



CHILDREN IN IMMIGRANT FAMILIES: ENSURING OPPORTUNITY FOR EVERY CHILD IN AMERICA

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EXECUTIVE SUMMARY

Children in immigrant families account for nearly one-fourth (24 percent) of all children as of 2010, and the vast majority (88 percent) are U.S. citizens. In fact, children of immigrants account for nearly the entire growth in the U.S. child population between 1990 and 2008.¹ This policy brief draws on key indicators from the Foundation for Child Development Child Well-Being Index (CWI), as well as additional data, to highlight both similarities and differences in the circumstances of children in immigrant and native-born families. Additional statistics that pertain particularly to the situation of children in immigrant families, namely citizenship and language skills, are also provided. Finally, this brief discusses recently passed federal legislation as it relates to children in immigrant families and points to policies that will ensure that we as a country are securing our future by providing opportunity for every child.

Key Findings

Children of immigrants fare about as well or better than children of immigrants along seven of the thirteen indicators available through the CWI, and the reverse is true for the remaining indicators. Overall, the data suggests that both children of immigrants and those of native-born families living in low-income families face similar challenges related to health, poverty, and access to a high quality education. However, the same policies and programs aimed at safeguarding children in low-income families can sometimes impose significant barriers to children in immigrant families. Furthermore, the additional challenges often facing children in immigrant families, such as immigration status or varying levels of English proficiency, can further limit their access to critical public programs.

Health Indicators

At the beginning of life, children of immigrants often fare better than children of native-born families as they are less likely to experience low birth weight (7.7 percent versus 9.8 percent) and one-fourth less likely to die during the first year of life. As children grow older, children of immigrants are less likely to be reported to have an activity limitation compared to children of natives (4.4 percent versus 8.5 percent). However, children of immigrants ages 6-17 are more likely to be overweight (20.9 percent compared to 18.8 percent) and those ages 0-17 are less likely to be reported by parents to have very good or excellent health than those in native-born families (77.3 percent versus 83.4 percent). These results suggest that the early health advantage of children of immigrants is lost by later childhood.

Social Relationships Indicators

Children of immigrants fare comparatively well along the two indicators comprising the CWI Social Relationships Domain. Children in immigrant families are less likely than children in native-born families to live in a one-parent family (25.3 percent compared to 31.8 percent), and there is little difference between the immigrant and native-born groups in the proportion that has moved within the past year (14.5 percent versus 13.8 percent).

Community Connectedness Indicators

Children in immigrant families are less likely than children in native-born families to be enrolled in PreKindergarten (45.0 percent versus 49.8 percent). The proportion of youth ages 16-17 who are idle, that is, not in school and not working, is small among both immigrant and native-born groups, at 3.8 percent and 3.3 percent, respectively.

Family Economic Wellbeing Indicators

While the vast majority of children in both immigrant and native-born families have a securely employed parent (66.2 percent versus 69.9 percent), the typical child of an immigrant lives in a family with a median income of \$46,000, which is more than one-fifth less than the median income of \$58,000 of the typical child in a native-born family. Children of immigrants are also more likely than children in native-born families to live in a family with an income below the federal poverty threshold (27.8 percent versus 18.6 percent), and children of immigrants are more than twice as likely as children in native-born families to not be covered by health insurance (16.4 percent versus 8.3 percent).

Citizenship Indicators

Citizenship is often complicated for children in immigrant families. Thirty percent of children in immigrant families have an unauthorized parent, including 6 percent of children in immigrant families who are themselves unauthorized. However, more than half (58 percent) of children in immigrant families have at least one citizen parent, and a majority (88 percent) are themselves U.S. citizens.

Language Skill Indicators

Overall, the vast majority of children in immigrant families (82 percent) are English fluent, and more than half (57 percent) live with at least one English fluent parent. Yet, about one-in-five children of immigrants (18 percent) is an English language learner and about one-in-four (26 percent) lives in a linguistically isolated household, where no one over the age of 13 speaks English exclusively or very well.

Policy Implications

The recently passed Affordable Care Act (ACA) and the Healthy, Hunger-Free Kids Act both include important provisions that will improve access to critical programs for vulnerable, low-income children, including children of immigrants. However, restrictions on legal immigrant adults as well as bans on unauthorized immigrants in some instances may compromise the extent to which children in immigrant families are connected to benefits. As both pieces of legislation are implemented, it will be important for outreach and enrollment strategies to be linguistically and culturally appropriate. Furthermore, administrative rules and guidelines will need to be issued to ensure that immigrant parents are not deterred from applying for benefits on behalf of their children.

As future legislation impacting children is considered, it will be important for policymakers to specifically address the access barriers and needs of children in immigrant families. Equally critical will be the need for Congress to prevent children from being unnecessarily harmed by immigration legislation. After all, if we as a country are truly committed to securing our future by investing in our most precious resource—our children—we must do so by lifting up every single child in America.

Elementary and Secondary Education Act (ESEA) Reauthorization: A reauthorized ESEA must include legislation across the board that specifically addresses the academic challenges facing children of immigrants while simultaneously building on their strengths. For example, increased investments should be made in critical early learning programs to improve access to all low-income children, and culturally and linguistically appropriate outreach should be established to raise awareness among immigrant communities.² Early learning regulations should also incorporate bilingual education strategies, and two-generation models should be further examined as a strategy for the language and literacy development of both children and parents.

Improving Access and Opportunity for Unauthorized Children: All children growing up in America should have the opportunity to achieve their full potential regardless of immigration status, and policies and programs aimed at serving vulnerable children should also be extended to unauthorized children. Other policies, such as the Development, Relief, and Education for Alien Minors (DREAM) Act, should also be adopted to provide unauthorized youth who have grown up in the U.S. with increased access to a higher education and an opportunity to earn their legal status.

Responsible Immigration Enforcement that Respects Family Unity: Ultimately, a comprehensive immigration reform bill will be needed to fix a system that is fundamentally broken. In lieu of a comprehensive bill, however, it is imperative that both the Administration and Congress take immediate action to establish universal protocols that prioritize family unity and protect the best interest of children whose parents are apprehended, detained, or deported for immigration reasons. Previously introduced legislation include the Humane Enforcement and Legal Protections (HELP) for Separated Children Act and the Child Citizen Protection Act (CCPA).

Preserving Birthright Citizenship: The birthright citizenship clause of the U.S. Constitution's Fourteenth Amendment has long ensured that all children born on U.S. soil are provided with the rights and privileges of citizenship regardless of race, color, or ancestry. By conferring citizenship at birth, America's youngest citizens are immediately guaranteed critical safeguards when they need it most. Thus, it is critical that Congress preserve the inalienable rights of children enshrined in the Fourteenth Amendment.

INTRODUCTION

Children in immigrant families account for nearly one-fourth (24 percent) of all children as of 2010, and the vast majority (88 percent) are U.S. citizens. In fact, children of immigrants account for nearly the entire growth in the U.S. child population between 1990 and 2008.³ Only 18 years from now, when the baby-boom generation, born between 1946 and 1964, has reached the retirement ages of 65 and older, the current children of immigrants, who are ages 0-17, will have become a correspondingly large proportion of the new workers and new voters who will be called upon to support elderly baby-boomers throughout their retirement.

It is a truism that the future of America depends on the investments that we make in our children, today, as they are acquiring the knowledge and developing the skills they need to become productive workers, effective citizens, and nurturing parents. America will have a bright future to the extent that we lift up all children, those in families who have lived here for generations, but also the many children in families who more recently have chosen to immigrate and make their contribution to the American Dream.

