The Impact of COVID-19 on Migrant Children in Trinidad and Tobago

July 2020

1. Context

Since 2016, Trinidad and Tobago has experienced an influx of Venezuelans seeking to escape the deteriorating living conditions in their home country. As of late 2019, there were around 23,400 Venezuelan refugees and migrants living in Trinidad and Tobago, and this number is projected to rise to about 33,400 by the end of 2020. Migrants have been arriving by both sea and air. The overall number of migrants continued to increase until early 2020, although Venezuelan arrivals through official ports of entry have gradually decreased from a quarterly peak of 8,000 in early 2016 to less than 1,000 during the first quarter of 2020. By the end of June 2020, the United Nations High Commissioner for Refugees (UNHCR) had recorded 18,900 persons of concern (POC) – over 150 per cent more than the number recorded in August 2018. The great majority, 84 per cent of POCs, were asylum seekers and 14 per cent were categorized as refugees. In all, 85 per cent of POCs were Venezuelan. In June 2019, the Government of Trinidad and Tobago undertook a registration exercise to identify all refugees and asylum seekers in the country. Around 19,000 migrants were registered, comprising 16,500 adults and 2,400 children under the age of 17 years.

1 This analysis has been prepared by the team from the UNICEF Office for the Eastern Caribbean Area. Acknowledging contributions from Jonathan Wood (Data Analyst), Alexandru Nartea (Monitoring & Evaluation Specialist), Stephanie Bishop (Monitoring & Evaluation Officer), Alma Jenkins (Emergency Coordinator – Migrant Response), Candice Wallace (Child Protection Officer).


4 POCs include all children on the move including migrants, asylum seekers and refugees and all children on the move. Throughout this report the ‘migrants’ include all POCs.


Migrants in Trinidad and Tobago are predominantly of working age and single, although a significant number have children accompanying them (Table 1). Over half had arrived in the first six months of 2019, underscoring the rise in migrants since 2018. Furthermore, since August 2019, the proportions of women and children have increased, indicating that more families with children have been arriving and/or that spouses and children are joining family members already living in Trinidad and Tobago. Almost 40 per cent have, or were studying for, post-secondary qualifications. These characteristics are typical of migrant populations, as is the implicit level of family members left behind in Venezuela and the high level of migrants remitting money or goods to their home country.

### Table 1. Characteristics of migrants in Trinidad and Tobago

<table>
<thead>
<tr>
<th>Topic</th>
<th>Indicator</th>
<th>Value (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td>0–4 years</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>5–17 years</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Children (0–17 years)</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>Adults (18+ years)</td>
<td>83</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td>Males</td>
<td>54</td>
</tr>
<tr>
<td></td>
<td>Females</td>
<td>46</td>
</tr>
<tr>
<td><strong>Level of education</strong></td>
<td>Primary or below</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Secondary</td>
<td>53</td>
</tr>
<tr>
<td></td>
<td>Post-secondary</td>
<td>39</td>
</tr>
<tr>
<td><strong>Length of residence</strong></td>
<td>More than 1 year</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>6 months to 1 year</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>Under 6 months</td>
<td>54</td>
</tr>
<tr>
<td><strong>Dependents</strong></td>
<td>With dependents in Trinidad and Tobago</td>
<td>33</td>
</tr>
<tr>
<td></td>
<td>Single migrants</td>
<td>67</td>
</tr>
<tr>
<td></td>
<td>With dependents in Venezuela</td>
<td>80</td>
</tr>
<tr>
<td><strong>Remittances to Venezuela</strong></td>
<td>Migrants remitting to family members</td>
<td>73</td>
</tr>
<tr>
<td><strong>Residential situation</strong></td>
<td>In rented accommodation</td>
<td>80</td>
</tr>
<tr>
<td></td>
<td>Living with relatives</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>10</td>
</tr>
</tbody>
</table>

*Adults only and includes unfinished courses.


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Adapting to new countries will often be a challenge for migrants. The effects on children can be particularly significant, including mental stress arising from separation, marginalization and discrimination as they simultaneously have to adapt to a new language and culture, education system, housing conditions and economic circumstances.  

Trinidad and Tobago, along with other Eastern Caribbean Area countries, has managed to contain the spread of corona virus disease 2019 (COVID-19). Between 11 March and 30 June 2020, there had been 130 confirmed cases, 40 of which had come from a single cruise ship in March, and 8 persons had died from the disease. During May/June 2020, only 10 cases have been confirmed and no deaths. However, measures taken by the government to contain the spread of COVID-19, including border and school closures, lockdowns and restrictions of activities, have led to a deterioration in the situation of migrant children in the country. Furthermore, schools will continue to remain closed until the start of the next academic year. While the relaxations in the lockdown and the resultant return to work, which occurred during May and June 2020, will alleviate the situation, adverse impacts on the migrant population are expected to persist for some time. Unless these risks are addressed, they have the potential to seriously compromise the present and future well-being of migrant children.

2. Objectives

The objectives of this analysis are to:
- assess the potential exacerbating impact of the COVID-19 outbreak on the situation of migrant children in Trinidad and Tobago
- identify the main challenges faced by migrant children and recommend measures to address them.

