

HEALTH AND WELLBEING OF CHILDREN 'WHO STAY BACK' IN REFUGEE CAMPS DUE TO PARENTAL LABOUR MIGRATION

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Table of Contents

Executive Summary	i
Background	
Displacement and Refugee Camps Along the Thai-Myanmar Border	1
Funding Cuts and the Right to Work Policy	1
A Child Who Stays Back	2
Impact of Parental Labour Migration on a Child Who Stays Back	2
Additional Vulnerabilities Faced by Refugee Children	5
Children Living Without Parental Care in Refugee Camps	6
Improving the Wellbeing of Children Who Stay Back	7
Aim and Objectives	7
Methods	
Assesment Design	8
Setting and Participants	8
Data Collection	9
Data Analysis	9
Reflexivity	9
Ethical Considerations	10
Findings	
Funding Cuts, Workplace Barriers, and Child Risk	11
Protection Systems Under Transitional Strain	12
Early Impacts and Compounding Risks to Child Wellbeing	15
Discussion	
Refugee Camps as Places of Community Care and Child Protection	20
Understanding Child Wellbeing Within the Structural Context of Encampment	21
Child Wellbeing Concerns Reflect the Interactions of Migration and Encampment	22
Recommendations	24
Strengths and Limitations	27
Conclusion	28
References	29
Appendix 1	33

Executive Summary

This assessment used a qualitative approach to explore participants' perceptions of wellbeing outcomes for children staying back in refugee camps along the Thai-Myanmar border, due to parental labour migration associated with Thailand's new Right to Work policy.

At the time of the assessment parental labour migration was found to be low, due to a range of barriers to accessing and maintaining employment with the policy.

These barriers led to a transition phase of heightened stressors within the camp, with these limitations on income generation occurring simultaneously with major cuts to food rations, health care access, and protection capacities.

During this phase, the wellbeing of children staying back was being safeguarded by informal care networks and formal protection organisations within the camps. However, the pressures of this transition phase led to a weakening of these systems, with caregivers' capacity to provide care being strained, organisations acting in a reduced capacity, and collaboration issues arising across these systems.

Both observed and anticipated impacts on the wellbeing of children staying back were identified across education, nutrition, protection, health care access and emotional wellbeing. However, few impacts were directly attributable to parental labour migration alone. This assessment found that during these early phases of implementation, the impacts of parental labour migration cannot be understood independently from the broader contexts of these camps, including humanitarian withdrawal, economic insecurity and reduced service capacity.

Overall, children staying back appear to be a vulnerable group within an already vulnerable environment. Strengthening economic opportunities, monitoring systems, caregiving supports and access to essential services will be critical to protecting child wellbeing as parental labour migration increases.

Background

Displacement and Refugee Camps Along the Thai-Myanmar Border

The fragile and violent political landscape of Myanmar has displaced millions of citizens since the early 1980s, forcing many to seek refuge in surrounding countries (UNHCR, 2024a). Since the beginning of the conflict, Thailand has housed an estimated 4.1 million migrants and refugees from Myanmar, with many seeking extended refuge due to the protracted nature of the conflict (IOM, 2025). People from Myanmar typically seek refuge in Thailand on a working visa, illegally without documentation, or in one of nine refugee camps along the border (UNHCR, 2024a).

These camps were initially created as temporary shelters in response to the conflict. Since then, they have evolved into longstanding institutions, with Thai government oversight, humanitarian engagement, and structured refugee-led governance systems (Edwards et al., 2026). These camps are considered progressive models of refugee encampment, where elected Camp Committees, women's organisations, and other camp-based organisations (CBO's) govern the camp and deliver key services (Edwards et al., 2026).

Whilst these structures are considered highly adaptive, these systems and the wellbeing of people that they service, are heavily reliant on external aid due to the limitations on means of self reliance (Edwards et al., 2026). These limitations contribute to an environment where the wellbeing of individuals and community is shaped not just by community capacity, but also by the stability of humanitarian aid and government policy.

Funding Cuts and the Right to Work Policy

Concern for the wellbeing of the camp populations increased in 2025 following a significant deterioration of camp conditions, predominantly due to reduced US donor funding, leading to major cuts of food rations, health services, and educational programs (The Border Consortium [TBC], 2026). Refugees International (2026) tracked early consequences of this reduction of humanitarian assistance globally, finding increases in preventable disease due to closure of routine health treatments, increasing likelihood of severe hunger due to food ration repeal, growing risks to the protection of women and children due to the closure of protection services, and an increase in dangerous survival strategies due to growing financial strain.

Within the Thai-Myanmar camps, government policy that limits refugees' right to seek employment, has historically contributed to a reliance on these fragile humanitarian sources of livelihood, along with precarious forms of informal employment outside the camps that places refugees at risk of arrest or deportation (Brees, 2008). These funding cuts prompted the Royal Thai Government to introduce the Right to Work policy in 2025, granting refugees the right to work legally within Thailand and shift towards a culture of refugee self-reliance in order to sustain their livelihoods (TBC, 2026)

A Child 'Who Stays Back'

The introduction of the Right to Work policy creates conditions in which parental labour migration will become a growing necessity, with many employment opportunities being on the other side of the country, and policy restricting families from joining employees at their new place of employment. This introduces the concept of a child who stays back, whilst one or both parents migrate for employment. Children who stay back due to parental labour migration are a well-documented cohort of children in the literature. Although this phenomenon is often described as "left behind" children, this report aligns with calls to move away from this term, avoiding stigmatising parental care decisions (Crawley et al., 2023).

