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Climate of Fear: Provider Perceptions of Latinx Immigrant Service Utilization

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Abstract

Latinx immigrants endure stressors throughout the immigration process that detrimentally impact their health and wellbeing. Yet, they also face substantial barriers to accessing and utilizing services. These barriers might be heightened under the Trump administration, which has implemented policies facilitating increased immigration enforcement and punitive immigration practices. This study utilizes data collected from providers who serve Latinx immigrants in the border state of Texas to better understand current immigrant service utilization behaviors. Individual interviews and focus groups were conducted shortly after the last presidential election to inquire about recruitment, retention, program completion, and resources to address key client risk factors. Applying grounded theory analysis strategies, interviews, and focus group recordings were coded for key themes. Data demonstrated central concerns held by providers serving immigrants, and especially those who are undocumented or in mixed-status families. Concerns were related to the following three themes: (1) undocumented immigrant stressors, (2) limited resources for undocumented immigrants, and (3) service utilization barriers. Lack of services for undocumented immigrants and fear related to service utilization were prominent subthemes. These findings extend our knowledge of stressors and barriers of access and utilization for immigrants during this time period of increased immigration enforcement which have valuable implications for practice and future research. Providers can take concrete actions to educate immigrants, regardless of documentation status, on how their clients' identities will be protected. In addition, intentional trust-building strategies are essential to help overcome fear of utilizing services. Future research should ascertain perspectives of immigrant families, as this study drew perspectives only from providers.

Keywords Latinx immigration · Immigrant stress · Service utilization · Access and utilization barriers

Latinx immigrants, and especially those without documented status, endure extensive challenges before and after arrival in the United States (USA) that can negatively impact their wellbeing [18, 29, 36, 39]. The majority of Latinx immigrants originate from Mexico or Central America, where high rates of poverty and violence are present [27, 53]. While migrating to the USA offers higher wage employment options and improved safety to overcome poverty and violence, immigrants contend with numerous stressors associated with settlement and integration [23, 30, 44]. These stressors are persistent for immigrants and pose risks to their physical health, mental health, and general wellbeing [1, 33, 38, 44]. Despite elevated physical health, mental health, and psychosocial needs, immigrants face multiple barriers to accessing and utilizing services to address these needs [7, 25, 28]. While immigrants have long faced service access and utilization barriers, little is known about barriers and utilization patterns under the current federal administration. The increased negative political and social dialog about immigration and the increase in stringent immigration policies might serve to worsen utilization barriers. Understanding service utilization patterns and possible shifts in these patterns will provide valuable information for providers striving to serve Latinx immigrant clients in a variety of settings.

Immigrant Stressors

Latinx immigrants often arrive in the USA after experiencing hardships in their home countries that include poverty, limited

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employment options, and exposure to gang-related violence [27, 40, 45]. The travel period to reach the USA poses additional stressors, such as a long journey across the Rio Grande River or Sonoran Desert with insufficient supplies, gang-related violence, and illness or injury [11, 24, 26]. Therefore, by the time immigrants reach the US border, many have tolerated high levels of hardship that can negatively impact their health and wellbeing [27, 45].

Stressors for Latinx immigrants persist once they are in the USA, compounding the hardships already experienced [23, 38]. Some prevalent stressors include cultural and language challenges, discrimination, and grief associated with loss of loved ones who remain in the home country [23, 30, 39]. Taken together, these stressors are detrimental to wellbeing. For example, cultural-related stress associated with migration has been found to correlate with poorer mental health status and overall wellbeing [33]. Experiencing discrimination predicts an increase in both physical and mental health disorders [6, 38, 43]. Immigration-related stress is detrimental not just to individuals but also to the family unit. Elevated stress also predicts lower family cohesion and poorer parent and child wellbeing [16].

Both parents and their children experience stress associated with immigration. Parental stress significantly impacts both immigrant and native-born children and can negatively affect health status, educational outcomes, behavior, and overall wellbeing [13, 17, 22, 37, 52]. For example, a study with primarily Latinx youth found that lower levels of parenting stress can serve as a mediator to protect children who have endured trauma [52]. Latinx parental stress associated with financial hardship and depression has also been found to correlate with poor child academic success [19].

