Immigrant Children and Their Families: Issues for Research and Policy

Board on Children and Families
Commission on Behavioral and Social Sciences and Education
National Research Council
Institute of Medicine

The United States is experiencing an influx of immigrants not seen since the historic immigration boom at the turn of the century. During the 1970s and 1980s, 17 million immigrants entered the United States, more than double the number that had arrived during the four preceding decades. The immigrants coming to America’s shores today are more diverse than ever before, arriving from an extremely broad spectrum of countries, encompassing an unprecedented range of linguistic backgrounds, and increasingly of non-European origin (see Box 1). In
many instances, they also face more limited economic opportunities than did earlier waves of immigrants. In addition, today's newcomers are arriving as tighter constraints on government budgets appear to be causing growing numbers of Americans to question the costs of social welfare services, education, health, and other programs for immigrants, especially illegal immigrants.

In the discussions that surround this contentious subject, attention has focused on a number of policy issues, from immigrants' labor force participation to their reliance on welfare. Amid the fray, children—lacking voting powers and unable to choose where they live—have been rendered largely invisible. Although much of the public debate about immigration focuses on programs that benefit children—the schools, public assistance, and social welfare—discussion remains riveted on issues of short-term costs and societal impacts, to the neglect of considerations of the well-being and future contributions of immigrant children. Yet first- and second-generation immigrant children are the fastest-growing segment of the U.S. population under age 15.4

It is in this context that the Board on Children and Families of the National Research Council and the Institute of Medicine convened a group of researchers and policymakers whose work focuses on issues crucial to immigrant children and their families, with a special emphasis on the preschool and school-age years, for a two-day workshop.5 The goals of the workshop were to assess the state of knowledge about immigrant children and families, including its articulation of today's pressing policy questions, and to identify critical topics that warrant in-depth examination as this area of research develops, emphasizing those that promise to advance both the research enterprise and public policy on immigrant children and families. The principal aim was to review what is known and to raise issues for the future, not to make recommendations toward resolving those issues. This report is based on the deliberations at this workshop and on supplementary materials provided by the workshop participants.

Throughout the workshop and in this article, the terms immigrant children and children of immigrants refer to children who are newborns to age 18 who come to the United States with their parents, and U.S.-born children of parents who immigrated to the United States. The 1990 census counted 2.1 million foreign-born children in the United States; adding second-generation immigrants boosts the number of children to more than 5 million as of 1990.5
**Immigration Terms**

**asylee:** a noncitizen in the United States or at a port of entry who is unable or unwilling to return to his or her country of nationality or to seek the protection of that country because of persecution or a well-founded fear of persecution (persecution or the fear of persecution may be based on the person’s race, religion, nationality, membership in a particular social group, or political opinion); there is a limit of 10,000 adjustments of noncitizens to asylee status per fiscal year.

**bilingual education:** schooling in which those not fluent in English are taught subjects in their own language.

**circular migration:** the circumstance in which immigrants to the United States travel back and forth between the United States and their countries of origin.

**diversity:** variation; used in reference to the growing cultural, ethnic, and linguistic variation of the U.S. population.

**first-generation immigrant:** an immigrant to the United States who has not been preceded by his or her parents or other family members.

**humanitarian admission:** the process by which immigrants are admitted to the United States for humanitarian reasons, such as suffering human rights abuses in the country of origin; usually involves asylees and refugees.

**illegal immigrant:** an immigrant who enters the United States illegally (that is, without an invitation) or without inspection, or who enters legally (as a visitor, student, or temporary employee) but then fails to leave when his or her visa expires (see visa overstayer); also called undocumented immigrant.

**immigrant children, children of immigrants:** individuals from birth to age 18 who come to the United States with their parents or other family members, and U.S.-born children of parents who emigrated to the United States before those children were born.

**legal immigrant:** an immigrant who enters the United States as a legal permanent resident and who, after five years of continuous residence, is eligible to apply for citizenship.

**LEP:** limited English proficiency, used to describe the linguistic ability of students who have difficulty reading, writing, speaking, and/or understanding English.

**refugee:** any person outside his or her country of nationality who is unable or unwilling to return to that country because of persecution or a well-founded fear of persecution (persecution or the fear of persecution may be based on the person’s race, religion, nationality, membership in a particular social group, or political opinion); refugees are exempt from numerical limitation and eligible to adjust to lawful permanent resident status after one year of continuous presence in the United States.

**second-generation immigrant:** the U.S.-born child of a first-generation immigrant; as a U.S. citizen, eligible to receive certain benefits on the same basis as citizens.

