

TIME FOR A RESET?

This paper is part of a series of short “think pieces” by IOM’s Migration Research High Level Advisers on the potential changes, impacts and implications for migration and mobility arising from COVID-19. Designed to spark thinking on policy and programmatic responses to COVID-19 as the impacts continue to emerge globally, the papers draw upon existing and new evidence and offer initial exploratory analysis and recommendations.

August 2020

COVID-19 and the transformation
of migration and mobility globally

Time for a reset: Implications for child migration policies arising from COVID-19



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COVID-19 and the transformation of migration and mobility globally

Time for a reset: Implications for child migration policies arising from COVID-19

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Introduction

Two epidemiological generalizations have emerged consistently from the plethora of analysis about the impact of COVID-19. First, children are less at risk of infection than adults, particularly older adults.² Second, vulnerable populations, including those experiencing socioeconomic hardship, racial, ethnic or caste-related injustice and other forms of structural inequity, face disproportionate pandemic-related impacts.³ Millions of children, including migrant children, therefore, while relatively protected by their age, are nevertheless at heightened risk from the pandemic because of their precarious status: “What started as a public health emergency has snowballed into a formidable test for global development and for the prospects of today’s young generation.”⁴

The impacts arising from the COVID-19 pandemic include not only infection-induced morbidity and mortality, but also heightened exposure to other severe risks and human rights violations, including extreme poverty and related hunger, violence, exploitation, homelessness and mental illness.⁵ While a systematic, integrated daily global tally of COVID-19 infection rates and deaths is available, reliable information about other impacts is more elusive.⁶ Given that migrant children are particularly affected by these latter impacts, an assessment of the pandemic’s impact on this population and the policy implications that flow from it must rely on disparate data sources, including crowdsourced mobility data, media reports and anecdotal accounts.⁷

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2 McFall-Johnsen, 2020.

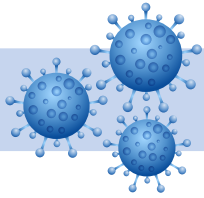
3 CDC, 2020.

4 United Nations, 2020:5.

5 ILO and UNICEF, 2020.

6 Johns Hopkins University, 2020.

7 United Nations, 2020; IOM, 2020a.



The global child migrant population affected by the pandemic spans a very diverse constituency. Among them, and not covered by this report, are children accompanied by supportive and socioeconomically secure families able to protect their members from exposure to congregate settings and other pandemic risk factors, and to organize (or reorganize) their migrations through safe and legal channels. However, millions of child migrants affected by COVID-19 are highly vulnerable, whether they migrate accompanying family members or alone.⁸ They include children forced to flee conflict, persecution or environmental calamity. They also include children forced to leave unbearable home circumstances, whether because of destitution, lack of future prospects, familial abuse or other pressures.⁹ The pandemic, and the strain it has placed on all public services, including those responsible for protecting vulnerable children, compounds circumstances already filled with a wide range of age-specific child-protection risks. A case in point is the risk posed by delays in immunization campaigns to administer life-saving vaccines for rubella and measles – with millions of children affected, those forcibly displaced are likely to be at particular risk.¹⁰

What is changing?

The most dramatic migration-related impact of the response to COVID-19 has been **the precipitous drop in mobility, accompanied by widespread border closure**.¹¹ Child migrants, accompanied by family members or unaccompanied, whether seeking asylum, family reunification or other migration-related goals, have found their journeys blocked. Border closure, such as the total shutdown of the Balkan route across the Mediterranean and Southern Europe, forces children to stay in hazardous settings or to explore dangerous alternative routes.¹² In the United Kingdom, there is evidence of a dramatic rise in the numbers of very young, unaccompanied child migrants, some suspected of being trafficking into modern slavery, being transported across the Channel in small dinghies in response to the pandemic-related drop in other forms of cross-Channel transport.¹³ These mobility changes also exacerbate the exposure to stigma and discrimination, as communities target their fears of contamination on those deemed “outsiders”, including young migrants.¹⁴

While many States, in the process of closing borders, have also halted **child migrant removals**, some have not. In Ethiopia, 434 unaccompanied child returnees, in the main not previously tested or offered assistance, were returned, and had to be

8 You et al., 2020:32.

9 IOM, 2020b:231–252.

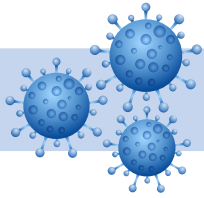
10 WHO, 2020; You et al., 2020:35.

