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Growing in Motion

Challenges and Opportunities for Migrant Early Childhood

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Inter-American Development Bank
Migration Unit
Health and Social Protection Division

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GROWING IN MOTION

Challenges and opportunities for migrant early childhood

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ABOUT THIS DOCUMENT

Migration flows in Latin America and the Caribbean (LAC) have increased significantly over the past decade. Complex migration movements characterize the region, which includes countries of origin, transit, destination, and return migration. A significant proportion of these migrants are families and young children (defined in this document as children aged 0–5). Migration is a process that has profound effects on various aspects of family life, with implications for children's health and development in early childhood and consequences that can last a lifetime.

Parental migration has mixed effects on the health and development of children who are left behind. While these children may benefit from increased family income, parental absence can disrupt care and negatively affect their emotional development. While evidence from China shows adverse effects on the health of children left behind, positive effects have been observed in LAC, such as improved nutrition and reduced infant mortality due to income from remittances. These differences may be related to the duration and type of migration (internal vs. international migration). However, children's cognitive development tends to be negatively affected by their parents migrating, especially if their mothers migrate. Still, short separations combined with early stimulation activities may mitigate these adverse effects. Similarly, although parental migration often has a negative impact on children's social-emotional development, enriching care environments provided by nonmigrant caregivers can attenuate this.

There is limited evidence on the effects of migration on migrant children. However, anecdotal evidence and association studies suggest that migrant children often experience poorer cognitive and social-emotional development. This is likely due to the lack of stimulation during travel and the adjustment period, as well as the stress induced by the risks of migration. These effects can be long-lasting and may later manifest as conditions such as alcoholism, drug use, depression, or even suicide.

Children born in the destination country experience both opportunities and challenges. Those born abroad to migrant parents may benefit from better economic opportunities for their parents in the destination country than they would have had in their country of origin. However, they often face difficulties in accessing health and education services. Additionally, the stress of deportation risk negatively impacts the health outcomes of pregnant migrant women and their children. Although research on cognitive skills in LAC is limited, studies in the United States suggest that second-generation migrant children generally score lower on cognitive tests. Nevertheless, this may be due to language proficiency shortfalls rather than innate ability. However, these children frequently demonstrate greater social-emotional skills than their native-born peers, including focused attention and self-control.

Public policies to support early childhood should provide services tailored to the diverse needs of migrant children. Promising programs include programs that support families, center-based services, and mental health support for caregivers. Programs that support families aim to improve cognitive and social-emotional development by promoting nurturing interactions between children and their caregivers. Center-based services focus on enhancing cognitive skills, which are crucial for migrant children adjusting to new languages and cultures. Mental health services for parents or main caregivers are essential due to high rates of anxiety and depression among migrants and barriers to accessing health care.

This publication summarizes the existing evidence on the relationship between migration and early childhood development or child health in LAC. It is divided into six sections. Following a brief introduction that describes the conceptual framework for our analysis, section 2 summarizes the evolution of migration flows in the region.

Next, a review of the literature examines the relationship between the migration process, early childhood development, and the health of children aged 0–5. Section 4 highlights the challenges these children face in accessing services, and section 5 summarizes IDB-supported initiatives for migrant children in the region. Finally, section 6 concludes the paper with a series of policy recommendations.

GROWING IN MOTION

Challenges and opportunities for migrant early childhood

Giuliana Daga, Florencia López Bóo, and Cynthia van der Werf.

* This article used information from the document Migration and its relationship with early childhood written by Isabel Granada, Adriana Vides, Paola Ortiz, and Felipe Muñoz.

CONTENT

PROLOGUE

Thinking about migration means thinking about the future—a future shaped by the girls and boys who will bring it to life. However, when discussing early childhood in migration contexts, we must first focus on the present. A present that involves more than one million children aged 0 to 5 years who are growing up in a country other than the one in which they were born. It also involves over 800,000 Venezuelan children growing up without one of their parents, and the more than 750,000 children born in a country different from that of their parents.

These children are often the driving force behind the decision to migrate, whether mothers and fathers moving together with them or leaving their children behind. Many of these children move from country to country, putting their childhood on hold to assume the role of "just migrants."

At the IDB, we believe that migration is an opportunity for migrants to build a future with more and better opportunities for themselves and their families. It is also an opportunity for host communities to grow through the talent and effort of their new inhabitants and for countries of origin to benefit from remittances and the transfer of knowledge.

However, as the governments we work with daily know, these opportunities do not arise automatically. Transforming the challenges of migration into opportunities for inclusive and sustainable development requires appropriate strategies and investments.

Investment in early childhood is among the most strategic, equitable, and efficient efforts a government can make. Investing in children is investing in the future of the entire community. Unfortunately, developing public policies focused on early childhood presents a complex challenge, particularly when these children are navigating the complexities of migration.

As the authors of this publication describe, migration can positively alter the environment in which children grow, enhancing their development. However, migration also carries risks and impacts that must be addressed—and during early childhood, there is no time to waste.

In Latin America and the Caribbean, there is still a significant gap in data and information on the migration patterns of young children, their health status, and their levels of development.

This joint publication by the Social Protection and Health Division and the Migration Unit of the IDB explores the interactions between migration and childhood development in Latin America and the Caribbean. Through an analysis of existing literature on child development, migration, and the health of children aged 0 to 5 years, it also offers lessons that the IDB has learned through its experience working with governments in the region on development projects.

Although promoting the development of migrant children is a complex challenge, this document demonstrates that achieving long-term positive impacts is not only important and necessary but also possible, whether in countries of origin, during transit, or in host countries.

Felipe Muñoz Gómez
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> Migration processes can affect key aspects of the environment in which children grow up, impacting one or more areas of their development, whether it is the child who has migrated or an important family member.

1. INTRODUCTION

1. INTRODUCTION

Early childhood, from 0 to 5 years of age, is the stage in human development when the foundations of human cognitive, motor, emotional, and social-emotional development are laid (IDB, 2024).[1] This period is critical because it is when the brain develops most rapidly, laying the groundwork for the cognitive and social-emotional skills needed for success in school, work, and life in general (Heckman *et al.*, 2006; Shonkoff and Phillips, 2000; IDB, 2024). During this period, children's optimal development depends on their being provided with an environment conducive to good health through appropriate nutrition, early stimulation, protection, and safety (Britto *et al.*, 2017). Investments seeking to improve early childhood environments enhance the learning and labor market outcomes of later investments in education and labor market policies (Heckman *et al.*, 2013). Therefore, it is essential to ensure quality care and parenting practices in children's early years (IDB, 2024).

Migration processes can affect key aspects of the environment in which children grow up, impacting one or more areas of their development, whether it is the child who has migrated or an important family member. The events of the first five years of a child's life can have significant short- and long-term effects on learning, behavior, and physical and mental health, which are closely interrelated (National Scientific Council on the Developing Child, 2020). For example, the departure of a household member may result in a mother taking on more responsibilities, leaving her with less time to provide a child with loving, responsive care and rich play opportunities. Similarly, moving from a familiar environment to an unfamiliar one may increase a child's sense of helplessness, triggering physiological responses that can affect brain development and other major physiological systems.

In this technical note, we explore the relationship between migration and early childhood development and health within the conceptual framework shown in Figure 1. This framework contains three permanent or dynamic sets of circumstances related to a child's or family's migration process. The first set examines the situation of **nonmigrant children** or those who are "left behind" by the migration of a member of their household. The second set considers **migrant children** who move with or without their families. The final set focuses on children **born abroad** into a migrant family.

In each of these categories, some mechanisms result from the migration process and affect the environment in which the child grows up. These mechanisms vary according to each child's situation. For example, nonmigrant children may be positively affected by remittances and negatively affected by family separation or reorganization. Conversely, migrant children traveling alone are separated from their families and face high risks along the way. Finally, children traveling with their families and those born abroad have to adapt to life in the host country. In addition, children often have inadequate access to quality health and education services during their journeys and when they arrive in the host country, jeopardizing their development. As we will see in the next section, these circumstances can affect several areas of the child's environment and thus can impact their development (Britto *et al.*, 2017).

[1] In this publication, the terms "early childhood" and "young children" are used interchangeably to refer to children aged 0–5. Cognitive development is the ability to think, reason, solve problems, and organize ideas; and language development is understood here as the initial process of comprehension and use of language. Motor development includes both fine motor skills—that is, tasks involving the smallest muscles in the hand, such as drawing, grasping small objects, or fastening clothing—and gross motor—the ability to control the muscles of the body to execute larger movements, such as crawling, sitting, walking, or throwing objects. Social-emotional development refers to the acquisition of a sense of self, recognizing and expressing feelings, and interacting with others, among other things (IDB, 2023: https://www.iadb.org/en/who-we-are/topics/social-protection/sector-framework-social-protection).

FIGURE 1. Conceptual framework for analyzing the impacts of migration during early childhood

	Nonmigrant children	Children who migrate		Children born abroad
		Travel alone	Travel alone or with their families (first generation)	2nd generation
Mechanisms	**Remittances:** **Income.** Increased spending capacity for health and education services.	**Separation/ reorganization of family:** **Disruption of attachment bonds.** Mourning process, new attachment bonds. **New caregivers have less time available.** » Caregivers often unable to take children to health check ups and provide early stimulation. » Poor mental health among caregivers.	**Risk factors during migration:** » **Human capital.** Lack of stimulation/ attention in early childhood. » **Health.** Exposure to high temperatures and physical activity or lack of exercise. » **Trauma during the journey.** Death, abuse, human trafficking.	**Adaptation:** » **Income.** Increased spending capacity. » **Access to basic services.** Lack of access to healthcare and childcare services. » **Social and cultural adjustment.** Discrimination and xenophobia. » **Language.** Learning a new language that their parents may not speak.
Migration process and household decisions	» **Relationship with the migrant.** Migration of the mother, father, or both. » **Length of migration.** Temporary or permanent. » **Substitute care arrangements.** The main carer is the other parent, grandparents, another relative, or someone outside the home.		» **Time.** The length of the trip. » **Company during the trip.** Traveling with nuclear family, extended family, or someone outside the family.	» **Legal status.** Risk of irregular migration status. » **Identity.** Risk of statelessness.
Vulnerability	» Child's age. » Poverty and substandard access to services in origin, transit, and destination countries. » Exposure to violence in origin and transit countries.			
Negative factors	» Natural disasters and climate change. » Covid-19.			

Source: Authors based on the literature reviewed for this publication.

The impact of migration on young children varies widely and depends on several factors. For example, as we will explore throughout this document (particularly in the review of the evidence in section 3), the effects of migration on nonmigrant children differ based on specific circumstances. These include which nuclear family members migrate—the father, the mother, or both; whether the migration is permanent or temporary (and if so, its duration); and whether the destination is within the same country or abroad. There are also differences between the short-, medium- and long-term effects. A key factor is the care arrangements in place for the child, especially if the primary caregiver migrates. For children who migrate, the length of the journey and their companions are important considerations. Finally, for both children who migrate with their families and those born abroad, possessing identity documents and a valid migration status in the receiving country is crucial.