Stress associated with immigration is high. This stress can be particularly high for Latinx immigrants fleeing violence, since they most often lack refugee status and have difficulty qualifying for asylum or Temporary Protected Status, despite the extreme rates of violence and poverty in their home nations [27, 35, 53]. In fact, deportation can mean immigrants would be subject to further violence, persecution, or even death [8, 46]. Helping families to cope with stress and the impacts of stress is essential. Immigrant families are under unique pressures as they strive to engage in routine family interactions and functioning while navigating life in a new country and culture, while also dealing with their past trauma. Thus, programs designed to strengthen family dynamics and lower stress can aid in reducing risks to youth.

Service Utilization

Latinx immigrants face a wide range of access and utilization barriers to health and psychosocial services [25, 32]. These barriers include linguistic and cultural differences from providers, lack of insurance, costs of services, and transportation difficulties [7, 25, 28, 32, 42]. In addition to these well-documented barriers, undocumented immigrants experience fear of being stopped by police while driving to a service organization and/or providing personal information to a provider that could be used to facilitate the arrest and deportation of individuals and/or their family members [5, 21, 34, 51]. In the current sociopolitical climate, fear-related utilization barriers have possibly exacerbated, placing Latinx immigrant families at greater risk of having untreated health disorders and psychosocial needs.

Sociopolitical Context

The Trump administration took a strong stance on removing undocumented immigrants from the USA [41]. This stance is visible via executive orders related to reducing legal immigration, ending temporary protections for undocumented immigrants, erecting a wall between the full US–Mexico border, and engaging in *extreme* vetting of immigration applicants, in efforts to bolster immigration enforcement nationwide [41]. As a result, anti-immigration rhetoric is widespread in multiple forms of media and public discourse. In response, fear among Latinx immigrants is high. Undocumented immigrants and those in mixed-status families fear detention and deportation that can result in being sent back to a country with high rates of poverty and violence, and arrests can end in family separation [4, 34]. This fear permeates all aspects of immigrant families' lives, intensifying their stress levels. While supportive programs are especially critical for families in such vulnerable and stressful circumstances, fear related to disclosing immigrant status can have a substantial impact on preventing utilization of services [3]. The impact might be particularly pronounced in border states that have larger immigrant communities and more immigration law enforcement.

Study Setting

As a border state with a long history of immigration and a large proportion of residents who are Latinx, Texas presents a rich setting to examine provider accounts of immigrant client service utilization [50]. In 2018, an estimated 39.4% of Texas identified as Latinx (or Hispanic), compared with 18.1% at a national level. Growth of this population continues with the Texas Demographic Center [48] projecting that Latinxs will outnumber non-Hispanic whites by 2022, thus Texas is a leading state in terms of Latinx immigration. Considering the high levels of stress that accompanies the immigration process and the correlation of this stress with poorer health status and wellbeing, provision of accessible services is essential to promoting healthy individuals and families. In order to best

prepare for serving a large – and growing – Latinx immigrant population, deeper insight into their experiences related to accessing care is needed.

Current Study

Texas committed significant public funds into community-based programs to serve families with young children in order to prevent incidents of child abuse and neglect [49]. Project Healthy Outcomes through Prevention and Early Support (Project HOPES) included a total of 30 organizations implemented programming, and 13 distinct evidence-based programs were applied using the public funds. A list of the evidence-based programs can be found in Table 1. Communities were provided funds to deliver direct services to families through parenting education programs and support services and also facilitate community coalitions aimed at child maltreatment prevention. Support services to families included counseling, case management, childcare, and assistance with meeting basic needs. Communities generally used funds for parenting education through home visiting. The programs did not have restrictions on serving families with undocumented family members.

Data from the evaluation of community-based child maltreatment prevention programs is used in this study. The larger program evaluation is a mixed-method study conducted over four fiscal years utilizing multiple forms of data collection across 22 communities in Texas. The larger evaluation was in its second round of qualitative data collection immediately after the last presidential election during a time when increased raids, arrests, and patrols were highly visible in immigrant communities. This specific study uses qualitative data collected from providers and select quantitative data that is directly related to the qualitative research questions. The current study leveraged the experiences and perceptions of providers, including supervisors, parent educators, and case managers, who have worked and continue to work with Latinx immigrants in the implementation of Project HOPES. Learning from providers is essential due to the close relationships that providers build with their clients. These relationships can allow clients to share their thoughts, perceptions, and experiences at a more intimate level that might not be shared with researchers. For this reason, we utilized qualitative individual interviews and focus groups, in addition to relevant quantitative survey questions, to explore providers' lenses regarding immigrant experiences of service utilization in the current sociopolitical context. Specifically, we aimed to examine the following study objectives in the current sociopolitical context: (1) provider perceptions of the experiences of undocumented immigrants and mixed-status families to utilize health and social services and (2) capacity of provider organizations to serve Latinx immigrant families.

