



Columbia University
MAILMAN SCHOOL OF PUBLIC HEALTH

**Young Children in Immigrant Families
The Role of Philanthropy
Sharing Knowledge, Creating Services,
and Building Supportive Policies**

Report of a Meeting, January 18-19, 2006

Kinsey Alden Dinan

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The National Center for Children in Poverty (NCCP) is the nation's leading public policy center dedicated to promoting the economic security, health, and well-being of America's low-income families and children. Using research to inform policy and practice, NCCP seeks to advance family-oriented solutions and the strategic use of public resources at the state and national levels to ensure positive outcomes for the next generation. Founded in 1989 as a division of the Mailman School of Public Health at Columbia University, NCCP is a nonpartisan, public interest research organization.

Young Children in Immigrant Families—The Role of Philanthropy:
Sharing Knowledge, Creating Services, and Building Supportive Policies,
Report of a Meeting held January 18-19, 2006

by Kinsey Alden Dinan

This report provides an overview of the issues raised at the Young Children in Immigrant Families meeting that was held in Miami, Florida on January 18-19, 2006. The meeting brought together members of the foundation community to discuss critical issues related to promoting positive outcomes for young children in immigrant families. Based on the meeting panels and discussions, this report provides a brief description of recent demographic trends related to immigration and immigrant families and explores promising strategies that foundations could support to address challenges faced by young children in these families.

AUTHOR

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ACKNOWLEDGMENTS

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higher than among children with native-born parents.*

Executive Summary

A growing number of young children in this country are children of immigrants. The goal of the Young Children in Immigrant Families meeting, cosponsored by the John S. and James L. Knight Foundation, together with The David and Lucile Packard Foundation, Foundation for Child Development, Annie E. Casey Foundation, Carnegie Corporation of New York, Grantmakers Concerned with Immigrants and Refugees, Four Freedoms Fund, and Early Childhood Funders Collaborative, was to increase strategic investments in this important population and thus promote positive outcomes for these children. The meeting brought together members of the foundation community who focus on issues related to young children and/or immigrant families, along with the following experts on immigrant issues from community-based organizations, policy research organizations, academia, and advocacy groups:

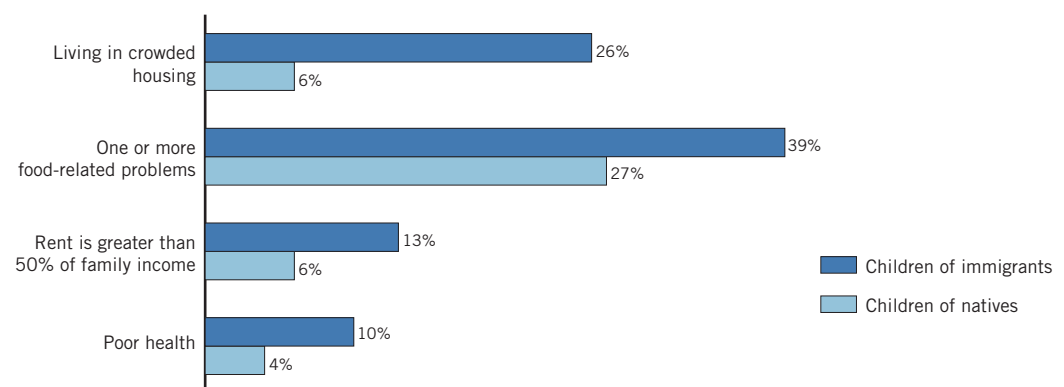
- Ismael Ahmed, Executive Director, Arab Community Center for Economic and Social Services
- Tanya Broder, Staff Attorney, National Immigration Law Center
- Randy Capps, Senior Research Associate, Urban Institute
- Sharon Darling, President and Founder, National Center for Family Literacy
- Michael Fix, Vice President and Director of Studies, Migration Policy Institute
- Elżbieta M. Goździak, Director of Research, Institute for the Study of International Migration, Georgetown University
- Donald J. Hernandez, Professor, Children, Youth, and Public Policy, Department of Sociology, University at Albany, State University of New York
- Deecana Jang, Senior Policy Analyst, Center for Law and Social Policy
- Jesse Kao Lee, Hmong Project Coordinator, Ready 4 K
- Cecilia Muñoz, Vice President, Office of Research, Advocacy and Legislation, National Council of La Raza
- Beatriz “BB” Otero, Executive Director, CentroNía
- Frank Sharry, Executive Director, National Immigration Forum
- Rebecca Stark, Program Coordinator, PICO National Network
- Janet Varon, Executive Director, Northwest Health Law Advocates

Over the past 35 years, the foreign-born population in the United States has tripled, reaching 35 million people in 2005. These years also saw a shift in immigrants’ ethnic background—from predominantly white Europeans to Latinos and Asians—leading to increased ethnic diversity in the U.S. population, especially among children. Another important trend of the last 10 to 15 years has been a shift in immigrants’ destinations within the United States. While immigrant families remain highly concentrated in “traditional gateway” states such as California, there has been a growing dispersion of immigrants to new areas, leading to significant increases in immigrant populations in many small communities.

Promoting positive outcomes for young children in immigrant families requires understanding and effectively responding to these trends. Research points to significant gaps in meeting these children’s needs in the areas of education, health care, and economic security. Young children of immigrants, for example, are underrepresented in prekindergarten programs and center-based early care and education (ECE) settings, despite facing relatively high rates of risk factors that can impede school readiness. Immigrant families also face barriers in accessing the health care they need, particularly in the area of mental health.

Finally, immigrant families with children are much more likely than native-born families to be low income and face a range of economic hardships—even with high marriage rates and strong attachment to the workforce (see figure). Their economic vulnerability is further exacerbated by low rates of public benefit receipt as a result of limits on immigrants’ eligibility for benefits, a widespread fear of interacting with government officials among (eligible) immigrants, and other participation barriers. At the same time, there is tremendous diversity among immigrant families, with many children of immigrants living in highly educated and economically secure families that do not necessarily face the risks explored here.

Hardship in immigrant families, 2002



Source: Capps, R. & Fix, M. (2006). Preschool Age Children of Immigrants. Paper presented at Young Children in Immigrant Families—The Role of Philanthropy, meeting held Jan. 18-19, 2006, Miami, Florida. Data are from Urban Institute tabulations from the 2002 National Survey of America’s Families (NSAF).

There are a variety of strategies that foundations can support to improve the education, health, and economic security of young children in immigrant families.

Strategies to Improve Educational Outcomes

- Increase immigrant families' access to high-quality center-based early care and education and prekindergarten programs, with teachers and curricula able to meet the particular needs of immigrant children and English language learners (ELLs).
- Focus on the needs of ELLs in grades K through 12.
- Promote educational strategies that address the needs of ELL students and their families (such as, bilingual education and family literacy programs).

Strategies to Improve Health Outcomes

- Increase access to health services, including efforts to expand public health insurance programs to reach all children regardless of immigration status.
- Provide adequate language interpretation at health facilities to ensure proper communication and relieve children of the burden of translating for their parents.
- Recognize and respond to the high level of mental health needs in some immigrant communities with multiple delivery systems and culturally competent services.

Strategies to Improve Economic Security

- Increase immigrants' access to jobs that offer adequate pay and employer-based benefits.
- Take steps to facilitate immigrants' access to banks and other financial institutions.
- Address the barriers that prevent low-income immigrant families from receiving public benefits.

Key to achieving progress in all of these areas is building capacity within immigrant communities and organizations to both meet immigrants' needs and promote positive policy change. There is currently widespread agreement in this country that our immigration system is broken, but there is an intense debate about how to respond. This debate is reflected in legislative battles at the state and federal level. In the states, for example, more than 300 anti-immigrant bills were proposed in 2005, although nearly all were defeated.

Strategies to Promote Pro-Immigrant Policies at National, State, and Local Levels

- Build strength and leadership within immigrant communities and grassroots organizations, particularly in new immigrant destination areas.
- Promote strong networks and alliances that span issues and states.
- Forge alliances among low-income communities, including immigrant and native-born communities.
- Engage in media and messaging efforts to “win the hearts and minds of Americans.”

In addition to investments in the strategies identified above, funding is needed to ensure continued research regarding young children in immigrant families. Research needs include

nanced demographic research, in-depth examinations of ECE systems' ability to effectively serve children in immigrant families, and communications research. Foundations also can take steps to ensure that their approaches to grantmaking are as effective as possible through, for example, providing more flexible grants, offering longer grant periods, and infusing attention to immigrant children and families across all grantees.

The issues raised at the Young Children in Immigrant Families meeting will only become more pressing as the number of children of immigrants continues to grow. Efforts to ensure these children's success must begin by meeting their needs today, and members of the foundation community have an important role to play in working to achieve this goal.

Children under age 6 with immigrant parents face difficult challenges—about half are low income...one-third of these children are linguistically isolated...and rates of...hardship are significantly higher than among children with native-born parents.

Introduction

Children in immigrant families are an important and growing demographic in the United States. More than 20 percent of all U.S. children—about 13 million—have at least one foreign-born parent. More than three-quarters of these children—and more than 90 percent of those under age 6—are themselves U.S. citizens, although most of their parents are not. Immigrant families exhibit important strengths, including high rates of marriage and strong attachment to the workforce. At the same time, immigrant families are more likely than native-born families to be low income and to face a variety of other challenges that can place their children at risk.

The Young Children in Immigrant Families meeting, held in Miami, Florida on January 18-19, 2006, raised critical issues related to promoting positive outcomes for young children in immigrant families, with the overall goal of increasing strategic investments in this important population. The meeting brought together members of the foundation community who focus on issues related to young children and/or immigrant families at the national, regional, state, and local levels. Presenters included the following experts on immigrant issues from community-based organizations, policy research organizations, academia, and advocacy groups:

- Ismael Ahmed, Executive Director, Arab Community Center for Economic and Social Services
- Tanya Broder, Staff Attorney, National Immigration Law Center
- Randy Capps, Senior Research Associate, Urban Institute
- Sharon Darling, President and Founder, National Center for Family Literacy
- Michael Fix, Vice President and Director of Studies, Migration Policy Institute
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- Frank Sharry, Executive Director, National Immigration Forum
- Rebecca Stark, Program Coordinator, PICO National Network
- Janet Varon, Executive Director, Northwest Health Law Advocates

The following pages provide an overview of the main themes that emerged from the meeting panels and discussions. They begin with a brief description of recent demographic trends related to immigration and immigrant families with young children. The focus then turns to promising strategies that foundations could support to address challenges faced by young children in immigrant families in four areas:

- Early care and education (ECE) and school readiness
- Health and mental health
- Family economic security
- Promoting pro-immigrant policies at the national, state, and local levels

The paper concludes with a discussion of issues in need of further research and of ways in which grantmaking methods could be designed to better meet the needs of immigrant organizations.

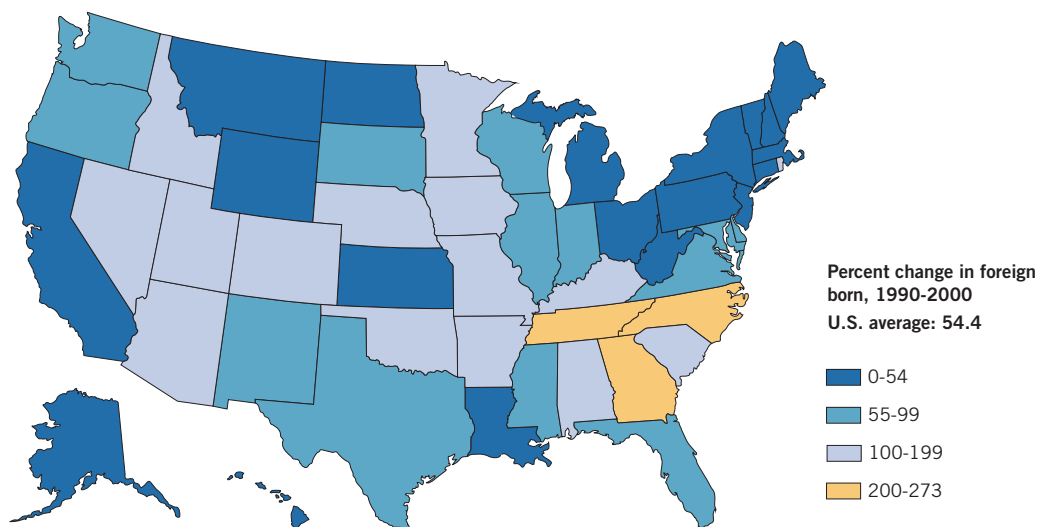
Emerging Demographic Trends

Over the past 35 years, the foreign-born population in the United States has tripled, reaching 35 million people in 2005. At the same time, the percent of the country's children who live in immigrant families has increased, rising from 6 percent in 1960 to about 20 percent today—a figure still well below the rate in the early 20th century. These years also saw a shift in the ethnic background of U.S. immigrants from predominantly white Europeans to Latinos and Asians. Today, more than half of all U.S. immigrants are from Latin America, and one-quarter are from Asia. Immigration is thus contributing to the growing diversity of the U.S. population, especially among children. By 2030, it is estimated that half of U.S. children will be white, non-Hispanic, and half will be comprised of a mix of other races and ethnicities.

Another important trend of the last 10 to 15 years has been a shift in immigrants' destinations within the United States. Historically immigrants have been concentrated in a handful of states. Six states—California, Florida, Illinois, New Jersey, New York, and Texas—still account for nearly 70 percent of the country's total foreign-born population, and the percent of children in these states who live in immigrant families is particularly high. In California, for example, half of all children have at least one foreign-born parent.

In recent years, however, immigrants have increasingly settled in other states, such as Georgia, North Carolina, and Tennessee (see Figure 1). As a result, many small communities have seen increases in their foreign-born population, some as much as 600 percent or more within a single decade, placing strains on local institutions and often leading to fear and hostility among local residents. Immigrants in these new communities also tend to be more recent

Figure 1: Growth of the foreign-born population, 1990-2000



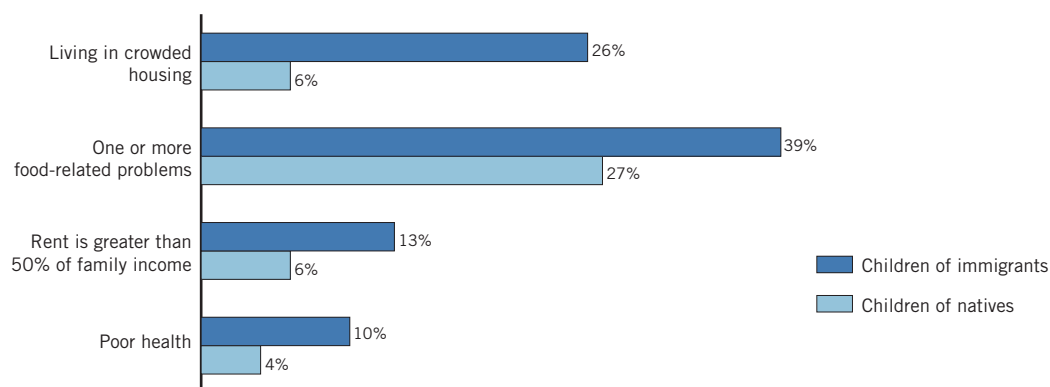
Source: Goździak, E. M. (2006). *Beyond the Gateway*. Paper presented at Young Children in Immigrant Families—The Role of Philanthropy, meeting held Jan 18-19, 2006, Miami, Florida. Data calculated from U.S. Census Bureau, 1990 Summary Tape File 3 (STF 3) and sample data and Census 2000 Supplementary Survey Summary Tables of the American Community Survey (ACS).

entrants who are younger, poorer, less educated, and more often undocumented than immigrants in traditional destinations.

Meeting the needs of young children in immigrant families requires understanding and effectively responding to these trends. Children under age 6 with immigrant parents face difficult challenges—about half are low income, with family income below 200 percent of the official poverty level; one-third of these children are linguistically isolated—they live in households in which all persons over the age of 13 are limited English proficient (LEP); and rates of food insecurity, crowded housing, and other hardships are significantly higher than among children with native-born parents (see Figure 2).

These risk factors are particularly high within certain ethnic groups, and they persist even with high rates of marriage and employment. Among children in low-income immigrant families, three-quarters have married parents and nearly half have parents who work an average of at least 1,000 hours per year (at least 1,000 hours of work per year for a single parent and a total of at least 2,000 hours per year for two parents). Immigrant families also have relatively high rates of homeownership—demonstrating their long-term commitment to their communities—although rates are lower than among native-born families. Finally, it is important to keep in mind the tremendous diversity that exists among immigrant families. Many children of immigrants live in highly educated and economically secure families and are not necessarily subject to the risks explored here.

Figure 2: Hardship in immigrant families, 2002



Source: Capps, R. & Fix, M. (2006). *Preschool Age Children of Immigrants*. Paper presented at Young Children in Immigrant Families—The Role of Philanthropy, meeting held Jan. 18-19, 2006, Miami, Florida. Data are from Urban Institute tabulations from the 2002 National Survey of America's Families (NSAF).

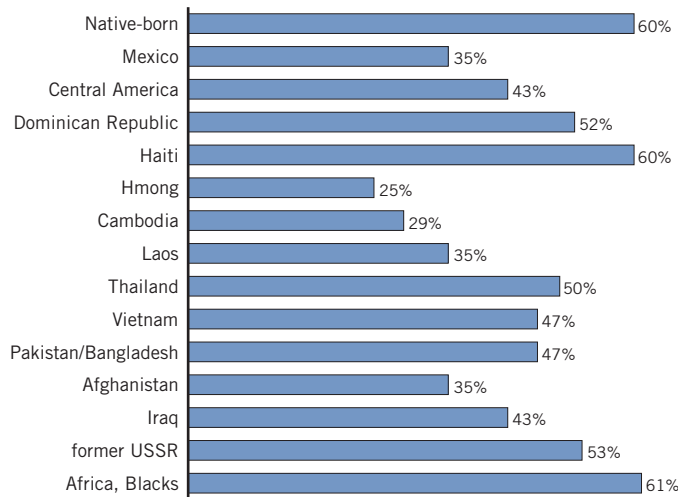
Early Care and Education and School Readiness

One result of rising immigration has been an increase in the proportion of U.S. preschool- and school-aged children who are children of immigrants, along with a significant increase in the number of LEP students—or English language learners (ELLs)—in America's schools. These trends are particularly stark in some of the new immigrant destinations. In North Carolina, for example, overall enrollment in kindergarten through 12th grade was flat over the past decade, while enrollment of ELL students increased by 500 percent.

Research indicates that the U.S. educational system is not adequately meeting these children's needs. As compared to children in native-born families, young children in immigrant families face higher rates of poverty, low parental education, and limited English proficiency—all risk factors that can impede school readiness. Evidence shows that quality early education can help to mitigate these risks. However, children with immigrant parents are underrepresented in prekindergarten programs and center-based early care and education settings (see Figure 3).

In grades kindergarten through 12, ELLs are concentrated in linguistically-isolated schools—schools with a disproportionate share of LEP students—with disproportionately larger classes and less experienced teachers and principals. One indication that many schools are failing to meet ELL students' needs is that most of the ELL students (even in grades 6 through 12) are U.S. born. Further evidence is that schools with large numbers of ELL students are disproportionately likely to be failing the federal educational standards established under the No Child Left Behind (NCLB) Act and to face sanctions as a result. Depending on how it is implemented, the NCLB Act could have a significant impact on ELL students' educational opportunities. Among other requirements, the NCLB Act compels schools to disaggregate

Figure 3: U.S. four-year-olds in immigrant families enrolled in pre-k/nursery school, by parents' country of origin, 2000



Source: Calculated by Donald J. Hernandez based on U.S. Bureau of the Census, Census 2000 data, 5 pct Public Use Microdata (PUMS) files.

LEP students in their performance reporting and provides for stiff sanctions if these students do not make progress on standardized tests.

Finally, ELL students tend to live in linguistically isolated families, in which their parents (and siblings over the age of 13) do not speak English well either. Research suggests that teaching English language skills only to the children of immigrants—and not to their parents—can result in fragmented families, with language barriers dividing parents from their children (who often lose much of their ability in their first language). Furthermore, it places children in the inappropriate position of having to translate for their parents in a variety of settings, including schools and hospitals, with negative implications for children's mental health and development.

Strategies for improving educational outcomes for young children in immigrant families include:

- 1. Increase immigrant families' access to high-quality center-based early care and education and prekindergarten programs, with teachers and curricula able meet the particular needs of immigrant children and ELLs.**
 - Ensure an adequate supply of ECE teachers and staff who speak both English and immigrants' native languages in locations that are accessible to immigrant communities.
 - Invest more money in educational opportunities for early childhood teachers and staff serving immigrant communities (including those who are themselves immigrants), to increase their understanding of child development issues and related instructional strategies.
 - Focus on the needs of ELLs with curricula oriented toward language development.
 - Support the development of standards for culturally-competent ECE provision (Head Start is a good source of information on this issue).

