



Healthy Mind, Healthy Future

Promoting the Mental Health and Wellbeing of
Children in Immigrant Families in California



The Children's Partnership is a nonprofit, advocacy organization that works to improve the lives of children where they live, learn, and play. Since 1993, we have worked to advance the health and well-being of underserved children in California and in the country through meaningful community partnerships, forward-thinking research, and community-informed policy.

The California Immigrant Policy Center was founded in 1996 to advocate for policies that uphold the humanity of immigrants and refugees while advancing racial, social, and economic justice. CIPC works with coalitions throughout the state to further our shared policy goals.

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Foreword

Across the globe and the political spectrum, children should be universally valued and protected, yet the Trump Administration's cruel and inhumane immigration policies, especially family separation, bring back memories of the darkest times in United States history. During several periods in our past, government officials sanctioned the separation of children from their parents – during slavery, when Native American children were sent to boarding schools, the internment of Japanese-American parents, and the criminalization of black parents.

Today, a blatant disregard for the health and wellbeing of children, particularly those in immigrant families, is traumatizing a population of children across California and the country. It is sending a cold, calculated message of cruelty that defaces this country's long-held values of due process and inclusion.

We, like many in California, are inextricably linked to the challenges confronting immigrant families today – one of us is the daughter of Mexican immigrants and the other an immigrant from the Philippines. We are also leaders of two nonprofit organizations advocating for families in the state and across the nation – one through advocacy for children and the other through advocacy for immigrants.

The communities we serve are diverse, yet they also have many things in common. Half of children in California are from immigrant families; more than one and half million have an undocumented parent; and 285,000 are undocumented themselves.¹ⁱⁱ In California, the advancement of critical policy initiatives and programs that support immigrant integration and help families feel safe in their communities has only been possible because of a strong and diverse coalition that unites a number of different issues and experiences.



It is from this place of connection and commitment that The Children’s Partnership and the California Immigrant Policy Center join efforts to identify how California can do better to ensure that children in immigrant families are healthy, secure and continue to thrive, even as federal policies make achieving this goal more difficult.

By defining issues from a children’s perspective, we recognize the opportunity to deploy a more humane approach to policymaking. Immigration is a politically charged issue, but as the decades-long journey of California demonstrates, from anti-immigrant laws to today’s position of inclusion, the path forward may be challenging, but it is possible.

The following pages provide critical insight into what California can do to further to support the wellbeing of children in immigrant families. It calls on each of us to take responsibility in building a better California and a better country. The history of our state and our nation are evidence that we have been here before and can therefore change the course of history once again. The shifting demographics and the attendant political power it brings provides an opportunity to rewrite history - to not only fight against policies and initiatives that take us backward, but also to realize a stronger, more inclusive agenda for children and families. We remain hopeful in our shared commitment to working together and with you to ensure a bright future for our children and for all of us.

In Solidarity,



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Executive Summary

The current Federal Administration’s aggressive immigration enforcement policies and inflammatory rhetoric toward immigrant communities have negatively impacted the mental health and wellbeing of children in immigrant families. As California continues to serve as a beacon of hope for our nation and immigrant communities, The Children’s Partnership and the California Immigrant Policy Center launched Healthy Mind, Healthy Future, a research and policy project focused on better understanding the impact of immigration enforcement

on the mental health and wellbeing of children in immigrant families. In doing so, The Children’s Partnership and the California Immigrant Policy Center sought to identify what California can do today to further support children in immigrant families through the development of a policy agenda to ensure all children, regardless of immigration status, remain healthy, feel secure, and continue to thrive.

This report documents the Healthy Mind, Healthy Future research project, including results from focus groups and

surveys among immigrant families, surveys among health care providers, and key informant interviews among a variety of stakeholders throughout California. The report also identifies promising programs and practices in California that demonstrate how many communities in California are taking matters into their own hands to help mitigate the increased fear and anxiety among immigrant families and provide a supportive environment for them and their children.



Research Findings

The current hostile environment contributes to heightened stress, fear, anxiety, and depression that, combined with a pre-existing reluctance to access health care services and participate in programs and activities that promote wellbeing, often results in distractions in school and struggles at home. These events can derail an otherwise loved, vibrant, healthy, and capable child's path to success. However, despite the current stress and fear that immigrant families face, our research uncovered the resilience of these families, as well as many promising practices that local community leaders have implemented to help families feel supported. Research findings focus on the following:

- ▶ Current political climate of the United States
- ▶ What immigrant parents want for their children
- ▶ Immigration status: a barrier to parents' dreams and goals
- ▶ An anti-immigrant climate impedes success at school
- ▶ How immigrant parents and children are feeling
- ▶ Utilization of health services and public programs by immigrant families
- ▶ Enrollment in social services by immigrant families
- ▶ Safe spaces and trusted resources for immigrant families
- ▶ How immigrant parents and children want to be seen by society

California can continue to build on the progress made at the state level in the last two decades by advancing an inclusive and progressive agenda reflecting the diverse communities that make up the state. Based on our research findings and subsequent conversations with key partners and stakeholders, the policy and programmatic recommendations included in this report offer a path forward to support the healthy development of children in immigrant families and create a more inclusive environment where all families can thrive.

Policy and Programmatic Recommendations for a Brighter Future for Children in Immigrant Families

Policy and practice recommendations that were generated as a result of research activities include:

1. STRENGTHEN COMMUNITY SAFETY TO ENSURE THAT CHILDREN, YOUTH, AND FAMILIES FEEL SECURE AND SUPPORTED IN THEIR COMMUNITIES

- ▶ Federal policymakers should pass legislation supporting codification and expansion of the current national sensitive locations policy, particularly at or near places that are critical to children's health and wellbeing. Schools are considered safe spaces in ICE memos, but a law would codify limits on immigration enforcement actions at or near sensitive locations, such as a private playground of a child care center or school.
- ▶ State agencies should carefully follow federal law and guidance to ensure information will not be shared with federal immigration officials.
- ▶ State agency staff and administration officials should support the full implementation of California laws, including the California Values Act (SB 54) and the Education Equity Act (AB 699), that protect immigrants and their families in their communities. Activities may include: a thorough assessment to identify what steps individual health clinics or the state is taking to support community needs and the gaps that still exist.
- ▶ State associations representing educators, health and social service providers, and businesses should support implementation of SB 54 through member education, public awareness, and adoption of safe spaces policies in health care and social service settings.
- ▶ California schools should implement AB 699 and provide safe spaces for parents and family members to express concern and learn about immigration policy, including programs that educate families about their rights.
- ▶ The California Department of Education should encourage Local Educational Agencies to address School Climate (Priority 6) in their Local Control and Accountability Plan, directly linking opportunities to create welcoming environments, particularly for students in immigrant families.

2. INVEST IN COMMUNITY-BASED APPROACHES AND A COMMUNITY-BASED WORKFORCE TO SUPPORT IMMIGRANT FAMILIES

- ▶ Local government and philanthropic organizations should support legal services and advocacy organizations in training existing health navigators, enrollers, and community health workers, and by expanding the workforce to educate immigrant families about their rights and advocate for policy changes.
- ▶ State and local government should distribute information and resources, train staff, and expand community engagement and partnership programs for local residents in innovative ways and support model practices.
- ▶ California state agencies and philanthropic organizations should provide incentives for schools to become forums for educating families about their rights and to create programs to support them, expanding upon and developing other school-based campaigns that provide information to immigrant families across the state.
- ▶ Philanthropic organizations should invest in the identification, strengthening, and replication of leadership networks that empower residents to educate their communities.
- ▶ Researchers should partner with community members to identify, evaluate, and expand upon community-based therapy models that work, including alternative or non-traditional methods of care.

3. IMPROVE ACCESS, COORDINATION, AND INTEGRATION OF SERVICES TO REDUCE BARRIERS FOR IMMIGRANT FAMILIES

- ▶ Federal policymakers should stop efforts to discourage immigrant families and children from accessing nutrition, health and other programs and services.
- ▶ State policymakers should grant all low-income adults, regardless of immigration status, access to health care services that would allow them to live healthier lives and prevent the onset of illness to better care for their children.
- ▶ Local policymakers should adopt or expand upon county programs to provide health care services to their residents and build momentum for statewide coverage solutions.
- ▶ State and local policymakers should provide more stable and flexible funding sources that create incentives for integration and collaboration between health clinics, community-based organizations, schools, legal services, and more.
- ▶ State and local policymakers should provide stable and flexible funding sources to create incentives that identify and chip away at the social determinants of health.
- ▶ State agencies should develop a system across the state that identifies mental health care that is culturally competent and contextually aware of immigrant families' unique needs to support referrals.
- ▶ Community organizations should offer safe spaces for their community members to share mental health impacts.
- ▶ Philanthropic organizations should support researchers to evaluate existing and new integrated service delivery models in order to refine and expand what works.
- ▶ Philanthropic organizations should also support and evaluate options that build on the skills and social capital of volunteers to provide support to immigrant families needing multiple services.



4. BUILD CAPACITY OF PROVIDERS, EDUCATORS AND OTHERS WHO INTERACT WITH IMMIGRANT FAMILIES

- ▶ Department of Homeland Security should strengthen and train staff on protocols to minimize harm to children if they are present during immigration enforcement actions. They should also ensure that detained or deported parents are able to make decisions about their child's care.
- ▶ State agencies should include trauma-informed care training as part of Continuing Medical Education, medical school curriculum, teacher and school administrator training, and licenses for social workers and other mental health professionals.
- ▶ California should adopt a statewide trauma-informed care strategy for child-serving programs and initiatives that is adapted to include the unique needs of immigrant families.
- ▶ Health plans, hospitals, and clinics should conduct education and outreach policy in newsletters and trainings to their frontline staff, providers, and executives regarding the impacts of immigration enforcement.
- ▶ Philanthropic organizations should support dissemination of *Know Your Rights* training to a wide array of sectors working with immigrant families.

5. EDUCATE AND ENGAGE COMMUNITIES ABOUT IMMIGRANT RIGHTS AND BUILD PUBLIC WILL TO TAKE ACTION

- ▶ Advocacy groups and philanthropic organizations should continue to share accurate information related to the immigrant community and recognize immigrant contributions.
- ▶ Policymakers and agency leaders, at the state and local level, should more frequently highlight the value of immigrants and immigrants' rights publicly with mainstream and ethnic media. They should also use their platform to partner with community-based organizations to spread clear messages that educate immigrant families on immigration policy and their rights.
- ▶ Philanthropic and advocacy groups should create partnerships with ethnic and mainstream media to provide *Know Your Rights* information, programs where people can ask questions, and other helpful educational programs, rather than perpetuating terrifying stories about immigrants.
- ▶ Advocacy groups should mobilize and organize as a way to build on families' resiliency.
- ▶ State voter engagement efforts should strategize at the neighborhood level and take on the role of advocating on behalf of their local communities, including immigrant families.
- ▶ Philanthropic organizations, advocacy groups, and researchers should raise awareness among the public and policymakers about the importance of children of immigrants to California's future.

Where We Go From Here

We join efforts to ensure we work together to do more to protect and defend the wellbeing of children in immigrant families. California has served as a leader in advocating for policies of inclusion for immigrant families, but as growing rifts between local and state policies emerge, the welcoming climate so many in California have worked hard to create is being chipped away. By prioritizing the wellbeing of children in immigrant families, we help push California to invest in the structures that protect and raise all children—strong families, nurturing institutions, and supportive communities. In doing so, we advance solutions in the best interests of our children and all of us.

Introduction and Background

The future of California will depend on an increasingly diverse population of children.

Roughly half of California's 9 million children live in a family with at least one parent who is foreign-born.ⁱⁱⁱ While the majority of immigrant children's families come from Mexico, Asia, and Central America, California is also home to immigrants from Europe, South America, the Caribbean, and Africa.^{iv} The vast majority of children in California are United States citizens (96%), a small amount (2%) are lawfully residing immigrants, or are undocumented immigrants (2%).^v There are implications to health that are inextricably tied to immigration status. In order to ensure the best for California, attending to the health of children in immigrant families is critical.

Since the November 2016 national election, an increase in anti-immigrant policies, practices and rhetoric has challenged California's inclusive agenda and adversely affected the health of children in immigrant families. These actions have put immigrant families on high alert and have forced many immigrants back into the shadows, resulting in social isolation, fear, and limiting children's access to the health, nutrition and the social support they need to thrive.

As California continues to serve as a beacon of hope for our nation and immigrant communities, The Children's Partnership and the California Immigrant Policy Center launched Healthy Mind, Healthy Future, a research and policy project focused on better understanding the

impact of immigration enforcement on the mental health and wellbeing of children in immigrant families. In doing so, The Children's Partnership and the California Immigrant Policy Center sought to identify what California can do today to further support children in immigrant families through the development of a policy agenda to ensure all children, regardless of immigration status, remain healthy, feel secure and continue to thrive. In many respects, California offers a blueprint for the nation—with insights about the challenges that can be overcome and the opportunities that are available when American values of equality and inclusion are embraced.

This report provides a comprehensive overview of a six-month research effort exploring the impacts of immigration enforcement on the mental health and wellbeing of California's children. For advocates,

policymakers, and members of the public, this report offers:

- ▶ Valuable data from immigrant families and those who provide them services.
- ▶ A spotlight on promising programs and practices that support children of immigrants and their families.
- ▶ Recommendations to inform policy, advocacy, and service delivery to better support children in immigrant families.

The findings identify policy priorities that the public can encourage their elected officials to support in order to protect the mental health and wellbeing of children in immigrant families. In doing so, California will invest in its future workforce, continue to build its economy, and further the fundamental promise of our nation to provide opportunity for all families.



A snapshot of immigrants in the United States and California today:

- ▶ The United States has a larger immigrant population than any other country in the world.^{vi}
- ▶ As of 2016, more than 43.7 million immigrants resided in the United States, accounting for 13.5 percent of the total United States population.^{vii}
- ▶ While California's immigrant population has traditionally come from Latin America, since 2011, the majority of immigrants have arrived from Asia.^{viii}
- ▶ California has 27 percent of immigrants in the United States, the largest share of immigrants compared to all other states.^{ix}
- ▶ Of the roughly 10.3 million immigrants in California, nearly three out of four (7.4 million or 72 percent) are lawfully present, and about one in four (2.9 million or 28 percent) are undocumented.^x
- ▶ Nearly half of children in California have a parent who is foreign born.^{xi} Sixteen percent of children in California have at least one undocumented parent.^{xii}



Who are children in immigrant families?

For purposes of this report, we refer to children in immigrant families with a broad scope, including multiple child, parental immigration status, and countries of origin. This includes children who have at least one parent who was not born in the United States, even if the parent has become a naturalized United States citizen. The parent(s) may be undocumented; have temporary protected status; have legal permanent residency; or are naturalized. We recognize the additional terms used in research and policy to refer to children in immigrant families, including:

- ▶ **Immigrant children:** children who were born outside the United States.
- ▶ **Deferred Action for Childhood Arrivals (DACA) Recipients:** certain immigrants who came to United States as children and have applied for and been granted administrative protection from deportation and a work permit for a period of two years. There are many guidelines and requirements to be eligible for DACA.^{xiii} California includes nearly 200,000 DACA recipients.^{xiv}
- ▶ **Border Children:** children who live within 100 kilometers of the United States-Mexico border. Many border children are of Mexican origin, and a significant number are United States citizens.^{xv}
- ▶ **Special Immigrant Juveniles Status (SIJS):** an immigration status given to children and youth who have been victims of abuse, neglect, or abandonment by a parent.^{xvi}
- ▶ **Unaccompanied Minors:** children below the age of 18 who arrive to the United States unaccompanied by a legally responsible adult. Current practice is that they are apprehended by immigration officials and then transferred to the care and custody of the Office of Refugee Resettlement.^{xvii}
- ▶ **Children Separated at the Border:** children in families that are separated at the border, many while seeking asylum, due to the current Administration's "zero tolerance policy toward border crossers."^{xviii}
- ▶ **Migrant Children:** children who move frequently because of changes in their parents' employment. Migrant children may work in the industries in which their family members are employed. Migrant children can be both citizen and non-citizen children.^{xix}

California Immigrants and the Past Political Environment

Long before the recent attacks by the Trump Administration, immigrant families, especially undocumented or mixed-status families, have historically faced a myriad of challenges while living in California, whether as a result of anti-immigrant policies, anti-immigrant sentiment—in addition to any existing financial or personal hardships. Although immigrants have enriched our diversity and contributed to California’s overall prosperity, each wave of immigrants has been met with tension in the state.^{xx} During the early 1990 recession, there were deep concerns about the economic impacts of large-scale immigration at the state and national level. This concern regarding the potentially detrimental effects of immigration and the ensuing multiculturalism steeped in bias against immigrants and contributed to the passage of anti-immigration initiatives such as Proposition 63 in 1986, Proposition 187 in 1994, and Proposition 227 in 1998.^{xxi}

- ▶ Proposition 63, the *English is the Official Language of California* Amendment, was a 1986 constitutional amendment that established English as the official language of California.^{xxii}

- ▶ Proposition 187, also known as the *Save Our State* Initiative in 1994, established a state-run citizenship screening system and prohibited undocumented immigrants from accessing public education and other social services.^{xxiii}
- ▶ Proposition 227, the *English in Public Schools* Initiative in 1998, had the effect of eliminating “bilingual” classes in most cases. It sought to educate Limited English Proficiency students in a one-year program in special classes that are taught nearly all in English.^{xxiv}

The connection between demographic changes and political shifts is critical to the progress seen in California and will continue to influence policy.^{xxv} The successful passage of previous anti-immigrant propositions was partly due to the disenfranchisement of immigrants and their children as an electorate. As the demographics of California shifted in the early 2000s, so did the state’s elected officials, with a critical transformation in leadership in Sacramento and other local governments around the state. As more immigrants naturalize and become United States citizens, and as citizen-born children in immigrant families reach voting age, they can

more effectively seek to end barriers to essential resources like education and health care for themselves and their children.

