

CHILDREN OF MIGRATION

A Study of the Care Arrangements and Psycho-social Status of Children of Parents who have Migrated

EXECUTIVE SUMMARY

May 2003

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The study was carried out with the support of the Ministry for Education, Mrs Mennen Walker Briggs (School Supervisor iii) and the Principal and teachers of the secondary school involved in the study. Particular appreciation is extended to the pupils of the school and their families. Ms Hermes Jacobs was employed as a Research Assistant for part of the study and Ms Krysta Lackpatsingh assisted in carrying out interviews. The project was funded by a Research and Publication Grant from the University of the West Indies, St. Augustine Campus.

Key Words

Attachment: A close and enduring relationship between a child and another person which meets the child's emotional needs (love, connectedness, sense of belonging, identity) and through which the child receives care and nurture

Child: In line with the UN Convention on the Rights of the Child the definition used is a person who is under the age of 18 years. However the study was limited to secondary school age children i.e. 12-16 years

Migration: Indicates movement across geographical borders usually for work. The term suggests impermanence and flow back and forth. While many people who migrate for employment do return to their country of origin, others do not. In actuality the migrant worker often remains in another country and returns only occasionally or sometimes not at all. The migratory period may span years, the duration of a person's working life or even, their lifetime. Nevertheless 'migration' is used rather than 'emigration' which means permanent relocation to another country, this is because 'temporaryness' is an important and enduring psychological concept among people who migrate.

Parent: Signifies the person or persons the child has a primary attachment to; this may or **may not** be a biological parent.

Psychosocial Refers to the interconnections between psychological aspects of human behaviour and social context and circumstances.

Surrogate care-giver: The person the child lives with and who fulfils the functions of care and control for the child

BACKGROUND

Understanding the source and nature of emotional problems in children and being able to postulate the relationships between abstract variables such as self esteem and childhood experience are important, though difficult areas for social work research. Research such as this has particular value where it seeks to influence policy concerned with social

problems in the Caribbean, for example, the increasing prevalence of behavioural and emotional disorders among school children in Trinidad and Tobago. Typical *externalised* manifestations of behavioural problems in schools include indiscipline, violence, oppositional-defiant behaviours and violations of adult authority. These problems are widespread in many contemporary societies and are important areas for research however they are often symptomatic of underlying social and emotional issues that may receive relatively little attention. This study arises out of a concern about the behaviour of school age children; the locus of attention here though, is on a specific source of distress among children – separation and loss as a consequence of parental migration, and the extent to which emotional difficulties arising from this contribute to other problems. Of importance, in the context of a rapidly changing world, the study directs the gaze not only to the child, the family or indeed the State, but also to the global stage on which issues such as migration and parental movement across and between geographical borders and the effects on family life are played out.

The study arose out of a growing recognition that the children of parents who have migrated represented a disproportionate number of the referrals to the Child Guidance Clinic, Department of Psychiatry. Indeed, children in this category currently represent the largest number of children seen within the clinic. These children referred in the main by schools, present with symptoms of depression, emotional problems and behavioural difficulties such as persistent fighting. It is widely accepted that multiple factors contribute to the development of emotional and behavioural problems among children and isolating parental migration as a specific topic of investigation presents considerable methodological challenges. Furthermore, in delineating contributing factors one runs the risk of underplaying the complex nature of variables involved and of providing incomplete explanations about the combined interactive effects of such factors. Nevertheless, current trends of economic migration, which include the active recruitment of workers from the Caribbean to offset labour shortages in the welfare, health, domestic and service sectors in countries such as England suggest that a study such as this, that examines the implications of parental migration for children, is timely and necessary.

LITERATURE REVIEW

Global and intra-regional migration from and within the Caribbean dates back to 1791 when political exiles from Haiti resettled in Cuba (Duany, 2001) and the study of this social phenomena is well documented. In fact, the literature is replete with discourse and discussion on the many facets of migration: the causes and sources of migrant streams; the socio-economic effects; the impact on culture, identity, ethnicity, language, the arts and religion; the effects on age and skill distribution within societies; the ways that migration patterns have shaped and been influenced by gender roles, the impact on political and social institutions and the significance of these issues both for host countries and countries of origin. The literature on migration - both in the social sciences and in psychiatry has focused on the migrants and their move to new countries and occasionally on those who return home. There are also a small, but significant number of studies on children's experiences of migration. For example, there is some work on the phenomena of re-union, (Granville da Costa, 1985, Elaine Arnold, 1997) describing how the children

and parents re- unite and re-establish affectional bonds. However, little is written about the children who are left behind, how they fare during the time of separation, or indeed on the persons who take on the surrogate parent role. Furthermore we have not been able to find any published studies on issues of separation and loss as a consequence of parental migration from the perspective of children themselves.