The analysis focuses on the following COVID-19-related impacts that could affect the well-being of children: disruption to education, rising unemployment, mental health and safety, and risks to nutrition. Figure 1 provides a diagrammatic framework of the impacts, potential ensuing risks and associated mitigating measures. The framework also outlines the main logic model for the analysis, which identifies the extent to which the COVID-19 impacts and risks are occurring amongst the migrant population in Trinidad and Tobago, the exacerbating factors for migrant children, and the mitigation measures that can be continued, adapted or strengthened as a result of the COVID-19 pandemic.

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### Figure 1. Framework of COVID-19 impacts on migrant children

<table>
<thead>
<tr>
<th>CHANGES</th>
<th>IMPACTS</th>
<th>RISKS AND THREATS</th>
<th>MITIGATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>School and nursery closures</td>
<td>Disruptions to education, limited access to online/home learning, delayed solutions for sustainable education</td>
<td>Falling behind, not enrolling or dropping out with potential longer-term impact on access to higher education and employment</td>
<td>Increase home schooling (online and traditional) through access to ‘Equal Place’&lt;br&gt;Support parental involvement in child learning&lt;br&gt;Guide and prepare for the safe re-opening of schools&lt;br&gt;Ensure every child attends education&lt;br&gt;Support solutions for mainstream and accredited education</td>
</tr>
<tr>
<td>Restrictions on movement</td>
<td>Increased time at home for parents and children, increased childcare needs&lt;br&gt;Closure of child-friendly spaces, parks and play areas</td>
<td>Increased family tensions leading to increased risks of child physical and sexual abuse, domestic violence, mental health and psychosocial issues (depression, anxiety, frustration, anger)&lt;br&gt;Reduced recreation and socialising</td>
<td>Strengthened child protection services:&lt;br&gt;Increased remote workshops, counselling and psychosocial support services&lt;br&gt;Dissemination of guidance leaflets to parents and children on coping with, and adapting to, effects of lockdowns and unemployment</td>
</tr>
<tr>
<td>Business shutdowns</td>
<td>Unemployment and reduced incomes</td>
<td>Longer-term unemployment, potentially increasing poverty and the risks of delinquent behaviour&lt;br&gt;Reduced quantity and quality of nutrition</td>
<td>Strengthened social protection measures:&lt;br&gt;Unemployment support&lt;br&gt;Extend social assistance programmes to vulnerable groups&lt;br&gt;Youth employment programmes&lt;br&gt;Maintenance of School Feeding Programmes and/or alternative food support programmes for the most vulnerable</td>
</tr>
<tr>
<td>Child health and nutrition</td>
<td>Discontinuance of school feeding programmes&lt;br&gt;Reduced access to health-care services</td>
<td>Risks to health of pregnant women and their post-natal care&lt;br&gt;Discontinuance or delay in vaccination programmes</td>
<td>Maintenance of health services and enhanced outreach to migrant children.</td>
</tr>
</tbody>
</table>

**EXACERBATING FACTORS FOR MIGRANTS**

- Limited access to national education, health care and child protection programmes
- High level of informal employment
- Precarious job situation: low wages and poor job security
- Exclusion from government COVID-19 relief programmes
- Insecure residential status, discrimination and xenophobia

*Source: UNICEF.*
3. Impact of COVID-19 on migrant children

3.1 Disruption to education

According to the latest UNHCR data, there are around 3,200 POC children in Trinidad and Tobago, 73 per cent of whom are asylum seekers. Just under two thirds (63 per cent) are of school age: 1,223 (41 per cent) of primary school age and 657 (22 per cent) eligible for secondary school. A total of 1,092 (37 per cent) are children of early childhood care and education age.

Prior to COVID-19

Access to education is one of the fundamental rights of children embodied in the Convention on the Rights of the Child. Since 2018, development partners and non-governmental organizations (NGOs) have worked with the government to guarantee migrant children access to the formal public education system, including early childhood development (ECD) centres. In December 2019, the Prime Minister announced that the Government of Trinidad and Tobago would not prevent Catholic schools from educating children of Venezuelan migrants. In addition, Presbyterian school boards indicated willingness to assist in providing accredited education to migrant children. In March 2020, the Joint Select Committee of the national Parliament on Human Rights, Equality and Diversity resolved to enquire into the right to education for migrant children. The enquiry was cut short by the COVID-19 emergency, however a report on the findings and recommendations was issued in June 2020. The key recommendations were: (i) the Ministry of Education should “ensure that migrant children face no stumbling blocks with respect to the process for their registration at schools”; and (ii) the Ministry of National Security should “consider the drafting of national legislation to ensure that migrant children can access education in accordance with international law”.