This transformation has catalyzed more pro-immigrant policies in California. From 2013 to 2017, Governor Brown signed a number of laws that allow immigrant families to fully participate in California’s communities. These laws include access to driver’s licenses, increased worker protections, access to health care for children, access to immigration legal services, and many other civil rights advances for all residents of California, regardless of immigration status.^{xxvi}

- ▶ The Driver’s Licenses Eligibility Act (2013) allows undocumented immigrants to obtain a driver’s license.^{xxvii}
- ▶ The TRUST Act (2014) limits cruel and costly immigration holds in local jails, which allows immigrant crime victims and witnesses to cooperate with police without fear of deportation.^{xxviii}
- ▶ The Health4All Kids Act (2015) allows all income-eligible California children to receive full-scope Medi-Cal regardless of their immigration status.^{xxix}
- ▶ The California Values Act (2017) disentangles state and local law enforcement from federal immigrant enforcement and prohibits immigration enforcement at sensitive locations such as schools, public health care facilities, and courthouses.^{xxx}
- ▶ The Educational Equity Act (2017) requires that all local educational agencies in California implement additional protections to ensure that all students, regardless of immigration status or country of birth, have the opportunity to pursue their education without undue fear or risk.^{xxxi}

- ▶ The California State Budget has included funds to provide additional legal services for immigrants, including applications for naturalization, DACA, and legal services for people fighting deportation or removal proceedings (2015-2016, 2016-2017, 2017-2018).^{xxxii}

Immigrants and Today’s Anti-Immigrant Climate

Despite the progress made in California, immigrant communities continue to experience fear and anxiety regarding their safety and wellbeing. Children in immigrant families are subject to harmful impacts on their development that can last a lifetime. From the inflammatory anti-immigrant statements that then-candidate Donald Trump made during the 2016 presidential election, to his executive actions and policies as the current President, it is evident that the current Administration has made it a priority to significantly restrict both legal and unauthorized immigration to the United States and to make immigrants feel generally unwelcome.^{xxxiii} Furthermore, it is not just children with undocumented parents who are suffering under the current climate. Children whose parents have temporary protected status, visas, and even green cards are afraid because of the changes in immigration policy and the news media coverage around immigration.

In addition to recent anti-immigrant federal policies, immigrants have also faced discrimination and bias. According to an FBI report, the number of hate crimes reached a five-year high in 2016, including a notable increase shortly after Trump’s victory.^{xxxiv} The Southern Poverty Law Center also collected data on hate crimes and incidents on their [#ReportHate](#) page, and out of the 867 hate incidents collected in the ten days following the election, 32% were “motivated by anti-immigrant

sentiment.”^{xxxv} These incidents affected all types of immigrant groups, including Latino, Black, Asian, and Muslim immigrants, as well as people of color misidentified as immigrants. It is an understatement to say these actions have put immigrant families on high alert, and forced many, even those with lawful immigration statuses, back into the shadows. As a result, many immigrant families are deterred from accessing important health and social services.

Progress Amidst Some Setbacks

California continued to see progress, and some setbacks, in its work to

create a more inclusive environment for immigrants and their families. The past three state budgets have included meaningful investments in legal services for immigrants that allow them to become naturalized United States citizens or defend against detention and deportation. However, the Trump Administration has challenged in court the state’s efforts to enact laws to protect immigrants from being turned over to federal officials. The District Court upheld laws that limit immigration officers’ access to information about non-citizens in local custody and allow the state to inspect private jails that contract with the federal government to hold undocumented immigrants, however

The Trump Administration’s Onslaught of Hostile Immigration Policies

- ▶ April 2016: On the campaign trail, Trump continuously equated Mexicans with criminals and gang members.
- ▶ Issued January 2017 and twice thereafter: An Executive Order banning citizens from many majority Muslim countries to the United States and halting entry of refugees from Syria.
- ▶ Late January 2017: An unsigned executive order leaked to the media that threatened to penalize immigrants whose family members enroll in public benefits programs.
- ▶ Announced September 2017: An end to the DACA program.
- ▶ October 2017: ICE violated DHS’s sensitive locations policy and targeted a ten-year old girl with cerebral palsy by placing her in a shelter, away from her family, after a medical procedure.
- ▶ January 2018: An end to Temporary Protected Status was announced for people from El Salvador in 18 months.
- ▶ January 2018: As part of negotiations about DACA, Trump pushed to end the diversity visa lottery and referred to them as people from “s#thole countries.”
- ▶ February and March 2018: Drafts of changes to a public charge regulation that would force parents to choose between providing health care and food for their children and gaining lawful permanent status are leaked to the media.
- ▶ April 2018: “Zero-tolerance” policy that forces parents—including asylum seekers—into detention and prosecution and separates them from their children.



the Court ruled that the state could not enforce a third law that prohibits employers from allowing immigration officials on their premises unless the officials have a warrant.^{xxxvi} Some cities in California, however, including many in Southern California, oppose the state sanctuary policies and have passed their own anti-sanctuary ordinances or filed lawsuits against the state.^{xxxvii}

Impact of an Anti-Immigrant Climate

Prior research suggests that even the threat of a parent being detained or deported negatively impacts the social and emotional development of children.^{xxxviii} Witnessing the detention or deportation of a parent is associated with mental health conditions such as depression, anxiety, and psychological distress.^{xxxix} Even if family members are not detained or deported, many immigrant families live in constant fear of being separated from loved ones, which keeps them from fully participating in American society.^{xl} A study in California showed that children of undocumented parents showed significantly higher risks of internalizing behavioral problems like anxiety, depression, low self-esteem, withdrawal, or a need for attention, as well as externalizing behavioral problems such as rule breaking and displays of irritability and aggression.^{xli} Both types of behavioral problems are linked to adverse outcomes such as poor school performance and high dropout rates.^{xlii}

Family members have reported that witnessing the apprehension of a parent at home is particularly traumatic for children.^{xliii} A parent's arrest, detention, or deportation increases likelihood of depression, anxiety, and psychological distress, which interrupts a child's healthy development.^{xliv} Due to symptoms of mental distress, children have refused to eat, pulled out their hair, or had persistent stomachaches or headaches. Additionally, when parents are taken away, children left behind face

Promising Programs and Practices in California



Despite the current stress and fear that immigrant families face, hope for the future and resilience has helped immigrant parents and their children prevail. Throughout many conversations with our key informants for this project, we learned that many communities in California are taking matters into their own hands to help mitigate the increased fear and anxiety and to provide a supportive environment for immigrant families and their children.

Throughout the report, we will highlight promising approaches identified in our research. These include a community health workforce; community education and advocacy programs; integrated service delivery and training models; different types of therapies and self-healing methods; and trauma-informed approaches for supporting immigrant families.

SPOTLIGHT

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dramatically reduced incomes, housing and food insecurity, and an increased risk of entering the child welfare system, all of which are predictors of poor social and educational outcomes for children later in life.^{xlv} Deportation and detention can also cause the remaining parent to suffer from depression, social isolation, and instability, which can heighten negative effects on children.

Implications for States, Child-Serving Systems, and Philanthropy

An anti-immigrant climate is not only detrimental to the health and development of children in immigrant families. It also has potential to wreak havoc on health, mental, and child welfare systems, as well as on early childhood programs and schools.

Health care providers have reported an increase in toxic stress among children in immigrant families due to fear that a family member will be detained or deported.^{xlvi} Children can become hypervigilant and fearful that their parents will be detained or deported and may experience other long-term mental health conditions such as

anxiety or depression. The Kaiser Family Foundation recently conducted focus groups with parents and interviews with pediatricians across the United States and released a report on how the current environment is affecting immigrant families with children.^{xlvii} Their findings show that immigrant families from various backgrounds are feeling “increased levels of fear and uncertainty amid the current climate.”^{xlviii} This fear, specifically among children, is manifesting in behavioral and mental health issues, and is negatively affecting some children's performance in school. Moreover, pediatricians expressed that the current environment is “creating toxic stress for children and that this stress will result in physiological changes that contribute to increased rates of chronic disease and mental health disorders through adulthood.”^{xlix}

Teachers and early childhood providers have also noted the negative impact of anti-immigrant policies. A survey conducted by the Civil Rights Project at UCLA found that a majority of educators reported that immigrant students had expressed concerns about immigration enforcement while at school, such as fear of their parents being taken away.^l Nearly 90 percent

of school administrators observed immigrant students experiencing behavioral or emotional problems related to fear and anxiety. Also, two-thirds of educators said their students were “indirectly affected by immigration enforcement, due to concern for classmates whose families are targeted by enforcement actions, which affected the overall learning environment.” A recent study by The Center for Law and Social Policy (CLASP) also demonstrated how immigration enforcement is affecting children even before they are old enough to attend school. CLASP found that young children experience daily fear, stress, and uncertainty connected to immigration enforcement.^{li} Through conversations with early care and education providers, community-based social service providers, and immigrant

parents, CLASP documented how children as young as three fear they will lose a parent to deportation—even if the parent has legal status.

Heightened immigration enforcement, executive orders, and anti-immigration sentiment also have implications for the already overburdened child welfare system.^{lii} Family separation due to parental absence, inability to access public benefits, housing and food insecurity, medical neglect, and school absenteeism lead to the marginalization of immigrant children and families in the child welfare system. Disproportionate and overrepresentation of immigrant children and families within these systems, due to a lack of understanding or familiarity with issues affecting immigrant families, results in increased

contact with child protective services, higher rates of out-of-home placement for children, lack of culturally appropriate foster homes, and decline of placement with relative caregivers due to fear and risk. Furthermore, increased contact with the child welfare system results in detrimental effects including increased risk of re-traumatization and exposure to toxic stress.



Healthy Mind, Healthy Future

A Joint Research Effort

The Children's Partnership (TCP) and the California Immigrant Policy Center (CIPC) initiated the Healthy Mind, Healthy Future research project in mid-2017 to identify the mental health needs of children in immigrant families in California, the barriers to accessing care, model programs that already exist, and policy and practice ideas to help improve the mental health and wellbeing of children in immigrant families. TCP and CIPC conducted focus groups, surveys and interviews with immigrant families, health care providers, and key informants throughout California. The timeliness of the research and its concentration in California provide a unique value to the existing body of knowledge on this topic and the collective advocacy efforts moving forward.

Research Methods

Immigrant Family Qualitative Research: Focus Groups

During the fall of 2017, focus groups were conducted in Fresno and Riverside among Latino and Asian Pacific Islander (API) families to learn about their experiences and to inform the development of a survey for immigrant parents. Our team invited immigrant parents and their children to participate and offered gift card incentives as compensation for their time. Twenty-six parents and seventeen children from Fresno and Riverside participated in the focus groups overall.

- ▶ Fresno, California – October 4-5, 2017
 - API immigrant parents of children between the ages of twelve and twenty-one
 - Latino immigrant parents of children under twelve years of age
 - Latino youth between the ages of twelve and fifteen with at least one immigrant parent
- ▶ Riverside, California – October 9-10, 2017 and November 7, 2017

- API youth in Riverside, between the ages of sixteen and twenty-one with at least one immigrant parent*
- Latino immigrant parents of children between the ages of twelve and twenty-one
- Latino youth between the ages of sixteen and twenty-one with at least one immigrant parent

Immigrant Family Quantitative Research: Written Surveys

Based on themes that emerged in the focus groups, a thirty-two-item survey was developed to further identify the mental health needs of children in immigrant families in California, the barriers to accessing care, and what types of services families receive and/or benefit from in order to address mental health needs. The survey asked immigrant parents about their children's mental health status as well as their own, especially as a result of the current Administration's rhetoric and actions. It asked questions related to goals and dreams, and recent potential changes in feelings, emotions, and family behaviors

given heightened immigration enforcement. For example, some questions asked whether parents are more likely to disenroll from public benefit programs or avoid taking their child to public spaces. The survey also asked parents if they have observed changes in their child's behavior, such as having trouble focusing in school, having trouble sleeping, feeling withdrawal or loss of interest in activities they normally enjoy, and more.

In order to qualify for the survey, respondents had to be at least eighteen years of age and identify as an immigrant who is also a parent. Their child had to be twenty-one years of age or younger and live with them at the time of the study. For purposes of this study, the research team defined "immigrant" as someone who was not born in the United States. The team also invited immigrants of all racial and ethnic backgrounds living in any of the following geographic areas to participate: Los Angeles County, San Bernardino and Riverside Counties, San Diego and Imperial Counties, Orange County, the Central Valley (Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, and Tulare Counties), and the Bay Area (Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, and Sonoma Counties). The research

*Due to a low response rate, this focus group was a dyad.

team partnered with organizations that serve immigrant families to reach a total of 495 households throughout California. Gift card incentives were offered to surveyors who collected surveys and to participants that completed a survey. For more information on the surveyors and partner organizations involved in this project, please see Table A in the Appendix section.

Family Research Statement of Limitations

Selection of survey respondents was not perfectly randomized; each person in the pool of possible participants did not have an equal chance to be selected. As a result, the demographic makeup of those surveyed is not representative of California's overall immigrant parent population (e.g. those surveyed are predominantly female and Latino and limited geographic areas were reached). This study does not meet the standards for statistical reliability or validity. However, it is nonetheless robust in scope and satisfies the researchers' intent to elicit knowledge, awareness, attitudes, and opinions about important issues and concerns from those most directly impacted.

Below is a summary of the demographic breakdown of the survey respondents.