This policy brief draws on key indicators from the Foundation for Child Development Child Well-Being Index (CWI), as well as additional data, to highlight both similarities and differences in the circumstances of children in immigrant and native-born families.^a Of the 28 key indicators included in the CWI, 13 can be calculated separately for children in immigrant and in native-born families, that is, for children with at least one immigrant parent, and for children with both parents born in the U.S. This policy brief presents results for these 13 indicators. Children of immigrants fare about as well, or better, than children in native-born families along seven of the indicators, while the reverse is true for the remaining six indicators. After presenting these results, this brief presents additional statistics that pertain particularly to the situation of children in immigrant families, namely citizenship and language skills. This is followed by an analysis of recently passed legislation as it relates to children in immigrant families and a discussion of policies that can help ensure that we as a country are securing our future by providing opportunity for every child.

CHILDREN OF IMMIGRANTS: A LOOK AT CHILD WELL-BEING

Health Indicators

Children who are not in good health confront serious challenges as they seek success in school, because poor health can interfere with regular school attendance and act as a barrier to staying on task in the classroom and completing assignments in a timely and accurate fashion. For three of the five Health Domain indicators included in the CWI, children in immigrant families fare as well or better than children in native-born families.

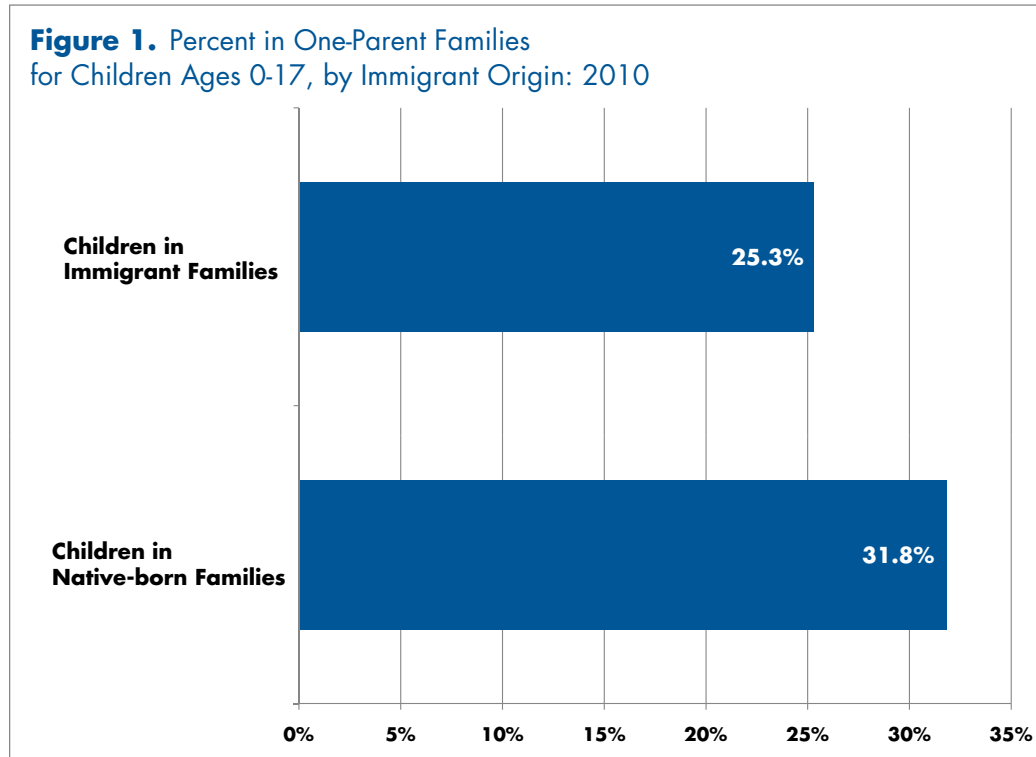
At the beginning of life, children of immigrants are more than one-fifth less likely than children in native-born families to experience low birth weight, at 7.7 percent for children born in the U.S. to immigrant mothers, compared to 9.8 percent of children in native-born families. Similarly, children of immigrants are about one-fourth less likely to die during the first year of life; the infant mortality rate for children born in the U.S. to immigrant mothers was 5.1 deaths per 1,000 live births, compared to a higher figure of 7.0 deaths per 1,000 live births for children with native-born mothers. There is an even larger difference in the rates of activity limitations as children grow older. Among children of immigrants, 4.4 percent are reported to have an activity limitation, compared to 8.5 percent for children in native-born families.

The pattern is reversed, however, for two additional health indicators. Children of immigrants ages 6-17 are about one-tenth more likely than children in native-born families to be overweight, at 20.9 percent, compared to 18.8 percent for children in native-born families. Children of immigrants across their entire childhood, spanning ages 0-17, also are somewhat less likely to be reported by parents to have very good or excellent health, at 77.3 percent versus 83.4 percent for those in native-born families. These results suggest that the early health advantage of children in immigrant families is lost by later childhood.

Social Relationships Indicators

Children of immigrants fare comparatively well along the two indicators comprising the CWI Social Relationships Domain, the proportion living in one-parent families, and the proportion that have moved within the past year. The proportion living with one parent is an important indicator because children living with two parents tend, on average, to be somewhat advantaged in their educational success, compared to children in one-parent families.⁴ Similarly, the proportion moving within the past year is important because children who experience residential mobility can experience negative consequences including challenges that undermine the capacity of children to perform well in school.⁶

Children in immigrant families are almost one-fifth less likely than children in native-born families to live in a one-parent family, at 25.3 percent for the immigrant group compared to 31.8 percent for children in native-born families (Figure 1). Perhaps surprisingly, there is little difference between the immigrant and native-born groups in the proportion who have moved within the past year, at 14.5 percent for the immigrant group and 13.8 percent for the native group. . Thus, children in immigrant families are no more likely than children in native-born families to experience over the course of a year the disruptions in social relations that can be associated with moving to a new home, and they are substantially more likely to experience the benefits associated with having two parents in the home.