Table 1 "Note: This data is mandatory, Please provide."

Evidence-based programs
24/7 Dad
AVANCE Parent-Child Education Program
CenteringPregnancy
Family Connections
Home Instruction for Parents of Preschool Youngsters
Incredible Years
Nurturing Fathers
Nurturing Parenting
Nurse-Family Partnership
Parents as Teachers
SafeCare
Triple P (all levels)
Wraparound

Methods

The current mixed-methods study utilizes data collected as part of a larger program evaluation of the community-based child maltreatment prevention programming. The larger mixed-methods evaluation used administrative data collected by the program, two online surveys where one was completed by providers and one completed by community coalition members, a survey completed by program participants, and interviews and focus groups conducted with providers, coalition members, and program participants. This paper utilizes both qualitative and quantitative data from the second year of evaluation from interviews, focus groups, and survey data from Project HOPES providers. The evaluation was designed based on Centers for Disease Control and Prevention (CDC) community-based child maltreatment prevention strategy to understand the program's impact on safety, stability, and nurturing tenets of community-based child maltreatment prevention [10].

Sampling and Data

Purposive sampling was employed to recruit study participants. Project HOPES providers who were identified as being available by evaluation team members were recruited for participation. After obtaining written informed consent, a total of 208 providers from the programs 16 sites were interviewed between March and July of 2017 via individual interviews or focus groups. Only those who referenced immigration (N = 81) are included in this study. All data were collected via the survey, interviews, and focus groups. In the larger evaluation, pre–post data were collected on risk and protective factors from primary caregivers. Fidelity measures were monitored by program developers. These findings are outside of the scope of this current study.

The online survey was disseminated separately from the qualitative interviews to obtain providers' perspectives related to serving immigrants. Some providers participated in both the survey and qualitative components of the study. This was a voluntary survey that was distributed during June and July of 2017 to Project HOPES providers. The purpose of the survey was to gather information on the process of program implementation. The survey included questions on a range of topics (all answered on a 3- or 4-point Likert scale) that included perceptions of community resource needs and resource availability related to child maltreatment prevention, perception of evidence-based programs, staff burnout, recruitment and retention of participants, and among others. In addition, providers were asked about their comfort level when talking with clients about immigration-specific concerns, training topics that would be beneficial for providers serving immigrants, and the availability of services specifically for undocumented immigrants. These last three questions are included in this current study due to their relevance to the qualitative responses referencing services to immigrant clients.

Individual interviews ($N = 22$) and focus groups ($N = 59$) were conducted using a semi-structured format. The format (interview or focus group) designations were based on providers' job role and the number of providers at each agency. Supervisors and managers were interviewed separately from direct service providers. In settings where only one provider was available, individual interviews were conducted, while focus groups were utilized in other settings. Due to the smaller number of supervisors and managers, they more often participated in individual interviews compared with direct service providers.

Interviewers used interview guides developed by the evaluation team to maintain consistency with the interview process. The semi-structured format allowed flexibility to explore individual comments or themes in more depth. Separate interview guides were used for direct service providers and supervisors or administrators.

The interview guide for direct service providers centered on the following five key topic areas: recruitment and retention, program completion, client survey services to address factors related to child maltreatment (e.g., substance abuse, mental health, multigenerational trauma, and family violence), evidence-based practice, and case management. Within each of these topic areas, specific questions focused on client characteristics, engagement in and barriers to services, percentage of clients completing the program, participation in the client survey, availability of and client connection to resources to address primary factors contributing to child maltreatment, and client progress toward goals. Though the questions did not initially ask about immigration, this topic was brought up frequently by providers. In response, interviewers began including a question about service delivery in regard to immigration concerns after a few initial site visits.

The supervisor/administrator interview guide is also centered on five topics that included the same topics as those in the direct service provider guide, except for one. Instead of the category on evidence-based practice and outside case management, supervisors were asked about administrator experience. Within this category, questions inquired about issues reported by direct service providers, support for direct service providers and clients, and client achievement of program goals. Each interview was completed at the providers' agency office and lasted between 45 and 60 min. One interview was conducted in Spanish and all others in English. Interviews and focus groups were audio-recorded and transcribed verbatim. The design of qualitative data collection was to have representation of providers at each agency of the 16 program sites for this component of the evaluation. Therefore, data saturation was not evaluated before completing qualitative interviews and focus groups.