- Develop diversity curricula (for both immigrant and native-born children) that address issues of responding to difference and living in increasingly heterogeneous communities.
 - Raise awareness of ECE programs in immigrant communities and build connections between immigrant organizations and ECE providers.
 - Increase the overall number of slots in ECE and prekindergarten programs.
- 2. Focus on the needs of ELL students in grades K through 12.**
- Monitor NCLB implementation and ensure that it helps ELL students—by increasing the focus on their specific needs and holding schools accountable for meeting these needs—rather than hurts them by identifying them as a “problem” that is dragging down overall school performance.
 - Work within the regular public school system while also taking advantage of the flexibility offered by charter schools to implement innovative programs.
- 3. Promote educational strategies that address the needs of ELL students and their families.**
- Repair the image of bilingual education, making it clear that it is not a remedial issue, but a strategy for building bilingual skills for all.
 - Increase access to family literacy programs, which recognize that parents are their children’s first teachers and include both separate and joint instruction time for parents and their children.
 - Improve school outreach to immigrant parents, to facilitate their participation in the schools and increase their understanding of the school system and of their children’s performance.

Health and Mental Health

Another critical issue for young children of immigrants is ensuring that they have access to the health care they need. Children of immigrants are more likely to be reported in poor or fair health than children with native-born parents. They are also significantly more likely to lack health insurance, as they have much less access to employer-based coverage and face important barriers in accessing public coverage as well. Immigrant parents face even greater barriers to public coverage. Yet research shows that parents’ access to health insurance has important implications for their children’s health and well-being.

The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 barred many legal immigrants from federally funded public health insurance (undocumented immigrants were already ineligible). Most children of immigrants are U.S. citizens and therefore are not directly affected by these restrictions. However, some immigrant children—and many immigrant parents—are ineligible for coverage under these rules. In addition, as discussed in more detail below, anti-immigrant legislation and rhetoric has contributed to the fear that makes many immigrants reluctant to seek the benefits for which they are eligible. Such fears compound the impact of linguistic, cultural, and other barriers that can prevent

*Among working families with children...immigrant families
are twice as likely as native-born to be low income.*

immigrants from accessing needed health care. On the other hand, some states and localities use their own funds to provide health coverage for immigrants ineligible under federal rules. In most cases, these benefits are limited to legal immigrants, but a handful of states and counties provide health insurance to children regardless of immigration status, and even more provide prenatal care without regard for status.

One of the most pressing health needs facing young children of immigrants and their parents is the need for mental health services. The experience of migrating from one's home country and adapting to a new culture can be traumatizing for children as well as adults—especially when they are met with fear and discrimination in their new homes—as can the pressures of having children serve as mediators and translators for their parents (as discussed above). Many immigrant children also suffer from feelings of abandonment due to periods of family separation that often occur during the migration process, as family members migrate at different times. Finally, some immigrant children, such as refugees, have fled from violence and other traumatizing situations in their countries of origin. The challenge is that access to mental health services is often limited and/or available services are not culturally appropriate.

Strategies for improving health outcomes for young children in immigrant families include:

1. **Increase access to health services, including efforts to expand public health insurance programs to reach all children regardless of immigration status.** (See more about strategies for promoting pro-immigrant policies below.)
2. **Provide adequate language interpretation at health facilities to ensure proper communication and relieve children of the burden of translating for their parents.**
3. **Recognize and respond to the high level of mental health needs in some immigrant communities.**
 - Promote multiple delivery systems, including family-focused programs and school-based mental health services.
 - Emphasize the importance of cultural competency in service delivery and work with communities to engage families in ways that are culturally acceptable.

Family Economic Security

The struggle to achieve economic security is the central issue for many immigrant children and parents. Among working families with children (with more than 1,000 hours per year of work on average per parent), immigrant families are twice as likely as native-born to be low income. This is primarily a result of lower wages—immigrant workers are disproportionately likely to work in jobs with low wages and without employer-based benefits. In addition, two-parent immigrant families have lower maternal employment rates than two-parent native-born families. Exacerbating immigrant families' economic vulnerability is their low rates of participation in public benefits designed to assist low-income working families, such as cash assistance, food stamps, and child care subsidies. Some of the reasons for this are discussed above in the context of public health insurance.

Immigrant families are also less likely to have bank accounts than native-born families. As a result, many face high transaction costs for cashing checks and sending remittance payments to friends and family in their countries of origin. Lack of access to financial institutions also impedes immigrants' ability to save, build good credit, and become homeowners.

Strategies for improving the economic security of immigrant families include:*

1. Increase immigrants' access to jobs that pay adequate wages and provide employer-based benefits, such as health insurance.
2. Take steps to facilitate immigrants' ability to open bank accounts and access other financial institutions.
3. Address the barriers that prevent low-income immigrant families from receiving work supports and other public benefits. (For more on this issue, see strategies for promoting pro-immigrant policies below.)

Promoting Pro-Immigrant Policies at the National, State, and Local Levels

Key to achieving progress in all of the areas discussed above is building capacity within immigrant communities and organizations to both meet immigrants' needs and promote positive policy change. There is wide agreement that the current U.S. immigration system is broken—almost as many immigrants are entering the country illegally each year (more than 500,000) as legally. However, there is intense disagreement about how to respond.

In the U.S. Congress, for example, bilateral legislation was proposed in the Senate last year that includes provisions for increasing the number of visas and offering undocumented

* Given this meeting's short length and its focus on young children, specific strategies for meeting this objective—especially with regard to efforts involving the private sector—were not discussed in detail.

immigrants a pathway to legalization, while at the same time strengthening immigration law enforcement. Similarly comprehensive legislation (although with more punitive enforcement provisions) passed the Senate Judiciary Committee in March 2006 and was sent to the full Senate for consideration.* This bill incorporates the DREAM Act, which would provide a pathway to citizenship for undocumented immigrant children who grow up in the United States and graduate from high school here. The House, on the other hand, passed virulently anti-immigrant legislation in late 2005 that increases penalties on undocumented immigrants and on Americans who assist them.

At the state level, more than 300 anti-immigrant bills were proposed in 2005. These proposals and the debates they generated had significant negative consequences for immigrant families, sending a hostile message that added to the confusion and fear that prevents (eligible) immigrants from seeking critical services. Still, nearly all of these bills were successfully defeated. Moreover, more than 30 states currently use their own funds to provide at least some services for at least some immigrants who are ineligible for federal Temporary Assistance for Needy Families (TANF) assistance, public health insurance, food stamps, and/or Supplemental Security Income (SSI) as a result of the 1996 welfare changes.

The ambivalence in federal and state policies reflects a deep ambivalence regarding immigration issues among the American people. Between the minority of people in this country who is strongly anti-immigrant and the minority who is strongly pro-immigrant lies a large, undecided group in the middle. Immigrants' advocates must engage in strong efforts to counter the anti-immigrant agenda and push for positive immigration policy reform along with comprehensive policies for integrating immigrant families and meeting their needs. At the same time, it is critical to support broader funding for early care and education, health insurance, adult education, family literacy, and other programs that serve all low-income families, including immigrants.

More generally, in addressing the concerns of immigrant families, it is important to keep in mind that many native-born families experience similar hardships, particularly families who are members of racial or ethnic minorities. However, despite many shared needs and concerns, relationships between immigrant and native-born minority communities are often characterized more by suspicion and mistrust than by solidarity and mutual assistance.

Strategies for promoting pro-immigrant policies at the national, state, and local levels include:

- 1. Build strength and leadership within immigrant communities and grassroots organizations, particularly in new immigrant destination areas.**
 - Support immigrant organizations that function as broad service providers to meet immigrants' wide array of needs.
 - Engage young people and build their leadership skills through outreach strategies and mentoring programs in which immigrant youth serve as a resource for their communities.

* At the time of publication, the full Senate had not yet voted on the issue. For updated information on federal legislation, see the National Immigration Law Center's web site: <www.nilc.org>.

- Encourage the development of early childhood outreach and advocacy agendas in immigrant organizations.
2. **Promote strong networks and alliances that span issues and states.**
 - Build coalitions between grassroots organizations and state and national groups.
 - Strengthen connections between immigrant groups and groups that focus on poverty, early childhood, education, health, and other issues of concern to immigrant families.
 - Use efforts to combat anti-immigrant proposals as opportunities to build new coalitions (depending on the issue, seek to engage unlikely partners—for example, the business community).
 - Share lessons across states, but also ensure that efforts are locally-based and respond to local realities.
 3. **Forge alliances among low-income communities, including both immigrant and native-born communities.**
 - Focus on areas of shared needs, such as increasing business ownership, promoting access to early education, improving schools and school systems, strengthening access to health and mental health services, and addressing income and employment concerns.
 - Build connections between community leaders and among community members (for example, sponsor joint cultural events) to develop multicultural leadership.
 - Build ties between different immigrant communities by avoiding group-based strategies in funding and programming and focusing instead on issue-based approaches.
 4. **Engage in media and messaging efforts to “win the hearts and minds of Americans.”**
 - Invest in media around immigration and immigrants’ stories; address fears and misinformation about undocumented immigrants and about the connection between immigration and terrorism.
 - Frame issues important to immigrant children and families within the broader context of issues important to all children and families; use the vocabulary of equality and equal opportunity.
 - Ensure that efforts to promote positive policies and to combat negative ones include education campaigns that engage the community, in combination with other strategies such as lobbying and litigation.
 - Focus on localities that have seen significant increases in their immigrant populations in recent years.

Key to achieving progress...is building capacity within immigrant communities and organizations to both meet immigrants' needs and promote positive policy change.

Areas for Further Research

In addition to investments in the strategies identified above, funding is needed to ensure continued research regarding young children in immigrant families. Research needs include:

- Nuanced research regarding demographic data and other basic facts: What are the characteristics that make certain groups of immigrant children and families vulnerable? What conditions are low-income immigrant families living in, and what are their needs? What does immigration look like at the state and local levels?
- Analysis of immigrants' contributions to the U.S. economy (for example, through taxes) that debunks myths related to immigrants' "cost."
- In-depth examination of early care and education systems and their ability to effectively serve children in immigrant families: Why are immigrants' children underrepresented in prekindergarten and center-based ECE programs? What barriers exist? What is the impact of parental selection? What are the consequences of teaching English only to children when they live in linguistically isolated households? Would increased access to family literacy programs better serve immigrant families?
- Sustained study of schools with a high proportion of ELL students: How well are they meeting the needs of ELL students? What positive and/or negative changes are occurring as a result of the NCLB Act? Again, what is the impact of teaching English only to children (and not their parents), and how can any negative consequences be addressed?
- Documentation of the harm (including the financial cost) of anti-immigrant legislation.
- Evaluation of immigrant integration and civic engagement strategies.
- Communications research to facilitate more effective messaging.

Grantmaking Methods

Finally, foundations can take steps to ensure that their approaches to grantmaking are as effective as possible in supporting organizations that are working to improve outcomes for young children in immigrant families. Such steps could include:

- Working toward greater cooperation among foundations.
- Providing broader grants so that funds can be used more flexibly, and breaking down silos between funding streams.
- Engaging in efforts to leverage public dollars.
- Offering longer grant periods of five to 10 years (versus two to three years), especially for small and potentially fragile grassroots groups.
- Infusing attention to immigrant children and families across all grantees.
- Promoting foundation and grantee networking around immigrant issues.
- Mapping where resources are and where funds should be directed when they become available.
- Ensuring that as attention turns to immigrants in new destination areas, funding also remains available in the “traditional” receiving areas where most immigrants continue to live.

Conclusion

The issues raised at the Young Children in Immigrant Families meeting will only become more pressing in the coming years. One in five children in the United States is a child of immigrants, and the proportion is growing. The future of these children is America’s future, and efforts to ensure their success must begin by meeting their needs today. Members of the foundation community have an important role to play in working to achieve this goal.

APPENDIX A: Meeting Agenda

Wednesday, January 18	2:30 - 3:00 p.m.	Welcome, Introductions Julie Kohler, John S. and James L. Knight Foundation Jane Knitzer, National Center for Children in Poverty
	3:00 - 3:30 p.m.	The Philanthropic Role Regarding Immigrants Moderators: Julie Kohler, John S. and James L. Knight Foundation Ruby Takanishi, Foundation for Child Development <i>A group discussion of the functions foundations can serve (e.g., promote awareness, promote community integration) and how philanthropy can best complement the roles of local, state, and federal governments.</i>
	3:30 - 5:00 p.m.	Panel I: Emerging Demographic Issues and Data Moderator: Julie Kohler, John S. and James L. Knight Foundation “Analyzing Community Data” Donald J. Hernandez, University at Albany, State University of New York “Beyond the Gateway” Elżbieta M. Goździak, Institute for the Study of International Migration, Georgetown University
	5:00 - 5:15 p.m.	Excerpt from the video “Childhood in Translation” by filmmaker Robert C. Winn
	6:30 p.m.	Mini vans depart Hotel Inter-Continental for cocktail reception
	7:00 - 7:45 p.m.	Cocktail reception at the home of: Alberto Ibarguen, President John S. and James L. Knight Foundation
	8:00 - 10:00 p.m.	Dinner—Baleen on Grove Isle restaurant
	10:00 p.m.	Buses depart Baleen back to Hotel Inter-Continental, Miami
	Thursday, January 19	8:00 - 8:30 a.m.
8:30 - 10:15 a.m.		Panel II: Integrating Immigrant Families with Young Children into Communities: Issues and Solutions Moderator: Daranee Petsod, Grantmakers Concerned with Immigrants and Refugees

Community Perspectives:

- Ismael Ahmed, Arab Community Center for Economic and Social Services (ACCESS), Dearborn, Michigan
- Beatriz Otero, CentroNía, Washington, D.C.
- Jesse Kao Lee, Ready 4 Kids, St. Paul, Minnesota

Respondent: Michele Lord, Public Interest Projects

10:15 - 10:30 a.m.	Break
10:30 a.m. - 12:00 p.m.	<p>Panel III: Early Childhood and Family Education: Issues, Lessons, and Policy Options</p> <p>Moderator: Barbara Reisman, The Schumann Fund for New Jersey and Chair of Early Childhood Funders Collaborative</p> <p>“Accessing Early Childhood Services: A View from Communities” Deeana Jang, Center for Law and Social Policy</p> <p>“Pre-K through Grade Three and Children of Immigrant Families: Aligning the Strategies” Michael Fix, Migration Policy Institute and Randy Capps, Urban Institute</p> <p>“Family Literacy: An Essential Support to Immigrant Families” Sharon Darling, National Center on Family Literacy</p>
12:00 - 1:30 p.m.	Luncheon
12:30 p.m.	<p>Luncheon Remarks—“Immigration Reform: Implications for Families with Young Children”</p> <p>Frank Sharry, National Immigration Forum</p> <p>Cecilia Muñoz, National Council of La Raza</p>
1:30 - 3:00 p.m.	<p>Panel IV: Health, Welfare, and Immigrant Families: Issues, Lessons, and Policy Options for Young Children and Families</p> <p>Moderator: Ruth Mayden, The Annie E. Casey Foundation</p> <p>“Recent Efforts to Preserve or Expand Access to Services for Immigrant Families and Children” Tanya Broder, National Immigration Law Center</p> <p>“Promising State Initiatives” Janet Varon, Northwest Health Law Advocates, Seattle, Washington</p> <p>Rebecca Stark, PICO California Project, Sacramento, California</p>
3:00 - 4:15 p.m.	<p>Summary and Implications for Foundations: A Group Discussion</p> <p>Moderator: Joan Lombardi, The Children’s Project</p>
4:15 - 4:30 p.m.	<p>Closing Remarks: Next Steps</p> <p>Julie Kohler, John S. and James L. Knight Foundation</p>

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APPENDIX C:

Speaker Biographies

Ismael Ahmed, who co-founded ACCESS 35 years ago, was appointed Executive Director in 1983. Mr. Ahmed is responsible for planning, analysis, and operations of the organization. ACCESS, a community-based, nonprofit organization, has been a major player in the nation's largest Arab-American community since 1971. ACCESS services all of Wayne County through over 70 different programs, including social, mental health, educational, cultural, employment, legal, and medical services. Mr. Ahmed has held many positions that reflect his wide range of involvement in the greater community as an individual and a representative of ACCESS. Those positions include Vice Chair of New Detroit, Chairman for Cultural Exchange Network, New Detroit, Co-Chair and creator of Concert of Colors, Chairman of Arab International Festival along with Board of Trustees for the Henry Ford Health System and Channel 56 Television, and Dearborn Community Arts Council. Mr. Ahmed is a contributing author to *Arabs in America: Myths and Reality*, organizer and contributing artist for the mural: Wall of Heritage, and founder and coordinator of Earth Island Orchestra, a multi-cultural band.

Tanya Broder, Esq., is an attorney in the National Immigration (NILC) Law Center's Oakland, California office, where she focuses on access to health care and public benefits for low-income immigrants across the country. She writes articles and policy analyses, and provides technical assistance and training to health care and social service providers, legal aid and legislative staff, and community-based organizations. She also participates in litigation and legislative and administrative advocacy to improve access to health care and social services for low-income immigrants. Prior to joining NILC in 1996, she worked as a policy analyst for the Northern California Coalition for Immigrant Rights and as a staff attorney for the Legal Aid Society of Alameda County in Oakland.

Randy Capps, Ph.D., MPAff, a demographer with substantial expertise in immigrant populations, is a Senior Research Associate at the Urban Institute. Dr. Capps is currently conducting an evaluation of refugee resettlement programs and studying the effects of the No Child Left Behind Act on U.S. public schools with large numbers of immigrant and limited English proficient students. Recently he published reports on the health and well-being of young children of immigrants, benefits use in low-income working immigrant families, hardship among children of immigrants, and a guidebook to analyzing immigrant populations at the state and local levels, using data from the U.S. Census and other sources.

Sharon Darling is the president and founder of the National Center for Family Literacy (NCFL). Internationally recognized as the leader in the field of family literacy, NCFL is known for creating innovative program models, developing effective advocacy strategies, and providing research, training, and technical assistance to individuals supporting adult and child learners. Since its founding in 1989, NCFL has been dedicated to advancing the literacy skills of the nation's most disadvantaged families. Most recently, Ms. Darling created the Hispanic Family Learning Institute at NCFL in an effort to intensively address the edu-

cational needs of Hispanic families. Ms. Darling serves as an advisor on education issues to governors, policymakers, business leaders, and foundations throughout the nation. She has received many awards and recognitions, including the National Humanities Medal in 2003, and has received several honorary doctorate degrees for her contributions to education. Ms. Darling also serves on the boards of numerous national and international organizations and has authored numerous publications and articles on intergenerational education.

Michael Fix, Esq., is Vice President and Director of Studies at the Migration Policy Institute (MPI), an independent think tank dedicated to the study of the movement of people worldwide. Prior to joining MPI in January 2005, Mr. Fix was Director of Immigration Studies at the Urban Institute in Washington D.C. His research has focused on immigration and immigrant integration policy, race and the measurement of discrimination, federalism, and regulatory reform. In the area of immigration and immigrant policy, Mr. Fix's recent research has focused on immigrant education, social rights and citizenship, and the impact of immigrants on the U.S. labor force. His recent publications include *A Profile of the Low-Wage Immigrant Labor Force; Overlooked and Underserved: Immigrant Students in U.S. Secondary Schools; and All Under One Roof: Mixed Status Families in an Age of Reform*. He is currently working on a study of the implementation of the No Child Left Behind Act and English language learners. Mr. Fix is also a Research Fellow with IZA, Bonn, Germany. He currently serves on the Committee on Redesign of U.S. Naturalization Tests of the National Academy of Sciences. He recently served on the Immigration Task Force of the Chicago Council on Foreign Relations and is a member of the Advisory Panel to the Foundation for Child Development's Young Scholars Program.

Elżbieta M. Goździak, Ph.D., is the Director of Research at the Institute for the Study of International Migration (ISIM) at Georgetown University and co-editor (with Charles B. Keely) of *International Migration*, a peer-reviewed, scholarly journal devoted to research and policy analysis of contemporary issues affecting international migration. Formerly, she held a senior position with the federal Office of Refugee Resettlement (ORR) and the Substance Abuse and Mental Health Services Administration (SAMHSA) in the U.S. Department of Health and Human Services. She has taught at Howard University's School of Social Work in the Social Work with Displaced Populations Program, and managed a program area on admissions and resettlement of refugees in industrialized countries for the Refugee Policy Group. Prior to immigrating to the United States, she was an Assistant Professor of Anthropology at the Adam Mickiewicz University in Poznań, Poland. Dr. Goździak's recent publications include three edited volumes: *Beyond the Gateway: Immigrants in a Changing America*, (with Susan F. Martin); *Rethinking Refuge and Displacement*, and a thematic volume of the *Journal of Refugee Studies* on religion and forced migration, both with Dianna J. Shandy.