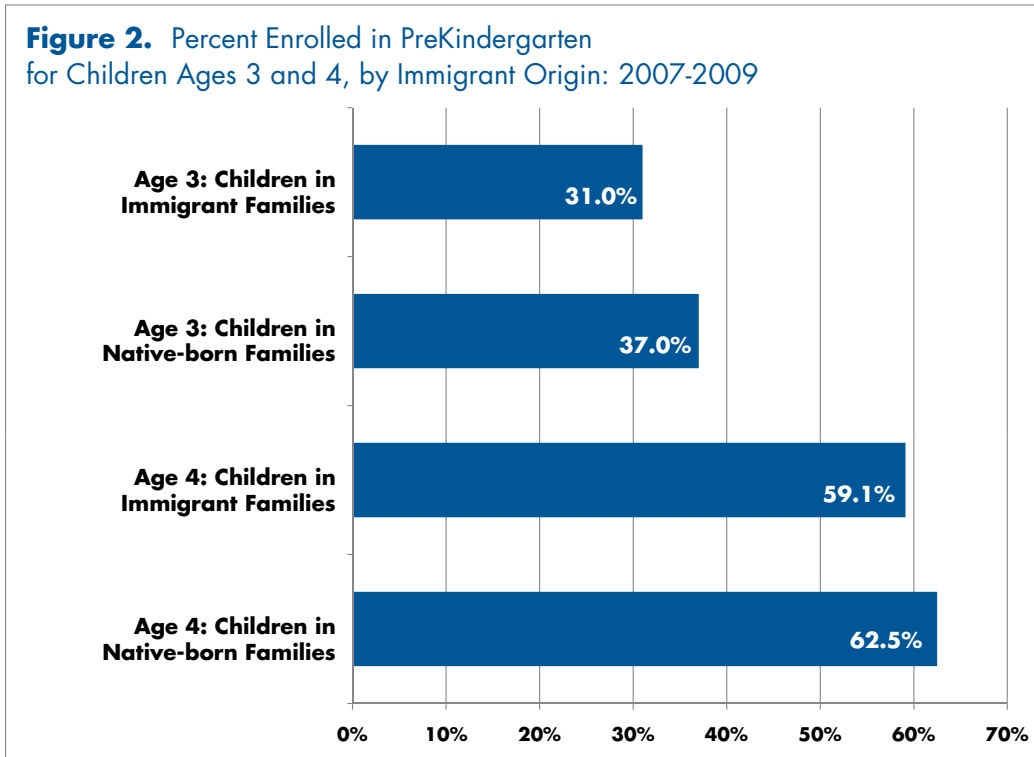
Community Connectedness Indicators

One of the CWI indicators in the Community Connectedness Domain pertains to young children and their involvement in early education programs. The proportion of children ages 3-4 enrolled in PreKindergarten is important because it reflects the extent to which young children begin an effective connection to the formal education system. High quality early education programs have been found to promote school readiness and educational success in elementary school and beyond, with large returns to the economy and society.^{7,8,9,10} Furthermore, emerging research demonstrates the significant benefits that high quality early education programs can provide children of immigrants, particularly those that are English Language Learners (ELLs). In addition to providing an array of comprehensive supports, early education programs can also help ELLs advance their English language skills prior to entering kindergarten as well as provide an early introduction for immigrant families to the American education system.¹⁰

Despite the many benefits of an early education, PreKindergarten enrollment rates are low among all children, with nearly one-half of children in native-born families not enrolled in prekindergarten. Children in immigrant families (45.0 percent) are about one-tenth less likely than children in native-born families (49.8 percent) to be enrolled in PreKindergarten, with a noteworthy difference in enrollment rates of 4.8 percentage points. The largest enrollment gap for children of immigrants occurs among 3-year-olds, with 31 percent of 3-year-old children of immigrants enrolled versus 37 percent of children of natives (Figure 2).¹²

The proportion of youth ages 16-17 who are idle, that is, not in school and not working, reflects a lost opportunity for these youth either to benefit from continuing their education through high school or to benefit from beginning to support themselves through paid work. The proportion idle at ages 16-17 is small, with only a small difference between adolescents in immigrant families and native-born families, at 3.8 percent versus 3.3 percent.

Figure 2. Percent Enrolled in PreKindergarten for Children Ages 3 and 4, by Immigrant Origin: 2007-2009



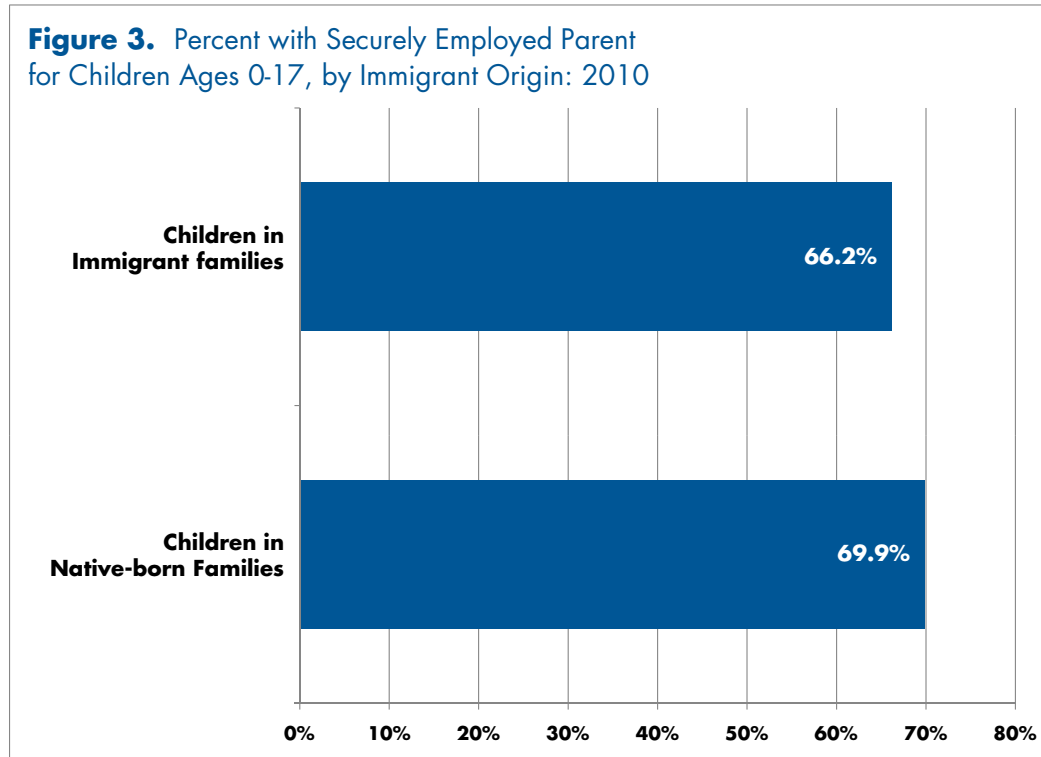
Family Economic Well-Being Indicators

One Family Economic Well-Being Domain indicator in the CWI measures parental employment, two focus on the income available to families, and a fourth assesses an item in the family budget, health insurance coverage, that can be especially costly.

The vast majority of children in both immigrant and native-born families have a securely employed parent, that is, at least one parent who is employed full-time year-round. The difference is only 3.7 percentage points at 66.2 percent for children in immigrant families and 69.9 percent for children in native-born families (Figure 3). Thus children in immigrant and native-born families live with parents with similar access to full-time employment to support their families.

Despite the similar proportions with a parent working full-time year-round, securely, there are large differences in family income. The typical child of an immigrant lives in a family with a median income of \$46,000, which is more than one-fifth less than the median income of \$58,000 available in the home of the typical child in a native-born family. This difference in income is largely attributed to the low-wage jobs many immigrant parents are employed in due to low education levels, limited English proficiency, or lack of legal immigration status.

The difference in poverty rates also is large, with children of immigrants 1.5 times more likely than children in native-born families to live in a family with an income below the official federal poverty threshold, at 27.8 percent versus 18.6 percent. These large differences in family income and in the chances of living in a family with a very low income can restrict children’s access to decent or adequate housing, food, clothing, books, and other educational resources, childcare/early education, and health care. Furthermore, it has long been documented that children from