Impact of Parental Labour Migration on Children Who Stay Back

Across the literature, parental labour migration is considered to have mixed impacts across multiple domains of wellbeing for children who stay back, with outcomes shaped by contextual factors such as caregiving arrangements, remittance flows, and household economic conditions (IOM & Save the Children, 2017).

Caregiving Arrangements

It is often a single parent, extended family members or a trusted kin network that remain back with the child to fill the care deficit, particularly in South East Asian contexts (Fu et al., 2024; Hoang et al., 2015). These caregiving arrangements are often thoughtfully organised and reflect a deliberate planning of care, especially in cases of maternal migration (Kusakabe & Pearson, 2016; Peng & Wong, 2015). However, sometimes the caregivers who stay back, particularly elderly grandparents, face economic or physical constraints, limiting their ability to provide consistent care for the children, and at times resulting in suboptimal care conditions, or parents having to return from their working opportunities (Peng & Wong, 2015).

Remittances and Household Economic Status

Remittances are regarded as a key mechanism for improving child wellbeing when a parent migrates by increasing household income and therefore improving access to food, health care and education (Adams, 2011). However, evidence on the actual effectiveness of remittances remains mixed. Whilst some studies demonstrate positive effects in reducing overall poverty for families (Adams, 2011), others find limited or inconsistent impacts on wellbeing outcomes for children (Antia et al., 2020). These discrepancies suggest that the impact of remittances may be dependent on household economic status and the amount and regularity of remittances sent (Fu et al., 2024).

Education

Findings on education outcomes for children who stay back are also mixed. Some studies show that consistent remittance flows are associated with increased school enrolment (Arlini et al., 2019), whilst other findings suggest that maternal migration may increase school absenteeism due to loss of supervision and increased caregiving responsibilities amongst older siblings (Arlini et al., 2019; Senaratna, 2012). Economic constraints of families also shape educational attainment for children who stay back, with poorer households often needing to prioritise basic needs like food and shelter over school fees (Chea & Wongboonsin, 2020; Fu et al., 2024). Alternatively, IOM & Save the Children (2017) found that there was no significant difference between children with migrant and non-migrant parents in their enrolment and attendance levels, highlighting variability within this wellbeing domain.



Protection

The literature identifies significant protection risks for children who stay back, including exposure to neglect, abuse and early marriage (IOM & Save the Children, 2017; UNICEF, 2017). These findings also suggest that these children are at an increased risk of violence within their own home, linking financial stressors and lack of maternal supervision as risk factors for violence against children who stay back (Senaratna, 2012).

Nutrition

It is suggested that the presence of remittances should lead to an improvement in children's nutritional status by enabling the purchase of nutritional food (Wickramage et al., 2015). However, the literature tends to suggest that despite the presence of remittances, children staying back suffer poor nutritional outcomes, such as wasting and stunting (Antia et al., 2020; Fellmeth et al., 2018; Senaratna, 2012). It is suggested that caregiving dynamics are also an important mediator in the impact that remittances will have on children's nutritional outcomes, with adequate preparation of meals in combination with a good flow of remittances being found to reduce the risk of stunting (Graham & Jordan, 2013).

Health Care

The evidence linking parental labour migration to health care access is limited and conflicting. Remittances were found to improve access to health care by overcoming financial barriers for children staying back in Tajikistan (Catrinescu et al., 2011), whilst they were found to have no effect on overcoming health care barriers for migrant families in Cambodia (Treleaven, 2019). The Lancet (2023) suggests that children separated from their parents are at risk of compromised health seeking behaviours, though the literature suggests that there is minimal difference in health-seeking behaviours for children of migrant parents compared to non-migrant parents (Catrinescu et al., 2011; IOM & Save the Children, 2017).

Psychosocial Wellbeing

Psychosocial outcomes are the focus of much of the literature on children who stay back, with findings suggesting increased risks of depression, anxiety, and emotional distress (Antia et al., 2020; IOM & Save the Children, 2017; Fellmeth et al., 2018). These outcomes are suggested to be dependent on contextual factors, such as caregiving quality and communication with parents (Adhikari et al., 2013; Graham et al., 2012; Graham & Jordan, 2011; Jampaklay & Vapattanawong, 2013; Penboon et al., 2019; Yeoh & Lam, 2006). Despite risks, some children have also demonstrated resilience and adaptive coping strategies in alternative caregiving arrangements (Hoang et al., 2015).

Although these pieces of literature are important in understanding these phenomena, it's applicability to the context along the Thai-Myanmar border is limited, due to most of the information being drawn from non-displaced populations, where contexts can differ substantially.

Additional Vulnerabilities Faced by Refugee Children

The social, political and economic environments associated with refugee status interact to impact child wellbeing outcomes (Arakelyan & Ager, 2020). Therefore, these may interact with parental labour migration to produce outcomes for children staying back that is not reflected in the literature. Understanding child wellbeing in the encamped refugee context therefore requires consideration of the wider refugee child wellbeing literature.

Education

For displaced children living in refugee camps and Thai-Myanmar border towns, access to education and growing drop out rates have been longstanding issues in the region (Save the Children, 2026). Although schools within the camps are considered highly inclusive for students, there are still a range of issues within these institutions, including lack of future pathways, high teacher turnover, and high drop out rates due to financial struggles and social issues within the home (Carpeño & Feldman, 2015; Meyer et al., 2013; Save the Children, 2026). Despite these issues, students have shown high levels of drive and motivation, representing a strong willingness to participate in shaping their futures (Carpeño & Feldman, 2015; Yeo et al., 2025).