11 Guadagno, 2020; IOM, 2020c, 2020d.

12 Sanchez and Achilli, 2020.

13 Campbell, 2020.

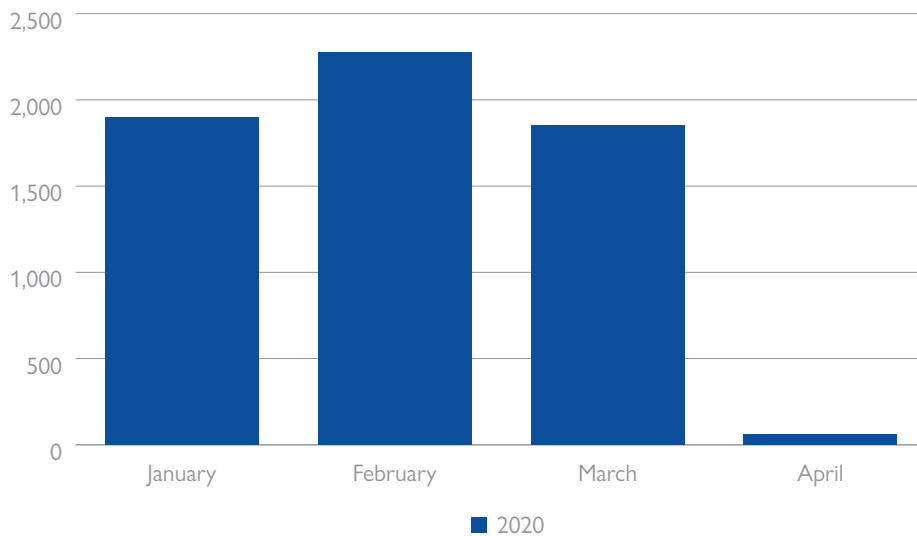
14 You et al., 2020:37.



quarantined in centres established by the Government.¹⁵ In some contexts, border closure has not been symmetrical. The United States of America has used the pandemic as a justification for stopping all asylum seekers from presenting claims at its southern border.¹⁶ However, it has also stopped sheltering unaccompanied minors and has instead continued deporting them. Though 2,400 children have been released from United States immigration detention since the start of the pandemic,¹⁷ a much larger number have been repatriated, some within hours of their arrival in the United States and before they could speak to a family member or an adviser.¹⁸ Over 10,000 unaccompanied minors were repatriated between December 2019 and April 2020, without being tested for the virus or screened to ascertain whether they had a credible fear of persecution.¹⁹

The number of unaccompanied migrant minors transferred to the United States refugee agency plummeted as hundreds were instead expelled

The Office of Refugee Resettlement received only 58 children from border officials in April as officials ramped up expulsions.



Source: Montoya-Galvez, 2020.

Forced removals of migrant children have also occurred elsewhere. The Bangladeshi authorities have closed the border to Rohingya arrivals, but have forcibly relocated hundreds, including at least 40 children, to a remote and flood-prone island, despite

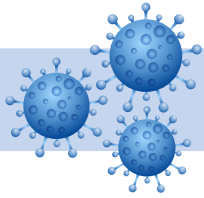
15 UNICEF, 2020a; You et al., 2020:33.