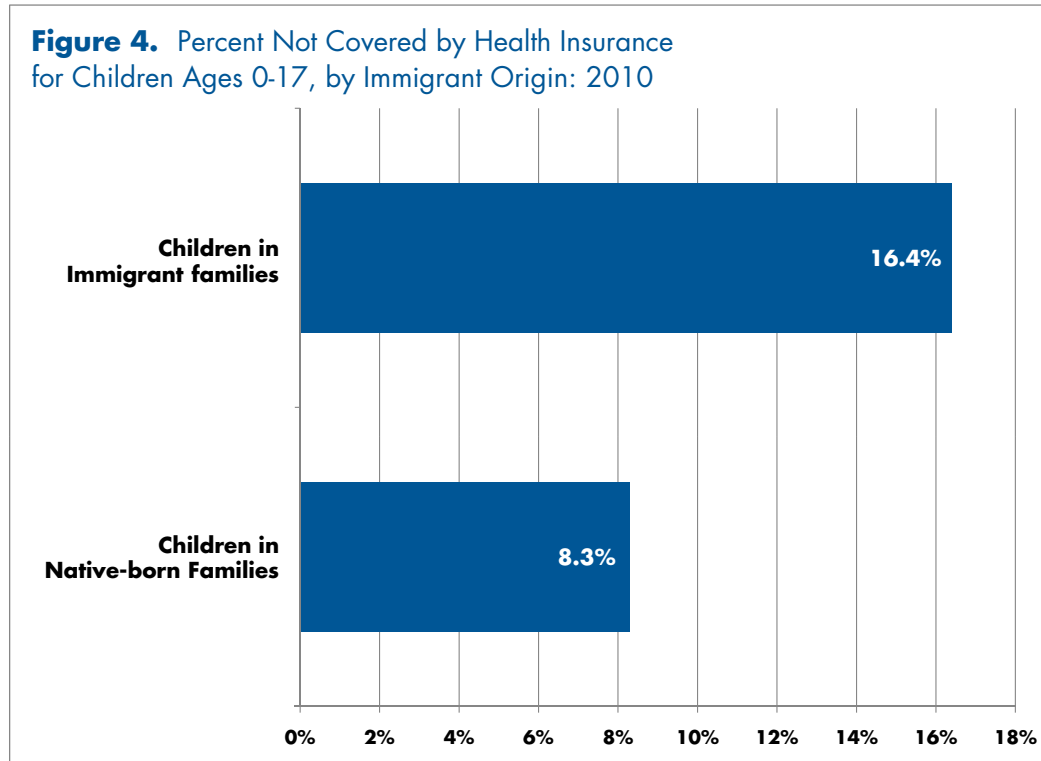


low income families tend to experience a variety of negative developmental outcomes, including less success in school, lower educational attainments, and earning lower incomes during adulthood.^{13,14,15} Extensive research also documents that poverty has greater negative consequences for children than does either limited mother’s education or living in a one-parent family.^{16,17}

While the difference in poverty rates is large, many children in native-born families also live in impoverished families. In fact, more than two-thirds (69 percent) of poor children in the U.S. live in native-born families, while less than one-third (31 percent) are the children of immigrants. However, poor children living in immigrant families are less likely to access benefits for low-income working families, such as the Supplemental Nutrition Assistance Program (SNAP). The low rates of benefit usage by immigrant families usually stems from language barriers, confusion regarding immigration ramifications, or lack of knowledge regarding eligibility rules.¹⁸

Turning to the fourth indicator of family economic well-being, health care represents a major cost to families, and health insurance can be essential to assure access to preventive care, as well as care for acute and chronic health conditions. Children of immigrants are twice as likely as children in native-born families to be uninsured, at 16.4 percent for the immigrant group versus 8.3 percent for those in native-born families. Although this difference is large, it is important to note that one of every twelve children in native-born families also was uninsured in 2010 (Figure 4).

Past research has found that substantial risk of not being insured remains even after controlling for parental education and duration of residence in the U.S., as well as reported health status, number of parents in the home, and having a parent employed full-time year-round.¹⁹ This research also found the main reason reported for lack of insurance coverage for children is the same for both immigrant and native groups: the lack of affordability of insurance coverage.



Overall, these four indicators of family economic well-being show that children in immigrant families and in native-born families are about equally likely to have at least one parent in the home working full-time year-round, but the typical child of an immigrant lives in a family with one-fifth less income than the typical child in a native-born family, the poverty rate of children of immigrants is 1.5 times greater than for the native group, and the immigrant group is twice as likely as the native group to be not covered by health insurance.

Citizenship Indicators

Looking beyond indicators composing the CWI, citizenship is a key feature of personal and national identity. All children with two U.S.-born parents are themselves U.S. citizens by birth, except for the small number adopted from abroad by their native-born parents. The vast majority of children in immigrant families, 88 percent, also are U.S. citizens, by virtue of being born in this country. This fact should not be surprising, because many immigrants arrive during their early adult years to work, live, and raise a family, and although they may or may not bring children with them, most of their childbearing occurs in the years after they have immigrated and settled in their adopted homeland. Thus, most children in immigrant families, as U.S. citizens, share precisely the same rights and privileges as do citizen children in native-born families.

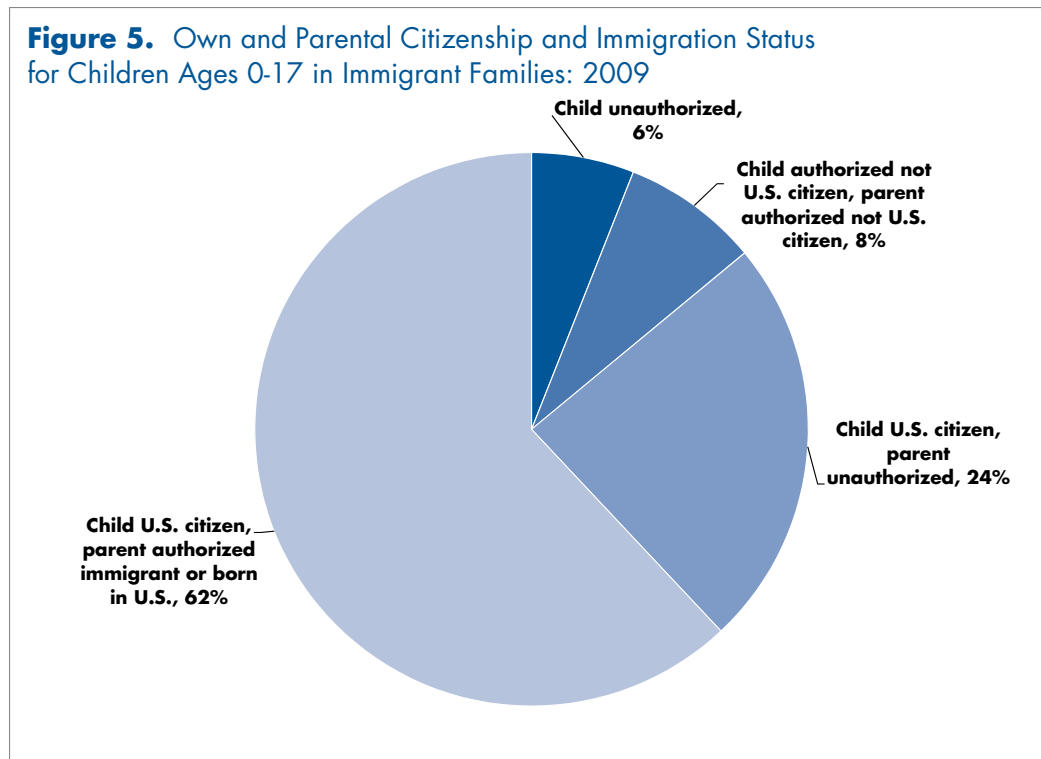
Although every child in an immigrant family has at least one foreign-born parent, three-in-five (58 percent) live with at least one parent who is a U.S. citizen. Nearly one-fourth (24 percent) of children in immigrant families have a U.S.-born parent, and nearly one-half (44 percent) have at least one parent who is a naturalized citizen. The large proportion of parents who become naturalized U.S. citizens reflects a high level of commitment among these parents to the U.S. Recent research indicates that naturalizations are increasing. Between 1990 and 2005, among all legal permanent foreign-born residents, the percent naturalized climbed from 38 percent to 52 percent.²⁰

All together, then, by 2010 nearly six-tenths (58 percent) of children in immigrant families had either one or two parents who are U.S. citizens.