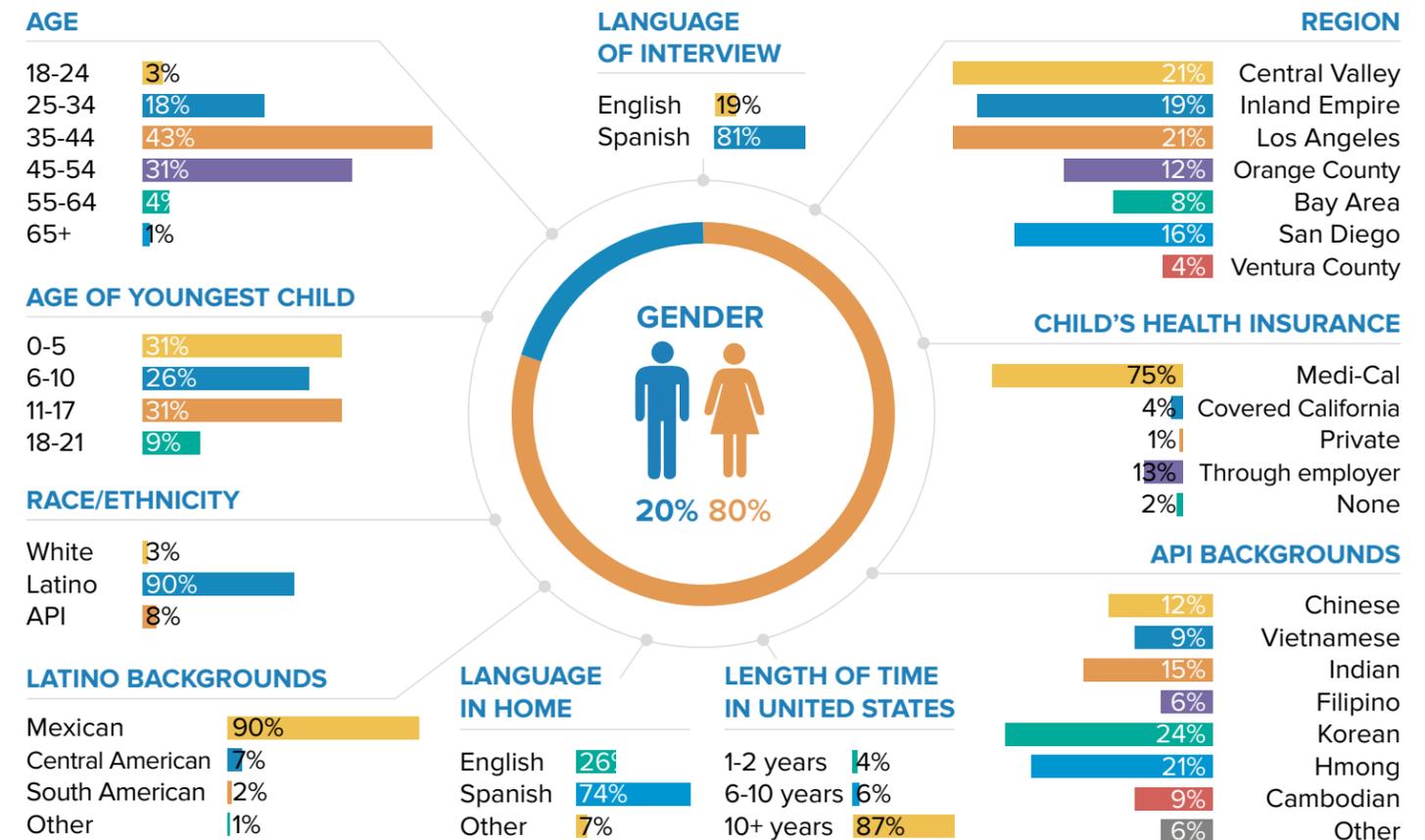
Health Care Provider Research

During the summer of 2017, a twenty-seven-item survey was distributed to health care providers across California. The survey asked providers about their observations regarding changes in children's and families' access to health services and overall health and wellbeing since the November 2016 election. The survey also asked providers to identify any gaps in resources and training that would allow them to serve immigrant families and their children more effectively. The survey was distributed to health care providers through multiple venues. The California Primary Care Association, the California Mental Health Planning Council, and the California Association of Marriage and Family Therapists distributed the survey information via email. Mental Health America of California and the California Association of Social Rehabilitation Agencies announced the survey through their member newsletters. One hundred and fifty-one individuals who provide

and coordinate health care services for primarily immigrant families completed the survey.

Key Informant Interviews

TCP and CIPC engaged twenty-three stakeholders, including community members, promotoras (Latino community members who receive specialized training to provide health education in the community without being a professional health worker), immigrant rights leaders, immigration attorneys, health advocates, mental health experts, school leaders, and more. The insight gathered from these interviews allowed the research team to learn more about the health needs of children in immigrant families in California, current barriers to accessing care, and recommended policy and practice changes. The interviews also identified local and statewide responses to the issue of immigration enforcement in various communities throughout California. For more information on the surveyors and partner organizations involved in this project, please see the Appendix section.



Findings

Immigrants and their families in the United States face a challenging political climate.

United States immigration policy and public discourse on this topic has become increasingly polarized since the 2016 presidential election and the inauguration of President Trump. For this reason, immigrant parents and youth in the focus groups expressed mixed emotions about the current direction of the country, with some feeling hopeful and lucky to be an immigrant today rather than in years past, but most expressing fear, confusion, and frustration about how things are going in the country under the current administration. Youth in the 16-21 age groups expressed fear and confusion about the current state of the country. Those who were more directly impacted by immigration threats also expressed that anti-immigrant sentiment affects them at school. Immigration is not as much of a concern in the daily lives of most of the younger children, who were more concerned with school-related fears such as getting bad grades, seeing their parents fight, and bullying.

“As a mother, I am worried. It keeps me up at night. Because of the president, Mr. Donald Trump, the kids are learning how to hate.”

- Latino immigrant parent of children 12-21, Riverside

“Terrified. There are political matters that are happening in society today and not knowing what is going to happen tomorrow with my family. Me, my mom and my dad are both immigrants from Mexico. Me and my little sisters were born here. They are saying about ICE and all that stuff, getting deported, not knowing what might happen to my little two sisters so I’m kind of terrified of what is going to happen tomorrow.” - Latino youth, age 16-21, Riverside

Immigrant parents want to build a better life for their children.

Immigrant parents that participated in our study have many goals for their families, including a solid education and career for their children that allows them to support a family, stay healthy, and live safely.

In the focus groups, immigrant parents overwhelmingly expressed that building a better life for their children is their top priority. Parents also discussed the desire to continue their personal education to better provide for their families, and to become more proficient in English. In the focus groups and the survey, parents expressed a desire for their children to do well in school and attain an education after high school. When asked, “What would you say are your three biggest goals right now for your children?” immigrant parents expressed that, first and foremost, they want their children to do well in school (67%); they want them to have the experiences and education necessary to find a career that interests them (37%); they want them to

have the experiences and education necessary to find a career that allows them to comfortably support a family when they are older (28%); and they want them lead a healthier life (24%). Beyond education and career-focused goals, parents want their children to be safe (19%) and to learn or improve a language (16%). They also want their children to be able to change their immigration status (15%) and to make changes in their social life such as make more/different friends or have more confidence (15%).

Immigrant parents see their own immigration status as a barrier to the dreams and goals they have for their children.

While most parents have similar hopes and dreams for their children, immigrant families often face additional barriers to achieving them.

Our survey asked parents about their personal goals and what their barriers are to meeting those goals.

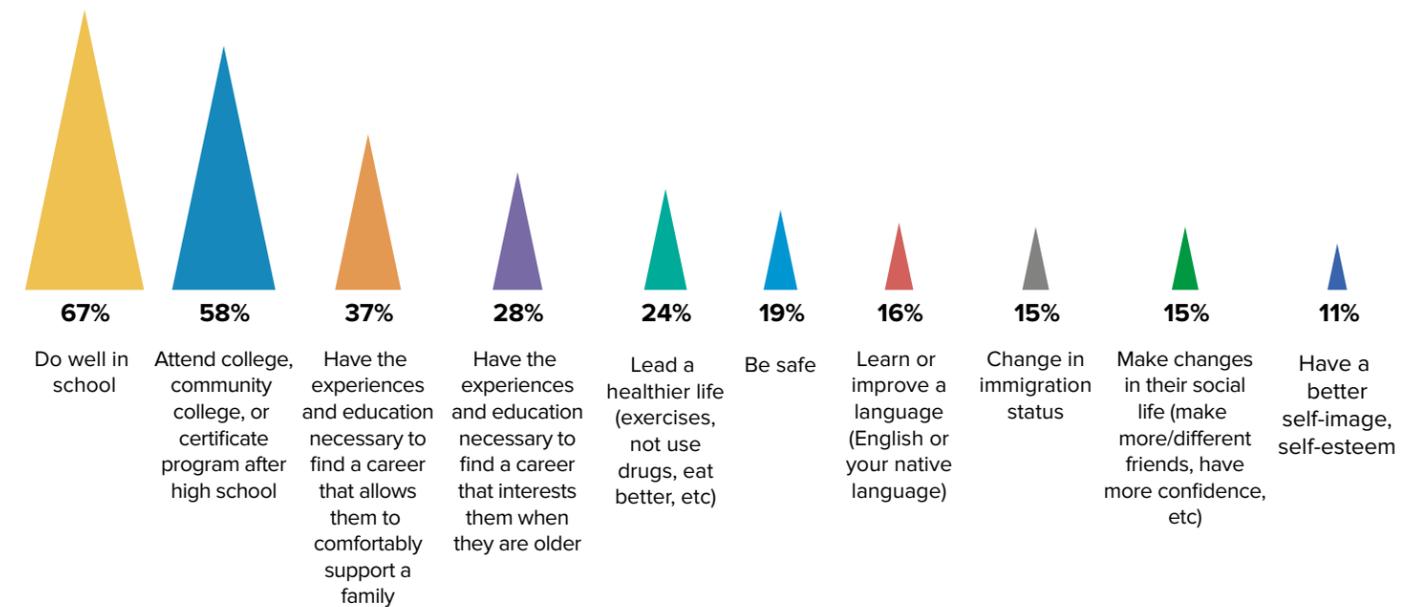
A plurality of parents reported that their immigration status (43%) and President Trump (43%) are the biggest barriers keeping them from meeting their personal goals. Money (35%), racism (35%), and language barriers (31%) fell into a second tier of obstacles. Those most likely to cite their immigration status as the biggest obstacle they face were under 45 years of age (especially those 25-34) and

Latino. President Trump was cited as the biggest obstacle by a majority of parents in Los Angeles, the Central Valley region, and those 45-54 years old. Lack of financial resources appeared to impact those in Orange County and English speakers more than others.

“Honestly, being like brought up in this family, it is always education, education, education. You need to make a name for yourself.”

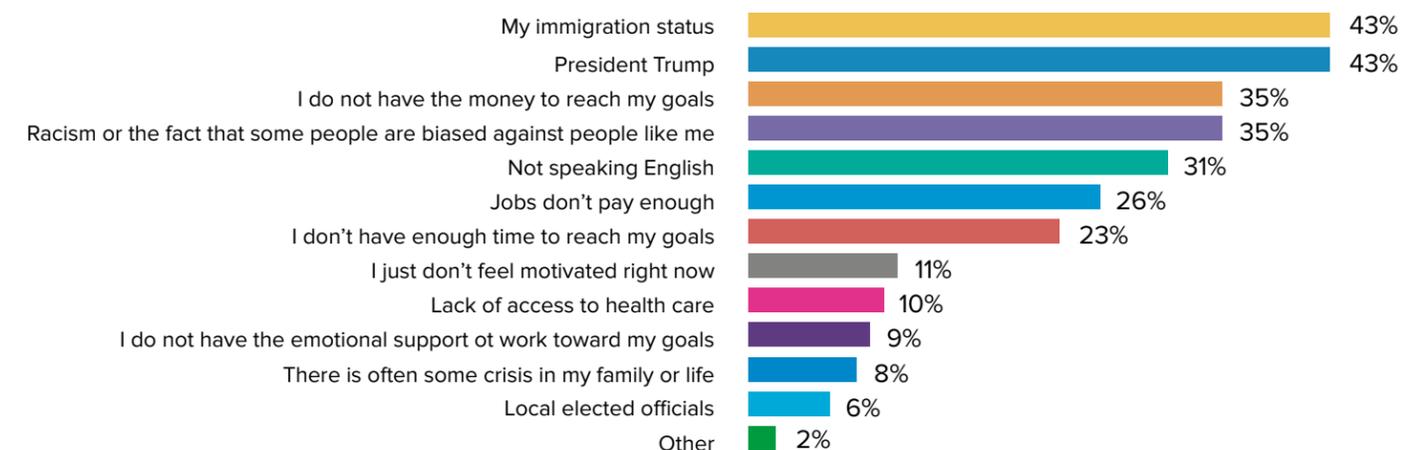
- API youth, age 16-21, Riverside

PARENTS' GOALS FOR THEIR CHILDREN (N=495)



(Respondents were asked to choose up to three responses)

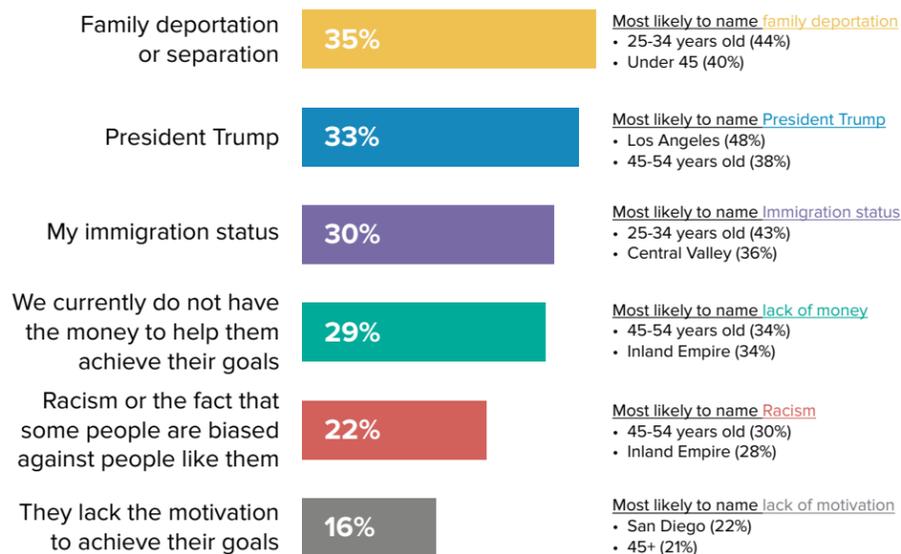
IMMIGRANT PARENTS' BIGGEST OBSTACLES TO MEETING THEIR PERSONAL GOALS (N=495)



(Respondents were asked to choose up to three responses)

When asked to think about the biggest obstacles to their children reaching their goals, parents identified family deportation or separation (35%), President Trump (33%), and their immigration status (30%) as the biggest obstacles. Younger parents were more likely than others to cite family deportation/separation and their immigration status, while those in Los Angeles were more likely to cite President Trump. Those in the 45-54 years age bracket and those in the Inland Empire were more likely than others to cite lack of money and racism. A second tier of obstacles that parents believe their children face include their children's immigration status (13%) and the safety and academic rigor of their schools (12%).

BIGGEST OBSTACLES TO PARENTS' CHILDREN MEETING THEIR PERSONAL GOALS (N=495)



(Respondents were asked to choose up to three responses)

Promising Programs and Practices in California: Community Education and Advocacy

The engagement and empowerment of family members as advocates provides valuable information to ensure communities are best served, but also strengthens advocacy efforts with the addition of a compelling voice.

- [Promesa Boyle Heights](#) (PBH) is a collective of residents, youth, schools, and community organizations united in lifting community voices and working together to transform conditions and improve opportunities for students and families. PBH works closely with the [Comite de Lideres](#) (resident leaders), which is a committee of residents that represent and/or are connected to the collaborative's core partner organizations and schools. In November 2017, PBH worked with the [Comite de Lideres](#) to reach more than 750 homes and businesses and distributed more than 4,000 Know Your Rights brochures. One of the goals of the Boyle Heights Immigrant Rights Network is to prepare community members for immigration enforcement activities, and the [Comite de Lideres](#) has played a key role in making this a success. Most recently, the resident leaders have been trained in *Know Your Rights* and *Family Preparedness* and are now leading workshops in Boyle Heights. Through their organization's wellness and education work, they have been assessing the needs of the community, as well as identifying resources to share with families to ensure student success and community wellness.
- [The Office of Diversity and Equity \(ODE\) under the County of San Mateo Health System](#) advances health equity in behavioral health outcomes of marginalized communities through community empowerment, workforce development, and policy and system change. There are many community education courses made available to the public through the Mental Health Services Act (Prop 63) and Measure K, one of which is the Parent Project, a free 12-week course in which parents/caregivers learn parenting skills and get information about resources and other support available in their communities. This program is not only an educational opportunity; it is also a form of group therapy, where immigrant families have been able to express the challenges they face under the current hostile political climate. During this program, and other community event spaces, families are able to voice their concerns, and express conflicts they face and what changes they hope to see. In some cases, families come together to support one another outside of the sessions exemplifying group/social cohesion, and fostering community empowerment. Furthermore, ODE recognizes the importance of community solidarity as a way to help meet the mental and behavioral health needs for marginalized populations in San Mateo.



