Spotlight on Immigrant Child Well-being

Growing Up in the ICE Age

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The current anti-immigrant political environment in the United States has led to widespread fear and insecurity for immigrant communities, who bear the physical, emotional, and mental burden of indiscriminate immigration enforcement. For immigrant families, U.S. Immigration and Customs Enforcement (ICE) is more than just a government agency—as Joanna Dreby wrote in her book, *"Surviving the ICE Age: Children of Immigrants in New York,"* ICE is a "constant shadow," one that's ripping apart families and shredding community institutions.

Our present climate of government surveillance and uncertainty is what "growing up in the ICE Age" implies. It is not just about the policies written on paper, it is about the atmosphere of fear that seeps into homes, schools, and neighborhoods, shaping how immigrant children experience childhood itself.

For children, the stakes are especially high. Their developmental years are short, and the effects of fear, trauma, and family instability during this period can ripple forward into adulthood, shaping lifelong health, learning, and well-being. Supporting immigrant children's abilities to grow, learn, and thrive strengthens families, schools, and neighborhoods. Acting now is not just about addressing the immediate challenges facing

immigrant children; it is an investment in the health and well-being of communities and society as a whole.

This Spotlight highlights the impacts of ICE enforcement on the health and well-being of children in immigrant families. Building on a historical precedent of family separation in the United States, ICE is separating thousands of immigrant parents and children from one another, leading to toxic stress and trauma. We need systemic change to address the structural barriers hindering access to resources and services, even as we invest in youth and family services that foster post-traumatic growth and healing. We conclude with six recommendations to encourage discussion and action for greater immigrant child well-being:

1. Strengthen training for frontline staff
2. Expand language and culturally responsive programming
3. Invest in community-based health supports
4. Protect and stabilize families through legal, safety, and resource navigation
5. Improve housing stability for immigrant families
6. Fund healthcare programs and expand access

The 21st century ICE Age

The One Big Beautiful Bill Act (OBBBA) that Congress passed in July 2025 included $75 billion for U.S. Immigration and Customs Enforcement (ICE), allocating $45 billion to detention and $30 billion to hiring additional personnel. ICE hired more than 10,000 new officers by the end of

Immigrant Children in Massachusetts

329,800 children, or 2 in 5 children, in Boston have at least one immigrant parent.

441,500 children, or 1 in 3 children, in Massachusetts have at least one immigrant parent.

84% of the 329,800 children in Boston and 83% of the 441,500 children with at least one immigrant parent in Massachusetts are U.S. citizens.

65% of children of immigrants in Massachusetts have one or more immigrant parents who have lived in the United States for at least 10 years.

The majority of Massachusetts children of immigrants live in two-parent working households.

December 2025, significantly increasing the numbers of field agents and enforcement raids in an attempt to meet the White House's mandate of arresting 3,000 immigrants per day.

This directive has led to ICE engaging in unconstitutional and irregular detention and deportation tactics, including arresting immigrants attending courthouse and immigration appointments; raiding immigrant businesses and sectors; waiting outside schools and churches; and staging arrests in highly visible locations and times of day across the country, including Massachusetts. Even when families have never had direct contact with ICE, ICE's actions have created real and prominent fear in immigrant communities, as documented in *Iced In: The Actions and Impacts of U.S. Immigration and Customs Enforcement (ICE) in Massachusetts in 2025*.

These pressures are not abstract—they translate into poorer health outcomes, reduced willingness to seek care, and rising mental health challenges. Immigration enforcement activities have been associated with reduced K-12 school completion, reduced employment, increased childhood poverty, and an increased reticence to trust the judicial system and report crimes.

At the same time, hostile immigration policies fuel mistrust of public systems, making it even harder for families to access support. This pervasive climate of fear not only undermines the well-being of individual children and families but also weakens the health, safety, and cohesion of the broader community.

Migration-related trauma

Immigrant children often arrive in the United States having experienced trauma from migration, including exposure to violence, political persecution, extreme poverty, or natural disasters in their countries of origin. The journey itself can be dangerous when families face traveling long distances on foot, unsafe border crossings, or separation from caregivers. Even after arriving in the United States, children can experience instability in housing, schools, and social networks, compounding the stress of migration.

Early-life experiences and environmental influences significantly shape lifelong physical and mental health. Adverse Childhood Experiences (ACEs) include prolonged exposure

to trauma, chronic stress, or uncertainty during childhood and can increase difficulties with social and emotional development. For immigrant children, these risks are often magnified by fear of deportation, family separation, and systemic barriers to accessing support, highlighting the urgent need for culturally responsive, trauma-informed care that promotes resilience and stability.