These actions at the policy level have been supported by direct interventions to cater to the education needs of migrant children. During the 2018/19 school year, the United Nations Children’s Fund (UNICEF), UNHCR and Living Water Community (LWC) partnered to operate a temporary learning centre (TLC) to provide education opportunities at primary and secondary levels for about 200 migrant children in Saint Augustine. LWC also conducted home visits to families with children under five years, to assess their situation and ensure that parents/caregivers are provided with ECD counselling. In October 2019, UNICEF, UNHCR, LWC and the Trinidad and Tobago Venezuelan Solidarity Network took steps to ensure that children had access to formal education by supporting ‘Equal Place’, an online educational platform with two options, one in English linked to the Trinidad and Tobago curriculum and the Caribbean Examination Board, and the other in Spanish, linked to the Venezuelan curriculum. Equal Place offers a blended

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13 Other estimates are of the same magnitude; see Government of Trinidad and Tobago, Joint Select Committee on Human Rights, Equality and Diversity, ‘Inquiry into the Treatment of Migrants with specific focus on Rights to Education, Employment and Protection from Sexual Exploitation’, Port of Spain, 2020.
14 Ibid.
learning environment of online learning and face-to-face interactions with facilitators of primary and secondary education within the UNICEF-supported Child-Friendly Spaces (CFS), 10 of which are currently in existence. These CFS also provide face-to-face ECD programmes for migrant children aged less than five years.

During the same period, eight other CFS were established by other NGOs or parishes under the auspices of the churches. These CFS provide courses for school-age children but only four provide ECD learning. Days and hours of operation vary widely.

As a result of these interventions, access to education by migrant children has improved since 2018, when the TLC provided the only access, and since mid-2019 when 90 per cent of parents with school-age children indicated that their children did not have access to formal education. At the end of 2019, over 1,300 children were pursuing their education at CFS (around 600 in those operated by LWC), representing around 70 per cent of school-age migrant children. In addition, 771 migrant children had been granted student permits by the Ministry of National Security in 2019, enabling them to be enrolled in state schools. While it is not possible to estimate how many of these were actually enrolled, it is apparent that a majority of migrant children were attending CFS or other schools prior to the school closures forced by COVID-19 in March 2020.

Also important is the fact that the secondary school students registered with Equal Place will be able to acquire the knowledge and competencies they need to successfully complete the Caribbean Examination Council examinations. Discussions are under way to obtain permission for primary school migrant students to sit the national primary school examination. It is critical for all CFS to adhere to quality learning standards, since if they do not, students’ chances of accessing secondary and higher education will be compromised and they will be at a disadvantage in terms of gaining employment in the formal sector and reaching higher-level positions.

Notwithstanding these developments, attendance and participation in Equal Place and other CFS courses by migrant children is adversely affected by a variety of factors, including sporadic attendance due to transportation issues (cost and distance), lack of resources (books, computers, internet access), inadequate space for students and teachers, inability to sit national exams due to lack of student permits, and language issues (for primary school students).
The findings on the situation of migrant children prior to the advent of COVID-19 are similar to those captured in the 18th Report of the Joint Select Committee on Human Rights, Equality and Diversity of the Parliament. Thus, the call to action is to: (i) strengthen the effectiveness of Equal Place and other CFS education programmes; and (ii) facilitate the admission of migrant children to denominational schools with the capacity to accept additional children.28

Impact of COVID-19

The advent of COVID-19 has meant that schools have closed, and all migrant children are at home. School closure impacted households with children who are attending CFS or private schools. The direct impact results from the disruption to their education, which can be exacerbated if opportunities for home learning (whether by e-learning or traditional methods) are absent or limited. The indirect impact results from children’s much increased time at home, which can cause family tensions and lead to arguments, frustration and, potentially, physical or psychological abuse. Figure 2 summarizes the available information29 on how migrant children are adapting to school closure and the lockdown.

The results indicate that the majority of children are coping with the disruption to their lives caused by school closure, although significant numbers are missing their friends and teachers. There are, however, clear signs of stressful and potentially harmful behaviours, such as arguing, crying, poor sleeping and increased time spent online. Spending more time online can be both positive, in that it enables contact to be maintained with friends and relatives, and negative, in that it can be a diversion from more creative activities, or worse, put children at risk from unsafe sites.

The need to mitigate the impact of school closure on children’s educational performance has been recognized by the government in its programme to upgrade the availability of online learning.30 While these national programmes are not accessible to migrant children, the coverage of the Equal Place learning modality has the capacity to run 100 per cent online. It has now been expanded to children attending other CFS, resulting in an increase in the number of children officially registered on the Equal Place programme to about 850 children (30 per cent increase), with parity of boys and girls. The programme is continued during the summer break, which enables students to remain engaged in learning activities and, potentially, increase coverage by enrolling previously non-participating children until schools re-open.

Existing reports suggest that, for the most part, children attending the Equal Place programme have responded positively to online learning with good performance results, especially from secondary school adolescents, despite some issues with absenteeism, behaviour, motivation and hesitation to learn English.31

28 Ibid. The Catholic Education Board of Management undertook a survey of Catholic schools in 2019 which revealed that they had the capacity to potentially accommodate 2,000 pupils in their 70 schools spread across the country. The survey also found that the demand for admissions was mainly for primary school places and rarely for secondary education.

29 Living Water Community, ‘Parents/Children Feedback Survey and COVID-19 Check-In – Summary Report’ (unpublished), LWC, Port of Spain, May 2020. These were online surveys from the LWC database of CFS beneficiaries; 258 parents and 265 children (5-17 years) completed the questionnaire. Parental assistance cannot be discounted for the children’s survey.