SPOTLIGHT

2 of 6 →

Children and school officials alike feel that the anti-immigrant climate impedes success at school.

Children and youth, along with key informants, identified growing anti-immigrant sentiment and incidents after the 2016 presidential election as a barrier to children's success.

During the focus groups, some students stated that they have seen changes within their classroom since the election. The youth in the 16-21 years age bracket acknowledged that bullying and anti-immigrant sentiments have impacted their daily lives at school. They also shared that many of the incidents that are happening are not new, and that there has always been a racial divide between students. For instance, older Latino youth recalled incidents both before and after the election where their classmates made racist remarks.

Several key informants also expressed that the general public seems more emboldened to make racist or discriminatory comments to immigrants since the 2016 election and that bullying in schools has increased as well. One school social worker describes in the quote on the following page.

School administrators have noticed decreased performance, attendance, and increased behavioral problems among students in immigrant families. Other key informants from the school administration sector expressed that, as a result of fears

and anxieties related to immigration enforcement, students are not performing as well academically as they once did, are not showing up to school, and are not accessing resources that they had previously utilized. They have also noticed that students are displaying behavioral issues. A school principal added that the climate is also impacting the larger school community, notably parent engagement.

Immigrant parents and children feel scared and anxious. Health care providers have observed an increase in somatic illnesses like insomnia and headaches due to fear and anxiety of immigration enforcement.

Many immigrant families are feeling increased fear and uncertainty amid the current climate. Immigrant parents that participated in our study have experienced increased uncertainty, stress, fear, frustration, anxiety and sadness since the 2016 election and have observed similar feelings among their children.

Our survey asked about how parents have been feeling since the 2016 election. Parents had the option to choose up to three emotions from a list of twelve. Since the 2016 election, the majority of immigrant parents said they have felt uncertain about the future (62%), stress (61%), fear

“A main barrier that our children have—well everyone has—is the current President. Honestly, he is making everything so difficult for the Hispanics, immigrants, undocumented.”

-Latino immigrant parent of children under 12, Fresno

(59%), frustration (55%), anxiety (51%), and sadness (48%) more often than they did before the election. In addition, immigrant parents reported that they have felt hopeful (38%) and happiness (37%) less often since the 2016 election.

When asked about how parents think their children have been feeling since the 2016 election, the responses mirrored their own. Since the 2016 election, the majority of immigrant parents said their children have felt uncertain about the future (59%), stress (54%), fear (54%), frustration (51%), anxiety (48%), and sadness (46%) more often than they did



“A number of parents are not filling out free and reduced lunch applications for their kid, not showing up for attendance-related meetings that are required, parent teacher conferences.”

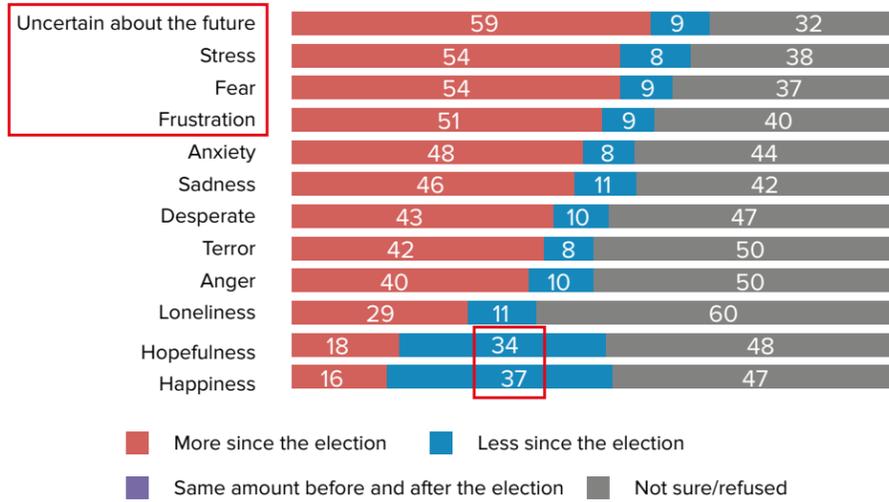
-Key Informant

before the election. In addition, parents reported that their children have felt hopeful (34%) and happiness (37%) less often since the election.

Furthermore, given that almost 75% of parents hear mainly negative messages on the media about immigration, the media may contribute to these fears and concerns. Accordingly, in the past year (March 2017-March 2018), the majority of surveyed immigrant parents have noticed a change in their children's behavior such as worrying about safety, stressing about family wellbeing, and increased fear and anxiety. Of the parents who have noticed a difference (66%), the majority noted that their children are worried about their safety (63%), stressed about the wellbeing of their family (61%), and exhibit increased fear and anxiety (51%). Difficulty focusing in school (35%), decreased self-esteem (25%), and being less likely to go outside (20%) fall into a second tier of changes in behavior. In addition, the majority of those who have noticed a change in their children's behavior believed it was a result of what their children have heard about immigration from President Trump (84%).

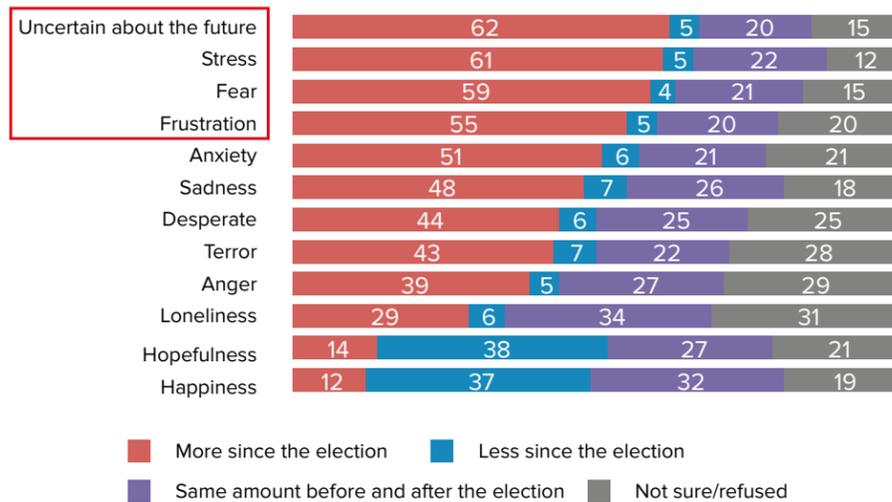
Providers have also noticed increased fear and anxiety among their

FEELINGS AND EMOTIONS EXPERIENCED AMONG IMMIGRANT PARENTS' CHILDREN SINCE THE 2016 PRESIDENTIAL ELECTION (N=495)



immigrant patients, along with an increase in somatic illnesses. Nearly all providers stated that children in immigrant families experienced increased anxiety and fear due to detention and deportation (87%). A majority reported an increase in children experiencing symptoms of depression, such as feelings of sadness, sleeping problems, loss or gain of appetite, and loss of interest in activities they used to enjoy (70%). Nearly two-thirds of providers reported increased difficulty focusing in school or fear of going

FEELINGS AND EMOTIONS EXPERIENCED AMONG IMMIGRANT PARENTS SINCE THE 2016 PRESIDENTIAL ELECTION (N=495)



“ I am seeing an increase in depressive, anxious, and somatic symptoms, as well as recurrent trauma symptoms from the past. People are extremely scared.”

- Health Provider, California

“ It's like hanging from a string that can be cut at any time.”

- Latino youth, age 16-21, Riverside

“ I've known this family for more than 15 years, and the two parents have no documents. When the president won, the children began to feel that anguish for their parents; they suffered. Last year, the child that was doing very well in school suddenly wanted to kill himself; he was suicidal.”

- Key Informant

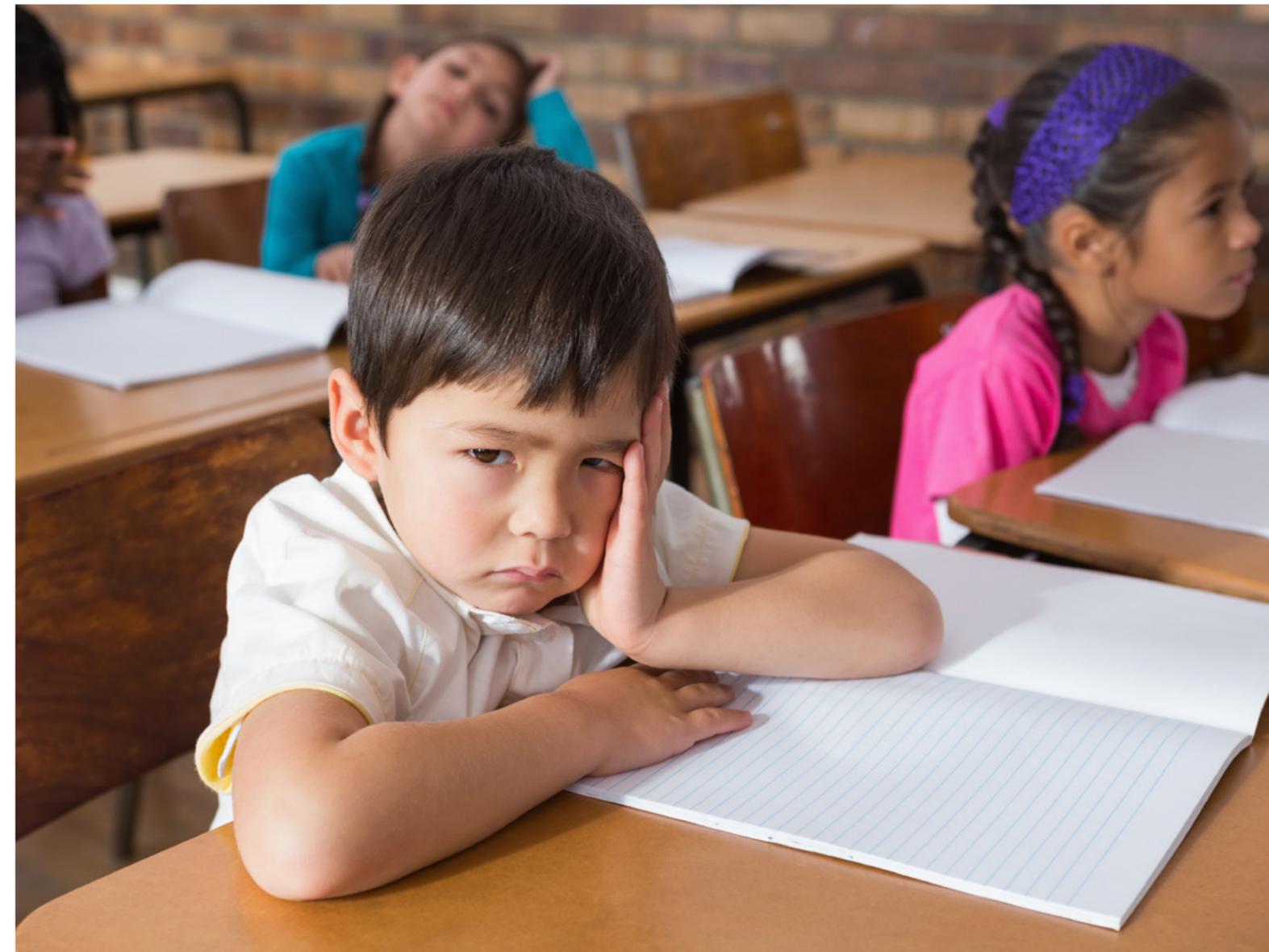
to school among children (63%). Additionally, almost half of respondents stated that immigrant children are increasingly being diagnosed with mental health conditions such as anxiety and depression, and almost a quarter said that parents are increasingly seeking mental health care for their children (23%). A majority of providers indicated that immigrant parents were increasingly likely to need treatment for a mental health condition themselves (69%).

Key informants overwhelmingly echoed these concerns, and some shared their perspectives on why families are increasingly feeling uncertain and stressed about the future.

“ Bullying is one of the roughest experiences for a lot of students who are newly arrived immigrants.

Even just hearing all these negative things, like a student saying “el muro” which is the wall that Trump has been talking about, or being made fun of because you're not from here or being told “go back to your country,” or “learn English,” these are the things that they really experience which I think would be connected to why they're absent a lot. Being put in classrooms where there is not a lot of support and not knowing the language, and having to deal with being made fun of because they don't speak right—that's something that I would say I have heard a lot recently.”

- Key Informant



Promising Programs and Practices in California: Trauma-Informed Approaches



The experience of immigration and its direct and indirect consequences can inflict any number of traumatic experiences on parents and their children as conveyed in the research above. In response, communities may offer specific support to children and their immigrant families, including physical safety, training, and informational resources to help families stay informed and prepared.

- Robin Geissler, a principal at Bowman High School, a continuation school in the Santa Clarita Valley, recognizes the significance of trauma-based training. All of the school staff has been trained in trauma-based education and are poised to recognize when students are under a significant amount of psychological pressure.

“When a student comes in and they’re having a behavioral problem in class, our first question is, ‘What’s going on with you? What’s happening with you?’ rather than ‘What’s wrong with you? Why can’t you behave?’”

The approach is always with compassion and an understanding that there is a reason why students may be exhibiting behavioral issues. At Bowman High School, many of the students have suffered more than the fear and the uncertainty of their immigration status, they have also suffered from violence in the home and domestic violence.

Robin explains, “if you work with kids who are at risk like this, and if you’re not trained, and you’re not able to search what is it that they need, you’re not going to be able to help them.”

- The [ALL IN For Safe Schools](#) Coalition, with partners including The Children’s Partnership, Californians Together, the California Association for Bilingual Educators, and The California Endowment, works with the California Department of Education to further support children in immigrant families on school campuses. By recognizing immigration as trauma, schools can better respond to the needs of students and foster a positive learning environment. The Coalition works to support schools in establishing safe environments for children in immigrant families and create resources to help schools educate families in relevant immigration policy changes, and health and social services. This includes the distribution of informational materials, the hosting of community conversations, and training to ensure a trauma-informed curriculum is available to support implementation of state legislation.
- Another example is the [UndocuHealing Project](#), which offers enrichment programs and resources on healing to individuals that work with the immigrant community. It also offers community support through community gatherings and healing workshops throughout California. This project helps to bridge non-traditional methods of holistic care—spiritual, mental, physical care—that do not necessarily fall within Western medicine. The leaders of UndocuHealing are not advocating for a specific linear line for each individual, but rather “emphasizing cultural care and practices that we hold are still important.” UndocuHealing aims to utilize healing practices within organizing spaces, where burnout is very prevalent. Many organizing communities and non-profit organizations often place the needs of community before the needs of the organizer. To ensure organizations are supported, the interventions of UndocuHealing help prevent burnout in order to sustain the long-term capacity of the movement.

SPOTLIGHT

3 of 6 →

“There was a lot of confusion amongst the children. They did not know if someone was going to remove them from school. How could they show that they could not be removed.”

- Latino immigrant parent of children under 12, Fresno

The majority of surveyed immigrant parents believe their children are worried about their family or someone they know being separated due to being detained or deported and had talked to their children about this situation, even though the majority of parents do not know someone who has been detained or deported.

Those in Los Angeles (50%) and older women (48%) were most likely to

think their children are very worried. While a majority of parents do not know anyone who has been detained or deported, one third do know someone (30%). Of those who know someone who was detained or deported, parents reported that their children also knew about the person being detained or deported (79%). A majority of parents stated that they talked to their children about the situation (72%). Women (61%), Latinos (63%), those over 45 (62%), parents of older children (68%),

“Honestly, I do not talk to my girls about that. They do not know my situation. I do not want to add another problem on their plate; they have nothing to do with it. I do not talk to them about it at all. **They are not aware that I am undocumented and that I cannot move freely.**”

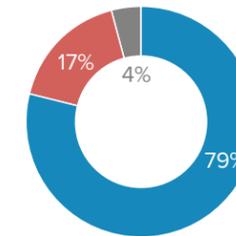
- Latino immigrant parent of children 12-21, Riverside

those in Los Angeles (66%), and those in the Central Valley (65%) were most likely to have had this conversation.

