Service Needs among Latino Immigrant Families: Implications for Social Work Practice

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This study sought to learn from Latino immigrant families what services they need to promote their families’ well-being within a context of stringent anti-immigrant legislation. Fifty-two Latino immigrant parents participated in focus groups. Focus groups took place following the passage of Senate Bill 1070. Findings reveal five major categories of need: mental health, physical health care, education, information and support services, and community efforts. Participants’ experiences as immigrants played a significant role in their narratives. The narratives reveal that families need assistance navigating systems of care, coping with discrimination and oppressive environments, strengthening ties among community members, and advocating for policy change. Social workers are called to address the needs of this community and advocate for human rights and social justice.

KEY WORDS: immigrant families; immigration legislation; Latino families; service needs

The future of Latino immigrant families is at a critical juncture. The sociopolitical environment impacting Latino families includes anti-immigrant legislation that has eliminated bilingual education and ethnic studies programs and has required verification of legal residency. The economic crisis has left unemployment rates higher for Latinos than for those in the general population, 11 percent and 8 percent, respectively (Bureau of Labor Statistics, 2012). Latino families experience high levels of discrimination (Pew Hispanic Center, 2010), including racial profiling (Perez, 2011), family disintegration due to deportations (Chaudry et al., 2010), and multiple barriers to accessing care and assistance (Kullgreen, 2003; Snowden & Yamada, 2005); this discrimination places their physical health, mental health, and general well-being in jeopardy. Although efforts have been made to understand how the sociopolitical environment impacts access to services, few efforts have sought to learn firsthand from Latino immigrant families what services are needed to promote their well-being within this context. This study addresses this gap in the knowledge base with research from focus group discussions with Latino immigrant parents about what services they believe are needed to promote their families’ well-being. Overall, their responses fell into five major categories: mental health, physical health care, education, information and support services, and community efforts. Immigration-related factors such as documentation status, anti-immigrant sentiment, discrimination, and family separation due to deportation played a crucial role in their narratives.

LATINOS IN THE UNITED STATES

Latinos are the fastest growing ethnic group in the United States. In the last 10 years, they have experienced a 43 percent growth and represent 16 percent of the total U.S. population (50.5 million) (Ennis, Ríos-Vargas, & Albert, 2011). Mexican individuals account for 63 percent (31.8 million) of all Latinos in the United States (Ennis et al., 2011). Almost half of all Mexican individuals (approximately 12 million) are immigrants (Passel, Cohn, & Gonzalez-Barrera, 2012). It is estimated that half of all Mexican immigrants are undocumented (Passel & Cohn, 2009). An estimated 5.5 million children in the United States have parents who are undocumented, and approximately three-fourths of these children are U.S. citizens (Chaudry et al., 2010).

As Latino immigrant families transition and adapt to the United States, they experience a range of adverse experiences, including substandard housing, abuse, trauma, stigma, discrimination, and poverty (Aguilar-Gaxiola et al., 2012). In addition, their social support network may be limited or highly taxed as their network members are living in the same or worse conditions (Ayón & Naddy, 2013), and they are susceptible to increased pressures to acculturate and assimilate (Aguilar-Gaxiola...
et al., 2012; Alegria et al., 2002). These challenges can be debilitating for Latino immigrant families’ health and well-being (Aguilar-Gaxiola et al., 2012).

ACCESS TO CARE FOR LATINO FAMILIES
The political landscape in the United States has played a major role in reducing access to care by immigrants. With the passage of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L. 104-193), undocumented immigrants are ineligible for any public services provided at a federal, state, or local level (Kullgreen, 2003). In Arizona, the site of the present study, citizens passed a law requiring proof of documentation status when accessing care. Such policies are problematic as children of immigrants, who are eligible for assistance because they are U.S. citizens, are often prevented from accessing needed health care, which places their health at risk (Kullgreen, 2003). Evidence suggests that service providers serve as gatekeepers to services, as they request parent and child documentation when Latino parents seek services for children (Ayón & Becerra, in press). Thus, fear of detention and deportation prevents mixed documented families (that is, parents are undocumented and children are U.S. citizens) from accessing services.

