avoid transfer to adult detention.

NCCHC recommends that children who are detained in confined settings receive, at a minimum, developmentally appropriate physical and mental health care that also incorporates their social, emotional, educational, vocational, nutritional, and other developmental needs. Children detained in confined settings require the following:

1. Provision of health care services by licensed providers that includes screening, immunizations, and treatment for medical and mental health conditions and is timely, culturally and linguistically sensitive, and gender- and trauma-responsive. Care should include basic screening and more extensive screening for unaccompanied children and other selected groups of children. Providers should identify and address urgent needs and serious underlying conditions that require` a higher level of care, such as certain chronic diseases or pregnancy, and arrange for immediate transfer to a local hospital or other health care facility for emergency care for serious conditions, such as life-limiting chronic diseases or imminent risk for suicide. Transfer of records should occur upon release or transfer to another facility or health care setting. Parents or guardians should receive copies of their children's medical records upon release or transfer to another facility or health care setting. For children with serious or chronic health and mental health conditions warranting urgent continuity, referrals for follow-up health care in their destinations should be initiated prior to release.

2. Timely provision of medications for acute or chronic conditions. To ensure continuity of medications upon admission, prescribed medication that children have on their person at apprehension should not be confiscated unless authorized by a licensed medical provider. If a medication is not approved or identified, then it should be replaced in accordance with the medical assessment performed in custody. Facilities should also ensure continuity of medications upon transfer or release from custody by providing an adequate initial supply to complete treatment or a sufficient supply with a prescription refill of chronic medications, until the child can be seen by another health care provider at their destination.

3. Housing in developmentally appropriate facilities with policies and procedures in place to minimize the risk of communicable disease and development or exacerbation of other health conditions by ensuring appropriate environmental temperatures, sanitation, physical space, and provision of adequate linens, clothing, water, food (including age-appropriate meals and snacks), and hygiene products. Conditions should ensure safety; support healthy sleep, nutrition, and hygiene practices; and ensure ample opportunities for

children to learn, play, and socialize as appropriate for their developmental stage. Housing should accommodate children's serious chronic or disabling conditions.

4. Safe supervision by personnel trained and available to support the health, developmental, and cultural needs of the children being served. Staff should treat all children and families with respect, dignity, and awareness of their particular vulnerabilities.

5. Preservation of family unity whenever possible and the opportunity for unaccompanied children to be reunited with their families or sponsors as quickly and safely as possible, both to minimize further trauma and to enable parents/guardians to provide a child's medical history and consent for treatment. Daily contact of unaccompanied children with their family members, such as via telephone or videoconference calls, should be facilitated and encouraged. If children and parents or adult caretakers are separated, procedures to track the identity and locations of children and parents must be in place and utilized to avoid the loss of children from their families.

6. Implementation of quality assurance processes and purposeful monitoring to ensure the above standards are met and processes refined as needed to meet children's health, developmental, social, and safety needs, including in instances of overcrowding, rapid flux in facility census, and the presence of children with significant physical or mental health needs.

Definition

Children – infants, children, and adolescents less than 18 years of age

Discussion

NCCHC is the nation's long-standing leader in the development of standards and accreditation of health care in correctional facilities. NCCHC's primary goal is to ensure the provision of high-quality, comprehensive health care to all people detained in confined settings. This position statement addresses the care of children in immigration detention and other types of custody settings. The challenges presented by the increasing number of children and families being detained by U.S. Immigration and Customs Enforcement overwhelms the capacity of health care providers in these settings and surrounding communities, reduces the available resources to provide quality care, and poses potential health risks to the children, their families, and staff in facilities.

"Detention facility" is used as a general term; the guidance in this position statement includes children housed in residential centers, temporary processing facilities, influx care facilities, and other types of custody settings. Although these children have come to this country seeking a healthy and safe environment, they are held in a range of settings without the ability to leave. Regardless of whether housed in a secure confinement facility or another housing environment, each child deserves a standard of health care as outlined here.

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Resources

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