When children are told about the possible deportation of a family member, parents in the focus groups said it is a precaution and not necessarily something that is normal. Of the parents who chose not to discuss the possibility of detention or deportation with their children, extra fear or stress on their children was cited as a factor. Some do not want to worry their children about something that does not directly impact them, while others do not want to worry their children about the fact that they are undocumented. Others had traumatic experiences in the past that they do not want their children to have to relive. Some of the youth in the groups who were more impacted, such as ones who had to cross through border security, mention discussing a plan more often.

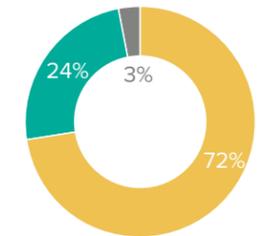
The issue of family separation due to detention or deportation was mentioned during all of the interviews, with key informants confirming that family separation has become a great fear among immigrant families in their respective communities.

CHILDREN’S KNOWLEDGE OF PERSON DETAINED/DEPORTED (N= 495)



- Yes, they knew about the person being detained or deported
- No, they did not know about the person being detained or deported
- Not sure

WHETHER PARENTS TALKED TO THEIR CHILDREN ABOUT THE PERSON DETAINED/DEPORTED (N= 495)



- Yes
 - No
 - Not sure
- Most likely to have talked to their children**
- 45+ (76%)
 - Latinos (75%)
 - Women (74%)

*Among Children in Immigrant Families, Health Care Providers Reported:



*Data represents percentage of surveyed providers who agreed with each statement.

“I think for youth who have mixed status undocumented parents, the fear of family separation can be very real on an everyday level. **It hangs over them like a dark cloud.**”

- Key Informant

“Once a parent ends up in jail, the family goes to pieces. A lot of the times, it is the breadwinner, and without an income, families are less able to pay rent and end up homeless. If they have extended family, they can move with them, but it is just a domino effect in their finances. The children pay the price most of the time.”

- Key Informant

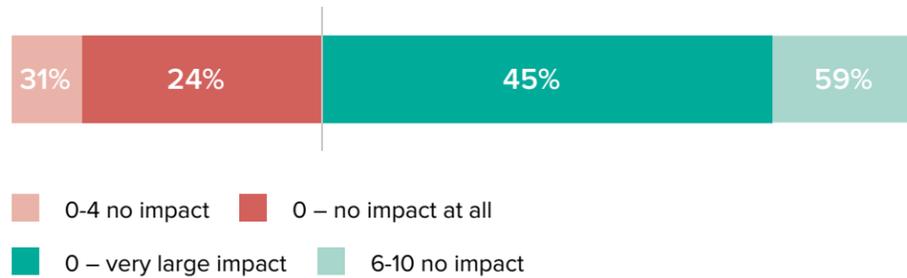
“ I just want some government support. I know that is what is bringing all of us down right now. Support like DACA. We never wanted that to end. That is the kind of support that I need because I know each and every one of us has the motivation that we need to continue to be successful one day, but the only thing that is bringing us down is that.”

- Latino youth, age 16-21, Riverside

Immigrant parents believe that the termination of the DACA program impacts their children.

Of surveyed immigrant parents, 59% believe that the loss of DACA will have an impact on their children, including 45% who believe it will have a very large impact. Parents in the 25-34 age bracket (52%), women under 45 years of age (50%), those in the Central Valley (54%) and Inland Empire (51%), and Latino women (50%) were most likely to believe that the loss of DACA will have a very large impact on their children. In the focus groups, most participants had heard about DACA, referencing either knowing what it does, hearing about it in reference to Trump, or having personal connections to someone who is a Dreamer. The loss of DACA was mentioned during many of the key informant interviews. After the Trump Administration announced the rescinding of DACA, there was a significant need to hold emergency DACA clinics across California. The emergency clinics were an

HOW MUCH IMPACT WILL THE LOSS OF DACA HAVE ON YOUR CHILDREN? (N= 495)



effort by many immigrants’ rights organizations and other community-based organizations to respond to the need of individuals who needed to renew DACA.

Immigrant families and their children are not receiving the health, nutrition, and social services they need.

The climate of fear has not only impacted families’ emotional wellbeing, but also their willingness to seek services that support their health and that of their children. Although the majority of parents have noticed a change in their child’s behavior, nearly half reported that neither they nor their child has reached out to talk to someone about what they are experiencing (48%). Out of those who

“ **My daughter sees a counselor but I have noticed that she is a bit more nervous; she cries over anything. She says that her fear stems from something else but she hears the name Trump and she gets scared.**”
- Latino immigrant parent of children under 12, Fresno

“ *I don’t really talk to anybody. Because you never know if people are going to like turn on you.*”
- Latino youth, age 12-15, Fresno

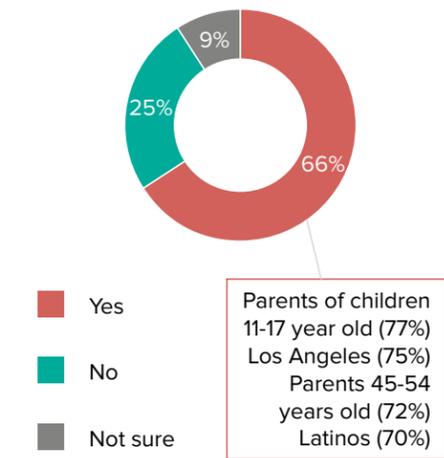
“ *I just try to laugh.*”
- Latino youth, age 12-15, Fresno

“ *I just talk to myself in my mind, like I just calm myself down.*”
- Latino youth, age 12-15, Fresno

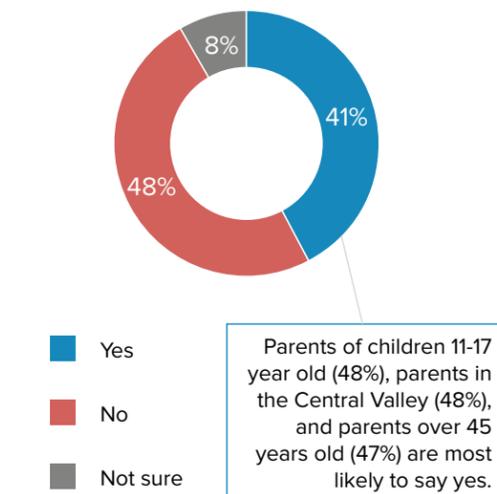
“ *I talk to my sister.*”
- Latino youth, age 12-15, Fresno

have reached out to someone, the majority said they have reached out to a close family member or friend (58%), followed by school counselors or teachers (40%), church or spiritual leaders (26%), and then a family therapist (18%) or a psychologist (14%). In the focus groups among Latino youth, participants shared that they reach out to their friends and family when they are afraid. However, the youth in the 12-15 age bracket expressed that they do not always know whether or not they can trust their friends. Some also chose not to talk to anyone, hoping they can laugh it off or wait for the fear or sadness to pass.

CHILDREN ACTING DIFFERENTLY SINCE THE PRESIDENTIAL ELECTION (N= 495)



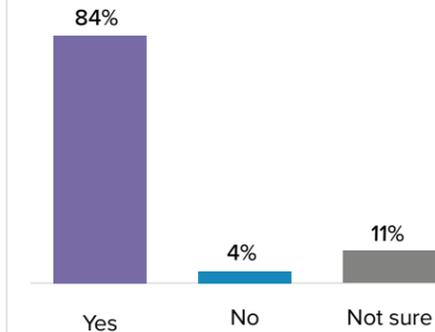
REACHING OUT TO OTHERS TO TALK ABOUT EXPERIENCES (N= 495)



With regards to health access, providers have observed that immigrant families are more likely to skip scheduled health care appointments, change routines to limit children’s outdoor and recreational activities, and limit participation in public programs.

A majority of providers reported that children in immigrant families were increasingly skipping scheduled

CHANGE IS A RESULT OF WHAT THEY HAVE HEARD ABOUT IMMIGRATION FROM PRESIDENT TRUMP (N= 495)

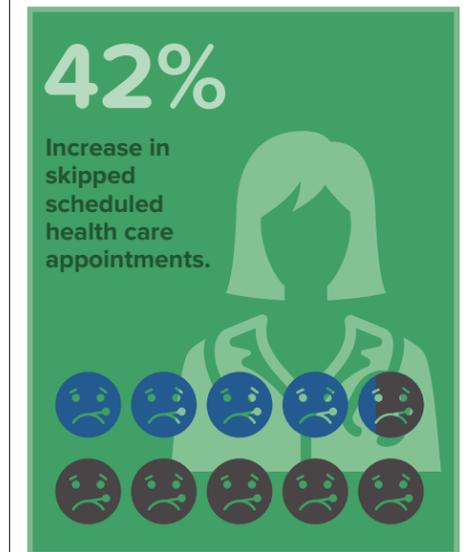


Who they reached out to:

Close family member or friend	58%
School counselor or teacher	40%
Church or spiritual leader	26%
Family therapist	18%
Psychologist	14%
Other	4%

health care appointments (42%), and others stated that immigrant families were increasingly abstaining from scheduling routine prevention or primary care appointments for their children (38%). Almost one-third of providers said that immigrant families have increasingly shifted how they access care for their children (e.g. increase in walk-ins, scheduling appointments for all children in one day, or telephone consultations).

“ *There is an increased guardedness around accessing services due to fear that providers will report immigration status or that parents will be detained by ICE while out in the community for their children’s appointments. I believe this results in more missed appointments and increased mental health issues.*”
- Health Provider, California



Additionally, a majority of providers reported that immigrant families were increasingly expressing fear in bringing their children to school, the park, or recreational activities due to fear of immigrant enforcement activities (70%).

A majority of providers have also observed that immigrant parents were increasingly discussing contingency planning or how to prepare for detention or deportation (60%).

Promising Programs and Practices in California: Integrated Service Delivery and Training



Connecting families with a continuum of services through trusted community partners is a necessary shift in the infrastructure of public program delivery. During this challenging time, health centers are leading efforts to help ensure a safe environment for their immigrant patients and staff.

- **Asian Health Services (AHS)**, located in the Bay Area, serves as a model to engage the community in all aspects of their work. The mission of AHS is to provide health, social, and advocacy services for all, including the immigrant and refugee Asian community, regardless of income, insurance status, immigration status, language, or culture. AHS understands that social and economic conditions profoundly impact the health of our patients and community, and strives to ensure that the Alameda and Oakland area community members spearhead opportunities that give the community a voice in their own health. The community and advocacy programs are driven by the needs of the community and some programs incorporate community-based participatory research (CBPR) – a partnership approach to research that equitably involves, for example, community members, organizational representatives, and researchers in all aspects of the research process and in which all partners contribute expertise and share decision making and ownership.^{liii} AHS engages in CBPR work to allow the community to drive more of the organization's research, and take ownership of the valuable data and how it is utilized. AHS's many community-based programs and research initiatives contribute to the health of youth, families, and overall community, and these programs are strengthened by community input.

- **St. John's Well Child and Family Center**, located in south Los Angeles, has also taken steps to ensure that the services and programs that are offered are in safe spaces where immigrant families feel welcome. Recently, St. John's has incorporated *What To Do If ICE Comes* into staff trainings for all of the staff. St. John's is the largest provider of care for undocumented individuals and they ensure that their patients understand that their lobbies are safe spaces, and that no officer can enter without a warrant. St. John's has also incorporated a Know Your Rights presentation for their Unaccompanied Minors program. They have a partnership with CARECEN and Neighborhood Legal Services LA; attorneys from these organizations help to inform patients about their rights and are available at their clinics on a weekly basis to provide various legal services. St. John's also collaborated with Promesa Boyle Heights to establish a community wellness center at Mendes High School to address an increase in mental health needs among their school community.

SPOTLIGHT

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Many immigrant parents said they had applied for health and nutrition programs for their children in the past, but the majority of health care providers observed an increase in concerns about participating in these programs.

It is important for all families to participate in public programs such as Medi-Cal, CalFresh, or WIC and receive the support they need to stay healthy and thrive. At the time our

“ My husband always worked and you just feel belittled. We are not asking for a handout. I feel that we as immigrants come to this country to work, not to ask for handouts. We come here to work and have a better life for our children and our children, at least mine, they have never been to Mexico.”

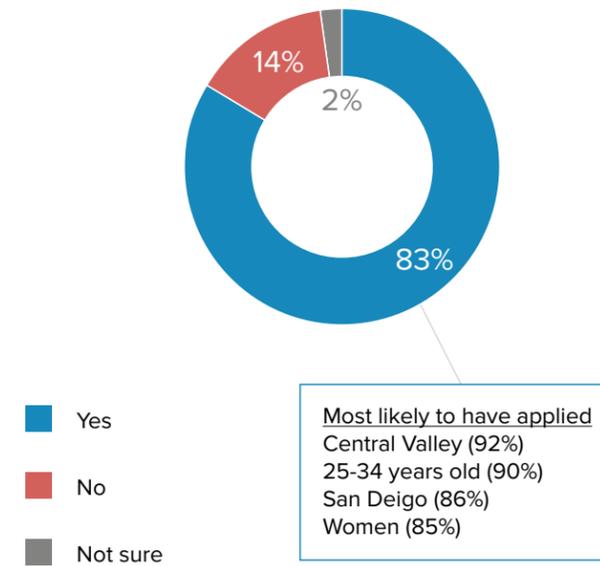
- Latino immigrant parent of children under 12, Fresno

survey was administered (January-March 2017), the majority of immigrant parents reported that they had applied for such public programs (83%).

Those between 25-34 years old, women, and those living in San Diego and the Central Valley, were most likely to have applied. A plurality of those who have never

applied say it is because they believe they do not qualify for the programs (36%). In the focus groups, parents identified language or financial barriers as obstacles to enrollment in public programs. Perceived racial stereotypes from others also played a factor in feeling uncomfortable or as barriers to information about health care.

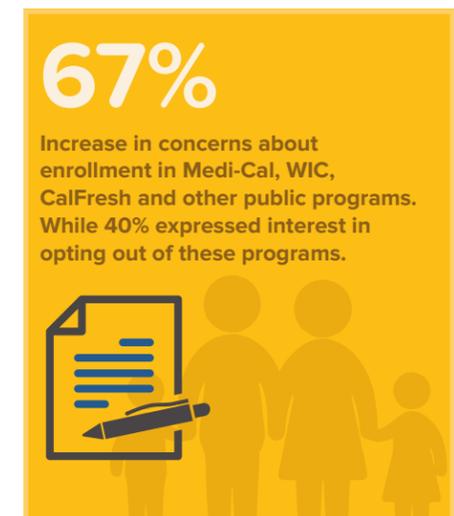
PERCENTAGE OF IMMIGRANT PARENTS THAT HAVE APPLIED FOR PUBLIC PROGRAMS LIKE MEDICAL, CALFRESH, OR WIC AND THE BIGGEST REASON FOR NOT APPLYING (N=495)



[If never applied] Why?	
I don't think I qualify	36%
I don't need public benefits	18%
Public benefits aren't meant for people like me and my family	26%
I have been told not to apply	5%
I don't know enough about the programs	5%
I don't feel comfortable applying for the public benefits	3%
I was turned down before	3%
The application process is difficult or complicated	2%
Not applicable	3%
Not sure	11%

While the majority of surveyed immigrant parents have applied for programs, two-thirds of providers surveyed observed an increase in concerns about enrolling in Medi-Cal, WIC, CalFresh or other public programs and have expressed interest in disenrolling in public programs.

Many key informants also shared similar experiences regarding the reluctance and fear to participate in public programs among immigrant families due to a fear of immigration



enforcement. These behavioral changes lead to a cycle of stress and place limits on access to activities that support and promote the wellbeing of immigrant families.

“ Attorneys have mentioned to us that families who have children participating in the free or reduced lunch program are afraid to fill out that form again. Mothers who may qualify for WIC are afraid to sign up because they fear there may be a backlash for them. It's just a larger fear that our local communities are facing. It is threatening the dignity to live a normal life.”

- Key Informant

“ In meeting with key staff of elementary, middle, and high schools, there are consistent concerns that immigrant parents are too scared to attend school events, resource fairs, and obtain services due to the fear of immigration taking them away from their family. Our families report concerns and fears about going grocery shopping, walking their kids to school, and seeking mental health/dental/vision services using Medi-Cal, as they think it might lead to an INS raid.”