Lack of health care insurance is another barrier experienced by Latino immigrant families. Approximately, 31 percent of all Latinos in the United States lack health insurance, with the highest uninsured rates among foreign-born Mexican individuals (57 percent lack health insurance) (Saenz, 2010). In addition, there are a limited number of culturally and linguistically competent professionals in the health care system (Aguilar-Gaxiola et al., 2012), and interpreters are often unavailable or poorly trained (Cristancho, Garces, Peters, & Mueller, 2008); this prevents Latino immigrants from accessing care and receiving effective care. Immigrants report feeling discriminated in health care settings based on their race and ethnicity, insurance status, and inability to speak English (Keller, Silberberg, Hartmann, & Michener, 2010). Furthermore, perceived discrimination is associated with going without needed health care (Keller et al., 2010). Latino immigrant families are unfamiliar with systems of care in the United States and are confronted with a bureaucratic system that they are unable to navigate (Ayón, 2009). They may not trust service providers (Snowden & Yamada, 2005), particularly if they fear detection by immigration authorities (Rodriguez, Vargas Bustamante, & Ang, 2009).

POLITICAL CLIMATE IN ARIZONA
Arizona has passed a number of policies that impact Latino families. In 2000, Proposition 203 eliminated bilingual education. Proposition 200 (2004) requires that people provide proof of immigration status when applying for public benefits, and state employees are mandated to report “suspected undocumented immigrants” to immigration officials. Failure to report leads to misdemeanor charges. Proposition 300 (2006) requires undocumented university students to pay out-of-state tuition, and these students are ineligible for financial aid. The Legal Arizona Workers Act (2008) requires the use of e-verify to validate the immigration status of all newly hired employees, and businesses who knowingly hire undocumented workers may be penalized. House Bill 2281 (2010) ended ethnic studies programs in Tucson. Senate Bill 1070 was passed in 2010; it is regarded as the most restrictive of the immigration policies. It requires individuals to carry documentation at all times and has defined the failure to do so as a crime. In 2012, the Supreme Court struck down three of the major provisions in Senate Bill 1070, but it upheld the provision by which police officers may question an individual’s immigration status if reasonable suspicion is present.

THEORETICAL ORIENTATION
This study is informed by critical theory, which holds that certain groups are privileged over others, power relations mediate actions and thoughts, and structural forces can be oppressive (Kincheloe & McLaren, 2005). The strengths perspective, which assumes that every individual, family, and community has strengths, is also relevant to this research. Latino families have many strengths grounded in their cultural heritage. For example, familismo refers to the importance of strong family loyalty, closeness, and getting along with and contributing to the well-being of the family (Guilamo-Ramos et al., 2007). Familismo has been identified as a protective factor; this cultural value has been linked to positive health outcomes, including lower levels of substance and drug abuse (Unger et al., 2002) and increased use of preventative care such as mammogram screening (Suarez, 1994). Features of familismo such as pride, belonging, and obligation to family
members are distinct attributes transmitted across generations regardless of time spent in the United States (Santiago–Rivera, 2003). Based on this theoretical orientation, Latino families strive for healthy families and will be able to identify supports and services that are needed to aid and enhance their families’ well-being; however, they may be faced with structural challenges and power relations that have silenced, oppressed, and prevented them from accessing care, information, or resources.

As social workers, we strive for social justice and advocate and work with people who are poor, vulnerable, and oppressed (NASW Code of Ethics). In doing so, we endeavor to build communities that are empowered with people who will continue to transform their lives and environment. We need to engage Latino immigrant families in a dialogue on how the sociopolitical environment is affecting them and what service needs and assistance they see as necessary to support their well-being. This study makes several contributions to the current knowledge base, as it allows the voices of a silenced community to be heard and integrates their perceptions regarding needed services. The study was completed after a number of anti-immigrant policies were legislated in Arizona, including Senate Bill 1070. Findings from this study provide data on perceptions of the impact of Senate Bill 1070 and other anti-immigrant legislation. These findings can inform social workers in other states with similar laws and provide evidence for why such laws hinder social work’s mission of promoting social justice.