**selective migration:** the circumstance in which immigrants who choose to come to the United States are not representative of the full spectrum of citizens in their country of origin due to factors influencing their decision to migrate, such as higher (or lower) education levels.

**undocumented immigrant:** see illegal immigrant.

**visa overstayer:** a noncitizen who enters the United States on a visa that allows him or her to stay for a limited period of time, then overstays that limit; considered an undocumented, or illegal, immigrant.
Immigrant Children and Their Families

Between 1987 and 1990, 1,031,752 foreign-born children (persons under age 20) came to the United States. Most of the immigrant children and their families who arrive in the United States today come from Mexico, Central and South America, and Asia (particularly Vietnam, Cambodia, and Laos).

Yet other newcomers arrive from other countries—so many, in fact, that more than 100 languages are spoken in the school systems of New York City, Chicago, Los Angeles, and Fairfax County, Virginia.

Immigrant children and their families come to live in the United States permanently via one of three modes of entry: legal immigration, humanitarian admission (as refugees and asylees, statuses that are also legal), or illegal entry (as either visa overstayers or undocumented immigrants). The vast majority (85%) of the foreign-born living in the United States are in the country legally.

Most immigrant children and their families live in six states (California, Florida, Illinois, New Jersey, New York, and Texas), and most live in metropolitan areas. According to the U.S. Department of Education, 78% of all recent immigrant students attend school in just five states (California, Florida, Illinois, New York, and Texas), with 45% enrolled in California. National estimates of growth in the immigrant student population provide an especially compelling glimpse of the future face of America: the total school-age population is projected to grow by more than 20%, from 34 million in 1990 to 42 million in 2010; it is estimated that children of immigrants will account for more than half of this growth. The number of children of immigrants will rise to 9 million in 2010, representing 22% of the school-age population.

An overriding theme of the workshop concerned the critical importance of examining immigrant children in the context of their families. Family reunification is a central reason for immigration today, and many new immigrants arrive in family groups. Family relationships help define immigrant children’s experiences in the United States, including their eligibility for some social and economic resources. This contrasts with turn-of-the-century immigrants, typically male adults who arrived in America unmarried or left their families behind until they got settled.

Moreover, the development and experiences of today’s immigrant children cannot be understood apart from family roles. Family structure and dynamics are key indicators of children’s well-being and include such considerations as whether the family unit is headed by one parent or two, how many members of the family work, the role of older siblings in helping younger children adapt, children’s roles in serving as a critical link between their parents and the larger English-speaking U.S. society, and parents’ fears that they are losing control over their increasingly Americanized children. Although it is valuable to look at within-household issues, it is also important to consider interactions outside the family structure—particularly between recent immigrant families and earlier immigrants of the same ethnic group, as well as among immigrants and other minority groups residing in the same local communities. Relations between the characteristics and needs of immigrant children and their families and the community structures and public programs that are available to serve them also warrant the attention of researchers and policymakers alike.

Concerns over Cost

Given the sheer numbers of newcomers in America, it is not surprising that immigrants and their effects on U.S. society have garnered significant attention—much of it negative—among the public as a whole, as well as at all levels of government. In fact, concern over immigrants’
place in the United States is running so high that a large number of Americans now support efforts to close the door through which many have entered this country: in a recent poll, 73% of respondents said they supported strictly limiting all immigration.11

Public anxiety over immigrants has risen in part because the recent upsurge in immigration has coincided with a stagnant economy, fueling concerns that people from other countries are displacing U.S. citizen workers, although collected data provide little evidence to support this concern.3 Fear and suspicion surface, too, because many Americans lump together legal and illegal immigrants in their perceptions of the foreign-born population, overlooking the reality that most immigrants, including refugees seeking political asylum, enter America legally, with the express consent of the U.S. government.

The most salient public concerns—and hence policy considerations—center on the costs of providing services to the new immigrants. Immigration policy is made at the federal level, but states and municipalities, increasingly restricted financially, pay the rising costs associated with that policy. Roughly two-thirds to three-fourths of the money that immigrants pay in taxes goes to the federal government, whereas about two-thirds to three-fourths of the expenditures for immigrants are borne at the state and local levels,12 a fact that drives public perceptions about immigrant costs. Fed up with this imbalance, the governors of states in which large numbers of undocumented immigrants reside have asked Washington to take responsibility for the costs of providing federally mandated services to this population. Four states—Arizona, California, Florida, and Texas—have filed lawsuits against the federal government seeking to recover the spiraling costs of providing services to illegal immigrants and their American-born children. Partly in response to these pressures, the 1994 federal crime bill included $1.8 billion over six years to reimburse states for the costs of detaining criminal illegal immigrants in prisons; Congress approved $130 million for 1995 as the first installment.