Analysis

Stata13 was used to examine descriptive results of the quantitative survey questions. Recorded interviews were transcribed verbatim, de-identified, and analyzed using content analysis with the copyrighted and secure web-based software Dedoose Version 8.3.10 that serves as a platform for managing and analyzing qualitative data [15]. Inductive thematic methods were applied to coding utilizing approaches from grounded theory to allow the themes to emerge from provider responses [12]. Using open coding techniques, an initial coding scheme was inductively developed for analysis [47]. A coding team consisting of the lead researcher and five research team members was established. Each member coded the first transcript and then met to review the initial coding and to revise the coding scheme based on the first analysis and subsequent discussion. Member checking occurred at this point in analysis before finalizing the coding scheme. Upon finalization of the coding scheme, all remaining transcripts were coded by one of two final coders. The interview that was conducted in Spanish was transcribed in Spanish by a native Spanish speaker with two native Spanish speakers coding the data. Only quotes used for reporting were translated into English. Excerpts and codes from the transcripts were exported to a Microsoft Excel spreadsheet for further organization of themes and summarization.

Results

Provider Survey

Demographic data were collected for survey respondents only. Among this sample, 61.6% of providers reported Hispanic ethnicity, 29.5% were non-Hispanic white, and 8% were non-Hispanic black. Providers were overwhelmingly (96%)

female. In regard to age, 34% were between 30 and 39 years old, 31% between 20 and 29 years old, 23% between 40 and 49 years old, and 21% were age 50 or older. Over one third (36%) were Spanish speaking. Just over half (55%) had a bachelor degree and 30% had a master degree. Practice disciplines included social work (25%), psychology (14%), education (12%), early childhood education (11%), child development (8%), nursing (3%), and other (27%). Years of practice varied with 37% having worked in child maltreatment prevention for more than 10 years and only 7.3% of providers reporting either less than one year or no experience in this field of practice. Though these data were not collected for qualitative provider participants, demographic data are likely similar to those of survey provider participants due to sampling from the same population of providers. See Table 2 for sample demographics.

The provider survey had few questions related to immigration as the survey addressed broader issues of program implementation. The majority (82%) of providers reported feeling *comfortable* or *very comfortable* talking with clients about immigration-specific concerns. Of the 152 providers who completed the survey, 47% indicated that a beneficial training topic for providers would include how to talk with families about immigration and immigration system processes. Responses to questions about the availability of services for undocumented immigrants indicated that some services were thought to be *generally available*, including emergency food assistance (59% reported generally available) and medical care (43%). Other services were believed to *rarely available* or only *sometimes available*. Only a small percentage of providers believed the following services to be generally available: assistance with rent (10%), adequate paying work (15%), and resources in rural communities (15%). See Tables 3 and 4 for full survey results.

Table 2 "Note: This data is mandatory, Please provide."

Demographic characteristics	Percent
Age range	
20–29	31%
30–39	34%
40–49	23%
50–59	13%
60 and older	8%
Female	
Race/ethnicity	
Asian	96%
Black (non-Hispanic)	0.9%
Hispanic, Latinx/a, or Spanish origin	8.0%
White (non-Hispanic)	61.6%
Fluent in Spanish	29.5%
Education level	
Some high school, no degree	0.9%
High school	0.9%
Associate degree	7.3%
Some college	3.7%
Bachelor degree	55.0%
Master degree	30.3%
Doctorate degree	1.8%
Field of study	
Child development	7.5%
Early childhood education	11.2%
Education	11.9%
Nursing	3.0%
Psychology	14.2%
Social work	25.4%
Other	26.9%
Experience working in child maltreatment prevention (years)	
None	1.8%
Less than 1 year	5.5%
1–2 years	11.9%
3–5 years	22.9%
6–10 years	21.1%
More than 10 years	36.7%
Experience working with high risk families (years)	
None	8.2%
Less than 1 year	10.6%
1–2 years	21.2%
3–5 years	24.7%
6–10 years	17.6%
More than 10 years	17.6%

Provider Interviews and Focus Groups

The following three themes specific to immigration emerged from qualitative analysis: (1) undocumented immigrant stressors, (2) limited resources for undocumented immigrants, and (3) service utilization barriers. Themes remained consistent across individual interviews and focus groups interviews, so the type of interview did not appear to influence the theme. Not surprisingly, providers located near the Mexico border more frequently discussed their clients' experiences of fear related to having undocumented status in a region with higher border patrol activity. Each theme will be defined and described with descriptions of subthemes and exceptions.