The impacts of immigration enforcement on children

Children in immigrant families live with the daily reality of enforcement and fear of separation, deportation, and racial profiling stoked by anti-immigrant rhetoric. This sense of precarity is pervasive. It exists not only for undocumented children but also for U.S. citizen children in mixed-status households. Racial profiling based on the slightest markers of foreignness (e.g., country of origin, language use, legal status) make immigrants the targets of ICE detention. The Supreme Court's decision to lift restrictions on ICE effectively allows racial profiling, undermines constitutional protections, and encourages discriminatory immigration enforcement.

52,000 U.S. citizen children in Boston live with an undocumented parent.

Experiencing traumatic events in childhood (0-17 years) can have lasting effects on children's emotional, behavioral, and cognitive development. Less tangible but detrimental nonetheless are the disadvantages for children with undocumented parents who exhibit more internalizing behaviors (e.g., anxiety, depressive symptoms, and withdrawal) and externalizing behaviors (e.g., aggression, impulsivity, and classroom disruption).

Higher degrees of anxiety and lower levels of motivation and/or school performance due to deportation fears or as a consequence of deportation of a parent are documented impacts on children. For example, Chelsea Public Schools observed a drop in attendance due to fears of immigration enforcement, highlighting how chronic stress and fear can disrupt children's education and overall well-being. Exposure to immigration enforcement in childhood constitutes an ACE—and is preventable.

The harms of mass deportations extend beyond affecting those directly targeted, as even the threat or partial execution of deportation can leave lasting imprints on children and their families. Immigrants' fears can lead to a lack of trust in local law enforcement or in governmental services, and their worries about seeking assistance even for services for which they are eligible can increase social isolation. Fears produce heightened stress and increased cortisol levels.

English learner enrollment declined by 6,800 students across 22 of 26 Gateway City public school districts in Massachusetts.

Separation from parents has been found to increase symptoms of mental health problems among children who remain without their immigrant parents. A 2021 survey of U.S. Latinos found that 39% of respondents feared that a close family member could be deported, reflecting widespread anxiety even among children. Separation from caregivers is a major traumatic exposure, linked to both immediate and long-term psychological difficulties. Arrest of at least one parent often led to behavioral changes in children, including sleeping and eating disturbances, excessive crying, increased fear, and, in older youth, aggressive or withdrawn behavior.

These experiences can have lasting effects, shaping children's emotional, social, and physical well-being well into adulthood. The impact on family members has been described as "multigenerational punishment." A 2023 analysis of immigration enforcement in New York highlighted the psychological toll that witnessing a parent's arrest can have on children, with children unable to function or sleep for fear that ICE would take their parent away when they were at school or asleep.

Family Separation in 2026

Family separation has long been used as a tool of oppression and social control in the United States. From the forced removal of Native American children to boarding schools designed to erase indigenous identity, to the systematic separation of enslaved African families under chattel slavery, these practices were central to projects of colonialism and racial domination.

The historical precedence of family separation in the United States is an essential frame for analysis of immigration enforcement activities today. In 2018, the Trump administration introduced the practice of "zero tolerance" family separation (i.e., separating children from their parents if federal agents apprehended families who crossed the U.S.-Mexico border without inspection). During the spring and summer of that year, nearly 3,000 children were separated from their parents, causing intense trauma to both parents and children. Present-day ICE tactics of arresting, detaining, and deporting immigrants without due process has effectively resurrected family separation, albeit under a new guise.

Parents worry about leaving home for work or dropping their children at school, unsure if they will be stopped or questioned. Children live with the daily anxiety that their parent might not come home, having been taken by ICE. Community members describe avoiding hospitals, public spaces, and even parks, simply because they do not feel safe.

In a 2017 study by the Kaiser Family Foundation (KFF), pediatricians reported observing significant signs of toxic stress among children living with the constant fear of family separation, with one sharing,

> *"When you're worried every day that your parents are going to be taken away or that your family will be split up, that really is a form of toxic stress . . . We know that it's going to have long-term implications for heart disease, for health outcomes for these children in adulthood."*

Family separation—whether through migration, detention, or child welfare removal—has particularly devastating consequences on children.