Donald J. Hernandez, Ph.D., serves as Professor, Department of Sociology and Center for Social and Demographic Analysis at the University at Albany, State University of New York (SUNY). He formerly served as Special Assistant with the U.S. Census Bureau, and between 1996 and 1998 as Study Director for the Committee on the Health and Adjustment of Immigrant Children and Families with the Board on Children, Youth, and Families of the National Academy of Sciences and Institute of Medicine. In the latter capacity, Dr. Hernandez had overall responsibility for the National Research Council report entitled *From Generation*

to *Generation: The Health and Well-Being of Children in Immigrant Families* and for the companion volume of research papers entitled *Children of Immigrants: Health, Adjustment, and Public Assistance*. Dr. Hernandez is also author of many other books and articles, including *America's Children: Resources from Family, Government, and the Economy*, the first national research using children as the unit of analysis to document the timing, magnitude, and reasons for revolutionary changes experienced by children since the Great Depression in family composition, parent's education, father's and mother's work, and family income and poverty.

Deeana Jang, Esq., is a Senior Policy Analyst at the Center for Law and Social Policy (CLASP) working on child care and early education issues with a focus on immigrant families. Prior to joining CLASP, Ms. Jang was with the federal Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services, serving as the lead senior policy analyst working on policy issues and providing technical assistance and training to ensure that health and human services programs are accessible to immigrants with limited English skills under Title VI of the Civil Rights Act of 1964. She has also worked on immigrant health policy issues at the Asian and Pacific Islander American Health Forum, and was a legal services attorney for many years representing low-income families in domestic violence, immigration, school discipline, and housing issues. She serves on the Advisory Committees of the Asian and Pacific Islander Institute on Domestic Violence and the National Network to End Violence Against Immigrant Women and on the board of the National Asian Pacific American Women's Forum. She is a co-founder of the Asian Women's Shelter, one of the first battered women's shelters in the country to address the needs of Asian immigrant women and their children.

Jesse Kao Lee is currently the Hmong Project Coordinator of Ready 4 K in Saint Paul, Minnesota, a nonprofit advocating organization founded in June 2001 as an outgrowth of the Early Care and Education Finance Commission. Mr. Lee came to Minnesota from a refugee camp in Thailand in 1980 when he was 16 years old. He has been living in Minnesota for 25 years and has been an active member of the Hmong community. He was the first Hmong person to receive a Minnesota Peace Prize. Mr. Lee served as Executive Director for various nonprofit organizations including the Lao Family Community of Minneapolis in the late 1980's, Southeast Asian Community Council from 1990-1998, and Asian Development Corporation in Saint Paul. He also served as Program Manager for the Association for the Advancement of Hmong Women in Minnesota and President of the Minnesota Hmong Chamber of Commerce. Mr. Lee has served as board member and advisor for several nonprofit and government organizations in the Twin Cities.

Cecilia Muñoz is Vice President for the Office of Research, Advocacy, and Legislation, National Council of La Raza (NCLR). She supervises all legislative and advocacy activities conducted by NCLR policy staff covering a variety of issues of importance to Latinos, including civil rights, employment, poverty, farm worker issues, education, housing, and immigration. Her particular area of expertise is immigration policy; she started at NCLR as a Senior Immigration Policy Analyst in 1988. Ms. Muñoz represents NCLR before the media, Congress, and policymakers in Washington, DC. She has testified numerous times before Congress and appears regularly in the Spanish and English-language media. Ms. Muñoz also serves on the Board of Directors of the Washington Office on Latin America, the Appleseed Foundation, and the Center for Community Change. She also serves on the U.S. Advisory Committee of

Human Rights Watch and the Executive Committee of the National Immigration Forum. In June of 2000, she was awarded a MacArthur Foundation fellowship in recognition of her work on immigration and civil rights. She has received numerous other awards and recognitions from various sources, including the government of Mexico, the Congressional Black Caucus Foundation, Ayuda (a Washington, D.C.-based nonprofit organization,) and the Farmworker Justice Fund.

Beatriz “BB” Otero is Founder and Executive Director of CentroNía (formerly Calvary Bilingual Multicultural Learning Center). Ms. Otero founded CentroNía, a children, youth, and family services organization in the Columbia Heights neighborhood of the District of Columbia, in 1986. Ms. Otero presently oversees a multi-million dollar budget and a staff of over 150 teachers, counselors, administrators, and youth who serve some 600 families and their children each year. In 2004, CentroNía received a charter to operate the DC Bilingual Public Charter School, was awarded the prestigious Families Count award from the Annie E. Casey Foundation, and was recognized as one of the top 21 child development centers in the country by the Doris Duke Charitable Trust. Additionally, CentroNía was selected as an investment partner by Venture Philanthropy Partners in Washington, DC. A highly recognized community leader, Ms. Otero has received a number of awards and serves on numerous boards. In 2003, Ms. Otero was appointed to serve on the Child Welfare Panel of the State of New Jersey, responsible for oversight of its Child Welfare Reform Plan. Ms. Otero has over 30 years of experience in designing, implementing, and directing community-based bilingual multicultural educational programs.

Frank Sharry has served as the Executive Director of the National Immigration Forum since 1990. The Forum, based in Washington D.C., is one of the nation’s premier immigration policy organizations and has a membership of over 200 organizations nationwide. The Forum’s mission is to embrace and uphold America’s tradition as a nation of immigrants. Mr. Sharry is a leading advocate and spokesperson for common sense immigration policies. Prior to joining the Forum, Mr. Sharry was Executive Director of Centro Presente, a local agency that assists Central American refugees in the greater Boston area. Before that, he led efforts to resettle refugees from Vietnam, Cuba, and elsewhere for a national organization now called Immigration and Refugee Services of America.

Rebecca Stark is an organizer with PICO California, the statewide organizing effort of the Pacific Institute for Community Organization (PICO). Ms. Stark has worked with PICO organizations in numerous successful policy campaigns targeted at improving conditions for low- and moderate-income families. In health, Ms. Stark worked on efforts to secure approval of the federal waiver to add parents to the Healthy Families program, the creation of the \$50 million Cedillo/Alarcon Community Clinic Act, the simplification of Medi-Cal, the expansion of Sacramento County health services to the uninsured, and PICO California’s current effort to win affordable health coverage for all California’s children. In education, policy victories include the Nell Soto Parent/Teacher Home Visit Program. Ms. Stark has also served as an organizer for Sacramento Area Congregations Together, the local PICO affiliate organization. Ms. Stark has extensive experience in community research and development.

Janet Varon, Esq., is the founding Executive Director of Northwest Health Law Advocates (NoHLA), a nonprofit consumer health advocacy organization based in Seattle. NoHLA's mission is to promote increased access to health care and advance basic health rights for all individuals through legal and policy advocacy, education, and support to community organizations, including Columbia Legal Services, Washington Citizen Action, and Northwest Justice Project. From 1983 to 1996, Ms. Varon was a staff attorney at Evergreen Legal Services. She chairs Washington State's Medical Assistance Advisory Committee and is a member of the recently established Certificate of Need Task Force. She is a member of the Washington State Bar and received her J.D. from Harvard Law School. As part of her advocacy on behalf of immigrant families and children, Ms. Varon co-authored a 2004 report on the adverse impacts of a health program cut on immigrants, *Early Observations of the Transition of Immigrant Families from a Medicaid Look-Alike Program to Basic Health in Washington State*, published by the Henry J. Kaiser Family Foundation. This report was part of a campaign resulting in partial restoration of the program in 2005.

APPENDIX D: Selected Speaker Papers

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*Note: The following papers summarize presentations made at the meeting. The opinions presented by the speakers in these papers are their own and do not necessarily reflect the views of NCCP or other participants at this meeting.

Analyzing Community Data

by Donald J. Hernandez, University at Albany, State University of New York (2006)

In this paper, I will present a brief demographic overview of the lives of children in immigrant families, and then discuss a project to develop community data for children. More specifically, I will describe how immigration is creating a new race-ethnic majority in America. Then I will highlight a few important family strengths and major challenges experienced by children. I will focus especially on children in immigrant families distinguished by 14 countries, regions, or groups of immigrant origin, with comparisons to whites in native families. Finally, I will discuss a project to develop valuable new community data for children both in immigrant and in native-born families.

Beginning with demographics, U.S. Census Bureau population projections indicate that the proportion of children who are white, non-Hispanic will fall steadily into the future, dropping below 50 percent after 2030, only 25 years from now. This transformation does not, however, reflect the emergence of a single numerically dominant group. Instead the new American majority will consist of a mosaic of diverse, nonwhite race-ethnic groups from around the world. The emergence of racial and ethnic minorities as the majority U.S. population is occurring most rapidly, and will become a reality first, among children. As a consequence, Census Bureau projections for the year 2030, when the baby-boom generation born between 1946-1964 will be in the retirement ages of 66-84 years old, also indicate that by 2030, 72 percent of the elderly will be white, non-Hispanic, compared to only 56 percent for working-age adults, and 50 percent for children.

As a result, as the predominantly white baby-boom generation reaches the retirement ages, it will increasingly depend for economic support on the productive activities and civic participation, that is, voting, of working-age adults who are members of racial and ethnic minorities. What is driving this transformation? The answer is immigration. As of Census 2000, 20 percent of all children, 1-in-5, or about 13 million, lived in immigrant families. The vast majority of these children, 80 percent of children in immigrant families, are U.S. citizens by virtue of the fact that they were born in the United States. As of 2000, 62 percent of children in immigrant families have origins in Latin America, and 22 percent have origins in Asia. Immigration is transforming the race-ethnic composition of the United States, because most future population growth will occur due to immigration and births to immigrants and their descendants.

The detailed results that I presented at the Young Children in Immigrant Families meeting focus on 14 immigrant groups who are especially vulnerable because they experience extremely high poverty. Children in these 14 groups account for 61 percent of all children in immigrant families. These 14 groups include children in immigrant families from Latin America (Mexico, Central America), the Caribbean (Dominican Republic, Haiti), Indochina (the Hmong and other children with origins in Cambodia, Laos, Thailand, and Vietnam), West Asia (Pakistan/Bangladesh, Afghanistan, and Iraq), as well as the former Soviet Union and blacks from Africa.

Overall, the demographic results for these 14 groups suggest the following: Children in immigrant families often live in strong two-parent families with grandparents or other adults in the home who help to provide support and nurturance. These families have a strong work ethic, and often are homeowners who are investing in and committed to their local communities. But many confront the challenges of low parental educational attainments and part-time work, high poverty rates, and, among young children, low rates of prekindergarten/nursery school enrollment. In addition, many confront the challenges of limited English proficiency. But acting to counter-balance this last point, many children also are poised to become bilingual, and therefore represent a unique resource to the United States in the increasingly globalized economy.

As we look to the future, it is also important to remember that children in immigrant families will account for about 20 percent of the U.S. labor force during the coming years. As a result, their success will have profound implications for the economic well-being of the predominantly white baby-boom generation as baby-boomers retire. The challenges confronting immigrants point, therefore, toward a large and rapidly growing need for policies and programs aimed at assuring the integration and success of these children in American society.

I have presented national data, which are useful. But immigrants live in local communities, and local communities are responsible for developing and implementing many policies and programs that affect immigrant children and families. Therefore, I would like to briefly discuss an important new source of community-level data for children in both immigrant and native-born families.

Most of the results I presented are part of a larger project that my colleague, Nancy Denton, and I are conducting. Basic funding was provided by the William and Flora Hewlett Foundation. We also are receiving funding from the Annie E. Casey Foundation, the Winthrop Rockefeller Foundation, the William T. Grant Foundation, the Center for Law and Social Policy, and the National Task Force on Early Childhood Education for Hispanics. Using data from Census 2000, we are creating about 200 indicators of child well-being for the United States as a whole, for California, for about 15 counties in California, and for various states, metropolitan areas, and cities across the United States.

Nancy and I have worked with policymakers, service providers, advocates, and foundations in California to develop indicators that will be valuable for policies and programs, especially for immigrants. These indicators will be presented separately for children by detailed race-ethnicity and country of origin, separately for 1st, 2nd, and 3rd and later generation children, and separately for specific age groups. When we have completed this work, the results will be publicly available on the Internet.

Nancy Denton and I are very excited about these new data for children in immigrant families. These data point toward the needs of immigrant children and families in local communities. We are hoping to expand our work to include a large number of additional communities.

Beyond the Gateway

by Elzbieta M. Gozdzia, Institute for the Study of Migration, Georgetown University (2006)

New Immigrant Communities

Since the 1980s, growing numbers of newcomers have been moving to communities with little previous experience with immigrants.¹ Most immigrants continue to settle in the heart of a few metropolitan areas, even though they have moved to “new” destinations such as central Los Angeles and Miami since 1965. Immigrants remain highly concentrated: 70 percent of immigrants in 2000 lived in just six states, 26 percent of them in California alone.² Yet the growth rate of immigrants in these six states has slowed considerably, from 60 percent in the 1970s to only 28 percent in the 1990s. New settlement areas outside these core immigration states, in contrast, grew by 45 percent in the 1980s and an astonishing 94 percent in the 1990s.³

Despite changes in settlement patterns, immigrants today struggle no less than their nineteenth-century predecessors with integration and the question of how much to preserve their ethnic identity. Some authors have argued that the modern phenomena of multiculturalism and transnational communities diminish incentives to participate in their new communities, but immigrants today still confront the tension between defending the old and embracing the new. Particularly in new settlement areas with little previous exposure to immigrants, the issue also demands the attention of the host society, which must strike a balance between engaging newcomers and developing tolerance of differences.

The newcomers have brought diverse needs, interests, and customs, and they are developing new linguistic, political, economic, and social patterns. They find themselves in strange communities where at first they might not know anyone. They may be intimidated by their new surroundings and new neighbors, because of language and cultural barriers. Learning a new language is much more difficult for adults than for children. It takes time to learn English; participation in English language training must often be fit in among several part-time jobs, family duties, and child care. Established residents too find change difficult. They are frustrated that newcomers “stick together” and do not integrate easily into the local community. Service providers—teachers, school administrators, health care providers, and law enforcement representatives—often find themselves ill-equipped to serve immigrants arriving in new settlement areas.

Promising Practices Facilitating Immigrant Integration

There are examples of promising practices facilitating or enhancing immigrant integration in new settlement areas that might prove useful elsewhere, whether by easing the integration of newcomers or by mitigating the negative impacts of migration on receiving communities. Below are examples of a few strategies focused on children and education.

Dreaming about Education

High levels of immigration in the 1990s have led to a rapid increase in the number of children in immigrant families.

The Glen Haven Tutorial Center, Greensboro, North Carolina

To make up for the deficiencies of the public school system in North Carolina, several agencies serving immigrant communities collaborated to establish the Glen Haven Tutorial Center. In January 2004, under the leadership of the Center for New North Carolinians (CNNC), Lutheran Family Services, Centro de Accion Latino, Faith Action International, and African Services Coalition created an after-school tutorial program for the children (kindergarten through high school) who live in the Glen Haven Apartment Complex. The tutorial program is open Monday-Thursday from 2:45-5:30 p.m. “Fun Friday” is every Friday. The Tutorial Center is staffed by volunteers and social work student interns. The Coordinator of the Tutorial Center is a retired professor of social work from High Point University, who currently serves as AmeriCorps member with CNNC.

The apartment complex houses numerous Montagnard families plus a moderate number of Latino, Liberian, and African-American families. A teacher from Jesse Wharton School summed up the success of the project during a recent visit to the tutoring center: “Now we know why these children are doing so well in school; it’s because they have help with their homework here at the Tutorial Center.”

The Winchester Public School ESL Program

The Winchester Public School system, on the other hand, has had a better success in adapting to the demographic changes of the community it serves. The number of ESL students in Winchester Public Schools (WPS) has increased 747 percent since the 1996/97 school year. Currently, the English as a Second Language (ESL) program serves approximately 500 students in grades K-12. The program emphasizes both English language proficiency and core area academics. Students in the elementary grades receive instruction in both regular and ESL classrooms. At the secondary level, the program is offered according to the students’ level of English proficiency.

Until the 2001/2002 school year, the ESL program of the WPS was run autonomously at each designated site of instruction. Oral proficiency was the focus of the curriculum, with much less emphasis on reading and writing. Currently, ESL instruction in the WPS embraces an integrated, research-based literacy model that focuses on building oral and written fluency, comprehension, and vocabulary from the very beginning when an ESL student enters the school system. The impetus for implementing this particular model of ESL instruction was to break the cycle of limited English proficient (LEP) students spending the entire day in ESL classes, with only a break for art and physical education.

To facilitate the registration process for students, the Winchester Public Schools ESL Intake Center opened in April 2005. The center functions as the systemwide registration and

assessment site for all incoming students and serves as a resource center for ESL families. Staff members help parents to complete registration paperwork and assess the English proficiency levels of new students.

ESL students enrolled in the Winchester school system repeatedly expressed a desire to move into a mainstream course of study. Oscar, a 15-year old student, enthusiastically showed us numerous works of art, some featured on local TV, which he created during the five years since his migrant family settled in Winchester. Despite a demonstrated artistic talent and verbal articulation of interest in art, Oscar longingly spoke of his desire to take the same academic classes as the mainstream students. His younger sister also admitted to being bored in the ESL classes and was anxious to make friends with a wider circle of students at her elementary school. The major overhaul of the ESL program at the WPS is a clear indication that the school administration would like to make Oscar's dreams the reality for all ESL students.

Alternative High Schools

At some alternative high schools, teenage and young adult immigrants and refugees can complete their high school education and/or receive vocational training. *Horizonte* and Lincoln International School are two examples of alternative high schools in Salt Lake City and Minneapolis, respectively.

Horizonte Instruction and Training Center, Salt Lake City, Utah

Horizonte Instruction and Training Center in Salt Lake City is designed to help students intellectually, culturally, and vocationally. One of four high schools in the Salt Lake City School District, *Horizonte* serves a diverse population; the school's 600 students range in age from 12 to 85 years, come from 64 countries, and speak 82 languages. *Horizonte* offers six programs, including Alternative High School, Adult High School Completion, ESL, Young Parent, Directed Studies (flexible scheduling) and Applied Technology Center (trade instruction).

The primary focus of the ESL program is to provide intensive, survival and preemployment English training.⁴ The program includes 10 levels of instruction, ranging from preliterate, basic survival skills to postsecondary academic preparation and TOEFL (Teaching of English to Foreign Learners) training. The program runs year-round and includes five sessions, lasting approximately 36 days each during the regular school year. There is also a summer term, lasting approximately 20 days, from early June through early August.

The program adheres to an open-entry/open-exit policy. Registration and orientation for the day program is a mandatory three-day process that takes place weekly. Tests are administered to determine placement level. In order to set educational and career goals, past academic and work history is also recorded. A review of school policies and rules and a school tour are some of the other activities included in this registration/orientation session. Registration and orientation for entry into the evening program is a two-evening process that takes place at the beginning of each session (approximately every six weeks). In the day program, classes are held from 8:30 a.m. to 2:55 p.m. Monday to Friday. Night classes are held Tuesday, Wednesday, and Thursday from 6:00 to 9:00 p.m.

In 2003, *Horizonte* served 2,100 students in the day program and an additional 1,800 in the evening program. Students must be 18 years of age or older. The program serves legal residents, immigrants, and refugees. Those with a B-1 (Business) or B-2 (Tourist) Visa are allowed to study part-time for a fee.

Recognizing the needs of students who are young parents or pregnant teens, *Horizonte* staffed an on-site child care center with aides, volunteers, and peer parents. Child care is offered on a first-come, first-served basis. In addition, an on-site office of the Department of Workforce Services, Career Fairs, Career Counseling, and other varied services help students better prepare for meaningful careers. Each student is assigned an advisor who works with students to attain their educational goals. These goals are, in almost every instance, linked to employment goals.

Lincoln International High School, Twin Cities, Minnesota

Lincoln International High School is operated by the nonprofit Institute for New Americans with the goal of providing education and cultural opportunity to the Twin Cities' growing immigrant population. Lincoln is a Minneapolis Public Schools contract alternative high school. The school currently has an enrollment of 315 students from 19 different countries who speak 29 different languages. Fifty-two percent of the students are non-Hispanic blacks (primarily from Africa), 44 percent are Hispanic (Mexico, Central America and South America), three percent Asian (Tibet, India), and one percent is U.S.-born. Ninety percent of the students are classified as "limited English proficient." Eighty-five percent of students attending four or more years go on to graduate; 80 percent of 2004 graduates are attending a two or four-year college or university.