Undocumented Immigrant Stressors

The theme of undocumented immigrant stressors refers to stressors often resulting in client's fear of utilizing services that were unique to individuals or family members with undocumented status, as indicated by providers about their clients. A broad statement from a provider that captures the essence of clients having undocumented status was "that's very

Table 3 "Note: This data is mandatory, Please provide."

Barrier type	Rarely a barrier	Sometimes a barrier	Generally a barrier	Unsure
We cannot identify or reach families that need help	41%	38%	11%	11%
Families are unwilling to engage in services	18%	57%	20%	5%
Cultural barriers prevent accessing help	24%	53%	13%	11%
Transportation	22%	32%	41%	5%
Concern regarding immigration	14%	45%	30%	11%
Availability of time services are being offered	41%	49%	7%	4%
Perception that the agency is affiliated with CPS	26%	40%	26%	8%

stressful, especially right now." The stress and fear of lacking documented status can impact US citizen children living in mixed-status families. One provider illustrates this impact on US citizen children with a story about a parent client who did not renew her daughter's Medicaid. The provider described the parent's statement, "I'm not going to renew my child's Medicaid, because I don't want to be found." The provider further explained "and yet this child has severe medical issues." In this situation, the child would not only forego services at one organization but would not have access to any Medicaid-covered medical services due to the parent's lack of documented status and fear of service utilization. In other situations, language barriers were reported as an ongoing stressor for undocumented immigrant clients to navigate life in the USA. This barrier is highly visible in regard to service provision, "My clients… can't even express themselves" if a provider who is proficient in Spanish is not available.

Having clients who felt the need to move due to lack of safety was discussed prevalently among providers. In one instance, a provider shared the story of a parent who elected not to attend a deportation hearing and instead moved to a new US city. The parent reportedly hoped to avoid detection via the move, "she just assumed that if she withdrew him [her child] from here and moved to here, no one's going to know. She was just going to start fresh over here." More often, families were reported to have moved back to their countries of origin as a means of ending the stress associated with fear of an Immigration and Customs Enforcement (ICE) raid or arrest. A provider stated that "we just had two families that have decided to move back to their countries just recently, because of all the immigration stuff going on." This point is further illustrated by some providers relaying families' rationale for moving, "I don't want to live in fear that tomorrow I'm going to get picked up while my kids are in school." Another illustration is that families would discuss with providers that they "don't want to put [their] child through it, where if they come knocking down the door and take me and scare her." Per the provider's report, that parent also decided to return to their country of origin. In these situations, providers explained that families return to their countries of origin with their children to avoid the trauma of arrest and potential separation from their children. Other families were said to return to their home country because "they are having trouble finding work" in the USA due to having undocumented status.

Table 4 "Note: This data is mandatory, Please provide."

Service availability	Rarely available	Sometimes available	Generally available	Unsure
Emergency food assistance	3.6%	35.1%	59.5%	1.8%
Affordable child care	35.1%	45.9%	17.1%	0.1%
Assistance with utility shut-offs	26.1%	53.2%	18.0%	2.7%
Assistance with filling medical prescriptions	28.8%	44.1%	14.4%	12.6%
Assistance with rent	38.7%	47.7%	1.0%	3.6%
Work paying a living wage	27.9%	52.3%	15.3%	4.5%
Job training	20.7%	51.4%	24.3%	3.6%
Access to medical care	1.0%	45.0%	43.2%	1.8%
Access to mental health services	27.9%	41.4%	28.8%	1.8%
Access to affordable housing	42.3%	39.6%	17.1%	0.1%
Reliable public transportation	28.8%	37.8%	33.3%	0
Resources for families in rural areas	51.4%	23.4%	1.0%	1.0%
Resources for families who are undocumented	36.9%	44.1%	6.3%	6.3%

More specifically, employers might be fearful of increasingly stringent consequences of hiring undocumented workers, "so they're choosing not to give them jobs anymore." Given these examples of undocumented immigrant stressors discussed by providers, undocumented immigrants experience a wide range of barriers with limited resources to aid in settlement and integration.