Barriers to accessing services and resources

Immigrant families face significant obstacles in accessing mental health and health-promoting services. Many Massachusetts households speak Cape Verdean Creole, Mandarin, Portuguese, or Spanish—among other languages—yet child welfare, detention, and mental health systems often lack multilingual staff and underutilize validated screening tools. Cultural stigma and mistrust of providers also limit engagement.

The "undocumented stress cycle" is an ongoing pattern of stress experienced by undocumented individuals and their families due to fear of immigration enforcement, family separation, and limited resources.

Economic barriers, including ineligibility for benefits, overcrowded housing, and food insecurity, add to the strain. Families often fear that engagement with schools, hospitals, or Child Protective Services (CPS) could expose undocumented relatives to enforcement, deterring them from seeking help.

A lack of authorized immigration status also contributes to significant stress. This persistent stress can lead to avoidance of schools or healthcare, with long-term impacts on mental and physical health, especially for children in mixed-status households. Fear of deportation and of being a "public charge" affects access and uptake of resources like, Supplemental Nutrition Assistance Program (SNAP) and Women, Infants, and Children (WIC) benefits, housing vouchers, health and mental health services, and childcare.

Breaking barriers: How Massachusetts can empower its youngest immigrants to thrive

Despite the significant challenges immigrant children face, Massachusetts has a strong foundation of hundreds of community-based organizations and mutual aid networks. Organizations such as the MIRA Coalition and the Massachusetts Immigrant Collaborative bring together diverse immigrant-led organizations to care and advocate for immigrant communities in the Commonwealth. Models such as Boston Medical

Center's medical–legal partnerships demonstrate the value of linking healthcare providers and lawyers to address patients' social, legal, and medical needs.

Building on this foundation, Massachusetts has the opportunity to lead in creating a more inclusive, culturally responsive child well-being ecosystem that strengthens families, reduces fear and exposure to trauma, and expands access to care. Doing so requires coordinated action across schools, the Department of Children and Families (DCF), healthcare providers, the Department of Transitional Assistance (DTA), and the Office for Refugees and Immigrants (ORI), and immigrant-serving organizations.

The following recommendations focus on existing strengths and areas for investment:

1. Strengthen training for frontline staff
2. Expand language and culturally responsive programming
3. Invest in community-based health supports
4. Protect and stabilize families through legal, safety, and resource navigation
5. Improve housing stability for immigrant families
6. Fund healthcare programs and expand access

Key State Agencies

Department of Children and Families (DCF): Responsible for protecting children from abuse and neglect, supporting family stability; and overseeing foster care, adoption, and other child welfare services.

Department of Transitional Assistance (DTA): Responsible for assisting and empowering low-income individuals and families to meet their basic needs, improve their quality of life, and achieve long-term economic self-sufficiency.

Office for Refugees and Immigrants (ORI): Responsible for overseeing and funding programs serving refugee and immigrant populations to ensure families receive clear and accurate information about available supports

1. Strengthen training for frontline staff

Expanding training for educators, healthcare providers, CPS social workers, and school counselors on immigration-specific challenges—including xenophobia, acculturation stress, cultural humility, and trauma-informed care—is critical to supporting children in immigrant families. Schools act as trusted entry points for immigrant families, particularly when they offer mental health services in familiar, community-centered environments. Training should include complete family preparedness guides following the Massachusetts Office of the Attorney General's Emergency Planning Guide for Families and Boston Medical Center's Family Preparedness Plan.

> **"There is no trust more sacred than the one the world holds with children. There is no duty more important than ensuring that their rights are respected, their welfare protected, their lives free from fear and want."**
>
> Kofi Annan, former Secretary-General of the United Nations

Transparency is particularly important when it comes to child welfare and working with subcontracted providers. When a child in foster care has a detained or deported parent, agencies must prioritize the child's best interests, coordinating between child welfare and immigration authorities to maintain family connections whenever possible.

2. Expand language and culturally responsive programming

To better support immigrant children and families, it is critical to increase funding for professional interpreters and culturally appropriate service providers and tools across schools, clinics, and city agencies. Strengthening bilingual supports in schools, healthcare institutions, and government agencies can further ensure that students and families receive culturally responsive guidance, information, and advocacy. In addition, utilizing mental health screening tools like the Refugee Health Screener – 15—a

culturally sensitive tool used to identify trauma-related distress, anxiety, and depression among refugees and displaced populations—can help identify children experiencing toxic stress or other mental health concerns earlier and more accurately.

