



Immigration Policy's Harmful Impacts on Early Care and Education



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Executive summary



You do go home and think about it [families' wellbeing]. It's heart-wrenching for me. It can be a little depressing because you're worried about your families. We work not only with the children but the whole family... It seems like the harder it gets the harder we work.

– Family services worker in California



CLASP conducted the first ever multi-state study of the effects of the current immigration climate on young children under age 8. In 2017, CLASP interviewed early care and education providers, community-based social service providers, and immigrant parents in six states. Our findings, detailed in *Our Children's Fear: Immigration Policy's Effects on Young Children*, reveal a distressing picture of fear, stress, and unease that occupy the minds of millions of young children and their parents daily. This stress—and other documented hardships—puts children's growth and development at great risk with the potential for impacts that last well into adulthood.

Young children of immigrants—children with one or more foreign-born parents—make up a quarter of our country's young children. The vast majority of them are U.S. citizens. Most live with parents who have some form of legal immigration status; many others are members of “mixed-status families,” meaning that they are living with at least one undocumented family member. Our study found impacts on all these children regardless of parents' status.

The focus of this companion paper is the effects on early care and education programs and the central role of early childhood professionals working with families during a grave and stressful time, often with limited resources, insufficient information on immigration-related issues, and under tremendous strain. Our key findings include:

Early care and education programs have experienced drops in enrollment, attendance, and parent participation. Immigrant families are fearful of leaving their homes, largely due to a perceived increase of immigration enforcement agents in communities. One consequence of the resulting social isolation is children not regularly attending child care and early education programs. “It's been hard. It's never been hard before,” said a provider in California. “We still have a center that needs children. We used to fill up...but now we're scrounging for children. They think maybe they're going to be deported if they sign up.”

Early care and education programs face increased difficulty connecting immigrant families to health, nutrition, and social services. Parents are increasingly reluctant to access public health insurance and nutrition assistance programs—even for their U.S. citizen children. Providers and parents reported being concerned about their information being shared with immigration officials and about how participation in programs would affect their immigration status. “We’ve seen a major reluctance to enroll or re-enroll in public benefits. Moms are afraid to sign back up for Medicaid, food stamps, other services.” one home visitor in North Carolina said.

Many early care and education programs feel unprepared to meet families’ needs. Immigrant families are seeking resources, such as legal advice and information on how immigration policies affect them, that are often outside of the expertise of early childhood providers. Across study sites, teachers and staff working directly with children and families expressed intense emotions about working with immigrant families and feeling unable to meet their needs. “It’s been really tough. Watching families go through this and not knowing how to support them,” said a social worker in California.

Immigration policy changes directly affect the early care and education workforce. An estimated one-fifth of the early care and education workforce is foreign-born. Early care and education staff reported anxiety about increased incidents of racism and xenophobia that are affecting the families they serve and/or themselves, personally. Some were worried about the legal status of their own family members or friends. And several staff people had personal concerns, particularly those who had DACA status and worried about their futures. “I have some employees that are in the Dreamer program. And they’re kinda scared. And I’m kinda devastated you know—they grow up here, they know the language very well. They graduated and now they’re going to college and trying to start a career and they might not be able to fulfill their career anymore,” said a child care provider in New Mexico.

Early care and education programs’ responses to the current environment differ—with some taking on new roles and approaches. Many early care and education programs have intentionally changed how they work with families, while others struggled to make changes. Few programs had formalized policies or clear procedures related to potential immigration enforcement activity. Many programs that sought to work with immigrant families in more meaningful ways lacked the capacity to offer increased support to staff. Programs having strong relationships with community-based immigrant-serving organizations were most likely to meet a wider set of families’ needs.

A better path forward: recommendations

In order to protect and defend the wellbeing of young children in immigrant families and increase supports for the early childhood workforce to better serve immigrant families, CLASP recommends:

The philanthropic community should:

- Mount a major effort to protect, defend, and elevate the wellbeing of children in immigrant families.
- Speak out about the wellbeing of young children of immigrants, their needs, and the developmental consequences of the current crisis.

State and local policymakers across government should:

- Safeguard young children in immigrant families against state and local legislation, laws, and policies that undermine the wellbeing of these children.
- Increase funding for legal services in communities and build links to pro bono services.
- Promote and fund coordination and collaboration between child care and early education and immigrant-serving organizations to improve access by families and the workforce to key information that affects immigrant families.
- Ensure immigrants and their families have a voice in key coalitions, councils, and activities.

State agencies administering early childhood programs should:

- Provide resources to meet the unprecedented needs of the early childhood workforce for training, education, and support.
- Ensure that programs have access to best practices and training on trauma-informed care and funding to implement those practices.

State agencies administering public benefits should:

- Ensure immigrant children and families are not deterred from enrolling in critical programs by issuing guidance to staff and distributing information to families and community partners.
- Provide guidance to programs on protecting data and personal confidentiality.

Early care and education programs should:

- Engage leadership, including boards of directors, boards of education, and district superintendents, in a dialogue on immigration and its consequences that creates an intentional focus on the needs of children in immigrant families.
- Partner with community-based organizations to connect parents and staff to local information and resources.
- Adopt policies to safeguard their locations and share these policies with staff and parents.
- Ensure that all staff and parents have information about existing privacy protections.
- Encourage families to create their own deportation safety plans and to share them with program staff.
- Engage parents, social service providers, and immigrant-serving organizations in identifying community-specific solutions to program participation.

Introduction

Demographic changes over the past decades have forced a strong connection between immigration policy and early childhood education policy and practice. More than one in four young children, under age eight, lives in an immigrant family in which one or more members is foreign-born. While the vast majority of these children (94 percent) are U.S. citizens, a significant share live in mixed-status households with at least one undocumented family member.¹

The early childhood workforce—including professionals who work as teachers in child care and preschool settings and as home visitors—also has grown in diversity over recent decades. By one estimate, 18 percent of the early childhood workforce is foreign-born.² As a result, immigration policy decisions directly impact a large share of the country's children and the early childhood workforce.

Since the beginning of his term, President Trump has made immigration enforcement a heightened priority and removed protections for groups that had previously been granted leniency, including parents of citizen children and young immigrants who came to the United States as children. His administration has also threatened to restrict immigrant families' access to public assistance programs, including for their citizen children.

To understand how changing immigration policy, and in particular increased immigration enforcement, is affecting young children in immigrant families and their parents, CLASP interviewed child care and early education teachers, home visitors, and staff; community-based social service providers; and immigrant parents in six states across the country from May through November 2017.³ Our findings, detailed in *Our Children's Fear: Immigration Policy's Effects on Young Children*, reveal a distressing picture of fear, stress, and unease that occupy the minds of millions of young children and their parents daily—with harmful implications for these children's long-term development.⁴

Our study also uncovered the central role of early care and education professionals working directly with families during a grave and stressful time, as well as the many challenges interfering with their provision of high-quality early childhood experiences for immigrant families. Many early childhood providers are doing an incredible job attempting to meet the complex needs of immigrant families, often with limited resources and insufficient information on immigration-related issues, and in the context of tremendous stress for front-line staff. For many in the diverse early childhood workforce, this challenge is both professional and personal as they navigate immigration-related challenges for both their clients and themselves, family members, or others in their communities.