Online home schooling has the potential to considerably reduce the impact of school closure on migrant children. However, there are caveats. Firstly, there is the issue of access; despite the increased coverage, the Equal Place online programme was accessed by around 65 per cent of all the children attending CFS. This issue is also apparent at the national level; in May 2020, it was reported that 60,000 students in the country, around one third of the school population, were unable to participate effectively due to access issues. Secondly, there are technical limitations relating to the capacity to download/upload large data packages of learning content if there is more than one school-age child in the household. Thirdly, access does not guarantee usage since students, especially younger ones, may have difficulty adapting to the new technology (especially if...

Note: Graphs a and c were multiple response, and graph b excludes non-responses.

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laptops are not available) or may not be ready to spend a longer time studying on their own. The LWC survey gives some indication of significant home schooling taking place; few children are missing learning activities, and few appear to be using their WiFi for educational purposes (see Figure 2). Additionally, by its nature, Equal Place cannot provide online education to preschool children, and hence limits their engagement with teachers and peers during school closure. The overarching implication is that COVID-19 has had a significant impact on the education of many migrant children of all ages.

Schools are scheduled to re-open in September 2020, and this will enable children to resume face-to-face education, start socialising with their classmates and considerably reduce their time spent at home. At the same time, the recent relaxation of the lockdown will enable children to resume socialising with their friends and take part in recreational activities. These changes mean that currently, the emphasis should be given to planning for the re-opening of CFS in September.

**Priority measures**

The analysis indicates that measures to enable migrant children to access education and mitigate the impact of school disruption are already in place, and the priorities in the coming months are to:

- Ensure that migrant children aged 0–5 years, including differently abled, have access to quality childcare, health, nutrition, protection and early learning opportunities at home to address their developmental needs and develop school readiness.
- Strengthen the CFS programmes by means of enhanced effectiveness of Equal Place through increased online access, implementation of the national curriculum with an emphasis on English as a second language, and provision of quality education for making the transition to the national education system.
- Support parental involvement in children’s education and development through the dissemination – online and by hand – of guidance notes to increase usage of available online learning opportunities. Guidance should also be provided to parents about early learning activities for pre-school children.
- Increase opportunities for recreational, cultural and social activities for migrant children, particularly during the summer holidays.
- Work with the government and partners to actively plan for the safe re-opening of schools and CFS based on the ‘Framework for Re-opening Schools’ issued by the Ministry of Education and UNICEF with emphasis on: (i) special measures for those children who were unable to benefit from the Equal Place online programme during the lockdown; (ii) blending of school time and online learning; and (iii) heightening psychosocial support services (PSS) to address any mental health and child abuse issues potentially experienced by children during school closure.
- Identify migrant children not accessing education services, through CFS enrolment and communication campaigns, to expand the reach of existing services to ensure that every child attends an education programme.
- Work with the government and other stakeholders to provide adolescent boys and girls with opportunities and educational trajectories that will

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allow them to develop the skills and competencies they need to function effectively in the 21st century. The trajectories include, but are not limited to, secondary education, technical and vocational training and apprenticeships.

- Support the government to implement the recommendations of the Joint Select Committee report and continue the efforts to secure sustainable access for migrant children to accredited education and mainstream denominational schools.

3.2 Rising unemployment

Prior to COVID-19

Following the completion of the government’s registration exercise in mid-2019, registration cards were issued to migrants, allowing temporary legal employment until the end of 2020. In mid-2019, 61 per cent of adult migrants were employed and one third were unemployed. Over 80 per cent were no longer working in the sectors in which they were employed prior to departure from Venezuela. Income generation and employment were the priority needs according to migrants.35

Over half of the migrants were employed in the construction sector. Migrant employment is also characterized by a high level (60 per cent) of informal sector jobs. While this indicates a reduction from the 2018 survey (undertaken prior to the government registration of migrants), which found that 90 per cent were employed informally, it is twice the value estimated (26–33 per cent) for the country as a whole.36

One third of working migrants stated that they were being paid less than the official Trinidad and Tobago minimum wage. The insecure financial situation of migrant households is underscored by the observation that “many refugee children do not come to school regularly” and “some parents needed their child to contribute to the family’s income instead”.37 Issues of exploitation and intimidation at work have also been reported.38 Reporting of these issues to the authorities is low, at less than 40 cases in the last four years, due to the lack of knowledge of reporting procedures and “fear of incarceration or deportation due to migrants’ irregular immigration status”.39 The overall picture of the migrant employment situation is one of high unemployment, low-paid and insecure jobs, and discrimination.

Impact of COVID-19

Recent estimates suggest that the business closures resulting from the lockdown could lead to a reduction in total employment of 28 per cent in Trinidad and Tobago, while the unemployment rate will increase from 3 to 30 per cent.40 When the same methodology is applied to

37 Maharaj-Landaeta, Sunita, ‘The Educational Experiences of Teachers’.
39 Government of Trinidad and Tobago, ‘Inquiry into the Treatment of Migrants’.
The Impact of COVID-19 on Migrant Children in Trinidad and Tobago

The migrant labour force, the estimated unemployment rate rises from 33 per cent to 52 per cent, an increase of more than 50 per cent (Figure 3).