**METHOD**

Focus groups were used to obtain information on Latino parents’ perceptions about the service needs of their families. Focus groups are communitarian in style, stimulate dialogue among participants, and often feel safer for participants than one-on-one interviews. For these reasons, focus groups are commonly used with ethnic and low-income communities (Gentlemen & Winkleby, 2000; Linhorst, 2002). Seven focus groups were held at a community-based agency. I facilitated the focus group sessions, which ranged in duration from 1.5 to two hours. There were between seven and 12 participants in each focus group. Following human subjects approval, I recruited participants from a family literacy program in Arizona. Potential participants were informed about the research project, including the purpose of the study, confidentiality, potential risks and benefits, and eligibility criteria (that is, first-generation Latino parents with young children). Participants received $25 as partial compensation for their time.

**Participants**

Fifty-two first-generation immigrants participated in the focus group sessions. The sample consisted predominately of mothers (n = 45, 86.5 percent), and one focus group included only fathers (n = 7, 13.5 percent). Consistent with the demographics of Arizona, almost all of the participants were of Mexican heritage (n = 51) and had resided in the United States for an average of 11 years (SD = 5.690). The participants’ mean age was 36 years (SD = 8.06), and they had an average of three children (SD = 1.22). The majority of the participants were married (n = 36, 69.2 percent) or living together (n = 8, 15.4 percent), and the remaining were single (n = 5, 9.6 percent). More than half of the participants had an annual income below $19,999 (n = 28, 54 percent).

**Interview Guide**

A semistructured interview guide was used to facilitate the focus group dialogue. Several topics were discussed: familial and community strengths, family needs and challenges, support network and services, and needed services to promote family well-being. In this article, only findings on needed services to promote family well-being are presented. Participants were asked to provide examples, and probing questions were used as needed to solicit responses. A short demographic survey was also completed. Data were collected in Spanish and translated for the purpose of this study. Due to space limitations, only some Spanish quotes are included in this article.

**Data Analysis**

The procedures outlined by Strauss and Corbin (1990) were used to analyze the focus group data. Throughout the analysis, a constant comparative approach was used within and between focus group transcripts (Charmaz, 2006; Strauss & Corbin, 1990). The transcripts were (re)read, labeled, and categorized using open coding. Open coding involved identifying and labeling each distinct incident or idea, categorizing the data by grouping concepts that represent similar phenomena, labeling or
naming the categories, and developing properties and dimensions of the identified categories.

Several steps were taken to enhance the trustworthiness of the study. Three project members (me and two research assistants) completed the analysis independently and then met to discuss major themes. Whenever inconsistencies in the analysis emerged, we referred back to transcripts and discussed our understanding of participants’ comments. We also completed member checks with a randomly selected subgroup of participants (n = 15, within two focus groups). Member check participants were presented with preliminary findings; they were asked whether the findings were consistent with their experiences (Armour, Rivaux, & Bell, 2009), whether anything should be changed or added, and to provide additional examples and clarifying information. Their feedback was incorporated into the final analysis. Quotes are used extensively to support the credibility of the findings (Charmaz, 2006).

FINDINGS
The overarching question guiding this study was what services are needed to promote the well-being of Latino families. Participants’ responses fell into five major categories: mental health, physical health care, education, information and support services, and community efforts. Their status as immigrants played a critical role in their narratives, as they experienced barriers to accessing care or defined specific needs within each service category based on their experiences as immigrants.

Mental and Behavioral Health
Contrary to studies that found that stigma prevents Latinos from seeking mental health assistance (Aguilar-Gaxiola et al., 2012), participants in this study frequently cited the need for mental health services. Prevention efforts, family interventions, counseling, and support groups for mothers are findings included within the mental health category. Prevention efforts and counseling services for youths were commonly cited responses regarding their needs. Parents stated that it would be helpful to have a place where they could take their children for therapy ["un lugar donde los lleve uno y les den ahí una terapia"]. Adolescence is a challenging time, and Latino parents acknowledged that they need support.

