



THE UNIVERSITY OF HOUSTON
INSTITUTE FOR RESEARCH ON WOMEN, GENDER & SEXUALITY

RAPID-Harris County Data Update Immigrant and Refugee Parents

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Executive Summary

This report explores the experience of the families of the **41% of Harris County children under 6** with at least one immigrant parent (ACS 2024), based on 373 surveys and 40 interviews. In **2024 roughly 28% of the Harris County population were immigrants**, filling jobs that would otherwise stand empty in such sectors as construction, agriculture, hospitality, food service and janitorial services, healthcare and caregiving, as well as in highly skilled fields including technology, engineering, and research (CPS), expanding the local economy. While they supply current workforce needs, immigrants also help build the workforce of the future: in 2023 the fertility rate for non-immigrant women was 52 births/1000 women aged 15-44, in contrast for immigrant women it was 66/1000 (27% higher) [estimate based on CDC and Census data].

Previously, UH IRWGS identified that immigrant families had less child care access than other groups because many families' grandparents are abroad, which impedes mothers' workforce participation. (In Harris County **48% of foreign-born mothers are employed vs. 68% of native-born mothers**, with an additional 6% of both groups looking for work [ACS 2024]). The data reported here provides insight into the circumstances and concerns of the large proportion of immigrant mothers unable to work due to barriers, enabling Harris County to identify areas of need for targeted workforce support.

24% of respondents were refugees, who, unlike many others, often qualify for government-assistance programs upon arrival, including food help, medical coverage, and short-term rent assistance. However, access to these benefits may decrease over time due to difficulties navigating bureaucracies to maintain eligibility and to other barriers.

Notable Data Points

The survey and interviews covered multiple areas, including: Finances, Child Care, Employment, Language, Health and Mental Health.

- **81%** of respondents reported **difficulty paying for basics**, while 19% did not.
- **9%** reported utilizing any form of non-parental **child care**, while 91% did not.
- **29%** of female respondents reported **working—including 9% full time and 20% part time**.
- **79%** of male respondents reported **working—including 49% full time and 30% part time**.
- **23%** of respondents were **fluent in English**.
- While **65%** of immigrants who were fluent in English reported being able to find work that matched their skills, only **38%** of those not fluent were so able.
- **43% of Hispanic respondents** reported having **no health care**, vs. 20% of non-Hispanic respondents.
- **26% of female and 22% of male respondents** indicated that they felt **Nervous, Worried, Depressed**, or had **Little Interest** in doing things **more than half the time**.

Key Findings

Participants reported that experiences across the areas covered are interactive, such that the inability of many immigrant mothers to work due to lack of child care lessens their families' ability to earn sufficiently to meet needs while often creating isolation and dependency, limits access to health care, and generates stress, depression and other mental health challenges. This dynamic makes it difficult for many families to achieve a sense of stability, while underserving employers.

Many interviewees discussed facing financial difficulties due to: unemployment or prolonged stay-at-home status; underemployment/de-skilling; inadequate health insurance; limited language skills; housing instability; high cost of basic needs; and immigration related work restrictions. Those mothers who were working indicated that their salaries were essential to their families. On the skills front, both women and men often have difficulty finding jobs that match their skills, often due to language barriers as well as differing professional accreditations.

One Afghan mother noted that while she had expected life to be very different in the US than under the Taliban, she found that here too she was prevented from working: *"In Kabul, people think 'If I go to America, how will it be?' But here, it's so different [than I imagined]. I expected more. I wanted to work and earn my own income. Yes. But now I can't, I must care for [my] children."*

These findings suggest that making affordable childcare and ESL classes available to immigrants would positively impact families' resettlement and progress toward stable lives, while also serving employers by making more workers available and able to work efficiently.

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FACT SHEET

MARCH 2026

The findings reported here provide insight into the dynamics affecting immigrant families with young children in Harris County, and particularly the dynamics affecting the large proportion of immigrant mothers in our region unable to work due to barriers (in Harris County 48% of foreign-born mothers are employed vs. 68% of native-born mothers [ACS 2024]). Such barriers include a disproportionate lack of access to family-based child care because relatives aren't nearby, etc. These findings can assist the County in identifying areas of need for targeted workforce supports, benefiting families, children, employers and the community. (For Context and Methodology, see pp. 10-11.)

