



SUPPORTING MENTAL HEALTH AND WELLBEING

IMMIGRANT CHILDREN AND FAMILIES IN
EARLY CARE & EDUCATION SETTINGS

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CHILDREN'S EQUITY
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INTRODUCTION

Early care and education (ECE) programs have the responsibility to protect, nurture, and care for young children, including those who are facing challenging life circumstances. Against the unfolding backdrop of harsh immigration rhetoric and deportation enforcement, ECE programs and educators play a unique and essential role in supporting children who are most directly impacted, including children in immigrant families, as well as children not directly affected who may also be experiencing confusion, stress, and worry for their friends and community members.

ECE programs should be prepared to meet these needs and support families holistically. This requires attention to programmatic policies and procedures, establishing emergency response teams, and attending to mental health needs—for children, families, and staff. Educators, program leaders, and mental health professionals have key expertise in child development and effective teaching practices that can greatly

contribute to supporting immigrant children and families, such as knowledge of developmentally appropriate and trauma-informed practices, understanding of how to address social and emotional development, and skills in building trusting and caring relationships.

This research-informed brief focuses on establishing a healthy mental health climate that is responsive to children’s and staff’s needs and provides practical recommendations for program leaders, including center-based and home-based child care providers, early childhood educators, and mental health coaches, consultants, and other professionals who support frontline staff. We also briefly review programmatic policies and procedures that contribute to children’s feelings of safety, families’ trust, and workforce preparedness, each of which may also impact children, families and staff mental health.



MENTAL HEALTH IN YOUNG CHILDREN AND THE PROVIDERS WHO CARE FOR THEM

Infant and early childhood mental health refers to young children's emerging capacity to form secure relationships; experience, manage, and express their emotions; explore their environment; and develop and learn with their family and in community, in the context of their culture.² Children in immigrant families may be experiencing higher levels of stress, fear, loss, grief, and trauma at this time. These traumatic stressors related to immigration, detention, and deportation may impact young children in early learning settings. For instance, these stressors can include exposure to violence, the loss or death of a significant caregiver, xenophobic or anti-immigrant teasing, disruption to the primary caregiver attachment, and a diminished sense of trust.³ In some cases, these experiences can result in mental health conditions like, anxiety, depression, and post-traumatic stress, requiring targeted treatment by a licensed mental health professional. In children, these mental health conditions may show up as externalizing behaviors (e.g., hitting, screaming, crying), internalizing behaviors (e.g., withdrawal from peers, self-isolation, avoiding people or places), or developmental changes (e.g., not eating, disturbed sleep, developmental regression). This might also manifest in children's play as children may reenact or draw pictures of traumatic experiences. In infants, we may see more difficulty being soothed; in toddlers, more

clinginess; and in older children more re-enactment in play, verbalization etc.

Support for these responses to trauma or fear may look different for each child, ranging from social and emotional regulation strategies within the context of warm and secure relationships, to clinical treatment by a professional. Families may have their own beliefs and cultural preferences for how to support children's coping during this time, including spirituality and cultural healers. Understanding infant and early childhood mental health through the context of culture is necessary for adults to appropriately identify the type of support children need at this time.

Young children's awareness of the current political climate can lead to ongoing fears for those who are directly targeted and others. Children may live with a constant fear about deportation and family separation, which can be a heavy emotional burden to carry. A study conducted by CLASP in 2018 found that children as young as three years old are aware of the political climate and the potential threat of losing a parent to immigration enforcement. Many children expressed fear and confusion, with those whose parents were not directly vulnerable to deportation still worrying that their parents could be sent to another country.⁴

This ongoing anxiety may disrupt children’s lives and lead to toxic or prolonged stress associated with increased negative health outcomes.⁵ This fear takes a profound toll on infants, toddlers, and young children, emphasizing the urgent need for knowledgeable and prepared mental health helpers (e.g., behavioral specialists, inclusion aides, etc.) and professionals (e.g., licensed social workers, psychologists, therapists, counselors) to support impacted children, families, and mental health consultants and coaches to provide ongoing support to the ECE workforce.

In order for adults to care for and support children—particularly during times of high uncertainty, fear, and stress—their own mental health needs and basic needs must be met. This is particularly salient for providers working with children and families who are most vulnerable to deportation enforcement and family separation. Issues like stress, depression, and emotional exhaustion can impact ECE providers’ ability to be attentive, responsive, and warm with children.⁶ Moreover, without the appropriate behavioral support, early childhood educators experiencing poor mental health can be more likely to request children to be expelled.⁷ In addition to the disproportionate mental health challenges experienced by the ECE workforce, such as high levels of stress, anxiety, and depression,⁸ ECE providers are also at risk for experiencing secondary traumatic stress (STS), a psychological stress from first hand exposure to the trauma experiences of others,⁹ when working with children impacted by traumatic events.¹⁰ These events include parent-child separations due to deportation or other traumatic experiences. STS may trigger trauma reactions in ECE providers that can limit their ability to provide sensitive and responsive care.