Lincoln aims to provide a comfortable and safe atmosphere where students can improve their English language skills and continue their adjustment to a new culture. The school bases its English-immersion approach on the theory that people acquire fluency when they use the target language in their daily lives. English is therefore the primary language of instruction and communication, with bilingual support serving rather than supplanting that function. The English department curriculum includes classes in English grammar, reading/writing, and language art courses. Technology is used as appropriate in the classroom to reinforce critical concepts and skills. Students are required to complete eight semesters of core English credits in order to receive a high school diploma.

Through its Tutor/Mentor & Volunteer Program, Lincoln recruits, trains, and places community volunteers as tutors and mentors to help students develop English language skills, gain knowledge in basic subjects, and provide guidance for students in transition. This support is offered to students who want extra help to improve English language skills, build understanding of various subjects, receive homework help, and complete general school assignments. Tutors are asked to give two to three hours of their time weekly and work one-on-one or with small groups of students. When tutors and students work particularly well together, mentoring relationships can be established and fostered for even greater support.

Family Literacy Programs

Centro de la Familia de Utah, South Salt Lake, Utah

Centro de la Familia de Utah is a private, nonprofit organization founded in 1975 to address the unmet needs of the Latino community. Although the emphasis was originally on serving migrant and seasonal farm workers, over the years *Centro de la Familia* has developed expertise working with the entire family. Today, the center's mission is to strengthen the Latino family by promoting self-sufficiency through culturally competent social services. *Centro de la Familia* has chosen to focus on family literacy as the key to enhancing English-language proficiency and literacy in both English and Spanish for Latino immigrant families.

The family literacy program is integrated into all of Centro's programs that involve families. It fosters language skills in both Spanish and English and is based on the premise that parents—who are full of stories, regardless of their language skills—play a key role in nurturing a love of stories and books in their children. Instructors from the center help parents record and share their own stories as a starting point for cultivating literacy. As parents share their stories, they also share their culture, validating the knowledge already possessed by immigrant families. Building on their Spanish language skills, Latino parents learn to read and write in English more quickly and retain literacy in both languages. In 2004, the family literacy program gave away more than 1,200 books and sent home more than 2,300 literacy packets to help parents and their children develop literacy skills.

A key resource for participants is the Américas Award Reference and Resource Library, a collection of fiction, poetry, folklore, and nonfiction for children and young adults, published in Spanish and English. Américas literature ranges from picture books for children to mature works for young adults. As immigrant families enrolled in the program share stories found in this collection, they develop their reading skills and enhance their cross-cultural communication skills.

Centro de la Familia receives public funds through the Migrant Head Start Program and is able to serve migrant families who receive most of their income from agricultural work. Support also comes from private donations, including corporations, foundations and individuals. Current donors include Bank One, the Wal-Mart Foundation, the Qwest Foundation, as well as many local businesses.

Even Start Family Literacy Program, Salt Lake City, Utah

The Even Start Family Literacy program, hosted by Salt Lake City's Western Hills Elementary School is a need-based program with participant eligibility established under the Head Start Act.⁵ Even Start is an educational program for the nation's low-income families that is designed to improve the academic achievement of young children and their parents, especially in the area of reading. Even Start combines four core components, which make up family literacy: 1) early childhood education; 2) adult literacy (adult basic and secondary-level education and/or instruction for English language learners); 3) parenting education; and 4) interactive literacy activities between parents and their children.

The director of the Western Hills program is its only full-time employee. In an interview, he described a situation where funding for the program is diminishing even though needs are rising. In addition to recent cuts in the federal Even Start budget, the program is also affected by its location in an unincorporated part of the county. This area attracts immigrant families because housing is less expensive, but at the same time location in an unincorporated area means that access to funds for integration activities is limited.

The Even Start Family Literacy Program is free to qualifying participants. Even Start was first authorized by the federal government in 1988 with an appropriation of \$14.8 million. The program became state administered in 1992 when the appropriation exceeded \$50 million. Most recently, the program was reauthorized by the Literacy Involves Families Together Act of 2000 and the No Child Left Behind Act of 2001. Even Start allocations in FY 2004 for all states totaled \$246,910,000.

Challenges for the Future

In spite of being a country largely shaped by immigration, the United States does not have immigrant policies. No federal laws explicitly promote social, economic, or civic integration. The best practices identified in this research emerged through trial and error, shaped by variables in each community, including demographics and previous experiences with immigrants. While governments of other large receiving countries such as Canada and Australia have implemented policies designed to bring immigrants into the fold, newcomers are not necessarily worse off under the U.S. system.

Without officially endorsing multiculturalism, the U.S. government has developed a legal framework that nevertheless protects newcomers and guarantees a broad array of rights. The private sector has also taken a lead role in promoting integration in the United States. Family members and employers sponsor immigrants and take principal responsibility for ensuring their successful adaptation to their new country. A flexible labor market has facilitated the efforts of immigrant advocates by making employment easy to find. Although many jobs do not pay well, it is possible for immigrants to improve their lot and even own their own businesses. Given their high levels of employment, immigrants are frequently characterized as hard-working contributors to the nation's economy, which also eases the integration process.

For all the efforts by host communities to facilitate integration, newcomers take charge of their own lives in this country soon after their arrival. As they negotiate their own transition from newcomers to established residents, their success depends in part on the degree to which they coordinate their efforts with one another. Just as immigrants maximize their power vis-à-vis broader society by articulating common political and economic interests, they improve their own prospects in integration by asserting themselves with one voice. A united front is most crucial in states such as Utah where cultural or religious homogeneity marginalizes outsiders, but all newcomer communities benefit from coordinating the efforts of internal subgroups and advocates. Such efforts allow newcomer groups to pursue their objectives more effectively, improve communication with the host society, and create political space that will benefit future generations.

Endnotes

1. B. Lindsay Lowell. (1989). *Regional and Local Effects of Immigration: The President's Comprehensive Triennial Report on Immigration*. Washington, DC: U.S. Government Printing Office.
2. Dianne A. Schmidley. (2001). *Profile of the Foreign-Born Population in the United States: 2000* (U.S. Census Bureau, Current Population Reports, Series P23-206). Washington, DC: U.S. Government Printing Office.
3. Jeffrey Passel & Wendy Zimmerman. (2000). Are Immigrants Leaving California? Settlement Patterns of Immigrants in the late 1990s. Summary of paper presented at the meeting of the Population Association of America. Los Angeles, CA.
4. See <www.slc.k12.ut.us/sites/horizonte/>.
5. Family income must be less than 125% of the federal poverty level.

Accessing Early Childhood Services: A View from Communities

by Danielle Ewen, Deana Jang, and Hannah Matthews, Center for Law and Social Policy (2006)

High-quality early education is critical to prepare children to succeed in kindergarten and beyond. Research shows that high-quality early education programs can particularly benefit low-income children and those most at risk of school failure by supporting their healthy development across a range of measures. Because young children learn from their surroundings at all times, early education occurs in multiple settings and has many names—including child care, Head Start, preschool, and prekindergarten. Research demonstrates that it is the quality of a program that is most important to a young child's development. Indicators of quality that encourage conditions in which children are better able to learn and grow include low teacher-child ratios, small group sizes, qualified teaching staff, positive teacher-child interactions, parental involvement, and access to comprehensive services such as health care and mental health services.

One out of every five children in the United States is the child of an immigrant—and many of these children are at risk for school failure. Children in immigrant families are the fastest growing segment of the nation's child population. Participation in quality early education programs could be particularly beneficial for children of immigrants who face multiple risk factors; yet these children appear less likely to participate in such programs.

In response to these bodies of research, CLASP created the Breaking Down Barriers project, which is designed to elicit information about whether and how young children of immigrants have access to high-quality early education programs. Our investigations have focused on three main questions:

- What do we know about the participation of young children of immigrants in early care and education programs?
- What are some of the barriers and challenges to linking immigrant families to early care and education programs?
- What can policymakers and advocates at the local, state, and federal levels do to improve access to high-quality early care and education programs for young children in immigrant families?

CLASP included some basic assumptions about the experiences of states and local communities in the project design. Most important is the recognition that there are many different state, community and family contexts. Some states and communities have had large immigrant populations for years, and others have only recently experienced growing immigrant populations. Furthermore, there are a wide variety of immigrant communities, such as Hispanic, Asian-Pacific, and African, who have come to this country for a variety of reasons and from many different countries of origin. Each immigrant community may have different preferences for early education experiences for their young children. As policymakers attempt to structure successful early education policy aimed at including immigrant families with children, they will have to accommodate the distinctive circumstances of diverse groups of immigrants in their communities.

Similarly, states and communities have had a range of different experiences with child care and early education programs. Some states, such as Oklahoma and Georgia, have universally available prekindergarten programs; other states have adopted targeted approaches designed to serve only those children most at risk for school failure. Some communities have Head Start grantees who serve the poorest preschool children, while other communities have few early childhood resources.

Project Design

The Breaking Down Barriers project draws on multiple sources of information in order to identify barriers that immigrant families face and to identify solutions and opportunities for technical assistance to state and local policymakers in order to help these families gain greater access to high-quality early education programs.

The first source of information is national data on participation in child care and early education, through the decennial U.S. Census and the National Survey of America's Families. This analysis draws heavily on work by Michael Fix at Migration Policy Institute and Randy Capps at Urban Institute. This research has been summarized in *Reaching All Children? Understanding Early Care and Education Participation Among Immigrant Families*. Census data will also be used to design state profiles combining information about state prekindergarten programs with data on young children from immigrant families in certain states and local communities.

Additional data is being collected through extensive site visits. These visits include interviews with immigrant social service agencies, early care and education providers, state and local policymakers, and when possible, with parents themselves. Each interview focuses on a set of key questions designed to outline the early care and resources available in a community, identify barriers to participation by immigrant families, and capture best practices and resources. Site visits have been conducted in states that are both new gateway states for immigrant families and traditional receiver states, and states with universal prekindergarten programs and states with targeted programs. Visits have been conducted in:

- Northwest Arkansas (cities of Bentonville, Fayetteville, Rogers, and Springdale)
- Long Beach, California
- San Jose and Gilroy, California
- Boulder and Littleton, Colorado
- Miami-Dade and Broward Counties, Florida
- Atlanta, Georgia (DeKalb, Fulton, and Gwinnett Counties)
- Montgomery County, Maryland
- New York, New York
- Tulsa, Oklahoma

Small grants have also been made available to community agencies in Arkansas, Georgia, New York, Florida and Oklahoma to gather information from families through focus groups in native languages, translated parent surveys, one-on-one interviews, and statewide meetings to share information across the early childhood and immigrant service communities.

What Do We Know About the Participation of Young Children of Immigrants in Early Care and Education Programs?

Young children of immigrants are less likely to participate in every type of nonparental care arrangement than children of U.S.-born citizens and are more likely to be in the care of a parent. Even when both parents work at least part-time, young children of immigrants remain more likely to be in parental care or without a regular child care arrangement. When immigrant families use nonparental care, infants and toddlers are more likely to be in relative care, and 3- to 5-year-olds are more likely to be in center-based care, as are children of U.S.-born citizens. Children of immigrants are less likely to attend preschool compared to children of U.S.-born citizens. At age 5, all children attend some type of early education program (including kindergarten) at equal rates. Census data on preschool enrollment—which may include the full range of public and private programs—suggest that children of immigrants are under-enrolled in preschool; these children comprise just 16 percent of all children attending preschool, compared to 22 percent of all children under age 6, and 21 percent of all children attending kindergarten.

The majority of children of immigrants under age 3 are in parental care or do not have a regular care arrangement (60 percent compared to 40 percent of children of U.S.-born citizens). Relative care is the most common child care arrangement for all children under age 3, but it is less common for children of immigrants than for children of U.S.-born citizens (24 percent compared to 30 percent). Center-based care is infrequent for children of immigrants under age 3—only 5 percent are in center-based care, compared with 35 percent in other care arrangements. As with U.S.-born families, there are several differences in the choice of arrangements immigrant parents make as their children get older.

- At age 3, 30 percent of children of immigrants attend preschool, compared to 38 percent of children of U.S.-born citizens.
- At age 4, 55 percent of children of immigrants attend either preschool or kindergarten compared to 63 percent of children of U.S.-born citizens.
- At ages 4 and 5, a larger share of children of immigrants attend *kindergarten*, compared to U.S. born citizens; the latter attend *preschool* at higher rates at both ages.
- At age 5, children of immigrants and children of U.S.-born citizens are equally likely to participate in some early education program. Eighty-five percent of both groups of children attend either a preschool program or kindergarten.

What Are Some of the Barriers and Challenges to Linking Immigrant Families to Early Care and Education Programs?

As with other families at risk, several demographic characteristics limit the access that immigrant families have to quality early care and education programs, including income, maternal education, maternal employment, and household composition. Yet immigrant families also face other challenges, including the nature of employment, language, culture, country of origin and immigration status and citizenship.

- *Income:* Over a quarter of all young children of immigrants are poor and over one-half live in households with incomes below 200 percent of the federal poverty level. Overall, chil-

dren in families below 200 percent of poverty are less likely to participate in early education programs than are children in higher-income families.

- *Maternal Education:* Nearly 30 percent of young children of immigrants have a parent with less than a high school degree, compared to only 8 percent of young children of U.S.-born citizens. Parents with fewer years of formal education are less likely to enroll their children in early education programs.
- *Household Composition:* Children of immigrants are more likely to live in two-parent households but less likely to have two working parents. Eighty-six percent of young children of immigrants live in two-parent households, compared to 75 percent of young children in U.S.-born citizen families. Both parents are less likely to work in immigrant households than U.S.-born citizen households: 43 percent of young children of immigrants live in a family with two working parents, compared to 50 percent of young children of U.S.-born citizens. This likely affects whether a regular child care arrangement is necessary as a work support. Nonworking mothers with preschool-age children are half as likely to have a child in nonparental care as mothers of preschool-age children who are working.
- *Nature of Employment:* Immigrants are over-represented among the low-wage workforce. In 2002, while immigrants comprised 11 percent of the U.S. population, they comprised 14 percent of the U.S. labor force and 20 percent of the U.S. low-wage labor force. Low-wage workers are more likely to be working irregular and nontraditional shifts, nights, and weekends which makes securing child care even more difficult—in some cases, working nontraditional hours may enable a nonworking parent to care for a child during night or weekend shifts.
- *Limited English Proficiency:* Over half of all young children of immigrants have at least one parent who is limited English proficient (LEP). Nearly one third of all young children of immigrants live in homes characterized as linguistically isolated—where no one over the age of 13 speaks English fluently or exclusively. LEP status is associated with lower earnings and increased rates of poverty, food insecurity, and other hardships that are detrimental for children. Limited English proficiency may also make it more difficult for parents to find information about child care and early education opportunities.
- *Immigration Status and Citizenship:* Most young children of immigrants live in mixed-status families. While many legal immigrants eventually become naturalized citizens, the majority of young children of immigrants have a noncitizen parent, even though 93 percent of these young children are themselves citizens.

In addition to these barriers, there are systemic barriers in place that often affect access for immigrant families. Foremost among these is a real lack of connection between early care and education providers and immigrant serving organizations. In many communities, immigrant service providers and early care and education providers rarely sit at the same tables, attend the same meetings, or even share information in a routine and regular way. As a result, immigrant service providers often lack information about the opportunities and benefits afforded by quality early care and education experiences, and early education providers and policy-makers lack information about the composition, needs, and preferences of immigrant groups, particularly those that may be newly arrived in a community and may not be targeted for outreach. Immigrant serving organizations are often the first point of contact for immigrants

when they arrive in a community and are ideal agents for conveying information about early education opportunities to families.

Complicating these issues in every community is a lack of funding. Resources for federally funded programs such as Head Start and child care assistance to low-income working families falls far short of the need, and most state prekindergarten programs do not provide access for every family that wants to participate. As a result, immigrant families often face long waiting lists for programs, and providers that want to serve them have limited access to training and technical assistance to design programs to best serve a specific community. Limited resources also mean that programs are often not in the communities where immigrant families live, and transportation may also be limited.

What Can Policymakers and Advocates at All Levels Do to Improve Access to High-Quality Early Care and Education Programs for Young Children in Immigrant Families?

While similar issues seem to limit access to quality early care and education opportunities in a variety of communities, solutions vary depending upon the assets and resources available in each community and whether there is an existing infrastructure in which to make connections and foster collaborations. Organizations that work with immigrant families can serve as a bridge to link families and early education programs. A dialogue among immigrant service providers and the early education community may find that certain collaborations would be particularly helpful to address issues of access, including opportunities to recruit leaders and providers from immigrant communities, identify opportunities and resources for outreach that most effectively reach immigrant communities, and provide training to both immigrant service providers on the importance of early childhood education and what options are available and to early care and education providers on immigrant eligibility issues, culturally appropriate language and practice, and resources for language assistance.

An important part of these collaborations is taking time and resources to create both a community profile using available U.S. Census and other data and a community needs assessment. These tools may help administrators to identify the early care and education needs of immigrant families in their communities and the gaps in service provision and participation. Assessments should be conducted in cooperation with local immigrant service organizations. Questions should cover the supports or services immigrant families need for young children, the components of early education programs that are most critical for their participation, and the barriers families face in accessing services. Once specific needs are identified, a plan for addressing any gaps in services, participation, training, and technical assistance can be established.

Finally, early education programs must be fully financed so that all eligible families who want to participate can access the program that best meets the needs of their families. State and local policymakers must work together to ensure that the critical supports these children need before they enter school are available and appropriate to provide high-quality experiences. When immigrant families have access to high-quality early education they are often connected to additional services in their communities such as medical and dental care, family literacy, and ESL classes. All of these supports are crucial to ensuring the healthy development and educational success of children of immigrants.

Preschool-Age Children of Immigrants

by Randy Capps, Urban Institute, and Michael Fix, Migration Policy Institute (2006)

Introduction

The number of U.S. immigrants has more than tripled over the past 35 years, as has the number of children with immigrant parents. The share of children under age 18 with at least one immigrant parent was only 6 percent in 1970; today it is over 20 percent. Moreover, a large and growing share of low-income children—now over 25 percent—live in immigrant families. Our paper assesses how the changing demographics of the young child population are affecting public schools and other U.S. institutions that serve young children. We also address child care arrangements and discuss some of the implications of the federal No Child Left Behind (NCLB) act and other recent school reforms for children in immigrant families.

Children of immigrants are defined in our presentation and other research as children with at least one parent born outside the United States.¹ There are great variations in the circumstances of children depending on where their parents were born, but there are also great similarities among children from immigrant backgrounds, particularly within the low-income population.

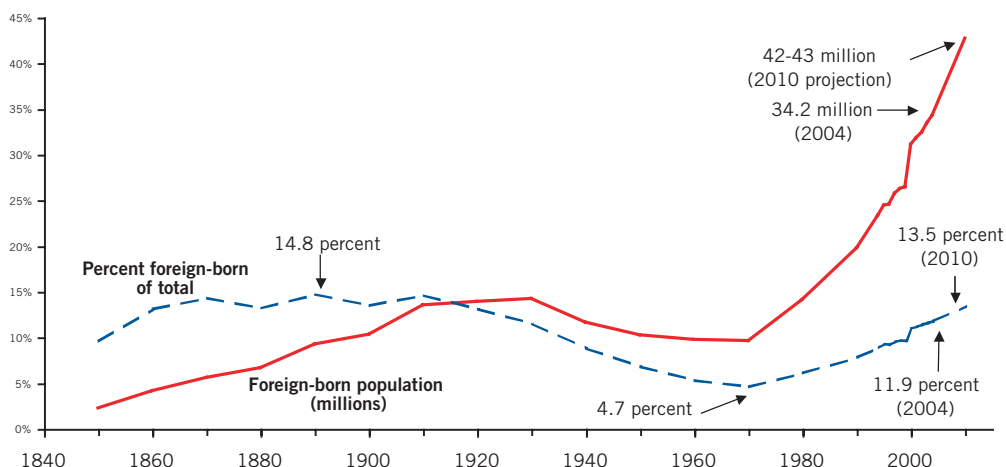
Immigration Has Tripled the Foreign-Born Population in 35 Years

Between 14 and 16 million immigrants entered the country during the 1990s, up from 10 million during the 1980s, and 7 million during the 1970s.² Immigration flows, measured by the number of immigrants during the 1990s, have exceeded those in any decade in the nation's history, and immigration has continued at the same pace since 2000. Legal immigration has ranged from 700,000 to more than 1 million people a year since 1990, while according to the best estimates, undocumented migration is now adding more than 500,000 foreign-born people a year (Passel, 2005).

The total foreign-born population passed 35 million in 2005 (see Figure 1). This total is more than 4 million people higher than in 2000 and more than triple the figure of 10 million in 1970. The foreign-born share of the U.S. population more than doubled from less than 5 percent in 1970 to 12 percent in 2005. With sustained high levels of immigration, the foreign-born population may reach 42-43 million and account for over 13 percent of the total U.S. population by 2010. Although in absolute numbers the foreign-born population is at a record high, the foreign-born share of the population will remain below the peaks of over 14 percent during the late 1800s and early 1900s.

