



Preventing Family Separations and Detention in the U.S. Immigration System

Protecting Child Health, Safety, and Wellbeing

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INTRODUCTION

In 2017, the Trump administration began separating families at the U.S.-Mexico border as a method to deter border crossings and asylum seekers, causing a sharp increase in the number of young unaccompanied minors in U.S. custody. The trauma and stress separated children and their families experienced was profound, and the psychological and health consequences, in some cases, irreversible. Although a federal court ordered the immediate reunification of separated families in June 2018, 1,008 children remain separated as of the end of January 2023 (Interagency Task Force on the Reunification of Families, 2023), with dwindling hopes of reunification. Under the Biden administration, a taskforce has been created to reunify families affected by the Trump administration's policy; however, to date, the process for separated parents to reunify with their children and obtain humanitarian parole (i.e., temporary legal status in the U.S. and a 3-year work permit) has been arduous (Aguilera, 2021). The administration has also not yet reached a settlement to provide the affected families with financial compensation for the trauma they endured (Montoya-Galvez, 2022). Beyond providing access to case management and counseling (Interagency Task Force on the Reunification of Families, 2023), the government has failed to provide these families with any of the other services recommended by advocates.

Moreover, public reporting in November 2022 indicated that family separations have, in fact, continued under President Biden (Brigida & Washington, 2022). Based on investigative reporting, the justifications for separation provided by Customs and Border Protection (CBP) appear dubious in some cases, and in other cases, the justification is the same as was used in the Trump administration's "zero tolerance" policy: children are separated so that their parents may be referred for prosecution for the misdemeanor crimes of "illegal entry" or "illegal re-entry" into the U.S. (Brigida & Washington, 2022). Although there is insufficient recordkeeping and coordination across agencies to track outcomes by family unit, reports from families, attorneys, and immigration advocates suggest that, in recent months, these separated children have overwhelmingly elected to depart the U.S. to reunite with their parent after the parent has been deported (e.g., Brigida & Washington, 2022).

Immigration policies too often lack attention to and focus on the children whose lives are impacted by them. Family separation policies are prime examples of this.

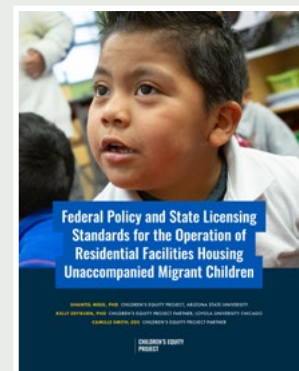
It is imperative, particularly after all of the harm already done, that the government strongly consider children's health, wellness, and development when handling the cases of families seeking asylum, especially in making decisions about family separation. Congress should codify protections for immigrant and asylum-seeking children, including unaccompanied children and children who migrate with adults, that prevent future administrations from engaging in family separations or family detention, and adequately fund supports and services to ensure that children are afforded the care and attention they need while in US custody and as children are reunited with their parents and settle into their communities, whether in the United States or their home countries. **Child welfare should be at the foundation of policies surrounding child immigrants. Unfortunately, too often, children are an afterthought, and as a result, are harmed—in some cases, severely.**

In 2021, the Children's Equity Project published a set of [recommendations](#) for Congress and the U.S. Department of Health and Human Services to improve the conditions in the shelters and systems that house unaccompanied children, including separated children. This brief builds on that report with a focus on what the current administration and Congress can do now to create more child- and family-centered processes for reception and adjudication. We first review the state of the research on the developmental, psychological, and physical toll of family separation and family detention on children and their caregivers. Grounded in this science, we provide a set of recommendations for the Biden administration and Congress to consider in establishing policies and procedures around family separation aimed at preventing the vast majority of separations and mitigating the negative effects of the limited number of separations that are deemed necessary.