In this paper, we first summarize a subset of key findings identified in the main project report about the experiences of immigrant families. We then further detail the experiences of early care and education providers working with immigrant families and explore ways in which policymakers, practitioners, philanthropy, and advocates may safeguard the wellbeing of young children in immigrant families and enhance the efforts of the early care workforce to provide support to families during a harrowing time.

Select findings and recommendations from *Our Children's Fear: Immigration Policy's Effects on Young Children*

In an elementary school in North Carolina, a school counselor reported overhearing children planning for “when their parents go back to Mexico—not if, but when.” One little boy was writing down what he knew how to cook—peanut butter sandwiches and cheese sandwiches—in order to reassure his frightened five-year-old sister they would be okay if their parents were deported.

Young children fear their parents will be taken away. Parent and provider reports of child behaviors and actions suggest that children as young as three are deeply aware of the Trump Administration’s anti-immigrant sentiment and the possibility of losing a parent. As a result, they are fearful for their parents’ and their own safety. An early childhood educator in New Mexico described children making comments such as, ‘He cannot take my family,’ and ‘Can you imagine if they take my friend’s family away from them? What will they do?’

Children also showed disturbing new behaviors—such as increased aggression, separation anxiety, and withdrawal from their environments. Educators with many years of experience described behavior they observed as distinct from children’s behaviors in past years. A preschool director in Georgia described a five-year-old child whose anxiety was so severe that he was biting his fingertips to the point that they were bleeding.

Expressions of fear were not limited to children in mixed-status families (those with an undocumented parent) but extended to children whose parents have lawful immigration status—some even children of U.S. citizens. Because young children can’t understand the details of immigration policy—and may not even know their parent’s immigration status—providers reported that children feared the worst based on what they hear around them.

Young children’s daily routines are interrupted because fear is keeping families isolated in their homes. Families are afraid to leave their homes and encounter immigration enforcement agents, leading them to make dramatic changes to their daily routines. They leave their homes for necessary activities—like going to work or buying groceries—yet have stopped frequenting parks, libraries, and retail stores. “We don’t feel safe even taking the kids to child care,” a parent in California told us.

Parent and provider accounts suggest that young children are getting less access to nutrition and health care services because of families’ fears. In all six states, providers and parents report elevated concerns about enrolling in or maintaining enrollment in publicly funded programs that support basic needs, including for their citizen children. Parents reported being worried about their information being shared with immigration officials and about how participation in programs would affect their ability to obtain lawful permanent residence.

Young children’s housing and economic stability are in turmoil, with likely significant consequences for their wellbeing. Providers and parents reported increased job loss and more difficulty finding work; overcrowded housing and frequent moving; and more exploitation by employers and landlords. A preschool director in California described receiving frequent notifications of changes in employment and addresses in recent months. She speculated that parents were making these changes to avoid immigration enforcement actions.

Parents are under severe stress and lack resources to meet their needs. Providers in all six states talked about parents coming to them with increased worries and new questions. Parents are struggling with difficult decisions, such as what to do if they or their spouses are deported, and how to talk to their children about deportation. Many parents are asking for resources, such as legal assistance and mental health services, but there is not enough to meet the need. “You feel like you don’t know what’s going to happen,” an early childhood educator in Illinois said. “That feeling of stability—emotional stability and security—is what most of our families have lost.”

The cumulative effect of these threats is likely harming millions of young children. Our interviews and focus groups revealed a distressing picture of the day-to-day experiences for young children. Prolonged exposure to such anxiety and uncertainty undermines children’s brain development and can have lasting effects on their capacity to learn and manage their emotions.⁵ This elevated fear comes at the same time that children are losing access to health care, nutrition services, and early care and education—supports that are necessary to set them on a path to success.⁶ Experiencing multiple types of hardships (for example, lower household income, housing instability, and not having enough to eat) does far greater damage to young children’s long-term development than simply adding up the effects of each individual risk factor.⁷ Without changing course, we as a nation will also pay a heavy price as our future prosperity will be largely determined by the extent to which our increasingly diverse U.S. child population is able to succeed.

A better path forward: recommendations

Congress and the Trump Administration should ensure that the best interests of children, including U.S. citizen children living in mixed-status families, are held paramount in immigration policy decisions.

- Congress should pass legislation that provides a pathway to citizenship to undocumented immigrants, including parents and Dreamers.
- Congress should ensure immigration judges are able to weigh the hardship to children in decisions regarding a parent’s ability to enter or remain in the country.
- The U.S. Department of Homeland Security (DHS) should use discretion when making decisions to arrest, detain, and deport parents of minor children in the United States.
- Congress and DHS should expand and consistently enforce the sensitive locations policy to restrict enforcement actions at or near places that are critical to children’s health and wellbeing.
- DHS should strengthen protocols to minimize potential harm to children when they are present during immigration enforcement actions and train all staff on these protocols.
- DHS should ensure that detained and deported parents are able to make decisions about their children’s care.

Federal, state, and local policymakers should ensure that immigrant families have access to the programs and services they need to promote their children’s healthy development.

- Congress and federal agencies should reverse course on the Trump Administration’s efforts to discourage immigrant families and their children from accessing health, nutrition, and early childhood education services.

Immigration policy has widespread effects on early care and education programs and the workforce

This paper builds on the findings described in *Our Children's Fear: Immigration Policy's Effects on Young Children* to provide more detail on the relationship between early care and education policy and practice and the current immigration environment. Below we summarize the widespread impacts of that landscape on child care and early education programs and professionals.

Early care and education programs have experienced drops in enrollment, attendance, and parent participation

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Sometimes they don't want to come because they are afraid of coming out of their house. That's something that really hurts to see families going through this tough time and not be able to come and see us.”

– Social service provider in North Carolina

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Early care and education providers and parents underscored how fearful families are of leaving their homes, largely due to a perceived increase of immigration enforcement agents in communities and more enforcement activity since President Trump took office. Providers described many ways in which immigrant families are changing their routines and withdrawing from “ordinary life”—limiting the amount of time they spend outside their homes and in public spaces. Providers and parents described families no longer going to parks, public libraries, or retail stores.

One result of the increasing social isolation of immigrant families is a noted drop in the enrollment and/or attendance of immigrant families in child care and early education programs. A parent in California said that her main worry was dropping her daughter off at child care. “I stay with that worry of what will happen to her, if something happens to me,” she told us.

Similarly, a parent in Pennsylvania shared that she feared dropping her kids off at the Head Start program. A preschool director in California described how multiple families removed their children from her program and said they were going to have a relative care for them.