Psychosocial Wellbeing

Psychosocial wellbeing is a consistent concern for refugee children, with the literature finding increased risk of emotional distress, anxiety, and depressive symptoms (Bronstein & Montgomery, 2011). The literature suggests that these outcomes are positively and negatively shaped by interacting individual, community, and structural factors (Arakelyan & Ager, 2020). Evidence from the Thai-Myanmar refugee camps show that emotional wellbeing is strongly impacted by social stressors, such as parental violence and economic insecurity (Meyer et al., 2013).

Protection

Displaced children living on the Thai-Myanmar border have been found to be at increased risk of abuse, neglect, family violence, and drug and alcohol use, particularly in contexts of economic insecurity or reduced parental supervision (Committee for Promotion and Protection of Child Rights [CPPCR], 2009; UNICEF, 2018). Although these refugee camps are generally considered safer for children than migrant towns outside the camps, due to the presence of protection organisations (Johnson, 2018), there are still documented cases of neglect and abuse against children within these camps (Caritas, 2014; Children of the Mekong, 2026; Meyer et al., 2013).

Nutrition

Food insecurity remains a significant concern for refugee children's health within these camps. Historically, there has been almost total reliance on humanitarian food assistance, leading to ongoing issues of wasting and stunting (TBC, 2024). This highlights the baseline nutritional vulnerability of many children in these camps.

Health Care

As of this year, encamped refugee children no longer have access to health services within the camps following the withdrawal of humanitarian aid (TBC, 2026). Whilst public health care services outside of the camps in Thailand are available, access for displaced populations is well documented to be constrained by cost, discrimination, language barriers and cultural differences (König et al., 2022).

Children Living Without Parental Care in Refugee Camps

Although limited, there is literature that describes children within these refugee camps experiencing parental absence, often due to being orphaned, migrating alone, or parents migrating for informal employment outside of camp (Brees, 2008; Caritas, 2014; Children of the Mekong, 2026; Meyer et al., 2013). These children are typically living with extended family, in boarding houses, or alone (Caritas, 2014; Johnson, 2018). Though there is limited literature on the experiences of this cohort of children, evidence suggests that they may experience abuse, neglect, and extreme loneliness (Caritas, 2014; Children of the Mekong, 2026; Meyer et al., 2013). These limited findings highlight that children without consistent parental care within camps may be experiencing poor wellbeing outcomes, highlighting the need for further research in the anticipation of increasing parental labour migration.

Improving the Wellbeing of Refugee Children Who Stay Back

Although no published literature was identified examining how to support the wellbeing of children who stay back in refugee camps due to parental labour migration, several recommendations have emerged from both migration and refugee literature that may be relevant to this context.

Across migration literature, authors emphasise the importance of careful planning prior to parental labour migration, including establishing appropriate caregiving arrangements and ensuring caregivers have the capacity to meet children's needs (Save the Children, 2006; Wickmarage et al., 2015). Authors also recommend identifying vulnerable families before migration occurs and implementing monitoring systems to facilitate targeted support for children staying back (Save the Children, 2006; UNICEF, 2017; Wickmarage et al., 2015).

Strengthening community-based support systems is considered central to this process, ensuring that these systems are resourced to identify and respond to the emerging needs of children staying back (UNICEF, 2017; Wickmarage et al., 2015).

The literature also highlights the importance of maintaining children's access to key mediators in child wellbeing. Recommendations include improving education participation through teacher retention, reducing financial barriers to schooling and monitoring school dropout (Carpeño & Feldman, 2015; Save the Children, 2006, Save the Children, 2026), safeguarding psychosocial wellbeing through facilitating communication between children and parents (Lam et al., 2013; Wickmarage et al., 2015, and improving access to health care by reducing financial barriers (UNICEF, 2017).

Refugee research highlights the importance of providing durable solutions to the wellbeing impacts of displacement. In particular, local integration seeks to enable refugees to move beyond the constraints of encampment by shaping the political and social environments of the host country to enable access to education, health care and employment (Hynie, 2018; UNHCR, 2024b).

Collectively, these recommendations provide a useful foundation for considering how child wellbeing may be supported as parental labour migration increases within refugee camps along the Thai-Myanmar border. However, there remains limited evidence regarding how parental labour migration is shaping the wellbeing of children who stay back in refugee camps, limiting the potential applicability of these recommendations. To address this gap, this assessment sought to explore the perceived impacts of parental labour migration on the wellbeing of children who stay back and identify recommendations to support improved wellbeing outcomes for impacted children.

Aim

This assessment aims to generate an understanding of how parental labour migration impacts the wellbeing of children staying back in refugee camps along the Thai-Myanmar border, within the broader context of humanitarian funding cuts and new policy. Specifically, it will gather stakeholder perceptions of the education, protection, health care, nutritional, and psychosocial implications of separation, identify the current safety nets in place, and highlight opportunities to support child wellbeing within this context.

Objectives

- To explore stakeholder perceptions of how parental labour migration impacts the wellbeing of children staying back in the camps
- To examine the role of families, communities, and organisations in supporting children and families impacted by parental labour migration
- To identify opportunities to strengthen support for children and families impacted by parental labour migration

Methods

Assessment Design

This assessment was conducted using a qualitative approach to explore stakeholder lived experiences of how parental labour migration influences the wellbeing of children staying back. Semi-structured interviews were considered appropriate given the aim of exploring participants' perceptions and generating an understanding of this health phenomena within this under-researched cohort of children. Given the literature gap on this topic, this approach allowed for flexibility in capturing new or unexpected discourse that may have emerged throughout the assessment. Semi-structured interviews have also been conducted within these camps before, and have also been utilised in similar migration research, demonstrating this approaches acceptability and appropriateness for the assessments setting and aim (Asnong et al., 2018; UNICEF, 2017).