Although the vast majority of children in immigrant families are U.S. citizens by virtue of being born in the U.S., and most also have at least one American citizen parent, as of 2009 an estimated 1.0 million of children (6 percent) in immigrant families were unauthorized immigrants, while 5.1 million (30 percent) were U.S.-born but had an unauthorized parent. Overall, nearly 4.1 million (79 percent) of children who live with an unauthorized parent are themselves U.S. citizens because they were born in the United States.^{21,22}

Considering these statistics as a whole, citizenship is complicated for children in immigrant families (Figure 5). Thirty percent of children in immigrant families (6.8 percent of all children) have an unauthorized parent, including 6 percent of children in immigrant families (1.5 percent of all children) are themselves unauthorized, yet 58 percent of children in immigrant families have at least one citizen parent, and 86 percent are themselves U.S. citizens.

Although it is quite likely that nearly all children in immigrant families today will live and work for most or all of their lives in the U.S., the access of these children to critical health, education, and economic resources differs greatly because of current differences in program eligibility rules that focus on circumstances beyond the control of children. Such differences in access to needed resources are not in the interest of children themselves, nor will these differences benefit the broader American society and economy to which these children will be contributing as workers, parents, and voters for more than a half-century into the future.



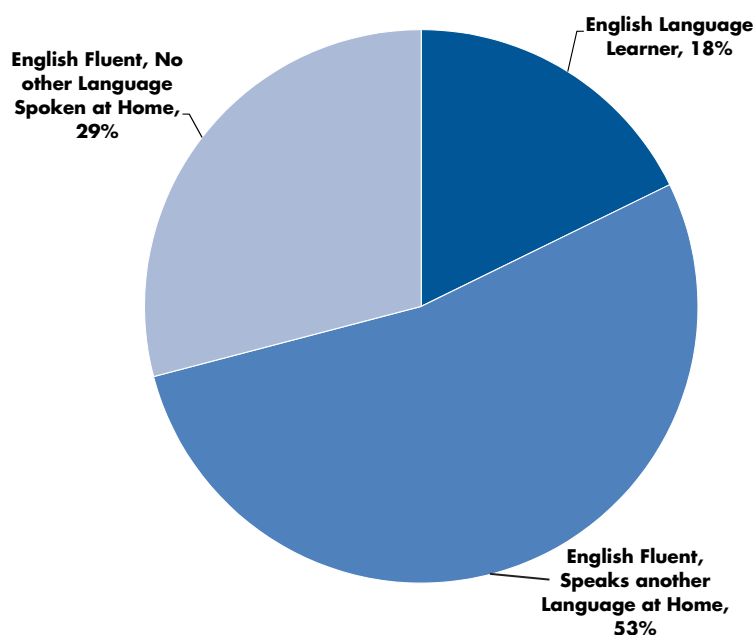
Language Skill Indicators

It is essential that children and parents in immigrant families learn English for success in school, the workplace, and other settings, but bilingual fluency also can be a valuable asset to the U.S. in the increasingly competitive global economy.

Although all children in immigrant families have at least one foreign-born parent, about eight-tenths (82 percent) of children of immigrants speak English fluently, that is, they speak English exclusively or very well, according to the responding adult in the child's household (Figure 6). A large proportion of those who speak English very well are well-positioned to become bilingually fluent because they also speak another language at home. In fact, the largest proportion of children in immigrant families—about one-half (53.2 percent)—both speak English well and speak another language at home. Overall, children in newcomer families are 4.7 times more likely to speak English fluently (82.3 percent) than to be English language learners who speak English well, not well, or not at all (17.7 percent).

Since the vast majority of children in immigrant families were born in the U.S., it is not surprising that they are more likely than their parents to speak English fluently. Still about one-half of children in immigrant families have a father (51 percent) or a mother (48 percent) who speaks English exclusively or very well. All together, 57 percent of children in immigrant families live with at least one English fluent parent, with 16 percent in families with one English fluent parent and one English language learner parent, while a much larger 41 percent live with parents who are English fluently only. The remaining 43 percent live with parents who are English language learners only. In addition, about two-fifths of these children (17 percent out of 43 percent) have at least one other adolescent or adult in the home who speaks English fluently, while the remaining 26 percent of children in immigrant families live in linguistically isolated households where no one over age 13 speaks English exclusively or very well.

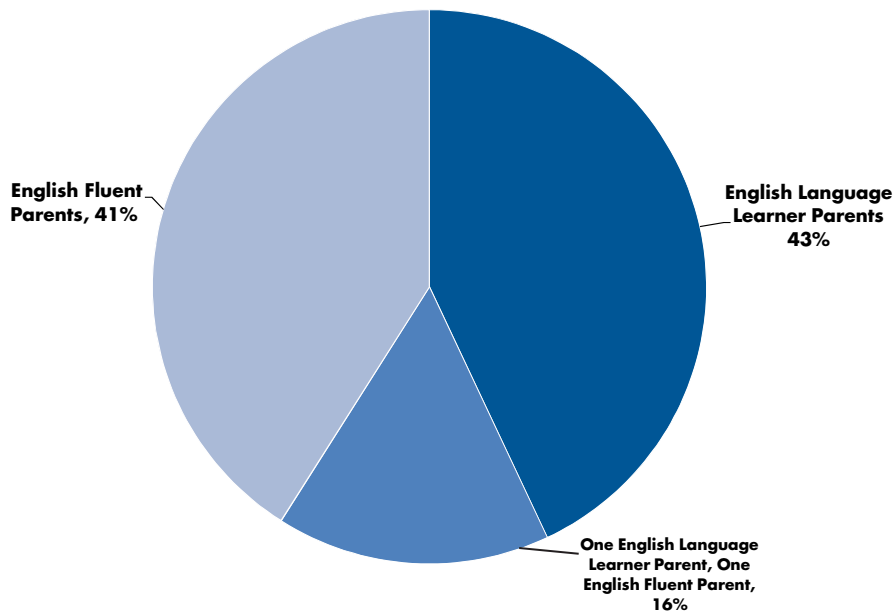
Figure 6. English Language Skill and Another Language at Home for Children Ages 5-17 in Immigrant Families: 2007-2009



Overall, then, the vast majority of children in immigrant families (82 percent) are English fluent, and an absolute majority (57 percent) live with at least one English fluent parent (Figure 7). Still, about one-in-five children of immigrants (18 percent) is an English language learner, and about one-in-four (26 percent) lives in a linguistically isolated household. Thus, the vast majority of children in immigrant families, and a majority of their parents, are well along the path to integration into English-speaking society, and their English language skills will improve further the longer they live in the U.S.

Meanwhile, for children and parents who are English language learners, it is important that public policies provide educational programs that will allow them to become English fluent as quickly as possible, but also to foster bilingual fluency that will enhance America's economic competitiveness in the global economy. Finally, as children and parents are learning English, it is critical that education, health, and other providers offer outreach and interpretive services in the home languages of children, and that they serve children and parents in a culturally appropriate fashion, to assure that they are effective in achieving their organizational mandates to serve their entire client population, including children and parents in immigrant families.

Figure 7. Parental English Language Skill for Children Ages 0-17 in Immigrant Families: 2007-2009



MAKING POLICIES WORK FOR EVERY CHILD IN AMERICA

Policies that support working families and strengthen safety net programs as well as investments in the health, economic security, and education of children are all important components of a national agenda aimed at improving child well-being in America. As the previous discussion illustrates, both children of natives and children of immigrants living in low-income families often face similar challenges; however, the same policies and programs aimed at safeguarding children in low-income families can sometimes impose significant barriers to children in immigrant families, particularly when issues such as language and immigration status are not specifically addressed. Equally problematic is when the policies and systems that serve children and families—such as the education and child welfare system—collide with immigration policies in ways that are detrimental to child well-being.²³

Congress recently passed legislation that will significantly impact the health and well-being of children, including health reform and child nutrition reauthorization. Both pieces of legislation include important provisions that will improve access for vulnerable, low-income children, including children of immigrants. However, restrictions on legal immigrant adults as well as bans on unauthorized immigrants may compromise the extent to which children of immigrants are connected to important benefits. This section provides an analysis of recent legislation as it relates to children of immigrants and points to future policy considerations aimed at ensuring that every child growing up in America is provided with the necessary supports to grow and thrive.