Other efforts have sought to limit immigrants’ access to public services, frequently by narrowing the definition of “residents,” as a way to reduce costs; most of these efforts focus on undocumented immigrants. For example, a ballot initiative in California last November, Proposition 187 (dubbed “Save Our State”), sought to bar illegal immigrant children from public schools, exclude illegal immigrants from all but emergency medical care, and require state agencies to report undocumented immigrants to the attorney general (under current federal law, illegal immigrants may attend public school and may receive emergency medical services). The initiative enjoyed wide public support13 and was approved with 59% of the vote, although it was immediately challenged in state and federal courts. Meanwhile, in Florida, the State Department of Health and Rehabilitative Services, which is responsible for caring for abused juveniles, last year began denying foster care to the children of illegal immigrants.14

Opponents of these types of initiatives stress the negative impacts on children of depriving their mothers of prenatal care and children themselves of preventive health care, basic education, and other services, including immunizations. In Virginia, where a law was passed in spring 1994 barring illegal immigrants who are 18 and older from public schools, a number of public school officials said they would rather risk losing state education funds than ask students to prove they are legal residents.15

Previous attempts in the early 1970s by states to restrict the access of undocumented immigrants to federal and state programs, such as Aid to Families with Dependent Children (AFDC), were invalidated by the U.S. Supreme Court. The Court held that the federal government has an overriding interest in matters
affecting immigration and nativity status and rejected the states’ complaints about dwindling resources. Courts have also struck down state and local efforts to discriminate on the basis of nativity in primary and secondary education. Most notably, the Supreme Court’s 1982 ruling in *Plyler v. Doe* reversed Texas’s attempts to bar the undocumented children of illegal immigrants from receiving a free public education. Indeed, the authors of California’s 1994 ballot initiative said they fielded Proposition 187 in part to force the Supreme Court to revisit *Plyler*, which was decided by a five-to-four vote.

Limiting access of legal and illegal immigrants to public benefits has also been debated on Capitol Hill. House Republicans drafted legislation at the end of 1994 which would bar most legal immigrants from 60 federal programs, including childhood immunizations, subsidized school lunches, and AFDC. In spring 1994, a group of moderate House Democrats sought to bar some legal immigrants from eligibility for Social Security, Medicaid, food stamps, and AFDC. The Clinton administration proposed limiting some legal immigrants’ eligibility for food stamps, AFDC, and Supplemental Security Income for five years after arrival.

In September 1994, the U.S. Commission on Immigration Reform recommended in its report to Congress the development of a “clear and consistent policy on immigrant eligibility for public benefits.” Although recommending against any broad, categorical denial of public benefits to legal immigrants, the commission suggested that illegal immigrants should not be eligible for any publicly funded services or assistance, except those made available on an emergency basis or for similar compelling reasons to protect public health and safety or to conform to constitutional requirements. The commission called for a short-term and temporary authorization of “impact aid” to offset part of the costs of unlawful immigration paid by states and localities, contingent on the development of better data and methods to measure the net fiscal impact of illegal immigration. The commission further recommended an immediate authorization of impact aid targeted at the costs of incarcerating illegal immigrants, noting that, although it accepts in principle the need for enhanced federal funding to help localities with the costs of providing education to illegal immigrant children and of emergency medical care under Medicaid to illegal immigrants, available data do not provide reliable estimates of the numbers of illegal immigrant children and the proportion of emergency medical assistance associated with illegal immigrants.

Currently, legal immigrants and refugees may receive benefits such as AFDC, Medicaid, and food stamps, provided they meet the same eligibility requirements as U.S. citizens. For three years after entry, immigrants are also assumed to have available for their support some portion of the income and resources of their immigration sponsors. Children born in the United States to immigrant parents are U.S. citizens and, as such, are eligible to receive federal benefits on the same basis as citizens. The majority (75%) of the children in immigrant households receiving AFDC are U.S.-born. Undocumented immigrants are specifically barred by law from participating in most major federal assistance programs, with one exception: the Omnibus Budget Reconciliation Act of 1986 requires states to provide Medicaid coverage for emergency medical care, including childbirth, to financially and categorically eligible undocumented immigrants. Some undocumented immigrants are also eligible to participate in the Supplemental Food Program for Women, Infants, and Children (WIC).