There are also cross-cutting factors that make migrant children in LAC particularly vulnerable. These include high levels of poverty, unemployment, social exclusion, and domestic, political, and civil violence. Various studies show that young migrant children are less able to adapt to shocks from adverse events because they are more likely to live in poverty (Park and Katsiaficas, 2019; Takanishi, 2004; UNICEF, 2023).

These risk factors have been exacerbated by successive crises caused by climate change and the COVID-19 pandemic. In some subregions, particularly Central America and the Caribbean, natural

disasters such as hurricanes have caused significant internal displacement (UNICEF, 2023). The pandemic also drastically reduced household income levels. Although border closures temporarily halted migration flows, there has been a significant increase in the movement of children and adults in the region since the COVID crisis ended (UNICEF, 2023). Furthermore, these impacts have the potential to generate unplanned migration or accelerate existing migration processes.

Although there are international treaties in place to protect children and adolescents (see the appendix), migration-specific policies and programs need to be promoted to guarantee the rights of children during migratory processes.

2. MIGRATION FLOWS OF YOUNG CHILDREN IN LATIN AMERICA AND THE CARIBBEAN

2. MIGRATION FLOWS OF YOUNG CHILDREN IN LATIN AMERICA AND THE CARIBBEAN

There has been a significant increase in the number of people migrating in search of better living conditions within LAC. The region went from 7 million migrants in 1990 to 15 million in 2020 (UNDP, 2023).

Nonmigrant children

Unfortunately, there is no systematic evidence on the number of nonmigrant children whose parents migrate, let alone on the subset of these who are in early childhood. Nonmigrant children constitute up to 25% of all children in the region, with the highest percentages found in Venezuela and Central American countries (Naslund-Hadley and Quintero, 2020). Overall, household surveys in El Salvador, Guatemala, and Honduras find that between 20% and 25% of children aged 3 to 6 are raised by their grandparents. In most of these households, the children's parents are not present. In Venezuela, a study conducted by CECODAP in 2020 shows that Venezuelans who migrate have left behind more than 800,000 children under the age of 18 (CECODAP, 2020). Although these figures are high, they represent a decrease: in 2020, 15.4% of migrants left children, down from 20.1% in 2019. In Mexico, it is estimated that the fathers of 1 in 11 children aged 15 have migrated to the United States (Nobles, 2013).

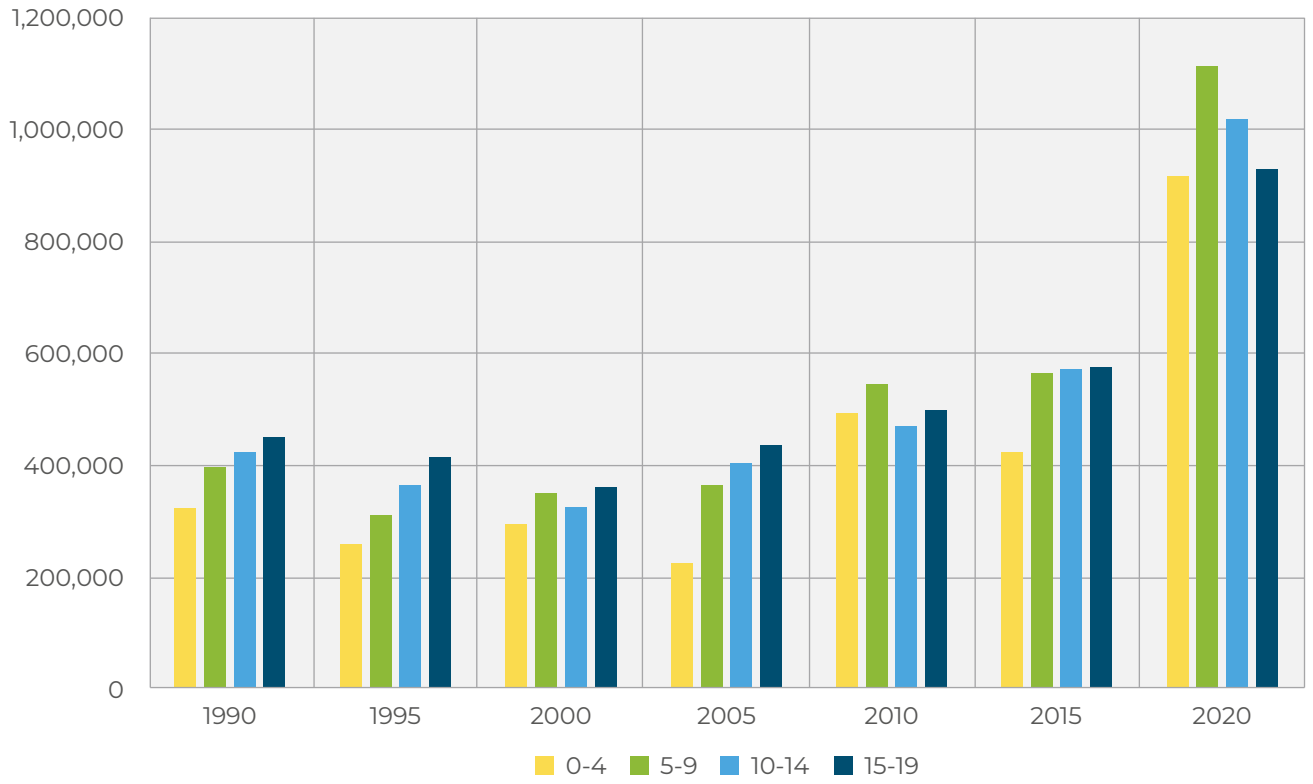
According to the World Family Map (2019), the percentage of children living without their parents ranges from 3% to 4% in countries such as Argentina and Costa Rica but is as high as almost 10% in Bolivia, Chile, Nicaragua, and Paraguay. Along the same lines, estimates based on household surveys conducted between 1998 and 2013 show that 7% of children under 18 in Peru, 9% in Colombia, and 21% in the Dominican Republic live without one or both parents due to migration (DeWaard *et al.*, 2018).

Migrant children

In line with overall migration numbers, the number of migrant children aged 0–5 has increased significantly, especially in the last five years. While there were 0.5 million migrant children in LAC in 2015, this number had increased to 1.2 million by 2020. As Figure 2 shows, in 2020, there were 0.9 million migrant children aged 0–4 residing in LAC and 1.1 million migrant children aged 5–9.[2]

[2] In this study, we opted to use only data provided by the United Nations Department of Economic and Social Affairs (UNDESA), the only source that provides complete, comparable information for all of LAC. Using this as our sole data source enables us to present data consistently and accurately. Although more recent data is available for some countries from other sources, inconsistencies in the collection and presentation of this data prevents comparisons between countries.

FIGURE 2. Stock of migrant children in LAC in 1990–2020, by age



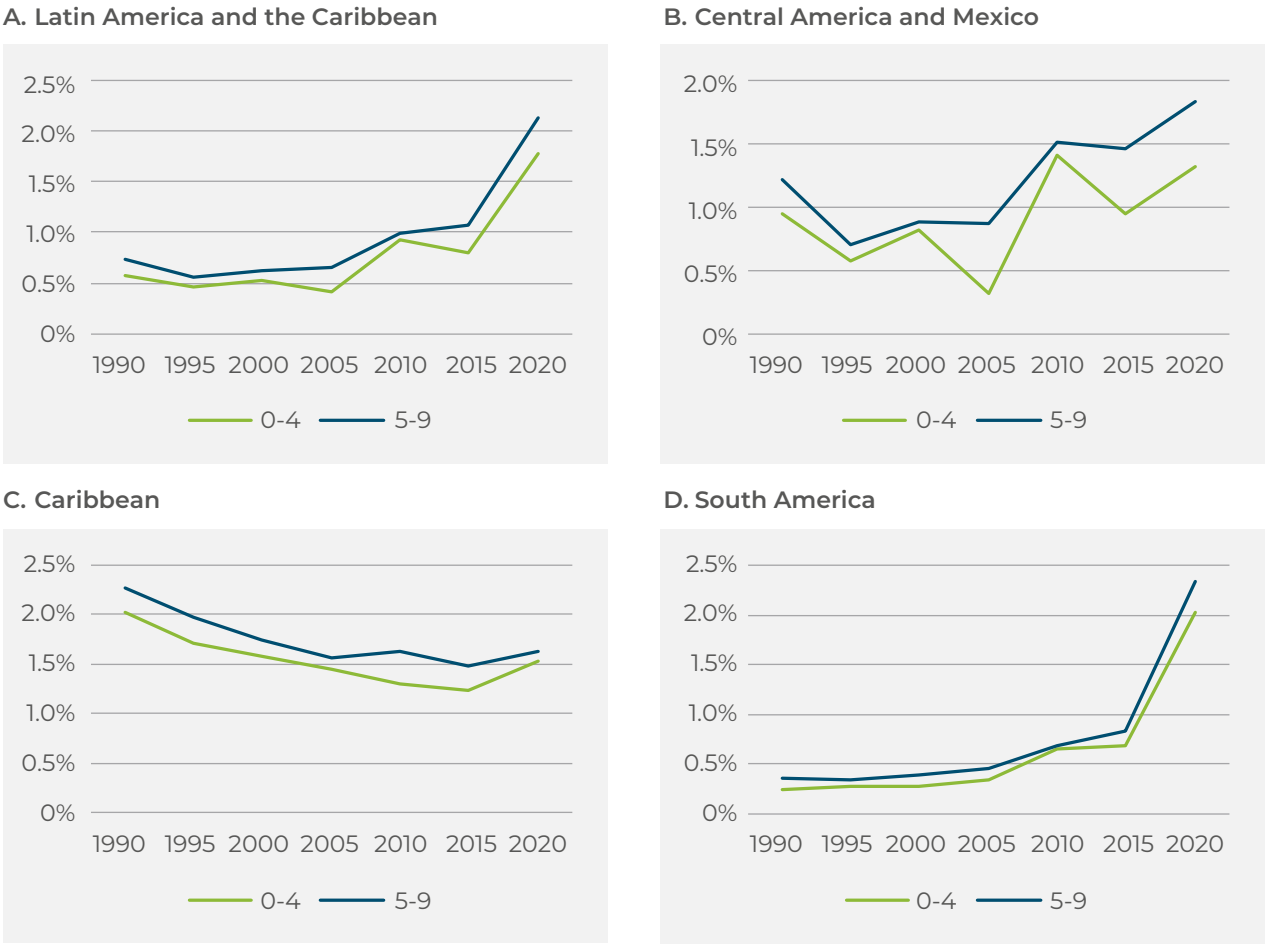
Source: Authors based on United Nations (2020).

In LAC, migrant children aged 0–4 account for 1.8% of the total number of children in this age bracket living in the region.[3] However, Figure 3 shows that the upward trend in the number and share of migrant children is not uniform across the LAC subregions. In the Caribbean countries, there is a downward trend, while the opposite is true for Mexico and the countries of Central and South America, especially in the last five years.

These figures show that the dynamics of child migration can vary from country to country. For example, panel B from Figure 3 reflects the increase in migration from Nicaragua to Costa Rica and the increase in secondary destination migration, primarily comprising Haitians traveling from Chile and Brazil to North America. Conversely, panel D displays the exponential increase in Venezuelan migration flows, mainly to South America.