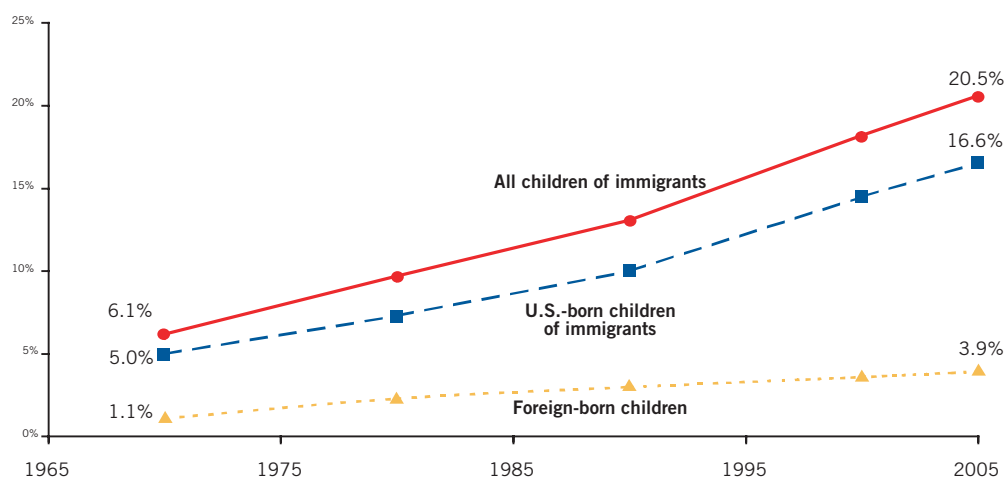
Sustained high levels of immigration have also led to a rapid increase in the number of children with immigrant parents. Between 1970 and 2005, the share of children under age 18 with at least one immigrant parent more than tripled from 6 to 20 percent (see Figure 2).

Figure 1: United States foreign-born population, 1850-2010



Sources: Urban Institute tabulations from U.S. Census of Population and Housing, U.S. Current Population Survey, various years, and Urban Institute projections (2004) for 2010.

Figure 2: Proportion of U.S. children under age 18 with immigrant parents, 1970-2005



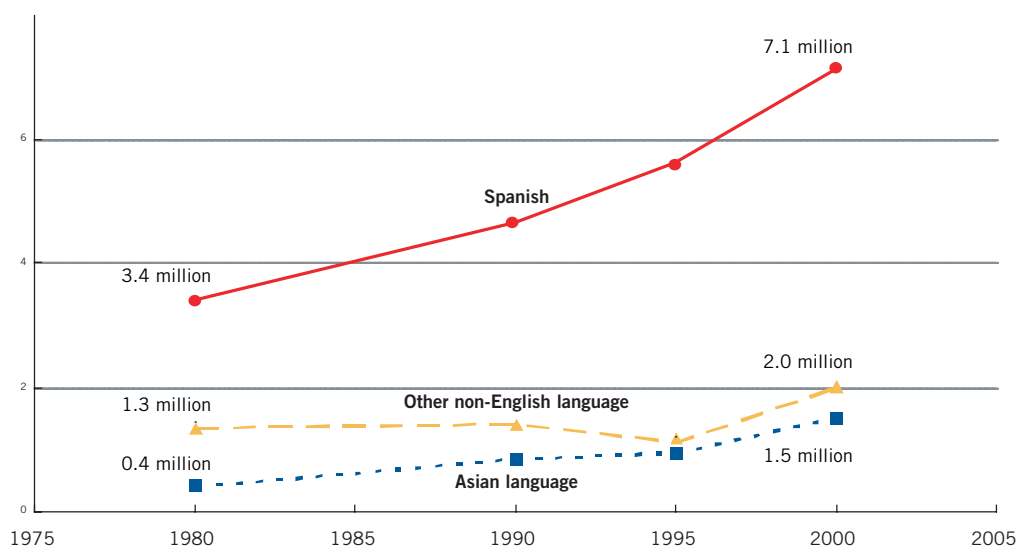
Sources: Urban Institute tabulations from 2005 U.S. CPS, Annual Social and Economic Supplements; 1970, 1980, 1990 and 2000 Census Integrated Public Use Microdata Samples (IPUMS).

Notes: Children of immigrants have at least one parent born outside the United States. Immigrants exclude individuals born in Puerto Rico.

Three-Quarters of Children of Immigrants Are Latino or Asian

Historically, the vast majority of U.S. children have been from European or African-American backgrounds. During the previous great wave of immigration in the late 1800s and early 1900s, virtually all immigrants came from Europe. Throughout most of the rest of the 20th century, almost all children born to immigrants were non-Hispanic whites. But beginning in the 1960s and 1970s, the origins of immigrants began to shift away from Europe and towards Latin America and Asia. As of 2005, over half of all immigrants were born in Latin America—one third in Mexico—and another quarter in Asia; only 18 percent were born

Figure 3: Number of school-age children (ages 5-19) speaking languages other than English at home, 1980-2000



Source: Van Hook, Jennifer & Michael Fix. (2000). A Profile of Immigrant Students in U.S. Schools. In Jorge Ruiz-de-Velasco & Michael Fix, (Eds.), *Overlooked and Underserved: Immigrant Students in U.S. Secondary Schools* (9–33). Washington, DC: The Urban Institute

in Europe and 3 percent in Africa. As a result of the shifting origins of immigrants and the relatively low birth rate of native-born women in the United States, shares of Latino and Asian children are increasing rapidly, especially in the preschool-age population. In 2005, 19 percent of all U.S. children were Latino and 4 percent were Asian; in 1970 these shares were only 6 and 1 percent.³

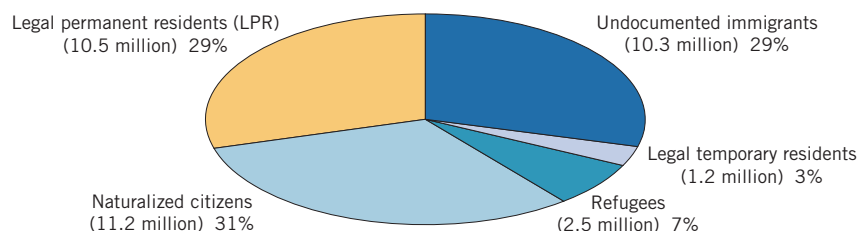
This immigration-led demographic change is being felt acutely by public schools, early education programs, and other U.S. institutions that serve children. These institutions are seeing increasing numbers of Latino and Asian children from immigrant backgrounds. For instance, the number of school-age children speaking Spanish doubled from 3.4 to 7.1 million between 1980 and 2000, while the number speaking Asian languages tripled from 0.4 to 1.5 million (see Figure 3).

Three-Quarters of Children of Immigrants Are U.S.-Born Citizens, But Many Have Undocumented Parents

By 2004, the numbers of legal permanent residents and undocumented immigrants⁴ entering the country each year were roughly equal, and there were about 10 million of each, representing 29 percent of the total foreign-born population (Passel, 2005). A slightly higher number—11 million or 31 percent of all immigrants—were naturalized citizens (see Figure 4). Relatively small shares of immigrants (under 10 percent) were refugees or temporary residents such as students and temporary workers.

Among children in immigrant families, however, the vast majority are U.S.-born citizens.⁵ In 2004, 81 percent of these children were U.S. citizens, while only 6 percent were permanent residents, and 9 percent were undocumented.⁶ Even among families with undocumented

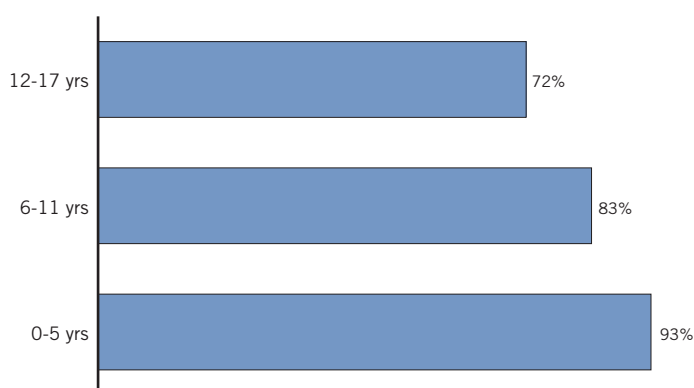
Figure 4: Citizenship and legal status of U.S. immigrants, 2004



Source: Passel 2005.

Note: Data shown in this figure include an estimate of immigrants who were not counted in the official U.S. Current Population Survey data, and so totals are higher than in other published data, especially for undocumented immigrants

Figure 5: Share of children of immigrants who are U.S. citizens by age, 2004



Source: Urban Institute tabulations from U.S. Current Population Survey, 2004, Annual Demographic Supplement, March.

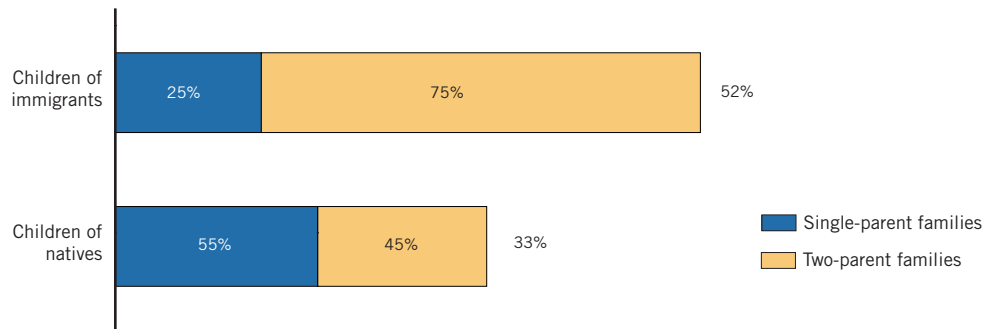
parents, 68 percent of the children were U.S. citizens. Among preschool-age children (under age 6), over 90 percent of children of immigrants are U.S.-born citizens (see Figure 5). But the share of children who are U.S. citizens decreases with age to 83 percent among elementary school-age children (ages 6-11) and 72 percent children among secondary school-aged children (ages 12-17).

Most immigrant families, therefore, include a mixture of citizens and noncitizens. In 2003, over half (57 percent) of children of immigrants lived in 4.6 million mixed status families within which one or more of the parents were noncitizens and one or more of the children were citizens.⁷ Mixed status families include those where all parents are noncitizens and all children are citizens, as well as those including citizen and noncitizen parents. Moreover, in many of these mixed status families, the younger children are U.S.-born citizens while the older children and parents are foreign-born noncitizens.

Children of Immigrants Are Poorer Despite Parental Work and Two Parents in the Home

Work is not an antidote for poverty in immigrant families, because so many immigrants work in low-wage and low-skilled jobs. In 2001, working immigrant families with children

Figure 6: Share of children in low-income families with two parents, 2002



Source: Urban Institute tabulations from the 2002 National Survey of America's Families.
Note: Low-income families are those with income below 200 percent of the federal poverty level.

were twice as likely as working native families to be low-income (42 versus 21 percent). One quarter of all low-income working families with children included immigrant parents, and almost half of low-income immigrant families (47 percent) had adults who worked at least part time on average in 2001 (Capps et al., 2005).⁸

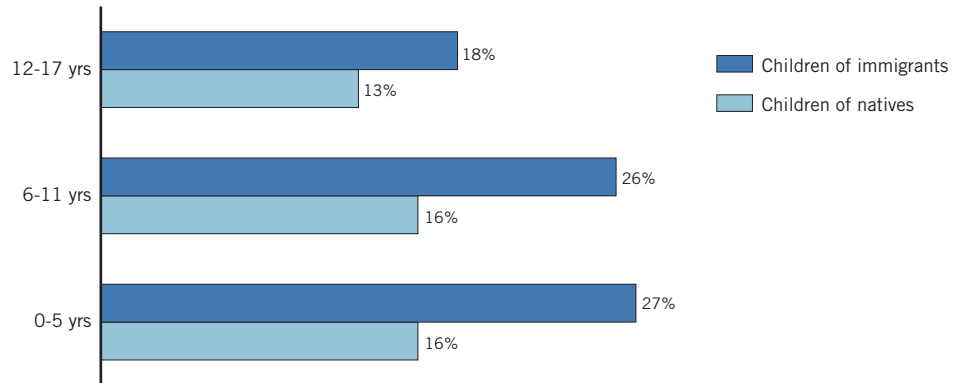
The presence of a second parent is associated with better developmental outcomes generally (Vandivere, Moore, & Brown, 2000) but it does not prevent poverty in immigrant families either. In 2002, a larger share of children of immigrants than natives lived in two-parent families (82 versus 70 percent), but children of immigrants in two-parent families were twice as likely as native to be low income (47 versus 22 percent). Overall, half of children of immigrants (52 percent) lived in families with incomes below 200 percent of the federal poverty level (FPL), compared with 33 percent of children of natives, and a greater share of low-income children of immigrants (75 percent) lived with two parents than was the case for children of natives (see Figure 6).

Lower incomes in two-parent immigrant than native families are associated strongly with lower wages for immigrant workers. But lower rates of full-time employment and lower work effort for immigrant than native women are also part of the explanation (Hernandez, 2004). Although they are more likely to live with both their parents, children of immigrants are less likely than natives to have a mother who works part-time. In 2001, among those living in two-parent families, 44 percent of immigrants' children had mothers who worked at least part-time, compared with 56 percent of children of natives. Maternal employment was lower for both children of immigrants and those of natives in low-income families, but the gap between immigrants and natives remained (Reardon, Capps, & Fix, 2002).

Poverty and Economic Hardship Greater Among Children of Immigrants

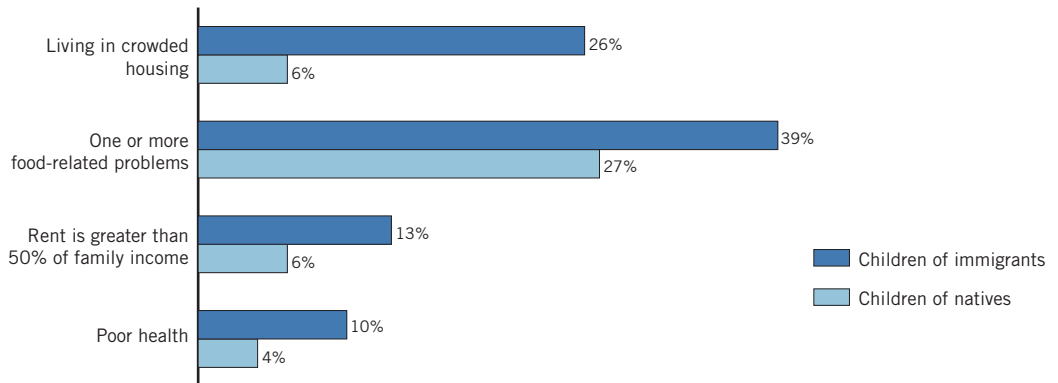
Poverty is rising among children of immigrants, due to both the increasing concentration of immigrants in low-wage jobs and the shifting origins of immigrants from Europe and Canada to Latin America and Asia. Between 1970 and 2002, the poverty rate among school-age

Figure 7: Share of children in families with incomes below the federal poverty level, 1999



Source: Urban Institute tabulations from the 1999 National Survey of America's Families.

Figure 8: Food, housing, and health hardship among children, 2002



Source: Urban Institute tabulations from the 2002 National Survey of America's Families.

children of immigrants almost doubled from 12 to 23 percent, while the rate for African-American and non-Hispanic white children remained relatively constant (Van Hook & Fix, 2000).

Poverty is also higher among younger children. In 2002, 27 percent of children of immigrants under age 6 were poor, compared to 16 percent of children of natives. Poverty rates fell slightly to 26 percent for children of immigrants ages 6-11, and 23 percent for those ages 12-17, but were still substantially higher than for natives (see Figure 7).

Poverty is associated with higher food and housing hardship in immigrant than native families. In 2002, 39 percent of children of immigrants lived in families with one or more food-related problems, compared with just 27 percent of those of natives (see Figure 8).⁹ Children of immigrants were twice as likely as natives to live in families paying at least half their income for rent or mortgage (13 versus 6 percent), and four times as likely to live in crowded housing (26 versus 6 percent).¹⁰ Children of immigrants were also twice as likely to be reported in fair or poor health: 10 versus 4 percent.¹¹

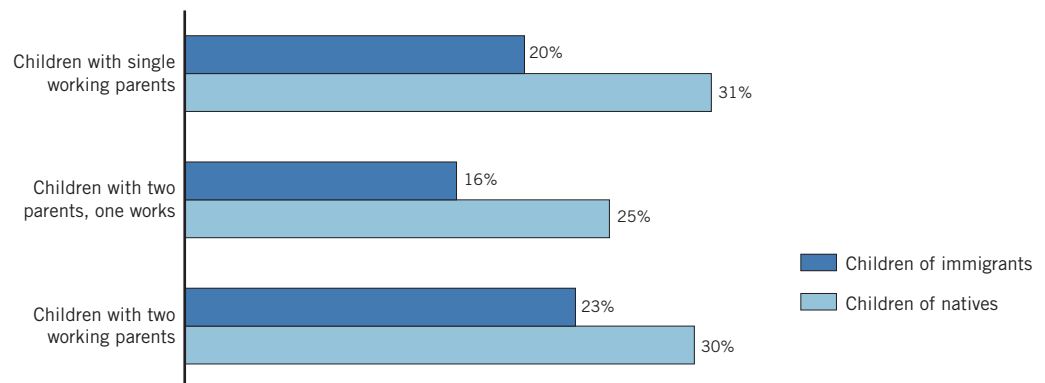
Higher economic hardship among children of immigrants suggests that they have greater needs for public benefits and other social service supports than do children of natives. Most of the types of benefits needed in immigrant families are associated with low-wage work: tax credits, housing, food assistance, health insurance coverage, and child care subsidies. Yet, children in immigrant families are substantially less likely than those in native families to receive these benefits and services, when controlling for income and parental work.

Gaps in School Readiness and Child Care Arrangements Among Children of Immigrants

Children of immigrants are at risk for slower cognitive and language development, as well as poorer academic performance in school, due to many of the factors discussed in this report. Poverty, lower parental education, and limited English proficiency have all been associated with gaps in school readiness for children of immigrants (Hernandez, 1999). While the evidence is clear that children’s development is more strongly influenced by factors in the home such as parent-child interaction, for young children the extent, type, and quality of early care and education also contribute to developmental outcomes. Cognitive and language development are supported by higher-quality care and by participation in center care (NICHD Early Child Care Research Network, 1999).

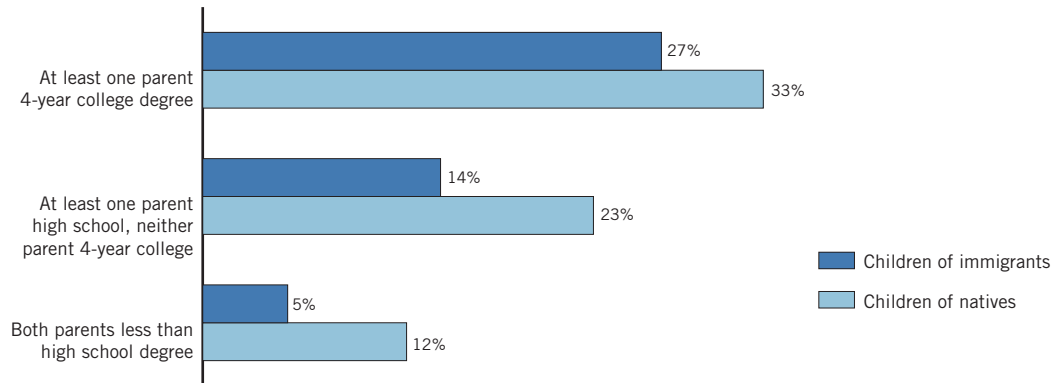
In 2002, about half (47 percent) of children of immigrants under age 6 received child care from a source other than their parents, compared with two thirds (66 percent) of children of natives (Capps et al., 2004). Twenty-six percent of children of natives were in center-based care, compared with just 17 percent of children of immigrants. The gap in center-based care between children of immigrants and those of natives narrows somewhat but does not disappear when both parents work. In 2002, this gap was 7 percentage points for children with two working parents, versus 11 percentage points for children with single working parents and 9 percentage points for children with two parents, only one of whom worked (see Figure 9). Thus, the work patterns of immigrant parents are part but not all of the explanation for lower incidence of center-based care among their children.

Figure 9: Share of children under age 6 in center-based care, by family structure and parental work, 2002



Source: Urban Institute tabulations from the 2002 National Survey of America's Families.