I have always looked for something like support for the children when they become rebellious in adolescence but I have never found it. I would like it if there was a place where you could consult a psychologist on certain problems you have with adolescents or somewhere you could take them so they talk out what is wrong.

Similarly, participants stated that prevention efforts are needed, as many youths experience high pregnancy rates and are exposed to substances in the community.

At a family level, participants stated that services that aim to promote and enhance ties among family members are needed. Participants stated that such interventions should strive to improve communication among family members and both parents and children should be involved ["talleres entre padres e hijos"] so that they are able to strengthen their relationship. In the following quote, two fathers discuss the need for improved communication.

Participant R: It would be better if both were together so that the children can express what they don’t like about one, and we can say what we don’t like as well.
Participant J: How it can be said better . . . Sometimes you tell them when you’re angry and even if you’re not angry the words that you use make it seem like you’re angry.

The issues of domestic violence also emerged during several focus groups. Participants stated that Latinas are often unaware of services that are available or where to seek assistance. At a prevention level, workshops that educate the community about domestic violence and resources were suggested.

Platicas como para violencia domestica también, a mi me ha tocado que tengo amistades que me platican y no sabe uno como ayudar porque no sabe a donde ir. [Talks for domestic violence as well, I have friends that talk to me about it and you don’t know how to help because you don’t know where to go.]

At an individual level, some participants described having issues that they had been working through their whole life. Other participants described needing
assistance with motivation and self-esteem building. Participants were open to therapy or workshops.

Often one needs psychological support or something like that because . . . [for example,] my husband used to drink a lot and I would look out the window, for a long time to see if he came home, to see if he’s here. The children would talk to me and I would tell them “wait, I’m waiting to see if your dad’s here, wait.” That happened to me for a long time until he left. I realize that I neglected them and I regret that, and I’m trying to be better. I think that I had, maybe I still have it, a trauma because my dad was a drunk, and now the father of my kids is a drunk . . . So that is a problem that I have.

A support group for mothers was commonly discussed throughout the focus groups. The women participants stated that they need something to help them get out of their day-to-day routine [“sacar de la rutina”], support from others, and an opportunity to talk about family and personal issues. The women did not agree as to whether the group should serve solely as a social group (for example, exercise, sewing, dancing) or also have therapeutic aspects.

I think psychological help for mothers please write it down as something important . . . to work in groups so that we can share, maybe she has a good idea for my problem and maybe what she says helps me and a psychologist too.

The effect that the political environment has had on families was evident in the focus groups, as a few women cried while sharing their stories. Participants are fearful of how they will be treated if Senate Bill 1070 is implemented, they are fearful of family members being deported, and they are worried about what will happen to their children if they are deported. The following participants stated that mental health assistance is needed as a means to vent, grieve, and release.

Participant A: To vent/disclose one’s troubles or grief.
Participant B: Everything mental.

Latino families have been severely impacted by deportations and by fathers moving to other states in search of employment opportunities. A participant stated, “Que regrese mi esposo . . . y es que mi niño hizo un dibujo y le puso ‘papi regresa para atrás para estar juntos’” [That my husband returns . . . it’s just that my son drew a picture and he put ‘daddy return so that we can be together’]. Participants’ narratives often reflected high levels of stress and the impact of discrimination due to anti-immigrant sentiment.

Participants reported that their children are also impacted by the political climate. Children’s nativ- ity is questioned, and they experience discrimination in schools. Participants report that talking to their children about the political environment is a difficult task, because they are unsure about how to present the topic to their children without frightening them, or they feel like they do not have all the answers.

Participant C: If you want it or not . . . you can’t block the sun with a finger, you have to tell them that this is going on because one day they get you or your husband . . .
Participant D: And then they ask you, what is up with this law and why does it say this? Are they also going to take you? I mean they are already thinking about this.
Facilitator: How do you talk about this with your children?
Participant C: Well no . . . we don’t even know how. We aren’t very informed, at all, so we don’t know what to do.