[3] The annex provides more details on the percentage of migrant children in the total population by subregion in Latin America, which countries have more migrant children, and how migrants are distributed by age group.

FIGURE 3. Migrant children aged 0–4 and 5–9 as a percentage of the total population



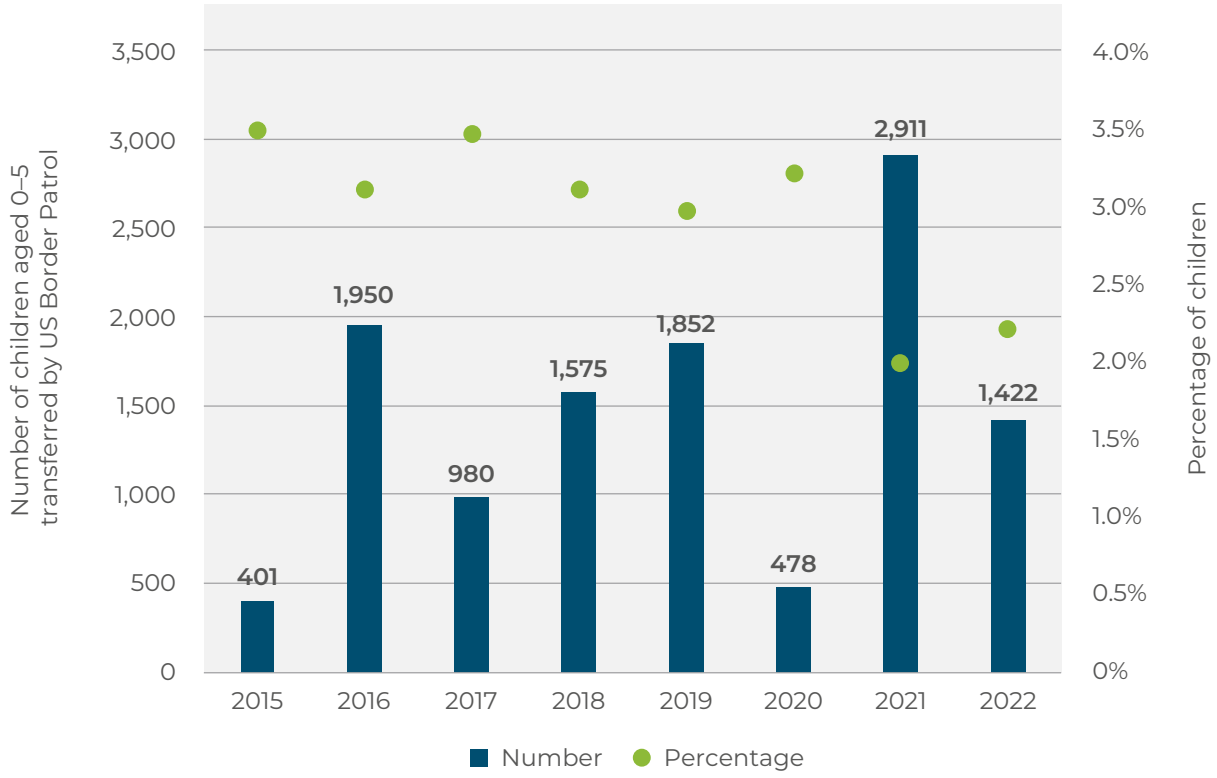
Source: Authors based on United Nations (2020).

Migrants in transit

Data on children aged 0–5 in transit, whether with their families or unaccompanied (i.e., without their parents or legal guardians), is extremely limited. Existing information primarily stems from key points along migration routes, such as the Darién jungle crossing and the southern United States border, and may not fully represent the migrant population across the region. Despite the perilous nature of crossing the Darién Gap, the number of migrant children undertaking this journey has surged from 522 in 2018 to over 113,000 in 2023, with half these children being under the age of 6.[4] In contrast, children aged 0–5 comprise only 1% to 3% of arrivals at the southern US border. Although the actual numbers of children (figure 4, left axis) have fluctuated with migration flows, the percentage (figure 4, right axis) has remained stable between 2015 and 2020, declining to about 2.5% in 2021 and 2022.

[4] https://www.unicef.org/panama/informes/reporte-de-situacion-ninez-en-movimiento#:~:text=Puntos%20destacados,los%20que%20cruzaron%20en%202022
https://www.unicef.org/es/comunicados-prensa/numero-ninos-migrando-tapon-darien-multiplico-por-siete

FIGURE 4. Total number of children referred by the US Border Patrol to the Office of Refugee Resettlement



Source: Office of Refugee Resettlement (2023).

Children born in destination countries

In LAC, over 750,000 young children residing in households with migrant parents were born in the destination country. Due to the challenges of directly estimating this number through household surveys, we approximate the number of foreign-born children by assessing those aged 0–5 living in households led by migrants.[5] Most of these children live in Colombia, Chile, and the Dominican Republic, countries that have received significant inflows of Venezuelans and Haitians over the past decade. However, Argentina also hosts a substantial number of over 150,000 young children born in households with migrant parents. Similarly, Mexico and Costa Rica each have more than 50,000 such children.

[5] One limitation of household surveys is that in multigenerational households, it is often not possible to identify the parents of all children in the household with certainty.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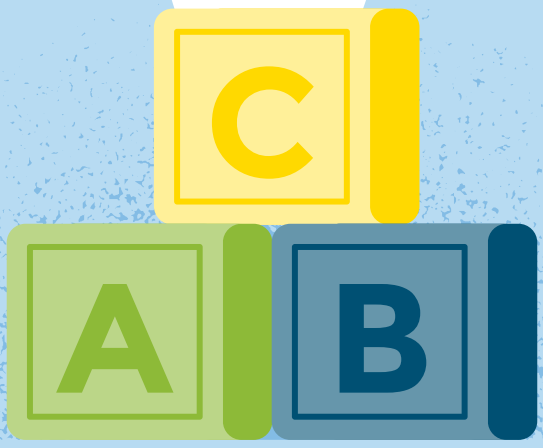
3. HOW MIGRATION IMPACTS CHILD DEVELOPMENT



3. HOW MIGRATION IMPACTS CHILD DEVELOPMENT

We structure our analysis of the evidence on migration and early childhood around the three scenarios outlined in Figure 1. This conceptual framework serves as a foundation for exploring how migration influences young children's development through various channels. We begin by reviewing the literature on nonmigrant children who remain in the country of origin. We then turn to studies on migrant children who move alone or with their families. Finally, we examine research on children born abroad to migrant parents. Across all three groups, the literature on the relationship between migration and early childhood development or child health is very limited due to the lack of detailed, systematic information on young migrant children.

A significant limitation in the literature concerning young migrant children is its primarily descriptive nature, lacking measurements of the causal impact of migration on early childhood development or child health. Due to data limitations, studies often rely on comparison in the performance of members of households in which someone has migrated against those of families in which no-one has migrated.[6] These comparisons are problematic because the fact that households (or their members) decide to migrate is linked to certain household characteristics. For example, households must have sufficient resources to migrate, so those who do so must have higher income levels than those who do not. These factors make it hard to determine whether the income level of migrant households is higher as a result of migration or whether this difference existed before the decision to migrate. Because of these limitations and the complexity of the factors involved, it is difficult to establish a direct relationship between migration and early childhood development or child health.

Nonmigrant Children

International parental migration can positively impact young children's well-being by increasing household income through remittances. Higher income can translate into increased spending on food, health, education, and housing (Eggers and Jiménez Montero, 2023). This income channel is significant and has grown steadily over the last 13 years. In 2022, US$142.4 million was sent in remittances to LAC countries, increasing to US$155.9 million in 2023 (Maldonado and Harris, 2022; Maldonado and Harris, 2023). At the macroeconomic level, remittances represented 22% of GDP in Guatemala, Honduras, and El Salvador in 2022, significantly affecting families' quality of life, inequality rates, and poverty reduction (Eggers and Jiménez Montero, 2023). At the microeconomic level, a high percentage of migrants send remittances home, especially those with young children. For example, in Peru, 87.9% of Venezuelan migrants with children aged 0–5 living in Venezuela sent remittances in the month prior to being surveyed.[7]

However, the migration process can break attachment bonds. When only one parent migrates, other caregivers in the home have less time available. If both parents migrate, their children form bonds with new caregivers. Family separation, whether temporary or permanent, entails various reorganization processes that often lead to instability and a deterioration in attachment bonds with young children, which can affect their emotional development (Lu *et al.*, 2020). In addition, the absence of at least one parent increases the burden of work and household responsibilities for the members who are left behind, which can exacerbate this negative effect.

[6] Causal evidence is growing rapidly as a result of representative panels measuring child health and cognitive development in communities with high migration levels.

[7] Calculations based on data from Luzes, Rodríguez Guillén, and van der Werf (2023).

The interaction of these two countervailing effects must be taken into account when ascertaining whether or not young children who remain at home are indeed benefiting from their parents' migration. The impact of migration on young children who remain in their country of origin is not uniform and depends on many factors. For example, the impact varies depending on whether it is the father, the mother, or both who migrate; whether the migration is permanent or temporary (and if so, how long it lasts); and whether the destination is within the same country or abroad. There are also differences between the short-, medium- and long-term effects of migration. In the short term, migrants may be unemployed, which may lead to a reduction in household income, which may then return to the normal level or increase. Over time, although migrants are more likely to be employed, their ties with their families are weakened, which may reduce the remittances they send. When studying the impact of migration on child development, it is thus crucial to take into account the duration of parental absence, household income levels, the parenting practices of children's new primary caregivers, and the time that they have available (Macours and Vakis, 2010).

It is important to bear in mind that the lack of rigorous identification strategies makes it hard to interpret several results because households (or their members) are the ones who decide to migrate, which leads to problems of selection bias and reverse causality. For example, households require sufficient resources to migrate, so those who migrate tend to have higher income levels than those who do not. This situation makes it hard to determine whether the income level of migrant households is higher because of migration or whether these levels were already higher before they decided to migrate.

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Most of the recent literature focuses on China, where a quarter of children under 2 remain in rural areas when their parents migrate to urban areas for work (Fellmeth *et al.*, 2018; UNICEF, 2014). In this context of internal migration, Yue *et al.* (2020) found that children's nutritional status worsens when their mother migrates permanently before the child is 12 months old. The authors suggest this may be due to lower consumption of iron-rich foods and less diverse diets. However, they do not find significant negative effects on other aspects of children's physical or emotional health, including anthropometric measurements and anemia rates when the children are 3 years old. Nevertheless, Li *et al.* (2015) found that children (under 18 years old) left behind in rural areas are 20% more likely to be sick or develop chronic diseases than those living with their parents.