ADDITIONAL RESOURCES

by The Children's
Equity Project

**Federal Policy and
State Licensing
Standards for
the Operation
of Residential
Facilities Housing
Unaccompanied
Migrant Children**




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The primary areas of reform, expanded on further in this report, include:

- ✓ Issuing rules that significantly limit family separations, grounded in child welfare and safety, ensuring guidance is specific and minimizes discretion that could be abused to unnecessarily separate more families
- ✓ Ensuring child welfare professionals are responsible for determining whether separations are necessary for the safety and wellbeing of the child
- ✓ Considering the physical and psychological risk of harm of separation in determinations
- ✓ Increasing the threshold for required evidence and written documentation in cases where separations are deemed necessary
- ✓ Embedding accountability mechanisms to ensure fidelity of implementation of rules or guidance protecting children



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THE IMPACT OF

FAMILY SEPARATION

ON CHILD DEVELOPMENT, HEALTH, AND WELLNESS

The vast majority of children and families arriving to the United States to seek asylum have prior exposure to trauma, often both before and during migration (Keller et al., 2017; O'Connor et al., 2015; Perreira & Ornelas, 2013; Sidamon-Eristoff et al., 2022). **Caregivers who are able to remain present with their children and be responsive to their children's needs throughout the immigration process are one of the strongest buffers against the detrimental effects of traumatic stress for a developing child** (Cohodes et al., 2021; Hainmueller et al., 2017; Sidamon et al., 2022). In contrast, **the experience of family separation can be deeply traumatizing for both child and parent, contributing to lasting impacts on development, psychological wellbeing, and physical health** (Lu et al., 2020; MacLean et al., 2019; MacLean et al., 2020; Pesonen et al., 2010).

EFFECTS ON NEUROBIOLOGY

There may be serious long-term effects associated with separation from a caregiver, particularly if the separation occurs during early childhood. As the brain is incredibly vulnerable to the impact of traumatic stress during the early years of life, an attachment trauma during this period is likely to have a cascading effect. That is, traumatic stress fundamentally alters the structure and function of certain regions of the brain—specifically, the frontolimbic neural circuits involved in caregiver attachment relationships, emotion regulation, and fear learning—which in turn shapes the development and functioning of other areas, increasing the risk for long-term psychopathology and other problems (Cohodes et al., 2021). The resulting structural and functional changes to the brain (e.g., reductions in gray matter volume in specific prefrontal and temporal areas, enlargements in gray matter volume in regions of the amygdala, heightened activation of the amygdala, and altered patterns of development and connectivity of frontolimbic networks) are associated with differences in learning, memory, and executive functioning; deficits in accurately distinguishing threats; increased anxiety and overgeneralized fear responses; and difficulty regulating emotional arousal and

behavior (Cohodes et al., 2021; Shonkoff et al., 2012). In some cases, such effects may be life-long. A natural experiment in the wake of World War II found that Finnish adults who had been separated from their parents as children due to war evacuations still exhibited dysregulation in the hypothalamic–pituitary–adrenocortical (HPA) axis more than 60 years later (Pesonen et al., 2010).

EFFECTS ON HEALTH AND WELLBEING

The impact of these physiological changes are borne out in the empirical research on mental health disorders among immigrant children and families. One study of immigrant children in the U.S. found that those who had been separated from their parents at some point during the immigration process were 2-3 times more likely to experience serious emotional or behavioral difficulties, with even greater negative effects observed among younger children (Lu et al., 2020). Similarly, studies conducted during the Trump administration's de facto family separation policy have found that children who had been separated from their parents had higher rates of social, emotional, and behavioral problems, including PTSD, than those that had never been separated, and these rates were significantly higher among younger children under age 12 (MacLean et al., 2019; MacLean et al., 2020). Notably, psychosocial problems did not significantly differ based on length of separation, suggesting that separations of any length can be harmful and have serious consequences on child health (MacLean et al., 2020). In another study of families affected by the separation policy, clinicians diagnosed nearly all of the children in the sample with PTSD, major depressive disorder, or generalized anxiety disorder (Physicians for Human Rights, 2020).