Immigration is only one of the issues that will contribute to separation of parent, particularly mother, from child. The sociocultural context of many Caribbean families suggests that separation of father from child is also a significant issue for many of our children. In the Caribbean families of the African Diaspora, family life is characterised by diffuse mating and child rearing patterns. There is a considerable body of research work on the issue of family formation and what the sociological literature calls 'child-shifting'. The early anthropological work of Clarke (1966) speaks of frequently terminated common-law unions, absent fathers, grand-mother dominated households and situations in which children are placed in the care of relatives because of parental migration or entry into a new union. Later Chevannes (1993) has suggested the Afro-Caribbean family relationships move from structurally unstable to the structurally stable over the life course, and that the concept of family is neither residence nor domestic economy but rather consanguinity -or as they say, "blood". The psychological and mental health implications of complex family structures are even more difficult to evaluate when we examine child rearing, attachment and separation issues. One pertinent way of examining the issue of family structure is to ask the question "with whom does the child live?" It places the view of the family structure in the context of the child's relationship with the adults and other household members.

The mental health of children and adolescents and indeed of adults as well is impacted negatively by separation from and loss of a loved one. The association -"- between loss and depression is well known. In the Caribbean issues around separation and loss seem central to much of child and adolescent psychopathology and a related array of psychosocial conditions that present for clinical intervention. In a study of African American children Kellman et al. (1977) found that children living in mother and father families were at the lowest risk of psychological maladaptation and that children living with mother/grandmother did almost as well. Children living with mother alone were at highest risk and these rates were not significantly different for children living with mother and stepfather. To qualify, this was an urban inner city USA study of African American families so that 'mother alone' families represented a single parent who was frequently without a network of support. She was without a support system on which she could rely for emergency child care, baby minding financial help, or another adult with whom to communicate etc.

The mental health issues related to attachment, separation and loss are central to much of the psychopathology that may be associated with the specifics of Caribbean family forms. The enduring early emotional bonds have a significant impact on adjustment later on. Rutter et al. write, ' It seems quite clear that attachment qualities in relationships are evident throughout life. This is shown by the consistent evidence that close relationships are psychologically supportive to all ages and that these losses constitute a severe stressor

from infancy onward' (Rutter & Rutter, 1992). The structural instability alluded to frequently places children in situations in which they may experience serial losses of attachment figures. What we call 'serial parenting' children in these situations are sad, at risk of depression, may succumb to aggressive impulses, have low self-esteem. These clinical manifestations are affected by the child's age, gender, temperament, personality and the influence of other psychosocial events. Children moved from one caregiver to another are at great risk of impaired mental health. Their basis for forming relationships with others is patterned on the experience in the parent-child dyad "this person will leave me and not come back".

The treatment of children as communal 'property' perhaps originated under the conditions of slavery as an adaptation to coping with deliberate separation of family members. Family members were separated from one another - parent from child, siblings from each other. This experience may continue as a psychological remnant from that time. Significantly several Caribbean sociologists including Russell-Brown (1997) and Massiah (1982) note that Afro-Caribbean family forms, particularly in the lower social classes, have been remarkably unchanged in the 150 years since emancipation. Unlike other areas of the society which have been clearly influenced and transformed by the economic, social and political changes of the passing years. 35% of households in the region are headed by females; in some individual countries it may approach 50%. There may be powerful reasons why the status quo has been maintained, over the years. Women of the Diaspora have used kinship networks in their survival strategies and in their struggle for autonomy and financial independence. Informal fostering or adoption of children by members of the kinship network is one of the strategies used by women, often women in poverty. Russell-Brown in her study of "child shifting" in teenage Barbadian mothers writes 'it is an option that provides the necessary breathing space for a teen mother who has been prematurely thrust into the parenting role' (Russell-Brown, 1997). Senior in her study of women's lives in the Caribbean writes of some of the reasons for children being 'shifted'.

A childless woman might wish to mother a child and 'borrows a child from some one else. Children are sent to be companions of ageing grandparents. Children unwanted at home because of a new step- father might be sent away to live with a grandmother, an aunt or father's relatives... (Senior, 1991).

The majority of the studies on family formation and structure and on the reasons for separation of child from parent have focused on the parental reasons and choices and on the sociological correlates. Little has been written about the children in these contexts. In the main, the studies have not explored the psychological issues of the parent or the child. It is interesting to go back historically and look at the situations in the pre- emancipation era. Since the records of slavery were usually the records of the slave master, not surprisingly most of the records are of numbers and costs and changes of ownership and so on. However within the enslaved, there were the affective issues that will have required, nay demanded psychological mechanisms of defence for survival. Perhaps as we seek to understand the psychosocial and socio-cultural roots of some behaviours we need specifically to address the affective issues that accompany them.