Physical Health Care
Access to health care is critical. Many of the participants shared examples in which they delayed seeking assistance until their pain was unbearable or spent a week’s salary on a single visit to the doctor. Participants’ quotes fell into three common themes in relation to health care: affordability,
immigrants go without care. Participants expressed the need for affordable health plans. They do not expect to receive services for free, but they would like a health plan that is accessible. For example, they suggested including a fee schedule that is based on their financial status ("una cantidad que sea justa" [an amount that is just]) and prerequisites they can meet. The following quote illustrates a participant’s hopes for a health plan that is affordable and accessible to low-income families. Her response also raises the question of how many immigrants go without care.

I think if there was some kind of medical insurance . . . that they gave you an insurance you can pay monthly but that they didn’t have too many prerequisites . . . so that in the end you don’t qualify. You are still going to pay, you don’t pay a lot but if they tell you to pay $40 monthly even if you don’t need it that month but you already know that if next month you get sick, you can go with confidence for medical attention. However [the way we are now] . . . if I get sick I have to just endure it, because I don’t have medical insurance.

Participants would like a health plan that is comprehensive. They stated that it should include regular doctor visits, surgeries, and dental care. One participant was required to pay upfront for a surgery to remove a cancerous breast tumor and consequently delayed getting care.

Participants’ status as immigrants plays a significant role in their inability to access health care. Participants understand that if they are undocumented, they are ineligible for public services, but their children who are U.S. citizens do have a right to such services. Scare tactics are often used to prevent individuals from accessing care for their children. For example, parents are asked for their identification cards or documents, even though they are seeking assistance for their U.S.-born children (Ayón & Becerra, in press). Because participants fear that they will be reported to immigration officials, they elect to pay cash for all medical care. Participants described the hardships their families have to endure when children are denied public health care based on the parents’ documentation status.

You barely have enough to pay for the bills, for food, that my son needs shoes or a sweater. They think that we have extra money or that we are a burden. But if it’s something that the children qualify for because they were born here, why is it denied to them? We aren’t asking for services for the parents, we are asking for services for our children . . . One time one of my kids got really sick, his ear was badly swollen. So I went to the emergency room, two hundred for the visit so that the doctor could tell me he has an ear infection . . . And then he gave me some eardrops, I thought maybe 30 or 40 dollars. No, the eardrops were 99 dollars, it seemed like the doctor knew it was 300 dollars I had in my pocket. And how long did I work for those 300 dollars, a week.

Education
As it relates to education, participants shared examples of needing tutoring services for their children and information on the requirements for enrolling in the university. A participant stated, “A mi me gustaría un lugar donde pueda ir por ayuda para mi hija porque ella está un poco mal en álgebra” [I would like a place where I can ask for help for my daughter because she is not doing well in algebra]. Another common theme was documentation status as a barrier to accessing higher learning. Many of the participants were concerned about their children or youths in the community who are undocumented. They describe how helpless youths feel as they are unable to go to the university.

I know people that are in high school and they don’t have papers, they say ‘I’ll finish high school and that’s it.’ They already feel defeated because they think why are we going to keep studying if I don’t have papers. . . . That’s what is happening a lot. . . . Because they can’t work even if they are graduates, they can’t have a career because they are undocumented.

Information and Support Services
“We need information on everything!” Participants needed information on how to find services and on the type of services that are available in the community. Some participants provided more specific examples, including their need for information on housing supports, job training, and recreational activities for children and youths.
Well more than anything [we need] information because often you pass through different circumstances and you don’t know where to go or who to ask for help. All kinds of information, health, with respect to your children because a lot of the times you don’t hear about anything unless your neighbor tells you and if he doesn’t want to tell you well then you’ll never know.

Participants were first-generation immigrants. They reported needing information on the new immigration laws, how new laws impact immigrants and should be implemented, what their rights are as immigrants [“los derechos de inmigrantes”]. and what the rights are of their children who are U.S. citizens [“sobre los derechos que tienen los niños . . . que son nacidos aquí”]. In addition to not knowing where to seek assistance on these issues, participants also noted that they are inhibited by their fear.

