Research agenda for the impact of migration on children and youth

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It is clear from the literature reviews that there is a paucity of research on the impact that migration has on either child or adolescent health and development beyond the benefits of remittances. Additionally, there appears to be little if any evidence of cross national comparisons. Third, there is little data that disaggregates the consequences of migration from those of related phenomena such as being reared in a single parent/ absent parent home or being an ethnic or linguistic minority. Fourth, in societies where migration for work is common (e.g., the Caribbean) the experience of two family households (where the migrating spouse has a second family) is not uncommon, but there appears to be little know about the impact of such family arrangements on children.

Thus, there is a need for:

1. A conceptual framework that drives future research. The framework needs to take into consideration: macro level factors such as the economic and political forces that drive migration (and whether movement is a consequence of seeking better economic conditions or relief from economic or social oppression). A conceptual frame needs to factor in whether relocation is motivated by seeking something not present in one’s current location or avoiding something that is present; so too it is important to distinguish whether it is forced or voluntary. The social factors of both the departing and receiving countries need to be part of such a framework as does the extent to which there are social and cultural similarities and differences between the two environments. In addition to family structure and cohesion, family educational, economic and social factors need to be considered for has been noted in the background papers little has been written about higher income/ higher educated migrants (it might be worth exploring whether there is literature on Vietnamese migrants to the United States after the War with Vietnam). Finally, there is need to factor into the model individual youth variation, age of migration (what is called the Kissinger Effect among some neuroscientists), social skills of the child, intelligence.

2. Demographic methods are needed that can estimate and identify “hard to reach” populations of migrants and especially those who have migrated to another country illegally since it appears that they represent a large proportion if not the majority of migrants.
3. There is the opportunity to develop measures that allow for cross national comparisons of migrant children and youth especially tapping into multinational surveys such as the School Health Behavior Survey (this is not exactly the right name) coordinated by WHO (Euro). Within this context a child impact scale could be developed and piloted.

4. A variety of programs have been developed aimed at increasing inclusion and there would be value in first identifying then expanding intervention research. For example, in high mobility communities like the Anchorage School System in the United States, because of the large military and native populations who move back and forth, they have established a program aimed at facilitating entry into school (a major social entry point for migrant young people). So too, after Katrina, a number of US communities and school systems initiated programs for increasing inclusion of recent refugees from New Orleans. In Israel they have developed a program for Ethiopian-Israeli children with the goals of improving social integration and minimizing educational disadvantage. What other programs exist around the world? What demonstration programs might be launched?

5. It is not uncommon for families to migrate (e.g., from rural to urban areas) so as to improve access for their children. This might be to access improved education, medical care if the child has special health care needs or specialized services if a child has unique talents. What is known about these young people and their outcomes?