A rare insight in to this area is afforded us by the words of Mary Prince an Afro-Caribbean slave woman. Born in Bermuda about 1788, she was sold to the Turks and Caicos Islands and then carried to Antigua and finally Britain before being freed. Her words as she describes at 12 years old being sold from the home of her early childhood, separating her from her mother, her siblings and even from the mistress whose husband owned them.

Whilst she was putting on us the new osnaburgs in which we were to be sold, she said in a sorrowful voice, (I shall never forget it) 'see I am shrouding my poor children; what a task for a mother!

She describes the market place where her mother lines herself and her sisters up along a wall... .

My heart throbbed with grief and terror so violently that I pressed my hands quite tightly across my breast, but I could not keep it still, and it continued to leap as though it would burst out of my body. But who cared for that? Did one of the many bystanders, who were looking at us so carelessly think of the pain that wrung the hearts of the negro woman and her young ones...when the sale was over my mother hugged and kissed us and mourned over us, begging us to keep a good hear:!! and do our duty to our new masters. It was a sad parting one went one way, one another and our poor mammy went home with nothing.

As we note the anguish, the mother's longing and sadness and pain, the child's fear anxiety and sadness is it really any different for us now when we lose a loved one or are separated from our love. Not long after this separation at age, 13 or 14 Mary describes herself thus "*Life was very weak in me, and I wished more than ever to die*"

THE STUDY

Aims:

The aims of the study were two-fold. Firstly the study aimed to investigate the psychosocial status of children whose parents had migrated and secondly, to explore the surrogate care arrangements for these children.

Methods

Research Framework - In designing the study, the authors sought to advance child-centred research methodologies, which they define as: research that

- Utilises methods that are easy for children to understand and meaningfully participate in
- Acknowledges that children's insights are important in generating knowledge
- Recognises the importance of children's rights of expression (Article 12, UN Convention on the Rights of the Child)
- Represents a shift *away* from the objectification of children and regards them as active subjects within the research process
- Utilizes research findings to address children's voicelessness

This approach (or collection of approaches, since the term does not refer to a single method) is one that has increasing currency both regionally and internationally for studies that seek to enhance understanding of children's experiences. The International Labour Organisation, in their report of research into the worst forms of child labour state that such approaches are based on the recognition that

..although adults' perceptions are not devalued, the adults themselves are no longer considered to be the sole authorities on children's lives(International Labour Organisation, 2002, p63).

This was primarily a qualitative study to investigate the meanings that children attributed to their experience of separation from parents. Within the study quantitative methods were also used - to determine the existence and extent of depression indicators among children and these issues were further explored through interviews. Three methods were employed:

1. A research and clinical assessment tool; the 'Children's Depression Inventory' (CDI) which is a self-rated symptom orientated scale designed for children and adolescents
2. Structured in-depth interviews with children
3. Structured in-depth interviews with caregivers

The CDI was developed in 1977 by Dr. Maria Kovacs, a clinician with extensive experience of working with children with depressive disorders. The instrument has been utilised extensively in published research studies and has acceptable test-retest reliability

and validity. The CDI represents a downward extension of the Beck Depression Inventory correlates (Kovacs 1992). Although this instrument has not been standardised for the Trinidad and Tobago population, it has tested positively for cultural relevance and reliability within a Caribbean population. It has also been widely used with many nationalities and translated into many languages. It is the most widely used and best studied scale for juvenile depression, its correlates and associated factors, and its psychometric properties are strong (Myers and Winters, 2002). The CDI quantifies five sets (factor scales) of depressive symptoms: negative mood, interpersonal problems, ineffectiveness, anhedonia and negative self-esteem, it is sensitive to severity and chronological change and its ease of use by children is reflected in its simplicity, the use of language and the low reading level required for its completion (Multi-Health Systems Inc., 2001).

The study was sited in a secondary school considered representative in terms of the socio-economic and ethnic make-up of the general population. Two groups of children aged 13-16 years were selected for the study: The index sample comprised of children who had a parent/s living abroad purposively selected and the control group were children selected randomly (using the random numbers table) who did not have any parent living abroad. Out of the initial sample size of 400, that is, 200 from each sample group, 74 children (index) and 72 (control) and their caregivers responded positively to the invitation to participate. A total of 146 children took part. The ‘ Children's Depression Inventory’ was administered across this population, the children were not separated for the CDI tests; as a result they were not aware of the different groupings.