Maybe we don’t know how much help there is because we’re afraid of being asked for an ID or our papers and so we stay home. . . . You don’t know how much help there is because you would rather stay home because you’re afraid.

The following quote illustrates how first-generation immigrants are unaware of their rights and their children’s rights.

I think that happens to a lot of us who come to this country and we are first generation. You don’t know your rights or obligations you have. A lot of the times this happens and we don’t know of all the things we can do and even more so when they are about our children as they are growing up. . . . A lot of the rights [our children] have we don’t know about because as a parent you don’t speak English, you are first generation . . . you don’t have someone to tell you.

Participants mentioned they would like advocacy centers, mediators, and lawyers as resources to seek guidance and support. The following quote illustrates this need, and it speaks to immigrants’ inability to trust and seek help from police officers since they have been at the forefront of implementing anti-immigrant policies in Arizona. Evidence suggests that the practices of the Maricopa County Sheriff’s Office (MCSO) deputies and supervisory staff reflect unconstitutional policing, such as engaging in racial profiling of Latinos through unlawful stops, detentions, and arrests (Perez, 2011).

I think that it’s also important if that law SB1070 comes into effect people are going to be very afraid to call the police. I think that agencies should be formed or groups where one can go so they can intervene and be mediators. The mediator, that helps with the police with whatever problem. So that they could intervene for us so that we don’t interact or even see the police.

Community Efforts

Community efforts include building ties among community members, participating in political advocacy including immigration reform, and changing the negative perception of immigrants. There were several discussions on the lack of ties and support among community members. A participant stated, “También eso la unión de los vecino . . . Oséa yo pienso también que eso es muy bueno pues para la comunidad pues porque si hay unión entre vecinos, es cuidarse entre unos a otros” [Also unity among neighbors . . . I think that is also something good for the community because if there are strong ties among neighbors, we can take care of each other]. Some participants indicate that the ties among neighbors that are familiar to them in their country of origin are missing in the United States. People no longer trust each other.

I think that we should create relationships here because people are really scared and above all people live day by day. In Mexico, people might have no money but you aren’t missing the friend that offers you lunch at their home, a coffee, no matter how poor people are and here people are . . . less trusting.

Participants indicated that the community would be united by having strong ties. Through building ties among community members, they are building their social network, which creates opportunities, mutual support, and sharing of information.

“Bueno ahorita lo más importante es una reforma immigratoria” [Right now the most important thing
Participants described the need for immigration reform, advocacy for immigrants, and access to an identification card. Families are being fragmented, there is a constant state of uncertainty and fear, and U.S.-born children of immigrants and immigrants themselves are refused services on a daily basis. This is not a healthy environment. Immigration reform would bring many families tranquility, as participants shared.

Participant A: Tranquility . . .
Participant B: That they would give documents to the people who need them right? It would be a great success for a lot of families.
Participant C: Like a dream come true for a lot of families because a lot of the times it’s just one member that doesn’t have their papers. Because right now the doors are closed if one family member doesn’t have papers the whole family is affected. Because once you have your papers you can look for a better job and be ‘free’ . . . free and calm.

The political climate has become a gateway for unfair treatment and hatred toward Latinos.

Necesita cambiar el clima para el inmigrante . . . El clima racial porque es racismo . . . o sea por el simple hecho de ser Mexicano o no ser guero de ojos azules, pelo guero. [The environment for the immigrant needs to change . . . . The racial climate because its racism . . . I mean because the simple fact that you are Mexican or not being a white . . . blue-eyed, blond hair.]

Participants view the recent immigration legislation as a racialized issue; it is Latinos who are being targeted. Participants described the need for laws that are respectful to Latinos, because the current laws have led to many discriminatory practices.

Hace falta leyes que pidan respeto a los Latinos porque hay much gente grosera . . . pues seria la discriminación. [We are missing laws that ask for respect towards Latinos because there are a lot of people . . . well it’s discrimination.]