Efforts to pinpoint just how much immigrants cost the country are difficult, as estimates of net costs have yielded conflicting results. These estimates vary because of disagreements over the number of immigrants, especially the number of undocumented immigrants, and difficulties with measuring the costs of certain services. In addition, there is considerable uncertainty about the extent to which the country’s fiscal burden is related to immigration.
debate over how much immigrants pay in taxes; and the employment and earnings of immigrants—not always easy to measure—figure prominently in calculations of how much assistance they may or may not need. It is also difficult to estimate the indirect costs and benefits associated with immigrants, such as job-creation effects, productivity gains, retention of industry, and increased trade.23 As expected, cost estimates that include legal immigrants differ greatly from those that attempt to measure the net costs of illegal immigrants alone.24

For example, a 1992 study concluded that post-1969 immigrants (legal and illegal) produced a net national deficit of $29.1 billion in public assistance and services.25 However, a more recent national cost-benefit assessment found that immigrants may actually generate a surplus.26 According to that study, immigrants who arrived in the United States between 1970 and 1992 paid $70 billion in taxes; subtracting from those taxes the estimated costs incurred by immigrants and their children for health, education, and other services, the study concluded that immigrants during that period generated a surplus of at least $25 billion to $30 billion.27

Policy Issues Today

Today’s unprecedented influx of immigrants from a wide array of nations demands that policymakers address issues related to these populations in the near term. Two policy matters at the forefront of current discussions are education and health care.

Education

In school districts across the country, the very face of schooling is changing as the arrival of foreign-born and second-generation immigrant children challenges educators and policymakers to adapt to a changing population, one that is highly diverse culturally, racially, and linguistically. The prevailing impression is that immigrant children, regardless of their country of origin, do not adjust well to school and perform poorly academically, draining resources from an already overburdened educational system. However, assumptions that treat immigrant children as a homogeneous group are far from accurate; immigrant children’s educational needs and outcomes differ considerably depending on their socioeconomic status, levels of English proficiency, cultural background, and experiences in their country of origin. Many of these sources of diversity affect

The average household incomes of both legal immigrants and refugees who entered before 1980 are higher than those of U.S.-born Americans.
The educational outcomes of immigrant children cannot be understood without considering the range of social and economic backgrounds that characterize these children and their families. In the United States, research on these issues often fails to disentangle the influences of social class and immigrant status. This problem is further compounded by patterns of selective migration, in which differing immigrant groups may over- or underrepresent the more (or less) educated populations of their countries of origin. This makes it exceedingly difficult to interpret or generalize from studies of specific immigrant subpopulations in specific, local communities.

There is mounting evidence that immigrant youths perform at least as well academically and may stay in school longer than their U.S.-born majority-group peers of similar class backgrounds. Indeed, in spite of often difficult circumstances, such as those experienced by refugee children who come to the United States from war-torn nations, some immigrant children even exceed the academic norms of U.S.-born native English speakers from advantaged environments.

But other immigrant students perform less well, fueling public stereotypes about specific immigrant groups. Aggregate national statistics, particularly those that document lower achievement levels for Hispanic immigrant students, camouflage the wide variation in educational outcomes that characterizes both first-generation Hispanics and their second- and third-generation counterparts. In addition to social class, the fact that immigrant children are disproportionately represented among students with limited English proficiency (LEP) greatly affects their school achievement.

Turning to immigrant students with limited proficiency in English, unresolved issues for policy, practice, and research abound. Indeed, it is difficult even to obtain reliable data on the school success of these children for several reasons: the paucity of adequate assessment instruments for LEP immigrant children, policies that exclude these children from assessments for fear that overall averages of school success will suffer, and lack of outcome data that identify students by LEP or immigrant status.

Estimates of students with limited English proficiency range from 2.3 million to as high as 3.3 million. The Census Bureau further estimates that 1.8 million school-age children live in households in which no one age 14 or older speaks English “very well.” Although these figures are not restricted to immigrant children, this population has contributed significantly to recent increases in the number of students with limited English proficiency. The current influx of new immigrant groups means continuing increases in the number of students who enter American schools with little or no English proficiency.

Immigrant children with limited English proficiency are eligible to participate in school programs funded by the Bilingual Education Act (Title VII of the Elementary and Secondary Education Act [ESEA]) or the Emergency Immigrant Education Act of 1984 (Title IV, Part D, of ESEA), which authorizes the Emergency Immigrant Education program. They may take part in English as a second language (ESL) or limited English proficiency (LEP) programs.