Children of Immigrants and Healthcare Coverage

In recent years, Congress has focused significant attention on groundbreaking legislation to improve healthcare access and coverage, including important advances for our nation's children. Despite these gains, however, the needs of immigrant families have gone largely ignored. While the Children's Health Insurance Program Reauthorization Act (CHIPRA), passed in 2009, and the Affordable Care Act (ACA), passed in March 2010, included key provisions that will improve the health and well-being of millions of children in low-income families, the reach of these new laws will be more limited for children in immigrant families despite the evidence that this population faces significant barriers in having their healthcare needs met.

As discussed, while children of immigrants begin life comparatively healthy, at older ages they are less healthy than children in native-born families and twice as likely as the native group to be uninsured (16.4 percent versus 8.3 percent). Furthermore, unauthorized immigrant children are four times more likely to lack insurance and significantly more likely to have no usual source of care other than the emergency room.²⁴ Both CHIPRA and the ACA provide important advances for children, but there is much more work to be done to ensure that high quality health coverage is available to the children and families with the greatest need, including children of immigrants.

Since 1997, the Children's Health Insurance Program (CHIP) has been providing health coverage to children in low-income families whose income is too high to qualify for Medicaid, but who do not earn enough to purchase private health insurance.²⁵ Currently, more than seven million children are covered by CHIP. Passage of CHIPRA in 2009, legislation that renewed and improved the program, provided important new benefits for children in immigrant families. In addition to improvements in the systems that facilitate enrollment and outreach, CHIPRA eliminated the five-year waiting period for lawfully present immigrant children and pregnant women, providing states the option to cover these vulnerable immigrants under CHIP and Medicaid.²⁶

The passage of the ACA was a great victory in making health insurance more accessible to low-income families, including the preservation of the successful CHIP program through 2015. The new law also includes important provisions to simplify and streamline enrollment processes, an essential component to making enrollment accessible for vulnerable populations, including immigrants. For instance, the law establishes a "no wrong door" approach to coverage by creating a single entry point for all applications to secure health coverage with or without subsidies through the new health insurance Exchanges, and Medicaid or CHIP.²⁷ The law also requires that enrollment and renewal processes for Exchange subsidies, Medicaid, and CHIP be fully integrated, ensuring that eligible individuals are able to get enrolled in Medicaid and CHIP when they apply for Exchange coverage (and vice versa).²⁸

However, despite these important gains, the ACA still falls short of closing the health disparity gap for many immigrant children and families. While lawfully present immigrants will be able to purchase coverage through the new state insurance Exchanges, those who would otherwise qualify for safety net programs like Medicaid or CHIP will continue to be subject to the five-year waiting period, including those lawfully present pregnant women and children living in states that choose not to waive the waiting period.²⁹ Furthermore, 1.0 million unauthorized immigrant children will continue to be ineligible for public coverage and also will be prohibited from obtaining coverage even at full cost through the exchanges. As a result, it is expected that many immigrant children and families will have to rely on emergency room care as well as public hospitals, health centers and other clinics that provide affordable care regardless of a patient's coverage or ability to pay.³⁰

The ACA specifically allows U.S. citizen children in immigrant families to obtain Exchange coverage through a child-only option and continues to provide qualifying U.S. citizen and lawfully present children access to Medicaid and CHIP. However, it is important to note that the current anti-immigrant climate and the reluctance of many undocumented and lawfully present immigrants to seek health benefits for themselves or their family members may greatly limit the extent to which U.S. citizen children receive the coverage to which they are entitled.

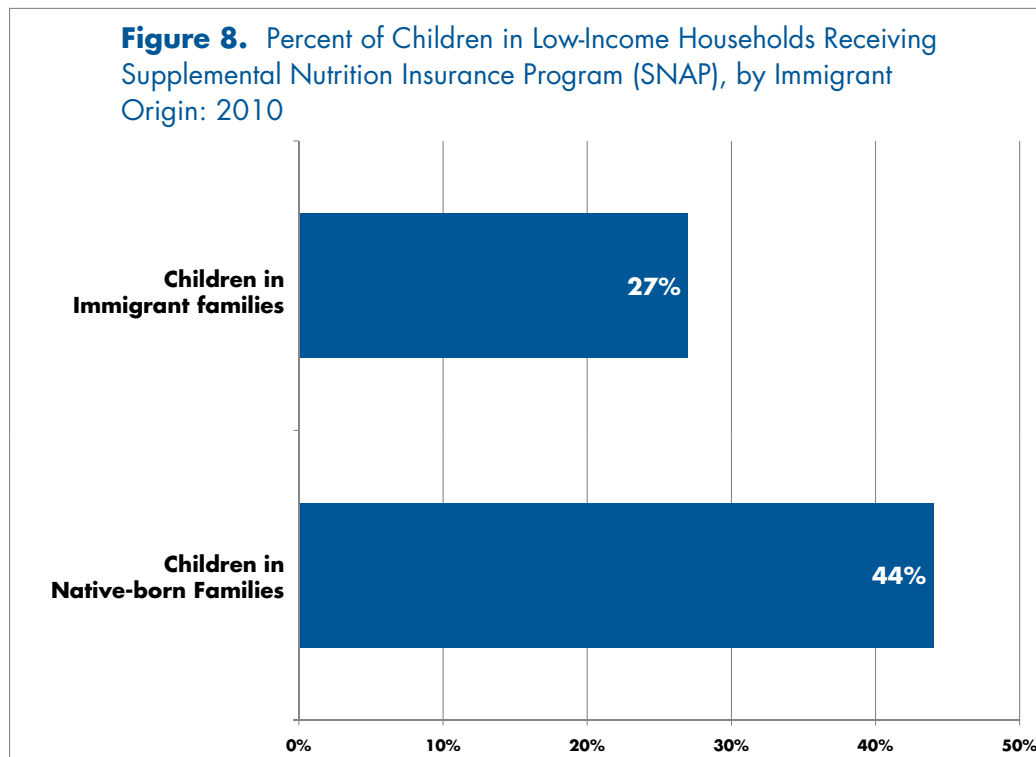
Thus, as the ACA is implemented, it is critical that policymakers work to reduce barriers to coverage facing children of immigrants. All consumer information provided through the ACA should be culturally appropriate and accessible to limited English proficient and low-literate individuals, and the process for verifying citizenship or immigration status for coverage should be streamlined to minimize the burden of providing documentation.^b Furthermore, to maximize the benefit to immigrant families of the ACA's child-only option, administrative rules and guidance will need to be issued to ensure that immigrant families are not deterred from applying on behalf of their children. For instance, eligibility questions will need to be designed so as not require unnecessary information about a parent or other family member's immigration status, and outreach efforts will need to be specifically designed to reach the immigrant population.^c

Finally, to truly provide coverage for *all* children, health insurance coverage must eventually be provided to children regardless of their immigration status, including unauthorized children. In the interim, given that unauthorized immigrant children and families will remain uninsured under the ACA, the existing healthcare safety net, which includes public hospitals and community health centers, should be protected. For instance, the creation of additional federally qualified health centers (FQHCs), which serve all residents regardless of insurance status, should be targeted at communities where many low-income individuals, including immigrants, will continue to be uninsured.³¹