**Figure 3. Estimated unemployment rates, pre- and post-COVID-19**

![Graph showing estimated unemployment rates before and after COVID-19](image)


The increase in unemployment due to COVID-19 is also shown in Figure 4, which compares the expressed priority needs of migrants before and after the advent of COVID-19. The economic situation perceived by the migrants deteriorated from mid-2019 to April 2020. In 2020, over 80 per cent of responses related to income issues (related to food, paying for accommodation and employment/cash). This was double the 2019 proportion of 38 per cent.41

**Figure 4: Priority needs of migrants, pre- and post-COVID-19**

![Graph showing priority needs of migrants before and after COVID-19](image)

*Note: Percentages relate to needs/priorities mentioned by respondents to multiple choice questions.*


Further corroboration of the adverse impact of the crisis on migrants is provided by the LWC survey, which found that over half of migrants had been severely impacted by the crisis, and one in three had been somewhat affected.42

Moreover, within one month of UNHCR-LWC opening additional hotlines for migrants, 3,000 requests for basic needs assistance (food and cash) had been received from POCs.43 These findings are reinforced by testimonies from migrants such as “this pandemic has affected my position at work, sales have decreased and my salary with it as well” and “I cannot work because my place of work is closed, I do not have money, food, nor a way to subsidise basic spending such as rent, medicine and food”.

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41 The information is drawn from two surveys using different methodologies.


Due to rising unemployment and reduced incomes, many families in Trinidad and Tobago will be experiencing the negative impacts of increased family tensions along with a deterioration in their nutrition. To an extent, these effects will be mitigated by measures introduced by the government to reduce the impact. Measures include subsidies to employers to retain workers on their payroll, a salary-relief grant, paid days for parents having to stop work to look after children who are not able to go to school, the extension of food card and social services grants, and other economic and fiscal measures.44

However, except in rare cases, migrants will not be eligible for these programmes and will thus be at greater risk from the economic and social consequences of unemployment. They will also be worse affected due to: (i) their uncertain residential status; (ii) their precarious and sometimes exploitative employment situation; (iii) the risk of eviction from being unable to pay their rent; and (iv) marginalization and discrimination.

In response, UNHCR, LWC and other partners45 have introduced the following initiatives to reduce the impact of higher unemployment on migrants: (i) boosting available hotlines; (ii) expanding the existing programme of cash-based interventions (CBI) for the most affected families; and (iii) providing food assistance in communities where demand is highest. As of April 2020, 215 applications for CBI had been approved and around 200 families were benefiting from food assistance. At the institutional level, the United Nations Development Programme (UNDP) and UNHCR are in discussions with the Ministry of Social Development and Family Services, advocating for the inclusion of refugees and asylum-seekers in the government’s food assistance programme.46

The severity of the impacts on the population in general, and on migrants in particular, resulting from the increase in unemployment will depend primarily on the strength of the economic recovery as the lockdown is being relaxed and businesses re-open. From late June 2020, the majority of restrictions on working have been removed, thereby enabling the economic recovery to begin.47 Other measures remain, such as social distancing, limitations on gatherings and the border closures.

How rapidly the economy will recover will depend on a number of factors. On the one hand, Trinidad and Tobago is less dependent on tourism than other Caribbean countries48 and hence, less susceptible to the longer-term effects of low tourist numbers. On the other hand, the country will be impacted by the collapse in oil prices, which has already led to a projected revenue loss of TT$4.5 billion for the first quarter of 2020, equivalent to around 15 per cent of its annual budget.49 With further losses in coming months possible, the government’s ability to maintain increased spending levels and restart the economy may be constrained. Much will therefore depend on: (i) implementation of the government’s ‘Roadmap to Recovery’ plan; (ii) the extent to which unemployment resulting from the shut-down is not permanent; and (iii) the reduction in consumer spending.


46 Ibid.

47 Office of the Prime Minister, Republic of Trinidad and Tobago, ‘Prime Minister’s Media Conference – Saturday 20th June, 2020’.


in the coming months due to the decrease in incomes during the lockdown period.

The Government envisions the construction sector as one of the cornerstones of its recovery plan, with the urgent restart of current state construction projects worth TT$3.2 billion, and TT$600 million allocated to expedite ‘shovel-ready’ private sector projects. This measure will benefit migrants as the sector accounts for around half of migrant employment. However, it may take longer for them to regain employment due to their nationality, especially when they are competing against newly unemployed Trinidadians.

In summary, the already precarious situation of migrants and their children in Trinidad and Tobago is being worsened by the unemployment impacts of the lockdown, due to migrant ineligibility for government relief programmes, and the likelihood that it will take longer for them to regain the pre-COVID-19 levels of employment and incomes. At the same time, the outlook is not entirely negative as, prior to COVID-19, unemployment in Trinidad and Tobago was low (less than 5 per cent) and the majority of migrants had found work. Both these factors indicate that migrants will gradually regain employment.

Priority measures
Arising from the preceding analysis, the following actions merit the highest priority:

• Target existing partner-funded social assistance programmes to provide cash interventions and food aid to families with young children, and the most severely affected migrants.
• Intensify efforts to enable migrant families with children to be covered by government social protection programmes and to extend their permission to work legally beyond the end of 2020.
• Support the Joint Select Committee’s proposals for increasing the reporting by migrants of breaches of labour legislation thereby increasing their protection from discriminatory and exploitative practices in the labour market.
• Promote the training for migrants to help them acquire skills and become eligible for employment in aid-funded migrant-assistance interventions.