Boston Public Schools' We Dream Together initiative can be used as a model for inclusive bilingual and multilingual support, ensuring that immigrant and multilingual families have access to the resources, advocacy, and guidance they need to thrive. Collectively, these strategies promote equity in care, support children's healthy development, and create an environment where immigrant families can access needed services.

> **"If you talk to a man in a language he understands, that goes to his head. If you talk to him in his language, that goes to his heart."**
>
> Nelson Mandela

3. Invest in community-based health supports

Partnering with immigrant-serving organizations to deliver counseling and family support in trusted, low-barrier settings similar to the Weaving Well-being (WWB) initiative by the Boston's Mayor's Office for Immigrant Advancement (MOIA) can increase engagement and trust among immigrant families. Embedding mental health services in schools, community centers, and faith-based organizations normalizes care, reduces stigma, and reaches children where they already feel safe.

Investing in innovative community-based and culturally accessible programs can help immigrant children and families navigate services, build resilience, and engage with supportive networks. For example, *Those Who Seek, Find* is a comic by the Migrant Clinicians Network that makes information about the U.S. health system approachable and engaging for individuals with limited English proficiency, low literacy, or unfamiliarity with U.S. systems, helping families understand and access critical services. Another example is Zumix, an East Boston-based nonprofit organization offering arts,

music, and mentorship programs that support social-emotional development, youth leadership, and community connection in Boston neighborhoods.

The Bureau of Community Health and Prevention at the Massachusetts Department of Public Health maintains a downloadable directory of school-based health centers in the state.

Expanding existing school-based health centers (SBHCs) in Massachusetts—with attention to staffing, clinic hours, and equitable access—will ensure children have reliable, coordinated support for their social, emotional, and mental health needs. Currently, Massachusetts operates 40 SBHCs across 21 municipalities in partnership with local health departments, community health centers, and hospitals. Together, these strategies can create a network of accessible, culturally responsive services that help children in immigrant families thrive academically, socially, and emotionally.

4. Protect and stabilize families through legislation and resource navigation

In August 2026, Governor Maura Healey signed the PROTECT Act into law, barring ICE from accessing courthouses, schools, and hospitals—spaces formerly widely considered "sensitive" and off-limits to ICE enforcement. The PROTECT Act builds on Executive Orders 650 and 655, which limited ICE enforcement on Massachusetts state properties, banned new 287(g) agreements, and issued guidance to public institutions and places of worship. At a municipal level, Boston's Trust Act limits collaboration between local law enforcement and ICE.

ICE has signed 2,654 "287(g) agreements" with law enforcement agencies in 32 states and two U.S. territories.

Conversely, enforcement actions perceived to circumvent these protections can raise concern in immigrant communities. Policies such as Section 287(g) of the Immigration and Nationality Act, which deputizes local police to act as immigration agents, can severely undermine this trust, eroding immigrant families' confidence in schools, healthcare settings, 911, and emergency services—preventing them from seeking help for fear of detention or separation.

Ensuring that families can access essential benefits and services without fear of ICE is critical to child well-being. Programs such as the Supplemental Nutrition Assistance Program (SNAP); the Women, Infants, and Children (WIC) program; and other early childhood programs support families in meeting basic needs, reducing stress, and boosting healthy development for children. Investing in family-strengthening programs—including parent support groups, housing stability initiatives, and income assistance—helps buffer children from toxic stress and foster resilience.

The Massachusetts Behavioral Health and Wellbeing Taskforce, led by MIRA Coalition and the Haitian Mental Health Network, brings together providers and community leaders to advocate for immigrant-centered behavioral health legislation.

Head Start programs and early childhood education are vital to children's early mental, emotional, and physical development. These programs lay the foundation for lifelong learning and well-being, particularly for children in immigrant families who may face additional stressors at home. Addressing funding losses from recent legislation—which could affect up to 10,000 children statewide—is essential to prevent program reductions or closures and ensure that all children continue to receive these essential services.

Expanding services provided by Certified Application Counselors (CACs)—trained professionals who provide culturally responsive guidance to individuals and families in Massachusetts seeking to navigate health insurance options, enroll in coverage, and access public benefits—and immigrant-focused case managers is another crucial strategy. By providing guidance in trusted, culturally competent ways, CACs and case managers can help immigrant families maintain stability, access essential resources, and safeguard children from the harmful effects of chronic stress and fear.

5. Improve housing stability for immigrant families

It is important to recognize that housing challenges are not caused by immigration status alone, but reflect broader systemic issues, including high housing costs, limited affordable units, stagnant and low wages, and gaps in support programs. However, rising rates of family homelessness disproportionately affect immigrant households, creating stress and instability for parents and children alike.