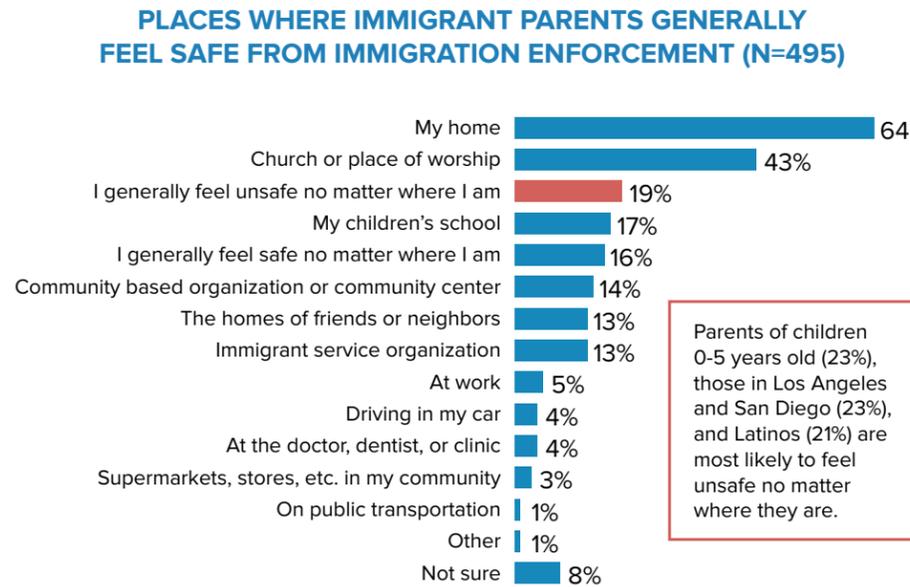
- Health Provider, California

Immigrant families and their children no longer feel safe in certain places and don't have resources they can trust.

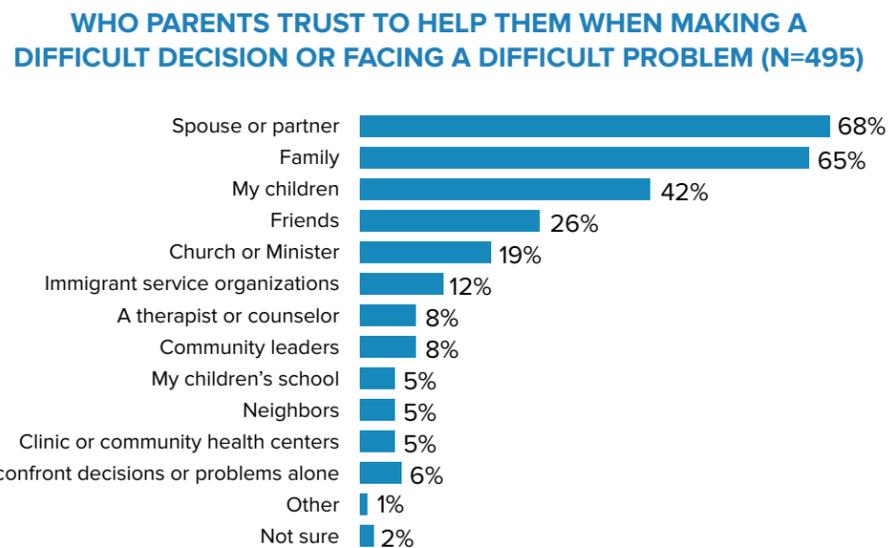
Given the heightened immigration enforcement that has taken place under this Administration, many immigrant families no longer feel safe or welcome in certain spaces.

When asked where immigrant parents generally felt safe from immigration enforcement in their community, parents stated that they feel most safe in their homes (64%). Their church or place of worship also rose to the top as a location where they feel safe from immigration enforcement (43%). However, nearly one in five (19%) reported that they feel unsafe no matter where they are in the community, including parents of children 0-5 years old (23%), those in Los Angeles and San Diego (23%), and Latinos (21%). Similar to immigrant parents overall, youth in the focus groups shared that they feel safe at home, in school, and with their parents. Youth in the 16-21 age bracket included feeling safe in their larger community as a whole due to some of its progressive policies on immigration. Parents in the focus groups also discussed some of the places that they do not feel safe, such as certain stores, on their way to work, and, for one participant, everywhere.

- “My home.”
- Latino immigrant parent of children under 12, Fresno [x3]
- “School. And at home.”
- Latino youth, age 12-15, Fresno
- “Church.”
- Latino immigrant parent of children under 12, Fresno



(Respondents were asked to choose up to three responses)



(Respondents were asked to choose up to three responses)

Almost all immigrant parents have someone in their network to turn to when they are faced with a difficult decision or problem. While most generally rely on their spouse or partner (68%), families (65%), and their children (42%), some rely on their church or minister (19%) and immigrant service organizations (12%) when they need to make a difficult decision. Other participants in the survey and focus groups shared

that they do not know whom to turn to specifically when it involves immigration.

In the focus groups, immigrant parents expressed that having a community to turn to is important to feel more supported and less anxious. API parents in particular expressed feeling that they have fewer resources to turn to when they need help, especially within the immigrant community.

Promising Programs and Practices in California: Community Health Workforce



In a time of fear and uncertainty for immigrant families, it is particularly valuable for trusted field partners, including community health workers, certified enrollment counselors, and promotoras, to continue engaging and informing families about available services and supports, and, where possible, policy developments and changes.

- The “Promotores de Salud Mental” Project was created in 2010 to address disparities in access to services in Service Planning Area 7, a Latino community in Los Angeles County, due to language barriers and a stigma against seeking mental health services. The use of Promotores as mental health educators in this community was intended to lessen the disparities. Promotores are trusted by the Latino community because they are of the community, speak the languages of the community, and are perceived as peers. Therefore, they are uniquely poised to lessen the stigma associated with mental health. These promotores were trained on mental health topics, which they would then deliver as community presentations to adults, parents, and families who may be affected by mental illness. According to the Service Area 7 District Chief, there are more than a thousand presentations conducted every year. The Promotores are able to integrate vital information about mental health issues and mental health care systems into the community’s culture, language, and value system, thus reducing the stigma and the barriers associated with mental health.
- Vision y Compromiso (VyC) is a national organization that also utilizes the Promotores approach. VyC strives to create and sustain a consumer-driven approach to promoting the health and wellbeing of underserved communities by supporting Promotores, leaders, community health workers, and others who serve the community. VyC has many different health initiatives that are informed by community, including Bailoterapia (or dance therapy), a physical activity program promoting the mental, spiritual, and social health of the community. The exercise helps to control chronic diseases, reduce stress, and promote a healthy lifestyle. Also, given that this activity is carried out in a group, it supports social relationships. Some participants have formed friendships and regularly meet outside of class.

SPOTLIGHT

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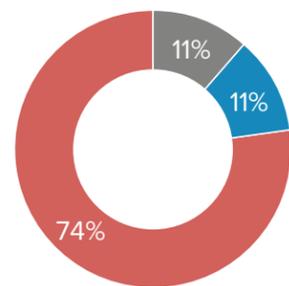
- “We’re seeing a large drop in My Health LA re-enrollment, which would obviously be the population that would be afraid to apply for fear of repercussion in the future when they try to fix their status. ...We saw a 12-15% drop in re-enrollment for My Health LA, and that’s pretty significant.” - Key Informant
- “We heard from another clinic across the Bay that one grandma came in and wanted all of her grandchildren taken off their medical list so that there is no record of them. People are really responding to this fear and we are only seeing the tip of the iceberg at this point.”
- Key Informant
- “I feel like the church really helps out a lot because I know my mom is really involved with the church. I know the minister there comes from the same background as us too, so he feels the same way...He is really big into the activist movement, but he always has activities. You know how the DACA thing they had to renew it? He invited lots of people to come and help out other people. I feel he is really helping out with the people that need help.”
- Latino Youth, age 16-21, Riverside
- “I don’t feel safe anywhere.”
-API immigrant parent of children 12-21, Fresno

Our survey also asked parents where they tend to learn about immigration-related news. The majority of surveyed immigrant parents tend to get their information from Spanish language television (78%) and radio (52%). They also get information from family or friends (42%), Facebook (39%), and English language television (32%). Nearly three-quarters hear mainly negative messages on media about immigration (74%). Older immigrant parents, those in Los Angeles, and Latinos were most likely to get their information on immigration issues from Spanish language television and radio. Younger immigrant parents and those in the Central Valleys were more likely than others to get their information from Facebook and family and friends. Those in Orange County were much more likely than others to get their information from English language television.

In the focus groups, youth shared that they hear about immigration news on the TV, from their families, in the newspapers, and on social media.

Q1: DO YOU HEAR MAINLY POSITIVE OR MAINLY NEGATIVE MESSAGES ON MEDIA ABOUT IMMIGRATION?

Q2: WHERE DO YOU TEND TO GET YOUR INFORMATION ON IMMIGRATION ISSUES? (N=495)



- Mainly positive
- Mainly negative
- Not sure

There is some skepticism about social media, however, if from a peer rather than an organization that works with immigrants.

Immigrant parents and children are resilient and share values of respect and human dignity with parents of every background.

The immigrant parents who were surveyed want every other American, particularly those who stand against them, to realize that they are human and deserve respect.

Immigrant parents seek to ensure others understand that immigrants come to the United States to work hard and contribute to their communities. There is a desire to have people believe that not all immigrants are bad, and immigrant parents want to have the opportunity

Sources of Information	
Spanish language television	78%
Spanish language radio	52%
Family or friends	42%
Facebook	39%
English language television	32%
Church	19%
School	18%
English language radio	13%
Instagram	6%
Twitter	3%
Other	5%

to come out of the shadows and live freely in the United States.

Similarly, immigrant youth want people to know that they and their families have feelings and want to be treated with respect. Families want support from their government, but want people to realize immigrants are hard workers. Immigrant parents want the public to look beyond the stereotypes and see them as human. Furthermore, both parents and youth expressed that if they could have a hand in immigration policy, deportation would only occur for serious, violent crimes; a clear and easier path to citizenship would be in place; people's rights would be protected; and families would not be separated.

“ We come not just for no reason. We came because there were wars and there is struggle and I am sure the majority of immigrants come to this country for those reasons, but everybody has different reasons, but because of the struggle where we were, that's why we come here to have a better life. And we do work hard. We are hard-working people.”

- API immigrant parents of children 12-21, Fresno

Promising Programs and Practices in California: Therapies and Self-Healing



Various forms of therapy emerged as promising practices to support families. Talk Therapy / Help Groups / Group Therapy / charlas (chats) are all approaches that help people cope with the environment. In addition, several key informants discussed spirituality as a therapeutic tool and type of healing service, especially for families that may not have access to mental health services. Some faith-based agencies recognize their reach in the community and have held advocacy-training workshops, or handed out basic needs supplies to support immigrant families.

- Guillermo Da Silva-Montemayor is a Marriage & Family Therapist based in Newport Beach who practices at Hoag Hospital and is a Clinical Supervisor at Pathways Community Services. Guillermo is a bilingual and bicultural clinician that strives to achieve a holistic understanding of his patients, including the family dynamic and cultural and political context of a patient, before assessing, diagnosing, creating a plan of action, and monitoring the progress of his patients.
- [The Interfaith Movement for Human Integrity \(IM4HI\)](#) is an organization that combines faith-based organizing, arts and cultural work, and strategic campaigns to help take down the barriers between neighbors and connect immigrant and native-born United States citizens to a global perspective on human rights. The staff mobilizes inter-religious communities for concrete social change campaigns, including immigrant rights and integration, economic justice, health care/community wellness, and leadership formation.
- [The James Morehouse Project \(JMP\)](#) works to create positive change in the El Cerrito High School community through health services, counseling, youth development, and school-wide initiatives. The JMP health staff work with teachers and administrators to minimize learning disruptions, successfully creating flexible schedules that balance students' academic, health, and mental health needs.
- Health centers also incorporate different therapies to support patients who are part of immigrant families. St. John's prefers to use the term *charla* over mental health groups to minimize the stigma associated with mental health treatment. The Director of Behavioral Health explained, "When we talk about mental health, I don't say *salud mental* (mental health). I very much approach it from the point, "Sabes que, a todos nos puede pasar esto. Todos tenemos ansiedad, todos tenemos tristeza," and I include myself in that because I think it's important not to come from the top-down model or alienate myself as the other, but really join them in understanding that mental health happens to all of us. It is how we function and how we interpret it and how we reframe that cognition that will allow us to function better."
- [Clínica Monseñor Oscar Romero](#), based in Los Angeles, also offers therapy sessions, including group therapy, individual therapy, and group counseling. Shortly after the termination of DACA, Clínica Romero offered support groups to the undocumented immigrant community. The Policy and Community Engagement Specialist at Clínica Romero explained, "just talking about it is so important. While it doesn't necessarily take that fear away, knowing that you have support is helpful and having these options for families, for individuals who are undocumented in our communities, is so important."

"Do you know what, this can happen to any of us. We all experience anxiety, we all experience sadness.

“ I think it is very important that all of those people who are residents be able to become citizens and vote.”

- Latino immigrant parent of children under 12, Fresno

SPOTLIGHT

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Towards A Brighter Future For Children in Immigrant Families: Policy and Programmatic Recommendations

In today's political environment, it has become inevitable for leaders and social justice advocates who care about immigrant families to spend most of their time playing defense. It is simply not enough. California must continue to build on all the progress made at the state level in the last two decades by advancing an inclusive and progressive agenda reflective of the diverse communities that make up the state. Advocates must drive public policy and policymakers by identifying the work needed to sustain this momentum and work toward sustained progress. The health care advocacy community is committed to advancing policies that provide affordable health coverage for all immigrants, regardless of immigration status.

Additionally, those who care about the health and wellbeing of California families must also lend support in finding solutions to the new and emerging problems that immigrant families face. Reframing children's issues in this manner—for instance, linking experiences such as the detention and deportation of students or their family members to corresponding negative effects on health, mental health, education, or child safety—provide policymakers with a broader context in which to develop sensible, family-friendly policies across a number of areas, including health, public safety, education, and immigration.

Our research clearly identified a negative and harmful environment for children in immigrant families

in California. Children in immigrant families are clearly under duress – increasingly anxious and afraid, suffering from somatic illnesses like insomnia and headaches, with increased difficulty focusing in school, and even with fear of attending school. Families are withdrawing from everyday activities like going to parks and playgrounds. Children are at risk of not getting medical care or nutrition assistance.

Based on our research findings and subsequent conversations with key partners and stakeholders, the following high-level policy and programmatic recommendations present a path forward that is informed by our communities. The following recommendations not only highlight the challenges we are facing, as evidenced by our research, but also offer context for where we are now. In order to identify and validate these recommendations, The Children's Partnership and the California Immigrant Policy Center continue to seek input from key partners to protect and support the mental health and wellbeing of children in immigrant families. This includes people who provide direct health care and other services to immigrant families, health care advocates, key staff at philanthropic organizations that support coverage for children, people in state and local government roles, and community members themselves. These policy and program recommendations support the healthy development of children in immigrant families and will create a more inclusive environment where all families can succeed and contribute to the greater good.

STRENGTHEN COMMUNITY SAFETY TO ENSURE CHILDREN, YOUTH, AND FAMILIES FEEL SECURE AND SUPPORTED IN THEIR COMMUNITIES

Our research confirms that children and parents living in immigrant families do not feel safe, even in school settings. Fear, stress and related somatic illness have an impact on children's ability to concentrate, succeed at, and even attend school. With half of California's children living in immigrant families, their needs cannot be ignored and it is critical for schools to foster a positive and inclusive environment. Efforts are needed to promote the mental health and wellbeing of children by eliminating or reducing threats in their school environment, specifically related to enforcement strategies, and also to remove anti-immigrant bullying within schools.

Although federal policy provides protection from federal immigration enforcement in certain sensitive locations like schools, it does not apply to all child-friendly spaces, such as areas right outside of schools. Furthermore, it is unclear whether the sensitive locations policy is consistently followed by the Department of Homeland Security or Immigration and Customs Enforcement (ICE). Laws such as [The California Values Act](#) (SB 54) and [Safe Schools for Immigrant Students](#) (AB 699) (see page 10) have the potential to safeguard children and their parents from immigration enforcement. In addition, all

local education agencies must proactively ensure that their school environments are welcoming for immigrant families.