Setting and Participants

The assessment was conducted over a two-week period in Mae La, Umpiem, Ban Don Yang, and Tham Hin refugee camps, as well as surrounding towns where relevant NGO and camp management stakeholders were located. Participants were purposively selected by TBC field coordinators based on their knowledge of family and child wellbeing within the camps, experiences with parental labour migration, or involvement in camp management or support programs. Recruitment processes involved these TBC field coordinators reaching out to the camp committees, organisations, and section leaders, to ascertain interest in participation, and organise interview times.

Twenty one focus group discussions and nine key informant interviews were conducted, involving approximately 94 participants. Participants included Camp Committee members, NGO staff, household members, and representatives from CBO's such as Karen Women's Organization (KWO) and the Catholic Office for Emergency Relief and Refugees (COERR). Most participants were of Karen background, although efforts were made towards the end of the process to include participants from a greater diversity of representative ethnic and religious groups, including Mon, Kachin, and Muslim communities. Participants were predominantly female, reflecting the composition of protection groups and household caregivers participating in the assessment. Exact ages of participants were not collected, but there was generous representation across the 20-60 age group, with some outliers of elderly participants, and one 18 year old.

Data Collection

Data were collected through conducting a range of semi-structured interviews, facilitated by a semi-structured interview guide developed from a review of relevant literature and adapted to the context (Appendix 1). Questions explored caregiving arrangements for children whose parents had migrated, the perceived quality of these arrangements, and the perceived impacts on key markers of child wellbeing commonly identified within migration and refugee literature, including physical health, nutrition, education, protection, and psychosocial wellbeing (UNICEF, n.d; UNHCR, 2012).

The assessor conducted all interviews, with interpretation facilitated by a TBC staff member who was present and assisting at all interviews. In consideration of cultural and camp norms, data were collected using detailed handwritten notes in order to foster participant comfort. Notes were reviewed at the end of each day to clarify meaning and improve completeness whilst discussions were fresh in my memory.

Data collection was primarily guided by the project timeframe which was sufficient enough to allow for a recurrence of patterns across the interviews, enabling the development of final themes.

Data Analysis

Data were analysed using Braun and Clarke's reflexive thematic analysis approach (Braun & Clarke, 2006). Analysis commenced during the data collection process, through repetitive review of notes, and identification of early patterns across interviews. Following this familiarisation with the data, codes began being generated about halfway through the collection process. These codes were grouped into broader categories that reflected recurring ideas and experiences, including concerns for child wellbeing, no concerns for child wellbeing, current camp supports, barriers to employment, and caregiving dynamics. A short analysis memo of each genre was then drafted, unpacking what meaning I was constructing from these codes after repetitive reading.

These codes and categories were transcribed onto Excel to facilitate theme development, where codes were moved around and regrouped as patterns and deeper meanings were explored across the data set. Through this iterative process, candidate themes were generated, with ongoing interpretations and revisions being made through discussions with the project supervisor. The resulting structure is composed of three overarching themes, including five sub themes.

Reflexivity

In following the process of reflexive thematic analysis and enhancing assessment rigour, I endeavoured to remain aware of how my positionality was shaping data collection and analysis (Braun & Clarke, 2006). As a Master of Public Health student, I approached this project with a systems-thinking and social justice lens, influencing me to interpret codes as connecting back to system-level issues.

In order to maintain reflexivity and keep note of these influences and assumptions, I journalled throughout the data collection and analysis process, to keep track of reactions and emerging interpretations. Early in the assessment, I recognised that I had underestimated the complexity of these phenomena, realising I had initially expected this to be a linear issue. As data collection progressed, I came to understand how this phenomenon was inseparable from the surrounding context. I also reflected how my assumptions of child wellbeing outcomes were challenged by participants' resilience and adaptability. Recognising these assumptions allowed me to remain attentive to the data and contribute a more balanced interpretation of the data.

Ethical Considerations

As this project was conducted as an internal consultant assessment for TBC and close stakeholders, formal ethics approval was not required. However, all activities were guided by TBC's Code of Conduct, Child Protection Policy, and Prevention of Sexual Exploitation, Abuse and Harassment Policy. These policies are aligned with international standards for work with vulnerable populations.

Participants were provided with clear information about the purpose of the assessment and how their information would be used. Verbal informed consent was obtained, participation was voluntary, and confidentiality was maintained. Children were not interviewed for this assessment.

Interviews were supported by a TBC interpreter, providing translation and cultural guidance.

A trauma-informed approach was adopted throughout the data collection process. This included thoughtful lines of questioning and offering breaks or withdrawal if signs of distress appeared. Child welfare concerns were escalated upon when it was deemed that it was not already being managed through existing protection systems within the camps. This process involved obtaining consent, collecting details, and sharing with the project supervisor, resulting in cases being linked in with protection organisations for follow up.

Findings

Funding Cuts, Workplace Barriers and Child Risk

Participants described being sandwiched between dwindling humanitarian assistance and an employment policy that was yet to flourish into a reliable source of household income. This “transitional period”, as it was termed, left many families experiencing heightened financial insecurity whilst navigating employment barriers and interrupted remittance payments.