As of 2021, about 22% of U.S. early childhood educators were born outside of the U.S. (Le Paige, 2023) and might also be dealing with their own trauma, whether or not it is stemming

from risk of deportation enforcement for themselves, loved ones, or others in their community.¹¹ Research suggests that, in 2021, approximately 12% of ECE professionals reported experiences of racialized aggression, with ECE professionals from minoritized backgrounds, particularly American Indian/Native American, Multiracial, Asian and Black ECE professionals, being more likely to report this compared to White ECE professionals.¹² Racialized aggression refers to direct experiences of physical or verbal aggression or exclusion due to race or ethnicity.¹³ ECE providers’ experiences with racialized aggression may be heightened under the current socio-political climate.¹⁴

CREATING SAFE SPACES

ECE programs should establish protocols that ensure that their learning environments are safe spaces for children, families, and staff. The Center for Law and Social Policy (CLASP) updated an extended guide to creating “safe space” policies in 2025 that programs can use to establish safe spaces to safeguard children’s well-being, mitigate harm, and protect the safety and privacy of families of young children. For example, programs should ensure children’s emergency contact information is up to date for every child and in cases where families do not have emergency contacts, programs should set procedures in place for caring for a child should a parent be unavailable. Programs should establish connections with immigrant-focused organizations that may be able to offer specific resources and support to families and staff impacted. Programs should communicate with families early and often about their policies and procedures, and the resources and support they or community partners can provide, answer questions, and share information on how to best support children during stressful and scary times.

Research indicates that Trauma Informed Care (TIC) implemented in culturally responsive ways has the potential to increase the likelihood of young children, families, and educators who have experienced trauma to recover and thrive.¹⁵ Systematic implementation can support an overall culture of wellness for staff, families, and children.

Culturally responsive trauma-informed early childhood programs understand the impact of trauma, recognize the signs and symptoms of trauma in children, families, and staff, and respond by integrating that knowledge into policies, procedures, and practices.

Additionally, culturally responsive TIC accounts for cultural variation in help-seeking behavior, beliefs about the reasons for trauma, and healing practices.¹⁶ It takes into account the way in which historic and current contexts impact the emotional well-being of individuals.

CORE PRINCIPLES OF TRAUMA-INFORMED CARE

- ✓ SAFETY
- ✓ TRUSTWORTHINESS
- ✓ TRANSPARENCY
- ✓ PEER SUPPORT
- ✓ COLLABORATION
- ✓ EMPOWERMENT
- ✓ HUMILITY
- ✓ RESPONSIVENESS

TIC acknowledges that trauma impacts children's, families', and staff's mind and body. For young children who are still learning to process and verbalize their emotions, their expression of emotion and traumatic stress is reflected in their behavior.



When educators recognize these behaviors as signs of trauma or stress that necessitate intervention instead of punishment or behavior modification, it creates an atmosphere of empathy and belonging rather than alienation and rejection. TIC recognizes that children experiencing traumatic stress have many of the same needs as other children, including the need for safety, security, and sensitive care. They also require more intensive care and attention, particularly around family bonding, self-regulation, and social-emotional development.

POSSIBLE SIGNS OF TRAUMA IN CHILDREN

- ✓ CHANGES IN EMOTIONAL STATE OR BEHAVIOR
- ✓ INCREASED FEAR AND ANXIETY
- ✓ HAVING OUTBURSTS OF ANGER, CRYING, OR MOOD SWINGS
- ✓ INCREASED DIFFICULTY SEPARATING FROM CAREGIVERS DURING MORNING DROP-OFF
- ✓ DEVELOPMENTAL REGRESSIONS (E.G., NOT SPEAKING VERBALLY, TOILETING CHANGES, ETC.)
- ✓ CHANGES IN APPETITE
- ✓ WITHDRAWAL OR LOSS OF INTEREST IN ACTIVITIES THAT USUALLY ARE ENJOYABLE
- ✓ FREQUENT HEADACHES, STOMACH ACHES, OR OTHER UNEXPLAINED PHYSICAL SYMPTOMS
- ✓ DIFFICULTY SLEEPING OR HAVING NIGHTMARES
- ✓ DRAWINGS OR PLAY THAT ARE RELATED TO TRAUMATIC EVENTS
- ✓ INCREASED EXTERNALIZING BEHAVIORS, SUCH AS HITTING, BITING, ETC.

RECOMMENDATIONS

FOR PROGRAM DIRECTORS AND LEADERS

At the program level, directors and leaders can create a climate that nurtures childrens' and adults' mental health and well-being through direct and indirect support, particularly during times of increased stress and anxiety. Program directors and leaders should:

1 CREATE MULTIDISCIPLINARY RAPID-RESPONSE TEAMS TO MEET HOLISTIC NEEDS OF CHILDREN AND FAMILIES

Deportation and family separation can create housing and food insecurities and economic hardships that exacerbate risks and impacts on mental health and physical health. ECE programs can help children after they have experienced a deportation or separation in their family by ensuring that children and their families' basic needs are met by accessing food, shelter, and clothing.

ECE program directors can collaborate with local immigration organizations and family leaders to create a rapid response team. This team can provide comprehensive support across various areas, including economic assistance, legal aid, translators, developmental and educational resources, and mental health services for affected families. Having a dedicated team in place can reduce anxiety in children and their families and assure them that they will have access to necessary resources in case they are directly affected. This proactive approach fosters a sense of security and community, which is essential for well-being. It is also helpful to designate an on-site immigration liaison who is a point person that can support immigrant students and serve as a resource for both teachers and families seeking guidance. This person can be tasked with staying up to date on the policy landscape, is knowledgeable about program protocols, has connections with other community based organizations that help immigrant children and families, and can connect children and families to resources for additional support, in a timely manner.