In LAC, Carletto, Covarrubias, and Maluccio (2011) demonstrate the positive impact of migration on child nutrition among children aged 0–6 in rural Guatemala with high levels of chronic malnutrition (low height-for-age). To be precise, the standardized height-for-age score of children in households with a migrant in the United States was 0.5 standard deviations higher than that of children living in households without a migrant while the prevalence of stunting was about 6 percentage points lower. Regarding the mechanisms involved, the study suggests that improvements to these health indicators may be due to improvements in food security and reductions in morbidity. It is important to highlight two points about this study: first, larger income differentials due to remittances play an important role in international migration that may counteract the negative effects of separation. Second, although the authors do not analyze whether there are differences according to the gender of the migrating parent, less than 15% of migrants are female, suggesting that the results are mainly driven by the migration of fathers or older brothers.

Other studies focusing on the effects of family migration also find positive effects. Hildebrandt *et al.* (2005) examine the impact of migration on child health in Mexico, focusing on infant mortality and birth weight. Their results show that children born in households with at least one member living in the United States have a lower probability (3%–4%) of dying in their first year of life than children born in households without migrants. Migration also has a positive effect on birth weight. The authors suggest that, according to data from the Mexican Health and Migration Survey, the mechanisms behind these positive effects may include increases in household income and knowledge of health practices. However, the study notes that children in migrant households are less likely to have access to breastfeeding and vaccinations, suggesting that while migration has positive effects on child health in the short term (mortality and birth weight), it may also have negative effects in the medium or long term. These opposing effects may be the result of changes in income levels and the dynamics of parental separation, which vary over time and exemplify how migration affects nonmigrant children in different ways throughout their lives. It is also worth noting that the available information does not allow us to distinguish between parental migration and the migration of other household members, whose separation may have fewer negative effects on early childhood development.

Howard and Stanley (2017) provide evidence on differences between the impact of parental migration on child health and the migration of other household members in Honduras. In the study, the authors analyze a subsample of households that receive remittances in which neither the father nor the mother has

EFFECTS ON HEALTH

migrated. For this subsample, the positive effect of migration on children's anthropometric measurements via remittances is even larger, suggesting that the benefits of remittances may be offset by problems caused by the absence of a primary caregiver or family disintegration when one of the parents is the migrant.

In terms of mental health, a systematic review of the literature on nonmigrant children shows that, although the impact on this group varies in different regions of the world, nonmigrant children have higher levels of depression and loneliness than peers without migrant parents (Antia *et al.*, 2020). In Mexico, similarly, nonmigrant children (and adolescents) report greater emotional and behavioral problems and greater vulnerability to stress than those whose parents did not migrate (Aguilera-Guzmán *et al.*, 2004; Heymann *et al.*, 2009; Lahaie *et al.*, 2009). In all cases, the negative effects are more significant if parental migration is long-term rather than short-term (Antia *et al.*, 2020).

In short, there is an extensive body of literature documenting the negative effects of family separation on children's health—see, for example, Lovato *et al.* (2018) and Fellmeth *et al.* (2018). Similarly, the literature mostly finds a positive relationship between improvements in children's health and the receipt of remittances (Antman, 2013). However, there is still insufficient evidence to determine the full impact of the separation of children from their parents due to migration on children's health.

EFFECTS ON COGNITIVE AND LANGUAGE DEVELOPMENT[8]

In this section, we analyze how parental migration may affect children's development in two key areas: cognitive development and language development.

Most of the causal evidence on the impact of parental migration on nonmigrant children, similar to the evidence on health, comes from China. Hou *et al.* (2020) find that the absence of both parents — who migrate when their children are less than 6 months old — negatively affects children's language development, even when the financial situation of households does not worsen due to parental absence. Similarly, Yue *et al.* (2020) find that mothers migrating before their children's first birthday reduces their children's cognitive development by 0.3 standard deviations at age 2, an effect comparable to that of intensive early stimulation interventions (IDB, 2024). These findings are consistent with those of Zheng *et al.* (2023), who show that nonmigrant children have lower levels of cognitive development than children from the same community who migrated with their parents.

Regarding mechanisms, Yue *et al.* (2020) find no evidence that maternal migration affects the physical and social-emotional development of their children, suggesting that reductions in cognitive development could result from decreased in early stimulation due to the lack of stimulating activities such as play and reading. It should be noted that the lack of effect on social-emotional development may be due to the difficulty in measuring this factor in young children, a common challenge in the literature, and should not be taken as conclusive. Similarly, Bai *et al.* (2022) find that maternal migration increases the likelihood of their children experiencing cognitive delays by 6 percentage points. They report that this may be due to a significant reduction in the time that new primary caregivers invest in stimulating activities. For example, after analyzing data from a panel study and comparing the time spent by primary caregivers in activities such as playing with toys, reading stories, and singing to children in the past 24 hours, the authors observed a decrease of 11.6%, 6.2%, and 10.8% in the time spent on these activities, respectively, compared to households where parents had not yet migrated but then reported having done so in later rounds of the study.

It is important to distinguish between the effects by mothers, fathers, and other household members migrating. For example, Powers (2011) examines how the migration of a household member to the United States affects the cognitive development of children residing in Mexico. The study does not find a significant impact when siblings of preschool-age children migrate. However, it does find a negative effect when the migrant is a parent. Similarly, in Thailand, there is evidence that children whose mothers are absent from home are 1.7 times more likely to be developmentally delayed than children whose parents live with them (UNICEF, 2016; Jampaklay *et al.*, 2018). The most pronounced difference is observed in late language development. Although the authors also measure differences in development when the father is absent, they find no significant differences between this group and children whose fathers live at home. These associations suggest that maternal migration has a greater impact on language development than paternal migration. However, it is important to note that the study does not establish a causal relationship between migration and development, which could be due to differences in the impact of

[8] As noted earlier in this paper, cognitive development includes the ability to think, reason, solve problems, and organize ideas; and language development is the initial process of comprehension and use of language.

EFFECTS ON COGNITIVE AND LANGUAGE DEVELOPMENT

migration depending on who is migrating, as well as pre-existing differences between these groups that could prompt mothers rather than fathers to migrate.

Finally, it is crucial to differentiate between the temporary or permanent absence of parents and consider the remaining household members' understanding of parenting practices and the time they have available. The longer the absence lasts, the more likely it is to have negative consequences for cognitive development and the long-term accumulation of human capital. Thus, it is important to consider the duration of parental absence, the parenting practices of children's new primary caregivers, and the time that they have available (Macours and Vakis, 2010).

For example, in LAC, Macours and Vakis (2010) find that the seasonal migration of Nicaraguan women has positive effects on language development as measured by the Peabody Picture Vocabulary Test, which assesses children's receptive vocabulary.[9] The study attributes these results to higher income and greater empowerment among women, which leads to greater investment in childhood and offsets the negative effects that the mother's temporary absence might be expected to cause. These findings show that when separation is short and temporary, the benefits of increased investment in children may outweigh the disadvantages associated with family separation.

In summary, most studies indicate that family separation negatively impacts children's cognitive development, particularly when the mother migrates. However, if the separation is brief and the new primary caregivers provide early stimulation activities, increased investment in the child's education and health may counteract the negative effects of separation.

[9] Seasonal migration of this sort is observed in Nicaragua, especially to Costa Rica. Nicaraguan men and women have historically migrated to work on large sugar plantations, coffee plantations, or other export crops in neighboring countries, which gives them an income during the production season.

EFFECTS ON SOCIAL-EMOTIONAL DEVELOPMENT[10]

Parental migration, particularly when it involves long-term separation from young children, is negatively associated with social-emotional development in early childhood. This association is similar to that described in the literature regarding the usually negative effects of the death of one of the parents if the surviving parent is not given timely and appropriate support. These negative effects include traumatic stress and other impacts on the child's social-emotional development and mental health (Bergman *et al.*, 2017).

The parent-child relationship is particularly important in early childhood. Attachment theory emphasizes that the ability of caregivers to respond in stable, predictable ways is related to secure attachments that strengthen social-emotional development and mental health (Ainsworth, 1989; Bowlby, 1969). Disruptions in these attachments with parents, especially mothers, can have profound psychological impacts and negatively affect the child's development in the present and throughout their life (Ainsworth, 1989), primarily because separation can be interpreted as loss of parental love and protection. Young migrant children experience "ambiguous losses" when they are separated from their parents, their caregivers in their home country, and the rest of their family and friends (Gindlin and Poggio, 2010).[11]

During the first years of life, communication with caregivers favors the expression of emotions, which could explain the differences in social-emotional development between children of departed migrants and children from nonmigrant families. For example, a study conducted in China by Qu *et al.* (2020) found that children aged 2.5–5 who lived apart from their mothers were more likely to experience delays in their social-emotional development than their peers whose mothers did not migrate. The authors suggest that frequent mother-child communication supports the child's emotional expression, which may be compromised when the mother is absent.

In contrast, in a similar context, the study by Yue *et al.* (2020) found no evidence that migration affects the social-emotional development of children under 2.5 years of age. One important difference between the studies is that the latter controlled for household fixed effects, which helps to mitigate possible biases arising from specific household characteristics that influence the decision to migrate. However, the variability in results may be due not only to the correction for biases related to differences in household characteristics associated with migration but also to the lower internal validity and consistency of the assessment instrument used for children under 2.5 years of age. This is because the instrument used in the two studies—ASQ-SE (Ages & Stages Questionnaire: Social-Emotional)—may have limitations for this age group, as it contains fewer items tailored to children in the early stages of language development.

In LAC, a study conducted by CECODAP (2019) highlights the effects of parental migration on children who remain in Venezuela. The study notes that these effects are not always perceived by the families looking after these

[10] Social-emotional development is the capacity to communicate with those around us, handle social relationships, and regulate emotions. Delayed social-emotional development in early childhood is associated with emotional and behavioral problems that can manifest later in childhood and adolescence.

[11] La "pérdida ambigua" se define como la imposibilidad de llorar y sanar tras la pérdida de un ser querido que está "físicamente ausente pero psicológicamente presente": amigos y familiares que, aunque están vivos, ya no interactúan con el inmigrante.

EFFECTS ON SOCIAL-EMOTIONAL DEVELOPMENT

children, 43.1% of which reported not noticing emotional changes. However, the majority of households (78.4%) reported that children separated from their parents due to migration show some kind of change in their regular behavior. For example, they cry repeatedly, are quiet and discouraged, do not want to be alone, are irritable, and experience loss of appetite, among other signs. The study also notes that less than 12% of the children or families receive psychological care to deal with the effects of migration, which is evidence of the lack of awareness of these situation.

Suárez-Orozco *et al.* (2002) qualitative work describes the difficulties parents face when they leave their children at a very early age. Even if parents stay in touch through various means (phone calls, letters, etc.), their children grow up without knowing them and with feelings of abandonment. Reunification is also complicated by the need for children to adapt to a different family configuration, which can trigger jealousy toward new family members and feelings of "ambiguous loss" when separated from family members who remain in the country of origin. As the mother of one Mexican girl described, "Before she came, she missed us; now she misses her grandparents" (Suárez-Orozco *et al.*, 2002).

Despite the difficulties associated with family separation, Suárez-Orozco and Suárez-Orozco (2001) point out that if the separation is addressed jointly by parents and caregivers in the country of origin, it is possible to minimize the negative effects associated with it. For example, if the caregiver also experiences depression in response to the separation from the migrant, they will be less psychologically available to the child. Conversely, if a protective environment is created in partnership with the migrant parents, the effects of separation can be mitigated.