Resources for Undocumented Immigrants

This theme of limited resources for undocumented immigrants reflects data on the broader community of provider organizations serving undocumented immigrants. Services were said to be very limited for individuals without documented immigrant status. Even when someone has a medical diagnosis, without either insurance or legal documentation, services might not be available. A provider reported about this situation when reflecting about one client, "well, in my country I was diagnosed as this, but I can't talk to anybody here because I don't have insurance. I don't have documentation so that I can go to a free clinic." While free clinics exist, a legal form of documentation is required to access services.

The primary services that were specified as available for undocumented immigrants included Know Your Rights trainings and legal support. However, when legal or other services are available, "they take a long time or there is a waitlist." Further, "there is still a cost" associated with most services. While "it's a lower cost… there's still a cost and [families] are not able to afford it." Identifying services, and especially affordable service, for undocumented immigrants is a challenge that providers frequently encounter.

Service Utilization Barriers

This final theme reflects barriers immigrant families face preventing participation in services even when services are available, as discussed by providers. Though providers identified a number of nonimmigration-related barriers, such as stigma or transportation challenges associated with service utilization, immigration-related barriers were the primary focus of this theme. Sixty providers (74%) referenced immigration concerns associated with utilizing services. Broad statements about service utilization suggested that many providers have witnessed a reduction in Latinx clients. One provider explained that immigrant clients "don't want to be traced" and want to remain "under the radar" in the current political climate. The point was also made that "a lot of families are actually dropping [out] or they're afraid to get services." As a result, both newly referred and existing Latinx clients are not showing up for appointments. In one organization, the "families were [previously] 80% Hispanic," but now "Hispanic referrals have dropped to none." Elaboration on this theme is evident in the following three subthemes for service utilization barriers: (3a) fear of going to service organizations, (3b) fear of providers in home, and (3c) striving to build trust.

3a. Fear of Going to Service Organizations Organizations have witnessed a considerable reduction in service utilization; "they went from a full waiting room, which we could see, you know 30 or 40 people, down to about 10 people." Providers overwhelmingly referenced immigrant families' fear of going to the location where services are provided. A provider explains this fear by stating that "people started getting afraid, afraid to come in." The fear of going to provider organizations was found to include fear associated with leaving one's home, being pulled over while driving, and concern over ICE agents raiding and/or detaining undocumented immigrants at the provider organization. One provider indicated that their organization has seen fewer clients, "because people are not coming out of their homes anymore." Another provider also explains that "it's actually a very big fear of a lot of people to even step out of their homes." This point about fear associated with leaving one's home was referenced by several providers.

When clients do leave home, a number would have to drive without a US driver's license in order to reach the provider organization, which instills another element of fear of being stopped by the police. As one provider described, "in this area there's a lot of police, so they're very fearful of that, even though they may not be out there for the sole purpose of stopping somebody… [based on appearance or the assumption that they are] Hispanic. It's still on their mind." Even those who are less fearful of leaving home or getting to the organization were said by providers to have ongoing fear of using services, "families are reluctant to access services because they're afraid that – what if they come in here and there's a raid?" Further, some families worry that providers will actually report them for lacking documented status. This same provider elaborated that families are worried that, "if we find out that they're undocumented…we report them?" This provider was not indicating that providers do report undocumented immigrants but was strictly speaking to this fear of immigrant clients.

3b. Fear of Providers in Home Some provider organizations can address the fears indicated above by going to the homes of clients, instead of requiring them to leave home. However, clients' fear associated with service utilization was reported to also extend to sharing a home address and having providers in their house. Providers discussed that clients have expressed fear that the documentation of their personal contact information could lead to arrest and deportation. A provider described this situation of interacting with clients, "I ask them [immigrant clients] may I have your address… They say why? – or I don't feel comfortable giving you that information." When providers do go to the home, a provider notes that families might ask "What are you really doing here? You're asking me

a lot of questions. What are you going to do with this information?" In another case, a provider was asked by a family to see the child client at school instead of at home. In the final question, in which providers were asked if they had anything else to share, a provider indicated that delivering services in schools was a valuable strategy to serving Latinx clients, as one of the "populations that need [services] or that aren't getting served." One provider's statement of providing in-home visits was an exception to this barrier, "I'm still surprised at the openness with which they let us into their homes." Concern was expressed that this openness might change in the future.