FINDINGS

Resettlement is an ongoing process, not one event.

In interviews across communities, for both immigrant and refugee families, arrival is described as an early period of confusion, fear, and isolation (due to language barriers and lack of: transportation, income, and access to many family members or community), followed by gradual improvement, rather than full resolution. Even participants who have been in the U.S. for years continue to describe precarity related to finances, language, benefits, housing, immigration status, or safety. Stability is framed as partial and aspirational.

"It took a long time [to settle], I think. And still sometimes I feel like it's ongoing. Not the same intensity as at first, but still, less now, but I think it's still going on."

—(Afghan immigrant)

"I'm still adjusting ... in the very beginning, we had lots of struggles. We wanted to buy a car. But, ... we didn't have a car insurance. Then, we wanted to purchase car insurance, but we ... didn't have a driver's license here. It's very difficult to know where to start. And we didn't know who to ask ... Everything was difficult. ... I have adjusted better [but I] don't really understand... how things work. The welfare system and health insurance are difficult to understand."

—(Thai immigrant)

"I thought ... that I could learn English in one year and then start studying. But things didn't go as I had planned. Maybe it's my fault for not adjusting sooner, or maybe it's just genuinely hard here. It's a bit harder [to raise children] compared to when I was in Malaysia or Iran or Afghanistan."

—(Afghan immigrant)

Finances

The affordability crisis and financial strain are on the rise among immigrants as with others. When interviewed, nearly every group mentioned having financial difficulties through:

- Unemployment or prolonged stay-at-home status, particularly for mothers providing child care
- Underemployment/downward mobility/de-skilling
- Lack of child care
- Inadequate health insurance (or complete lack thereof)
- Housing instability (rising housing costs, or unsafe conditions)
- High cost of living relative to wages
- Immigration-related working restrictions (for some Latin American and Indian participants)

Of survey respondents, 81% said they had difficulty paying for basics (Fig. 1).

¹ Our thanks to graduate students Zayde Odyssey Olmos and Nicolas DeLeon for their assistance with coding the interviews.

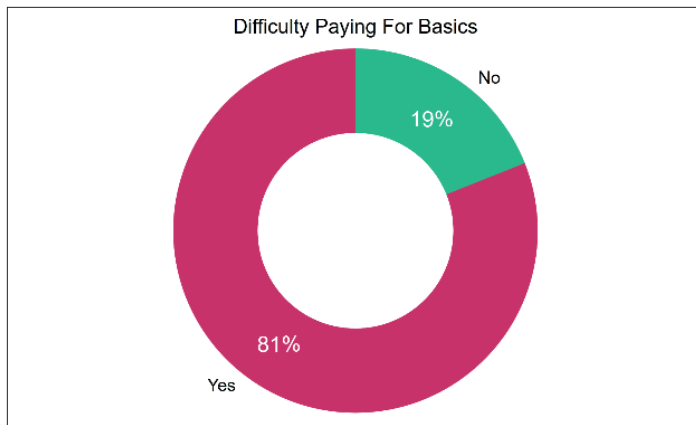


Figure 1

Consistently in interviews and surveys, participants report that financial instability leads to stalled integration and to emotional distress.

Even those emphasizing their gratitude for being in the US expressed that economic insecurity places limits on long-term planning and stability. “Stability” is the primary desire expressed across cases.

“Since I had my baby... we’re ... kind of stuck. ... I’ve been thinking [about] selling ... food, something, so we can have a little extra, buy a few more things. Because if not, we’re always going to stay the same.”

—(Mexican immigrant)

“My husband is working and I’m a stay-at-home mom; the prices have increased a bit ... so, maybe we have to reduce our spendings a bit. So, I feel that’s the change that’s going on ... Expenses are increasing. The car, the price of the cars, the gasoline, everything is just shooting up.”