Some providers noted very specific drops in attendance or program participation around key events—immediately following the 2016 election, after President Trump's inauguration, and after

major policy announcements. They also reported that when there are home or workplace raids in the community, families are fearful to leave their homes and children do not attend programs, sometimes for multiple days. This may happen even when there are rumors of raids, as both real and perceived enforcement activities generate immense fear. In some cases, providers had specific examples of families in which a parent was deported and the child stopped coming to the program. They often did not know where the child was.

Providers in California, Georgia, and New Mexico told us these stories about changing patterns in enrollment or attendance:

- A home visiting program reported a drop in referrals from health clinics in Latino communities during the 2016 election and, after the election, referrals completely stopped for several months.
- A parent education program reported a big drop in attendance over the last year. They admitted they did not know the reason but noted that this was exceptional and they had not experienced such low attendance in the program's history.
- A home visiting program noted a decline after the election in new clients from refugee and immigrant families.
- An early childhood program noted receiving close to 100 fewer new applicants in the spring of 2017 as compared to the previous year.
- An early childhood program described fewer applicants and trouble filling available spaces, which had not happened in previous years.

Several providers mentioned declines in parent participation in the classroom and school or program events. A pre-kindergarten program in Georgia told us that parents used to routinely volunteer in the classroom. They "came in regularly, worked in the classroom, read in Spanish," the teacher told us. Participation began to drop off during the 2016-2017 school year; as of the fall of the 2017-2018 school year, no families had come in to volunteer.

Related to fear of immigration consequences, many providers correlated the decline in program participation with a lack of transportation options. In nearly all study sites, providers mentioned transportation as an increasing concern, in particular in areas where local law enforcement is cooperating with immigration enforcement agents. In those areas, traffic stops are routine and can easily result in undocumented individuals being taken into custody. As a result, many parents are no longer taking the risk of driving without a license, and one couple in California flagged concerns about driving with licenses that identify their immigration status.⁸ One provider in California speculated that offering transportation to and from the center might help with their enrollment difficulties. In many of the communities we visited, public transportation options were extremely limited, making it especially difficult for families to get around. One program director in Georgia described a child with special needs being pulled out of weekly speech and physical therapy due to a parent's fear of potential traffic stops when driving—and public transportation was not a realistic alternative.

Across study sites, early care and education providers in immigrant communities expressed concern about future enrollment of families in their programs. "It's been hard. It's never been hard before," a provider in California told us. "We still have a center that needs children. We used to fill up like this but now we're scrounging for children. They think maybe they're going to be deported if they sign up."

Even programs that had not experienced widespread changes felt the families who continued to attend programs or seek services during the past year did so because they had already established a trusted relationship with the providers. The programs expressed concerns that enrolling new families over the coming months would be more difficult as families may not be willing to access new services and it may be harder to build trust as immigrant communities become more isolated.

Frequent absences reduce the efficacy of early learning programs and make it harder for children to maintain relationships with teachers and caregivers, which are central to early learning. Programs also have reason to be directly concerned since lower enrollment or declining attendance can have financial implications because public funding streams typically have enrollment and/or attendance requirements.

Early care and education programs face increased difficulty connecting immigrant families to health, nutrition, and social services

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What if I apply for that benefit and they say I'm living off of that? Or maybe even they come looking for me? Or maybe they will say that's why they don't want us living here?

– Mother in California

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Many early childhood programs have historically provided a valuable role in connecting families to needed health, nutrition, and social services. Head Start's required comprehensive services, for example, include health and developmental screenings; health care referrals and follow up; vision and hearing screenings; and immunizations. Early childhood programs may be the connector, offering referrals or warm hand-offs to other service providers, or may enroll families directly in services or benefit programs.

Providers noted there have always been some immigrant parents—including those who are lawfully present—reluctant to enroll in public benefits programs. However, fears of enrolling in or maintaining enrollment in programs such as Supplemental Nutrition Assistance Program (SNAP), Special Supplemental Food Program for Women, Infants, and Children (WIC) program, and Medicaid—even for their U.S. citizen children—have increased since the election.

In every site visited, providers and parents described families' reluctance to enroll in or maintain enrollment in publicly funded services. In some cases, providers said they were able to quell families' fears and maintain their participation in these critical programs. However, in others, parents decline to enroll, withdraw their enrollment, or choose not to reapply. Providers most

commonly mentioned parents refusing nutrition assistance. The result has been young children losing access to critical programs that support their basic needs and promote positive development.

“It’s our experience that [families] don’t want to apply for programs. We invite them to apply. They say no, no thanks, I’m ok. We say, but you’re eligible to apply for food stamps [SNAP]. We have families with five kids. It may be a single mom or a dad is not working and they refuse to apply,” an early education provider in Illinois said.

“We’ve seen a major reluctance to enroll or re-enroll in public benefits. Moms are afraid to sign back up for Medicaid, food stamps, other services. They end up lacking health coverage,” one home visitor in North Carolina said.

“There’s a public benefit service... they come out to make sure families know what they’re eligible for, help them sign up,” a provider in Georgia told us. “But there were a couple months where families didn’t want to sign up for anything.”

Providers reported that parents’ concerns about public programs were elevated both immediately after Trump’s election and following a leaked policy memo that outlined proposed restrictions to immigrant families’ access to health, nutrition, and educational services.⁹ Parents’ concerns were primarily related to how participation in these programs could potentially have immigration-related consequences. Parents are worried that using public benefits will affect their ability to obtain legal status or naturalize or make them identifiable to immigration enforcement agents.

A California provider, when referring to families’ concerns about enrolling in SNAP or Medicaid, said “Some have told me that their understanding is that if they apply later on to become citizens that they’ll be seen as a cost to society and they won’t be accepted. And some have talked to attorneys who told them not to have their names on any lists because they’ll be identified when they start looking for people to report.”

Families expressed fear that immigration agents would be able to locate them by obtaining their information through public benefits rolls. As stated by one provider in California, “It’s also because of the news they hear. One family disclosed that they didn’t apply for WIC because they heard that immigration would come to their door.

Providers also described parent reluctance to seek and obtain specialized services for children and expressed concerns that children were not getting services they needed. Home visitors, for example, reported that some families refused connections to other services, such as therapists or other professionals besides the trusted home visitor, making it hard to fully meet families’ needs.

In some cases, trusted providers were able to assure families that accessing public benefits was safe and would not bring harm or immigration consequences to their families. These tended to be programs that described having deep ties to their communities and a long history of working with immigrant families.

“Given the population we serve, anxiety with our families about the state, the city, the government, has always been there,” a program director in Illinois told us. Her center has been considered a safe haven for immigrant families for decades. “Word of mouth is a big asset to us... our community knows and trusts us. But... the number of people who are afraid and the intensity has increased over the last eight months.”

Most immigrant families understood that their citizen children were eligible for benefits; yet many have questions and concerns around data sharing. While providers were confident in their own program’s rules around privacy protections and limitations on data sharing, often citing compliance with federal HIPPA laws, they were less knowledgeable about what information might be shared between states and the federal government. Therefore providers were not always able to confidently assure families about the safety of their personal information and data.