ECE programs can partner with immigrant focused community-based organizations to create a written and communicated policy to protect immigrant children. These plans should include staff training, strategies to communicate quickly and transparently with families and staff in the languages they speak, expectations for visitors, and a clear outline of staff roles and responsibilities (e.g., who will talk to immigration agents, who will talk to parents).



2

ESTABLISH PROGRAM-WIDE TRAUMA-INFORMED POLICIES AND PRACTICES

Supporting children, families, and staff in a difficult immigration context begins with implementing a program-wide trauma-informed approach that is integrated across programmatic practices, policies, professional development and support for staff. It should include policies that prioritize trust, relationships and continuity of care. For various reasons, (e.g. staffing changes, access to substitutes, etc) programs may require children to change classrooms or teachers throughout the year. These changes may exacerbate stress and cause families and children to start over with a new provider, at a time when trust is crucial. ECE programs should implement policies aligned with continuity of care that minimize these disruptions and keep children together with their peers and primary caregiver for as long as possible to support emotion regulation, build trust, and foster a strong, reciprocal provider-child and family-provider relationship.

A program-wide trauma informed approach must include implementing ongoing mental health training and professional development opportunities. A recent study found that early childhood teachers with mental health training, in or outside of college, were more likely to have higher confidence in recognizing mental health needs in young children as well as recognizing their own mental health needs.¹⁷ Ongoing professional development should focus on recognizing the signs and symptoms of trauma, the impact of trauma and its manifestations in young children, and how trauma is treated. Notably, training should support staff in shifting their practices to avoid trauma triggers and avoid re-traumatization. Seemingly ordinary actions like placing a hand on a child's shoulder or raising a voice to get a parent's attention could trigger a recent trauma.

ECE programs should provide staff with access to ongoing learning opportunities in a supportive, community-based environment specifically focused on immigration and enforcement experiences, such as through communities of practice (COP) or virtual Extension for Community Healthcare Outcomes (ECHO) training. These types of learning communities enable staff to apply this knowledge both within their specific roles and collaboratively across roles to identify effective strategies and supports for children and families who may be experiencing or fearing the deportation of a loved one. For example, the City University of New York Initiative on Immigration and Education (CUNY-IIE) provides [free, comprehensive educator modules](#) that emphasize a strengths-based and trauma-informed approach.¹⁸



3

PARTNER WITH MENTAL HEALTH AGENCIES FOR DIRECT SERVICES AND TRAINING

Program directors and leaders should partner with community mental health agencies and providers to support children, families, and staff – including direct service staff and specialized support staff, like infant and early childhood mental health consultants. Programs should work with these experts to establish internal practices and policies including regular screening for (a) exposure to trauma and post-traumatic stress, (b) social-emotional concerns related to trauma, (c) developmental needs, and (d) parent and family relationships.

Particular attention should be paid to community mental health agencies that have culturally responsive providers who speak the same language as children, families, and staff. Culturally responsive and affirming mental healthcare helps build trust between communities and providers, and can help address stigma and barriers around receiving support.¹⁹ Partnering with providers who offer free or low-cost services is particularly important, considering some children, families, and staff may not have health insurance to offset the costs of care. These partners can provide direct services to staff, children, and families, as needed, and serve as a training or support resource for staff in navigating challenging situations, including immigration enforcement and fears around deportation and family separation.

4

SUPPORT WORKFORCE WELL-BEING

Supporting staff mental health is central to their overall well-being, the stability of the ECE workforce, and responsive and attuned teacher-child relationships.^{20,21} Supporting staff mental health requires a multifaceted approach that begins with addressing structural and systemic challenges, like low compensation and lack of comprehensive staff benefits, fostering work environments that are healthy and promote wellbeing, and providing space and resources that can help meet the mental health needs of providers.²² Programs can support staff well-being and mental health by addressing the many contributors that lead to stress and challenges. These include:

PROVIDING FAIR COMPENSATION AND BENEFITS

Educators' overall mental health and well-being is influenced by their own financial stability.²³ Financial stability means that staff, including teachers and aides, are paid fair wages that enable food and housing security and the ability to afford other basic needs—like child care, healthcare costs, and transportation – at a bare minimum. It also requires providing basic work benefits, such as healthcare benefits including mental health benefits, paid family and medical sick leave, and retirement benefits.

ESTABLISHING APPROPRIATE RATIOS AND GROUP SIZES

Children have unique and diverse needs that require mindful attention, care, and time. Children have different developmental and behavioral needs, and all children require individualized attention and support.