—(Indian immigrant)

Child Care

Participants across country of origin, immigration status, and time in the U.S reported that lack of child care is a consistent barrier to employment and that it leads to isolation for many:

- It prevents many mothers from entering the workforce, prevents their enrollment in ESL classes or continuing education programs, and it reinforces their financial dependency on their spouses, which may create vulnerability to domestic abuse.
- It limits time spent outside the home by both children and parents as well as opportunities for engagement with the community or social circles

Of those surveyed, only 9% were currently employing non-parental child care (Fig. 2).

“Yes [I would like access to child care for my autistic child in order] to be able to work... I’ve asked people who take care of children, but it’s too expensive. If they pay me \$300–\$400 per week, I will be paying \$300 just for daycare.”

—(Mexican immigrant)

“In our country, studying and such things for women were forbidden, but here, thank God, these things exist, I can go and study ... In Kabul, people think “If I go to America, how will it be?” But here, it’s so different [than I imagined]. I expected more. I wanted to work and earn my own income. Yes. But now I can’t, I must care for [my] children.”

—(Afghan immigrant)

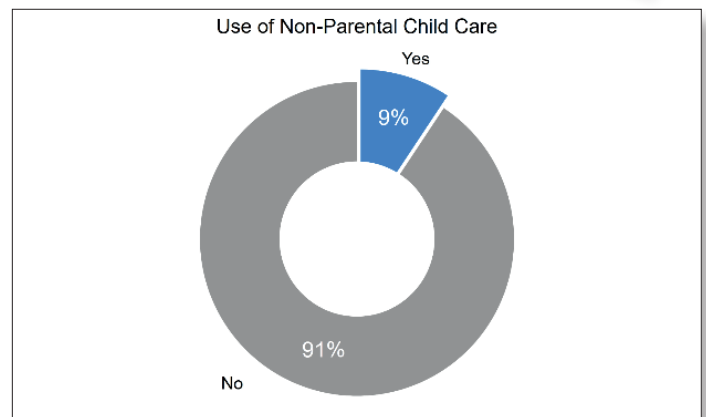


Figure 2

In interviews, parents expressed mixed feelings about child care, with two ideas often appearing simultaneously:

- Need/desire for child care for financial stability
- Distrust of child care centers/providers.

Potential sources of distrust might include:

- Cultural beliefs about the importance of family child care
- Fear of child mistreatment in care and/or general fear about safety/crime
- Concerns about children losing language or values
- Fear of being in public because someone in family is undocumented.

For several respondents, fears about child care intersected with broader anxieties about safety in America (crime, mass shootings, child abuse/moral concerns).

"I would like a daycare. But people have scared me ... people can come in and hurt kids. And also that you can't trust just anyone with your baby. ... [T]hey tell me that the daycares ... that work through assistance programs—take a long time to approve you. And if they don't ..., you have to pay weekly. And I don't have the money."

—(Mexican immigrant)

"I still feel [my child is] very helpless. To leave him in a place that, whoever is working, I'm worried. ... As he does not speak. If something happens to him, and they don't tell me? That's why I decided to stay home, until the baby is at least one."

—(Cuban immigrant)

"No [child care]... [It was] my decision to raise my kids by myself or to share responsibility with my husband. ... even before I married. Because it's a good investment. I want to have happy and well-protected children. ... If I am not around, my husband will be there. If my husband is not there, I will be there. So, no child care."

—(Ethiopian immigrant)

While most parents described significant barriers that prevented them from enrolling their child in non-parental child care, a small minority (9%) did report having a child currently in care. Reflections below offer insight into what parents value about their child care arrangements.

"My son, he was like nine months ... And they provide me daycare over there [at my job]. And I start working."

—(Afghan immigrant)

"So, I got a good daycare facility nearby. So, when she was two and a half years old, she just went to the daycare; that's when she improved a lot in her language and her behavior, there are so many improvements."