Moreover, for children and parents who have already been exposed to trauma prior to or during migration, the trauma of family separation may have a compounding, synergistic effect. There is a substantial body of evidence documenting that prior adversity can sensitize individuals to stress, such that earlier traumatic experiences can increase vulnerability to an

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amplified stress response if exposed to additional stressors later (McLaughlin et al., 2010). Experiencing multiple severe stressors—for instance, pre-migration trauma, victimization during migration, and then family separation upon arrival to the U.S.—can have an aggravating effect and increase risk for mental health problems, especially when this repeated trauma exposure occurs during early childhood (Cohodes et al., 2021). Trauma exposure and PTSD also significantly increase risk for physical health problems, including cardiovascular, metabolic, autoimmune, reproductive, and other problems that can have lasting effects across the life course (Ryder et al., 2018; Schnurr, 2022).

EFFECTS ON ATTACHMENT

All of the preceding developmental and health effects are fundamentally related to the immense trauma of the loss of an attachment figure. The attachment relationship between child and caregiver is the foundation for nearly every domain of biopsychosocial development (e.g., Cooke et al., 2019; Pallini et al., 2014; Ranson & Urichuk, 2008). A secure attachment involves the caregiver being present, responsive, and reflective of the child's emotional experience; a child thus feels a sense of safety and protection in the presence of the attachment figure and has a desire to reestablish contact when the caregiver is absent (Ainsworth, 1969). Attachment disruptions can have immediate and enduring negative effects on development. Forcible separations by government officials during which children and parents are not provided information about one another or permitted to have contact (Physicians for Human Rights, 2020) are likely to be particularly traumatizing.

In the short term, children who are separated from their parents may demonstrate confusion, generalized fear, heightened responses to perceived threats, immense sadness, helplessness, despair, aggression, physical pain, difficulty sleeping, regression in development (e.g., loss of language, thumbsucking, loss of bladder control), and/or other behavioral difficulties (MacLean et al., 2020; Physicians for Human Rights, 2020; Roth et al., 2019). Further, symptoms of a traumatic stress response or attachment disorder may persist even after reunification or placement with a foster family (Bos et al., 2011; Lu et al., 2020; Physicians for Human Rights, 2020; Suárez-Orozco et al., 2002). A recent study found that, controlling for demographic characteristics and immigration history, Latine adolescents who had experienced immigration-related separation were significantly more likely than non-separated peers to report having a poor relationship with the parent from whom they had been separated (Conway et al., 2020).

EFFECTS ON PARENTING AND FAMILY UNITY

Family separations also take a profound toll on parent mental health and parenting abilities. Research has found that parents separated from their children during the Trump administration's policy were extremely distressed, and most subsequently met diagnostic criteria for PTSD, depression, or anxiety, if not multiple conditions (Physicians for Human Rights, 2020). This is notable, as parental psychopathology negatively impacts parenting and increases the risk of mental health problems among children of refugees/asylees (Back Nielsen et al., 2019; Bryant et al., 2018). In some cases, the psychological damage of separation may be irrecoverable: at least one parent died by suicide after being forcibly separated from his child during implementation of the Trump administration's policy (Miroff, 2018). In other cases, family separations may be made permanent due to the current systems for receiving unaccompanied children. Once a migrant child is separated from their family and designated as "unaccompanied," they are placed into the custody of the Office of Refugee Resettlement (ORR; Kandel, 2018). Children for whom appropriate sponsors cannot be identified are likely to have long-term involvement with foster care, and undocumented immigrant parents are likely to face numerous obstacles to reunifying and regaining custody of their children (Fino-Velasquez & Dettlaff, 2018).