Migrant children

Evidence on the impact of displacement during early childhood on child development and health is very limited. However, anecdotal evidence suggests that the social-emotional and cognitive development of migrant children may be affected during migration. Symptoms of this impact include underdeveloped language, memory and learning difficulties, heightened temperament, aggressive behavior, poor sleep habits, nightmares, and even digestive issues. Over the long term, these effects can trigger other complex conditions such as alcoholism, drug addiction, depression, or suicide (Park and Katsiaficas, 2019).

There is no systematic evidence on the effects of lack of early stimulation or the physical demands of migration on children's health and development. According to the conceptual framework outlined above in Figure 1, two primary risks associated with migration are the loss of human capital due to insufficient early stimulation and physical problems arising from excessive movement for children who can walk, or lack of movement for those who are carried by their parents. Unfortunately, the lack of data makes it impossible to study the impact of these two mechanisms on child health and development. This gap in evidence underscores the importance of improving data sources to determine the number of children who migrate during early childhood and to better understand the impact of migration on their health and development.

Exposure to trauma during the journey is associated with higher levels of post-traumatic stress and depressive disorders. During displacement, there is a risk of exposure to trauma such as child trafficking, abduction, discrimination, violence, child labor, and other adverse experiences that are common along migration routes in LAC (Marcus *et al.*, 2023). Although there is no specific evidence on children who migrate during early childhood, the literature suggests that children who travel alone are exposed to significant trauma that correlates with experiences of post-traumatic stress and depressive disorders. For example, Cardoso (2018) examines a sample of unaccompanied adolescents who migrated to the United States from Guatemala, Honduras, El Salvador, and Mexico at some point in their childhood and finds that 56%–57% meet the criteria for post-traumatic stress disorder, while 30% show signs of depressive disorders and suicidal ideation. Additionally, Bamford *et al.* (2021) conduct a systematic review of 14 recent quantitative studies in European countries and find that 30%–51% of unaccompanied child migrants report depression.

Exposure to trauma during the migration journey has long-lasting effects. The literature suggests that several years after displacement, children who were exposed to trauma specific to the journey are at increased risk for depression, anxiety, post-traumatic stress disorder, and personality disorders (Ballard *et al.*, 2015).

The mechanisms through which adaptation affects children's health and development are similar for migrant children who move and children of migrant parents who were born abroad. Therefore, we summarize the evidence of the effect of adaptation on child health and development for both groups of children in the following section.

Children born in the destination country

Migrants may earn higher wages in the destination country than they would have in the country of origin, thereby enhancing their ability to spend on food, education, and health. For example, Bandiera *et al.* (2023) document that in their sample, the frequency and intensity of food insecurity among Venezuelan migrants in the Dominican Republic is lower than it was in Venezuela immediately before they migrated.[12] Given the positive impact of income transfers on child health and development (Araujo *et al.*, 2017; Araujo and Macours, 2021; Barham *et al.*, 2013; López Bóo and Creamer, 2019; Sánchez Chico *et al.*, 2018), if migrant households manage to increase their income level compared to their circumstances in the country of origin, migration can have a positive impact through this mechanism.

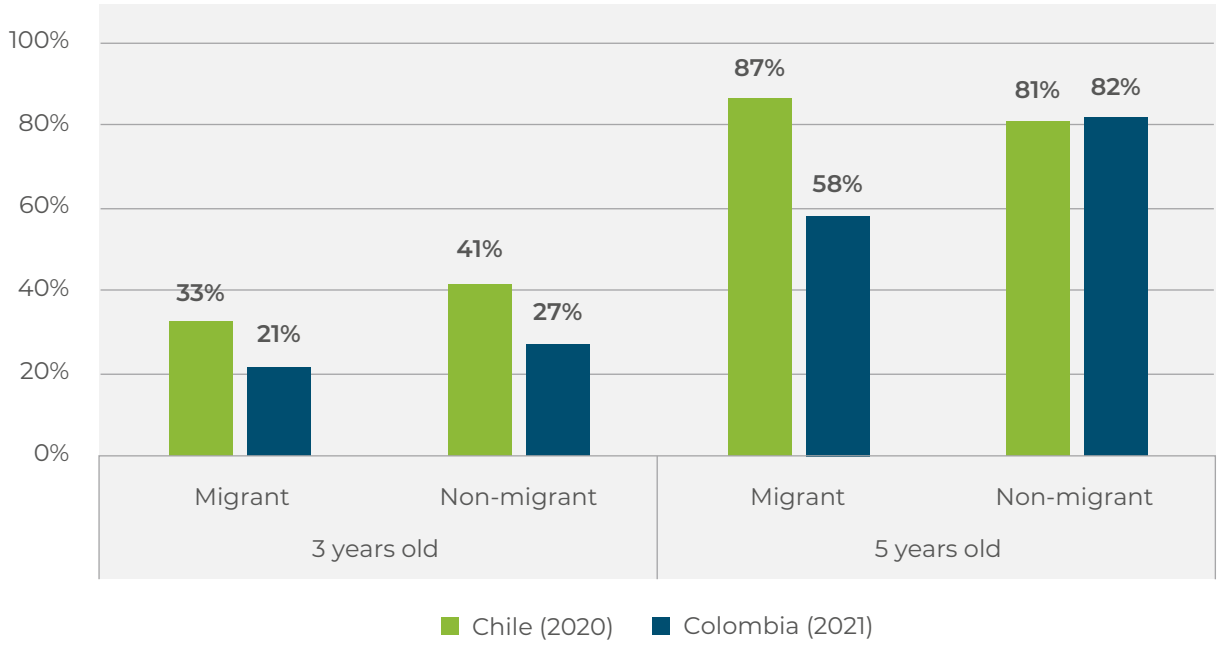
However, both migrant children and those born in the destination country face difficulties in accessing healthcare and education. While most countries provide access to education and basic healthcare services regardless of migration status (Marcus *et al.*, 2023), barriers such as lack of documentation, lack of school places, and poor family conditions hinder access to these services (IOM, 2020). For example, in their sample, Bandiera *et al.* (2023) find that 33% of the Venezuelan children living in the Dominican Republic had incomplete vaccination schedules, and 67% of pregnant women did not attend regular prenatal checkups. Similarly, Chávez *et al.* (2023) report that only 6 out of 10 pregnant migrant women in Colombia received prenatal care. These barriers to accessing services in early childhood may be detrimental for migrant children, as access to maternal and child health services can increase years of schooling and earnings in adulthood, particularly among children from low-income households (Bütikofer *et al.*, 2019).

Disparities in access to early education and center-based care services between migrant and nonmigrant populations can reduce the schooling and future income levels of migrant children. As shown in Figure 5, attendance rates at child development services are, on average, lower for migrant children than for native children in Colombia and Chile.[13] In Ecuador, the coverage of public care services for Venezuelan 3-year-olds is 8 percentage points lower than for their Ecuadorian peers (World Bank, 2020). These barriers to early childhood care can be detrimental for migrant children, as access to care centers is linked to higher levels of child development, particularly when the service quality is high and children live in more vulnerable circumstances (IDB, 2024). However, this issue is not unique to LAC. Migrants' access to services and the quality of the services received are also weak in middle- and high-income countries (UNESCO, 2018).

[12] Bandiera *et al.* (2023) find that 83% of their sample in the Dominican Republic did not skip a meal in the previous month, while this was true of 73% of the sample in Venezuela.

[13] Although household surveys in Argentina, Costa Rica, Peru, and Venezuela ask whether 3- and 5-year-olds attend childcare centers, the number of migrant children included is too small to measure this access (fewer than 20 observations).

FIGURE 5. Attendance at childcare centers by 3- and 5-year-olds, by migration status



Source: Authors' calculations based on data from the National Socioeconomic Classification Survey (CASEN 2020) and the Large-Scale Integrated Household Survey of Colombia (GEIH 2021).

Two factors in the migration process can limit access to public services: the lack of regular migration status and the risk of statelessness. Studies on the living conditions of the migrant population in the region indicate that relevant factors include the lack of documentation, the scarcity of places in care centers or programs that support families, and poverty (Marcus *et al.*, 2023). Furthermore, the limited expansion of service coverage and families' migration status may hinder the enrollment of children in quality early childhood and health services (IDB *et al.*, 2023). For stateless individuals, the lack of the right to a nationality and the subsequent lack of documentation pose significant barriers to accessing basic services, including health care and childcare services (IOM, 2020).

Various circumstances are associated with child development indicators, such as the mother's age at the time of migration, although this link is partially mediated by parenting practices. A study by Glick, Hanish, Tabiku, and Bradley (2012) uses nationally representative data on 6,400 preschool-aged children from three rounds of the ECLS-B in the United States. The authors compare socialization outcomes (such as the ability to play with others and make friends) and behavioral problems (including the frequency of physical aggression, feelings of anger and frustration, etc.) between children whose mothers were born in the United States and those whose mothers arrived in the United States during childhood (0–12 years), adolescence (13–21 years), or adulthood (22 years or older). The results show that children whose mothers migrated during adolescence report lower levels of socialization, while children of mothers who migrated during adulthood report fewer behavioral problems. However, these differences diminish when controlling for differences in mothers' parenting practices.

EFFECTS ON HEALTH

In the United States, a significant percentage of migrant children and children of migrants come from households where at least one parent is undocumented and therefore is at risk of deportation. This situation has important implications for maternal and newborn health. For example, Hainmueller *et al.* (2017) found that mothers who were not at risk of deportation, because they benefited from the Deferred Action for Childhood Arrivals (DACA) program, were 50% less likely to receive a diagnosis of anxiety compared to those who, by chance, did not to benefit from the program.[14] Similarly, Hamilton *et al.* (2021) found that children born to Mexican mothers who are beneficiaries of the DACA program are less likely to be born with low birth weight and have higher average birth weights and gestational ages.

EFFECTS ON COGNITIVE DEVELOPMENT

There is limited evidence on the relationship between child development and migration within LAC. However, there is a substantial body of research analyzing child development in Hispanic families in the United States. Overall, the evidence indicates that migrant children are at a disadvantage in language skills. For example, using data on 13,530 students from the ECLS longitudinal survey (2010–2011), Sullivan *et al.* (2016) document that children of Hispanic immigrant parents of Latin American origin in the United States have lower average reading test scores when they start school. These findings are consistent with those of De Feyter and Winsler (2009), who use data on 2,194 4-year-old children from low-income families and analyze the situation of native-born and first- and second-generation migrant children in Miami, United States. Additionally, evidence from Australia, Canada, the United Kingdom, and the United States suggests that 4- and 5-year-old migrants, on average, score lower on vocabulary tests than their peers with native-born parents (Washbrook *et al.*, 2012).

It is important to consider that cultural factors, such as a lack of knowledge of English and unfamiliarity with the educational culture, may explain these results. Additionally, it should be noted that these studies generally measure performance on English tests, which is often the second language for children of Hispanic descent. Therefore, these tests do not necessarily reflect their overall cognitive development. Consequently, it is not surprising that factors such as attendance at preschools help reduce these language gaps by improving children's linguistic skills (Palermo and Mikulski, 2014).