—(Indian immigrant)

Employment

The surveys were administered during standard workday hours, so the population that took them was largely composed of stay-at-home mothers, part-time workers, unemployed people, and workers on nonstandard schedules, and it had a notable gender division—both in terms of who responded (86% are female and 14% male) and their employment status (Table 1):

Table 1: Employment Status of Respondents, by Gender

Employment Status	Gender			
	Male		Female	
	Percentage	Number	Percentage	Number
Full-time	48.94	23	9.29	29
Part-time	29.79	14	19.87	62
Stay at Home (Not Seeking)	4.26	2	37.82	118
Unemployed	6.38	3	16.03	50
Temporarily Out of Work (Furloughed)	4.26	2	3.85	12
Student	0		3.21	10
Other	6.38	3	9.94	31
Total (%)	100	47	100	312

79% of male respondents reported **working—including 49% full time and 30% part time**, while 6% were unemployed and seeking work, 4% furloughed (**89% in the workforce overall**); 4% were stay-at-home dads not seeking work, and 6% were "other."

29% of female respondents reported **working—including 9% full time and 20% part time**, while 16% were unemployed and seeking work, 4% furloughed (**49% in workforce overall**); 38% were stay-at-home moms not seeking work; and 13% were "other" or in school. [The distinction between unemployed and SAHM is blurry: while some SAHMs may wish to stay home, others may not seek work due to lack of good, affordable childcare and/or linguistic or other barriers.]

Interestingly, this level of mothers' workforce participation rate parallels national workforce participation rate data for mothers with young children (which includes those seeking work). For those with kids under 3 that's 50% for foreign-born mothers v. 70% for native-born (BLS 2025). In Harris County overall per the American Community Survey (ACS 2024), 74.46% of native-born mothers of children under 6 were in the workforce (67.86% employed, 6.6% looking for work) v. 54.61% of foreign-born (48.65% employed and 5.96% looking). Among fathers of children under 6, 95.62 of native-born dads were in the workforce—almost identical to the 96.35% of foreign-born dads.

Working mothers indicated that their salaries were essential to their families:

"I'm currently [working] at Connect [Community], and I especially encourage women to come out of the house. To learn tailoring ... I'm a teacher—I have 13 or 14 students ... but the U.S. economy is in a difficult state now. Because I don't receive any aid... I mean, sometimes the problem is that you receive your paycheck and have nothing left by the end."

— (Afghan immigrant)

"[I work in fast food and share childcare with my husband.] I'd consider put my children in a daycare that I can afford. I want to because I want to work extra. I want to have two jobs ... I want to take English classes and I want to take extra works."

—(Thai immigrant)

"In Afghanistan, [my husband] was a doctor... pediatrics ... but unfortunately here they don't accept his credentials ... [he now works in] manual labor ... Walmart ... he had a clinic. It was a very big psychological blow. Very big ... I also used to teach in Afghanistan ... if my language problem is solved, [I would like] something useful, a job that's useful. "

—(Afghan immigrant)

On the skills front, both women and men often have difficulty finding jobs that match their skills (Table 2), often due to language barriers as well as differing professional accreditations.

Table 2: Respondents' Employment / Skills Match, by Gender

Able to Find Employment/ Matching Skills (excluding those not seeking work)	Gender			
	Male		Female	
	Percentage	Number	Percentage	Number
Yes	45.45	20	44.49	113
No	54.55	24	55.51	141
Total (%)	100	44	100	254

"I was, a lawyer ... So, when I come here, everything is in English. So, I was unable to continue my education ... now I am a nursing student. I am still struggling. Sometimes my English is making me too frustrated ... My life is very hard, you know? ... I am a mom of four. I have a responsibility at home and nursing school."

—(Ethiopian immigrant)

Language

Limited English proficiency constrains employment and as a result healthcare access (which is often tied to employment), as well as social connection, and ability to navigate bureaucracies. English learning, conversely, is widely described as empowering, a pathway to independence, belonging, future mobility and economic stability. Among those surveyed, only 23% were fluent in English (Fig. 3). English fluency correlated to a 27% greater likelihood of those surveyed finding a job that matched their skills (Fig. 4).