FAMILY SEPARATION

DUE TO PARENTAL INCARCERATION

As family separations involving parents with criminal histories or who are facing prosecution for “illegal entry” have continued during the Biden administration, it is important to consider the impact of separation due to parental incarceration. More than 5 million children in the U.S. have had a parent they lived with go to jail or prison (Murphey & Cooper, 2015). Research has demonstrated this experience has profound effects on attachment, health, academic achievement, and social functioning. The majority of incarcerated parents in the U.S. are the primary caregivers for their children immediately prior to incarceration (Christian, 2009). For these children, separation due to incarceration involves the significant loss of the primary attachment figure, which is likely to be traumatic (Weller Makariev & Shaver, 2010). Only about half of parents in state and federal prison report having contact with their children (Glaze & Maruschak, 2008). There are substantial barriers to maintaining attachment while the parent is incarcerated, which can make reunification after release difficult (Poehlmann-Tynan et al., 2019; Weller Makariev & Shaver, 2010). Additionally, children may experience instability in living arrangements during parental incarceration and/or remaining caregivers may have to work longer hours to make up for the incarcerated parent’s lost income—these dynamics also limit or disrupt a child’s access to essential and supportive attachment relationships (Weller Makariev & Shaver, 2010).

EFFECTS ON CHILDREN

The ensuing effects on child wellbeing are notable, although a specific child’s experience of parental incarceration depends on a number of factors, including parent background, child–parent relationship prior to incarceration, and caregiving experiences during parental incarceration (Poehlmann et al., 2010; Weller Makariev & Shaver, 2010). Nevertheless, research has identified that maternal incarceration is associated with negative child health outcomes, such as pre-term birth, low birth weight, poor health behaviors, unmet health care needs, and infant and child mortality (Austin et al., 2021). Adolescents whose parents have been incarcerated since childhood are also significantly more likely to have developmental delays, migraines, respiratory problems, and musculoskeletal problems. Adolescents with any experience of parental incarceration also face elevated risk for substance use problems, adolescent pregnancy/parenthood, mental health disorders, and worse outcomes in educational attainment (Dobbie et al., 2018; Luk et al., 2022). However, there is evidence that positive parent mental health and consistent, quality contact between child and parent in a safe, child-friendly environment can buffer against the mental health and academic outcomes associated with parental incarceration (Luk et al., 2022; Poehlmann, 2005; Poehlmann et al., 2010; Weller Makariev & Shaver, 2010). Given that current conditions in jails and prisons present numerous barriers to these protective factors, targeted interventions that facilitate parent–child connection and support parental mental health are critical to promoting positive parent–child relationships after release (Poehlmann-Tynan, 2020; Weller Makariev & Shaver, 2010). Such interventions can also reduce parental recidivism, which may in turn reduce risk for future family separation and poor child outcomes (Poehlmann-Tynan, 2020; Weller Makariev & Shaver, 2010).

LOSS OF CUSTODY OR PARENTAL RIGHTS

Noncitizen parents who are detained for immigration-related reasons are perhaps even more likely than citizen parents to lose custody or parental rights due to incarceration. Under the federal Adoption and Safe Families Act, states must file to terminate parental rights (of citizen and noncitizen parents alike) if a child has been out of a parent’s custody for 15 of the last 22 months, even if separation was solely due to incarceration (i.e., not related to charges of child abuse or neglect; Christian, 2009; Hager & Flagg, 2018). Although some states make exceptions for detained immigrant parents so long as they play a substantial role in their children’s lives (e.g., The Fund for Modern Courts, 2017), there are still significant barriers in many states to maintaining regular contact with their children and participating in family court hearings to prevent the loss of parental rights (American Immigration Council, 2021; Finno-Velasquez & Dettlaff, 2018; Teague, 2021; U.S. Immigration and Customs Enforcement, 2022). Moreover, after a noncitizen parent has been deported, their means to regain custody or prevent termination of their rights are extremely limited; there are no current policy mechanisms to ensure deported parents may travel back to the U.S. to participate in child welfare proceedings (American Immigration Council, 2021). Given this policy context, many have advocated for amendments to federal law to address the unique needs of detained immigrant parents and separated children and their involvement with both federal immigration agencies and state child welfare systems (Lincroft & Bettencourt, 2010; Teague, 2021).