For children who are experiencing trauma, it is even more important that providers have the necessary tools to meet the needs of children with trauma symptoms.²⁴ Therefore, it is crucial that teacher-to-child ratios and group size/class size take into account the specific needs of children and that educators are provided with teacher assistants and other supportive resources that can help them meet the individual needs of children and reduce ECE provider burnout and turnover.²⁵ Programs should align with teacher-to-child ratios and group sizes that promote quality, individualized interactions, in step with national standards such as *Caring for Our Children*, 4th Edition or the Head Start Program Performance Standards, especially given that those ratios and group sizes are often better than what state child care licensing regulations require.²⁶

PROVIDING ADEQUATE BREAKS AND SPACE TO DECOMPRESS

Providing adequate breaks throughout the day, based on the length of providers' shifts, and places for respite are integral to a healthy work environment for ECE providers.²⁷ Breaks can provide an opportunity for staff to decompress and stay self-regulated. Self-care is paramount for the mental health of ECE teachers and it affects how they show up and interact with children and families.²⁸ Given that self-care practices are dynamic and culturally-informed, teachers can take some time to reflect on specific self-care strategies they find meaningful and that make them feel well and self-regulated.²⁹ These strategies will vary from person to person, but could include listening to music, giving a quick phone call to a loved one, engaging in meditation practices, therapy services, walking in nature, etc.³⁰ Providers should have opportunities to engage in their preferred self-care practices within the workplace during breaks.

IMPLEMENTING MENTAL HEALTH PASSES AND MENTAL HEALTH DAYS

Programs can implement a "mental health pass" system where teachers can "tag out" when they are feeling overwhelmed or stressed. This pass can be used especially during moments of tension in the classroom or when providers are feeling triggered and need a break to feel grounded and self-regulated. During this time of increased stress, particularly for staff directly impacted, mental health passes may be more necessary, even when the source of the overwhelm is not related to their jobs, but to fears and worry over immigration enforcement or other external traumatic stressors. Programs should have volunteers or staff ready to step up when a provider needs to use a mental health pass to maintain ratios. Programs should also ensure they have an adequate substitute pool to enable educators and staff who work directly with children to use mental health days as needed.

OFFERING REFLECTIVE SUPERVISION

Reflective supervision is a collaborative process that offers educators and any educational staff regular and dedicated space for them to discuss and reflect on the challenges they face related to their work. This can be especially useful when working with families experiencing adversity and trauma.³¹ It can also help supervisors to identify emergent signs of STS to support staff.³² While early childhood programs may not be able to provide clinical or therapeutic support, they can invest in professionals who offer reflective supervision, helping educators gain self-awareness, emotional resilience, and problem-solving skills, ultimately strengthening their ability to support children and families effectively. Reflective supervision can be provided by a variety of professionals, including mental health counselors, therapists, and psychologists who specialize in supporting educators' emotional well-being. Additionally, early childhood mental health consultants, social workers, and experienced coaches or mentors in the education field can offer reflective supervision, helping educators process challenges and build resilience in their work with children and families.

Professionals providing this service can also use this opportunity to discuss how the current socio-political context might be impacting teachers, children and families and address any challenges or concerns teachers might have.

INCORPORATING PAID PLANNING TIME INTO THE WORK SCHEDULE

In addition to teaching and caring for children, providers have several other competing work demands, such as lesson planning, conducting child observations and assessments, communicating regularly with families, attending professional development trainings and work meetings, as well as completing necessary paperwork. Research has also found that creating opportunities for professional learning, collaboration with other staff, and career advancement support staff retention and feelings of community.³³ Often, providers tend to work long hours because there are too many demands on their time, and too often they are not compensated for additional hours worked outside of teaching time.³⁴ Ensuring providers have adequate paid work time to complete tasks other than teaching and ensuring time for staff collaboration can help prevent burnout and negative effects on providers' psychological well-being, and ensure they are fairly paid for all hours worked.³⁵

5

IMPLEMENT CLASSROOM STRATEGIES THAT SUPPORT CHILD WELLBEING, HEALTHY EMOTIONAL EXPRESSION AND REGULATION, AND SOCIAL DEVELOPMENT

Under the current context, it is important that providers receive extra support to address mental health needs, including emotional support and positive behavior guidance, to all children, especially those directly impacted by immigration enforcement. Research has suggested that when teachers perceive relationships with children to be conflicting or challenging, it is predictive of their stress.³⁶ However, social-emotional supports, such as classroom curriculum focused on helping children develop social skills and identify and regulate their emotions, are associated with more positive mental health outcomes for teachers.³⁷ Program directors and administrators must ensure staff have the necessary curricular support for children, including emotion-focused and social-emotional learning (SEL) curricula. SEL curricula help children develop self-awareness, emotional expression and regulation, and relationship skills. Examples include Second Step, Conscious Discipline, Incredible Years and Promoting Alternative Thinking Strategies (PATHS) etc.



6

IMPLEMENT PROGRAM-WIDE INFANT AND EARLY CHILDHOOD MENTAL HEALTH CONSULTATION

WHAT IS INFANT AND EARLY CHILDHOOD MENTAL HEALTH CONSULTATION?

