AN OVERLOOKED EMERGENCY
THE POVERTY OF FORCED MIGRANT CHILDREN

In the New York Declaration for Refugees and Migrants (hereafter NYD)\(^1\), Member States commit to “protect the human rights and fundamental freedoms of all refugee and migrant children, regardless of their status, and giving primary consideration at all times to the best interest of the child... and to comply with the obligations under the Convention on the Rights of the Child”\(^2\).

Art. 2 of the Convention on the Rights of the Child\(^3\) obligates States Parties to respect and ensure all of the rights contained in the treaty without discrimination of any kind.

However, although the Sustainable Development Goals (SDGs)\(^4\) contain numerous goals and targets relevant for the protection of child refugees and migrants\(^5\), including SDG1, “End Poverty in all its forms everywhere”, the poverty of forced migrant children constitutes an overlooked emergency.

Forced displacement has multiple causes including conflict, extreme poverty, violence, climate change, natural disaster, and violation of human rights. The poverty experienced by forcibly displaced in transit and destination countries is specific and multidimensional, but this is traditionally ignored by headline economic measures of poverty\(^6\). Human development is a process of enlarging people’s choices. It focuses on the richness of

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1. UN General Assembly, New York Declaration for Refugees and Migrants, UN Document a/7/L.1 of 13 September 2016, para.5.


human lives rather than on simply the richness of economies, and doing so changes the lens for viewing development results. The vast majority of forced migrants, internally displaced people, refused asylum seekers, refugees, and unaccompanied minors are either poor today or are expected to be poor in the near future.

The most affected are children, too often relegated to the fringes of the debates about migration and displacement including by the lack of reliable disaggregated data. Too many forced migrants are not counted in annual national population censuses and in poverty surveys. They are missing in measures of development progress, which are usually based on household surveys and in which individual children’s poverty is invisible.

Research on the effects of poverty is known and incorporated into social policy; less well known is the kind of poverty specific to forced migration and its consequences.

Forced migrants face harsh forms of poverty as a result of deprivation during the years of displacement and relocation (average time for this process is approximately 25 years). Poverty for adults takes the form of economic and psychosocial losses that include the loss of home, safety and security, loss of social role and status, culture and community. Lack of integration is directly related to dire poverty among relocated families.

Poverty for forcibly displaced children is different from that of adults because poverty disrupts needs and processes crucial for development. Poverty in childhood is closely

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6 The Multidimensional Poverty Index (MPI) complements monetary measures of poverty by considering overlapping deprivations suffered by individuals at the same time. The MPI can help the effective allocation of resources by targeting the very poorest, UN Development Programs at hdr.undp.org/en/content/multidimensional-poverty-index-mpi.


8 In 2015 approximately 65.5 million were forcibly displaced; 21.3 million refugees, 3 million asylum seekers and over 40 million internally displaced persons. UNHCR, Global Trends: Forced Displacement in 2015, 20 June 2016.

9 Around the word today, 50 million children have migrated across borders or have been forcibly displaced. More than half have been uprooted by horrific conflicts and millions more through migration in the hope of finding a better, safer life. UNICEF (2016), Uprooted, The Growing Crisis for Refugee and Migrant Children.

10 Collecting data on refugees has traditionally been the domain of humanitarian organizations, on one hand, and national asylum and immigration systems, on the other.


and consistently associated with measurable disadvantages both for individuals and for the societies in which they live. Child poverty can be passed down through the generations. Child poverty can be conceptualized as deprivation of internationally recognized children’s rights as enshrined in the Convention on the Rights of the Child.

In 2006, the UN General Assembly recognized that “children living in poverty are deprived of nutrition, water, sanitation facilities, access to basic healthcare services, shelter, education, participation and protection, and that while a severe lack of goods and services hurts every human being, it is most threatening and harmful to children, leaving them unable to enjoy their rights, to reach their full potential and to participate as full members of society”.

This definition, although comprehensive, needs to be expanded to capture the kind of poverty specific to the forced displacement of children. They face particular challenges, and too many losses: of one or both parents, extended family members and friends; of home, childhood normalcy; of learning, school attendance and expectations for the future; of cultural identity and social integration, and many times even hope. They are also at a greater risk of exploitation, trafficking, and violence.

Particularly at risk are children 0-5 years of age. This period is critical for cognitive development, language acquisition, and development of the body’s physical dimensions. It is early life experiences that determine the capacity of the brain and later functioning in adulthood.

An environment of dislocation, unpredictability, and violence causes the kind of developmental deprivation that results in a wide range of cognitive, emotional and behavioral problems.

Risk factors for forcibly displaced children (0-5 years) often trigger negative consequences in cognitive, emotional and behavioral areas. The factors need to be considered together to understand the range and the depth of their impact on children’s well-being:

- Lack of nutritious food and adequate social support for pregnant mothers. Mothers and caregivers who are traumatized do not have the resources to listen to and care for their children.