16 Kanno-Youngs and Semple, 2020.

17 O'Toole and Carcamo, 2020.

18 Dickerson, 2020.

19 USDHS, 2020; Sanchez and Achilli, 2020:5.



United Nations concerns about its habitability²⁰ and the community's opposition, a vivid illustration of the particular vulnerability of stateless children during the current pandemic.^{21,22}

Refugee resettlements have also been impacted by border closures. In Greece, as of early April 2020, over 5,200 unaccompanied and separated children urgently needed relocation to satisfactory settings, with over 1,600 of them at particular risk of exploitation, violence or contamination in densely overcrowded and unsanitary camps on the Aegean islands. However, resettlement commitments made by 10 European Union member States have been broken.²³ As of this writing, only 98 unaccompanied children have been relocated from the Greek camps: 12 to Luxembourg;²⁴ 47 to Germany;²⁵ 23 to Switzerland;²⁶ and 16 to the United Kingdom.²⁷

A second pandemic-related impact on forced child migrants has been the **deteriorating situation in refugee camps and other humanitarian shelter settings**. Of the 30 million distress child migrants (refugees, asylum seekers or internally displaced persons), the great majority are likely to be negatively impacted by the mobility restrictions, combined with changes in access to all forms of social protection.²⁸ The well-being of distress child migrants has been sharply impacted by significant declines in the presence of humanitarian workers, shortages in essential supplies, and dramatic reductions in personal safety and services.²⁹ Even before the advent of the COVID-19 pandemic, the conditions of children living in refugee camps were harsh.

In Greece, home to the European Union's largest refugee camps, many migrant children have long lacked access to education, with only 40 per cent of the country's refugee children and only 3 per cent of the migrant children on the islands enrolled in formal schooling. Post-pandemic, the number of children in the island camps receiving any form of schooling has shrunk from one third of the estimated 5,296 children of schooling age in April 2019 to zero, with the Greek Government announcing the closure of all schools and non-formal educational services on the islands on 10 March 2020.

20 *Dhaka Tribune*, 2019.

21 Human Rights Watch, 2020.

22 De Chickera, 2020.

23 Smith, 2020.

24 *Deutsche Welle*, 2020a.

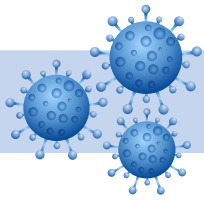
25 *Deutsche Welle*, 2020b.