The data were analyzed using the SPSS program for Windows 9.0 (SPSS, Inc., Chicago, IL, USA). Anova was used to examine within and between group variables and to investigate differences in relation to age, gender and ethnicity. Further purposive sampling from the index sample identified 24 children with CDI *T* scores of >55 indicating the definite presence of depressive symptoms. Further investigation of these children's problems took the form of in-depth structured interviews. The caregivers of these children were also interviewed. Interviews typically lasted 1 to 1.5 hours and were based on a questionnaire designed to elicit conceptual and perceptual data as well as feelings and factual information. The interviews required the researchers to immerse themselves in the process. This speaks not only to reflexivity in research but also to an important ethical consideration – that children with signs of distress or presenting symptoms of depressive disorders should receive professional help. The interviews were therefore carried out by practitioners with skills in communication, observation, assessment and counselling. One of the authors is a Consultant Child Psychiatrist in a Child Guidance Clinic and arrangements were made for the follow up by the clinic of any children in need of professional help. It should be noted that within the control sample, only three children presented with CDI scores that suggested the presence of symptoms. These children were offered appointments at the Child Guidance Clinic. The interview results were subject to thematic analysis involving open coding and axial coding enabling deeper probing into meanings, significance, consequences, patterns and differences.

In the use of the CDI it was recognised that false positives as well as false negatives could be reported, however clinical experience of the instrument suggests that false negatives are more likely than false positives. These problems were minimised by using a methodology that combined the information from the CDI with that from the interview.

RESULTS

Two hundred children out of a school population of 1,900 (10.5%) were known to have a parent or parents who had migrated. Children separated from parents because of migration scored significantly higher scores across all factors and across the categories of age, ethnicity and gender than those from the control sample (see table). While most scores in the both samples were average or below average (for normative studies i.e. <50) (this neither indicates the presence of depression nor does it indicate its absence) a greater number of children from the index group had scores that suggested the presence of emotional or behavioural problems (31 = 42% *vs.* 18 = 25%). The greater prevalence within the index sample of depression indicators was a pattern reflected over the spread of scores. For example at the higher end of the scale in which more serious levels of depression are indicated (e.g. interpersonal difficulties affecting schooling and expressions of suicidal ideation) children in the index group outnumbered the control group by 3.3:1 (*T*-Scores > 60; 10 = 13.5% *vs.* 3 = 4%). Differences were found in relation to gender and ethnicity in both samples (see table 1.)

Table 1.

Characteristics of study populations

Variable	Index		Control	
	<i>n</i>	%	<i>n</i>	%
<i>n</i> %	74	100	72	100
Age 12-13	42	56.7	40	55.5
Age 14-15	31	42	29	40.3
Age 16	1	1.3	3	4.2
Female	35	47.3	34	47.2
Male	39	52.7	38	52.8
African	37	50	24	33.3
Indian	8	10.8	19	26.4
Mixed	29	39.2	29	40.3
Total CDI <i>T Score</i>				
<49	43	58	54	75
50 - 59	21	28.4	15	20.8
60 – 69	5	6.8	2	2.8
70 – 79	4	5.4	1	1.4
>80	1	1.4	-	-

Gender

A significantly higher number of females (19%) than males (7%) rated themselves more depressed (*T*-Scores >55) in the index sample. This pattern was repeated in the control sample, where the figures were 7% and 2% respectively. In the overall sample, there were more males than females, 39 and 35 respectively in the index sample, while in the control sample there were 37 males and 35 females. Boys were more likely to have problems with interpersonal relationships and effectiveness while girls were more likely to experience negative mood and low self-esteem.

Ethnicity

Children were asked to describe their ethnicity and from their descriptions the following categories were identified: East Indian Trinidadian, African Trinidadian and ‘Mixed’ Trinidadian. (Children describing themselves as part Portuguese or part Spanish were included in the third category). In both samples equal numbers of children described themselves as mixed ($n=29$). More children of African descent had a parent or parents who had migrated than children of Indian descent (37 vs. 8); within the control sample the numbers were more even (24 vs. 19). Overall children of African descent with a parent abroad outnumbered children of Indian descent by 4.6:1 and consequently this affected the results in terms of the relationship of ethnicity to other CDI scores. Notwithstanding this, children of African origin scored more highly across all factors and across both samples than other children. For example, children of African descent with scores above 50 were 58% and 50 % respectively in the index and control sample, children of Indian descent, 3.2% and 27% and children of ‘mixed’ descent 51% and 22%.

Table 2. Ethnicity

Children Depression Inventory (CDI) *T-Scores* Index Sample

Variable	CDI <i>T-Scores</i>									
	<49		50-59		60-69		70+		Total	
	<i>n</i> (%) Ind. Ctrl	<i>n</i> (%) Ind. Ctrl	<i>n</i> (%) Ind. Ctrl	<i>n</i> (%) Ind. Ctrl	<i>n</i> (%) Ind. Ctrl	<i>n</i> (%) Ind. Ctrl	<i>n</i> (%) Ind. Ctrl	<i>n</i> (100%) Ind. Ctrl		
African	19 51.4	15 62.5	12 32.4	7 29.1	2 5.4	1 4.2	4 10.8	1 4.2	37 100	24 100
Indian	7 87.5	14 73.7	-	4 21.1	1 12.5	1 5.2	-	-	8 100	19 100
Mixed	17 58.6	25 86.2	9 31	4 13.8	2 6.9	-	1 3.5	-	29 100	29 100
Total										
Ind. $n =74$	43	54	21	15	5	2	5	1	74	72
Ctrl. $n =72$	58	75	28.4	20.8	6.8	2.8	6.8	1.4	100	100
%										

Interviews

Twenty-four children from the index sample presenting with high level CDI scores (indicating the presence of depression) were interviewed and follow-up interviews were also held with family members. This aspect of the study was an in-depth exploration of family life and the meanings ascribed to the experience of separation and loss from the perspectives of children.