[14] Para identificar el efecto Hainmueller *et al.* (2017) utilizan la restricción en la fecha de nacimiento para determinar la elegibilidad al programa. Los autores encuentran que los hijos de las madres que nacieron justo antes de la fecha de corte tienen un menor nivel de ansiedad que aquellos que nacieron justo después de la fecha de corte.

EFFECTS ON SOCIAL-EMOTIONAL DEVELOPMENT

The evidence points to a positive association between having migrant parents and social-emotional development. For example, De Feyter and Winsler (2009) studied a sample of 2,194 4-year-old children from low-income families in Miami and found that migrant children report better outcomes in social-emotional and behavioral skills than their nonmigrant peers. These findings hold even after controlling for family risk factors such as parental education, income, marital status, and family size, suggesting that differences between groups transcend economic status.

Although there is insufficient data to explain the reasons for these differences, possible explanations include unobserved factors such as pre-migration income levels, which influence the ability to migrate. Additionally, children of migrants without regular migration status live in an environment where breaking rules carries particularly high costs. These unobservable differences may stem from cultural factors such as respect and obedience toward educators, the importance of education, family togetherness, and the presence of grandparents, siblings, and both parents in the household (Padilla and Ryan, 2018; Houri and Sullivan, 2019).

Another analysis using nationally representative longitudinal data from 13,400 students in the United States (2010–2011) finds that preschoolers from migrant families have higher levels of social-emotional functioning than children from nonmigrant families, particularly in the areas of focused attention, self-control, and externalizing behaviors (Houri and Sullivan, 2019).

4. POLICIES TO PROMOTE BETTER CONDITIONS FOR MIGRANT CHILDREN

4. POLICIES TO PROMOTE BETTER CONDITIONS FOR MIGRANT CHILDREN

How are public policies supporting early childhood usually implemented?

Young migrant children have diverse needs and require services that are tailored to them. While all children need a safe care environment, migrant children often experience distressing situations that can be addressed by public policies to support early childhood or address exposure to traumatic experiences. While mitigating the effects of adverse circumstances is possible, better and more cost-effective results are achieved when investments are made early in life (IDB, 2024; National Scientific Council on the Developing Child, 2020).

The most promising interventions identified in the early childhood literature are family support programs, center-based programs, and mental health services for caregivers.

Family support programs

Children's social-emotional development is closely linked to the mental health of their caregivers. Consequently, many successful interventions also involve caregivers, who play a crucial role in the environment of children affected by migration. In the early years of life, children depend heavily on their parents or main caregivers. Secure, stable, and warm relationships provide a powerful source of protection, helping children regulate stress and forming the foundation for lifelong physical and mental health (Lyons-Ruth *et al.*, 2017).

Family support programs promote higher levels of interaction and can enhance cognitive development in early childhood. These interventions may be relevant as a US study of a representative sample of children entering preschool in the United States (ECLS-K: 2011, N~5,880) found that Hispanic migrant parents interact less frequently with their children and participate less in center-based care than other groups (Padilla and Ryan, 2020). Stimulating activities with appropriate materials and frequent, warm, and responsive interactions characterize the home environment and contribute to development (Black *et al.*, 2017).

Family support programs can be designed to strengthen the social-emotional development, behavior, and mental health of young children exposed to traumatic experiences. However, evidence on strategies to diagnose and mitigate mental health impairments is limited,[15] focusing primarily on developed countries (Barnes *et al.*, 2020; Kaminski *et al.*, 2022) or on children over 5 year old (Pedersen *et al.*, 2019). A review of randomized controlled trials of 20 interventions for children aged 0–5 exposed to adverse experiences shows that providing parenting education, mental health support services, and referrals to social services can reduce the impact of these

[15] While diagnosis is challenging and evidence on the typologies of mental health disorders in children under the age of 5 is limited, it has been noted that they may present with disruptive behaviors, anxiety disorders, attention deficit or hyperactivity disorders, depression, post-traumatic stress disorder, and neurodevelopmental disorders (e.g., autism), with disruptive behaviors and anxiety disorders being the most prevalent (McLuckie *et al.*, 2019; National Scientific Council on the Developing Child, 2012).

experiences on mental health and improve parent-child relationships (Marie-Mitchell and Kostolansky, 2019). Another review of parenting support programs shows moderate positive effects on social-emotional development (29 studies, standardized mean differences or SMD=0.19), conduct problems (29 studies, SMD=-0.13), and attachment (11 studies, SMD=0.29), although most programs do not include components that aim to strengthen these competencies directly (Jeong *et al.*, 2021).

Family support programs should consider the needs of households where a family member is absent. Family separation processes are complex and may involve a grieving process, making support essential. A systematic review of studies evaluating the effectiveness of interventions aimed at improving the development of grandchildren raised by their grandparents reveals that rigorous empirical evidence is scarce, and most evaluated interventions lack a clear theory of change or sound theoretical framework. However, the eight studies included in the review show that various strategies can be effective at improving mental, social-emotional, and behavioral development—including case management, support groups, psychotherapeutic treatments, cognitive-behavioral therapy, and parental behavioral training—though they show mixed results for school performance (Xu *et al.*, 2022). The most promising treatment models incorporate trauma theory, attachment theory, and a family systems approach, and promote the formation of a new primary bond between grandparents and grandchildren (Gregory *et al.*, 2020; Strong *et al.*, 2010).

Center-based programs

Education and care centers can develop the capacity to identify and respond to the challenges faced by migrant children. Center-based programs can offer opportunities for learning, care, and, in some cases, health and nutrition services (IDB, 2023). Estimates from the United States suggest that between 16% and 30% of 3- and 4-year-olds require early childhood services because of problems in the school environment (Raver and Knitzer, 2002). Population-level screening tools can be useful for identifying these needs with a certain degree of sensitivity and specificity.[16] However, the diagnostic phase must be complemented by capacity-building to offer effective responses as identifying traumatic experiences without a timely response may even be counterproductive. This is due to the high costs of training, the risk of overdiagnosis, and the potential negative impact on the doctor-patient relationship in health services (Finkelhor, 2018). Spaces designed to address these needs should have staff who are well-equipped and trained to handle complex mental health issues, using an age-appropriate approach for children (Marcus *et al.*, 2023).

Participation in care centers enhances reading skills and learning readiness for preschool entry. This involvement is linked to higher reading and math scores for children of Hispanic migrants, both U.S.-born and foreign-born, and predicts greater learning readiness for children of Hispanic immigrants not born in the United States (Padilla and Ryan, 2020). Furthermore, an experimental study on the impact of access to Head Start care centers in the U.S. shows that while the program benefits all 3- and 4-year-olds in the short term, the positive effects last longer for Spanish-speaking children (Bitler *et al.*, 2014). This suggests that adapting to the language and culture of the recipient country plays a key role in how center-based care positively impacts the education of young migrant children.

[16] For example, population-level screening instruments such as the Strengths and Difficulties Questionnaire: Social-Emotional (SDQ-SE) and the Child Behavior Checklist (CBCL).

For migrant children and children of migrants, culturally adapted educational programs that focus on cognitive and socio-emotional development have proven to be effective. A review of studies evaluating programs for migrant children and adolescents, mainly in the United States, shows that academic programs emphasizing language promotion and development are the most effective, followed by socio-emotional support programs (Beelmann *et al.*, 2021).

Mental health services for caregivers

The migrant population experiences high levels of anxiety and depression. For instance, 23.5% of Venezuelan citizens living in the Dominican Republic exhibit moderate anxiety levels, and 21.6% show symptoms of mild depression. These rates are four to six times higher than the prevalence of these disorders in the general Dominican population (Bandiera *et al.*, 2023). Similarly, 7.1% of Venezuelan migrants in Colombia without regular status report severe anxiety or depression symptoms (Ibáñez *et al.*, 2022). This issue is not exclusive to the Venezuelan population; it is also a significant barrier to the social reintegration of returnees in Central America (KIND, 2021).

Lack of documentation limits migrants' access to mental health services. Although the migrant population generally has access to health services in most countries in the region, this access often only extends to those with regular migratory status. For example, in Colombia and the Dominican Republic, only migrants with regular migration status can access the full range of health services (IDB *et al.*, 2023). In Costa Rica, health services cover migrants with regular migratory status and refugees (IDB, 2023). Additionally, even in countries where migrants have access to health services regardless of their migratory status, there are significant gaps in access to mental health services between the local and migrant populations (IOM, 2020). These gaps are especially problematic for migrant families who have encountered traumatic experiences before, during, and after their migration journey.

Access to trauma-informed, developmentally sensitive mental health services can help mitigate the impact of trauma and migration on children and their caregivers. In LAC, there is a pressing need for more evidence on the provision of mental health services. This need is particularly relevant because providing these services within early childhood programs that involve collaboration with families and the healthcare system has shown promising results in improving the mental health of migrant and refugee children in the United States (Park and Katsiaficas, 2019). It is essential to recognize the structural factors that shape migrants' lives when designing these policies, ensuring that services are accessible to parents and children, are of high quality, and are based on evidence of the most effective strategies (Cohodes *et al.*, 2021).

How are public policies to support early childhood typically implemented?

Young migrant children have diverse needs, and no single type of program can fully address them. Instead, it is essential to design public policies that cater to their needs both during the migration journey and in host communities. Three types of public policies have been used to support the appropriate early childhood development of young migrant children. The first involves expanding access to existing public services for the migrant population. The second focuses on adapting or supplementing existing services to meet the specific needs of migrant children. Finally, the third involves designing targeted programs for the migrant population to address their unique needs.

Basic education services have been expanded to serve preschool children. Supplementary programs have also been designed to bridge learning gaps that arise due to migration or to teach children the local language of the host country. For example, in the Middle East and North Africa—a region affected by the Syrian conflict and refugee crisis—the Ahlan Simsim project was developed. Ahlan Simsim is a television program that combines assessed educational content on numeracy and literacy and includes characters (puppets) who have also been displaced or have experienced conflict, providing children with tools to understand their emotions and experiences. The program has reached 27 million refugee children in Jordan, Lebanon, and Iraq (TIES for Children, 2023). An experimental evaluation, in which an episode of Ahlan Simsim was shown to children in educational centers daily for 12 weeks, found that exposure to the program improved their ability to recognize emotions, understand others' emotions in social settings, and identify one of the six techniques for managing emotions described in the program. Other versions of the program allow content to be downloaded onto tablets so that children can watch it even when they do not have internet access.

The expansion of services for temporary migrants is insufficient, so programs have been designed to supplement these. For example, in Mexico, the Indigenous Education Authority, part of the Subsecretariat of Basic Education, provides support to children aged 3 and over belonging to families of day laborers who migrate seasonally or settle in agricultural areas. To this end, educational centers have been set up at the preschool, nursery, primary, and secondary levels, both in migrants' communities of origin and temporary agricultural settlements. One notable aspect of this program is the creation of a national database to ensure continuous education for migrant children. The program also takes a bilingual intercultural approach that allows curriculum content to reflect ethnic, linguistic, and cultural diversity.