26 Bathke, 2020.

27 Smith, 2020; UNICEF, 2020b.

28 Sanchez and Achilli, 2020:12.

29 Kelly et al., 2020.

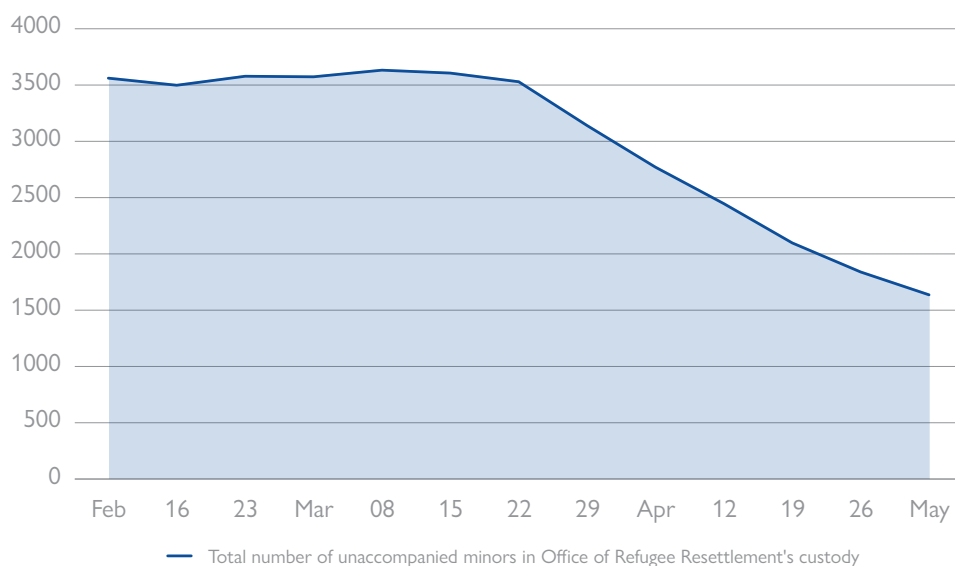


Only 5 of the 17 official migrant shelters in the Mexican border state of Juarez are open to migrant children; an estimated 300 unaccompanied children, two thirds of them from Central America, were housed in the severely overcrowded federal shelter in Ciudad Juárez in December 2019, at the time of a measles epidemic, which led to the shelter being placed under lockdown even before the pandemic hit. The arrival of COVID-19 has compounded the children’s anxiety and depression, leading many to exhibit symptoms of distress.³⁰

The extensive closure of schools (in 188 countries as of this writing) has particularly severe educational and nutritional impacts on children in informal settlements and camps in the Middle East, sub-Saharan Africa and Asia, where online and other alternative learning and support options are typically nil.³¹

For children in **closed shelters or detention facilities**, the pandemic’s impact is even worse, as they face elevated infection risks.³² In the United States, 1,500 children remain in custody, subject to abysmal treatment and conditions, despite urgent calls for migrant children to be released from custody into the community.³³ Meanwhile, as the following graph illustrates, the number of migrant children taken into protective custody has dramatically declined, because of border closure and continuing deportations.

A drop in the number of unaccompanied migrant children in United States custody indicates most are being expelled at the border



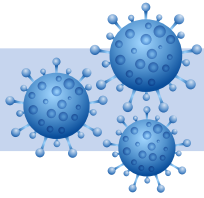
Source: Montoya-Galvez, 2020.

30 Navarette and Sanchez, 2020:51.

31 Sanchez and Achilli, 2020:36.

32 Kerwin, 2020; Hudak and Stenglein, 2020; Stock et al., 2020; Owen, 2020.

33 O’Toole and Carcamo, 2020.



Other risks arise from the heightened pressures and stresses on migrant populations caused by the pandemic. Increased mortality will inevitably create orphans and other parenting deficits, **increasing exposure to abuse**. Already, reported rates of domestic violence and child abuse are up, as are rates of child marriage, child labour and child trafficking.

In the United Kingdom, evidence has emerged that “significant” numbers of vulnerable migrant children are going missing from the care system, some ending up destitute, homeless or in the hands of traffickers or criminal gangs, as pandemic lockdown and other measures have radically shrunk the safeguards in place to protect them.³⁴

A particularly egregious situation facing internal child migrants has arisen in India, where a draconian and sudden lockdown precipitated an enormous humanitarian emergency. Millions of migrant child labourers in India’s informal economy were laid off work without notice and forced to improvise a survival strategy without any form of social protection. The tragedy was epitomized by the reported death by dehydration and hunger of 12-year-old Jamlo Makdam, an agricultural child migrant labourer, as she embarked on the 150 km journey from Telengana to her home village in Chhattisgarh in the scorching heat. Childline 1098, the national helpline for children, received close to half a million calls from children in distress, many of them migrant workers far from home, within 21 days of the announcement of the lockdown.³⁵ The huge financial toll of the lockdown is already exacerbating the vulnerability of the poorest Indian children, including those forced to work far from home. Reports have emerged of situations of debt bondage where families are offering their children to moneylenders to repay loans taken during the lockdown.³⁶ The suspension of labour regulations, such as minimum-wage thresholds and job guarantees, in order to stimulate economic productivity is also fraught with risks for impoverished child migrants without bargaining power.