Participants suggested changing the negative perceptions about immigrants.

We need the opportunity to demonstrate that we come to build not destroy. [Que nos den la oportunidad que demos traemos a construir no a destruir.]

Limitations
The generalizability of the study is limited, as families were recruited from one family literacy program and these parents may be different from parents who do not participate in such programs. Although efforts were made to recruit more men, a majority of the participants were women. Even with these limitations, the study addresses a gap in the literature on the service needs among first-generation Latino immigrant families within a context of stringent anti-immigrant policies and sentiment.

DISCUSSION AND IMPLICATIONS
The deleterious effects of anti-immigrant legislation are evident in participants’ narratives, which confirm the complexity and urgency of their service needs. The political climate has heightened the need for services among immigrant families (for example, mental health services and advocacy support) while creating additional barriers to services (for example, use of discriminatory practices). The compounding impact of these consequences can be detrimental to Latino immigrant families. As stated by NASW, recent anti-immigrant legislation “should greatly concern all social workers committed to the profession’s core values of human rights and social justice” (de Silva, 2006, para. 3). In our mission for social justice, we need to assess policies and practices that marginalize and oppress communities and look for opportunities to intervene and collaborate with such communities. This study provides a view of the experiences and service needs of Latino immigrant families in Arizona following the passage of Senate Bill 1070 and other anti-immigrant legislation.

Similar to previous findings, participants reported barriers to accessing care, primarily lack of health insurance, documentation status, low income, and unfamiliarity with systems of care (Kullgreen, 2003; Saenz, 2010). These barriers often lead to delayed care, economic hardships, and stress. Immigrants and their children who are U.S. citizens are deprived of health care, which leaves them at risk for more severe health problems.
Needs for mental health care and preventive services were prominent responses throughout the focus groups. This is contrary to a previous finding that stigma prevents Latinos from seeking mental health services (Aguilar-Gaxiola et al., 2012). The severity of participants’ experiences and the harsh political climate may have contributed to a shift in their beliefs around mental health services. Participants recognize that their families are experiencing highly stressful situations, which impact their mental health. Their requests for assistance included support groups for mothers, individual counseling, and supportive resources such as mediators for stressful situations grounded in their immigrant status. Families who have been disintegrated due to deportation are confronted with significant financial losses and emotional turmoil that take a heavy toll on the family (Chaudry et al., 2010). Families do not have the coping skills to deal with discrimination or the tools to discuss such issues with their children. Service providers need to assess the impact of discrimination on these families. Interventions for this community should include discussions of different forms of discrimination and education about developing healthy coping strategies. At the same time, communitywide efforts are needed to prevent discrimination, increase the appreciation for diversity, and promote social justice. Efforts are also needed to make mental health services more accessible to this community.

Many participants feel isolated from community members and resources. Social workers at community-based agencies can play a critical role here. Community-based organizations are central to providing culturally sensitive services to immigrant populations (Cordero-Guzman, 2005), as they provide a more homelike environment (Patterson & Marsiglia, 2000). Latino immigrant families lack information on available resources. Similar to Keys et al. (2012), who found that Latino immigrants live in ethnic and language enclaves with limited access to resources, individuals in this study stated that they were limited to services that were known by their family and neighbors. Social workers need to engage in efforts to disseminate information on available resources in communities in culturally grounded ways, for example, by developing a Promotora program (or lay helper program). Promotora programs have been found to be effective at engaging hard-to-reach communities and have been used to disseminate information, deliver interventions, and mobilize and empower communities (Gonzalez-Arizmendi & Ortiz, 2004; Haberstroh, Gee, & Arredondo, 2008).

Social workers serving this community need to be aware of all legislation impacting immigrants and changes to such legislation as a means of ensuring that immigrants’ rights are not violated. This information and helpful resources must be conveyed to immigrants. Social workers need to collaborate with immigrant advocates and other immigrant-friendly providers to hold workshops or develop bulletins that can transmit this information on a regular basis. Immigrant families need information on available health services, educational opportunities, and how policies such as Senate Bill 1070 and the federal Deferred Action for Childhood Arrivals program will be implemented.