Children of Immigrants and Nutrition Supports

Food safety net programs play an important role in promoting the healthy development of children in low-income families, and recent passage of the Healthy, Hunger Free Kids Act established critical improvements to enable such programs to reach more children in need. As mentioned, children of immigrants are 1.5 times more likely to live in families with incomes below the federal poverty threshold than are children in native-born families, despite high levels of secure parental employment. Likewise, children of immigrants are at greater risk of living in food-insecure households than those of native-born families and are also more likely to live in households where children are also food insecure (14 percent versus 11 percent).^{32,d} In fact, research shows that recently arrived immigrant families who had been in the country for less than five years are 145 percent more likely to be food insecure than U.S.-born families.³³ The high rates of poverty and food insecurity among immigrant families are possible explanations for the decline in health outcomes among children of immigrants over time.³⁴

While many low-income, working families make use of income-based food safety net programs such as the Supplemental Nutrition Assistance Program (SNAP), immigrant families, including those with U.S. citizen children, have lower rates of enrollment in SNAP (Figure 8).³⁵ There are many reasons why immigrant families frequently do not access such programs, including language and cultural barriers, distrust of governmental agencies, and challenges in documenting earnings.³⁶ Additionally, immigrants often are confused about eligibility rules for these programs, particularly because many of them subject legal immigrant adults to a five-year waiting period—a waiting period that may not apply to legal immigrant children, as is the case for the SNAP program. Even immigrant parents with U.S. citizen children sometimes worry about accessing such programs on behalf of their children due to fears that applying for benefits may threaten their own future citizenship or family sponsorship prospects.³⁷



However, research shows that other food assistance programs such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), the National School Lunch Program (NSLP) and School Breakfast Program (SBP) have been utilized at much higher rates by eligible immigrant participants due to their effective enrollment models and their lack of immigration status-based restrictions.³⁸ A recent Urban Institute study reveals that the places in which parents apply for WIC and NSLP, primarily health clinics and schools, play a big role in addressing the concerns and other access issues associated with welfare offices and other more formal settings.³⁹

Many provisions of the Healthy, Hunger-Free Kids Act have the potential to enhance access for children of immigrants. For example, the bill establishes demonstration projects to expand the “direct certification” process, eliminating the need for a second application.^e The bill also provides for the expansion of universal meal service options through the addition of a “community eligibility” provision that will allow schools in high-poverty areas to offer free meals to all students without the need to collect paper applications. Finally, the bill will further improve access for immigrant women and their children to the WIC program through the implementation of an Electronic Benefit Transfer and the extension of the current 6-month certification to a 1-year certification period.^f

The Healthy, Hunger-Free Kids Act will also ensure that children of immigrants continue to have access to school-based feeding programs regardless of a child or parent’s immigration status. However, it is important to note that unauthorized children will remain ineligible for the SNAP program, and that the five-year residency requirement for legal immigrant adults will remain a possible barrier to the enrollment of eligible legal immigrant children.

Improving the Well-being of Children of Immigrants: Priorities for the 112th Congress

As the health reform and child nutrition reauthorization efforts demonstrate, future federal legislation impacting children, should explicitly address the access barriers and needs of children in immigrant families. Equally important will be the need for Congress to prevent children from being unnecessarily harmed by immigration legislation and to consider the impact of these policies on the systems that serve children and families. It is important to note that many immigration policies, even those that are intended to target the unauthorized population, frequently have an adverse impact on all immigrants regardless of their legal status. And children in immigrant families—U.S. citizen, authorized, and unauthorized—often have the most at stake in immigration policy decisions.

Elementary and Secondary Education Act (ESEA) Reauthorization

A reauthorized ESEA must include legislation across the board that specifically addresses the academic challenges facing children of immigrants while simultaneously building on their strengths. For example, research shows that children of immigrants have low rates of PreKindergarten enrollment due to socioeconomic barriers, lack of awareness among immigrant families regarding the availability and importance of early education programs, language and cultural barriers, and confusion about eligibility rules.⁴⁰ Yet, children of immigrants also have important strengths for early learning success, including being more likely to live in two-parent families than children of natives and being more likely to speak more than one language.

Thus, a reauthorized ESEA must address the issues of access, outreach, language development, and parental engagement as they relate to the early education of children of immigrants. Increased investments should be made in critical early learning programs to improve access to all low-income children, and culturally and linguistically appropriate outreach should be established to raise awareness among immigrant communities.⁴¹ Early learning regulations should also incorporate bilingual education strategies, and two-generation models should be further examined as a strategy for the language and literacy development of both children and parents.⁴²

Improving Access and Opportunity for Unauthorized Children

Unauthorized immigrant children, regardless of their length of residency in the U.S., are often explicitly denied access to many important public benefits. However, the 1982 *Plyler v. Doe* decision established the right for unauthorized children to access a public K-12 education based on the recognition that restricting unauthorized children's access to an education would result in the creation of a "permanent underclass."⁴³ This basic premise, that all children growing up in America should have the opportunity to achieve their full potential regardless of immigration status, is one that should be applied to all other policies and programs serving vulnerable children.

Furthermore, despite access to a public K-12 education, unauthorized children face an uncertain future upon graduation from high school due to limited access to a higher education and a lack of legal means by which to join the workforce. A recent attempt to pass the Development, Relief, and Education for Alien Minors (DREAM) Act fell short of passage during the 2010 lame duck session.⁸ The bill, if passed in the future, would provide unauthorized children brought to the U.S. at a young age with the opportunity to earn their legal status through higher education or military service.

Responsible Immigration Enforcement that Respects Family Unity

As mentioned, an estimated 5.1 million children live with at least one unauthorized parent, and nearly four in five (79 percent) are U.S.-born citizens. In addition to the risks associated with high levels of parental stress, these

children must live with the constant threat of being separated from a parent due to immigration enforcement measures. The apprehension, detention, and/or deportation of a parent by immigration authorities can often have very serious short- and long-term consequences for a child who is left behind.⁴⁴ In some cases, children may unnecessarily enter the child welfare system, precipitating a series of events that may result in the inappropriate termination of parental rights, sometimes separating families permanently.⁴⁵

Ultimately, a comprehensive immigration reform bill will be needed to fix a system that is fundamentally broken.^h In lieu of a comprehensive bill, however, Congress should consider the impact of immigration policy proposals on the wellbeing of children and families. With the expectation for enforcement measures to increase or remain steady as more states and localities participate in immigration enforcement programs such as the Secure Communities program, it is imperative that both the Administration and Congress take immediate action to establish universal protocols that prioritize family unity and protect the best interest of children whose parents are apprehended, detained, or deported for immigration reasons.ⁱ Previously introduced legislation include the Humane Enforcement and Legal Protections (HELP) for Separated Children Act and the Child Citizen Protection Act (CCPA).^j

Preserving Birthright Citizenship

The birthright citizenship clause of the U.S. Constitution's Fourteenth Amendment has long ensured that all children born on U.S. soil are provided with the rights and privileges of citizenship regardless of race, color, or ancestry.^k By conferring citizenship at birth, America's youngest citizens are immediately guaranteed critical safeguards when they need it most. Yet, policymakers have recently proposed federal legislation that would radically modify the Fourteenth Amendment in an attempt to deny U.S. citizenship to the children of unauthorized immigrants.^l As previously mentioned, approximately 4.1 million U.S. citizen children currently have at least one unauthorized parent, meaning that the consequences of such a measure could be significant.