Figure 10: Share of children under age 6 in center-based care, by parental education, 2002



Source: Urban Institute tabulations from the 2002 National Survey of America's Families.

Rates of participation in center-based child care are particularly low for children whose parents have less formal education. In 2002, the share of children under age 6 in center-based care was only 5 percent for children of immigrants with parents lacking high school degrees, compared with 12 percent of comparable children of natives. At the higher end of the educational spectrum, where at least one parent had a four-year college degree, 27 percent of children of immigrants were in center-based care, compared with 33 percent of children of natives (see Figure 10). Thus, center-based care enrollment is substantially lower for children with less well-educated parents, among both immigrant and native families.

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Endnotes

1. In two-parent families, if either one or both parents are foreign-born, then the children are considered children of immigrants. Children of natives have either a single native-born parent or, in the case of two-parent families, two native-born parents. Children of Puerto Rican origin are not considered children of immigrants, as Puerto Rico is a U.S. territory.
2. These estimates are based on the census and legal admissions data from the U.S. Department of Homeland Security. The exact number of entries is difficult to estimate because many are illegal immigrants, and there is a significant undercount of unknown size in the U.S. Census.
3. These figures are based on the Urban Institute analysis of U.S. Current Population Survey, Annual Social and Economic Supplement, March 2005, and various years of the decennial U.S. Census.
4. Legal immigrants—Legal Permanent Residents (LPR) in official U.S. immigration terminology—are immigrants admitted permanently to the United States, usually for employment or because they have a close family member who is a U.S. citizen or LPR. After five years—three years if married to a U.S. citizen—LPRs are eligible to apply for citizenship. In most cases, they must pass a naturalization test to become citizens.

Undocumented immigrants are those who entered the United States illegally—often across the border with Mexico, overstayed a valid visa (such as a tourist or student visa), or otherwise violated the terms of their immigration status.
5. Any child born in the United States is automatically a U.S. citizen.
6. A very small share of children of immigrants—2 percent—are foreign-born, naturalized citizens.
7. These figures are based on Urban Institute analysis of U.S. Current Population Survey, Annual Social and Economic Supplement, March 2003.
8. Adults in these families worked an average of at least 1,000 hours each in 2001. This includes families where both parents worked at least 1,000 hours as well as those where one parent worked full-time (at least 2,000 hours) and the other parent did not work at all.
9. The NSAF asked adults if (1) they or their families worried that food would run out before they got money to buy more; (2) the food they bought did run out, or (3) one of more adults ate less or skipped meals because there was not enough money to pay for food. If the NSAF respondent answered “yes” to any of these three questions, the family was considered to have problems affording food.
10. Crowded housing is defined as more than two people per bedroom.
11. In the NSAF, the most knowledgeable adult respondent was asked if the child was in “excellent, very good, good, fair, or poor health.” In health assessment surveys, Latinos—who make up a large majority of the children of immigrants in the NSAF—tend to be more likely to report fair or poor health than other ethnic groups, even when they have similar outcomes on objective health measures (Weigers & Drilea, 1999).

Acknowledgements

The authors would like to thank Jeffrey S. Passel of Pew Hispanic Center, and Karina Fortuny and Everett Henderson of the Urban Institute for their research support, inspiration, ideas, and data included in this talk. Most of the financial support for this work came from the Foundation for Child Development, Annie E. Casey Foundation, and W. K. Kellogg Foundation.

No Child Left Behind and the Education of Immigrant Children

by Michael Fix, Migration Policy Institute and Randy Capps, Urban Institute (2006)

Three points of departure frame the policy context for our study of immigrants' children in prekindergarten through 5th grade and the No Child Left Behind (NCLB) Act.* First, we contend that there is a mismatch between immigration and integration policies: despite high sustained admissions, integration policy remains ad hoc and underfunded, largely a creature of the states, and can be viewed as one of the most overlooked issues in governance. The evidence for this proposition is that there is no national office that is concerned with immigrant integration. Further, we would submit that most proposals for comprehensive immigration reform that are before the Congress are silent on the issue of immigrant integration despite proposed increases in temporary and permanent immigration that many contain.

Second, the enactment of the 2001 NCLBA, with its new requirements for the testing and instruction of limited English proficient (LEP) children begs for us the questions whether the law could have quite far reaching effects when it comes to immigrant integration. Why? Because the law not only requires that schools identify and teach LEP and low-income immigrant children, it holds them accountable for their performance. Among other things, the law:

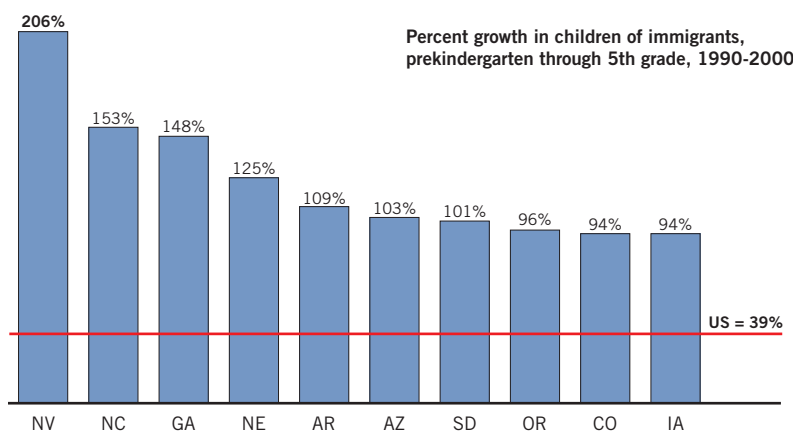
- Compels schools to disaggregate and separately report LEP student scores on standardized tests.
- Can impose tough sanctions on schools if LEPs don't make progress.
- Requires that every classroom—including bilingual and English as a Second Language (ESL) classrooms—have a qualified teacher and in many cases aide—with the new requirement extending in many cases to the kindergarten and prekindergarten levels.
- Imposes a *federal* requirement *for the first time* that LEPs make progress in English.
- Requires parent involvement efforts targeted to LEP and low-literate parents. These requirements may prove especially important because such a large share of LEP children live in linguistically isolated families.

We are aware that these new imperatives may in the end be heroic and unenforceable—and represent largely underfunded mandates. But, at minimum, they represent a change in federal education policy when it comes to immigrant kids—and they may present important new opportunities for immigrant families and their advocates.

Our third point of policy departure is that despite its centrality to integration we would argue that education has not been a central focus of many immigration advocates and even experts. This owes—as we think the authors of this piece would be the first to concede—to the com-

* The 2000 U.S. Census, our primary data source for the analysis in this paper, only allows limited disaggregation of children by grade enrolled. Using breaks allowed in the census, we define prekindergarten through 5th grade as the elementary school, and 6th through 12th grade as secondary school.

Figure 1: States with fastest growth, children of immigrants, pre-k to 5th grade



Source: Urban Institute analysis of 1990 and 2000 census data.

plexity of education policy, its extraordinarily devolved character (there are over 14,000 school districts in the United States), and to the resulting high barriers to intellectual and policy entry.

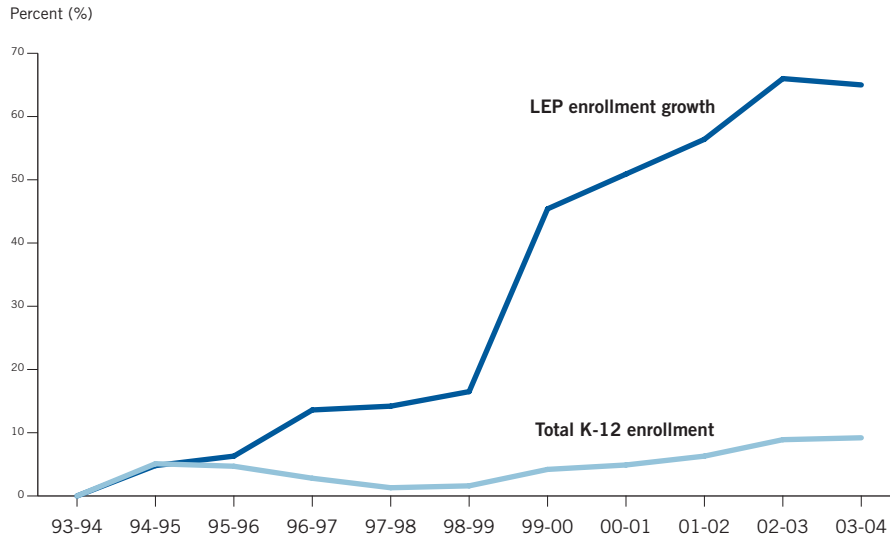
That said, we would like to turn to several trends and policy challenges that our research has examined that will clearly affect the implementation and success of NCLB with young children of immigrants. The first challenge is high, sustained immigration flows of immigrants over the past decades. These flows have had a gathering demographic power. Today, of course, we are not just talking about immigrants, as 75 percent of the children of immigrants are citizens who live in mixed status families where one or more of the parents is foreign born.

The second challenge is the now widely recognized trend to dispersal of immigrants to non-traditional receiving areas over the course of the 1990s. Virtually all of the states that saw the fastest growth in the 1990s were located in the Southeast, Rocky Mountain, and Midwest regions—a pattern that is mirrored by growth among young children of immigrants in pre-kindergarten to grade 5 (see Figure 1).

The challenges that dispersal presents are two-fold. First the new gateway communities to which the new flows are going are less experienced, have less developed infrastructure, and may have fewer resources available to settle newcomers than more established receiving areas. At the same time, the population moving into these jurisdictions tend to differ somewhat from the immigrant population nationwide: it is more recently arrived, younger, has lower incomes, may have fewer English language skills and less education, and may be more heavily unauthorized.

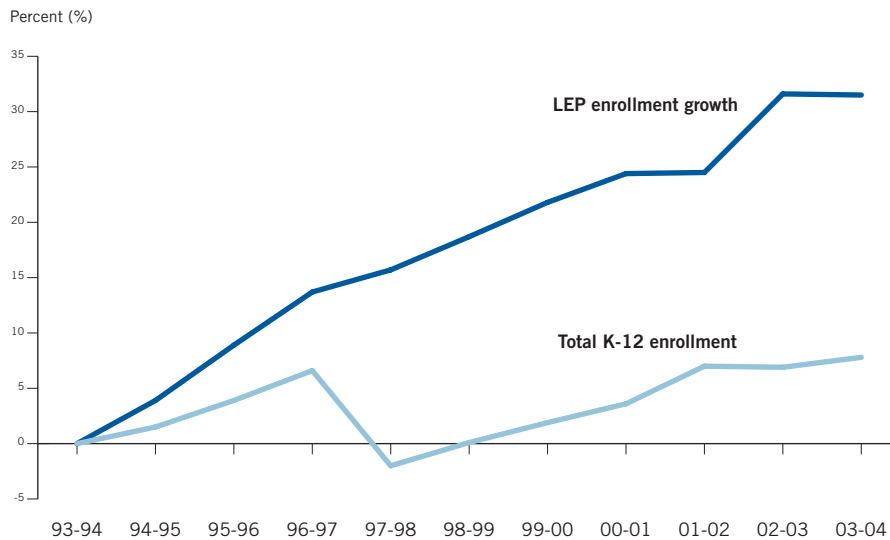
In some ways the challenge of dispersal can be seen in even sharper focus when looking at shifts in the LEP population. Nationwide, while total kindergarten-12 enrollment rose by 11 percent between 1992 and 2003, LEP enrollment rose by 84 percent (see Figure 2). There are two “stories” here. One is quite wide variation by state in changes in the LEP population. The other is wide variation in the growth of the total kindergarten-12 student population.

Figure 2: Rate of total K-12 and LEP enrollment growth: United States, 1993-1994 to 2003-2004



Source: Migration Policy Institute analysis of data from U.S. Department of Education, National Clearinghouse for English Language Acquisition and Language Instruction Educational Programs.

Figure 3: Rate of total K-12 and LEP enrollment growth: California, 1993-1994 to 2003-2004

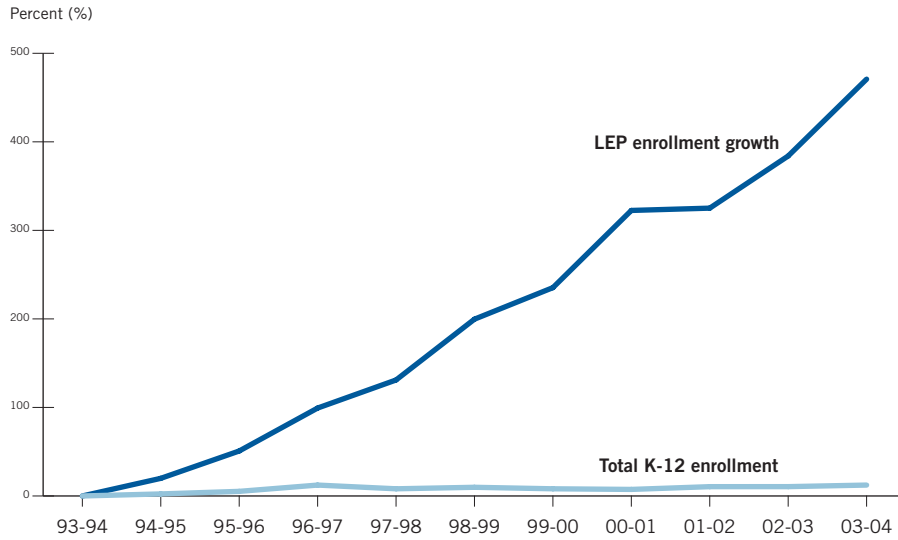


Source: Migration Policy Institute analysis of data from U.S. Department of Education, National Clearinghouse for English Language Acquisition and Language Instruction Educational Programs.

First, we can contrast national trends with those in California—which accounts for a third of LEPs nationwide: Here see that the share of LEP students rises 30 percent between the 1992-03 and 2002-03 school years, while the total K-12 rises about 5 to 10 percent (see Figure 3).

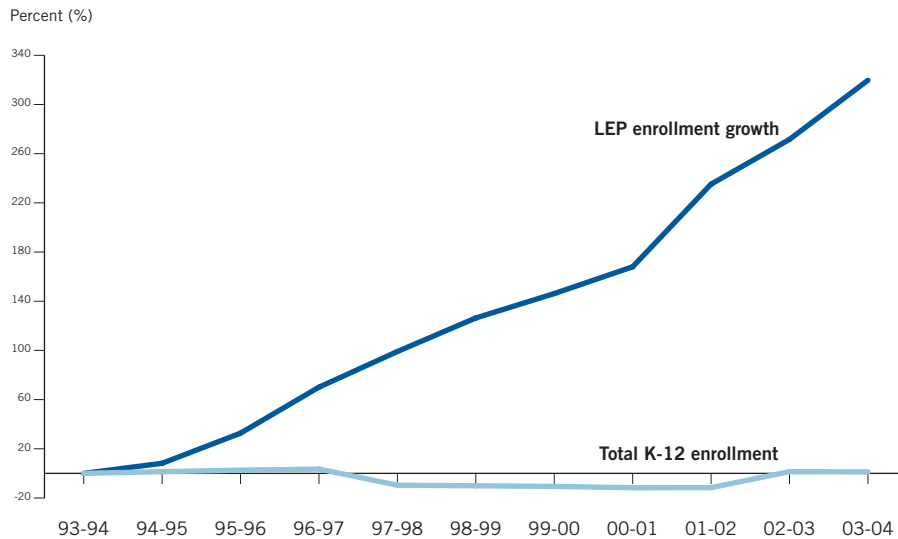
But if we look at two new gateway states, North Carolina and Nebraska, we see a somewhat different picture. In North Carolina, the LEP population grew 500 percent from an admittedly low base during the decade while the K-12 student population's growth was absolutely flat (see Figure 4). In Nebraska, we see a similar pattern with 340 percent LEP growth and

Figure 4: Rate of total K-12 and LEP enrollment growth: North Carolina, 1993-1994 to 2003-2004



Source: Migration Policy Institute analysis of data from U.S. Department of Education, National Clearinghouse for English Language Acquisition and Language Instruction Educational Programs.

Figure 5: Rate of total K-12 and LEP enrollment growth: Nebraska, 1993-1994 to 2003-2004

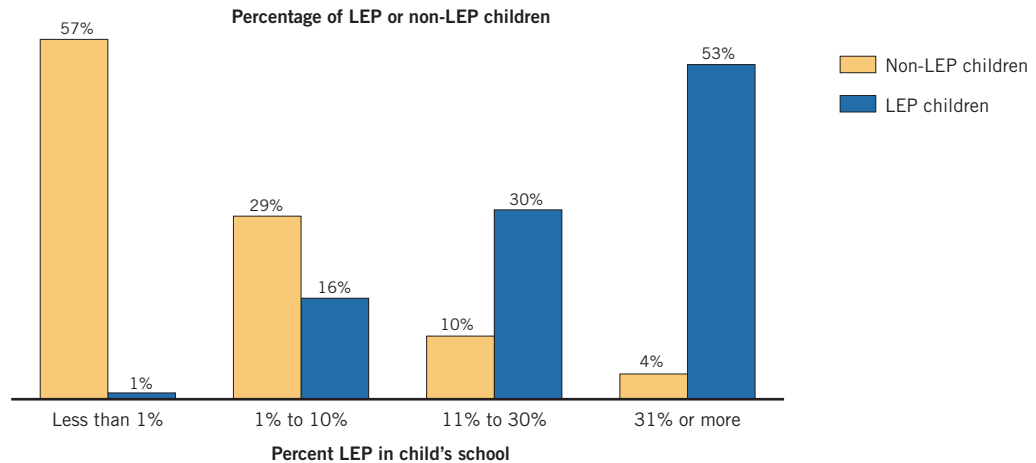


Source: Migration Policy Institute analysis of data from U.S. Department of Education, National Clearinghouse for English Language Acquisition and Language Instruction Educational Programs.

also no growth in the overall student population (see Figure 5). Taken together these trends beg the question how receptive states with similar demographics will be to financing programs that meet the needs of LEP and immigrant children.

A third uncomfortable challenge that emerges from our profile is the rise in the number of children in undocumented families—a trend that is often misunderstood. Passel (2005) has estimated that there are almost 4.6 million children in the United States with one or more undocumented parents, comprising over a quarter of all children of immigrants. Most (3 million) of these children are U.S. citizens; only 1.6 million are themselves undocumented,

Figure 6: LEP students attend linguistically segregated schools



Source: Urban Institute analysis of 1999-2000 Schools and Staffing Survey data.

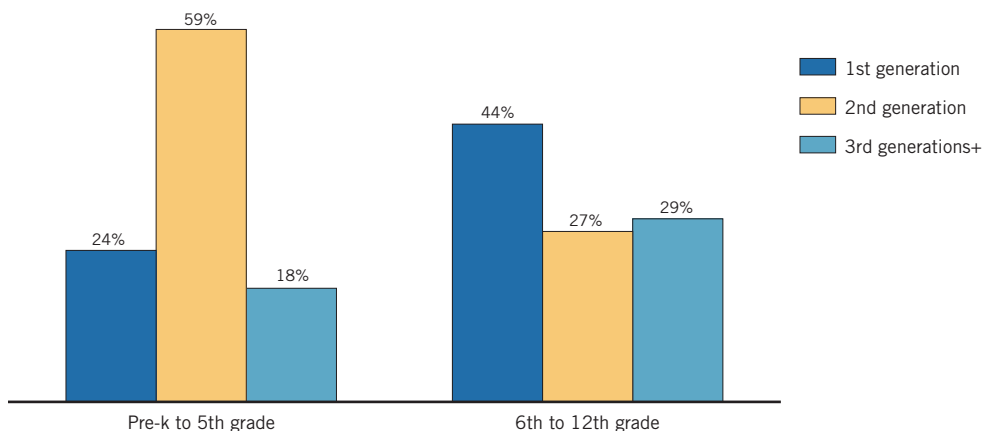
and they make up a very small share of the school population: 1 percent in elementary and 3 percent in secondary schools.

A fourth challenge that our research examines—following on that of Orfield—is the growing concentration of LEP students in the nation’s schools. The Schools and Staffing Survey of the National Center for Education Statistics found that in 1999-2000, over half (53 percent) of LEP students attend schools where 30 percent or more of their schoolmates are also LEP (see Figure 6)—a share that had risen since 1995. This rising concentration of LEP students is not just evident in the traditional receiving communities like New York City and Los Angeles, but is also being replicated in new gateway communities. This concentration means that children are not just attending schools that are economically and ethnically segregated, but linguistically isolated. As the NCLB is being implemented, one pattern that appears to be emerging is that these high LEP schools are disproportionately being found to be in need of improvement and subjected to sanctions.