Another interesting program is "*Casas de la Alegría*" (Houses of Joy) in Costa Rica. These temporary care centers provide comprehensive and culturally relevant support to ensure the well-being and development of Indigenous children aged 0 to 12 while their families work harvesting coffee. This initiative is a collaborative effort involving the Costa Rican government and its ministries (health, education), child protection institutions, the private sector—including coffee producers who hire Indigenous workers—cooperatives and private associations, municipalities, and UNICEF.

Similarly, various programs along migration routes and in host communities aim to support migrant children through innovative approaches. These educational programs, based on play, incorporate trauma recovery techniques and restorative practices. They emphasize socio-emotional learning, empathy development, positive behavior management, and mindfulness. For instance, in Greece, centers are equipped with toys where mothers can sing to their children, give them massages, and share their experiences with other mothers.

In Colombia, the program Desarrollo Significativo y Oportunidades de Aprendizaje para Niños Venezolanos Jóvenes y sus Familias, executed by UNICEF and the Presidential Agency for Cooperation, provides play spaces for migrant children

aged 0 to 5 years who are in transit. The program operates two initiatives. The first is the direct provision of services tailored to the needs of breastfeeding mothers and young migrant children in four spaces along the migratory migration route, known as Child-Friendly Spaces. The second is the design and implementation of operational and digital solutions that provide parents with relevant information on parenting, early education, and the basic services available to them.

In summary, support programs for children affected by migration during early childhood are provided through access to educational centers or family support programs. In host communities, these services are typically integrated into existing provisions for the local population. During migrants' journeys, they are primarily offered through digital content or at support points located along major migration routes.

5. INTER-AMERICAN DEVELOPMENT BANK INITIATIVES

5. INTER-AMERICAN DEVELOPMENT BANK INITIATIVES

At the IDB, we are working to understand and systematize the needs of migrant children and children of migrants, ensuring their inclusion in the necessary public services. The first step in achieving this is to quantify and characterize the migrant population in each country. In some cases, this can be done using household survey data. In other instances, primary data collection is necessary because available data sources either do not have representative samples of the migrant population or lack questions to identify migrants. For example, in the household surveys available in Central America, it is not possible to identify and characterize households with children whose parents have emigrated. In response to these limitations, the IDB is providing support for the identification of households in Guatemala and Honduras with children aged 0–6 whose parents have migrated. We also plan to quantify the impact of migration on child development through social-emotional and cognitive tests.

A common barrier for migrant children aged 0–5 and their caregivers in LAC is the lack of high-quality, age-appropriate educational content. To address this, we are partnering with Sesame Workshop (SW), the Bernard Van Leer Foundation, and the Ministry of Foreign Affairs of Finland to facilitate access to high-quality, age-appropriate educational content for migrant children aged 2–7 in cities in Colombia, Brazil, and Peru. **As part of this initiative, we are piloting two digital tools.**

- ***Jardín Sésamo* (Sesame Street):** Provides entertainment and educational content for children through a small device with preloaded content, which does not require an internet connection.
- **Parent Community:** Direct communication between parents and educators through interactive communities on WhatsApp.

Given the positive outcomes of providing information on child development to parent communities in the pilot tests, we aim to offer key child development information to parents of migrant children during their journey through Colombia. To achieve this, we are supporting the organization of in-person activities and behavior change interventions through a mobile phone application. Additionally, we are supporting the expansion of the network of child-friendly spaces operating along the four main routes established in Colombia by funding the creation of five additional temporary facilities. These facilities provide early childhood services to children aged 0 to 5 and their families who are part of an extremely vulnerable segment of the Venezuelan migrant population known as "*los caminantes*" (the walkers).

In Ecuador, we collaborate with the Ministry of Economic and Social Inclusion (MIES) to fund multidisciplinary brigades that provide information, counseling, support, and referrals to social services from the Ministry of Education (MINEDUC), the Ministry of Public Health (MSP), and MIES itself. These services are tailored to the age and needs of each individual. For example, these brigades refer children aged 3 to 4 to early education services through the "Family Care Service for Early Childhood (SAFPI)" program. This program promotes holistic development by providing comprehensive care tools to parents and caregivers and ensures the enrollment of children in General Basic Education.

To reduce acute malnutrition levels among migrant children aged 0 to 5 in Colombia, we collaborate with the Colombian Institute of Family Welfare (ICBF) on the technical and operational aspects of developing Specialized Units. These units identify children at risk of malnutrition, assess their nutritional conditions, and provide food supplements until they are no longer at risk.

These units also provide educational and psychosocial support to migrant children and their parents or primary caregivers.

To promote female labor participation in Colombia, with support from the Spanish Agency for International Development Cooperation, we are providing access to public care services for the children of both migrant and local women in Villa Caracas, Barranquilla. Specifically, children from the community can benefit from care service programs provided by the ICBF, the Department of Social Protection of the Colombian Government, or the Directorate of Social Management or Social Management Services of Barranquilla. Additionally, to facilitate the participation of migrant women in the Saber Hacer Vale program in Bogotá, we coordinate their participation with childcare services.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6. CONCLUSIONS AND RECOMMENDATIONS

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In the past eight years, intra-regional migration within Latin America and the Caribbean (LAC) has seen a significant surge. While Venezuelans constitute a substantial portion of this migration, they are not the sole group moving within the region. Additionally, while many migrants aim for permanent settlement in their destination countries, instances of in-transit migration and cases of separated or disrupted households also play significant roles in the region's migration patterns. Furthermore, it's noteworthy that many migrant households include children who are born abroad, adding another layer of complexity to the dynamics of migration within the region.

Information on the migratory patterns of young children in Latin America and the Caribbean is scarce. Drawing from available evidence, our estimations suggest that approximately 1.2 million migrant children aged zero to five reside in the region, constituting approximately 1.8% of children within the same age bracket. Concurrently, our data indicates that up to 25% of children across the region dwell in households where either one or both parents have migrated, with heightened prevalence observed in areas such as Venezuela and Central America. Furthermore, our analysis reveals that over 750,000 children have been born in recipient countries within migrant households.

This technical note examined the impact of migration on three distinct groups of young children: those residing in households where one or both parents have migrated, children who have migrated either with or without their parents, and children born in recipient countries to migrant households. Unfortunately, causal evidence regarding this relationship remains notably scarce. This scarcity is attributed, in part, to the absence of comprehensive and detailed data on the health and child development of young migrant children, as well as those indirectly affected by migration.

Considering these limitations, the evidence suggests that receiving remittances improves child health and development. However, parental separation, particularly prolonged separation from the mother, has been found to have adverse effects on child development, nutrition, and health. Regrettably, the available information is insufficient to ascertain the relative magnitude of these contrasting effects or to fully understand the overall impact of migration on non-migrant children. Along the same lines, earning a higher income abroad, relative to the household's earnings in the country of origin, is correlated with improved health and development outcomes. Nonetheless, limited access to public services, particularly among migrant families lacking regular migratory status, poses risks. For instance, mothers may face barriers to accessing prenatal care or attending regular pediatric check-ups, thereby reducing the likelihood of children completing full vaccination schedules.

It is crucial to address these information gaps to grasp the extent of child migratory flows and to gather detailed data on their health status and early developmental levels. Furthermore, it is essential to characterize both migrant children's households and households with non-migrant children of migrant parents, to understand their socioeconomic status, needs, and access to public services. Enhancing the availability and reliability of such data will enable a more comprehensive and precise understanding of the circumstances of migrant children in their early years, facilitating the formulation of evidence-based policies.

Utilizing existing high-quality childcare centers and parenting programs is recommended to both identify and address the challenges faced by migrant populations. These resources serve as strategic assets for tackling the early childhood needs of migrants in the region. Not only do these facilities offer an ideal setting for pinpointing

the specific needs of migrant children, but they also provide effective platforms for implementing tailored solutions, thereby fostering the integration and well-being of this demographic. Maximizing the use of available resources enhances the region's capacity to provide comprehensive support to migrant children during their formative years and promote social cohesion.

Nevertheless, to prevent strain on the system and ensure the provision of quality services for both local and migrant children, it is crucial to monitor service utilization levels. Continuous monitoring of service usage is essential to avoid overwhelming the system, which could compromise its ability to deliver high-quality services to all children. This monitoring is particularly important as insufficient access to services could trigger negative reactions from the local community towards migrants. Effective monitoring is thus vital for maintaining harmony and well-being in both communities.

In addition to utilizing existing childcare centers and parenting programs, it is imperative to incorporate high-quality complementary services that address migrant populations' specific needs. For instance, implementing language programs tailored for non-native speakers can facilitate smoother integration and communication for migrant children and their families. Furthermore, offering on-the-go services specifically designed for migrants in transit can provide crucial support during their journey, ensuring access to essential resources and assistance. By supplementing traditional childcare and parenting programs with these targeted services, the region can better address the diverse needs of migrant populations, enhance their integration into local communities, and promote their overall well-being.

It is vital to think creatively, and leverage strategies employed in other contexts. For instance, drawing inspiration from initiatives like Sesame Workshop, which utilizes engaging television programs or interactive content on tablets, can be particularly beneficial, especially for those with limited connectivity. These innovative approaches have shown effectiveness in promoting socio-emotional skills and fostering positive outcomes among children in various settings. By adapting such strategies to cater to the needs of migrant children, countries can provide accessible and engaging resources that facilitate their emotional well-being and social integration, regardless of their circumstances or access to traditional support systems. This underscores the importance of embracing innovative solutions and harnessing the power of diverse platforms to enhance the development and resilience of migrant children in the region.

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APPENDIX

1. INTERNATIONAL TREATIES RELATING TO CHILDREN AND MIGRATION

The main international treaties guaranteeing children's rights in the context of migration are listed below.