Participants' concerns were primarily dominated by the recent ration cuts. Four standard* households in Mae La who all had spouses working outside of the camp, unanimously agreed that their food rations being taken away was the most challenging aspect of camp life right now, all stating difficulty in affording food.

**“Before [we] could feed [the] kids, now [we] can’t” –
Standard household member, Mae La Camp**

On top of this, participants also described a range of barriers to the Right to Work policy, including registration issues, language difficulties, poor working conditions and caregiving responsibilities within the camp, all inhibiting uptake and retention of employment. For families who had relatives working outside of the camp, many were yet to receive remittances or were receiving less than expected, due to employer management issues or the cost of living for the worker.

**“Money [is] not being sent back... it is very difficult”
– Standard household member, grandma caring for
nine grandkids, Mae La Camp**

*Standard households are a needs-based classification that applies to 80% of the households across all nine camps. Standard households no longer receive any allocation of food ration support since the funding cuts.

“[We] would all like to work, but [we] have to take care of [the] kids” – Standard household members, Umpiem Camp

This meant family members who were either awaiting remittance payments, or were having issues gaining employment, were in a position where they needed to make tough financial decisions, such as taking on debt or sacrificing spending in other areas, such as education or health care, increasing risk to child wellbeing.

“[My wife] sends back some money, [I] try to manage with this, but [have] had to borrow money” – Standard household member, wife working away, caring for 17 year old son, Mae La Camp

“Parents have debt... [they have] not yet received money from employer but need to pay back debt to camp... [they] can't afford to buy nutritious food” – Karen Women's Organization, Mae La Camp

Protection Systems Under Transitional Strain

During this transitional phase, interviews revealed that parental labour migration was low, due to the slow uptake of the work policy. Although there were low levels of parental migration, children were experiencing heightened vulnerabilities due to the pressures of the transitional phase. During this time, informal caregiving dynamics and formal child protection structures played a significant role in the safeguarding of child wellbeing, resulting in many participants holding no concerns for child wellbeing at the time of the interviews.

It was widely considered that parents were making responsible caregiving arrangement decisions, leaving children with a solo parent, grandparents, neighbours or trusted community members. These arrangements were mostly considered adequate for child wellbeing, with caretakers providing safe care, and families sending regular remittances.

"Parents [are] asking relatives to take care, [they are] doing a good job" - Household Members, Tham Hin Camp

In houses where children's safety may be deemed at risk for various reasons, organisations including KWO and COERR perform house visits to check up on the conditions and wellbeing of the children in the houses, and would escalate cases of concern to protection organisations and Thai authorities. Camp communities deemed this process to be working well and ensuring the safety of children in these communities.

"We have a good system at the moment. It is working so far" - Karen Women's Organization, Tham Hin Camp

Despite this confidence in these systems, participants' narratives revealed growing gaps in care, monitoring, and service capacity, revealing early indications of a weakening of these systems.

Some caregivers were financially or physically struggling to care for children during this transition phase, especially in the context of an interrupted flow of remittances and older grandparents.

"Grandpa came to the office, saying they can't look after [their grandchild]" - Karen Women's Organization, Mae La Camp

There were also multiple accounts of children being left in care dynamics that were considered unsatisfactory. In Umpiem Camp, an elderly male reported a child being left in the care of a neighbour whilst his father was away for work, stating that this child would not be fed dinner on some nights of the week. Across all the camps, protection organisations reported households where children as young as eleven were being left in the house alone to care for their younger siblings whilst parents migrated for employment.

"[There are] very young children taking care of [them]self... parents [have] gone to work [and there are] three children alone... [the] eldest [is] only eleven - Karen Women's Organization, Tham Hin Camp

Formal protection actors reported increasing difficulty managing the evolving challenges within the camps. Reduced funding had limited the capacity of CBOs and other protection organisations to provide tangible assistance. Workers within CBOs and other camp-based actors such as teachers or security guards, described increasing pressure to gain employment since the ration cuts, with their limited stipends not being enough to sustain their needs.

"Now [it is] difficult to support [our] own family... [but I] need to stay in camp to work for community" - Karen Women's Organization, Mae La Camp

Participants also raised concerns about limited collaboration between organisations during this transition period. Details of parents migrating for work and the children staying back were not always shared with Camp Committees or CBOs, creating barriers to monitoring children's wellbeing and responding to concerns, increasing the risk of children slipping through the cracks.

"Section leader escalated problems to committee, but [we] couldn't help" - Camp Committee, Umpiem Camp

"COERR looks after 2000 people... they do their best and are trying very hard... [but I] fear kids may get missed" - COERR, Mae La Camp

Early Impacts and Compounding Risks to Child Wellbeing

Participants described both observed and anticipated impacts on child wellbeing in the camps. Concerns were rarely attributed to parental labour migration alone, but rather reflected the interaction of multiple and overlapping factors such as reductions in humanitarian aid, economic insecurity, psychosocial stressors and parental labour migration.

Education Disruption

Participants reported that school absenteeism and drop-out amongst children had increased since the ration cuts and the introduction of the Right to Work policy. Participants stated how school attendance was already a persistent challenge within the camps, which has now worsened.

Financial pressures within households caused some caregivers to prioritise food security over school fees following ration cuts. Some participants stated they were able to keep the children enrolled through fee mercy or borrowing money from neighbours, but others reported children dropping out of school due to this issue.