Federal expenditures for bilingual education, adjusted for inflation, declined 48% during the 1980s, despite a 50% increase in the size of the LEP population; Title VII spending on bilingual education remains quite low, at just slightly more.
than $200 million annually. In contrast, appropriations for immigrant education, which fell over the course of the 1980s, have recently increased considerably; the appropriation for Fiscal Year 1995 was $50 million, the request for Fiscal Year 1996, $100 million.

Title I (formerly Chapter 1), the federal grant program designed to address the educational needs of economically disadvantaged children, could serve low-income immigrant children, but it has failed to do so in a systematic way, according to two 1993 assessments. The exclusion from Title I educational services of immigrant children, notably those with limited English proficiency, has been attributed to multiple factors, including funding allocation formulas that adversely affect districts with high numbers of immigrant students, use of English-only placement tests, and ambiguous language regarding eligibility in the legislation authorizing the program. As a result, there has been great variation by state and school district in the proportion of LEP children served by Title I; in fact, 12 of 31 state education agencies surveyed in one study said no program services at all were provided to Title I-eligible LEP students. Recent changes in Title I, however, begin to rectify the highly uneven attention to immigrant students in the program. These changes, approved by Congress in 1994, include allowing future funding increases to be targeted to high-poverty school districts, expanding school-wide programs that would enable all students in school to be served, and clarifying the language regarding eligibility of LEP students.

To the extent that the focus of attention is on immigrant students with limited English proficiency, states, especially those with large numbers of LEP students, have policies and programs that offer special language assistance, due in large part to the Civil Rights Act and other federal and state laws.

The pressing practical issue, then, is not whether policies and programs for immigrant students exist, but to what extent appropriate policies for immigrant children and existing policies (such as those for LEP students) overlap, and whether special policies and programs are needed for immigrant children. Among the crucial questions: Are there social services that schools might provide or coordinate which would benefit recent arrivals? Do immigrant students need educational services different from those provided to LEP students? What might those services be and how should they be integrated into the educational system?

Debates over the education of immigrant children are not, however, restricted to issues associated with language. One of the most salient public concerns is the cost of educating immigrant children. In fact, education is one of the largest expenditures associated with immigrants, the major share of costs being borne by states and localities. A recent report on the costs of providing welfare and education to immigrants found that 5.2%, or $11.8 billion, of total 1992 federal and state expenditures for public education, Title VII bilingual education, and the National School Lunch program went to immigrants and programs that serve them. Public concerns mount when, amid financially stretched local budgets, already over-subscribed tax dollars are spent on programs for immigrant children, fueling divisive efforts to restrict immigrants’ access to public services.

Additional policy issues posing challenges to educators today include training teachers to address the special needs of immigrant children, developing instructional materials for immigrant children, ensuring that there are assessment instruments in languages other than English and Spanish, and determining what investments the public is willing to make in helping ensure the education (and future economic success) of immigrant children. In addition, some educators are developing policies that focus on addressing immigrant children’s special needs within the context of current education.
reform efforts emphasizing systemic initiatives to improve educational outcomes for all children.

**Physical and Mental Health**

Immigrants’ health status is of great interest to policymakers as the number of immigrants in the United States increases. The immigrant population’s access to health care services is also a crucial issue insofar as it affects physical and mental well-being, as well as the ability of immigrants to adapt and contribute to life in the United States.

For many immigrants, especially children, the immigration process itself is an event of extraordinary intensity and stress in which individuals are torn by conflicting social and cultural demands while trying to adapt to an unfamiliar and sometimes hostile environment, which may well be discriminatory. Although it is not uncommon for immigrants to experience an initial euphoria upon arrival in the United States, that phase is often followed by depression, which can last well into the third year after arrival. Undocumented immigrants and their U.S.-born children face the added stress associated with the fear of deportation and separation from family members.

For some immigrants, health worsens over time in the United States. In a recent study that aggregated data across all immigrant groups, researchers found that, on virtually every measure of health status, immigrants who had lived in the United States 5 years or less were healthier than foreign-born persons who had lived in the United States 10 years or more. These intriguing findings lend themselves to multiple interpretations. Immigrants may arrive with existing physical conditions that are masked during the initial settling-in period, or they may acquire those conditions or certain behaviors (such as smoking, drinking, and lifestyle changes) that put them at risk in their new environment. Alternatively, health may deteriorate with increased duration of residence in the United States as a result of limited access to appropriate health care. Finally, because health status is so highly correlated with family income, if income declines with increased length of residency, the health results may derive primarily from socioeconomic factors.