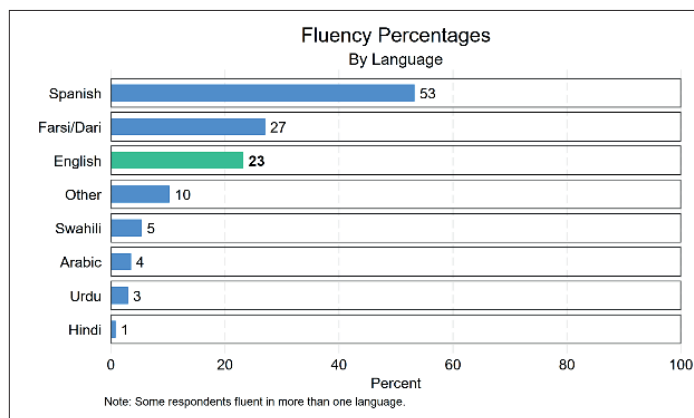


Figure 3

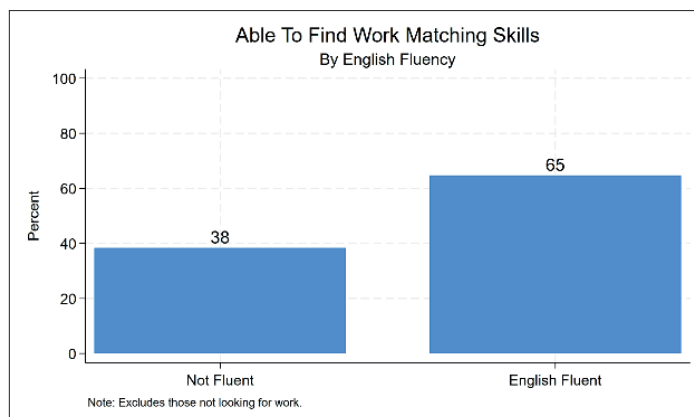


Figure 4

"It's a little bit hard... Yes, because that time my English is not good. When I go to the doctor, literally I cry. Yeah. Because we didn't understand anything"

—(Pakistani immigrant)

"I sit with my baby [watching cartoons]. We'll see Ms. Rachel and her other learning cartoons. Well, I am learning with those programs. I am practicing. I decided that I am going to learn English ... to improve [my]self, to get ahead."

—(Mexican immigrant)

"We use both [languages]. Sometimes I'm talking [with my oldest daughter], because I want to improve my English ... But sometime because it's necessary for them to [not] forget their own language, native language, I'm talking in Dari to them."

—(Afghan immigrant)

Varying levels of English proficiency within a family also may affect family dynamics. Children's rapid language acquisition often reverses family roles, with children assisting parents (serving as "language brokers"). While this may confuse family structures in various respects, it also may put an additional burden of responsibility on children (particularly elder children) (Pandya 2023).

- Across all groups interviewed, participants reported that language functions in two ways:
- English is necessary for survival and economic mobility.
- Maintaining family's native language is necessary for cultural identity.

"Because I have kids, I don't go out much. But at Connect Community, there are some things. On Tuesdays, for example, [teachers] come here for language classes. There are women who teach us yoga and exercise and things like that. It's really nice here because it's close to me, and we all go there and enjoy it. It's near my house."

—(Afghan immigrant)

"Yes, Connect [Community], where we had classes, and one of the best months was when I learned something there, I got going in two months. I hope their programs continue ... Because I don't have money to pay for other places, I can't."

—(Afghan immigrant)

"I just enrolled in English classes here at Baker Ripley and we're just starting. I've only been going for three weeks. [It's going] well."

—(Mexican immigrant)

These reflections suggest that English as a second language (ESL) classes intentionally established through trusted community organizations for immigrants and refugees function as upskilling opportunities, which speed immigrant integration into the workforce, helping both workers and employers. Equally importantly, they also create accessible, community-based spaces that reduce social isolation and provide structured pathways toward social mobility.

Health

Health insurance gaps were most notable in participants from México, Guatemala, and Colombia, differing from many Afghan participants, who can often access Medicaid through refugee resettlement benefits. Of Hispanic participants, 43% reported being uninsured (Fig. 5) and others indicated they were underinsured, or reliant on children's coverage (Medicaid/CHIP is available for US-born children but not for parents or non-US born children). Healthcare cost was reported as a major source of stress, particularly for families managing chronic illness, disability, or postpartum depression.