Description of Households

The households in this study were varied in their composition and typically included: step-parent families; households which included parents, children and extended family members; single parent families; grandparent-headed families; families headed by related guardians; in one case a family headed by a non-related guardian and families headed by an older sibling. However the most common family form was grandparent-headed household and single parent families with step-parent families being the third most common family type. The data revealed these as changes to the original family structure

consequent to the migration of parents – changes that were often characterized by further changes, serial losses and serial parenting for the children.

More than half (14 = 58%) of the children had experienced separation from a parent prior to subsequent separation because of migration. The parents of nine children had separated, divorced or ended their relationships prior to the migration. Five children were parented by several different relatives, as a consequence of the imprisonment, hospitalisation and death of or neglect by the parent or guardian with whom the children were left. These phenomena assumed particular significance for two sibling families. In particular, one of these families experienced an extended history of multiple parenting, abuse and neglect, which had profound effects on all of the siblings.

Forms of Migration

Of the children interviewed, overwhelmingly it was their mother who was living abroad (18 = 75%) and in a small number of cases both father and mother were abroad. Where children had been left in the care of a father, in all except one case they were subsequently moved to other relatives (sometimes more than once) as the father had not been able to sustain caring for the child. In two of these cases children experienced very traumatic periods of care from their fathers. There were a number of children whose mothers had migrated and who had had little or no contact with their fathers. Three of the fathers had migrated before the births of their children and three during the children's early childhood. These children expressed their feelings about the migration of their mother as a form of rejection and abandonment and both fantasized about and mourned their fathers. Children whose fathers had migrated were left in the care of the mother. These children experienced continuity of care as they continued living with their mother, despite this they were significantly affected by the loss of the fathers.

The U.S.A and Canada were the countries to which the majority of parents had migrated (22 = 91.6%) with other parents reported as living within the Caribbean region.

While migration was always considered to be short term and children anticipated the early return of their parents, only in one case was a child aware when their parent was actually returning. The periods of migration ranged from two to fifteen years. One child was left with unrelated guardians at age six months. Of note, this child's surrogate father had also recently migrated. A seasonal migratory pattern was established in a small number of families – these children appeared to experience fewer problems adjusting to separation. The most frequently cited reason for the migration was to pursue employment opportunities. Other reasons were to “escape” difficult relationships and one parent had initially gone abroad to seek medical attention and had remained. The data revealed that most of the parents who lived abroad were employed in service industries.

Parental Support

In most cases (21 = 87.5%) regular and frequent contact was maintained between the parents and the children, as was the supply of financial and material support. Telephone calls and letter writing were the most popular media of contact. Of significance, two children were contacted twice in ten and sixteen years respectively and one child was not

contacted in thirteen years. These children also received no financial support from their parents. The study suggested that in these cases, the limited contact with their children in Trinidad and Tobago was related to the fact that these parents had remarried and started new families.

Parents had generally made care giving arrangements for their children usually with relatives and largely, these caregivers seemed to have provided adequate care to the children. As noted previously a number of the children (20%) were parented by several different relatives and experienced the additional trauma of repeated separations and losses.

Children' s Emotional Responses, Knowledge and Perceptions of Living without Parents

The study reported mixed emotional responses to parents' migration and these included:- sadness, anger, loss, fear, anxiety, loneliness, rejection, abandonment and hurt. Largely though, there was overt evidence of intense sadness and extreme depression noted even in cases where parents maintained frequent contact with their children and provided regular material and financial support. A significant number (9 = 37.5%) of the children interviewed were identified as experiencing major emotional difficulties and had in fact totalled consistently high scores on the Negative Mood Scale of the CDI. These children had also given positive responses to the statements "I think about killing myself but I would not do it" and "I want to kill myself". While one must exercise caution in interpreting too much from a single response in the CDI and there are no questions within the inventory that are designated 'critical' items, clinicians have suggested that a positive response to this last statement is indicative of an urgent need for further clinical assessment (Stark, 1990).

In one case suicide risk was a real concern; this child had a history of suicidal attempts and persistent suicidal ideation and was receiving help from the Child Guidance Clinic. Of the five children who reported to having "no feelings" about their parents' being abroad, the content of their interviews suggested that these children existed in a largely defensive, ambivalent and parentified mode. Of note, these children also obtained high scores on the NM scale of the CDI.