3.3 Mental health and safety

Pre-COVID-19
Migrant children are at a heightened risk of abuse, neglect, violence, exploitation and psychological distress due to disruptions in family and community connections, challenges in accessing education, limited opportunities for play and socialisation, and lack of support services. Many struggle with adapting to a new living environment, language and culture differences, and have concerns about the safety and fear of deportation.

Venezuelan migrant women and girls are fearful of being detained by immigration officials or police officers, with many feeling unsafe inside and outside their homes due to worries about detention, deportation and physical and sexual assaults. In all, 83 per cent of migrants reported depression among some family members, including their children. In 2019, over one fifth of migrants indicated that their most pressing needs related to concerns about residential status and safety. Examples of discrimination and some instances of physical and sexual violence have also been reported, while CFS facilitators commented on migrant children’s insecurity due to harassment and xenophobia, rootlessness and uncertainty from frequent changes in their accommodation.

50 Government of Trinidad and Tobago, ‘Road Map for Trinidad and Tobago Post-COVID-19 Pandemic’, Port of Spain, July 2020.
53 Maharaj-Landaeta, Sunita, ‘The Educational Experiences of Teachers’.
Of great concern is the over 100 unaccompanied/separated POC children, who are extremely vulnerable. More than 70 per cent of them are female and aged between 15 and 17. Often having to fend for themselves, some of these girls engage in commercial or transactional sex and other hazardous work. Some are likely to have been smuggled or trafficked. Between 2018 and 2020, there were four reported cases of potential trafficking of migrant children and 10 other cases of potential sexual exploitation. As with the cases of labour market exploitation, reporting of the sexual exploitation of migrant children is likely to be low due to lack of knowledge of reporting procedures, and fear of possible consequences.

To address these needs, UNICEF, UNHCR, the United Nations Population Fund (UNFPA) and the International Organization for Migration (IOM), along with national child protection authorities and local partners, have been working collectively to address the child protection needs of migrant children and adolescents. Ongoing actions include strengthening referral pathways for child protection and gender-based violence (GBV); the provision of PSS to children and families through existing social services and community-based protection mechanisms; developing systems to support unaccompanied, separated and trafficked children; establishing standards for the prevention of sexual abuse and exploitation; and strengthening inter-agency coordination. A rapid assessment of PSS services delivered suggests that boys and girls of school age have been using PSS services in parity, while for adolescents there is a higher demand for services from girls than from boys. The increased demand from adolescent girls is related to socio-emotional development and sexual and reproductive health needs.

To mitigate child protection risks and support children’s access to inter-sectoral programming, 10 CFS were established by local partners with UNICEF support and another 8 by other organizations in highly populated communities in Trinidad between 2018 and 2019. The CFS provide children with a safe space for play, socialisation and learning, with access to education, child protection, life-saving messages, and social integration to reduce children’s risk of violence, neglect and exploitation. In these spaces, children have access to psychosocial support and are given the opportunity to restore their normal development, reduce harmful levels of stress, learn and share positive coping strategies in a supportive environment with peers, and learn valuable information about personal safety.

Through partnership with ChildLine, LWC and other partners, mobile counselling services are also provided to migrants and host communities in rural areas, as well as counselling services to children and caregivers needing emotional support and guidance on life saving skills and protective practices. As of July 2020, 2,735 girls and boys had received psychosocial support, including access to CFS with inter-sectoral programming interventions, and more than 1,500 children benefited from programmes to enhance their personal safety. Over 100 national actors have been trained in providing PSS to migrant children and their families. About 9,000 migrants have been reached with messages on how to access and use child protection services, and 400 people in host communities had attended dialogues and workshops designed to prevent xenophobia.

**Impact of COVID-19**

Due to COVID-19, the confinement, closure of CFS and schools, loss of income, isolation and fear of the disease are likely to have led to an increase in levels of anxiety and stress for families and their children. Family tensions can be heightened as parents and children struggle to adapt to school closures, restrictions on movement and unemployment; and sharply reduced income can lead to increased neglect, abuse and violence. Simultaneously,
restrictions of movement and the closure of safe spaces limit children’s ability to report and seek help.

Heightened family tensions due to COVID-19 can take several forms (Table 2). While these could well have existed before the virus, all are likely to have been accentuated by its impacts. And all have the potential to seriously affect the mental and physical health of children, particularly the heightened risks to children of physical abuse and domestic violence.