THE IMPACT OF

FAMILY DETENTION

Similar to family separation, the experience of being detained as a complete family unit in a jail-like setting (i.e., in CBP facilities or Immigration and Customs Enforcement [ICE] family detention centers) presents serious risks to the safety, health, and wellbeing of children. Migrant children may arrive to the U.S. with chronic health conditions, communicable diseases, and injuries from torture or sexual assault (Peeler, 2019)—along with experiencing other typical childhood health issues, such as the flu—and CBP and ICE have repeatedly demonstrated that they are unable to provide adequate medical care to meet children’s basic health needs. In some cases, CBP has confiscated and not replaced children’s medication, leading to more severe symptoms of their chronic illnesses and prompting hospitalization of children in pediatric intensive care units (Halevy-Mizrahi & Harwayne-Gidansky, 2020). In other cases, children have died. **Since 2018, at least 7 children have died in CBP or ICE custody from treatable illnesses, due to unsafe conditions within the facilities or delayed or inappropriate medical care (Acevedo, 2019; Travassos, 2019). CBP received emergency supplemental funds to improve medical care for those in its custody in 2019; however, the U.S. Government Accountability Office (GAO) later found that CBP had utilized about \$25 million for purposes other than medical care and was inconsistent in their oversight of enhanced medical screening and care procedures (GAO, 2020).**

Since 2018, at least seven children have died in CBP or ICE custody from treatable illnesses due to unsafe conditions within the facilities or delayed or inappropriate medical care.

Children’s mental health also suffers greatly in family detention. Studies of detained families in Canada, England, and Australia document high rates of mental health problems among children, including sleep problems, anxiety, aggression, oppositionality, traumatic stress symptoms, and suicidal ideation (Kronick et al., 2015; Kronick et al., 2018; Lorek et al., 2009; Mares & Jureidini, 2004; Steel et al., 2004). Other studies comparing the mental health of detained immigrant children and immigrant children living in the community have similarly found greater levels of negative affect, internalizing problems, trauma symptoms, conduct problems, and hyperactivity among those in detention (Zwi et al., 2018). Research suggests that the consequences of children’s long-term exposure to these institutional settings are especially deleterious, as children are likely to experience the cognitive effects of neglect and environmental deprivation. In the absence of the inputs that the developing brain expects (e.g., appropriate nutrition, shelter, medical care, supervision; responsive and nurturing caregiving; cognitive and social stimulation; consistent school attendance), synaptic pruning can be accelerated in childhood, in turn leading to reduced global cognitive functioning, developmental delays, and impaired executive functioning (McLaughlin et al., 2017). In sum, jail-like institutional settings present enormous risks to the physical and emotional wellbeing of immigrant children, even if they are housed with their family. ICE’s own Advisory Committee on Family Residential Centers has stated declaratively: “detention or the separation of families for purposes of immigration enforcement or management are never in the best interest of children” (U.S. Department of Homeland Security Advisory Committee on Family Residential Centers, 2016). Detention of families is simply not a safe option for managing the growing numbers of asylum-seeking families arriving in the U.S.

SUMMARY

The science is clear: separation from a parent/caregiver is one of the most severe traumatic stressors that a child can experience (Bowlby, 1973), and health professionals worldwide have condemned the practice as inhumane and causing long-term damage to psychological and physical health (Bouza et al., 2018; Habbach et al., 2020). **Likewise, research demonstrates that family detention exposes children to conditions that damage long-term development, health, and cognition.** The American Academy of Pediatrics has concluded, “there is no evidence indicating that any time in detention is safe for children” (Linton et al., 2017). As evidenced by the reported continued separation of families under the Biden administration (Brigida & Washington, 2022) and proposals to reinstate family detention (Sullivan & Kanno-Youngs, 2023), there are currently not sufficient legislative or policy safeguards in place to prevent future administrations from implementing family separations or family detention on a broad scale (Dickerson, 2022).