TREATY	DATE OF APPROVAL
Convention Relating to the Status of Refugees of 1951	Approved by the United Nations General Assembly on July 28, 1951
Protocol Relating to the Status of Refugees	Entered into force on October 4, 1967
Convention on the Rights of the Child	Approved by the United Nations General Assembly on November 20, 1989
International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families	Adopted by the United Nations General Assembly on December 18, 1990
Inter-American Convention on International Traffic in Minors of 1994	Approved by the United Nations General Assembly on March 18, 1994
Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict	Approved by the United Nations General Assembly on May 25, 2000
Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution, and child pornography	Approved by the United Nations General Assembly on May 25, 2000
United Nations Protocol to Prevent, Suppress, and Punish Trafficking in Persons, Especially Women and Children	Entered into force on September 29, 2003
Protocol against the Smuggling of Migrants by Land, Sea, and Air	Entered into force on September 29, 2003

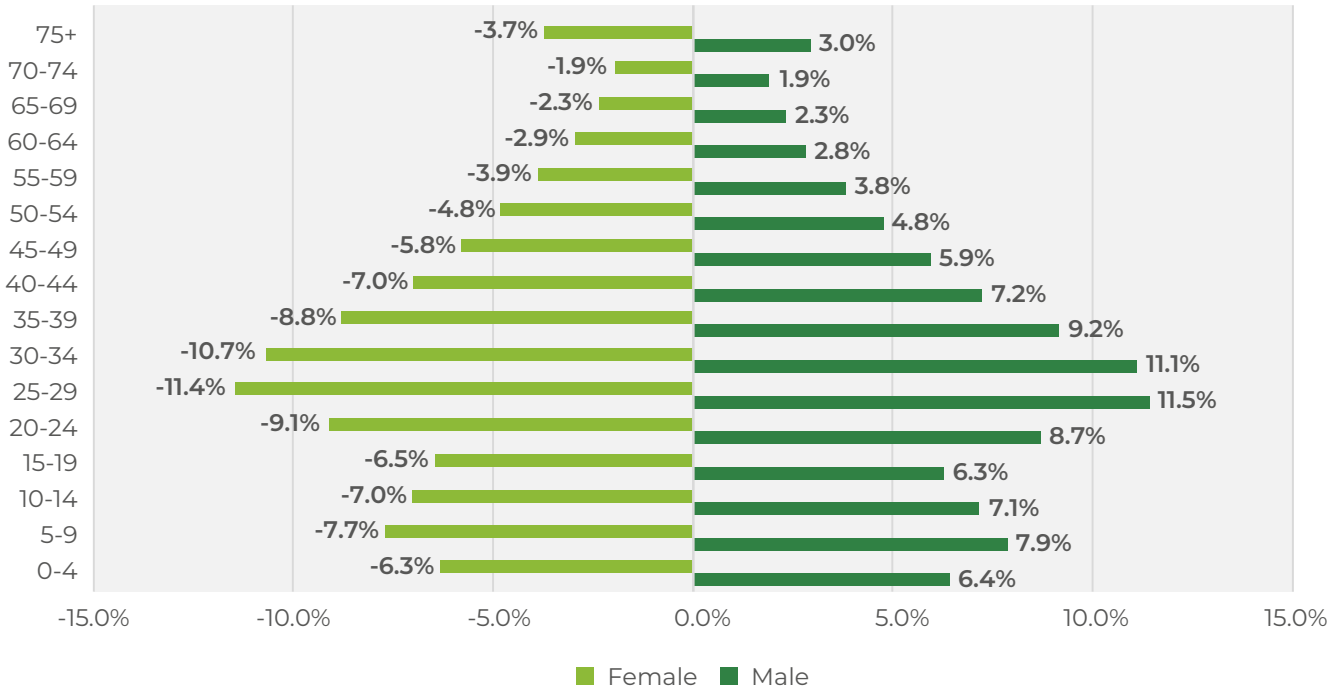
Source: https://www.refworld.org.es/docid/5bd34e214.html.

2. DATA

What percentage of the migrant population are children?

The population distribution in Latin America and the Caribbean (LAC) shows that children make up a significant proportion of the migrant population. The population aged **0–4 represents 6.3% and 6.4% of the total male and female migrant population**, respectively; while the population **aged 5–9 years represents 7.7% of the total female migrant population** and **7.9% of the total male migrant population**. In other words, children aged 0–9 account for approximately 14% of the male and female migrant populations, respectively, as shown in figure 6.

FIGURE 6. Population pyramid, migrant population in Latin America and the Caribbean, 2020

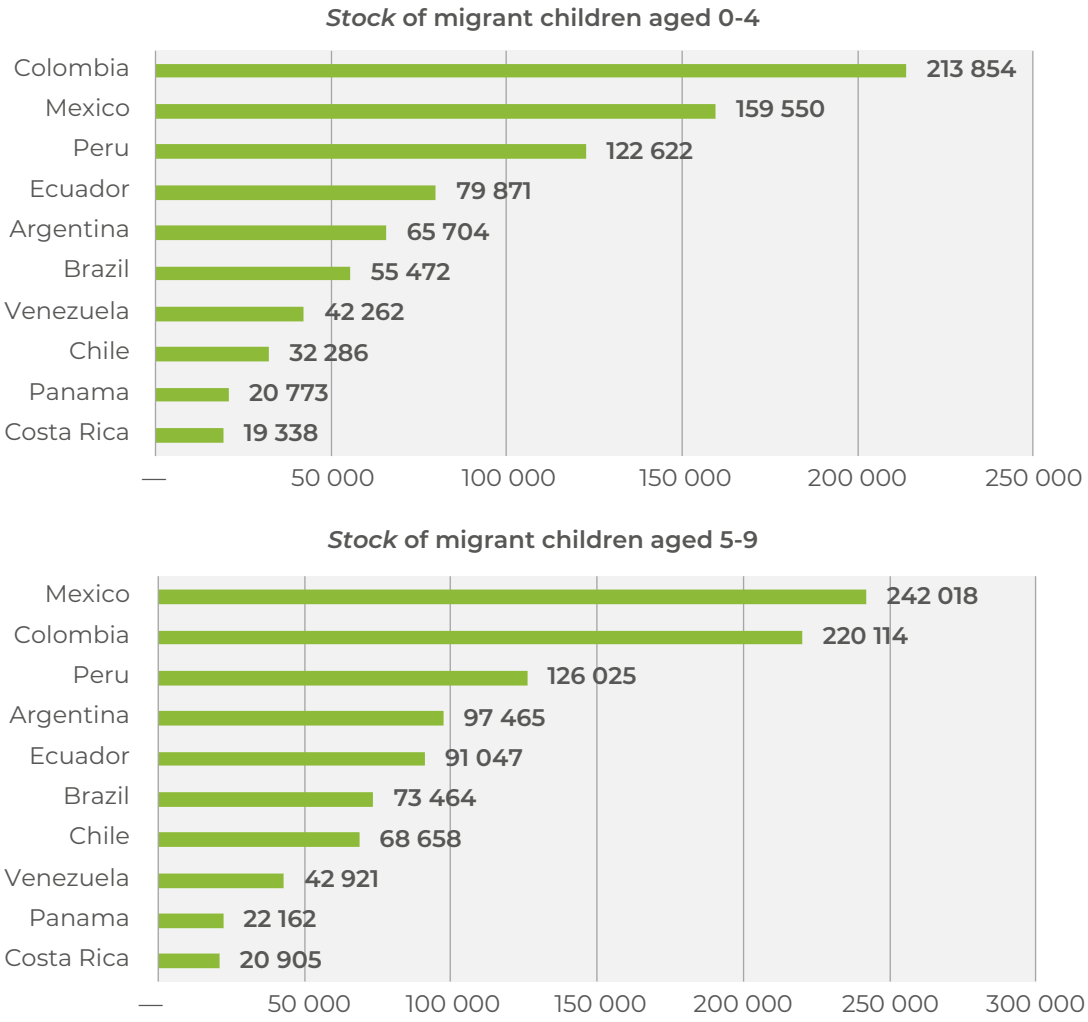


Source: Authors based on United Nations (2020).

Which countries have the highest numbers of migrant children?

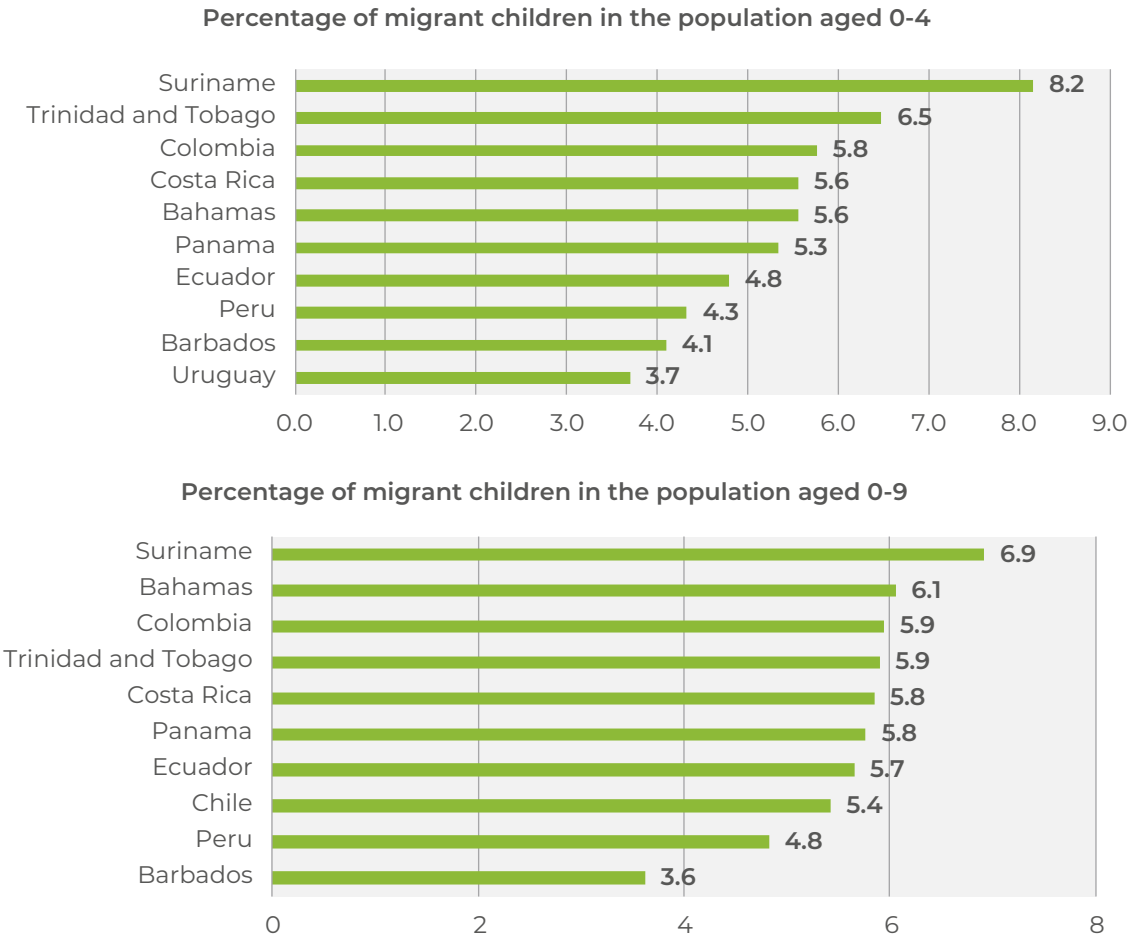
The LAC countries with the highest numbers of migrant children aged 0–4 and 5–9 are **Colombia, Mexico, and Peru** (figure 7). There are more than **200,000 migrant children aged 0–4** in Colombia, followed by Mexico with **159,000**, and Peru with **122,000**. Mexico has the largest number of migrant children aged 5–9 (242,000), followed by Colombia (220,000), and Peru (126,000). Looking at the weight of the migrant child population in relation to the total population of the country, migrants account for the largest share of the child population in the Caribbean countries (figure 8). In first place is **Suriname**, where **8.2% of children aged 0-4 are migrants**. This is followed by **Trinidad and Tobago and Colombia**, **where 6.5% and 5.8%**, respectively, of children in this age group are migrants. For children aged 5-9, **Suriname ranks first with 6.9% of children aged 0-9 being migrants**, followed by the **Bahamas with 6.1%, and Colombia with 5.9%**.

FIGURE 7. Top 10 LAC countries with the highest number of migrant children in 2020



Source: Authors based on United Nations (2020).

FIGURE 8. Top 10 LAC countries with the highest proportion of migrant children in 2020



Source: Authors based on United Nations (2020).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