“The family couldn’t pay for fees... [the] kid was over 18 so [they went] to work [instead]” - Coordinating Committee of Ethnic Groups [CCEG], Mae La Camp

Participants also described how changes to caregiving arrangements were disrupting school attendance for children. In some households, informal caregivers were not able to motivate children staying back to attend school. In some cases, older siblings were dropping school a few days of the week to take on caregiving responsibilities for their younger siblings when parents left camp.

“[The] oldest child would like to go to school, but has to look after siblings” - Karen Student Network Group, Umpiem Camp

Participants also noted that more students were dropping out to pursue employment opportunities, either informally with their parents, or through the Right to Work policy once they turned eighteen.

“Parents [are] pushing kids to leave school and work since the ration cuts” - Camp Committee member, Mae La Camp

Participants also linked children dropping out of school to seek work with a sense of hopelessness, noting the constrained opportunities for higher education.

“Kids [are] not interested in study in [the] camps... [there is] no recognition of [their] qualifications for the future” - Camp Committee member, Mae La Camp

Increasing Exposure to Harm and Risk-Taking Behaviours

Participants reported both observed and anticipated risks to children's safety during this transition period, with most concerns focussed on the potential for future harm in the likelihood of increased parental migration.

At the time of the interviews, participants did not associate any cases of abuse against children with a lack of supervision due to the Right to Work policy. However, participants held major concerns for the safety of children who stay back in the future, citing abuse cases occurring in the past due to reduced parental supervision.

“[We are] concerned for kids’ safety... [we] used to have cases where parents go [and] they would have rape cases” - Karen Women’s Organization, Mae La Camp

Participants also held concerns for increasing abuse against children within their own households, linking broader stressors such as increasing financial strain or alcohol use as triggers for violence against children, often perpetrated by their own parents or caregivers.

“[There is an] increase in domestic violence... [the] parent that is left behind [is] taking stress out on children” - COERR, Kanchanaburi Province

Early marriage and pregnancy were also consistently raised as growing concerns for children in the camps, with multiple stories being recounted of children becoming married and/or pregnant once parents had left the camp for work.

“[The] parents of [the] children left for [the] work policy, then the children left shortly after... [they are] living together outside of camp as a couple” - COERR, Kanchanaburi Province

Drug use amongst children was also reported to be increasing with a lack of supervision and worsening camp conditions.

“Teenagers have friends [on the] outside, [they get] peer pressured... supervision [is an] aspect, [but] most cases have family issues” - Karen Women’s Organization, Tham Hin Camp

Nutritional Insecurity

Food insecurity was a major concern across all camps since the ration cuts. Although no direct impacts on the nutritional status of children staying back were observed, participants identified several factors that increased children’s risk of food insecurity.

Many household members waiting on remittances or in search of employment stated they could not afford to purchase nutritious food for the children. Protection organisations stated that some children were missing out on meals now due to their reduced capacity to assist supplying food provisions.

There were also caregiving concerns that resulted in children not being fed appropriately.

“[Dad] went to work for 2 months, [he] left [the child] with neighbours... it was late [and the] kid had not eaten” - CCEG, Umpiem Camp

Heightened Risk of Unmanaged Illness

Health care access was a major concern for all children across the camps.

Immediate structural barriers to health care access included fuel costs for transportation and fear of excessive payments for treatment in Thai hospitals.

“[They] said they don’t have to pay, or pay what they can afford, but in reality, [they are] making them pay [the] exact amount or [they receive] no service” - Camp Committee, Mae La Camp

This resulted in concerns that caregivers are choosing to manage illness at home rather than seeking out health care.

“Caretakers [are] afraid to seek health care, [they would] rather keep at home due to money... wounds [are] being unkept” - COERR member, Tham Hin Camp

These concerns were particularly raised for children with disabilities or chronic illnesses who were reliant on the health care services within camps for specialist treatments, with families now needing to fund these themselves. Anticipatory concerns were also voiced for this group of children should their parents migrate, fearing this group of children would slip through the cracks due to the loss of a central care coordination point.

For children staying back, there were also anticipatory concerns from protection agencies that caregivers may not prioritise spending on health care for children in their care.

“Caretakers won’t take [to hospital] because [it is] not their child, [they] won’t spend money” – COERR Tham Hin Camp

Perceived Emotional Distress Amongst Children

Participants' perceptions of emotional wellbeing in children staying back were mixed. Some caregivers felt that children had adapted well to parental absence, however others described crying, behavioural difficulties and distress associated with parental separation.

The youngest participant, an 18 year old member of the Karen Student Network Group (KSNB), reflected on his time when he stayed back as a child in Myanmar whilst his parents migrated for work. He offered a sombre reflection of this time, offering his compassion for children in this position in the camps.

“[I] did not receive enough finances, [and I] got bullied from the community and friends, [even my] own caregiver bullied”

“When parents [are] here, they get love, but when parents go... parents can’t meet money agreement, so then [the] caregiver maybe give their own kid most of the food and not feed [them]... [caregiver] uses verbal abuse against kid... [it is a] bad relationship”

Participants in rural camps noted that it was harder to contact parents now, with recent disruptions to their internet connectivity impeding opportunities for connection between children staying back and their parents.

Discussion

This assessment explored the observed wellbeing outcomes of children who stay back in refugee camps along the Thai-Myanmar border during the early implementation of the Right to Work policy. Consistent with the literature, concerns were identified across education, nutrition, protection, health care access, and emotional wellbeing. However, these concerns were not understood as being linked to parental migration alone. Alternatively, the wellbeing of children staying back was also shaped by the broader context of humanitarian funding reductions, economic strain, and pressure on protection systems. Findings suggest that parental labour migration does not influence wellbeing alone in refugee camps, but is an added layer to the vulnerabilities of encampment, shifting policy and humanitarian withdrawal.