Smaller studies, primarily among Mexican Americans, of both generational effects and length of residence have confirmed associations between these variables and health outcomes. For example, rates of lifetime depression and alcohol and drug abuse were higher for U.S.-born persons of Mexican descent than for immigrants to the United States who were...
born in Mexico, according to one study.\textsuperscript{35} Negative pregnancy outcomes—including rates of difficult pregnancies, low birth weight babies, and infant mortality—have also been found to increase among Hispanic immigrants with subsequent generations in the United States.\textsuperscript{37,38}

In contrast, a separate study of Indochinese immigrants in San Diego County who appeared to be at risk for poor infant health outcomes (with high levels of unemployment, poverty, welfare dependency, and depressive symptomatology) were found to have much lower infant mortality rates than the San Diego County average. The results were explained by a nearly universal absence of tobacco, alcohol, and drug abuse among pregnant Indochinese women so that, even with late onset of prenatal care, they had very positive pregnancy outcomes.\textsuperscript{39}

These data point to the importance of identifying conditions under which immigrant groups fare well and those that produce negative health outcomes. Among factors to consider are family networks and social supports, relationships within families, the effect of frequent mobility on children’s lives, segmented assimilation into different kinds of contexts, and cultural practices from the country of origin. It is also important to consider the effects of lack of health insurance and inconsistencies in health care.

Immigrant children and their families tend to receive a patchwork of health care services. Eligibility depends on their immigrant status.

For some refugees, eligibility for health care services has been reduced in recent years; whereas needy refugees who were ineligible for Medicaid used to be able to receive refugee medical assistance (which provides benefits similar to those provided by Medicaid) for 36 months after arrival, beginning in 1982 and continuing to 1991, those benefits were cut to 8 months.\textsuperscript{41} This reduction in services can be difficult for newcomers, particularly those with chronic health conditions and those for whom health problems surfaced after a period of settlement in the United States.\textsuperscript{40}

As with education, concerns over the costs of providing these medical services to immigrants (especially to undocumented immigrants) have spurred efforts to restrict this population’s access to health care. One of the authors of California’s Proposition 187 put the cost of providing comprehensive health services to California’s illegal immigrants in 1992 at $900 million, an increase of 1,800\% over the previous five years.\textsuperscript{18} (This figure is considerably higher than current costs of providing a limited range of public health treatments and screenings; it is also higher than findings reported for illegal immigrants’ Medicaid costs in the 1994 study of the fiscal impacts of illegal immigrants in seven states.\textsuperscript{27}) Opponents of efforts to limit services to immigrants counter that denying
children access to preventive health care and immunizations is foolhardy public policy, destined to haunt society in later spiraling costs for emergency medical services (for which immigrants are eligible).42

The needs identified in the literature on immigrant health suggest the importance of crafting health care systems that are culturally sensitive to immigrants’ needs. Many American health care providers need to better understand traditional health care beliefs and practices often utilized by immigrants (especially recent newcomers) to provide culturally relevant and effective services. Failure to do so can result in an erosion of those strategies within the immigrant family and, frequently, a lack of new strategies with which to address illness.43

**Issues for Research**

Existing research on immigrant children is extremely sparse, especially for young children. There are, however, several national and smaller data sets that include information on immigrant status and could be mined fruitfully by researchers interested in examining the characteristics and development of immigrant children and families. One of them is the Public Use Microdata Sample from the 1990 census.44,45 Smaller empirical studies of immigrant children and families are also being launched by a growing number of investigators.46–49 However, the current public climate that supports limiting immigrants’ use of public services may create disincentives for immigrants to enter into situations in which they are identified as such, including participating in research that identifies subjects by their immigrant status.

Despite the paucity of research on immigrant children and families, state and local policymakers are developing programs for immigrants now. It is therefore crucial that researchers and others with a full understanding of the complex issues surrounding these vulnerable populations inform the development of such programs. Research on immigrant children and families can throw light on the issues affecting these populations, removing them from obscurity and validating their experiences. In addition, as the composition of America changes, it is crucial that ongoing research reflect these changes; excluding immigrant children from research will render existing studies of so-called mainstream populations increasingly unrepresentative.

Furthermore, research has a role to play in crafting effective responses to the needs of America’s changing population mix. The absence of reliable research on immigrant children and families heightens the risk that policies and programs for newcomer children will be dismissive rather than inclusive and effective. Indeed, failure to meet the needs of immigrant children and their families—from health care to education, skills training, and language acquisition—jeopardizes not only their personal development but also their future success as labor force participants and fruitful contributors to American society.