Infant and early childhood mental health consultation (IECMHC) connects consultants with adults who work with children to provide them with strategies to support children's healthy social and emotional development. Infant and early childhood mental health consultants are often licensed mental health professionals who have knowledge of child development, child and family systems, and trauma-informed care. Although mental health consultation is delivered by mental health professionals, it is not therapy. Rather, IECMHC supports adults' capacity to create healing environments, implement trauma-informed practices and policies, and foster responsive interactions with children. Outcome data indicate that IECMHC impacts teacher stress, quality of program environments, teacher-child and teacher-family relationships and more.³⁸

Infant and early childhood mental health consultation (IECMHC) connects consultants with adults who work with children to provide them with strategies to support children's healthy social and emotional development. Infant and early childhood mental health consultants are licensed or licensed-eligible mental health professionals who have knowledge of child development, child and family systems, and trauma-informed care. Mental health consultation can be implemented at multiple levels: system, program, and the children and family level. Consultants work across these levels to deepen adults' understanding of how culture, environment, and issues of equity, including implicit bias, shape relationships and behaviors, including adults' interpretation of children's behaviors.

At the children and family and program levels, consultants can help deepen understanding of the historical and social cultural context of experiences with immigration. They can help guide programs to create meaningful relationships and trauma-informed curricula that actively engage and help to emotionally regulate children without behavioral control strategies like disciplinary threats that could re-traumatize children. Consultants can help programs recognize and understand the potential of the stigma around mental health that some families may have due to negative experiences within the system and consider ways to normalize and describe mental health in more developmentally responsive terms.³⁹ Finally, consultants may offer system-wide support by helping programs to develop partnerships, contracts, or other working relationships with other service providers to ensure a continuity of care by creating pathways to more intensive services for children and families in need of additional support. By working across systems, consultants can help strengthen the overall support network for families navigating the impacts of harsh immigration policies.

Many states provide IECMHC services across early childhood programs and settings at no cost. The Center of Excellence for Infant & Early Childhood Mental Health Consultation (COE), which unfortunately has not been renewed for funding, provides [resources](#) that demonstrate how a trauma-informed and culturally responsive lens can be applied through IECMH practices when working with Latin American children who may be impacted by immigration-related traumatic separation or fear of separation.⁴⁰



7 ACTIVELY BUILD AND REBUILD TRUST WITH CHILDREN AND FAMILIES

At the foundation of children’s healthy development are responsive and secure relationships with trusted adults in an environment that is stable, safe, and promotes exploration.⁴¹ During times when children and families are scared for their safety, trust may need to be re-earned and should not be automatically expected. In ECE programs, teachers, family child care providers, directors, and front office staff often build and maintain close relationships with children and families through daily interactions. These relationships may change as children experience trauma, or increased stress and anxiety. Adults need to be aware that a child in an immigrant family may not know who they can trust and may not openly express their emotions. Children may receive different directions from adults about trustworthy people. They may be told by a trusted family not to reveal their status, home language, their basic needs, or other information for fear of separation. At the same time, they are being encouraged by teachers, mental health workers, and others to “open up.” When a child appears nervous or avoids eye contact, this may appear to be “anxiety” but may be a sign of a healthy mistrust the child has adopted to cope in the current context. This behavior needs to be treated with sensitivity. Programs can emphasize confidentiality, maintain routines for children, and show extra warmth and support. Establishing trusting relationships with families is key to building trust with children.



8 SUPPORT AND COMMUNICATE CONSISTENTLY WITH FAMILIES

Program directors, teachers and other education staff, and family child care providers must take a proactive approach in affirming the dignity of all families, ensuring that all forms of communication assert that every child has a right to learn in a safe and supportive environment. This communication approach should include:

PROGRAMS AS SAFE SPACES

Programs should establish and communicate clear, visible policies and practices that affirm the program as a safe space for all children and their families regardless of immigration status, in all forms of communication with parents.

TRANSPARENCY

If there are U.S. Immigration and Customs Enforcement (ICE)-related incidents in the community, programs should immediately send out accurate and supportive communication to parents to let them know what happened, what their rights are, and where they can access legal and/or mental health support. Through open, honest, and empathetic communication, programs can help build trust, alleviate fear and ensure that parents are informed.

COLLABORATIVE DIALOGUE

In the current context, it should be expected that parents feel less comfortable at drop off and pick up. As such, programs should be thoughtful and intentional about creating other opportunities for parents to engage in ways that protect their privacy and ensure their safety. For example, ECE programs can implement a variety of other ways in which parents can connect with the program beyond being on-site; create a safety plan to take in children and release children at drop off and pick up; implement anonymous surveys or suggestion boxes at pick up and drop off; and partner with a trusted immigration liaison from the community.

SHARING RESOURCES

Program directors and family child care providers should build relationships with local immigrant-focused organizations to compile a list of resources that can be shared with parents, especially resources that provide legal and mental health support. Additionally, programs can share relevant books, family-friendly, age-appropriate mindful activities that families can use at home, and access to learning materials if children need to be absent from the program.

RECOMMENDATIONS

FOR EDUCATORS, CHILD CARE PROVIDERS, AND OTHERS WHO WORK DIRECTLY WITH CHILDREN

Educators, child care providers, and others working directly with young children and their families play a key role in supporting children's development, mental health, and well-being and can set a positive trajectory into kindergarten and beyond.⁴² This is especially important as they navigate difficult circumstances together, including immigration enforcement and fear around deportation.