Participants stressed the need to build ties among community members, because such ties could become a means by which information is transmitted and help can be extended. Social workers can engage community members in community-building efforts to strengthen ties. Community projects such as gardens, murals, sculptures, and parks have been found to increase community exchange and strengthen community identity (Delgado, 2000).

Comprehensive immigration reform is needed, as are evaluations of how current policies are being implemented. Social workers can work with communities to move advocacy efforts in this direction. They can collaborate with immigrant communities and partner with existing organizations to identify change agents, galvanize the community, and raise awareness on the issues. In Arizona, several groups have emerged in response to the anti-immigrant political environment. The UNIDOS youth movement of Tucson organized against the dismantling of their district’s Mexican American studies program. Organizations such as Puente Arizona have developed immigrant rights workshops, and Promise Arizona organized an ambitious voter registration campaign for the 2012 presidential election. These groups can serve as models for engaging community members in advocacy and change efforts.

At the same time, social workers can engage communities in a critical dialogue on immigration issues and work toward changing the negative perceptions and stereotypes held about Latino immigrants. Many of the assumptions made about Latino immigrants—such as they drain the public service system or do not pay taxes—are false (see
Becerra, Androff, Ayón, & Castillo, (2012). Rather than problematizing and scapegoating immigrants, social workers need to engage communities in a critical analysis of the history of immigration in the United States, the contributions of immigrants, and potential options for addressing the immigration issue in a just and safe manner.

Immigration is not new to the United States. Like many groups before them, Latino immigrant families are faced with many challenges as they adapt to a new environment. This process has been complicated by the surge in anti-immigrant legislation and an economic crisis that has greatly affected Latinos and everyone in the United States. The service needs shared by participants in this study illustrate the range of challenges experienced by Latino immigrants and their families. It is critical for social workers to partner with communities to support access to much needed supports for families and to advocate for humane immigration reform.

REFERENCES


Passel, J., Cohn, D., & Gonzalez-Barrera, A. (2012). Net migration from Mexico falls to zero—and perhaps less.
Retrieved from the Pew Hispanic Center Web site: http://www.pewhispanic.org/2012/04/23/net-
migration-from-mexico-falls-to-zero-and-perhaps-
less/
casa” [My house is your house]: Beginning exploration
of Mexican Americans’ natural helping. Families in
Society, 81, 22–31.
justice.gov/crt/about/spi/documents/mcso_
Personal Responsibility and Work Opportunity Reconciliation
snap/rules/Legislation/pdfs/PL_104-193.pdf
Pew Hispanic Center. (2010). Hispanics and Arizona’s new
org/pubs/1579/arizona-immigration-law-fact-sheet-
hispanic-population-opinion-discrimination
Proposition 200—Arizona Taxpayer, Citizen Protection
jlbc/prop200fn.pdf
state.az.us/2006_ballot_proposition_analyses/final%
20SCR%201031%20programs%20citizens.
pdf
Perceived quality of care, receipt of preventive care,
and usual source of care among undocumented Latina-
os. Journal of General Internal Medicine, 24(Suppl. 3),
508–513.
latinos-update2010.pdf
transitions: Practical considerations for counseling.
Journal of Counseling and Human Development, 35,
1–12.
azleg.gov/legtext/49leg/2r/bills/sb1070s.pdf
Snowden, L. R., & Yamada, A. M. (2005). Cultural dif-
fferences in access to care. Annual Review of Clinical
Psychology, 1, 143–166.
Strauss, A., & Corbin, J. (1990). Basics of qualitative research:
Grounded theory procedures and techniques. London: Sage
Publications.
Suarez, L. (1994). Pap smear and mammogram screening in
Mexican-American women: The effects of accultura-
Unger, J. B., Ritt-Olson, A., Teran, L., Huang, T., Hoff-
man, B. R., & Palmer, P. (2002). Cultural values and
substance use in a multiethnic sample of California
adolescents. Addiction Research and Theory, 10,
257–279.

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