Human rights are fundamentally at issue here, and the rights to parenthood and asylum are internationally recognized. The [Convention on the Rights of the Child](#) enshrines the right for parents to not be separated from their children, except when competent authorities determine separation is necessary for the best interests of the child. This must be a guiding principle in both legislation and Department of Homeland Security (DHS) policy. Relatedly, the [Universal Declaration of Human Rights](#) enshrines asylum as a human right that should not be denied on the basis of criminal history, except in the case of war crimes. A history of criminal offending that does not include child abuse or neglect does not alone disqualify U.S. citizen parents from their custodial or parental rights; the same must be true for noncitizen parents.



RECOMMENDATIONS


In light of ongoing litigation on family separations and the discretion of federal agencies to implement immigration policy, we focus our recommendations, which urge a prioritization of children in immigration policy and decision-making, on the Biden administration. However, we recognize that **the most effective and sustainable solution requires legislative action by Congress**. Specifically, we recommend that Congress pass legislation that a) prohibits future administrations from implementing family separations or family detention as tools of immigration enforcement, including explicitly preventing the separation of children from their parents/caregivers in order to refer parents for prosecution of the misdemeanor crimes of “illegal entry” or “illegal re-entry;” b) codifies protections for asylum-seeking children and families in law, including the minimum standards for care of immigrant children in the Flores Settlement Agreement; c) embeds funding for child welfare professionals to work with families throughout all stages of initial processing and screening, including making family separation determinations; and d) increases funding for independent oversight and review of DHS’s treatment of asylum-seeking children and families, with a particular focus on family separations.


RECOMMENDATIONS FOR THE BIDEN ADMINISTRATION

- ✔ **Prohibit family separations in all cases, except when there is an imminent threat to child safety or health.** Prohibit the separation of families arriving together at the U.S.-Mexico border, except in cases where thorough assessment by a child welfare professional or family court judge, and in line with the state’s child welfare policies, has determined imminent danger of harm to a child at the hands of a parent/caregiver. Siblings should also not be separated. Ensure that rules around separation are specific, and that discretion that may be exploited and cause child harm, is minimized.
- ✔ **Require that child welfare professionals make family unity determinations.** Fund a cadre of trained child welfare professionals to facilitate individualized determinations about child welfare in any cases of potential family separation. These professionals should be employed by an independent agency with expertise in child protection—the Administration of Children and Families within HHS. These individuals should, at minimum, have the following qualifications: a master’s degree in social work, psychology, or a related applied behavioral health field; state licensure as a licensed clinical social worker (LCSW), licensed marriage and family therapist (LMFT), or clinical psychologist; expertise in child development; and a minimum of 18 months of direct experience working with children and families. Deployment of these child welfare professionals should begin with the ports of entry that see the largest number of children and families.
- ✔ **Increase the threshold of documented evidence required in cases of family separation.** For each case in which a family is separated, DHS should ensure thorough documentation of the evidence of imminent danger of harm to the child. This documentation should be reviewed by the Inspector General of DHS, at least annually, to ensure separations only occur in extraneous situations in which the child is in danger. A de-identified summary of the reasons for separation and outcomes in each case should also be provided to Congress on an annual basis.
- ✔ **Ensure data are tracked by family units (including all related individuals traveling together, not only parents and children).** In all cases of separation, data should be maintained on the family as a unit, including where each party is sent after separation and the timeline for reunification. The lack of family unit data contributed to continuing difficulties reunifying families separated during the Trump administration. For transparency and accountability, DHS should also maintain publicly available, de-identified records of the number of separations and reason for separation in each case.
- ✔ **Prioritize child wellbeing in cases of separation.** In all cases, the risk of harm resulting from a potential separation must be taken into account when evaluating a child’s best interests. When separations are deemed necessary (i.e., only when there is imminent danger to the child), ensure they are implemented by a child welfare professional and occur in a safe environment and developmentally responsive manner. Child welfare


staff should attempt to maximize transparency by providing both parents and children with information about the reason for the separation, how long it is likely to last, how it may affect them, and where each party will be physically taken (Muñiz de la Peña et al., 2019). Child welfare staff must also ensure that separated children are sent to developmentally and age appropriate shelters once designated “unaccompanied.”