The most essential measures teachers can take include maintaining a safe, welcoming, and nurturing classroom environment.⁴³ Teachers serve as reliable adults in children's lives, and they can provide children with comfort and reassurance by establishing predictability through routines and structure and by continuing to implement developmentally appropriate practices.⁴⁴ During uncertain times, teachers may need to identify and expect changes in developmental skills (e.g., toileting, feeding themselves) and respond in nurturing and supportive ways.

Connected relationships are crucial, as is communicating—both implicitly and explicitly—that children are not alone and that they are part of a classroom community that values them, their families, and has their best interests at heart. Teachers can do this by demonstrating sincere interest in children's feelings and opening spaces for one-to-one conversations and whole-group discussions where children can safely share their thoughts if they wish to.⁴⁵

Educators, child care providers, and others working directly with young children should:



CREATE DEDICATED “FEELING SPACES” AND INTEGRATE SOCIAL AND EMOTIONAL DEVELOPMENT INTO DAILY ACTIVITIES AND CURRICULUM

As part of their social and emotional development, children will experience a range of feelings and express these emotions in different ways. ECE programs should design environmental supports that respond to children’s emotional expressions and foster a supportive, nurturing classroom atmosphere. Educators and child care providers can help young children develop social and emotional skills needed to cope with stressors, identify feelings, express their emotions, and practice self-regulation techniques. The trauma of experiencing or fearing deportation of a loved one may impact a child’s behavior, learning, and cause physical and emotional distress.⁴⁶ As such, ECE programs should leverage these social and emotional environmental supports and teaching practices that likely already exist in the early care and learning setting. For example, “feeling spaces” like quiet cozy corners with stuffed animals, fidget tools, and soft, inviting seats and pillows can help children feel safe and regulated and can foster opportunities for rest and relaxation. When children are experiencing strong emotions activated by traumatic or highly stressful experiences, such as immigration enforcement and the rhetoric surrounding it, educators can use strategies that provide support to children to use and redirect their energy through movement like yoga, freeze dance, and gardening supported by a trusted adult which helps with co-regulation. Educators can also use visuals like emotional support charts as children begin to identify and express their emotions. These charts may include visuals representing emotions alongside regulation strategies like hug a stuffed animal, blow bubbles, play with playdough, stretch, play with a friend.



EMBED CHILDREN’S CULTURE, LANGUAGES, AND BACKGROUNDS INTO TEACHING PRACTICES

Teachers should cultivate a strong sense of community in the classroom through activities that embrace childrens’ and communities’ diverse strengths and identities. Materials, activities, and teaching interactions in the environment should reflect and affirm children, their families, their culture, languages, values, and their brilliance and joy as young learners.⁴⁷ One way to validate children’s background is to encourage them to communicate in all their languages and non-spoken modalities (i.e., [translanguaging](#), using signs, gestures, visuals) to express themselves, learn new information, and engage with others. Another way to affirm children is by including children’s languages and backgrounds in the visuals and print used in the learning environment, music and songs, children’s books and toys, and teacher interactions.⁴⁸ For example, educators can add materials into the dramatic play area like play foods that mirror what children eat at home,⁴⁹ coordinate intergenerational storytelling,⁵⁰ and implement activities and designated play that cultivates a sense of agency and positive identity formation for children.⁵¹

3

ACTIVELY RESPOND TO CHILDREN'S CURIOSITY AND ADDRESS ANY USE OF HARMFUL LANGUAGE

Children are exposed to the harmful rhetoric surrounding immigration and immigrant families in the media, homes, and from peers. These harmful narratives may enter the classroom during conversations between peers, as questions directed at teachers, and, in some instances, result in teasing or bullying. These interactions may have immediate and long-term impacts on the self-worth of children in immigrant families. Research on identity or bias-based bullying suggests it has a more severe and long-lasting effect than general bullying due to the unchanging nature of identity.⁵² Ignoring these comments can send a message to students that their curiosity is inappropriate or inadvertently supports the use of harmful language. Setting clear expectations about acceptable language is essential when addressing harmful comments. Early childhood teachers can observe young children's play to identify young children's racial attitudes and address dynamics that may be enacted through play.⁵³ Educators should offer developmentally appropriate explanations to questions. Using children's books can be a useful way to engage in conversations with children about topics related to immigration.

4

PROVIDE REGULAR OPPORTUNITIES FOR COUNTERNARRATIVES

To help children challenge negative narratives about immigrant communities, teachers can creatively modify curricula to ensure impacted children and families are reflected in the curriculum in a positive light. This can include exposing children to diverse perspectives and experiences of people of different races, ethnicities, cultures, and backgrounds, and ensuring children learn about the achievements and contributions of people who share their background. For example, this can include ensuring children learn about civil rights movements that helped guarantee rights for their communities and families and scientific contributions of people who look like them, read books by authors who share their background, are exposed to artists who are native to- and feature their- communities, and read stories that relate to their lived experiences.^{54,55} In a unit about families or communities, children can [explore the valuable contributions of diverse members](#) of their community, including immigrants.⁵⁶ Such counternarratives help children from historically and contemporarily marginalized backgrounds heal from racial trauma and form positive self identities.⁵⁷ For children from dominant cultures it helps in fostering empathy and appreciation about communities who don't share those backgrounds.