What do we know about these “high LEP” schools? The Urban Institute’s recently published report *Who Is Left Behind?* finds when compared to low and no LEP schools that high LEP schools are more urban, have larger enrollments and classes, and are more heavily minority (Cosentino, Deterding, & Clewell, 2005). But, somewhat encouragingly, they are also more likely to offer prekindergarten and special programs for LEPs and more likely to offer professional development to classroom teachers. Regarding their staffs, again, not surprisingly, their principals and teachers were less experienced and less likely to be certified. But—largely because of their highly urbanized locations—both their teachers and principals earn more on average than their counterparts in low and no LEP schools.

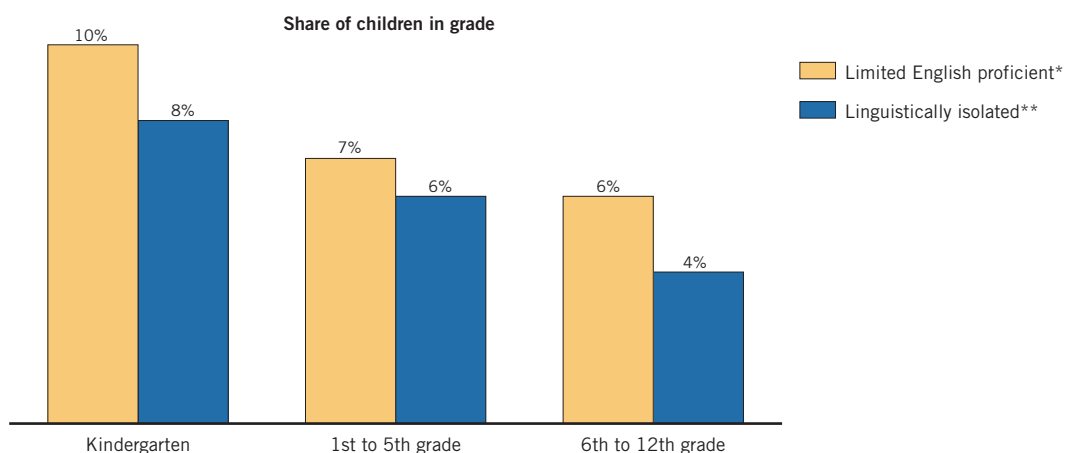
A fifth challenge is most LEP students are natives who were born and presumably educated here. Over three-quarters (77 percent) of LEP elementary school students and over half (56 percent) of secondary school students are natives who were presumably born and educated in the United States and—we suspect—were not well served by U.S. schools (see Figure 7).

Figure 7: More LEP children are native than foreign-born



Source: Urban Institute analysis of 2000 census data.

Figure 8: Most LEPs live in linguistically isolated families



* Only measured for ages 5 and over

** All persons over age 13 in household are LEP

Source: Urban Institute analysis of 2000 census data.

Finally, the linguistic isolation experienced by LEP children in schools is typically mirrored in their homes—as almost all parents of LEP children have limited English skills. When we look across all grades, the share of children who are LEP is only slightly higher than the share in linguistically isolated families—that is, families where all persons over 13 do not speak English well (see Figure 8).

Summary

In sum, we have set out what we view as six core challenges that U.S. schools must grapple with in the current global era of migration:

- The first challenge is rapid, immigration-led demographic change—especially in new destination states.

- A second challenge is the rising share of children in undocumented families: Thirty-eight percent of all children of immigrants under age 6 have one or more undocumented parents. We would expect that the presence of this large share of children with one or more undocumented parents to be an important imperative towards comprehensive reform.
- The third challenge is the high concentration of LEP students in few schools. As we have noted, this concentration presents program opportunities, but at the same time it represents an unwelcome pattern of economic and ethnic segregation.
- A fourth, related challenge is the fact that children of immigrants fall into multiple protected groups under NCLB—they're not only often considered low income but minority and LEP—a kind of triple jeopardy that means schools in which they are concentrated have more standards to meet, and that they are less likely to meet them, and to be found in need of improvement.
- Fifth, the fact that over half of both LEP elementary and secondary students are natives at minimum stands as testimony to the need for the kind of accountability that NCLB at least promises, as well as for effective prekindergarten and kindergarten programs.
- Sixth, most of these children do not just attend segregated schools, they live in linguistically isolated families, underscoring the value of holistic programs that serve the entire family.

Key Research/Knowledge Issues

From our own vantage point these trends and challenges raise a number of abiding knowledge issues that philanthropy is in a position to tackle:

1. One is to get a better, more systematic grasp on why children of immigrants with parents with limited educations and English language skills are underrepresented in prekindergarten classrooms.
2. Second, we think it is important to sustain a focus on high LEP schools over time as well as the progress of the students who attend them—especially those in schools found to be in need of improvement and that are presumably in institutional flux.
3. Third, and finally we think that it would be useful to monitor the state and federal enforcement of the NCLBA's provisions intended to ensure accountability for LEP and immigrant students.

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Acknowledgements

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Culturally Responsive Education that Builds on the Strengths of Immigrant Families

by Sharon Darling, National Center for Family Literacy (2006)

“Before I came to Family Literacy, I had been raised to think that only rich families with power are to be respected. I learned that I am my children’s first teacher. We go to school as a family and learn. If you learn more, you can be free and go higher to do what you want.”

— Pheach, a Cambodian Family Literacy Student

Many immigrants new to the United States struggle to develop the sense that they belong to a larger community. Faced with new choices, new customs, and a new language, immigrants often feel isolated. They cling to their families for support, and remain largely invisible to the rest of society.

For more than 16 years, the National Center for Family Literacy (NCFL) has provided services to hundreds of thousands of families working to overcome the barriers of poverty and low literacy. Increasingly, these families are immigrants who fled their countries to escape oppression or who have sought out the economic opportunities the United States has to offer.

Immigrant parents who participate in NCFL family literacy activities, most of them Spanish speakers, emerge from the shadows, make their voices heard, and discover new opportunities by gaining literacy skills without sacrificing their culture. In addition to developing English language skills, parents also learn how to navigate the school system and how to access community resources to better support their children’s education and well-being. The family literacy experience increases parents’ self-esteem so that they are empowered to advocate for their children and for other immigrant families in their community. All of this can occur within a matter of months.

Since its inception, NCFL has harnessed the best research-based practices available to strengthen families, working within the complex arenas of social policy, welfare reform, and school reform. Having provided services and resources to more than 6,000 programs across the nation, NCFL is now uniquely positioned to scaffold this vast experience in order to identify, develop, and implement the most effective approaches for meeting the educational needs of immigrant families.

Family literacy has demonstrated sustainable gains for both adult learners and children. As an intervention, family literacy addresses the needs of children who are characterized to be at high risk of failure due to three factors: having a parent, especially the mother, with low literacy skills; living in poverty or living in poor neighborhoods; and living in a home environment where the primary language is not English.

The comprehensive approach of family literacy, developed by NCFL, has been adopted into federal legislation and provides the foundation for intergenerational learning that leads to

long-term success. In family literacy programs, children develop language and literacy skills with the support of their parents, who also have the opportunity to improve their own skills. Programs usually consist of age-appropriate children's education, adult education and/or English as a Second Language, parenting education, and a structured time for parents and children to participate together in interactive literacy activities. Family literacy facilitates academic gains for children and adult learners, increases parent-child literacy interaction, and leads families on a path to economic self-sufficiency.

Throughout NCFL's work, private funding has been the catalyst for major change in how families are served. This change has occurred at the local, state and national levels, influencing both practice and policy. As we now turn our attention to developing specific approaches to working with the intensely growing population of immigrant families, galvanizing business and philanthropic leaders will be crucial.

Data supports family literacy as an effective approach that brings about short-term and long-term results for children and adults. Of course, another important indicator that family literacy is successful is the response from the families it is designed to serve. There are waiting lists for programs around the country, especially those that serve English language learners.

Developing Programs of Change

Throughout its history, NCFL has strived to stay at the forefront of groundbreaking educational reform. Three recent initiatives demonstrate the effectiveness of family literacy in working with immigrant populations, especially families facing extreme burdens of poverty and low literacy.

Cambodian Technical Assistance Project (CTAP)

The CTAP initiative, supported by the John S. and James L. Knight Foundation, was a collaboration with the Cambodian Association of America to develop teaching strategies and materials that specifically addressed the unique needs of Cambodian families in Long Beach, California. Many children from these families were struggling to succeed in Kindergarten and the early elementary grades. Their parents were unable and sometimes afraid to communicate with the school because of their lack of English skills. The majority of parents could not read or write in their native language.

To help these families learn English in a way that honored and preserved their culture, NCFL worked with San Francisco University professor Dr. Gail Weinstein to create curricular materials that draw from students' own experiences to make learning relevant. Adults in the program increased their English acquisition and also their interaction with their children around literacy and language development. Second-year children mastered 100 percent of language arts skills, 73 percent of reading skills, 58 percent of writing skills, and 76 percent of math skills for their grade as measured by the Desired Results Developmental Profile.

Since the conclusion of this project, NCFL has continued to develop the curriculum, and now offers the training, “Using Learner Stories for Language and Literacy Outcomes: Focus on ELL Families,” to any program working with families who are learning English.

Hispanic Family Learning Institute

For more than 40 years, educators and community leaders have worked to close the achievement gap between advantaged and disadvantaged students. Although some gaps have narrowed between white and minority students, the recent National Assessment of Adult Literacy found that adult Hispanic literacy levels have actually decreased.

As the Hispanic population continues to grow in the U.S.—it is now the largest minority population in the country and has the highest school dropout rate—providing for the needs of these families has become a priority not only in large cities but in small communities as well. Educational programs that build on the strong culture of families will go a long way toward narrowing achievement gaps.

The Hispanic Family Learning Institute, established by NCFL in 2003, is an umbrella initiative that oversees program development, research, and policy support to help Hispanic and other immigrant families achieve their goals. This initiative has generated enthusiasm from advocates, corporate and foundational funders, and educational agencies, including Toyota, Verizon Communications, The UPS Foundation, William R. Kenan, Jr. Charitable Trust, Pitney Bowes, Fairfield Language Technologies, Center for Applied Linguistics, Pennsylvania State University, and U.S. Office of Vocational and Adult Education.

In its short history, the Hispanic Family Learning Institute has forged unprecedented collaborations that have produced a wide range of activities, from practitioner professional development to public awareness efforts. A Board of Advisors composed of national researchers and community leaders provides direction for the Institute’s initiatives. Among these initiatives is the development and implementation of model family literacy programs in predominantly Hispanic/Latino communities through the Toyota Family Literacy Program.

Toyota Family Literacy Program (TFLP)

Building on 15 years of model development in family literacy preschool programs, Toyota and NCFL launched the TFLP in 2003 to specifically serve English language learner families with children in grades kindergarten-3. Parental involvement is critical to children’s academic achievement, yet many immigrant parents face language and cultural barriers that prevent them from taking an active role in the school system. The TFLP strategically addresses these barriers through integrated and culturally responsive instruction that helps parents gain the English skills they need while helping them learn to help their children. The program is now implemented in 10 cities whose school districts serve a large immigrant population.

In program years one and two, NCFL collected data on TFLP children and comparison children in each school. TFLP children were rated higher by their current teachers in eight of the

nine areas identified as crucial to school success. TFLP children had higher academic achievement, better attendance, improved grades, fewer discipline problems, and were less likely to repeat a grade. Adults in the program have made significant advances as well, with 70 percent of parents gaining one to two literacy levels and 90 percent reporting high involvement in their child's school.

The demand for the program is high. In a three-month period of time, more than 250 school systems throughout the nation contacted NCFL to seek funding for replicating the TFLP.

Conclusion

Family literacy builds on the strengths of families—all families. It is an effective approach to improve children's school readiness and success, utilizes the best practices in research-based English as a Second Language instruction for adult learners, and engages parents in an active role as teacher and advocate for their children. These parents become leaders in their communities, influencing other immigrant families. Family literacy has the potential to create systemic change and further advance the economic and educational stability of the nation.

Recommendations for Foundations

With the rapid growth of the immigrant population, it is increasingly important to focus attention and resources on the long-term success of immigrant families. Foundations should consider the following:

- Initiatives and movements desperately need national collaborators and philanthropic resources to lift a response and/or a cause to the public consciousness because doing so requires flexible funding and a long-term view.
- Private resources present the best opportunities to fuel innovation at the national and local community levels. Seed money from private sources encourages collaboration, the lack of which is often the leading barrier to change. Further, private resources help ensure a response is truly flexible and responsive to cultural sensitivities.
- Family approaches to the improvement of learning trajectories in young immigrant children have proven to be successful and scalable. Foundations can help promote intergenerational approaches to learning for immigrant families.
- Strategies for developing parent leadership in schools and communities need to be more systemized and deliberate for the long-term health of the immigrant community and the nation. Private investments at the national level are crucial to the design and success of these strategies.
- Foundations should support the intensive development and solid implementation of programs and initiatives. Often, this means investing in evaluation and measurement—steps necessary to ensure high-quality implementation. This is critically important because strong implementation leads to the best learning for all involved in an issue or challenge.

Recent Efforts to Preserve or Expand Access to Services for Immigrant Families and Children

by Tanya Broder, National Immigration Law Center (2006)

A Chilling Climate: Anti-Immigrant Proposals in 2005

In the shadow of the national debate on immigration reform, and after the passage of Proposition 200 in Arizona, anti-immigrant groups launched a flurry of state bills, sending a stark message to immigrant communities across the country. Over 80 measures introduced in 22 states proposed to restrict services to immigrants.¹ Arizona, for example, would have denied family literacy classes, instruction in English as a second language (ESL), basic adult education, and child care services to immigrant parents. By the end of the year, however, very few of these measures had been enacted. Those that passed were narrowly interpreted, with minimal legal effect. But the publicity surrounding these proposals added to the confusion and fear that already prevents immigrants and their U.S. citizen children from seeking critical services. As in post-Proposition 187 California, the climate created, even by proposals that are never implemented, can erect barriers as significant as eligibility restrictions, with great costs to individual and public health and safety.

In promoting measures targeting immigrants, restrictionist forces hoped to mobilize voters, to advance specific candidates, and to “send a message” to the federal government about immigration. Undocumented immigrants already are ineligible for most state and local services. Therefore, contrary to the rhetoric surrounding the measures, the bills generally did not alter eligibility for services. Indeed, a post-election survey of Arizonans voting for Proposition 200 confirmed that “sending a message” was a primary goal.² Some advocates of restrictive measures claimed that making life more difficult would force immigrants to “self-deport.” But no one truly believes that the state bills will alter immigration patterns. Moreover, isolating undocumented immigrants has proven impossible, since the vast majority of immigrant families (85%) include at least one U.S. citizen, typically a child. Children in immigrant families inevitably are among the victims of these proposals. The confusion generated by these measures deters parents from seeking services for themselves and their children, and even leads them to question whether it is safe to send their children to school. The debate over the bills chips away at years of work to reassure immigrant communities that it is safe to seek services.

In communities across the country, broad alliances of business, interfaith, labor, health and social service providers, civil rights, law enforcement, insurance companies, and community groups united to denounce these proposals as punitive, costly, and unproductive. One attempt to use this issue in a key election failed when the Democrats maintained their governorship in Virginia last year. Campaigns by anti-immigrant candidates in Kansas and California similarly failed last year. And as the 2006 state sessions open, with dozens of bills targeting immigrants introduced, advocates already have witnessed the resounding defeat (or remarkable turn-arounds)³ of anti-immigrant measures in Indiana, Mississippi, Virginia, and other states.

States Restored, Preserved, and Expanded Access to Care for Immigrants

At the same time, state and local governments have recognized that immigrant families play an essential role in efforts to protect public health and safety. Some states and counties have launched initiatives to incorporate immigrants more effectively, to address their unique needs, and to take better advantage of the resources that they offer. And a growing number of states are investing in preventive and primary care for immigrants, particularly children and pregnant women.

The 1996 federal welfare law imposed severe restrictions on immigrant eligibility for services and granted broad discretion to states regarding whether to provide such services. With a few exceptions, virtually all states decided to provide services wherever federal funding was available, and more than 30 states provide state-funded benefits to at least some of the immigrants who became ineligible for federally funded TANF, Medicaid, SCHIP, SSI, or food stamps.⁴ Although some of these programs were threatened or eliminated in the face of state budget crises, most states preserved these programs, and there were several efforts to expand services for immigrants last year.

Colorado, for example, restored federal Medicaid and some state-funded services for immigrants last year. State legislators had passed a bill in 2003 terminating federal Medicaid for thousands of immigrant residents. But litigation challenging these cuts provided additional time for the legislature to reconsider. In 2005, the newly elected legislature restored eligibility—before a single individual was cut off. In Massachusetts, where coverage for some immigrants was terminated in the previous year, advocates were successful in preserving health coverage for immigrant seniors and persons with disabilities. New Jersey began to offer care to “qualified” immigrant parents through its FamilyCare program on September 1, 2005, and California extended basic dental care to all pregnant Medi-Cal recipients last fall.

Health Coverage for All Children

New York, the District of Columbia, Massachusetts, Rhode Island and a growing number of counties in California already provide health coverage to children, regardless of their immigration status. In addition, Washington State restored health coverage to children regardless of status, effective January 1, 2006. In 2002, Washington had transferred federally ineligible children and some parents to a more restrictive “Basic Health” program. After advocates documented the additional costs in coverage, access to care, and the administrative expenses of transferring these children from a Medicaid look-alike program,⁵ the legislature reestablished broader coverage, albeit with a spending cap.

Illinois will launch a program on July 1, 2006, to provide health insurance to all children regardless of status, with copayments and premiums depending on a family’s income. To finance this program the state will shift 1.7 million children who are enrolled in the state’s KidCare, FamilyCare, and Medicaid programs to a primary care management program, where recipients choose a primary doctor to coordinate care and referrals to specialists and hospitals. In California, an initiative circulating for signature and a bill moving through the

legislature would provide access to health insurance for children in families earning up to 300 percent of the federal poverty level, regardless of their status.

Despite these promising developments, significant gaps in services for immigrants remain. State-funded programs often cover only a portion of the immigrants who were rendered ineligible for federal services and are sometimes time-limited or subject to yearly funding negotiations. As state revenues improve this year, there may be an opportunity to build on these efforts. But, unfortunately, this debate coincides with federal proposals to restrict or reduce access to services for low-income families generally.⁶

State Governors Attempt to Cut Health Coverage for Immigrant Children

Against this trend, Maryland's governor used his budget authority to cut funding for health coverage to qualified immigrant children and pregnant women last year. A lawsuit has challenged these cuts, based on the state constitution's equal protection clause. Advocates simultaneously are working with legislators to restore and potentially to expand coverage for immigrant children and pregnant women.

Rhode Island's governor more recently proposed to eliminate health coverage for immigrant children who are ineligible for federal services. Editorials and articles appearing in the local press questioned this approach to public health policy,⁷ and a broad coalition of health providers, community groups, and insurance companies are poised to defeat this budget proposal.

Welcoming Immigrants: Affirmative State Measures

States also recognized that they could take positive steps to integrate immigrant families into their communities. Last fall, for example, the governor of Illinois signed a New Americans Executive Order, creating an office to develop recommendations on how to integrate immigrants into the state's economic and civil life. The office will examine policies on English acquisition, citizenship, education, health care, human services, security, entrepreneurship, workforce development, home ownership, and housing. An interdepartmental task force will examine how to meet the needs of diverse immigrant groups in Illinois and will advise the governor on the state's contribution to the national immigration debate.

What to Expect in 2006 and Beyond

In the coming year, state bills and initiatives will continue to target immigrants, as the immigration issue infuses the public debate. During the first months of the legislative sessions, dozens of such bills or initiatives have been introduced. Immigration issues are certain to play a key role in the federal, state and local public debates, and the 2006 elections.

Several positive initiatives highlighting immigrant contributions and promoting immigrant integration strategies are expected to move forward in 2006. For example, a "Welcoming Tennessee" campaign will highlight the benefits that immigrants bring to the state. California advocates similarly are engaging in a pro-immigrant campaign, with proposals to expand

naturalization and civic participation programs, and the publication of a booklet that highlights immigrants' contributions to the state's economic, social, and cultural life.⁸

Efforts to preserve and expand services, particularly for immigrant children and pregnant women, will be pursued in Maryland, Rhode Island, California, and other states, while broader efforts to provide care to all children or families are explored. Implementation of the new Illinois program will be instructive. It will be important to document the benefits and lessons learned from both the expansive and restrictive policies.

Unfortunately, continued attacks on safety-net programs for low-income families at the federal level are expected, introducing potential tensions between the goals of expanding coverage and preserving the quality of existing programs. The recently passed Deficit Reduction Act of 2005, for example, imposes new restrictions in Medicaid, SSI, TANF, and other programs. Additional threats and opportunities to address immigrant eligibility for health coverage and food stamps will arise as Congress prepares to reauthorize the SCHIP program and the Farm Bill in 2007.