For the children whose parents had separated or divorced before the migration, their emotional responses were compounded by their unresolved emotions and feelings of instability consequent to the dissolution of the birth family. The sentiments and "fall out" for these children are captured in the following excerpts: -

I have not come to terms with their separation.

I think dad feels guilty about leaving me.

I miss the stability of a family. My family has disintegrated.

I have to take care of myself now.

I am sorry for you; your own child does not love you.

I wonder if I am adopted.

Mummy do you still want me, do you still love me?

*Good material benefits but life is worse.
Things real bad just now.
I worry about mom' s safety.
I understand why she is away, but emotionally it is hard.
I get more money and I have more freedom, but I get into more fights and no one supervises me.
I want mummy and dad to give love another chance.
I live all the time wishing to see my parents.
Nobody to hug & kiss me and tell me that they love me.*

More than half of the children in this study had no prior knowledge that their parents were leaving and for at least two, the knowledge came when they awakened from sleep and their parents were gone. For those who had some forewarning the specifics were vague, veiled and limited. Even with the seasonal migrants, the children by and large had little information about the duration of parents' stay abroad or the expected dates of their return.

Generally, the children in this study reported high emotional costs related to their parents' living abroad and to their living without a parent(s). This, notwithstanding the marked improvements in their material/financial conditions.

Their perceptions of their parents' leaving Trinidad and Tobago, albeit to "make a better life for the family," were in the main typified by lingering doubts, and questions about the decisions of their parents. With two exceptions all the children directly expressed the view that family life had deteriorated since the migration of the parents, even in cases where the migration occurred subsequent to parental separation or divorce. Two children described improved family relationship when parents were abroad and major changes in the dynamics when their parents, both seasonal migrants, returned to Trinidad and Tobago. Most children (21 = 87.5%) cited family reunification as their primary wish.

Impact on Emotional Well Being (Stressors)

The data overwhelmingly revealed that family functioning was greatly impacted by the absence through migration of one or both parents and was the source of major stressors for the children. Interpersonal relationships fraught with difficulties, intense rivalry among siblings, stepsiblings and cousins, parentified responsibilities, inadequate supervision and irrational over protection were the most frequently reported negative conditions under which the children existed.

At the psychological level, there were significant reports of excessive anxiety about the safety of the parent aboard, and the domicile parent or guardian, family' s finances and family' s stability. Of note, the females in this study reported being cast into stereotypical gender roles with little acknowledgment or appreciation and with predictable "dents" on their self-esteem and self-worth. Five of these females described themselves as being "full of rage, alone and always worried."

The males, on the other hand, identified as stressors: peer pressure to engage in delinquent and criminal activities, fighting and worrying about the family. Interestingly, only one child reported deterioration in her academic performance and linked this directly to her mother's being abroad and diminished support and supervision. One of the silent challenges to the emotional well being of these children was the limited acknowledgement by caregivers of the psychological effects on the children of living without a parent. This is compounded further by their inadequate responses to the children's manifestation of distress.

In almost every case there was either direct expression of or indirect reference to these critical gaps and the need for follow-up or counselling sessions.

Resiliency Factors (Sources of Support)

In general, the data suggested that the children had developed a variety of coping strategies, with school, school life and positive elements of the home being central to their resiliency.

With one exception, the children reported being treated well by their caregivers, particularly in relation to their lower order needs. The data further revealed that for most of the children in the study, there were available and adequate networks of support among their caregivers and other relatives, and for three of the children, the mothers abroad were identified as their "closest" source of support.

Significant in the data is that all of the children possessed readily identifiable strengths and coping strategies and that academic achievement was the most frequently listed.

DISCUSSION

The Republic of Trinidad and Tobago is experiencing an increase in the migration of professional workers from the fields of health, education and social work. Statistics detailing specific characteristics are scarce however the United Nations Population Division indicates a growing trend towards the feminization of migration with increasing numbers of women emigrating for employment in the health and service sectors. Employment statistics and census data reviewed by the UNPD indicate that between 1990 and 1999, the total number of women living outside their country of birth was 57 million or 48% of all migrants. In Trinidad and Tobago between 1980 and 1990, 52,111 persons migrated, 56% of whom were females as compared to 43.4% males - no figures are yet available from the last census (Trinidad and Tobago Population Census Report on Migration). Indeed, current recruitment drives from the UK in particular specifically target workers to meet shortfalls in labour in sectors typically occupied by women (health professionals, teachers and social workers). In earlier historical periods migration patterns were characterized by the departure of the father who would later send for his wife and children. With the large demand for service workers, it is now mothers who often initiate the migration process. The backdrop to this phenomenon is that as women in the UK have greater opportunity for education and career advancement, and improved choices,

they are increasingly choosing not to work in settings that may be viewed as underpaid, having antisocial hours or associated with high levels of stress.