Many research areas require more attention. Researchers who have studied the adaptation of immigrant children to life in the United States surmise that their assimilation is based on a variety of factors, many of them involving the central role of the family,46–48 including family structure and attitudes, immigration status (legal, illegal, refugee), the child’s age upon entry to the United States, conditions under which the child lived before coming to the United States, the type of community in which the child currently lives, the family’s financial status and prospects, and whether the child was born in the United States or in the family’s country of origin. Generational trends, by which some outcomes improve and others deteriorate across first-, second-, and third-generation immigrant cohorts, are now emerging in the research literature and constitute a particularly promising avenue for deciphering risk and protective factors that affect immigrant children.

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and families.\textsuperscript{28,46} Also important are what country the family came from, skin color and race, gender, available support systems in and outside the United States, and geographic location and mobility patterns within the United States, including the effects of circular migration—travel to and from the country of origin—on schooling and health.

Despite this exhaustive list, much is not understood about children’s adaptation: Why do some immigrant children succeed in school and others fail? Why do some impoverished immigrant groups show strikingly low rates of infant mortality compared with U.S.-born groups with similar background characteristics? Under what conditions and for whom do development and schooling outcomes deteriorate over time, for whom do they improve, and why? What role does self-selection play among immigrants and how do the personal characteristics that immigrant children and families bring with them help or hinder their adjustment to life in the United States? How do the economic or political factors motivating parents’ immigration, and their status as legal or illegal immigrants, affect the developmental challenges and adaptation strategies of children?

Studies that address the prevention of psychological maladjustment and educational failure may be useful, as well as a search for those variables that mediate or moderate the impact of the stresses of immigration and settlement and that predict successful adjustment and optimal development. Which forms of experience associated with immigration and settlement are likely to influence the course of adaptation, adjustment, and development of immigrant children? What enables a child to reach his or her full potential? What factors can prevent the downward trend experienced by, and often even expected of, so many immigrant children? Developmental approaches to the study of immigration are also important, including perspectives that consider the life changes of immigration and settlement in view of their timing in relation to events such as school entry and the onset of puberty.\textsuperscript{28}

As noted above, for some immigrant groups, measures of health, educational attainment, and economic well-being deteriorate the longer they are in the United States; for others, those indicators improve. In this field, studies are needed which account for the patterns and behaviors exhibited by first-, second-, and later-generation immigrants. Researchers could focus on how outcomes are affected by country-of-origin beliefs, tensions between family customs and new American ways, and the immigration experience itself.

Studies could also explore the protective role of cross-generational attachments and bonding among immigrant populations, as well as factors that lead to different kinds of adjustment patterns within immigrant families. In addition, researchers could include in their work investigations of the development of illegal immigrant children who do not take part in schooling or fail to receive health care due to parents’ concerns about being found to be in the United States illegally.

Research is also needed on non-migrants so that the knowledge base comprises information not only on how immigrants adapt to their new environment, but also on how the arrival of immigrant children affects U.S.-born children as well as the larger community.

America in the future will be more racially, ethnically, and culturally diverse than ever before, largely as the result of recent immigration patterns. The general consensus at the workshop was that immigrant children, far from being a fringe element of America’s population, are a large and increasing core part of our communities, our schools, and our society. As the composition of our country changes, it will be up to our institutions to adapt to these enormous shifts.
1. The project that is the subject of this report was approved by the governing board of the National Research Council, whose members are drawn from the councils of the National Academy of Sciences, the National Academy of Engineering, and the Institute of Medicine. The members of the committee responsible for the report were chosen for their special competences and with regard for appropriate balance.

This report has been reviewed by a group other than the authors according to procedures approved by a report review committee consisting of members of the National Academy of Sciences, the National Academy of Engineering, and the Institute of Medicine.

The National Academy of Sciences is a private, nonprofit, self-perpetuating society of distinguished scholars engaged in scientific and engineering research, dedicated to the furtherance of science and technology and to their use for the general welfare. Upon the authority of the charter granted to it by the Congress in 1863, the academy has a mandate that requires it to advise the federal government on scientific and technical matters. Dr. Bruce Alberts is president of the National Academy of Sciences.

The National Academy of Engineering was established in 1964, under the charter of the National Academy of Sciences, as a parallel organization of outstanding engineers. It is autonomous in its administration and in the selection of its members, sharing with the National Academy of Sciences the responsibility for advising the federal government. The National Academy of Engineering also sponsors engineering programs aimed at meeting national needs, encourages education and research, and recognizes the superior achievements of engineers. Dr. Harold Liebowitz is president of the National Academy of Engineering.