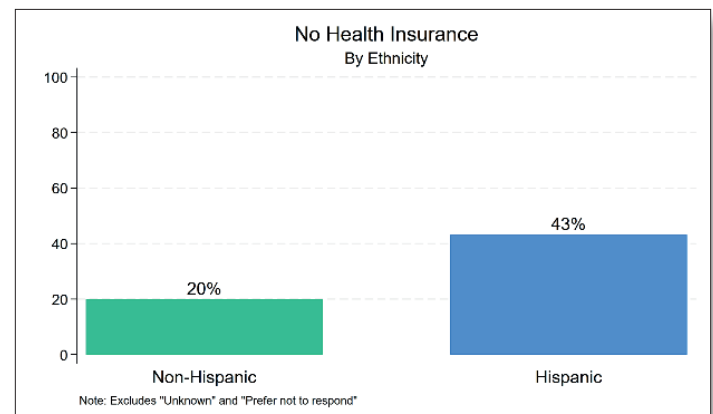


Figure 5

Lack of health care to manage illness may lead to prolonged periods out of the workforce, directly affecting the family's economic stability. Simultaneously, lack of care negatively affects employers, who cannot count on a steady workforce.

"I suffer from kidney stones, and the pain was so intense. My husband told me, "Let's go to the doctor." And I said no, no. Let's wait. ... Honestly, I took everything for the pain. God was good and it went away. But I was this close to going. And he said, "You can't stay like this." But ... I'm even afraid of going for a regular check-up because I feel like a bill will come. And how are we going to pay it if we don't have money?"

—(Mexican immigrant)

"Sometimes stress, yeah, we have because ... my husband was at home, suddenly he sick. He took the money from the bank ... he has loan, he has car payment, he has insurance for car, he has utility, everything is a lot, ... [W]e scared how should [we] pay, yeah, it's hard. Because we don't have any like ...money for saving."

—(Afghan immigrant)

Mental Health (Stress/Anxiety/Depression)

Across the interviews, mental health concerns were pervasive but were often expressed indirectly through the language of stress, fear, anxiety, isolation, and overwhelming feelings, rather than clinical terminology. These emotional states are closely tied to structural pressures like financial instability, immigration uncertainty, language barriers, lack of child care, health insecurity, and downward mobility. Recently arrived participants more often expressed stress related to displacement and adjustment, while longer-term residents described anxiety linked to economic instability and legal vulnerability (Fig. 6).

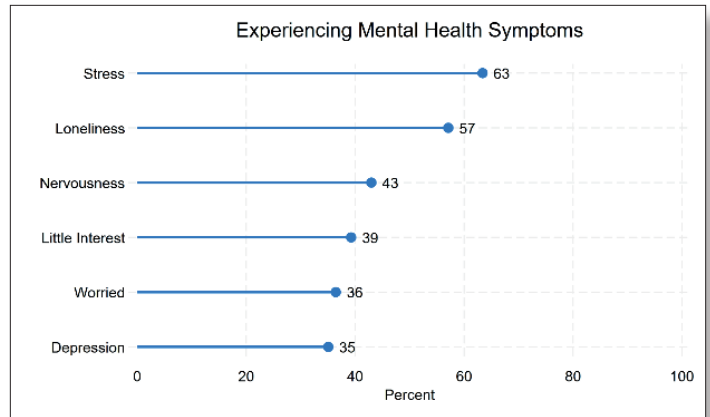


Figure 6

"With everything that's happening right now, the community is scared. We're worried, afraid. The children are learning to be afraid, that we can't go outside ... my girl from Mexico has been a little scared because of everything she sees in the news ... She asks me questions, but honestly, I don't know how to explain it to her. My younger boy doesn't know what's happening yet. But they ask why we don't go out much [cries] explaining these things to the children, that they don't have to say where their parents are from, or that they have to hide."

—(Mexican immigrant)

Conclusion

Based on surveys and interviews conducted in 2025, this report has explored the needs and concerns expressed by immigrant parents of young children in Harris County. While participants skewed toward stay-at-home parents (especially likely given that the surveys were conducted during the day) that group represents an important segment of the population of immigrant mothers—since many don't have access to family members to provide child care, are unable to afford paid care, and/or distrust unknown caregivers. In Harris County about 54% of foreign-born women with children under 6 are not in the workforce (ACS).