CBP/ICE and ORR should collaboratively ensure in-person visits and other forms of regular communication and contact between separated children and parents while parents are detained, except in cases where a child welfare professional has determined parent-child contact may have an adverse impact on the child (e.g., recent/ongoing child abuse or neglect). CBP and ICE are not currently mandated to provide parents with contact with their children while detained, yet ORR is required to ensure children in their custody have regular opportunities to communicate with family members. In light of this discrepancy and the empirical research documenting the importance of family connection during parental incarceration, CBP and ICE must expand opportunities for in-person visits and remote contact from all children (i.e., not only children in ORR custody or state child welfare proceedings, but also children who have been released from ORR custody, who were already living in the U.S., and who are living in their home country). Visitation and contact procedures must be child-centered and aligned with best practices guidelines for child visitation of incarcerated parents (e.g., Poehlmann et al., 2010).


 **Expand health, social, educational, and economic supports for families seeking asylum.** Culturally and linguistically responsive, trauma-informed services and supports—at every stage of the immigration process—are critical to addressing families’ basic needs, helping children and parents heal from trauma that may be hindering their functioning and adjustment, and fostering families’ resilience to navigate future stressors, such as social isolation or language barriers.

 **Implement additional screenings that enable unaccompanied children to remain with grandparents, adult siblings, and other close relatives, like aunts or cousins, who are their caregivers, but not their legal guardians, while prioritizing child safety.** Provide funding to send ORR officials to multiple sectors across the southwest border in order to evaluate unaccompanied children arriving with adult, non-parent relatives in person and in real time, to determine whether the family can be immediately reunified and prevent a traumatic

separation. These evaluations should be conducted by child welfare professionals with expertise in child protection and family reunification, in partnership with ORR officials, in order to: 1) determine whether the child and adult are related and the adult is the child’s caregiver, and 2) rule out the possibility that the adult poses an imminent danger of harm to the child’s safety. If ORR can make this determination, the child and adult can be reunified at the border to continue to their destination together and await next steps in their immigration cases.

 **Embed regular oversight and increase transparency of family separation processes and implementation.** Oversight on family separation must be embedded systematically, across all levels, to ensure implementation is prioritizing child health and safety, taking into account the health and psychological risks of separation. This should include records oversight, including documentation of separations, and unannounced in-person oversight of facilities in which separated and unaccompanied children are housed. Oversight should also focus on ensuring implementation of the Flores Settlement Agreement, including access to medical screening and treatment and adequate food, water, and sleeping conditions, as well as the requirements in Trafficking Victims Protection Reauthorization Act (TVPPRA), including the transfer of children from CBP facilities to ORR custody within no more than 72 hours, and ideally much faster.

 **Improve the conditions of unaccompanied child shelters.** Implement the recommendations previously provided in [the Children’s Equity Project’s report on residential facilities housing unaccompanied children](#) to improve the conditions in these shelters to maximally promote child health, wellness, and development and to ensure children’s prompt reunification with family is prioritized.

 **Prohibit the detention of children and family units.** Detention is harmful to child development, health, and wellbeing, and should never be considered as a tool for immigration enforcement. Families should be able to live together, in non-detention settings, that are appropriate for children and foster health, wellness, and development. The administration should avoid use of any programs or services that surveil youth or families, but instead fund community-based supports that families may elect to participate in.

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