There is no information on the incidence of these behaviours involving migrant households, however the number of domestic violence cases reported nationally was five times higher in March 2020 than it had been a year earlier.56

Table 2. Family tensions – causes and effects

<table>
<thead>
<tr>
<th>Type</th>
<th>Causes</th>
<th>Potential effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child to parent</td>
<td>Frustration at having to stay indoors. Not seeing friends and being unable to play outside the house</td>
<td>Anger and verbal abuse directed at children</td>
</tr>
<tr>
<td></td>
<td>Lack of understanding of why this is happening (especially younger children)</td>
<td>Physical disciplining of children</td>
</tr>
<tr>
<td></td>
<td>Uncooperative behaviour and arguing with parents</td>
<td>Violence against children</td>
</tr>
<tr>
<td>Parent to child</td>
<td>Loss of patience caused by child behaviour</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Difficulty in adapting to being at home, supporting online learning and managing other competing demands</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Frustration and anxiety caused by decrease in family incomes, having to find food and pay rent</td>
<td></td>
</tr>
<tr>
<td>Parent to parent</td>
<td>Stress due to more time at home together</td>
<td>Domestic violence witnessed by children with consequent negative impacts</td>
</tr>
<tr>
<td></td>
<td>Loss of self-esteem due to unemployment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reduced incomes and fear of uncertainty</td>
<td></td>
</tr>
<tr>
<td>Parental absence</td>
<td>Unattended children left at home as the parent leaves to work or search for employment</td>
<td></td>
</tr>
<tr>
<td>(after relaxation of lockdown)</td>
<td>Older children having to care for younger siblings</td>
<td>Child neglect</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lack of control over online time thereby reducing learning and increasing vulnerability to online predators</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Delinquent behaviour</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Absence from school</td>
</tr>
</tbody>
</table>

Source: UNICEF.

While these impacts have the potential to affect children throughout the country, those in migrant households are likely to be at greater risk due to: (i) their uncertain residential status; (ii) existing and potentially increasing discrimination and xenophobia; (iii) the already precarious nature of their parent's employment; (iv) their exclusion from national income support and social assistance programmes; and (v) increased risks associated with irregular entry due to border closures and reduced possibility of returning home. Overall, around half of the migrant families had been severely affected by the pandemic according to the LWC survey.57 National child protection services were identified as an essential service during the COVID-19 response and remained accessible to both local and migrant populations. Social and child protection services adapted their approaches by adopting remote case management, facilitating helplines and changing the way they responded to women and children experiencing violence. In addition to disseminating messages in Spanish, they promoted UNICEF guidelines and provided advice to parents on how to keep their children safe.58

Priority measures
Taken together, the risk factors underscore the need to further strengthen current child protection initiatives targeted at migrant children in terms of both their effectiveness and their coverage. This can be accomplished through the following priority actions, in alignment with the prevention and response strategies to keep children safe and protected from violence during COVID-19, published by the Alliance for Child Protection in Humanitarian Action.59

- Strengthen national and community-based child protection systems, including remote case management, safe identification and referral mechanisms for victims of GBV and unaccompanied asylum-seeking children, and PSS responses and online protection.
- Scale up access and availability of PSS, including bilingual helplines, remote counselling and peer-to-peer support.
- Continue dissemination of messages and guidance about child safety, GBV and protection against sexual exploitation and abuse to the migrant population to prevent the increase of child mental health issues and physical abuse.
- Strengthen monitoring of counselling and helpline services to identify incidences of child neglect, abuse and domestic violence in migrant households with children.
- Promote integration and tolerance to reduce xenophobia through the continuance of outreach programmes to host communities.
- Train and recruit additional suitably qualified migrants to join the implementing teams of the child protection programmes.

3.4 Risks to child nutrition and health

Pre-COVID-19
Since 2018, when UNICEF, LWC and the Family Planning Association of Trinidad and Tobago (FPATT) started monitoring the nutritional status of child POCs, no cases of severe or moderate malnutrition were identified.60 Around 300 migrant children under five years of age have been screened for nutritional deficiencies.61 However around one quarter of migrants were not eating three times a day62 and parents have concerns relating to the quality of the food they can access (they

particularly mentioned having insufficient quantities of fruit and vegetables).\textsuperscript{63} Some TLC students mentioned they “look forward to coming to school because they won’t go hungry”.\textsuperscript{64} Based on this evidence, it is possible that ongoing programmes are not comprehensive and may thus not fully reflect the overall situation.

In Trinidad and Tobago, access to primary health care, including support for infant and young child feeding, and growth monitoring and immunization for children under five years is granted to all. Yet there is limited access to these services for refugees, migrants and other non-national groups due to such issues as lack of knowledge of where to go, long waiting times, being denied services and quality of customer assistance.\textsuperscript{65} These challenges are of greatest concern to those with chronic health conditions, pregnant women and young children.

In 2018, over 60 per cent of migrants indicated that they had needed health care since arriving in Trinidad and Tobago, and 15 per cent had chronic conditions; over 80 per cent were not accessing reproductive or sexual health services and 44 per cent of pregnant women were not receiving pre-natal services. Among the priority needs of migrants, health care was the most important after employment.\textsuperscript{66} In 2018, over two thirds of under-fives were unable to obtain vaccinations.\textsuperscript{67}

LWC and FPATT offer infant and young child feeding counselling to promote and support adequate feeding practices. Pregnant women and those requiring nutrition-related interventions are referred to other agencies for further counselling and support. Since the COVID-19 outbreak, FPATT has boosted the online capacity of their hotlines to compensate for the elimination of face-to-face services.\textsuperscript{68} At the same time, the Ministry of Health has provided direct support to health care and vaccination programmes to children in CFS. Overall, issues related to child health are related more to transportation and language barriers in accessing community health centres, and less to institutional barriers to access.