Respondents also disproportionately represent people not under stress about their immigration status, since people under such stress tend to avoid sharing their data. Nonetheless, respondents provided insight into the complicated lives of immigrants and their families in Harris County, including both their specific concerns and those of the wider group.

IRWGS's separate cumulative report on the RAPID project explores the concerns expressed by members of the various immigrant communities in more detail.

To summarize, our findings suggest that resettlement experiences are best understood as an ongoing process shaped by structural barriers (lack of child care, benefit gaps, language difficulties, limited legal protections, etc.), intra-community supports, and child-centered decision making.

Across groups, parenting, especially motherhood, emerges as the central identity through which the sacrifice, resilience, and hope associated with immigration are understood by respondents, and migration is often undertaken specifically to provide a better life for the next generation. While individual experiences vary, the repetition of these themes across interviews suggests shared conditions rather than isolated experiences.

The interviews make clear that access to affordable childcare and to ESL courses, among other services, would allow immigrants and refugees to more consistently work and meet employers' needs. Such workforce-readiness support would allow them to earn, put down roots and grow a feeling of real stability, for themselves and their families.

"We do it all for the children. Everything. Everything will be for them. For a better future."

—(Mexican immigrant)

"Because we came from a war-torn city, my daughter wasn't in school, and I also wanted to study. Education wasn't good there. So, when we came here, the change wasn't huge for us [in other respects]... But for my daughter's and my own education, I'm very happy we came here."

—(Afghan immigrant)

"Well, I hope, I know it's not an obligation, but as they say, we're in a country that's not ours. But my daughter was born here, and I hope that immigration issues get resolved—maybe it will benefit me, maybe it won't—but mostly, it's for my daughter. If I could give her better conditions, I would, but I don't have a work permit, so I do what I can. I'd like at least a permit, some hope, so to speak. But that's all—mostly. It's for my daughter."

—(Columbian immigrant)

Context

The Harris County Department of Economic Equity and Opportunity (DEEO) and the UH Institute for Research on Women, Gender & Sexuality (IRWGS) partnered with the RAPID Survey on child and family well-being at Stanford to hear from families with children under 6, from 2023 through 2024. In 2025, IRWGS continued the work, focusing on immigrant parents, to understand the needs of the 41% of Harris County children under 6 who have at least one immigrant parent (ACS 2024.) (For the immigrant and refugee study, in order to cast a wider net across groups, we expanded the parameters to include people with at least one child under 8.)

Per the Census, in 2024 roughly 28% of the Harris County population were immigrants, who fill jobs that would otherwise stand empty, in such sectors as construction, agriculture, hospitality, food service and janitorial, healthcare and caregiving, as well as in highly skilled sectors including technology, engineering, and research (CPS). As these workers spend their earnings, the economy expands. In addition to supplying current workforce needs, immigrants help build the workforce of the future: while in 2023 the fertility rate for nonimmigrant women was 52 births /1000 women aged 15-44, for immigrant women it was 66 /1000 (27% higher) [estimate based on CDC and Census data].

Respondents came from a total of 28 countries, with the majority from Latin America (54%) and 29% from Afghanistan (see Tables 3 & 4).²

They represented diverse races and ethnicities (Fig. 7).

Table 3

Most Frequent Countries	Frequency	Percent
Afghanistan	106	29.04
Congo	20	5.48
Cuba	11	3.01
El Salvador	36	9.86
Honduras	50	13.70
Guatemala	23	6.30
Mexico	59	16.16
Thailand	17	4.66
Venezuela	12	3.29
Other	31	8.49
Total	365	100

Table 4

Region of Origin	Frequency	Percent
Africa	29	7.95
Asia (incl. Middle East)	138	37.81
Americas	198	54.25
Total	365	100