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15 Save the Children (2017), Invisible Wounds.

16 There is an interplay between genetics and the environment, genes provide the blueprint for brain development but the environment shapes it. Epigenetics refers to the study of changes in the regulation of gene activity and expression that are not dependent on a gene DNA sequence. J.F. Leckman, (2014). The Transformative Power of Responsive Parenting: Perspectives, Concepts, Dimensions and Next Steps.
- **Insufficient nutrition.** Iron insufficiency in the 0-5 years of life affects physical, cognitive and psychological abilities, resilience and reversibility of damage.  

- **Separation from mother.** Even temporary separation from caregivers during this developmental period can be highly stressful for children.  

- **Exposure to persistent bombing, shelling and violence** creates psychological fragility manifested in anxiety, fearfulness and nervousness, insecurity, fear of playing outside, extreme sadness and depression reactions (apathy). Recurring nightmares, insomnia, eating disorders (e.g., refusing food), enuresis or bedwetting, somatic problems (e.g., stomach aches, dizziness, headaches).  

- **Being a girl child refugee.** Research shows that girl refugees have significantly higher rates of distress than refugee boys.  

- **Being a child laborer.** Such children are not attending school and not learning the skills that prepare them for school and future livelihood. They are being exploited.  

- **Lack of “Safe and Play Space” for pregnant women, mothers and caregivers and young children (0-5 years), where their physical, cognitive and psychosocial needs can be met.** Unmet needs can result in behavioral problems such as social withdrawal, violence, mute or withdrawn demeanor.  

- **Widespread lack of Early Childhood Development (ECD) programs.** Such lack can result in cognitive and developmental difficulties.  

- **Absence or insufficient host language proficiency.** Research indicates that children who speak a different language at home than the language of instruction at school tend to be at least one year behind peers who speak the same language in both settings.  


21 ECD incorporates all aspects of human development, including the physical, linguistic, cognitive, intellectual, social, emotional, moral and ethic domains, as well as preschool education. High quality education is culturally sensitive and includes parents, families as significant players in children’s overall well-being.  

The risk factors and negative consequences above are summarized from research studies conducted specifically on migrant and refugee children aged 0-5 years. These negative consequences, however, can be quite easily mitigated by enhancing protective factors, since, with appropriate interventions, resilience is something natural and easy to stimulate in a child.

Resilient children are those who, in a facilitating environment, develop problem-solving skills which help them face and overcome future risks and challenges (e.g. ability to resist recruitment into extremist groups). They develop flexible world-views and the ability to realize their full potential.

On the basis of a multidimensional, rights-based and child-centered approach, it is critical to recognize the multiple, overlapping deprivations of forced migration, and that a child’s well-being cannot be compartmentalized into health, education, emotional or psychological issues. A whole-child oriented analysis would include a life-cycle approach that respects the different needs of early childhood, primary childhood and adolescence.

Thus, monitoring all the levels of child poverty, its psychosocial and economic aspects, and analyzing its determinants, is crucial for designing and implementing effective policies, very often low-cost, for improving children’s current living conditions and ensuring long-term dividends for societies in countries of origin, transit and destination.23

**Recommendations:**

- Promote close collaboration between humanitarian and development agencies, and international partners in order to transform humanitarian crises into a development opportunity for all.

- Define child-specific indicators that represent the number of multiphase and interrelated deprivations. An example of a holistic approach in measuring child poverty is represented by the Multiple Overlapping Deprivation Analysis (MODA)24.

- Attempt to minimize temporary separation from caregivers, and maintain family and/or extended family integrity during all stages of the migration experience and promote family reunification.

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• Prevent irreversible cognitive deficit in learning and memory by providing forced migrant pregnant mothers and children (0-5 years) with iron supplements, which build resilience to lifetime illness developed at fetal and infant ages; iron supplements can help reverse learning and memory deficits in children over 5 years of age, but not if the iron shortfall occurs in infancy when iron assists in permanent structural changes in the body.

• Provide ECD programs. ECD is one of the most cost-effective strategies for breaking generational cycles of poverty, violence, and underachievement. It can reduce the risk of developing mental health disorders; provides a sense of routine, stability, structure and hope for the future; paves the way for social integration in either country of origin or host country; finally it has the potential to contribute to peacebuilding. In para 82 of the NYD, Member States committed to support Early Childhood Education for refugee children.

• Establish “Safe and Play Spaces” for pregnant women, mother, caregivers and young children, for both forcibly displaced and host populations, where children’s developmental needs can be met communally to facilitate integration into the host culture.

• Train social service providers in the risk and protective issues associated with poverty specific to forcibly displaced children ages 0-5 years.

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