Refugee Camps as Places of Community Care and Child Protection

Firstly, a key contribution of this assessment is that community and organisational based protection systems are being utilised to safeguard the wellbeing of children who stay back in refugee camps due to parental labour migration. This contribution suggests that children who stay back in refugee camps are primarily not positioned as being left alone, but are thoughtfully embedded into the pre-existing systems of caregiving within the camps that are utilised when parental migration occurs.

These processes and practices appear to have been well established prior to the introduction of the Right to Work policy, acting as a safeguard for children without parental presence in the camps (Caritas, 2014; Johnson, 2018). The findings suggest that these processes are being adapted and utilised to support the growing consequences of parental labour migration. These practices reflect both refugee and migration literature, representing a global practice of community caregiving to maintain child wellbeing when political, economic, mobility or conflict constraints interrupt the nuclear caregiving practices (Kusakabe & Pearson, 2016; Peng & Wong, 2015).

When these systems are interpreted as functioning well by participants in these early stages of parental labour migration, caregiving appears to be deliberately negotiated amongst parents, grandparents, relatives and trusted community members, and are supported by remittance flows and an ownership of responsibility for care. This supports the literature whereby thoughtful decision making in caregiving arrangements promotes improved wellbeing for children who stay back, and adds to the conflicting evidence base of the impact of remittances for families staying back (Adams, 2011; Antia et al., 2020; Save the Children, 2006; Wickmarage et al., 2015). In addition to these informal networks, refugee camps facilitate an environment whereby formal protection actors contribute to child wellbeing through monitoring of households, home visits, escalation of dynamics of concern and appropriate interventions to these.

These findings contribute to the literature as it demonstrates that encamped refugee settings can provide an added layer of protection for children who stay back through these community caregiving and protection networks. This is an important finding that requires further examination.



Understanding Child Wellbeing Within the Structural Context of Encampment

The majority of the existing literature on children who stay back largely focuses on these phenomena at the household level, with wellbeing outcomes of children mediated by factors such as remittance flows and caregiving arrangements (Adams, 2011; Antia et al., 2020; Fellmeth et al., 2018). Whilst these factors are still heavily relevant to this context, the findings suggest that parental labour migration in the encamped refugee context cannot be understood independently from the broader political and humanitarian environment in which it is occurring.

This assessment was conducted during a transition phase, a period of major policy transition and economic hardship within the camps. The implementation of the Right to Work policy, including the barriers to accessing and maintaining employment, coincided with the felt impacts of major reductions in humanitarian assistance. Families were therefore navigating difficulties in securing income, whilst the systems that were historically supporting them were being taken away.

This context explains why many concerns regarding child wellbeing were not attributed solely to parental migration, and in some instances, not to migration at all. Rather, participants' concerns were often directed at the broader decline of humanitarian assistance and associated reduced system capacity. Concerns regarding children's food insecurity, education and access to health care were often stemming from reductions in humanitarian support and declining organisational capacity.

These findings suggest that the wellbeing of children who stay back is shaped by the intersections of parental labour migration, barriers to livelihood opportunities, protracted displacement and humanitarian withdrawal. Therefore, using a broader lens to analyse health issues of similar populations is imperative. This is an important implication for public health research, as this population of children who stay back in refugee camps may begin to grow globally due to increasing global conflicts and re-direction of humanitarian funding assistance.

Child Wellbeing Concerns Reflect the Interactions of Migration and Encampment

Although many of the wellbeing concerns identified in this assessment are consistent with the broader literature on children who stay back, the findings suggest that these vulnerabilities are modified by this unique context. Across education, protection, nutrition, health care access and emotional wellbeing, parental labour migration was rarely identified as an isolated driver of risk, but rather appeared to interact with displacement, economic insecurity, and declining humanitarian support to produce observed and anticipatory risks to child wellbeing, that both align with the broader literature, and challenge it.

Education emerged as a key area of concern amongst participants, broadly reflecting migration literature on children who stay back. New caregiving responsibilities for older siblings were causing increases in absenteeism and drop out, reflecting evidence that caregiving burdens within households can disrupt schooling continuity (Seneratna, 2012). Caregivers were also prioritising immediate livelihood needs over school costs, reflecting evidence that economic hardship is a barrier to education (Chea & Wongboonsin, 2020; Fu et al., 2024). However, these findings also extend beyond the household level barriers that are commonly noted in the migration literature. In the findings, disengagement was also shaped by high teacher turnover and constrained future pathways, reflecting the longstanding issues within refugee education systems that impact education outcomes (Carpeño & Feldman, 2015; Yeo et al., 2020).

Protection concerns similarly reflected both migration and refugee literature. Consistent with previous studies, participants expressed concern that parental absence may increase children's risk of abuse and neglect (IOM & Save the Children, 2017; Meyer et al., 2013; UNICEF, 2017). However, the findings suggest that these risks are also shaped by broader factors such as financial stress, substance use, caregiving burden and deterioration of protection capacities within the camps. This reflects wider evidence that protection risks for refugee children are often mediated through social and economic stressors (Arakelyan & Ager, 2020). In this context, parental labour migration is occurring within an environment of heightened stressors and deteriorating protection capacity, increasing children's protection risks.