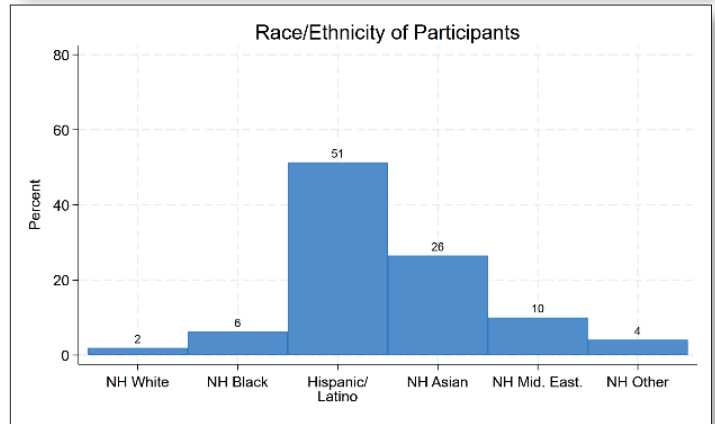


Figure 7

Previously, UH IRWGS had identified that the large population of immigrant families with children under 6 in Houston had less access to child care than other groups because many families’ grandparents are abroad, impeding mothers’ workforce participation.

To explore additional dynamics in this population, we launched a survey and conducted interviews (respondents identified as primary caregivers over 18 residing in Harris County and were 86% female). The findings identify issues of concern to immigrant families with young children, enabling Harris County and the community to provide more targeted support and build on existing strengths.

² Other foreign countries of origin include: Cuba, Palestine, Iraq, Pakistan, Lebanon, Ethiopia, Egypt, Colombia, Uganda, Tanzania, Taiwan, Nigeria, Nicaragua, Myanmar, Malaysia, Kenya, Jordan, India, Benin.

Methodology

The complexities of gathering representative data through surveys or interviews from precarious or under-resourced populations are well known, since many may be working multiple jobs and not have time to take surveys, or have other reasons for not wanting to share their information with data collectors. The time pressures on parents of young children add another layer of complexity to the project.

To address some of these barriers, we reached out through service providers likely to be viewed as trusted partners by families (Connect Community, Baker Ripley, Rupani Foundation, FAMHouston, HISD Multilingual, and Wat Buddhavas of Houston). These partnerships allowed us to contact refugees and immigrants from a number of ethnic communities in settings that were already familiar to them. Children were welcome to remain with their parents while they were completing a survey or interview. On some days, Connect Community was able to offer child care so that parents could participate while their children were supervised.

Overall, 373 surveys and 40 interviews were completed. Surveys were available in English, Spanish, Dari, Swahili and Arabic, and interviews were conducted in English, Spanish, Dari, and Thai. Translators were available on site to facilitate as needed. Participants who spoke both English and their native language could choose the language they felt most comfortable in. Our surveys and interviews were anonymous and did not ask sensitive information, such as documentation or immigration status.

Protecting respondent confidentiality and building trust were our main priorities through the data-collection process. Participants who completed a survey or interview received a gift card for their time.

Surveys and interviews were conducted during the day. As a result, individuals who were working at that time and possibly had children in center-based child care were less likely to be among our respondents. Participation was more feasible for individuals who were available and able to travel to the data-collection site and who felt comfortable sharing information about their experiences. As a result, those facing the highest levels of instability or fear are underrepresented. Nonetheless, the perspectives gathered are meaningful, shedding light on many of the issues affecting immigrants in Harris County.

Some of the immigrants interviewed were refugees, who often have different access to benefits and assistance than non-refugees. Refugees may qualify for government-assistance programs upon arrival, including food assistance, medical coverage, and short-term rent assistance. However, accessing and maintaining these benefits frequently requires navigation assistance, due to eligibility shifting over time, documentation difficulties, language barriers, transportation issues, and administrative challenges.

Immigrants who do not have refugee status may have more limited or no eligibility for public benefits, depending on their immigration status, length of time in the US, or specific benefit rules. Like the differences in background stories, differences in access to benefits also inform the narratives in this study.

THANKS

Deep appreciation to all the parents of young children in Harris County [HC] who took the RAPID-Harris County surveys and shared their stories. And many thanks to the community partners who assisted with outreach to those parents.

In the 2025 phase for this report, our principal community collaborators were BakerRipley, Connect Community, DAYA, FAMHouston, HISD Multilingual, the Rupani Foundation, and Wat Buddhavas Sunday School.

Much gratitude to all of the individuals who worked with us in the agencies listed, for their generosity and insights, and for all the great work they do to create meaningful community for families in Harris County.



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