3c. Striving to Build Trust In response to the barriers to service utilization, providers expressed a desire to serve immigrant clients and an effort to establish enough trust to do so. Establishing trust was identified as a way to help overcome fear associated with program participation. "If trust was *not* in place, then "a lot of fear and skepticism" would be present. As providers, taking the time to establish oneself and the services among the community of undocumented immigrants is essential. By engaging heavily with this community, providers "were able to help them see that we could be trusted in that area." The fear among immigrants is exceptionally high and inhibits the ability to trust providers. A provider explains that fear associated with "the political climate… severely affected our Spanish-speaking population, primarily." Data suggest that providers are eager to serve immigrant clients and that one effective strategy is strong engagement with undocumented immigrant communities as a means of building relationships and gaining trust, which emerged as a vital step in this process.

Final Provider Input

The final qualitative question asked if providers had any other information to share and was answered by 57 providers. Responses largely related directly to the evaluation and its results, in addition to topics related to service provision. Only one provider referenced immigration, specifically with a request for training on immigration, including immigration laws. Two providers mentioned services to Latinx or Spanish-speaking clients for this final question. The aforementioned provider who referenced providing services in school for Latinx youth further discussed the importance of using terminology that is not stigmatizing when discussing services. The provider who referenced Spanish speaking simply requested to have program materials in Spanish on hand for clients.

Discussion

Findings from the study extend the discussion of provider perspectives of Latinx immigrant experiences in the USA beyond the stressors experienced as immigrants navigating a new country and culture to hardships of residing in the USA in a time period with an increased focus on immigration enforcement. Sixty (29%) of the 207 providers in this study indicated that fear associated with immigration status deterred their clients from utilizing services. Limited literature has addressed this escalated fear that media and other anecdotal reports show is present among Latinx immigrants. Yet, the increased focus on immigration enforcement cannot be understated. The impact of fear associated with this increased enforcement and anti-immigrant rhetoric is supported in these study findings.

Findings related to the stress associated with living as an undocumented immigrant in the USA are not surprising. Previous literature also suggests that either having or living with family members who have undocumented status poses continuing stressors, especially for parents and their children [2, 4]. Just last year, over 100 children had a parent detained in a workplace immigration raid in Eastern Tennessee [9]. Many of the children were at school when the raid occurred, so they faced the discernible fear of not knowing the fate of their parents in the USA. Families with undocumented parents live with an enduring fear of being in this same situation. In this study, some families elected to return to their countries of origin rather than live with this anxiety.

The theme of limited availability of services for undocumented immigrants also reflects existing literature. Undocumented immigrants encounter multiple insurance, cost, and identification-related barriers to utilizing health and psychosocial providers [14, 20]. Therefore, even without the fear pertaining to arrest or deportation, services are often simply unavailable for undocumented immigrants. Yet, the unique contribution of this study is that even when services are available, undocumented immigrants are overwhelmingly no longer willing to utilize them.

The extent of fear that families, including US citizen children, contend with has a prominent and lasting effect on their health and wellbeing [4, 31]. Learning that immigrant families are inhibited from seeking accessible services, even for their children, is of high concern. This situation poses a health crisis for families and for children, many of whom are US citizens. These children will likely remain in the USA long term and will benefit from early intervention to address the stressors associated with having parents who live under constant duress as undocumented immigrants.

The stressors and exposure to trauma that occur before and after arrival in the USA place Latinx immigrants in a vulnerable position in regard to health and wellbeing. Latinx immigrants possess multiple resilience factors that are evident in their capacity to undergo the migration process and to endure life in the USA despite the hardships. At the same time, the multitude of stressors can overwhelm coping skills, which have a detrimental impact on the whole family. Youth will especially feel these impacts as they navigate their own

hardships and traumas in the context of parents bearing their own stress.

The subtheme related to building trust underscores the key to supporting immigrant families through promoting healthy family dynamics and healthy children. In the case of these community-based programs, families were learning valuable skills to help prepare their children for education in the USA and improving parent-child relationships. Helping families to overcome utilization barriers to either go to the service organization or to allow providers in their home is a vital first step to adequately support the families during an especially trying period.

Several limitations should be noted. Data were obtained from providers, so these findings are perceptions of their immigrant clients' barriers. Therefore, this study does not capture the first-hand experiences of immigrants' service utilization rather the understanding of immigrant service utilization experiences is provided through the perception of providers who were directly serving this population. Since the study includes interviews of providers from only one program in one state, we cannot know whether providers in other settings are seeing similar themes in their work. Also, generalizability is further limited by the qualitative nature of the study in which we strived to gain representation of providers from each organization in Project HOPES, but did not obtain a representative sample of providers serving immigrants or collect data until saturation was achieved. Despite the limitations, study results provide valuable information for practice and policy.