Providers also indicated that families are delaying or forgoing health care services. For example, a provider in Georgia said that pregnant immigrant women are increasingly forgoing or receiving prenatal care late in their pregnancies, due to the fear of going to health clinics and a lack of health insurance. Some providers noted that they’ve heard reports of increased no-shows at health clinics or knew their clients were skipping appointments, which was reiterated in our conversations with parents. In Pennsylvania, parents talked about hesitating to take their children to the hospital for emergency care at night as it required a route where immigration agents often patrolled. Now they need to make arrangements to find a neighbor or friend to take the child or make decisions about which parent would go and “take the risk.”

“Public charge” and what it means for immigrant families

“**Public charge**” is a term used by U.S. immigration officials to refer to a person who is considered primarily dependent on the government for subsistence. Certain immigrants can be denied entry to the U.S. or a “green card” (lawful permanent residence) if, based on all their circumstances, they are deemed likely to become a “public charge” in the future. In very limited circumstances, the law also makes individuals deportable for becoming a public charge.

Under longstanding practice, only the use of cash assistance for income maintenance (such as Temporary Assistance for Needy Families—TANF—and Supplemental Security Income—SSI) or government-funded long-term care have been considered in the public charge determination. Some immigrants—including refugees, asylees, victims of domestic violence and other crimes, as well as green card holders applying for citizenship—are not subject to the public charge rules.

On February 8, 2018, media outlets published a leaked draft public charge “notice of proposed rulemaking” indicating the Trump Administration’s intent to change regulations implementing the “public charge” provision of federal immigration law. The leaked draft proposal would broadly expand the types of benefits to be considered under the public charge determination, explicitly including Medicaid, Children’s Health Insurance Program (CHIP), SNAP, WIC, Head Start, and many other human services programs. The proposed rule also indicates the administration’s intent to expand scrutiny to include use of public benefits by the applicant’s family, including U.S. citizen children. If finalized, this proposal could force immigrant families to forgo needed health care or go hungry in order to obtain secure immigration status for themselves or their families.

As of publication of this paper, this proposal is still in development and has not been published. CLASP and the National Immigration Law Center (NILC) lead the “Protecting Immigrant Families, Advancing Our Future” campaign, a broad coalition of advocates for immigrants, children, education, health, anti-hunger and anti-poverty groups, and faith leaders. The Protecting Immigrant Families campaign is developing resources and will coordinate efforts to fight back against this dangerous proposal. For more information on the campaign, please contact Madison Hardee (mhardee@clasp.org).

Many early care and education programs feel unprepared to meet families' needs

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We provide trauma-informed services, but even so... we're not CPS. Our expertise is not to work with families who are going to be separated from their kids.

– Home visiting director in New Mexico

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Immigrant families are seeking information, resources that may be outside of the expertise of early childhood providers

Early care and education providers are often the conduit to information for families. Nearly all providers told us that since November 2016, families are seeking new and different information than previously:

- A program in Georgia that surveys parents annually on topics for parent trainings and workshops received requests for help managing stress and indicated that was the first time they had heard requests on that topic.
- A pre-kindergarten program in Georgia mentioned that parents were expressing increased stress levels to staff triggered by how difficult daily life had become and the uncertainty around their families' future.
- A Head Start program in New Mexico said parents are looking for financial assistance to help cover the cost of legal services.
- A pre-kindergarten program in Georgia that also surveys families received requests for information on immigration and immigrant rights for the first time.
- A home visitor in California described more general questions from parents about their rights and what to do in certain situations, such as “What do I do if they show up at my door? Will they come in my house? What do I do?”

Across study sites, providers noted that because they were getting frequent questions about immigration policy and Trump Administration actions, they needed accurate information as developments unfold and policies change. Providers also reported requests from parents to better understand their rights around immigration enforcement. Many parents are asking for legal resources, including legal information on the care and custody of their children in the case of possible deportation.

In some cases, providers are able to meet these information requests by seeking out new resources for families. Some early childhood providers used community partners, such as immigrant-serving organizations, to get information and resources to families. Many providers connected families with immigrant rights trainings and some even did trainings themselves for staff and parents. Others invited partners into their programs to talk to parents and staff on immigrant rights. Fewer providers had connected families with family safety planning resources on how to prepare for possible deportation, including information on transferring assets and establishing powers of attorney or guardianships for their children.

Across study sites, providers told us of the dearth of free or affordable legal assistance, particularly from immigration and family attorneys. Some providers expressed reservations about providing parents with legal advice and other information outside their expertise and struggled to make referrals to those with appropriate skills and knowledge. Immigrant parents also discussed the challenges of not being able to afford legal assistance.

Providers acknowledged they lacked information the families need and wanted to be better informed so they could help their families.

“We are family outreach workers, so what we do is provide information that the parents require, not only for immigration but for employment or any other services they need,” a Head Start provider told us. “But for immigration, I feel like I am learning step by step, but I don’t have enough resources to provide to the families.”

In focus groups, parents reported that early childhood organizations had helped by referring them to information and lawyers. One said her home visitor helped when she was scared and would bring her information. This sentiment was echoed in our interviews with providers, who recognized that many parents saw them as a trusted source of information and took that responsibility seriously. “It carries a lot of weight,” a provider in Illinois said. “When they [parents] can ask you a question and you’re able to answer, it makes their day better.”

Immigration context puts emotional strain, stress on early care and education providers working with families

Across study sites, teachers and staff directly serving children and families expressed intense emotions about working with immigrant families living in trauma in the current environment. Staff working the closest with parents and family members—often family support workers and home visitors—voiced the greatest emotion about how difficult their jobs have become.

“Within the immigrant service provider environment in North Carolina, the sentiment is hopelessness. Despite our efforts for the past 15 years, we have not seen a significant change,” a service provider told us. “Sometimes it’s hard to share the hope with the clients when you feel hopeless.”

“It’s been really tough. Watching families go through this and not knowing how to support them. It doesn’t feel right and it doesn’t feel just,” said a social worker in California.

“You can’t help but think about the families you serve and have a great relationship with. It gives me stress to think about what would happen if something happened to them. What would happen to their children?” an early education provider in Illinois.

The profound emotional stress of the work was prevalent across racial, ethnic, and immigrant backgrounds. For some, their own immigrant or cultural backgrounds led them to be personally affected by the same issues impacting the families they serve, ranging from deportation concerns to increased racism in communities. Others, not facing the same issues in their personal life, expressed sincere grief knowing that young children and their parents were experiencing such trauma.

Perhaps most illustrative of the great emotional demands on early care and education staff was the common experience of staff having been asked by parents to take care of their child in the event that a parent was arrested or deported. Multiple providers—in particular home visitors and family support workers—told stories of being asked by parents to consider accepting guardianship of their children. In many cases, the families they serve don't have relatives in the United States, and the parents perceived their home visitor as someone they could trust to care for their child.

For these staff, this was a heartbreaking conversation. One home visitor in Illinois questioned, "what is the best answer for them? To say yes because I really want to take care of them?"