5 SUPPORT CHILDREN THROUGH LOSS AND GRIEF

Children from immigrant backgrounds, especially those who might have an undocumented parent or primary caregiver, may experience loss and grief through forced separations. Children can also experience grief through the deportation of close extended family members, the loss of routines and practices held by their families, change in residence or loss of their home, or loss of access to community spaces, etc. Educators should make space for children's grief in the classroom and validate all the emotions they might be experiencing. Educators can provide children with opportunities for emotional expression through drawing, painting, play, talking, etc.⁵⁸ Reading children's books on grief and loss can also help children relate to these stories and begin to understand and label their own feelings. Developing [social stories](#) and reading them to children can also be helpful to introduce them to the topic of grief and loss related to family separations. Encouraging children to use the "feelings space" whenever they feel sad or want some time alone is also important as it can help them develop self-regulation skills. Educators should also maintain consistency and routines within the classroom as they can help provide a sense of safety and normalcy for children, which are also part of a trauma-informed approach.⁵⁹

6 PROVIDE ADDITIONAL SUPPORT TO CHILDREN IN IMMIGRANT FAMILIES WHO ALSO HAVE DISABILITIES

Children with disabilities or delays may need specific and additional support to understand what is happening and to express how they are feeling. For these children with disabilities, it can be even more disorienting when faced with experiences that disrupt their daily routines, or worse, when they are separated from their families. Teachers and therapists can ensure that children with disabilities are fully supported to reduce emotional distress and confusion. It is helpful to use [social stories](#) to help children understand what is happening. For example, a teacher and/or therapist can create a simple social story with pictures and text that explain what children can expect if they encounter an immigration agent. Teachers can use visuals to support children's communication (both expressive and receptive communication). For instance, for children who need support to express themselves, they could collaborate with a speech-language pathologist to create a [core communication board](#) in their two languages. Teachers could also carry [visual cards](#) with key vocabulary and phrases that they carry with them at all times using a lanyard. They can also create a [communication card](#) for children that explains they have a disability. They can also create a visual schedule showing what to do if an immigrant agent comes to school or home. Children and their families should receive continuous training to understand how to use the visuals and communication board.



RECOMMENDATIONS

FOR MENTAL HEALTH HELPERS AND PROFESSIONALS

The ECE system is supported by a number of social-emotional and mental health professionals who implement direct and indirect services for the workforce, children, and families. During this time, these professionals may be called on by program leaders to support unique challenges related to immigration-related stress, trauma, and changes in the behavior of families, children, and staff. Programs rely on mental health consultants and coaches to increase educators' capacity to support children's mental health. "Mental health helpers" such as behavioral health specialists, inclusion aides, and paraprofessionals, support children's emotional development, self-regulation, or peer skills through one-on-one or group sessions. While most children's needs can be met by trauma-informed adults and social-emotional learning programs, some require treatment from trained or licensed mental health professionals who offer a variety of targeted, in-depth treatment, including mental health assessment and intervention.

Providing mental health support to early learning programs impacted by negative immigration rhetoric and deportation enforcement is critical to meeting the needs of a wide array of children and can be challenging. Mental health workers' understanding of child development and the impacts of trauma uniquely positions them to bridge the gap between research and practices. These recommendations are meant to support program-based mental health professionals in reducing the impact of trauma due to harm of deportation, family separation and fear related to deportation enforcement.

Mental health professionals and helpers should:



1 SEEK EDUCATION ON THE SPECIFIC IMPACTS OF IMMIGRATION-RELATED STRESS ON CHILDREN, FAMILIES, AND EDUCATORS

Although many mental health professionals are trained in culturally responsive care, a trauma-informed care approach involves increasing knowledge of the impact of trauma on children and families.⁶⁹ Particular attention should be paid to the effects of immigration-related stressors on the mental health of children and families—specifically, guidance on assisting children in coping with immigration-related trauma, grief, and loss. Understanding cultural relationships with trauma and healing is pivotal as families from marginalized backgrounds are less likely to seek clinical services for mental health support.⁶⁹

2

INDIVIDUALIZE SUPPORTS AND SERVICES BASED ON FAMILIES' NEEDS

Children develop as a part of a family system; when family systems are disrupted, it can cause trauma for both children and adults. Thus, interventions to support the mental health of children, particularly young children, will require supporting the mental health of the primary caregivers in their lives, including parents, extended family, and early care and education providers, among others. Mental health professionals can guide families in language to use with children, emphasizing the eternal connection families have even when they are not in the same place, for example: Families can say, "There is an invisible string that connects me to you no matter where you are. I will always be with you in your heart."

3

SUPPORT CHILDREN THROUGH LOSS AND GRIEF

Research finds it is helpful for children to have ongoing narratives of connection with their families and communities to maintain attachment and buffer the impact of potential separation trauma. A study on parental attachment in children separated from their parents found that children's stories about their separation reflected their attachment patterns. Those who believed in family solidarity and felt connected to their parents despite the distance maintained a stronger bond than those who centered on parental absence. It's crucial for providers to encourage children to express their emotions, as this is a vital part of their mental health. Providers should emphasize that family connections can stay strong even if they are physically apart.⁶² When working with individual children, reminding them of the memories they have with their families and developing ongoing narratives emphasizing that bond through drawing, storytelling, using families' photos when available can mitigate the negative impacts related to potential family separation trauma.