Immigrant families fear filing complaints for issues as simple as discrimination and lead paint. In addition, many undocumented immigrants live in fear of landlords threatening them with illegal eviction or reporting them to federal authorities. Immigrants also face challenges obtaining work permits, which directly affects their ability to secure housing for themselves and their families. The process of obtaining work authorization often takes between six months and a year, leaving many immigrants in precarious situations.

Know Your Rights

The Massachusetts Office of the Attorney General hosts a resource page dedicated to immigrant rights and resources, including instructions for filing civil rights violations.

Massachusetts Law Reform Institute (MLRI) provides specific guidance for immigrants related to affordable housing.

Identifying and addressing opportunities for improvement in the Bridge Shelter Track of the state's Emergency Assistance Family Shelter system is critical. Current challenges include capacity shortages-and restrictive limits on length of stay that undermine family stability. Confusion around eligibility, particularly in relation to immigration status, further prevents families from accessing the support they need.

With support from the Massachusetts Office for Refugees and Immigrants, the Immigrant Family Services Institute (IFSI) operates a Family Welcome Center in Mattapan. At the Center, immigrant families awaiting shelter placement can access resources and case management support.

Housing allocations should prioritize families with children, especially under Massachusetts' unique right-to-shelter law, which guarantees temporary shelter to families experiencing homelessness. By addressing these gaps and improving housing stability, policymakers can reduce the harmful effects of housing insecurity on immigrant children.

6. Fund and expand access to healthcare programs

Expanding access to healthcare for all children, regardless of immigration status, is essential for promoting healthy development and reducing long-term health disparities. Stratified access to healthcare by immigration status, which generates a tiered system, creates fundamental health inequities—as long as this system remains the primary

model of care in the United States, greater investment is needed to decrease the fragmentation of safety net systems.

The Haitian Mental Health Network at William James College curates and maintains an online Behavioral Health and Wellness Directory of clinical providers and community-based organizations offering culturally responsive services to immigrants.

California's Medi-Cal program provides full-scope coverage to income-eligible children and adults regardless of immigration status, demonstrating how inclusive policies can improve access to preventive and ongoing care. In Massachusetts, the Cover All Kids campaign seeks to provide comprehensive healthcare coverage to all income-eligible children regardless of immigration status.

Sustained investment in medical providers and community mental health centers is also essential, along with mental health services tailored for immigrant youth and families. Investing in preventive and community-based health initiatives supports children's physical, emotional, and cognitive development, particularly in underserved neighborhoods with limited access to care. Families and healthcare providers need clear guidance on available services, eligibility rules, and care pathways so that they can navigate the healthcare system confidently and obtain the services their children need.

Bringing it all together and looking ahead

Immigrant children are vital to our future, yet many face toxic stress, trauma, and systemic barriers that threaten not only their health and development, but the future of society itself. Strong and stable parent–child relationships can serve as powerful protection against the harmful effects of stress on immigrant children. To secure this resilience, Massachusetts must strengthen its child welfare systems with culturally responsive and trauma-informed practices; reinforce partnerships between schools, health providers, and immigrant-serving organizations; and provide families with protection from forced separation and the chilling effects of immigration enforcement.

By investing in immigrant families today, Massachusetts has the opportunity to build healthier, more resilient communities for generations to come. With that in mind, the path forward becomes clearer—and the story of Massachusetts' immigrant children continues, not with fear, but with hope and action.

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The Leah Zallman Center for Immigrant Health Research (LZC) is a center at the Institute for Community Health (ICH). We believe community knowledge, social science, and socio-political context provide valuable insights to understand how health and equity are structured in our current world. Our *Spotlight Series* is designed to brief readers about time-sensitive issues related to immigrant health, shine a light on findings from our research and the work of our partners, and encourage cross-sector dialogue and action for social change.

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The Partnership for Community Mental Health and Immigrant Wellbeing is housed under the Program for Immigrant Families and Unhoused Communities, a joint program of the Harvard Chan School of Public Health and the FXB Center for Health and Human Rights at Harvard University. Co-led by Dr. Maggie Sullivan and Dr. Jocelyn Chu, the Partnership aims to better understand the local landscape of community mental health supports for immigrants, grow academic-community collaborations to support immigrant mental health, and create mutually beneficial learning opportunities for public health students and immigrant-serving organizations.

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