An early childhood program director in Georgia described the increased stress on the program's only Spanish-speaking case worker: "Even our case worker is like a different person. She has a big burden on her shoulders and she just seems different in her personality. Families come to her for assistance and it's difficult for her."

Staff also expressed the challenge of feeling ill prepared to provide families with the support they need. A group of home visitors in one community, across the board, expressed that the lack of information and training they needed to properly support immigrant families caused them stress and anxiety.

"We're there to support, there to make sure they get the resources they need," a home visitor in Illinois told us. "But in my case I feel that there is not much I can do. So that's my worry." A family support worker in Georgia said, "We ask ourselves what can we do? But really, what can we do? Besides provide more information."

Staff expressed distress about not knowing how to respond to children's concerns. They hesitated to make false claims and assure the children that everything would be okay. Some providers questioned what advice they should give parents on whether they should be talking about these issues with their young children and also lacked the resources to help support parents in how to have these difficult conversations.

"I don't feel comfortable saying it's going to be okay because we don't know," a service provider in North Carolina said.

Providers also struggled with the reality that many of the issues families face are well beyond their ability to influence. This left them feeling helpless or regretful that they could not do more for families. One provider told us that she contacted every one of her parents on Fridays to let them know she cared about them and also to ease her mind. That way, over the weekend she was able to spend time with her family and not worry about the families in her program. When Monday came, her concerns returned, and she reached out again to check on them.

Immigration policy changes directly affect the early care and education workforce

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I have some employees that are in the Dreamer program. And they're kinda scared. And I'm kinda devastated you know—they grow up here, they know the language very well. They graduated and now they're going to college and trying to start a career and they might not be able to fulfill their career anymore.

– Child care provider in New Mexico

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One of the early childhood field's great strengths is the diversity of its workforce. Many programs we spoke with prioritize hiring staff that reflect the communities they serve. Consequently, the providers talked about how they and/or their colleagues are now experiencing increased professional and personal stress.

Importantly, challenges were not specific to an individual's background or documentation status. Staff of differing religious and ethnic backgrounds, legally residing immigrants, and U.S. citizens all expressed concerns about how people in their communities perceived them and voiced fear about increased racism and xenophobia. For example, a home visiting director in New Mexico described an incident at a local museum where one of her home visitors was speaking to a client in Spanish and another patron at the museum told them to go back to their country. In Illinois, a group of providers talked about how people in stores would look at them differently in less-diverse neighborhoods and make derogatory comments about Mexicans. As one provider in Illinois stated, "People who have had these thoughts before now feel like they can say what they think."

"This is not just affecting our parents, it's affecting our staff," a provider in Illinois said. "Our staff are community members too."

Interviewees described how challenging it was for staff to work with families impacted by immigration while having their own family members or friends affected. "It's been a rough year. Many of them [staff] have some family somewhere, or a friend or acquaintance who is undocumented. So for them on a personal level it's been hard, and then to go into the homes and hear these stories and help families navigate these really stressful times...it's been hard," a home visiting director in New Mexico said.

Some staff members have been more directly affected. All but two of our site visits took place after President Trump ended the Deferred Action for Childhood Arrivals (DACA) program and while the future of the program’s beneficiaries remained in jeopardy. Providers in several states mentioned that they had staff with DACA status who were worried about how the president’s decision to terminate the program would affect their ability to work. Recent estimates suggest that more than 40,000 DACA recipients are employed in the education, health, and social services industries—many of them are likely nurses, K-12 teachers, and early childhood educators.¹⁰

Early care and education programs’ responses to the current environment differ

“

Families are coming to us as a trusted source of information and experts in something we weren’t necessarily experts in before. So it’s changed the way we do our work that way. Internally, we’ve had to change our protocol....

–Social service provider in North Carolina

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Many early care and education programs have intentionally changed practices—while others struggle

Early childhood programs are doing their best to respond to families’ needs. Whether that effort however has been led by a program’s board of directors, school district, program director or staff had implications for how supported staff felt, how much they felt empowered to find new ways of working with immigrant families, and how much direction they got in doing so. Programs also varied widely in how they have responded to staff members’ changing needs.

When asked about how their work has changed since the election and since the beginning of the Trump Administration, some providers responded that their organizational approach did not change. Many said that their role has always been to support families in whatever needs they might have. They acknowledged that many of the needs have changed but see addressing immigration-related issues as a core component of the work they have always done to support families across a range of areas.

Some providers saw themselves as taking on new roles and have made a conscious effort to proactively provide more resources relevant to immigration issues. Staff in these programs described a clear directive from their boards, administrators, or other leadership to get informed and be prepared to provide resources that immigrant families need. One program director noted

that because immigration was seen by her board and organization as such an important reality for the communities they serve, it was necessary to become involved in an area outside of their expertise and experience.

Similarly, a home visiting director in New Mexico described being intentional about ensuring her staff were equipped to help parents prepare power of attorney and other guardianship-related documents. "...this was new territory for my staff," she said. "I had to really work with them to make sure they were providing [parents] with information that would be helpful."

Multi-service organizations and programs with strong community-based partnerships were often more likely to see themselves as advocates for their families on immigration issues. The response to that recognition differed and resulted in actions across a spectrum – from placing information on tables for families to take if desired to more actively hosting trainings and information sessions.

But this response varied. Several programs have continued to struggle with their role in the larger immigration context, with publicly funded programs in particular expressing nervousness about addressing immigration issues. Staff in one public program indicated that the agency seemed "paralyzed by what to do." She told us agency leaders "started by saying you're to do nothing and we said we can't." Staff members are now allowed to offer some pre-approved resources to the families they serve.

Staff we talked to in public schools offered varying perspectives on how comfortable students in immigrant families felt in school and how they were coping. One staff person in a Georgia school told us that she understood she was not to discuss issues related to immigration with students or parents. In some schools, administrators expressed pride in how they had conveyed to students and parents that their school is a safe community. Yet, our conversations with teaching staff suggested there were high levels of fear among students that these administrators may not have recognized.

Some programs were more explicit than others that their practices are different from past work with families. Programs reported having to be more sensitive overall—even everyday experiences such as having fire alarms go off for a drill can result in new fear-induced responses by students. One pre-k provider in Georgia simply stated, "Staff are trying to give them extra love in case they need it." Home visitors acknowledged that in-home services can be very hard for families to agree to. Some programs have adjusted their requirements and meet families wherever they prefer, rather than in their homes.

Few programs had the capacity to offer increased support to staff

Despite staff reporting high levels of stress and a great need for information and resources, few providers we interviewed indicated they were providing additional support or training to employees in response to the changing immigration context. Some directors talked about creating new procedures to support the emotional security of their staff. For example, one program has a social worker who meets monthly with family support specialists to provide additional emotional support. They planned on extending this service to teachers soon in response to increased anxiety among their teachers. A provider mentioned intentionally providing "safe space" for staff to have conversations and talk to directors about the work.

“I feel like my job is to provide my staff with as much support as possible, make sure they’re cared for, so they can serve our families,” one director of a home visiting program told us. “They have so much empathy and care and they aren’t just sitting there connecting them to resources. They’re experiencing it with them.”