Study findings yield meaningful data for providers engaged with immigrant families, particularly related to the importance of building trust. Strategies used in the past for trust building might no longer be sufficient in the current sociopolitical climate of increased immigration enforcement in which clients carry fear associated with sharing their personal contact information with providers. While further research is essential to increase understanding of effective strategies to overcome this fear and build trust in this period of heightened immigration enforcement, we propose several approaches based on provider experiences with undocumented immigrant clients.

At an organizational level, service provision strategies might aid in improving the comfort level with seeking services. When possible, offering services at a location that is a short distance, or even walkable, from the largest number of immigrant clients can help to mitigate fears related to driving or taking public transportation to seek services. Also, in terms of client records, ensuring that all identifying information is kept in a secure, encrypted file can also help to reassure clients that their information cannot be obtained from those outside of the organization. Clients can instead be provided with an identification number to use on non-secure files instead of having clients' names on these files. Avoiding the documentation of home addresses can add another layer of protection for clients, which can also provide further assurance to clients that the organization can be trusted and that such information will not be shared with outside organizations. Maintaining these practices as organizational policies can help create an environment in which all providers are aware of the importance of protecting client identities. In addition, providing training to all providers on how to talk with clients about their concerns regarding immigration and about the policies that are in place can ensure that clients receive a consistent, accurate information from all employees at an organization.

A key fear that providers reported was immigrant clients' fear of a raid at the provider organization. Organizations will benefit from having clear, transparent policies and procedures in place in the event that immigrant enforcement arrives onsite. All organizational providers and staff, in addition to clients, should be knowledgeable of their rights and how to respond in such an event to best protect clients. When made aware of such policies and practices, clients might have greater reason to engage in a trusting relationship and service utilization.

For direct service providers, training on immigration policies and Know Your Rights sessions could assure that providers are educated on the policies that instill fear in their clients and also equip clients with concrete actions if confronted by immigration enforcement officers. This step can facilitate more effective communication between providers with their clients, who might not fully understand policies or their implications. Also, training on how to best communicate with clients about not only immigration related policies, but also their fear, could help to foster deeper conversations and trust building. Once trained, assessing clients' fears and how their fears impact family dynamics, their children, and service utilization is important to identifying treatment needs and utilization barriers. Once barriers are identified, providers can strategize with families on how to best overcome these barriers.

Providers might also consider being flexible about where services are provided. Meeting with children in public settings, such as schools, might feel safer for many families. Offering services by phone or even videoconference might also aid in reducing fear and strengthening trust. In addition, asking clients where they prefer to meet (e.g., at the office, in home, at a park, or other locations) aids in empowering clients to have a role in strengthening their sense of safety and trust in the provider organization. Despite the above efforts, however, the looming risk of arrest that could lead to detention and/or deportation will remain for many families. If a client or client's family member is arrested, providers can support the family emotionally and by linking them with resources to support the legal process associated with detention and possible deportation. Ensuring that families know their rights in this situation and are knowledgeable about legal resources and procedures is essential to both aiding the family and maintaining a trusting relationship.

In addition to changes within organizations, broader level advocacy for federal and local governmental policy change is vital to supporting immigrant and mixed-status families. Supporting the health of families, and especially children, is a high priority among health and psychosocial service providers. Advocating for policies that facilitate the ability of organizations to provide services to immigrants, regardless of status, and their children would aid in promoting healthier families and communities.

Conclusion

Latinx immigrants encounter considerable stress in order to access improved opportunities and wellbeing in the USA. Study findings suggest that the stressors might be even higher in the current sociopolitical context, in which federal immigration policies are more stringent than in the past years. Specifically, immigrant clients might be less likely to utilize services that are available to them due to this fear of family separation and deportation, despite the high level of stressors that facilitate the need for health and psychosocial services for this population. Establishing organizational policies and practices that facilitate greater trust between providers and clients might aid in addressing utilization barriers, resulting in stronger family units and healthier parents and children.

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Compliance with Ethical Standards

Conflict of Interest Each author, Dr. Mary Held, Dr. Monica Faulkner, Dr. Beth Gerlach, and Ms. Swetha Nulu, declares that she has no conflict of interest.

This article does not contain any studies with animals performed by any of the authors.

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards.

Informed Consent Informed consent was obtained from all the individual participants included in the study.

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