4

SET CULTURE AS THE FOUNDATION FOR MENTAL HEALTH SUPPORT

Mental health interventions and services must be implemented within families' cultural understandings of mental health. When working with children and families, it is important to understand their values related to healing. Many communities rely on trusted cultural and spiritual leaders for mental health support. An important starting point is understanding a child's culture through their lens in understanding the child-rearing practices they are used to. This begins with close partnerships with parents and families, and can also include asking a child to describe, draw, or use toys to act out what would happen on a regular day in their home. You may learn of the important people, routines and rituals that they or their families practice with one another. Identifying these areas of support are essential for understanding how best this child might heal. The COE offers [resources](#) that identify practices and policies that strengthen cultural responsiveness and reduce disparities in IECMHC for Black, Latin American, Native American, Asian American, Native Hawaiian, and Pacific Islander children and families. While these resources are specifically designed for mental health consultants, they offer insights and strategies that benefit all mental health professionals, helpers, leaders, and practitioners in their work with diverse communities.

5

USE CULTURALLY AND LINGUISTICALLY RESPONSIVE MENTAL HEALTH SCREENINGS, ASSESSMENTS, INTERVENTIONS, AND TREATMENT, AND ADAPT AS NECESSARY

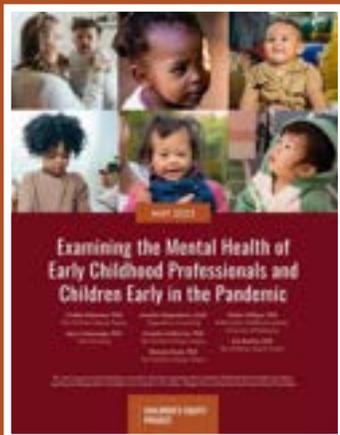
Screening and assessment tools that are translated into appropriate languages and validated for use across cultures have limited availability and are rarely sensitive to the specific experiences of children and families impacted by immigration, but adaptations are possible. For example, the Ages & Stages Questionnaires (ASQ) and Ages & Stages Questionnaires: Social Emotional (ASQ:SE) can be adapted to reflect the experiences and strengths of children in immigrant families. Screening for trauma symptoms is also important so children at risk, or those who are already exhibiting trauma symptoms, can be referred to targeted services in the community, as discussed with their families.⁶⁹

CONCLUSION

The caring adults who work directly with young children and their families across communities can use these practical recommendations to collaboratively establish a healthy mental health climate that is responsive to children's and staff's needs. With the uncertain and stressful immigration climate at the federal level and across states, early childhood programs can actively establish safe, trusting, and nurturing environments for our youngest learners from immigrant families to support healthy development and protect mental well-being.

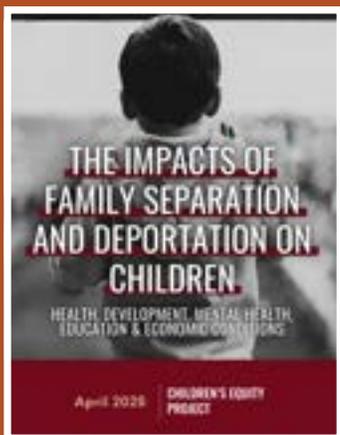


ADDITIONAL RESOURCES



Examining the Mental Health of Early Childhood Professionals and Children Early in the Pandemic

[DOWNLOAD NOW](#)



The Impacts of Family Separation and Deportation on Children Health, Development, Mental Health, Education and Economic Conditions

[COMING SOON](#)



APPENDIX 1: ABBREVIATION LIST

ASQ	Ages & Stages Questionnaires
ASQ:SE	Ages & Stages Questionnaires: Social Emotional
COE	The Center of Excellence for Infant & Early Childhood Mental Health Consultation
COP	Communities of practice
CUNY-IIE	City University of New York, Initiative on Immigration and Education
ECE	Early care and education
ECHO	Extension for Community Healthcare Outcomes
ICE U.S.	Immigration and Customs Enforcement
IECMHC	Infant and Early Childhood Mental Health Consultation
STS	Secondary traumatic stress
TIC	Trauma-Informed Care



APPENDIX 2: RESOURCE LIST

National Child Traumatic Stress Network (NCTSN) Learning Center offers Free [Online Education](#) on immigration trauma including free certificates and Continuing Education (CE) Credit, as well as other culturally responsive [TIC resources](#).

Migration Policy Institute's [School and Immigrant Students Navigate an Era of Rising Immigration Enforcement](#) provides program administrators with additional recommendations for protecting children impacted by harsh immigration policies.

Supporting Immigrants in Schools [Professional Development Modules](#) and [Video Series](#) (City University of New York Initiative on Immigration and Education, 2023). These free downloadable digital modules for educators and leaders in preschool and K-12 settings include a facilitator guide for professional development on topics such as translanguaging for multilingual immigrant students, trauma-informed practice, and supporting refugees and immigrants in schools. Accompanying videos are also available online.

[CUNY-IIE PK-12 Immigration Literature Guide](#) offers a collection of 100 carefully selected books that focus on the complexity and diversity of the immigrant experience. It also highlights some key aspects of the life and work of 20 authors.



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