Some providers offer or receive informal emotional support. A Head Start staff member described having a strong relationship with her supervisor with whom she can vent and ask advice. Another social worker who supervises other staff members said supporting her staff is necessary but has to be informal due to the agency’s unwillingness to take a strong stance. “There’s a policy that we can’t go against,” she said. “So I’m trying to support them but not overstep.”

Similarly, programs differed in their extent of offering or encouraging staff to attend workshops and training on immigration policy. One provider reviewed with staff the center’s policies around what to do if immigration enforcement agents visited. A couple directors described offering information and resources, either through trainings or during staff meetings, related to Know Your Rights, safety planning, and changes in policy. Some programs had one staff member attend external coalition or informational meetings and bring the information back to share with others.

Few programs had formalized policies or clear procedures related to potential immigration enforcement activity

Programs mentioned standard security procedures, such as secured entrances. A few programs also had an established policy regarding what to do if immigration enforcement agents were on the premises. These providers described holding trainings and reviewing their procedures with staff and parents after President Trump took office to reassure families that their children were safe at the center.

“We’re a sanctuary school... we explained what that meant,” one provider shared. “Because a lot of the parents were a little fearful about what that meant and we made sure we enforce that policy and that we explain it correctly to our parents.”

However these types of formal procedures and outreach to parents were fairly uncommon. Moreover, many providers did not know whether it was lawful for immigration enforcement activities to take place on their property and did not know whether or not they would be compelled to let immigration officials into the building. In fact, current Department of Homeland Security (DHS) operating policy considers early childhood programs, including child care and preschools, to be “Sensitive Locations” where enforcement activities are restricted (see page 22).

Programs also differed in how much they had communicated established protocols and procedures with families or in some way expressed that their program was a safe place. Some programs sent messages through parent newsletters or emails making clear that their program was a safe space. In some programs, the connection to immigrant rights trainings and other resources also communicated a level of trust to parents. Some programs, however, acknowledged that they were not sure that families understood what procedures or protocols they have.

Early Care and Education Programs are Sensitive Locations

The Department of Homeland Security (DHS) has longstanding policies that restrict immigration enforcement actions in “sensitive locations.” This means that, except in limited circumstances, immigration agents should not conduct arrests, apprehensions, or other enforcement actions in the following locations:



Schools, including known and licensed child care programs, preschools, pre-kindergarten programs, Head Start programs, and other early care and education programs.

K-12 schools, colleges and universities, after-care programs, vocational or trade schools, and other education-related activities and events are also included in the policy.



School bus stops that are marked and/or known to the officer (during periods when children are present at the stop).



Medical treatment and health care facilities, such as hospitals, doctors' offices, accredited health clinics, and emergent or urgent care facilities.



Places of worship, such as churches, synagogues, mosques, and temples.



Religious or civil ceremonies or observances, such as funerals and weddings.



During public demonstrations, such as marches, rallies, or parades.

What this means for early care and education providers:

- Providers should notify staff and parents that the program is considered a sensitive location.
- Providers do not have to allow immigration officials into your program without a warrant.
- Providers should develop internal procedures in case of potential enforcement actions and share them with staff and parents.
- Providers should track enforcement actions at or near their property. These can be reported to a local immigration or legal services organization.

For more information about the sensitive locations policy, please see CLASP and NILC's factsheet, The Department of Homeland Security's "Sensitive Locations" Policies, available at clasp.org/sensitivelocations.

For questions about the sensitive locations policy or if you believe the policy has been violated, contact **Rebecca Ullrich** (rullrich@clasp.org) at the Center for Law and Social Policy (CLASP). To learn more about CLASP, visit www.clasp.org.

Early care and education programs and sensitive locations policy

We heard from many immigrant parents in our focus groups that they have witnessed or heard of Immigration and Customs Enforcement (ICE) agents loitering around the corner from children's schools and child care centers. Early care and education providers also reported several instances of immigration enforcement agents apprehending parents at or near their centers. One provider said a parent was arrested in her center's parking lot. A home visitor described a father being apprehended while he and his wife were walking their four-year-old into child care. Their seven-year-old son witnessed the incident from the car. A child care director said ICE agents were waiting for parents in the parking lots of schools in her district and serving them with papers as they dropped off their children.

In 2011, the Obama Administration issued administrative guidance about immigration enforcement actions at or focused on so-called "sensitive locations." The policy states that ICE and Customs and Border Protection (CBP) agents are to limit arrests, interviews, searches, and surveillance at locations such as schools; hospitals; places of worship; religious ceremonies such as funerals or weddings; and sites of public demonstrations.¹¹ Both CBP and ICE issued Frequently Asked Questions (FAQ) to supplement the existing guidance in 2016, clarifying the locations that are deemed sensitive and describing exceptions to the policy.¹² DHS's memo and FAQ explicitly state that early care and education programs, such as known and licensed child care programs, preschools, and other early learning programs, are included as sensitive locations.¹³ In 2018, ICE issued a new policy memo and FAQ regarding enforcement actions in courthouses, restricting enforcement in non-criminal courts—such as family courts—without prior approval.¹⁴

Unfortunately, the current sensitive locations policy does not explicitly state what constitutes "at or focused on" a sensitive location, which causes confusion for program staff and anxiety for parents. The policy also does not prohibit enforcement operations from being carried out *near* sensitive locations, meaning parents could still be apprehended as they pick up or drop off their children from places deemed sensitive. Reports from around the country document instances of ICE agents apprehending parents in hospitals and outside their children's schools.¹⁵ Whether or not all these incidents qualify as direct violations of the policy, they certainly undermine the policy's intent to protect children and families from being able to carry out basic activities critical to their health and safety.

A better path forward: recommendations

The tremendous and harmful effects of immigration enforcement and anti-immigrant policies on young children, and the early childhood professionals working with them, require the immediate attention of a wide group of actors: government officials, non-government entities, philanthropy, and the entire early care and education field. The pervasive and intense trauma and hardship faced by mixed-status immigrant families makes access to quality early care and education more important than ever. Trusted caregivers, with adequate resources to support them, can provide nurturing care and stability when everything else in a child's world is uncertain. When caregivers do this, they help parents get the resources they need to take care of themselves and their children.

Early childhood programs must be responsive to the changing landscape for immigrant families—and they must see meeting these families' needs as core to their mission to advance the wellbeing and development of children. Quality early childhood practice embraces the whole child, recognizing that all children—and their developmental trajectories—are situated within the context of their family. In order for children to benefit from quality early care and education, they—and their families—must feel safe and secure attending programs that are capable of meeting their complex needs.

The wellbeing of early childhood professionals matters greatly to the efficacy of early care and education programs. Providers' ability to influence young children's development is hindered if they have unaddressed stress and lack the information, skills, supports, and partnerships necessary to support families' most pressing needs. The current emotional strain on early care and education providers is harmful both to their wellbeing and that of the children in their care.