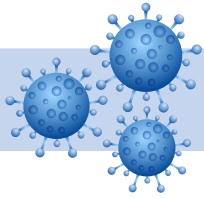
Finally, the impact of the pandemic on public authorities, including the diversion of state resources to cope with the crisis conditions facing them, has spillover effects for **migrant children in state custody**. In the United Kingdom, there are approximately 10,000 European Union/Europe Economic Area or Swiss children currently or until recently in local authority care. To avoid becoming undocumented (and risking detention and removal) as a result of the impact of Brexit, these children need to apply before 30 June 2021 under a European Union Settlement Scheme for permission to remain legally in the United Kingdom. They will need local authority assistance to do this, assistance that will be in particularly short supply given the other demands on relevant support services.³⁷

³⁴ Townsend, 2020.

³⁵ *The Hindu*, 2020.

³⁶ Nagaraj and Srivastava, 2020.

³⁷ The Children’s Society, 2020:3.



Good Practices

The overall impact of the COVID-19 pandemic on distress child migrants has been extremely harsh. However, the emergency has also generated some opportunities for positive change.

Many organizations, both official and unofficial, have developed initiatives to support migrant and refugee children within their communities, mainstreaming their care within a child protection framework.

UNICEF Italy has collaborated with the Government to establish outreach teams providing health screenings, sanitary supplies, remote counselling and information, including through Facebook Live sessions, to migrant and refugee children affected by the pandemic.³⁸ Care4Calais, a group supporting migrants in Northern France and Belgium, has redoubled its efforts in the face of a shrinking humanitarian presence: "I'm really proud of how fast we have responded, we have done extra work in all locations across France and Belgium, we have given out about 1,000 packs of vitamins and I'm super proud of my volunteers. Even though numbers are down, they are working flat out. They are wearing gloves and doing everything they can to stop infection spreading..."³⁹ UNHCR has been helping Syrian refugee students in Jordanian refugee camps to access national television educational broadcasts by increasing household electricity supplies, while UNICEF is supporting parents attempting to homeschool in the camps.⁴⁰

Assiduous advocacy by child migrant defenders has generated positive challenges to harsh state practice.

In the United States, child migrants' lawyers, led by the National Center for Youth Law, have been seeking their clients' release from closed shelters to obviate risk of COVID-19 infection. Judge Dolly Gee, a federal judge in California, handed down an order on 24 April 2020 requiring the immigration authorities to meet their obligations to release all children being held in immigration custody without justification.⁴¹ The extent to which the authorities have complied with the order is unclear as of this writing.

Another good practice is the decision by several destination or host States to facilitate access to health care and other essential services irrespective of migration status. The Malaysian Ministry of Health made an announcement exempting all foreigners from registration or charges for coronavirus-related treatment. The United States Citizenship and Immigration Service announced, early on in the pandemic, that non-citizens with COVID-19 symptoms could avail themselves of any medical treatment or preventative service without that being

38 Riatti, 2020.

39 Kelly et al., 2020.

40 You et al., 2020:36.

41 City News Service, 2020; for an earlier judgment ordering "continuous efforts" to release child migrant detainees from custody, see Jordan, 2020.



considered an infringement of the public charge rule (under which use of public services could jeopardize immigration status).⁴² Similar announcements have been made by the United Kingdom and Portuguese Governments.⁴³ Ireland has made an unemployment benefit scheme accessible irrespective of immigration status, while Peru has provided hygiene kits and mental health support to the children of Venezuelan asylum seekers, as well as cash transfers to over 60,000 extremely vulnerable migrant families. In Libya, a national hotline is broadcasting health messages and information about helplines and remote service access in the main migrant languages (including Somali, Amharic, Hausa and Tigrinya).⁴⁴ Mexican authorities have decided to make social services and social protection resources available to all vulnerable children, irrespective of their immigration status or citizenship, a laudable effort at inclusionary support in a country facing enormous migration pressures as a result of recent United States migration policy. Some local municipalities have also stepped up their efforts to support indigent and homeless migrant children affected by the pandemic, proof that the movement for “inclusive cities” can withstand the xenophobic pressures generated by the pandemic. Boston, for example, has offered services including free meals (breakfast and lunch), childcare, medical care, online connectivity access (Chromebook laptops, 60 days of free Internet access and free installation) and educational support. Boston Public Schools has also created an online curriculum for all students, while the Massachusetts Department of Early Education and Care is delivering books for younger children.⁴⁵