The Institute of Medicine was established in 1970 by the National Academy of Sciences to secure the services of eminent members of appropriate professions in the examination of policy matters pertaining to the health of the public. The institute acts under the responsibility given to the National Academy of Sciences by its congressional charter to be an adviser to the federal government and, upon its own initiative, to identify issues of medical care, research, and education. Dr. Kenneth I. Shine is president of the Institute of Medicine.

The National Research Council was organized by the National Academy of Sciences in 1916 to associate the broad community of science and technology with the academy’s purposes of furthering knowledge and advising the federal government. Functioning in accordance with general policies determined by the academy, the council has become the principal operating agency of both the National Academy of Sciences and the National Academy of Engineering in providing services to the government, the public, and the scientific and engineering communities. The council is administered jointly by both academies and the Institute of Medicine. Dr. Bruce Alberts and Dr. Harold Liebowitz are chairman and vice chairman, respectively, of the National Research Council.

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2. Members of the Board on Children and Families include the following: Sheldon H. White (chair), Department of Psychology, Harvard University; Jack P. Shonkoff (vice chair), Heller Graduate School, Brandeis University; Jomills H. Braddock, II, Department of Sociology, University of Miami; David V.B. Britt, Children’s Television Workshop, New York City; Larry Bumpass, Center for Demography and Ecology, University of Wisconsin; Peggy Davis, Clinical Law Center, New York University; Fernando A. Guerra, San Antonio Metropolitan Health District; Bernard Guyer, Department of Maternal and Child Health, Johns Hopkins University; Aletha C. Huston, Human Development and Family Life, University of Kansas; Ray Marshall, LBJ School of Public Affairs, University of Texas; Robert Michael, Harris Graduate School of Public Policy Studies, University of Chicago; Paul Newacheck, Institute of Health Policy Studies and Department of Pediatrics, University of California, San Francisco; Julius B. Richmond, Department of Social Medicine, Harvard University Medical School; Timothy M. Sandos, City Council, Denver, Colorado; Lisbeth B. Schorr, Harvard Project on Effective Services, Harvard University; Carole Simpson, ABC News, Washington,


5. The workshop, titled the Invisible Immigrant Population: Young Children and Their Families in the United States, was held on September 8–9, 1994. Workshop participants were Christine Bachrach, Demographic and Behavioral Sciences Branch, Center for Population Research, National Institute of Child Health and Human Development; Frank D. Bean, Population Research Center, University of Texas at Austin; Rodney R. Cocking, Basic Behavior and Cognitive Sciences Research Branch, National Institute of Mental Health; Glen H. Elder, Jr., Carolina Population Center, University of North Carolina; David Featherman, Social Science Research Council; Michael Fix, Urban Institute; Linda Gordon, Statistics Division, Immigration and Naturalization Service; David Howell, U.S. Commission on Immigration Reform; Guillermina Jasso, Department of Sociology, New York University; Frank Kessel, Social Science Research Council; Nancy Landale, Population Research Institute, Pennsylvania State University; Rose Li, Demographic and Behavioral Sciences Branch, Center for Population Research, National Institute of Child Health and Human Development; Lindsay Lowell, Immigration Policy and Research, U.S. Department of Labor; Susan Martin, U.S. Commission on Immigration Reform (*dinner speaker*); John Mollenkopf, Public Policy Program, City University of New York; Jeylan Mortimer, Life Course Center, University of Minnesota; Katherine Newman, Department of Anthropology, Columbia University; Laurie Olsen, California Tomorrow; Mark Rosenzweig, Department of Economics, University of Pennsylvania; Ruben G. Rumbaut, Department of Sociology, Michigan State University; Patricia Shiono, Director of Research and Grants, Epidemiology, Center for the Future of Children, The David and Lucile Packard Foundation; Mary Lou de Leon Siantz, Department of Psychiatric/Mental Health Nursing, Indiana University School of Nursing; Betty Lee Sung, Department of Asian Studies, City College of New York; Eric Wanner, Russell Sage Foundation; Sheldon H. White, Department of Psychology, Harvard University.


12. Frank D. Bean, Population Research Center, University of Texas at Austin. Workshop discussion.


35. Ruben G. Rumbaut, Department of Sociology, Michigan State University. Workshop discussion.


37. Guillermina Jasso, Department of Sociology, New York University. Workshop discussion.

38. Mary Lou de Leon Siantz, Department of Psychiatric/Mental Health Nursing, Indiana University School of Nursing. Workshop discussion.


43. Laurie Olsen, California Tomorrow. Workshop discussion.