The recommendations below are not a substitute for the policy recommendations included in *Our Children's Fear: Immigration Policy's Effects on Young Children*. It's important not to overstate the extent to which early care and education policymakers and practitioners can mitigate the harm to children caused by immigration policies. Ultimately the country needs to change course in its immigration policy that is inflicting great harm on children.

Until then, implementation of the following recommendations can begin to protect and defend the wellbeing of young children in immigrant families; strengthen cross-sector collaborations in order to improve child care and early childhood practices and policies; and increase supports for the early childhood workforce to better serve immigrant families.

Recommendations for philanthropy

The philanthropic community should:

Mount a major effort to protect, defend, and elevate the wellbeing of children in immigrant families. Philanthropic investments could jumpstart many of the recommendations below to provide immediate and urgent support to immigrant families and early childhood programs. A comprehensive philanthropic agenda for children of immigrants would include:

- Policy advocacy at all levels of government to protect and defend the wellbeing of young children;
- Affordable legal services and representation for immigrant families;
- Strong collaborations across the immigrant and early childhood sectors as well as other sectors serving children such as child welfare, education, etc.;
- Creation and dissemination of training and resources for early care and education staff;
- Outreach and information dissemination to inform immigrant families about policies that affect them;
- A comprehensive research agenda that includes documentation of the effects of immigration policies on young children and their caregivers, as well as the developmental consequences of those impacts; and
- Raising awareness among the public and policymakers about the importance of young children of immigrants to our country's future.

Speak out about the wellbeing of young children of immigrants, their needs and the developmental consequences of the current crisis. National, state, and local foundations should use their own credibility and prominence to highlight the importance of the wellbeing of young children and the urgency of a supportive policy, research, and advocacy agenda. Funders can issue broad statements aimed at influencing key constituencies or speak out on specific policy issues.

Recommendations for State and Local Policymakers

State and local policymakers should:

Safeguard the wellbeing of young children in immigrant families in state and local legislation, laws, and policies. Policymakers should oppose laws that encourage more immigration enforcement—such as collaborative agreements between ICE and local police—or discourage access to health, nutrition or educational services for children. Likewise, policymakers should oppose laws that create barriers to health, nutrition, or educational services for children in immigrant families. Conversely, policymakers should support policies that encourage the safety and wellbeing of immigrant families and protect children's interests such as expanded access to health care coverage for immigrant children. Early childhood administrators can play a vital role as watch-guards for children due to their unique understanding of child wellbeing.

Increase funding for legal services in communities and build links to pro bono services.

Resources are needed in communities to provide free legal advice and representation to help families navigate the legal system on immigration, child custody, and family law.

Promote and fund coordination and collaboration between child care and early education and immigrant-serving organizations to improve access by families and the workforce to key information that affects immigrant families.

Collaborations can ensure that early education programs have credible experts on immigration policy, immigrant rights, and immigrant public benefits eligibility. Funding can increase the capacity of immigrant-serving organizations to partner with early education program. This support could be in the form of grants to community-based organizations to increase capacity, funded partnerships between immigrant-serving and early childhood organizations, or resources for creating joint immigrant and early childhood coalitions. States and localities with offices of immigrant and refugee, or other coordinating bodies, should include early care and education organizations in community planning and ensure that early care and education organizations are informed of state and local efforts to support immigrant families.

Ensure a voice for immigrants and their families in key coalitions, councils, and activities.

State early childhood advisory councils and other coordinating bodies should include immigrant-serving organizations in their membership. The needs of children of immigrants should inform professional development, family engagement, and quality improvement strategies.

Coordinating bodies should use data to identify participation gaps in child care and early education programs and make access to early childhood programs for immigrant families a top priority.

State agencies administering early childhood programs should:

Provide resources to meet the unprecedented needs of the early childhood workforce for training, education, and support.

State agencies should fund the development and implementation of trainings and supports, as well as increased staff compensation and benefits, to ensure that early childhood providers get the supports they need to do their job. States can fund entities such as universities and community-based organizations to develop resources and materials to give the early childhood workforce the tools they need to help children cope with fear, to support parents in discussing deportation and other issues with children, and to work with families in crisis due to immigration actions.

Ensure that programs have access to best practices and training on trauma-informed care and funding to implement those practices.

According to the National Child Traumatic Stress Network, key components of a trauma-informed program include routinely 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. Trauma-informed programs also intentionally address parent trauma, emphasize staff wellness, and make resources available to children, families and providers.¹⁶

State agencies administering public benefits should:

Ensure immigrant children and families are not deterred from enrolling in critical basic needs programs by issuing guidance to staff and distributing information to families and community partners. Agencies should issue guidance on immigrant eligibility rules, including recommendations for ensuring that enrollment practices do not deter immigrants from accessing public benefits on behalf of themselves or their children.¹⁷ Agencies should analyze data to identify any declines in public benefit use and conduct targeted outreach to reach underserved communities and limited English proficient communities. By partnering with early childhood programs and immigrant-serving organizations and paying attention to language access, agencies can improve outreach to families.

Issue guidance to programs on protecting data and personal confidentiality. Agencies can work with local agencies and social service providers to ensure compliance with privacy rules and to provide guidance on interactions or requests received from immigration enforcement officials.¹⁸ Agencies can also raise public awareness about individuals' privacy protections related to immigration fears.

Recommendations for Early Childhood Programs

Early care and education programs should:

Create an intentional focus on the needs of children in immigrant families by engaging leadership, including boards of directors, boards of education, and district superintendents, in a dialogue on immigration and consequences. A leadership directive that recognizes and prioritizes the issues facing immigrant families creates space to adopt new roles, take on new practices, and embrace new partnerships. Being intentional about the importance of serving immigrant families in a meaningful way may be a first step to examining the resources necessary to support families and the workforce.

Partner with community-based organizations to connect parents and staff to information and resources in the community. Partnering with trusted immigrant-serving organizations can help early childhood programs better connect parents to legal, mental health, and other services. Because they are designated as sensitive locations, child care and early education centers can also provide a safe space for Know Your Rights trainings and safety planning workshops.

Adopt policies to safeguard their locations and share these policies with staff and parents. Programs should inform parents about the program being a safe space and ensure that all personnel are familiar with the ICE sensitive locations policy and other internal policies. Programs should also document possible violations of the sensitive locations policy to ICE headquarters to help demonstrate the scope and impact of enforcement activities in sensitive locations and hold ICE accountable.

Ensure that all staff and parents have information regarding existing privacy protections.

Programs can review existing policies to ensure compliance with federal policies and consider additional policies that will prevent the inappropriate recording and release of immigration status. By assuring parents that their personal information is safe and will not be shared with any state or federal agency for immigration purposes, staff will help families continue to feel safe accessing programs.

Encourage families to create family deportation safety plans and to share them with program staff. Creating these emergency plans can not only help mitigate anxiety for parents of children, but also help ensure that children are able to continue accessing early childhood programs and other services should a parent be deported. Programs should also support parents with resources on how to talk to their children about safety plans (see Appendix).