Other community settings, like community health centers or other community-serving organizations, have an opportunity to offer a sense of security for immigrant families. For example, the California Primary Care Association, along with other organizations like the National Immigration Law Center and the Immigrant Legal Resource Center, have developed [resources on sample policies and procedures](#) on what health centers can do to protect their patients. Some health centers, such as St. John's in South Los Angeles, have already taken steps to adopt these policies and prepare their staff on what to do if immigration agents enter their clinics. However, these policies are not yet widespread and embraced by all service providers in the state, so there is still work to do to make sure these protections are put into practice and communicated to those seeking services.

RECOMMENDATIONS

- ▶ Federal policymakers should support codification and expansion of the current national sensitive locations policy particularly at or near places that are critical to children's health and wellbeing. They should pass legislation such as the federal Protecting Sensitive Locations Act (HR-1815). Schools are considered safe spaces in ICE memos, but this law would codify limits on immigration enforcement actions at or near sensitive locations, such as a private playground on the grounds of a child care center or school.^{liv}
- ▶ State agencies should share their policy publicly, and carefully

follow federal law and guidance to ensure information will not be shared with federal immigration officials.

- ▶ State agency staff and administration officials should support the full implementation of California laws, including SB 54 and AB 699, that protect immigrants and their families in their communities. Activities may include a thorough assessment to identify what steps individual health clinics or the state is taking and gaps that still exist.
- ▶ State associations representing educators, health and social service providers, and businesses should support implementation of SB 54 through member education, public awareness, and adoption of safe spaces policies in health care and social service settings.
- ▶ Schools should implement AB 699 and provide safe spaces for parents and family members to express concern and learn about immigration policy, including programs that educate families about their rights.
- ▶ The California Department of Education should encourage Local Educational Agencies to address School Climate (Priority 6) in their Local Control and Accountability Plan, directly linking opportunities to create welcoming environments, particularly for students in immigrant families.

INVEST IN COMMUNITY-BASED APPROACHES AND A COMMUNITY-BASED WORKFORCE TO SUPPORT IMMIGRANT FAMILIES

As concerns for safety continue, identifying innovative methods of reaching immigrant families is paramount to supporting the

wellbeing of California's children. As we noted above, working with trusted community partners that already interact with children and families (like schools, faith-based organizations, and immigrant service organizations) is an effective strategy because it builds on trusted relationships and often depends on a community-based workforce. As noted in our research, while the majority of surveyed parents had applied for public programs like Medi-Cal, CalFresh and WIC, two-thirds of health providers and the majority of key informants observed an increase in families' concerns about participating in these programs due to fear of immigration enforcement. Our research also found that immigrant parents mainly speak with family members and friends for advice, not necessarily with authority figures trained on immigration policies. These findings indicate that some families are disenrolling in health programs, limiting visits to health care or social service providers, and avoiding public spaces without having all the facts, and at a time when children need *more*—and not less—of these activities and services for their healthy development. Families need better information from trusted sources about their rights and protections so they can make more informed decisions.

State and local government generally educate families about programs and services that can help them and their children, however, there is only so much government can do. County welfare departments are not permitted to provide advice to Medi-Cal applicants or beneficiaries on matters relating to federal immigration policies, and families may not trust government entities regardless.^{lv} There are also gaps and capacity limitations in the existing health and social services and legal

services workforce that can provide this assistance. The continued investment and integration of a community workforce — like community health workers, certified enrollment counselors, and *promotores* — will help advocates continue to engage and relay accurate information to enroll, retain, and increase utilization of health and social services. Health navigators and enrollers are trained to remind applicants and family members that information will be kept safe and only used for health purposes. In addition, community-based organizations can address needs by providing culturally-rooted leadership opportunities and healing activities.

provide information to immigrant families across the state.

- ▶ Philanthropic organizations should invest in the identification, strengthening, and replication of leadership networks that empower residents to educate their communities, similar to the Boyle Heights Immigrant Rights Network’s *Comite de Lideres* (see page 18).
- ▶ Researchers should partner with community members to identify, evaluate, and expand upon community-based therapy models that work, such as alternative or non-traditional methods of care.

navigating how to talk about these services, even if needed services exist in some communities.

Underscoring the importance of links, many key informants expressed the need to expand upon policies and programs that increase access to health care services and move away from a transactional form of care to a more holistic, comprehensive form of care delivery. Integrated services that provide holistic care and services addressing a variety of social determinants of health will better support families while also addressing unique challenges of the current time.

California has made notable steps in supporting the health and wellbeing of children in immigrant families through the [Health for All Kids Act](#), which expanded Medi-Cal access to all children. However, there remain considerable gaps in health program eligibility for immigrant adults, who may be ineligible for Medicaid immigrants due to federal eligibility restrictions on the program. Undocumented adults have few options because they are not eligible for subsidies in the marketplace. Some cities and counties are addressing this with programs that provide primary care, such as Los Angeles, Contra Costa, and Monterey, which have established safety-net programs to cover undocumented adults.

Some health care, social services, legal services, and even education providers have come together to meet complex needs of immigrant families, establishing stronger links between services and designed referral networks. Nationally, there is a growing recognition for the value of such partnerships, as evidenced by the endorsement of national provider organizations, such as the American Medical Association Board of Trustees, the American Academy of Pediatrics, and the American Bar Association. In the most integrated models, services are not only colocated, but providers have

permission to talk about their patients and work together. For example, at the Magnolia Community Initiative, located at The Children’s Bureau, county staff is colocated on site, including WIC and child welfare. A network of more than seventy service providers offer families a comprehensive spectrum of care, ranging from health and financial services to child care and immigration services. Private funders have supported these efforts through their grantmaking and there are some state and locally funded grants available to support such models. However, a long-term public commitment and payment systems for these truly integrated models are needed for them to be expanded and refined. When providing colocated services is not yet possible, providers need to create referral networks in their communities to effectively meet the comprehensive health needs of immigrant families.

flexible funding sources that create incentives for integration and collaboration between health clinics, community-based organizations, schools, legal services, and more.

- ▶ State and local policymakers should provide stable and flexible funding sources that create incentives to identify and chip away at the social determinants of health.
- ▶ State agencies, such as the Department of Mental Health and the Department of Education, can develop a system across the state that identifies mental health care that is culturally competent and contextually aware of their unique needs to support referrals.
- ▶ Community organizations should offer or continue to offer safe spaces for their community members to discuss how the hostile immigration has been impacting them.
- ▶ Philanthropic organizations should support researchers in evaluating existing and new integrated service delivery models in order to refine and expand what works.
- ▶ Philanthropic organizations should also support and evaluate programs that build on the skills and social capital of volunteers to provide support to immigrant families needing multiple services, such as the Interfaith Movement for Human Integrity’s volunteer model (see page 31).

and outcomes such as poor school performance and high dropout rates. To tackle this problem, professionals working with children — social service providers, teachers, and school administrators, in addition to health providers — need training to better support children in immigrant families, recognizing the trauma engendered by such an experience.

In our research, providers identified several gaps in resources and training that would allow them to serve immigrant families and their children more effectively. These included educational resources for the providers and families, as well as referrals and other community connections, as stated above. Provider uncertainty about the country’s highly politicized immigration policy also limits their ability to answer families’ questions about their safety and makes clear the need to better inform providers.

Similarly, key informants shared the importance of considering the unique needs of immigrant families in existing models of trauma-informed education and care. [A recent report](#) by the Center for Law and Social Policy highlighted the National Child Traumatic Stress Network’s key components of trauma-informed programs to better support children in immigrant families. This includes routine screening for trauma exposure and symptoms, use of evidence-based, culturally responsive assessment and treatment, and a focus on continuity of care and collaboration across systems. Such programs also address parent trauma, emphasize staff wellness, and make resources available to children, families, and providers.^{lvi} Greater coordination and collaboration between health, education, and immigrant-serving organizations can help ensure families receive accurate information on immigration policy, immigrant rights, immigrant eligibility for public benefits, and the optimal delivery of care and services.

RECOMMENDATIONS

- ▶ Local government and philanthropic organizations should support legal services and advocacy organizations in training existing health navigators, enrollers, and community health workers, and by expanding the workforce to educate immigrant families about their rights and advocate for policy changes.
- ▶ State and local government should distribute information, train staff, and expand community engagement and partnership programs for local residents in innovative ways and support model practices, such as the Office of Diversity and Equity in San Mateo (see page 18).
- ▶ California state agencies and philanthropic organizations should provide incentives for schools to be a forum for educating families about their rights. Additionally, they should expand upon campaigns, such as The Children’s Partnership’s ALL IN program, and develop other school-based campaigns that

IMPROVE ACCESS, COORDINATION, AND INTEGRATION OF SERVICES TO REDUCE BARRIERS FOR IMMIGRANT FAMILIES

Immigrant families, like all families, are juggling multiple priorities in order to care for their children. While focused on the impacts of immigration, our research made clear that immigrant families are: working to support their child’s education or their own; working to identify dignified work to support their families; and building networks of support. Due to today’s anti-immigrant climate, our research found that families are choosing to limit time spent in public, in addition to facing transportation, financial, and other barriers to accessing services. From the health care provider perspective, our research identified several gaps in resources like the ability to make appropriate referrals or connections to community services that hinder providers’ abilities to serve immigrant families and their children more effectively. Providers’ limited referral resources, particularly to immigration or other legal services, was further complicated by the difficulty in

RECOMMENDATIONS

- ▶ Federal policymakers should stop efforts to discourage immigrant families and children from accessing nutrition, health, and other programs and services.
- ▶ State policymakers should grant all low-income adults, regardless of immigration status, access to health care services that would allow them to live healthier lives and prevent the onset of illness to better care for their children. When parents have health coverage and access to health care, it also supports the health and wellbeing of kids.
- ▶ Local policymakers should adopt or expand upon county programs to provide health care services to their residents and build momentum for statewide coverage solutions.
- ▶ State and local policymakers should provide more stable and

BUILD CAPACITY OF PROVIDERS, EDUCATORS, AND OTHERS WHO INTERACT WITH IMMIGRANT FAMILIES

Chronic stress and adverse childhood experiences, such as having a parent deported or witnessing a parent’s arrest, are linked to behavioral problems

RECOMMENDATIONS



- ▶ Department of Homeland Security should strengthen and train staff on protocols to minimize harm to children if they are present during immigration enforcement actions. They should also ensure that detained or deported parents are able to make decisions about their child's care.
- ▶ State agencies should include trauma-informed care training as part of Continuing Medical Education, medical school curriculum, teacher and school administrator training, and licenses for social workers and other mental health professionals.
- ▶ California should adopt a statewide trauma-informed care strategy for child-serving programs and initiatives that are adapted to include the unique needs of immigrant families.

- ▶ Health plans, hospitals, and clinics should conduct education and outreach regarding the impacts of immigration enforcement policy in newsletters, and trainings to their frontline staff, providers, and executives.
- ▶ Philanthropic organizations should support dissemination of *Know Your Rights* training to a wide array of sectors who work with immigrant families.

i **EDUCATE AND ENGAGE COMMUNITIES ABOUT IMMIGRANT RIGHTS AND BUILD PUBLIC WILL TO TAKE ACTION**

California is a leading example of progress toward immigrant integration made possible by a strong and diverse coalition that unites a number of different issues and experiences. This progress would

not have been possible without immigrants and non-immigrants working together to foster a new and more inclusive California. The national anti-immigrant policies of today present a new opportunity for all Californians to unite and build on such progress.

Despite the negative political climate, our research found that immigrant families remain strong, hopeful, and resilient. State and community leaders, as well as media, can foster this resilience by recognizing the importance of education and awareness in building public will to support immigrant communities and their children, and better prepare themselves to respond to trauma related to immigration enforcement.

A continued focus on improving education and raising accurate awareness of immigration policy is necessary to support the wellbeing of children in immigrant families. Immigrant parents that were surveyed are primarily consuming news from Spanish language television and radio and observing mostly negative

messages about immigrants. They also perceive that policy changes will harm them or their family, even when the specific policy change does not apply to them. Youth are also tuning into immigration-related news on television, listening to their families discuss it, or reading newspapers or social media posts. With greater knowledge about their rights, parents, regardless of immigration status are able to separate facts from fear mongering and better advocate for their children.

Half of the key informants raised civic engagement and mobilization as a long-term strategy to better protect and support immigrant communities. Although some immigrants in California are not able to vote due to their immigration status, they can effectively seek to end barriers to essential resources like education and health care for themselves and their children through advocacy. Some key informants shared that it helps to see elected officials and authority figures, such as Governor Brown or Attorney General Becerra, talk about protections and rights publicly and denounce the federal attack on immigrant communities. Everyone

in our communities has the agency to call for such statements, regardless of immigration status. Lastly, work with immigrant communities must include holding candidates accountable to the values of inclusion that embrace and protect immigrant families and position our communities, state, and country for a more inclusive future.

- ▶ Advocacy groups and philanthropic organizations must continue to share accurate information related to the immigrant community and recognize immigrant contributions.
- ▶ Policymakers and agency leaders, at the state and local level, should more frequently highlight the value of immigrants and promote immigrant rights publicly and with mainstream and ethnic media. They should also use their platform to partner with community-based organizations to spread clear messages that educate immigrant families on the facts about immigration policy and their rights.
- ▶ Philanthropic and advocacy groups should create partnerships

RECOMMENDATIONS



- ▶ Advocacy groups should build power through mobilization and organizing as a way to build on the resilience of families.
- ▶ State voter engagement efforts should target strategies at the neighborhood level to support and take on the role of advocating on behalf of their local communities, including immigrant families.
- ▶ Philanthropic organizations, advocacy groups, and researchers should raise awareness among the public and policymakers about the importance of children of immigrants to California's future.



Where We Go From Here

Our research found that the hostile immigration climate heightens stress among children, negatively affecting their wellbeing and placing them at risk. This long-term stress, or toxic stress, can “have damaging effects on learning, behavior, and health across the lifespan.”^{lvii} Fear of immigration enforcement also leads to behavioral changes that place limits on access to activities that promote wellbeing, including disenrolling from health and other public programs, limiting visits to doctors and other health care or social service providers, and decreased time in public spaces.

The overview of a comprehensive research effort with immigrant parents and their children, providers, and key stakeholders generated additional insight into how California’s children are faring in today’s political climate. Despite California’s leadership in enacting important legislation, immigrant families and their children continue to live in fear. These policy

and programmatic recommendations create an opening for an important shift in perspective to strengthen accountability, monitor activity, and help usher in additional efforts to support children in immigrant families, including opportunities to utilize the incredible social capital generated by immigrant families today.

There are compelling and economic arguments to strengthen our commitment to children in immigrant families. As a society, caring for children is fundamental to our values and essential to our collective wellbeing. In fact, children in immigrant families are among the strongest economic and fiscal contributors in the United States population. California and the nation’s future depends on the children of immigrants who will be an increasingly large part of the workforce.^{lviii} Long-term stress and anxiety among this population will take a toll on California, the largest economy in the

United States, and now the fifth largest economy in the world.

As advocates for children and families, we are called upon to do better and do more to protect and defend children’s wellbeing. California has served as a leader in advocating for policies of inclusion for immigrant families, but as growing rifts between local and state policies emerge, we also chip away at the welcoming climate so many in California have worked hard to create.

By prioritizing the wellbeing of children in immigrant families, California recognizes its responsibility to invest in the structures that protect and raise all children — strong families, nurturing institutions, and supportive communities. In doing so, we advance solutions in the best interests of all our children who are essential to positioning the state and the nation toward a prosperous and bright future for all of us.