Lessons Learned from Efforts to Restore, Preserve, or Expand Care

In working to preserve, restore or expand access to services, we've learned that *different strategies can work together*. In Colorado, for example, litigators coordinated with organizing and advocacy efforts to reverse the policy. A similar tactic is being employed in Maryland. The Arizona initiative and others planned in Colorado and Washington taught us to *be prepared* and to *take threats seriously*. Washington State's experience in restoring Medicaid look-alike coverage for children confirmed the value of *documenting the harm* caused by restrictive policies.

The campaigns to defeat anti-immigrant bills across the country relied on *broad coalitions*, underscoring the need to reach out to new allies and to create opportunities to promote positive messages about immigrant contributions. Business groups, labor, and interfaith organizations, major and community-based health care providers, diverse ethnic community groups, advocates for persons with disabilities, seniors, children, families, civil liberties, privacy, law enforcement, and even insurance companies have been critical in killing these measures. The ongoing campaigns and *affirmative initiatives* in California, Tennessee, and Illinois will be instructive as well.

We've witnessed the need *to ensure that immigrant groups are included in strategy discussions* from the onset of a campaign to expand coverage for children, even if the public message focuses exclusively on "children" or "health care." Immigrant and mainstream groups need to *be ready when immigrant issues are raised*. For example, when advocates in California filed an initiative to cover all children up to 300 percent of the federal poverty level, the press immediately focused on the immigrant issue.

Regardless of whether immigrant issues are highlighted in a particular campaign, it is essential to *address the climate* that gives rise to the anti-immigrant measures. In addition to underscoring immigrant contributions, communications with policymakers should *highlight voter participa-*

tion by immigrants who have naturalized, and the political harm of targeting immigrants generally. California's legacy after Proposition 187, and the mobilization of Latino voters to oppose Republican candidates, has ensured that most legislators from both parties avoid association with measures perceived as racist or anti-Latino. Appealing to legislators and other leaders who are immigrants can also be helpful in maintaining good policies and advocating for improvements.

In communicating with the public regarding anti-immigrant proposals, advocates should *be careful not to contribute to the fear and confusion*, by exaggerating the potential scope of a measure or publicizing a measure that is unlikely to pass. Advocates also should avoid messages that undermine longer-term goals. For example, defending a program available only to *lawfully present* immigrants by emphasizing that undocumented immigrants are not covered could undermine a subsequent campaign to provide care to all individuals, regardless of their status. Messages that embrace stricter border enforcement or that punish employers who hire undocumented immigrants as an alternative to restricting services can corner politicians into calling for other policies that harm immigrants.

Where a campaign such as a children's health coverage expansion succeeds, it is helpful to *document the benefits of the new policy*. California counties, for example, have begun to record the positive outcomes of universal coverage for children: expanding access to federally funded care for eligible siblings of newly covered children, positive public health indicators, reductions in disease, improvements in children's health, and the relative cost effectiveness of providing preventive care to children. Local successes can build political support for improved statewide or national policies.

Resources Needed

Communications strategies and message development will be key in defeating restrictive proposals and promoting positive measures. Although public opinion research has gauged messages on comprehensive immigration reform, there is a dearth of research on how to respond effectively to state/local anti-immigrant proposals or to expand benefits and services for immigrants. *Polling and focus groups* are necessary to help develop effective messages for different audiences. Advocates will need to work with *ethnic media* to ensure that information about services is accurate, and to encourage participation in developing policies that are responsive to the needs of immigrant communities. Other suggestions include funding for ads in targeted markets, and for technology/infrastructure that enables pro-immigrant voices to communicate with elected officials in real time.

Advocates need resources to *develop and share talking points and "tool kits" for a range of audiences*. Funding should support a partnership of national, state, and local groups that can share resources and strategies, provide legal analysis and expertise, and learn from each other about how to defeat negative proposals or to move affirmative policies.

We need more *data and research* supporting the case for immigrant inclusion: the cost effectiveness of these policies, the consequences of denying services, as well as the contributions of immigrants to local economies. Immigrant groups need to be prepared to respond to the

frequent reports issued by restrictionist groups with claims about the cost of immigrants, and blaming this subgroup for much broader structural issues, such as the lack of affordable health insurance or underfunded schools. Advocates need a strategy that diffuses the attacks on immigrants at the state level, and refutes the negative studies.

Research on anti-immigrant groups and individuals is sometimes effective in dismissing a proposal. In addition to debunking the studies, the authors are sometimes linked to extremist groups, including those that advocate for racial supremacy. In some of the midwestern states, it was particularly effective to demonstrate that the out-of-state restrictionist groups depart from the community's core values, including racial equality.

Pro-immigrant campaigns also will need to provide more deference to *leadership development in immigrant communities*. The full participation of immigrant leaders is essential to ensure that the results of advocacy are effective and is key to building political power in the long-term.

Conclusion

As legislation currently pending in Congress proposes to criminalize undocumented immigrants as well as those who provide services to them, it may be time to launch principled forms of resistance to anti-immigrant campaigns, in the spirit of the sanctuary movement of the 1980s. The groups that backed the Proposition 200 campaign in Arizona and similar bills across the country have attempted to use the immigrant issue to thwart progress on positive immigration reform at the national level. Although efforts to restrict services to immigrant children and families were largely unsuccessful in 2005, these measures are likely to remain prominent in 2006, for their perceived message value. But there is another message that state and local governments can continue to send to the federal government: embrace immigrants and ensure that all community members can succeed in contributing to the economy, public health, and safety. As the demographics confirm, immigrant children and families will define our shared future.

Endnotes

1. See National Immigration Law Center (NILC). (2005, Nov). *Most State Proposals to Restrict Benefits for Immigrants Failed in 2005* <www.nilc.org/immspbs/sf_benefits/2005_anti-imm_proposals_article_112105.pdf> (provides more detail about the issues outlined in this paper). The National Conference of State Legislatures recorded over 300 state bills targeting immigrants in some fashion last year. National Conference of State Legislators. (2005, Aug 11). *Immigrant Policy: News from the States, 2005* <www.ncsl.org/programs/immig/IMMIGStateLegis080105.htm>.
2. ThinkAZ. (2005, Aug). *The Yes and No of Proposition 200: 'The Immigration Initiative': Voters' Opinions about Proposition 200* <www.thinkaz.org/documents/TheYesandNoofProp200.pdf>.
3. A Virginia legislator who had proposed to *restrict* access to in-state tuition for undocumented students amended his bill to *provide* access to reduced tuition for these students. See Tuition Break Sought for Some Illegals. (2006). *Washington Post*, Feb. 10.
4. See NILC tables on state-funded Medicaid, SCHIP, TANF, food stamp, and SSI replacement programs, updated from NILC's *Guide to Immigrant Eligibility for Federal Programs*, available at <www.nilc.org/pubs/Guide_update.htm>.
5. See, for example, Mark Gardner & Janet Varon. (2004, May 12). *Moving Immigrants from a Medicaid Look-Alike Program to Basic Health in Washington State: Early Observations*. Washington, DC: Kaiser Commission on Medicaid and the Uninsured <www.kff.org/medicaid/7079a.cfm>.
6. See, for example, Center on Budget and Policy Priorities. (2006, Feb). *The President's Budget: A Preliminary Analysis* <www.cbpp.org/2-6-06bud.htm> and the Deficit Reduction Act of 2005 (S. 1932).
7. See, for example, Plan to Cut Children from RIte Care Draws Fire. (2006). *Providence Journal*, Feb. 19.
8. California Immigrant Welfare Collaborative. (2005). *Looking Forward: Immigrant Contributions to the Golden State* <www.caimmigrant.org/source/Immigrant_contribution.pdf>.

Restoring Immigrant Medical Coverage in Washington State

by Janet Varon, Northwest Health Law Advocates (2006)

This is a story about losing a program that many states never had: state-funded Medicaid “lookalike” coverage for children who don’t qualify for Medicaid because of immigration status. In Washington State, this coverage had existed as a “stealth” program; it had been slipped into the budget by a friendly legislator without much notice. It was funded by a small appropriation that just continued from one biennium to the next. Such programs currently exist in only about 10 states that created them to maintain coverage for immigrants who in 1996 began facing new restrictions on eligibility for federal programs (these programs now require recipients to be citizens or have certain “qualified” immigration statuses). The Washington State program covered 28,000 immigrants, over 90 percent of whom were children. The rest were parents or other relatives caring for children. About two-thirds were Hispanic and more than 80 percent spoke a primary language other than English.

Then, in 2001, something happened in the state that was a great success but had a devastating impact on our little sleeper program. It had to do with the state’s Basic Health plan, a subsidized state-funded insurance program for low-income state residents. Since Basic Health it is not limited to eligibility categories, like Medicaid, childless adults can qualify—in fact any state resident who has family income below 200 percent of the federal poverty level can qualify, except if he or she is eligible for Medicare (for the elderly and disabled). This program is more limited in coverage than Medicaid—for example, it does not include dental coverage or much therapy coverage. It is not designed for people who have disabilities, which is why it’s called Basic Health. Further, it requires people to pay monthly premiums and copayments that are sometimes costly—50 percent for brand name drugs. Basic Health, as a state-funded program, has a fixed appropriation so there are limited slots for enrollees, and there is frequently a waiting list.

The great success was that the voters of Washington passed an Initiative to add 20,000 enrollees to Basic Health, to be funded by an increase in the tobacco tax. So how did the state legislature respond? They looked for people already in state-funded health coverage, and decided that they could transfer them to Basic Health. These were the immigrants on the state Medicaid lookalike program. The legislators saw this as an easy way of filling many of the slots without using the tax revenue. Except it didn’t work that way.

In the fall of 2002, the change was implemented, and we advocates were quite involved in monitoring the implementation. It was established that the two state agencies involved (the Department of Social and Health Services and the Health Care Authority) could not achieve a direct transfer of clients from one program to another because of their different ways of establishing and verifying eligibility. They did the best they could, but everyone involved could see it wouldn’t be smooth. The agencies acknowledged these problems. Advocates decided that it would be important for future advocacy on behalf of this population to document the impact of the transition. My organization, Northwest Health Law Advocates, partnered with the University of Washington Health Policy Analysis Program to publish a report, funded by the Kaiser Commission on Medicaid and the Uninsured.

To assess the impact of the elimination of the programs for immigrants, our report analyzed administrative data from the state. We also conducted key informant interviews, a focus group, and interviews with affected families. We timed the interviews and focus group to occur three months after the transition. The report was published a year later and was entitled *Moving Immigrants from a Medicaid Look-Alike Program to Basic Health in Washington State: Early Observations*. (See <www.kff.org/medicaid/7085a.cfm>.)

Not surprising, given the experience of the transition, we found that there were many barriers to the families getting onto Basic Health, and many people who initially made it on dropped off within a few months. The major findings related to:

- Enrollment losses: only about half of the original group made it to Basic Health; most likely became uninsured. Disenrollment rates were several times higher than they were in the original programs.
- Complications in the enrollment process, ranging from confusion and incorrect addresses to language barriers, paperwork requirements, and premium payment deadlines.
- Affordability concerns: as low-income people, they were highly sensitive to price when deciding whether to pay for insurance. Premium payment issues contributed to high rates of disenrollment after the immigrant population was first enrolled.

After one year, only 40 percent of the original group of people who had lost Medicaid look-alike coverage was enrolled in Basic Health.

We disseminated the report widely and used it in advocacy to restore this program. It was picked up by the press and included in legislative hearing reports. It was cited as a reason to restore the original program. I think one reason it was helpful is that it included some personal stories that explain why this change had a negative impact on people's lives. These stories came from the mouths of parents and health care providers and referred to children's specific medical needs that were going unmet.

But other things also helped us achieve some progress. The legislators who came up with the transfer plan had never intended to drop coverage of these children in the first place. They conceived of it as a seamless transfer, so the restoration of the program was seen as a correction of an error—a policy change that had unanticipated impact.

And in the larger context of Medicaid, in 2004, there was a huge drop in children's enrollment due to a new legislative requirement doubling the frequency of eligibility reviews, a known way to increase the "churn" rate at which eligible children go off assistance. This change led to about 40,000 children dropping off the Medicaid rolls, even more than the legislature had anticipated. This led to a highly-visible campaign, led by the state's Children's Alliance, to go back to annual eligibility reviews, which became part of a campaign beginning in 2005 to restore and improve children's coverage, known as "Cover All Kids."

Advocates were advised by friendly legislators to keep a low profile on the immigrant issues during this campaign. At one point, there was a news article that was not very helpful. It focused on a child with a serious illness and particularly on the fact that his mother brought

him to the United States for treatment, intending to return to Mexico when it was complete. So we kept a low profile and waited for the budget. Luckily, the Democrats controlled both houses and the democratic candidate for governor, Christine Gregoire, emerged as successful in a squeaker of an election. Economically, conditions were improving; the state was emerging from its recession. The Children's Alliance and others ran a great grassroots campaign.

Even in this favorable environment, what emerged from the budget was a limited restoration of the program. A fixed amount was appropriated to cover immigrant children (no relatives) below the federal poverty guidelines (not 200 percent of poverty for some groups, as before). The appropriation is not nearly enough to cover all the children who dropped off in 2002. It is not known exactly how many children it will cover, but the state has initially allowed only 4,300 slots. So, in order to have a fair process and offer the chance at a slot to as many people as possible, there was lots of dissemination of application materials, outreach, and press coverage.

14,000 applications for children were received in the first few weeks. The waiting list is not expected to move very much until more is known about the costs incurred sometime this summer. In the meantime, there is some value to this partial restoration, both for the children who are selected and for continuing advocacy efforts.

The media has picked up on the waiting list "story," adding to the sense of pressure to expand the program. The state agency certainly feels the pressure. As an agency used to administering entitlement programs, they are feeling the heat of holding so many families in limbo.

It's clear that now the program is more public than it has been before. It is no longer a stealth program. Yet it is being portrayed as valuable. There is a feeling of pressure being created by the unmet need. The governor has made the "cover all kids" campaign her own. In advocacy, the choice has been made to use general language about the value of health care, rather than featuring the immigrants. "Kids need to be healthy to learn" and the "value of early care" are two of the messages that have been found to resonate. And as we seek full funding of this program, a key legislator uses the phrase "caseload-driven" rather than the e-word ("entitlement").

As we pursue our goal, one promising strategy is to involve the parents of wait-listed children in contacting their legislators and others about the need for this program. I'll be doing a training event next week in an Eastern Washington town that is predominantly Hispanic. It will be a good opportunity to urge the attendees to become involved in the effort to fully restore this program for their children.

Based on this experience, my recommendations for advocacy to build supportive policies for immigrant children are:

1. Carefully **monitor implementation** of policies that you expect to have an impact on children in immigrant families. Project what that impact is likely to be.
2. **Prepare a report on the impact** of policy changes in a timely and credible way that brings home the human consequences, and disseminate it widely.
3. **Use the report to get attention from the media and policymakers, and create grassroots pressure** in the context of a broader campaign.

4. **Be alert to opportunities** to advocate for immigrants' interests in the context of a broader campaign.
5. **Keep building** on initial successes. **Involve immigrant families** as much as possible.

APPENDIX E:

Selected Recent Resources for Further Reading

Emerging Demographics Issues and Data

- Douglas-Hall, A. & Koball, H. (2004). *Children of recent immigrants: National and regional trends*. New York, NY: National Center for Children in Poverty, Columbia University Mailman School of Public Health.
- Goździak, E. M. & Martin, S. F. (Eds.) (2005). *Beyond the gateway: Immigrants in a changing America*. Lanham, MD: Lexington Books.
- Hernandez, D. J. (2005). Demographic change and life circumstances of immigrant families. In M. K. Shields (Ed.), *Children of Immigrant Families. Future of Children, 14*(2), 16-47.
- Kochhar, R.; Suro, R.; & Tafoya, S. (2005). *The new Latino South: The context and consequences of rapid population growth*. (Paper presented at Immigration to New Settlement Areas conference held at the Pew Research Center, July 26, 2005.) Washington, DC: Pew Hispanic Center.
- Lichter, D. T.; Qian, Z.; & Crowley, M. L. Child poverty among racial minorities and immigrants: Explaining trends and differentials. *Social Science Quarterly, 86*(5), 1037-1059.
- Passel, J. S. & Suro, R. (2005). *Rise, peak, and decline: Trends in U.S. immigration 1992-2004*. Washington, DC: Pew Hispanic Center.
- Passel, J. S. (2006). *Size and characteristics of the unauthorized migrant population in the U.S.: Estimates based on the March 2005 Current Population Survey* (Research Report). Washington, DC: Pew Hispanic Center.
- Suárez-Orozco, C. & Suárez-Orozco, M. (2001). *Children of immigration*. Cambridge, MA: Harvard University Press.

Early Childhood and Family Education

- Capps, R.; Fix, M.; Murray, J.; Ost, J.; Herwanto, S.; Zimmerman, W.; & Passel, J. (2004). *Promise or peril: Immigrants, LEP students, and the No Child Left Behind Act*. Washington, DC: Urban Institute.
- Capps, R.; Fix, M.; Ost, J.; Reardon-Anderson, J.; & Passel, J. S. (2004). *The health and well-being of young children of immigrants*. Washington, DC: Urban Institute.
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- Children Now. (2004). *Preschool issues concerning English language learning and immigrant children: The importance of family engagement*. Oakland, CA: Children Now.
- Cosentino de Cohen, C.; Deterding, N.; & Clewell, B. C. (2005). *Who's left behind? Immigrant children in high and low LEP schools*. Washington, DC: Urban Institute.
- Darling, S. (2004). Family literacy: Meeting the needs of at-risk families. *Phi Kappa Phi Forum*, 84(2), 18-21.
- Lopez, A. (2005). *Latino early literacy development: Strategies for lifelong learning and success*. Washington, DC: National Council of La Raza.
- Martinez, T. E. with Wang, T. (2005). *Supporting English language acquisition: Opportunities for foundations to strengthen the social and economic well-being of immigrant families* (Briefing Paper). Baltimore, MD: Annie E. Casey Foundation and Grantmakers Concerned with Immigrants and Refugees.
- Olsen, L.; Bhattacharya, J.; Scharf, A.; & Chow, L. (2004). *Ready or not? A California Tomorrow think piece on school readiness and immigrant communities*. Oakland, CA: California Tomorrow.
- Ready at Five. (2004). *What works? Promising practices for improving the school readiness of English language learners*. Baltimore, MD: Ready at Five.
- Takanishi, R. (2004). Leveling the playing field: Supporting immigrant children from birth to eight. In M. K. Shields (Ed.), *Children of Immigrant Families. Future of Children*, 14(2), 61-80.
- Xiong, Z. B. & Lee, J. K. (2005). *Hmong early childhood education needs assessment*. Saint Paul, MN: Ready 4 K.

Health, Welfare, and Immigrant Families

- Broder, T. (2005). *Most state proposals to restrict benefits for immigrants failed in 2005*. Washington, DC: National Immigration Law Center.
- Capps, R.; Fix, M.; Henderson, E.; & Reardon-Anderson, J. (2005). *A profile of low-income working immigrant families*. Washington, DC: Urban Institute, New Federalism Project.
- Children's Alliance. (2004.) *Critical: Washington's curable children's health crisis*. Seattle, WA: Children's Alliance.
- Connelly, M.; Hammad, A.; & Boushiba, K. (2000). *Arab maternal and child health and use of preventive services*. Dearborn, MI: Arab Community Center for Economic and Social Services.

Dinan, K. A. (2005). *Federal policies restrict immigrant children's access to key public benefits* (Children in Low-Income Immigrant Families Policy Brief). New York, NY: National Center for Children in Poverty, Columbia University Mailman School of Public Health.

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Fremstad, S. & Cox, F. (2004). *Covering new Americans: A review of federal and state policies related to immigrants' eligibility and access to publicly funded health insurance*. Washington, DC: Kaiser Commission on Medicaid and the Uninsured.

Gardner, M. & Varon, J. (2004). *Moving immigrants from a Medicaid look-alike program to basic health in Washington State: Early observations*. Washington, DC: Kaiser Commission on Medicaid and the Uninsured.

Haskins, R.; Greenberg, M.; & Fremstad, S. (2004). *Federal policy for immigrant children: Room or common ground?* (Future of Children Policy Brief). Washington, DC: The Brookings Institution.

National Immigration Law Center. (2002). *Guide to immigrant eligibility for federal programs, 4th Ed.* Washington, DC: National Immigration Law Center, with updates from Update Page <www.nilc.org/pubs/Guide_update.htm>.

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Van Hook, J. & Balistreri, K. S. (2004). *Ineligible parents, eligible children: Food stamps receipt, allotments, and food insecurity among children of immigrants*. Bowling Green, OH: Center for Family and Demographic Research, Bowling Green University Department of Sociology.