Talk to parents, social service providers, and immigrant-serving organizations to identify community-specific solutions to program participation. While the experiences faced by immigrant families were similar across study sites, community-level differences make it important for early childhood providers to investigate barriers to program participation in their communities and identify community-specific solutions. For example, in communities where transportation is a major barrier to participation, early care and education programs may use resources to provide transportation to increase the attendance of children or coordinate carpools among participating families. In other communities, misinformation on eligibility or safety of programs may be a barrier and communities can consider how to collaborate with trusted messengers to inform families about the availability of early care and education programs.

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Appendix: Resources for early care and education programs and parents

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National Immigration Law Center, *Access to Health Care, Food, and Other Public Programs for Immigrant Families Under the Trump Administration: Things to Keep in Mind When Talking With Immigrant Families*, 2018, <https://www.nilc.org/wp-content/uploads/2018/02/talking-to-immigrants-about-public-programs-2018.pdf>.

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¹ Migration Policy Institute tabulation of 2014 American Community Survey (ACS) and 2008 Survey of Income and Program Participation (SIPP) by Bachmeier and Van Hook.

² Maki Park, Margie McHugh, Jeanne Batalova, Jie Zong, *Immigrant and Refugee Workers in the Early Childhood Field: Taking a Closer Look*, Migration Policy Institute, 2015, <https://www.migrationpolicy.org/research/immigrant-and-refugee-workers-early-childhood-field-taking-closer-look>.

³ Interviews were conducted in California, Georgia, Illinois, New Mexico, North Carolina, and Pennsylvania. Parent focus groups took place in California, New Mexico, and Pennsylvania. The names of specific communities we visited are withheld to protect participants' privacy.

⁴ Wendy Cervantes, Rebecca Ullrich, and Hannah Matthews, *Our Children's Fear: Immigration Policy's Effects on Young Children*, CLASP, 2018, <https://clasp.org/ourchildrensfear>.

⁵ National Scientific Council on the Developing Child, *Persistent Fear and Anxiety Can Affect Young Children's Learning and Development: Working Paper No. 9*, 2010, <http://www.developingchild.net/>.

⁶ Maya Rossin-Slater, "Promoting Health in Early Childhood," *The Future of Children* 25 (2015).

⁷ Karen Hughes, Mark A. Bellis, Katherine A. Hardcastle, et al., “The Effect of Multiple Adverse Childhood Experiences on Health: A Systematic Review and Meta-Analysis,” *The Lancet Public Health* 2 (2017); Elizabeth A. Schilling, Robert H. Aseltine, and Susan Gore, “The Impact of Cumulative Childhood Adversity on Young Adult Mental Health: Measures, Models, and Interpretations,” *Social Science & Medicine* 66 (2008); Natalie Slopen, Karestan C. Koenen, Laura D. Kubzansky, “Cumulative Adversity in Childhood and Emergent Risk Factors for Long-Term Health,” *The Journal of Pediatrics* 164 (2014).

⁸ Some states have allowed undocumented immigrants access to state drivers licenses; however, some are observably different than the standard issued drivers licenses.

⁹ In January 2017, a draft executive order from the Trump Administration was leaked, revealing the administration’s intent to rewrite longstanding rules regarding immigrants’ ability to access a green card, enter the country, or even be deportable based on their use of certain public benefits, including nutrition assistance and health care. In February 2018, after the conclusion of our site visits, a leaked draft notice of proposed rulemaking was published indicting the administration’s intent to pursue this policy change through a rulemaking process. As of publication of this paper, notice of this regulatory change is yet to be released or promulgated.

¹⁰ Jie Zong, Ariel G. Ruiz Soto, Jeanne Batalova, et al., *A Profile of Current DACA Recipients by Education, Industry, and Occupation*, Migration Policy Institute, 2017, <https://www.migrationpolicy.org/research/profile-current-daca-recipients-education-industry-and-occupation>.

¹¹ John Morton, “Enforcement Actions at or Focused on Sensitive Locations,” U.S. Department of Homeland Security, October 24, 2011, <https://www.ice.gov/doclib/ero-outreach/pdf/10029.2-policy.pdf>.

¹² U.S. Customs and Border Protection, *Sensitive Locations FAQs*, 2016, <https://www.cbp.gov/border-security/sensitive-locations-faqs>; U.S. Immigration and Customs Enforcement, *FAQ on Sensitive Locations and Courthouses*, 2018, <https://www.ice.gov/ero/enforcement/sensitive-loc>.

¹³ U.S. Department of Justice, U.S. Department of Education, *Fact Sheet for Families and School Staff: Limitations on DHS Immigration Enforcement Actions at Sensitive Locations*, 2014, <https://www2.ed.gov/about/overview/focus/safe-spaces-fact-sheet.pdf>.

¹⁴ Thomas D. Homan, *Directive Number 11072.1: Civil Immigration Enforcement Actions Inside Courthouses*, U.S. Immigration and Customs Enforcement, January 10, 2018, <https://www.ice.gov/sites/default/files/documents/Document/2018/ciEnforcementActionsCourthouses.pdf>; U.S. Immigration and Customs Enforcement, *FAQ on Sensitive Locations and Courthouse Arrests*, U.S. Department of Homeland Security, January 31, 2018, <https://www.ice.gov/ero/enforcement/sensitive-loc>.

¹⁵ See for example, Elise Foley and Roque Planas, “Immigration Officers Test Boundaries of Rules Discouraging Arrests at Schools, Churches,” *The Huffington Post*, March 23, 2017,

https://www.huffingtonpost.com/entry/immigration-enforcement-churches-schools_us_58d2bae5e4b0b22b0d191b21; John Burnett, “Border Patrol Arrests Parents While Infant Awaits Serious Operation,” *NPR*, September 20, 2017,

<https://www.npr.org/2017/09/20/552339976/border-patrol-arrests-parents-while-infant-awaits-serious-operation>; Joel Rubin and Andrea Castillo, “Deportation Put on Hold For Man Detained by ICE After Dropping Daughter Off at L.A. School,” *Los Angeles Times*, August 7, 2017, <http://www.latimes.com/local/lanow/la-me-in-school-arrest-deportation-20170807-story.html>.

¹⁶ The National Child Traumatic Stress Network, “Creating Trauma Informed Systems,” U.S. Department of Health and Human Services, University of California, Los Angeles, Duke University,

<http://www.nctsn.org/resources/topics/creating-trauma-informed-systems>

¹⁷ Cities across the country including San Francisco, New York and Los Angeles have developed and distributed public-facing flyers, presentations and other resources reassuring families that the election has not changed the local government’s commitment to provide quality services for all, regardless of immigration status.

¹⁸ See for example, San Francisco Department of Health policy memorandum on how to interact with ICE officials and respond to judicial warrants, administrative warrants and subpoenas,

<https://www.sfdph.org/dph/files/PoliciesProcedures/COM10-ImmigrationStatus-and-Interactions-with-ICEAgentsPolicy-2018-01-19.pdf>.

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