Required policy innovations

- (1) For child migrants stranded by coronavirus-induced lockdowns, whether they are blocked from journeys they had planned or abandoned by traffickers no longer able to feed them, States have **an urgent and immediate obligation to provide non-discriminatory support and to minimize risk**. As for all children, the best interests of the child must be a primary consideration in the development of relevant interventions. The nature of the support depends on the needs and wishes expressed by the migrant child. These can only be ascertained with quality and timely data collection. So far, data on child migrants stranded or otherwise impacted by the epidemic are scarce. Child welfare agencies, charged with child protection for vulnerable constituencies within their jurisdiction, **should institute mechanisms to document the pandemic’s impact on child migrants and ascertain their needs and wishes, incorporating a rights-based approach to this task**.⁴⁶

⁴² USCIS, 2020.

⁴³ World Bank Group, 2020:11.

⁴⁴ You et al., 2020:38.

⁴⁵ City of Boston, 2020a; 2020b; 2020c.

⁴⁶ United Nations, 2020:14.



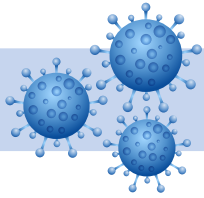
- (2) In some jurisdictions, the pandemic has generated long-elusive **opportunities for child protection and family reunification**. In India, for example, the abandonment of trafficked children by exploiters unable to feed and accommodate them has revealed previously hidden needs and created a real opportunity for government agencies to reach out to trafficked children and, if the children so wish, support reunification with family back home.⁴⁷ Similar moves should be undertaken with respect to internationally trafficked child migrants, although in such cases reunification might entail supported transport to relatives in destination rather than in home countries. Again a best-interest determination encompassing the child's needs and preferences must be a guiding consideration.
- (3) Many forced child migrants, including refugees and children who have been trafficked, lack legal identification documents. For stateless Rohingya child refugees in India, for example, their lack of identity documents, coupled with the economic devastation wrought by the pandemic, has exacerbated vulnerability to exploitation.⁴⁸ As governments develop interventions to mitigate the impact of the pandemic, **there is an opportunity to address this serious documentary deficit and provide all children with legal identification documents**.⁴⁹
- (4) Governments should ensure that all children within their jurisdiction, irrespective of their nationality or migration status, have **access to the social assistance and social protection measures needed to avert destitution** and the other consequences of the pandemic. Some organizations have called for the establishment of community kitchens to provide food to migrant workers.⁵⁰ Good practice examples already in operation (see above) should be broadly followed.
- (5) **Detained child migrants should be immediately released from immigration detention facilities**, to avert the known risks generated by congregate settings. Where institutional care is needed, child migrants should be located in child-friendly settings adapted to incorporate the physical distancing and other health-related measures needed to reduce infection risks. **Repatriations, deportations and other forms of externalization should not be imposed on child migrants seeking security and protection in transit and destination States.**

⁴⁷ Sehgal, 2020.

⁴⁸ Mitra, 2020.

⁴⁹ The right to proof of legal identity is articulated both in the 1989 UN Convention on the Rights of the Child, Articles 8 and 9, and in Sustainable Development Goal 10.7.

⁵⁰ ActionAid India, 2020; Love and Vey, 2020.



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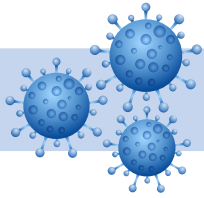
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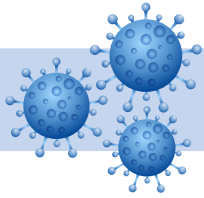
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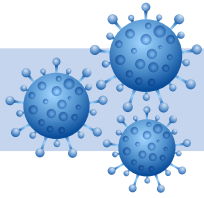
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