Parental migration is often linked to poverty [now as in the 1950's], unemployment and the structural adjustment policies in the Caribbean. Migration may be internal rural to urban or external intra and extra-regionally. By far the greatest numbers of professionals emigrating are nurses and midwives. The Nursing and Midwifery Council registered 13,721 overseas trained nurses in the year up to March 2002 (an increase of 63% over the previous year). While only a small percentage originates from the West Indies, the region is currently rated eighth in the 20 leading countries from where nurses and midwives are recruited to work in the UK (NMC 2003).

The statistics above are also reflected in this study with more women than men migrating for employment, often with the intention of sending for children later. While the task of parenting lies with both parents, it is an enduring feature of most societies that this role is assigned to women. The feminization of migration has particular consequences therefore for women who have children. Children are placed in the care of aunts, grandmothers, older siblings, and fathers. Fathers then frequently solicit the help of their female relatives for childcare. While there are issues to be explored further about the work and anguish involved in arranging surrogate care for children, this study was largely concerned with the effects on children left behind. It is instructive to note that when children were left in the care of the mothers, in situations in which the father had migrated, the children remained consistently in the mother's care. However children left with their fathers in cases where the mother had migrated were subsequently moved to other carers, this also happened in some instances when the child was left with other relatives. It would appear that on the one hand women who have children are increasingly seeking to meet the material needs of their families through employment overseas however, the emotional void that is left for children is not adequately filled either from fathers of the children or other relatives.

It seems that parents have formed the assumption that children can be safely shifted from household to household and from surrogate parent to surrogate parent at the convenience of the adult and (in the service of parental migration). Furthermore, the children are often left without emotional preparation for the impending separation.

The results of the study provide strong evidence that separation and loss among adolescents has a detrimental affect on their psychological states. While there are financial benefits of parental migration in terms of improved material conditions, there are 'invisible' costs to family life and the emotional health and well being of children that are not sufficiently accounted for. Migration forces families to undergo profound transformations that are often complicated by extended periods of separation between children and parents. The results also indicate that changes in the family structure may make it more difficult for parents to arrange satisfactory surrogate care for their children.

While the negative effects of parent/child separation as a consequence of economic migration from the Caribbean have been little reported previously, this does not mean the

absence of negative effects. As discussed earlier historical literature highlights the distress children experience when separated from the people they have primary attachments to. This aspect of economic migration may have received little attention for several reasons. Firstly attention to children's emotional needs (or higher order needs) may have been subsumed as a consequence of poverty and the need to attend to material needs. Secondly, children have historically occupied a subjugated position and little status has previously been accorded to their views. Thirdly, discourses on family have been dominated by hegemonic and oppositional claims that have variously positioned the 'non-intact' Caribbean family either as deviant or, have daimed as healthy and culturally/historically situated, lifestyles that support "child-shifting". The study's findings suggest that children's perspectives potentially represent another discourse, one which challenges pathologising representations of the Caribbean family but does not agree that notions such as 'absent' or long-distant' parenting are unharmed to children.

If it is the case that children may always have been negatively affected by separation because of migration, the study suggests that this phenomenon is experienced differentially in present times because of the interplay of additional factors. For instance, changes to the family structure and the *rate* of change within families may contribute to reducing the 'cushioning' and protective function for children of extended family life. Another factor relates to current immigration legislation and policy which may make parental-child contact and reunification more difficult than in previous times. A third factor may be that children in society are generally experiencing increased levels of stress/distress. Although possibly a contributing factor, this does not provide a complete explanation as the study found higher indicators of depression in the group with a parent living abroad than in the general population of children tested.

The observation that children are experiencing greater problems adjusting to separation may be of course, merely a reflection of increased recognition of their views in the context of a growing awareness of children's rights. However despite societal shifts in acknowledging children's rights, it is the case that at the micro level, powerful familial, cultural and traditional values continue to make it difficult for children to be heard.

Policy Implications

The study is important for social policy on supporting families and it points up significant but otherwise 'hidden' social costs of migration of women. There are also important policy implications for international agreements on labour recruitment. For example, while the guidance on overseas recruitment issued by the UK Department of Health considers the impact on health provision in countries nurses are recruited from, the effects on children and family life are not sufficiently addressed. Similarly, policy on 'managed migration' from Caribbean countries fails to give adequate attention to this issue. Given the gender issues raised by the study, questions about who carries the economic burden for the care and support of families and the extent to which men take on the role of primary carer must be addressed.

The study raises serious concerns about the extent to which migration of parents, and in particular of mothers leaves children under protected, unsupported and emotionally affected. Women may have limited choices in ensuring the economic survival and well-being of the family and are likely to be troubled by separation from their children. Nevertheless it is clearly important to children that the findings of the study are widely understood and addressed both by parents and the State.