With regards to the impact on child well-being, a repeal of the Fourteenth Amendment's birthright citizenship clause would result in deliberate harm to children. In addition to creating millions of stateless children, a repeal of birthright citizenship would restrict a U.S.-born child's access to health care, food assistance programs, and other basic services. It is also estimated that such a measure would result in doubling the share of unauthorized children living in the U.S. by 2050.⁴⁶ Furthermore, all American families, regardless of immigration status, would bear the burden of navigating complex laws in order to prove their child's citizenship.⁴⁷

CONCLUSION

Children in low-income families growing up in America, regardless of nativity or immigration status, face similar challenges as they relate to health, poverty, and access to a high quality education. However, the additional challenges often facing children of immigrants and their families, such as immigration status or varying levels of English proficiency, can further limit their access to critical public programs. Given that children of immigrants represent one of the fastest growing segments of the U.S. child population, it is imperative that policies aimed at improving outcomes for children also address the specific access barriers and needs of children in immigrant families.

Furthermore, it is impossible for our nation to seek to improve child wellbeing in America while simultaneously continuing to deny basic supports and services to one, albeit very small, segment of the child population, namely unauthorized immigrant children. It is also important that policymakers consider the impact of immigration policies on children and families—including the systems that serve them—by making every effort to uphold the best interest of children, including their inalienable rights as U.S. citizens. After all, if we as a country are truly committed to securing our future by protecting and investing in our most precious resource—our children—we must do so by lifting up every single child in America.

Appendix A: Data Sources

Child Low Birth Weight, 2006

Infant Mortality, 2006

From National Vital Statistics System, CDC, National Center for Health Statistics.

Child Activity Limitations, 2007

Child Subjective (reported) Health Status, 2007

Calculated by authors based on three-year average of 2006-2008 from National Health Interview Survey (NHIS), CDC, National Center for Health Statistics.

Child Obesity, 2007 (ages 6-17)

Calculated by authors based on three-year average of 2006-2008 from National Health and Nutrition Examination Survey (NHANES), CDC, National Center for Health Statistics.

Child in Immigrant or Native-Born Family, 2010

Child in One-Parent Family, 2010

Child Moved within the Past Year, 2009

Child's Parent Employed Full-Time Year-Round (Secure Parental Employment), 2009

Child's Median Family Income, 2009

Child Poverty, 2009

Child's Health Insurance Coverage

Calculated by authors from March 2010 Current Population Survey, U.S. Census Bureau (Integrated Public Use Microdata Samples: Miriam King, Steven Ruggles, J. Trent Alexander, Sarah Flood, Katie Genadek, Matthew B. Schroeder, Brandon Trampe, and Rebecca Vick. *Integrated Public Use Microdata Series, Current Population Survey: Version 3.0*. [Machine-readable database]. Minneapolis: University of Minnesota, 2010).

Child Preschool Enrollment, 2007 (ages 3-4)

Youth Not in School and Not Working, 2007 (Idle, ages 16-17)

Calculated by authors from October 2008 Current Population Survey, U.S. Census Bureau (UNICON Utilities extracted data file).

Child and Child's Parent Citizenship (2007-2009)

Child and Child's Parent English Language Skill (2007-2009)

Child's Household Linguistic Isolation (2007-2009)

Calculated by authors as three-year average of 2007-2009 from American Community Survey, U.S. Census Bureau (Steven Ruggles, J. Trent Alexander, Katie Genadek, Ronald Goeken, Matthew B. Schroeder, and Matthew Sobek. *Integrated Public Use Microdata Series: Version 5.0* [Machine-readable database]. Minneapolis: University of Minnesota, 2010).

Endnotes

- a The Foundation for Child Development is planning a future report in its CWI Disparities Reports Series, presenting indicators for children in immigrant and native-born families with updated results in the context of trends since 1985.
- b Currently all states have agreements in place to use the Social Security Administration (SSA) data match system to determine citizen eligibility for CHIP or Medicaid. Likewise, all states have agreements with the Department of Homeland Security through the Systematic Alien Verification for Entitlements (SAVE) Program to determine qualifying immigration status.
- c “Navigator” grants made through PPACA should prioritize those organizations with the capacity to reach diverse, harder-to-reach populations, including immigrant children and families.
- d Food insecurity refers to the lack of access to enough food to fully meet a person’s basic needs at all times due to lack of financial resources. A household that is considered food insecure may not mean that the children in the household are food insecure; thus, households where children are also food insecure are considered to have the lowest levels of food security.
- e The direct certification process allows school districts to use information from state welfare or food stamps offices to certify children to receive free meals, eliminating the need for families to complete a second application. Under the bill, children on Medicaid in select Congressional districts will also be directly certified, while benchmarks and incentive bonuses for states to improve their direct certification methods will be established.
- f The Electronic Benefit Transfer (EBT) is an electronic system that allows a recipient to authorize transfer of their government benefits from a Federal account to a retailer account to pay for products received. To do this, recipients are issued an “EBT” card similar to a debit card that they can use at stores and farmer markets. EBT cards are currently used in the SNAP program in all 50 states.
- g The DREAM Act was introduced in the 111th Congress by Senators Dick Durbin (D-IL) and Richard Lugar (R-IN), and the House version, the American Dream Act, was introduced by Representatives Howard Berman (D-CA), Lincoln Diaz-Balart (R-FL), and Lucille Roybal-Allard (D-CA). The House passed the bill in a bipartisan vote (216-198) on December 8, 2010. The Senate failed to invoke cloture on the bill in a vote (55-41) on December 18, 2010. The bill would provide certain undocumented students who were brought to the U.S. at a young age and have resided in the country for at least five years prior to the date of enactment with the opportunity to earn legal status by obtaining a high school diploma or GED and completing at least two years of college or military service.
- h During the 111th Congress, comprehensive immigration reform bills were introduced by Senators Robert Menendez (D-NJ) and Representative Luis Gutierrez (D-IL). Both the Comprehensive Immigration Reform Act of 2010 and the Comprehensive Immigration Reform for America’s Security and Prosperity Act of 2009 included provisions which would protect family unity and child wellbeing, such as inclusion of the DREAM Act and provisions to reduce family immigration backlogs as well as protections for children and families during immigration enforcement actions.
- i Secure Communities is one of the programs under the ICE (Immigration and Customs Enforcement) ACCESS (Agreements of Cooperation in Communities to Enhance Safety and Security) Initiative by which state and local law enforcement agencies are able to cooperate with ICE in the apprehension of individuals suspected of violating an immigration law. Other programs include 287(g) agreements and the National Fugitive Operation Team Program (NFOP). For more information, see <http://www/ice.gov.access/>.
- j The HELP Separated Children Act was introduced in the 111th Congress by Senator Al Franken (D-MN) and Representative Lynn Woolsey (D-CA). Both bills would require the Department of Homeland Security to implement critical protocols to ensure detained parents are able to make decisions regarding their child’s care, including the ability to meaningfully participate in family court proceedings and the ability to make arrangements to take their children with them in cases of deportation. The CCPA, introduced in the 111th Congress by Jose Serrano (D-NY), would restore the ability of immigration judges to use discretion regarding the potential impact on U.S. citizen children in deportation proceedings.
- k The Fourteenth Amendment’s birthright citizenship clause reads, “All persons born or naturalized in the United States, and subject to the jurisdiction thereof, are citizens of the United States and of the State wherein they reside.” In 1898, the Supreme Court further ruled in the *Wong Kim Ark* decision that children of immigrants born on U.S. soil are entitled to citizenship under the Fourteenth Amendment regardless of their parent’s nativity or immigration status.
- l At the inception of the 112th Congress, Representative Steve King (R-IA) introduced the Birthright Citizenship Act of 2011, a bill that would make birthright citizenship contingent upon at least one child’s parent being a U.S. citizen or national, a lawfully present immigrant, or an alien performing active service in the armed forces. Senators David Vitter (R-LA) and Rand Paul (R-KY) also introduced a similar resolution in the U.S. Senate.

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