Impact of COVID-19

Child nutrition will be adversely impacted by COVID-19 in two ways: (i) discontinuation of school feeding programmes due to school and CFS closures; and (ii) unemployment and reduced household incomes, which will make it harder for some parents to provide the food quality and quantity their children require. Providing food was identified as the most pressing need by over 40 per cent of migrants compared to 13 per cent in 2019 (Figure 4). These concerns are corroborated by UNHCR’s decision to provide food assistance to the neediest families\textsuperscript{69}.

The Ministry of Health is maintaining health services, including vaccination programmes, during the crisis. However, the ministry reported that demand was lower than normal due to the absence of public transport and the reluctance of parents to bring their children due to their fear of catching the virus. As lockdown restrictions are relaxed, it is expected that the availability of public transport will increase and the health care services will gradually return to normal for all children.\textsuperscript{70}

\textsuperscript{64} Maharaj-Landaeta, Sunita, ‘The Educational Experiences of Teachers’.
\textsuperscript{66} International Organisation for Migration, ‘Monitoring Migrants’ Presence – Round 2’.
\textsuperscript{68} As being done by FPATT through the introduction of a medical hotline staffed by trained volunteers from migrant communities. See United Nations Children’s Fund, ‘Humanitarian Performance Monitoring’, June 2020.
\textsuperscript{70} Ministry of Health, Government of Trinidad and Tobago, ‘Immunization Services in Trinidad and Tobago Since COVID-19’, Port of Spain, 2020.
Current data shows that COVID-19 has been contained in Trinidad and Tobago and therefore the virus infections have largely spared the migrant community, as with the overall population of the country. There is no information to indicate that the health situation of the migrant population has been adversely affected. On the other hand, it is likely that the nutritional status of migrant children has deteriorated due to the curtailment of existing school-based feeding programmes and parents affected by unemployment finding it increasingly difficult to provide for their children.

**Priority measures**

- Extend coverage of food support programmes targeting the neediest migrant households.
- Ensure that children who missed their vaccinations during the lockdown period are identified and immunized, and that screening programmes for nutritional deficiencies are re-established.
- Strengthen interventions to reduce barriers related to language and transportation so that migrant parents and children can access the health care services they require.

**4. Conclusions**

Child-specific impacts due to COVID-19 will result from disrupted education and rising family tensions as parents and relatives cope with increased childcare needs and reduced household incomes. Children will be at risk of psychosocial and emotional distress and could potentially become victims of physical abuse or witnesses to domestic violence.

While these impacts will affect all children in Trinidad and Tobago, migrant children will be at heightened risk. Even before the advent of COVID-19, the migrant community in Trinidad and Tobago was insecure due to their migration status, limited access to health care and education, high unemployment, low-paid and insecure jobs, discrimination and xenophobia. All these factors are likely to be exacerbated by the school closures, lockdown and increased unemployment resulting from government measures taken to curb the spread of the corona virus. Migrants and their children are also unlikely to benefit from the economic support and social assistance programmes introduced by the government to mitigate the impact of the virus.

The re-opening of schools and CFS and the return to work will alleviate matters. The extent of this improvement will depend largely on the pace and pattern of the economic recovery. If this is rapid, particularly for the construction sector upon which many migrants depend for their livelihoods, incomes of migrant households will improve. If it is slow, the situation of migrants and their children will further deteriorate.

Pre-COVID-19 interventions supported by UNICEF, local and development partners, and communities, particularly the CFS initiative, targeted the priority needs of migrant children in education, child protection and nutrition. These also reflected the paramount importance of increasing the dissemination of information through improved methods of communication. Efforts to support the integration of migrants into host communities and increase tolerance are also important.

The need for these interventions is expected to increase due to the current crisis and measures have already been undertaken to extend their effectiveness and coverage through substantial enhancement of online schooling, counselling and dissemination of information and advice. All these are consistent with the programme delivery strategies set out in the inter-agency ‘Regional Migration Response Plan’ and the UNICEF ‘ECA 2020 Action Plan’ for children on the move.

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71 Response for Venezuelans, ‘Refugee and Migrant Response Plan’.
In summary, the key messages arising from this analysis are as follows.

• Migrant children are already in a vulnerable situation which is being made worse by the impact of the COVID-19 pandemic.
• The effectiveness of existing programmes targeted at migrant children should be enhanced through increased coverage, improved sustainability, strengthened inter-agency co-ordination and continuous monitoring.
• Online approaches to the provision of education, child protection and health care services are the way forward, but efforts are needed to ensure that children are supported and able to access and use them.
• The implementation of procedures and protocols related to the planned re-opening of CFS in September should be prioritized, in alignment with national guidance and the UNICEF, United Nations Educational, Scientific and Cultural Organization (UNESCO), World Bank, World Food Programme and UNHCR framework for re-opening schools.73

• Concurrently, efforts should be intensified to support vulnerable families without access to national social assistance services.
• The government should be supported with the implementation of the recommendations contained in the Joint Select Committee report74 on migrant issues.

This is an opportune moment for all partners, including UNICEF and local and international organizations, to work with national authorities to strengthen the capacities, policies and programmes governing education, protection, nutrition and health for all children living in the country.


74 Government of Trinidad and Tobago, ‘Inquiry into the Treatment of Migrants’.
The views expressed within this publication are those of the authors and do not necessarily represent the views of UNICEF or USAID.