Attachment, separation and loss – a child’ s perspective

John Bowlby’ s seminal work on parentchild bonding suggests that attachment behaviours and healthy emotional development are crystallised in the early years of childhood (Bowlby, 1973). Attachment theory has had international influence on social work practice and policy on children and families for the last three decades. Furthermore the importance of infant bonding is a ‘ universal wisdom’ arising out of childrearing experiential knowledge and with widespread cross-cultural and intergenerational acceptance. The concern to ensure early bonding between children and parents (with the primary focus being on mothers) means that parental decisions to emigrate usually take into account the needs of young children, the assumption being that older children do not have the same attachment needs. This is partly based on the view that older children will have established attachment patterns and behaviours that can sustain them in circumstances of separation and secondly, that increased cognitive abilities (intellectual maturation) equate with decreased emotional needs; i.e. children’ s ability to conceptualise distance and time will prevent them from being negatively affected by separation. Older children often have the intellectual and conceptual tools to understand parental migration, to rationalise separation and even to envision reunification however, this does not mean that they are emotionally inured to separation and the study found a dissonance between intellectual acceptance and emotional adjustment.

The children in the study were not those whose patterns of attachment were faulty or deviant. Indeed, they demonstrated healthy attachment bonds to a primary figure in their lives and simultaneous significant attachments to others responsible for their daily care. These attachments did not diminish the degree of loss and sadness children felt at separation from their parents. In fact, the persistence and severity of emotional problems relating to unresolved loss indicate that positive attachment behaviours in infancy do not necessarily insulate children against threats to their attachment bonds in adolescence. Indeed the findings suggest that attachment as a concept, most commonly studied in relation to very young children, may be experienced differentially, but equally significantly by adolescents.

A view that was common among caregivers and parents was that long-distance parenting was an acceptable way of meeting the child’ s emotional needs, while surrogate caregivers met the child’ s daily physical needs. Nevertheless, none of the adults interviewed thought this was best for the child. Not only were there often extreme pressures on the surrogate families in caring for the child (this was most evident in families headed by an older sibling); in response to the question “ what advice would you give to parent who was leaving to work abroad” they all reported that they would tell them not to go.

Children themselves perceived the migration of their parent as abandonment and rejection.

Risk and vulnerability – predicting difficulties for the future

In addition to the concerns about negative mood and the small number of cases in which children expressed suicidal ideation, of equal significance was that many children were reported to have behaviour difficulties in school, interpersonal problems and low self-esteem. The separation from the person they were most attached to raises some important questions about the risks to children and the protective role played by mothers in their lives. There is some evidence that an increasing number of children appearing before the courts report that their “mother in foreign” meaning that their mother is overseas, this is also the case among children living on the streets and is a reported factor in the prevalence of AIDS among teenagers. These comments do not seek to place the burden on mothers for addressing these social problems and on the contrary, what is suggested is the need for programmes that support women (*and* fathers) in the care of their children. However, when parents and mothers, in particular migrate, (given that fathers do not, in many cases sustain the care of the child) the child may be left without effective guidance and support which may lead to problems in the future. There were indications in the study that children left behind were more vulnerable both in terms of exposure to risk of abuse and criminal activities but also in seeking inappropriate ways to meet their emotional needs. Children who were separated from their parents because of migration were significantly more likely to report depressive symptoms than children who were not separated from their parents and this increases risks of alcohol and drug use as well as later mental illness.

The study raised questions in relation to ethnicity that need to be explored. The data here must be interpreted with caution. For instance, the categories used to analyse the data do not adequately capture the nuances and diversity encompassed within the notion of ethnicity. Simplistic ethnic descriptors tend to reduce the concept to a functional level that was not borne out in our discussions with children. In interviews children often presented complex, contradictory and yet, complete understandings of their ethnic identity based on a range of factors. For instance one child of 12 identified himself as African although clearly from his name, his physical characteristics and the ethnicity of his birth mother, this was a child of East Indian descent. His self-classification was accepted uncritically by the researchers as we came to realise that this child, brought up from the age of 6 months with an African Trinidadian family regarded ethnicity as constructed out of his social reality as much as from inherited characteristics or societal mores and expectations. Another reason that the data must be viewed with caution is that children seemed to be able to shift with ease between, and in and out of these different ethnic groupings. In other words, identity and ethnicity – fluid and dynamic concepts for the children in the study, subject to constant modification and reinterpretation may mean that the term ‘African’ or ‘East Indian’ Trinidadian does not exist as a concrete or fixed entity at all. Nevertheless ethnicity is important, not as a means of labelling children but in that it speaks to differences in family structure, lifestyles and patterns of migration that may explain some of the findings of the study. For example, why there are fewer children

of East Indian descent who present with high CDI scores? Is this because of care giving arrangements and quality of support networks? Did the geographic catchment area of the school affect this outcome trend or is it that the ethnic composition of some professions makes it more likely for particular women to seek employment overseas within the health and service sectors?

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