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Healthy Mind, Healthy Future Team

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Appendix

List of Partner Organizations that Disseminated Immigrant Parent Survey

- Asian Americans Advancing Justice
- Casa Familiar
- Central Valley Immigrant Integration Collaborative
- Dar Public Health Consulting
- Dignity Health
- El Sol Neighborhood Educational Center
- Espacio Migrante
- Fresno Center for New Americans
- Life-Long Medical
- Mixteco Indigena Community Organizing Project/ El Proyecto Mixteco / Indígena Organización Comunitaria (MICOP)
- Roots Community Health Center
- SIREN - Services, Immigrant Rights, and Education Network
- Visión y Compromiso
- Vista Community Clinic

List of Key Informants and Organization Affiliation

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Endnotes

i kidsdata.org. "Children Living with One or More Foreign-Born Parent." Lucile Packard Foundation for Children's Health, 2018. Accessed July 27, 2018. <https://www.kidsdata.org/topic/573/foreign-parents250/table#fmt=786&lc=2,127,331,171,345,357,324,369,362,360,337,364,356,217,328,354,320,339,334,365,343,367,344,366,368,265,349,361,4,273,59,370,326,341,338,350,342,359,363,340,335&tf=79>

ii Pastor, Manuel, and Enrico A. Marcelli. "What's at Stake for the State: Undocumented Californians, Immigration Reform, and Our Future Together." Center for the Study of Immigrant Integration, University of Southern California. May 2013. Accessed July 27, 2018. http://dornsife.usc.edu/assets/sites/731/docs/whats_at_stake_for_the_state.pdf.

iii The Children's Partnership and the California Immigrant Policy Center, "The Effect of Hostile Immigration Policies on Children's Mental Health, March 2017. Accessed July 9, 2018. <http://www.childrenspartnership.org/wp-content/uploads/2017/03/The-Effect-of-Hostile-Immigration-Policies-on-Childrens-Mental-Health.pdf>

iv Ibid.

v Ibid.

vi Connor, Phillip, and Gustavo López. "5 Facts about the U.S. Rank in Worldwide Migration." Pew Research Center. May 18, 2016. Accessed May 15, 2018. <http://www.pewresearch.org/fact-tank/2016/05/18/5-facts-about-the-u-s-rank-in-worldwide-migration/>.

vii Capps, Randy, Heather Koball, James D. Bachmeier, Ariel G. Ruiz Soto, Jie Zong, and Julia Gelatt. 2016. "Deferred Action for Unauthorized Immigrant Parents: Analysis of DAPA's Potential Effects on Families and Children." Migration Policy Institute and Urban Institute. February 2016. Accessed May 15, 2018. <https://www.migrationpolicy.org/research/deferred-action-unauthorized-immigrant-parents-analysis-dapas-potential-effects-families>. See also Marjorie Zatz and Nancy Rodriguez. *Dreams and Nightmares: Immigration Policy, Youth, and Families* (Berkeley, CA: University of California Press, 2015), 86.

See also April Schueths and Jodie Lawston, eds. *Living Together, Living Apart: Mixed Status Families and US Immigration Policy* (Seattle, WA: University of Washington Press, 2015), 80-82.

viii *Demographic Information — Governor's Budget Summary 2018-19*. 2018. Accessed May 15, 2018. <http://www.ebudget.ca.gov/2018-19/pdf/BudgetSummary/DemographicInformation.pdf>.

ix United States Census Bureau, American

Community Survey 5-Year Estimates. "Community Facts; Selected Characteristics of Native and Foreign-Born Populations 2012-2016." American FactFinder. October 05, 2010. Accessed May 15, 2018. <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkml>.

x Manuel Pastor and Justin Scoggins. "Estimating the Eligible-to-Naturalize Population." Center for the Study of Immigrant Integration at the University of California. March 8, 2016. Accessed May 15, 2018. http://dornsife.usc.edu/assets/sites/731/docs/CSII_Elig_Naturalize_Methodology_Final.pdf

xi kidsdata.org. "Children Living with One or More Foreign-Born Parent." Lucile Packard Foundation for Children's Health, 2018. Accessed June 15, 2018. <https://www.kidsdata.org/topic/573/foreign-parents250/table#fmt=786&lc=2,127,331,171,345,357,324,369,362,360,337,364,356,217,328,354,320,339,334,365,343,367,344,366,368,265,349,361,4,273,59,370,326,341,338,350,342,359,363,340,335&tf=79>

xii Pastor, Manuel, and Enrico A. Marcelli. "What's at Stake for the State: Undocumented Californians, Immigration Reform, and Our Future Together." Center for the Study of Immigrant Integration, University of Southern California. May 2013. Accessed May 15, 2018. http://dornsife.usc.edu/assets/sites/731/docs/whats_at_stake_for_the_state.pdf.

xiii Deferred Action for Childhood Arrivals: Response to January 2018 Preliminary Injunction. Accessed May 15, 2018. <https://www.uscis.gov/humanitarian/deferred-action-childhood-arrivals-response-january-2018-preliminary-injunction>.

xiv Migration Policy Institute, "Deferred Action for Childhood Arrivals Data Tools," January 31, 2018, accessed July 9, 2018. <https://www.migrationpolicy.org/programs/data-hub/deferred-action-childhood-arrivals-daca-profiles>

xv "Providing Care for Immigrant, Migrant, and Border Children." *Pediatrics* 131, no. 6 (2013). Accessed May 07, 2018. doi:10.1542/peds.2013-1099. <http://pediatrics.aappublications.org/content/pediatrics/131/6/e2028.full.pdf>

xvi "Special Immigrant Juveniles." USCIS. Accessed July 03, 2018. <https://www.uscis.gov/green-card/sij>.

xvii "Unaccompanied Alien Children." Office of Child Care | ACF. Accessed July 04, 2018. <https://www.acf.hhs.gov/orr/programs/ucs>.

xviii "Attorney General Sessions Delivers Remarks Discussing the Immigration Enforcement Actions of the Trump Administration." The United States Department of Justice. May 07, 2018. Accessed May 15, 2018. <https://www.justice.gov/opa/speech/attorney-general-sessions-delivers-remarks-discussing-immigration-enforcement-actions>.

xix Migrant, and Border Children." *Pediatrics* 131, no. 6 (2013). Accessed May 15, 2018. doi:10.1542/peds.2013-1099. <http://pediatrics.aappublications.org/content/pediatrics/131/6/e2028.full.pdf>

xx Jack Citrin et al., "State of Change: Immigration Politics and the New Demography of California," in *Governing California*, ed. Ethan Rarick (Berkeley: Berkeley Public Policy Press, 2013), 27.

xxi Ibid. See also "Pantoja, Adrian D. et al, "Citizens by Choice, Voters by Necessity: Patterns in Political Mobilization by Naturalized Latinos." *Political Research Quarterly* 54, no. 4, (December 2001): 732.

xxii "California Proposition 63," Ballotpedia, last modified 2013, accessed February 20, 2018, [http://ballotpedia.org/California_Proposition_63_English_is_the_Official_Language_Amendment_\(1986\)](http://ballotpedia.org/California_Proposition_63_English_is_the_Official_Language_Amendment_(1986)).

xxiii "California Proposition 187," Ballotpedia, last modified 2013, accessed February 20, 2018, [https://ballotpedia.org/California_Proposition_187_Illegal_Aliens_Ineligible_for_Public_Benefits_\(1994\)](https://ballotpedia.org/California_Proposition_187_Illegal_Aliens_Ineligible_for_Public_Benefits_(1994))

xxiv "California Proposition 187," Ballotpedia, last modified 2013, accessed February 20, 2018, [https://ballotpedia.org/California_Proposition_227_the_%22English_in_Public_Schools%22_Initiative_\(1998\)](https://ballotpedia.org/California_Proposition_227_the_%22English_in_Public_Schools%22_Initiative_(1998))

xxv *A Golden Opportunity: Lessons from California on Advancing Coverage for All Children*. Report. January 2018. Accessed May 18, 2018. <http://www.childrenspartnership.org/wp-content/uploads/2018/01/Golden-Opportunity-Lessons-From-Californias-Journey-to-Advancing-Coverage-for-All-Children-Report.pdf>.

xxvi Ibid.

xxvii "AB-60 Driver's Licenses: Eligibility: Required Documentation." Bill Text. Accessed February 20, 2018. https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=201320140AB60.

xxviii "California TRUST Act." California TRUST Act. Accessed February 20, 2018. <http://www.catrustact.org/>.

xxix Ricardo Lara. "Governor Signs Lara's Health for All Kids Act." October 9, 2015. Accessed, March 24, 2018. <http://sd33.senate.ca.gov/news/2015-10-09-governor-signs-lara%E2%80%99shealth-all-kids-act>.

xxx "SB-54 Law Enforcement: Sharing Data." Bill Text. Accessed February 20, 2018. https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=201720180SB54.

xxxi "AB-699 Educational equity: immigration and citizenship status." Bill Text. Accessed February 20, 2018. https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=201720180AB699.

xxxii Ulloa, Jazmine. "Nearly \$50 Million in the California State Budget Will Go to Expanded Legal Services for Immigrants." Los Angeles Times. June 15, 2017. Accessed August 10, 2018. <http://www.latimes.com/politics/essential/la-pol-ca-essential-politics-updates-nearly-50-million-in-the-california-1497576640-htmlstory.html>.

xxxiii Pierce, Sarah, Jessica Bolter, and Andrew Selee. *Trump's First Year on Immigration Policy: Rhetoric vs. Reality*. Report. January 2018. Accessed February 20, 2018. <https://www.migrationpolicy.org/research/trump-first-year-immigration-policy-rhetoric-vs-reality>.

xxxiv "Hate Crime Statistics, 2016." U.S. Department of Justice—Federal Bureau of Investigation. 2017. Accessed February 2018. <https://ucr.fbi.gov/hate-crime/2016/topic-pages/incidentsandoffenses.pdf>

xxxv Miller, Cassie, and Alexandra Werner-Winslow. "Ten Days After: Harassment and Intimidation in the Aftermath of the Election." November 26, 2016. Accessed February 20, 2018. <https://www.splcenter.org/20161129/ten-days-after-harassment-and-intimidation-aftermath-election#antiimmigrant>

xxxvi Egelko, Bob. "Trump Administration Loses Most of Challenge to California Sanctuary Laws." SFGate. July 5, 2018. Accessed August 10, 2018. <https://www.sfgate.com/news/article/Trump-administration-loses-most-of-challenge-to-13051813.php>.

xxxvii "Map: How these California cities are pushing back on the state's sanctuary-city stand." The Mercury News (April 23, 2018) Accessed July 9, 2018 <https://www.mercurynews.com/2018/04/23/map-how-these-california-cities-are-pushing-back-on-the-states-sanctuary-city-stand/>

xxxviii "US Citizen Children Impacted by Immigration Enforcement." American Immigration Council. May 23, 2018. Accessed February 20, 2018. <https://www.americanimmigrationcouncil.org/research/us-citizen-children-impacted-immigration-enforcement>

xxxix Chaudry, Ajay, Randy Capps, Juan Manuel Pedroza, Rosa Maria Castañeda Robert Santos, and Molly M. Scott. "Facing Our Future: Children in the Aftermath of Immigration Enforcement." The Urban Institute. February 2010. Accessed February 20, 2018. https://www.ushrnetwork.org/sites/ushrnetwork.org/files/412020_facingourfuture_final.pdf

xl Landale, Nancy, Jessica Halliday Hardie, R.S. Oropesa, and Marianne M. Hillemeier. "Behavioral Functioning among Mexican-origin Children: Does Parental Legal Status Matter?" *Journal of Health and Social Behavior* 56(1): 2-18. March 2015. Accessed February 20, 2018. See also Menjivar, Cecilia and Leisy Abrego. "Legal Violence in the Lives of Immigrants." Center for American Progress.

December 2012. Accessed February 20, 2018. <https://cdn.americanprogress.org/wp-content/uploads/2012/12/MenjivarLegalViolenceReport.pdf> See also Dreby, Joanna. "How Today's Immigration Enforcement Policies Impact Children, Families, and Communities." Center for American Progress. August 20, 2012. Accessed February 20, 2018. <https://www.americanprogress.org/issues/immigration/reports/2012/08/20/27082/how-todays-immigration-enforcement-policies-impact-children-families-and-communities/>

xli Landale, Nancy, Jessica Halliday Hardie, R.S. Oropesa, and Marianne M. Hillemeier. "Behavioral Functioning among Mexican-origin Children: Does Parental Legal Status Matter?" *Journal of Health and Social Behavior* 56(1): 2-18. March 2015. Accessed February 20, 2018.

xlii Ibid.

xliii Koball, Heather, Randy Capps, Krista Perreira, Andrea Campetella, Sarah Hooker, Juan Manuel Pedroza, William Monson, Sandra Huerta. "Health and Social Service Needs of US-Citizen Children with Detained or Deported Immigrant Parents." Urban Institute and Migration Policy Institute. September 2015. Accessed February 20, 2018. <https://www.urban.org/sites/default/files/publication/71131/2000405-Health-and-Social-Service-Needs-of-US-Citizen-Children-with-Detained-or-Deported-Immigrant-Parents.pdf>

xliv Chaudry, Ajay, Randy Capps, Juan Manuel Pedroza, Rosa Maria Castañeda Robert Santos, and Molly M. Scott. "Facing Our Future: Children in the Aftermath of Immigration Enforcement." The Urban Institute. February 2010. Accessed February 20, 2018. https://www.ushrnetwork.org/sites/ushrnetwork.org/files/412020_facingourfuture_final.pdf

xlv Wessler, Seth. "Shattered Families, The Perilous Intersection of Immigration Enforcement and the Child Welfare System." Applied Research Center. November 2011. Accessed February 20, 2018. <https://www.raceforward.org/research/reports/shattered-families>

xlvi Artiga, Samantha and Petry Ubri. "Living in an Immigrant Family in America: How Fear and Toxic Stress are Affecting Daily Life, Well-Being, & Health." Kaiser Family Foundation. December 13, 2017. Accessed February 20, 2018. See also

xlvii Ibid.

xlviii Ibid.

xlix Stein, Fernando. "AAP Statement on Protecting Immigrant Children." January 25, 2017. Accessed February 20, 2018. <https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/ementonProtectingImmigrantChildren.aspx>.

l UCLA surveyed more than 5,000 pre-kindergarten through high school educators

and found that immigration enforcement has negatively impacted schools and classrooms. UCLA Civil Rights Project. Published February, 28, 2018. <https://www.civilrightsproject.ucla.edu/news/press-releases/2018-press-releases/first-of-its-kind-survey-reveals-alarming-impact-of-immigration-enforcement-on-public-schools>

li CLASP interviewed over 150 early childhood educators and parents in six states between May and November 2017 and Cervantes, Wendy, Rebecca Ullrich, and Hannah Matthews. "Our Children's Fear Immigration Policy's Effects on Young Children." The Center for Law and Social Poverty. March 2018. Accessed May 4 2018. https://www.clasp.org/sites/default/files/publications/2018/03/2018_ourchildrensfears.pdf

lii "Immigration Enforcement & Child Welfare." Deferred Action for Childhood Arrival (DACA/DAPA) | ILRC. Accessed February 20, 2018. <https://www.ilrc.org/immigration-enforcement-child-welfare>.

liii Israel, Barbara A., Amy J. Schulz, Edith A. Parker, and Adam B. Becker. "Review of Community-based Research: Assessing Partnership Approaches to Improve Public Health." *Annual Review of Public Health* 19, no. 1 (1998): 173-202. doi:10.1146/annurev.publhealth.19.1.173.

liv Children's advocates suggest that the law should specifically enumerate child care centers, daycares and Head Start programs as well, with the broadest definition coming from Section 21 of the Higher Education Act.

lv County Welfare Letter No: 00-12, Settlement in the Case of Rocio R. V. Belshe (March 14, 2000). <http://www.e-parc.ca.gov/Letters/Pages/00-12.aspx>

lvi Cervantes, Wendy, Rebecca Ullrich, and Hannah Matthews. "Our Children's Fear Immigration Policy's Effects on Young Children." The Center for Law and Social Poverty. March 2018. Accessed May 4 2018. https://www.clasp.org/sites/default/files/publications/2018/03/2018_ourchildrensfears.pdf. See also "Toxic Stress." Center on the Developing Child at Harvard University. Accessed May 4, 2018. <https://developingchild.harvard.edu/science/%20key-concepts/toxic-stress/>

lvii "Toxic Stress." Center on the Developing Child at Harvard University. Accessed May 4, 2018. <https://developingchild.harvard.edu/science/key-concepts/toxic-stress/>.

lviii Latinos grew from 22 percent of the working age population in 1990 to 29 percent in 2006 and are projected to grow to 40 percent by 2020. D. Reed. California's Future Workforce. Will There Be Enough College Graduates?, December 2008. *The Economic and Fiscal Consequences of Immigration*, The National Academies Press, September 2016, available at <http://www.nap.edu/23550>. Viewed March 14, 2018.



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