Nutritional insecurity emerged as one of the most immediate concerns raised across the camps for all children, although no observed impacts on children's nutritional status were noted. Previous literature suggests that this population of children were already nutritionally vulnerable under humanitarian food assistance (TBC, 2024). The findings highlighted further increased risk to food security due to ration withdrawal and barriers to income generation. In children staying back, their risk of nutritional insecurity may be considered higher where there are caregiving concerns, in line with some of the mixed literature on parental labour migration (Graham & Jordan, 2013).

Access to health care was also a widespread concern across the camps, fearing this would jeopardise children's health if they became unwell. Although there was concern raised about the health-seeking behaviours of caregivers for children who stay back, there was no observed neglect of their health needs. Rather, the dominant issue was the structural barriers to health care in Thailand, aligning with the literature (Konig et al., 2022). This suggests that access to health care for children who stay back in refugee camps is influenced more by the structural access to health care, rather than parental labour migration alone.

Emotional wellbeing concerns were raised less frequently than other wellbeing domains, despite it being prominent in the migration literature. Where it did arise, experiences were mixed. The varied outcomes suggest that emotional wellbeing is shaped by contextual factors such as caregiving quality or the presence of reliable communication (Arakelyan & Ager, 2020; Yeoh & Lam, 2006).

Overall, these findings suggest that children who stay back in refugee camps may experience many of the wellbeing risks documented within the broader migration literature. However, during this early phase of parental labour migration, aside from impacts to education, few impacts were directly attributable to parental absence alone. Instead, participants predominantly suggested that parental absence disrupted the environments that support child wellbeing, rather than impacting child wellbeing itself. These findings reflect both the early stage of this assessment being conducted, along with the interwoven relationship of parental labour migration with the broader pressures of the camp, heightening the vulnerabilities of a population already experiencing heightened risks to wellbeing. During this phase of transition, there is an urgent need for feasible interventions to address these structural drivers of vulnerability amongst children staying back in the camps in order to safeguard their wellbeing.

Recommendations

Participants produced a range of recommendations aimed at strengthening caregiving structures and improving child wellbeing within the camps. These recommendations have been produced with this information from participants, alongside a review of the literature.

Recommendation Area 1: Strengthen Income Generating Capacity and Durable Solutions for Families

Findings suggested that many risks to children staying back stemmed from financial insecurity and barriers to employment. In line with refugee and migration literature, improving economic security and promoting durable solutions may improve children's overall wellbeing (Fu et al., 2024; UNHCR, 2024b).

- TBC to continue work within the Right to Work policy, including skills training, transparency and monitoring of site conditions, recruiting local employers and establishing the cash transfer system
- Advocate for unregistered refugees to be eligible for Right to Work policy
- Facilitate the creation of more income-generating activities within the camp
- Advocate for local integration pathways for families and children staying back

Recommendation Area 2: Strengthen Monitoring and Protection Systems for Children Staying Back

Participants described both the importance and the weakening of camp-based protection systems. The literature supports strengthening monitoring and protection systems to reduce the vulnerabilities associated with staying back (Save the Children, 2006; UNICEF, 2017; Wickmarage et al., 2015).

- Integrate the responsible planning of caregiving arrangements into skills training prior to migration
- Ensure Section Leaders and/or Camp Committees have a record and contact details of adults leaving camp with the Right to Work policy
- Improved monitoring of households where both parents are undertaking Right to Work
- Improved collaboration between Section Leaders, Camp Committees, and CBO's, to enhance identification and monitoring of children staying back
- Advocate for increasing stipends for key camp-based protection organisations such as KWO, COERR and security guards

Recommendation Area 3: Strengthen Support for Caregivers

Findings suggested that informal caregiving networks played a central role in safeguarding child wellbeing, but may require extra support during this phase of transition and growing parental labour migration.

- Strengthen awareness of escalation pathways if caregivers are struggling
- Safe parenting practices counselling for caregivers identified in need by CBO's

Recommendation Area 4: Protect Children's Access to Education, Health Care, Nutrition and Communication

Participants expressed concern about the ability of children staying back to fulfill their wellbeing potential due to the structural constraints caused by humanitarian withdrawal and government policy. Maintaining access to these services is central to supporting children impacted by parental labour migration (Save the Children, 2006; UNICEF, 2017; Wickmarage et al., 2015).

- Advocate for increased stipends for teachers
- Advocate for a school fee leniency program during this transitional phase
- Enquire about the monitoring of drop out and absenteeism, and the capacity to link these cases with CBO's
- Advocate for higher education opportunities for refugee children
- Advocate to re-establish mobile phone and internet connectivity in camps
- Continue to support the development of a community health insurance policy
- Advocate for health system integration and NGO health involvement
- Improved collaboration between CBOs and TBC to identify children at risk of nutritional insecurity and intervene where necessary

Recommendation Area 5: Ongoing Monitoring and Evaluation

This assessment captured observed wellbeing outcomes during a time of new policy. Ongoing monitoring is required to understand how child wellbeing outcomes evolve as parental labour migration increases.

- Evaluate the implementation of recommendations
- Continue to monitor wellbeing outcomes of children staying back as parental labour migration increases

Strengths and Limitations

This assessment was conducted during a period of relatively low parental labour migration, limiting the ability to observe the full impacts of parental absence on children who stay back in refugee camps. However, this timing also provides a key strength, as it enables proactive identification of expected risks and the development of recommendations prior to anticipated increases in the pressures of parental labour migration.

A further strength is the close engagement of TBC not just with refugee partners, but also with partner NGO's, positioning this report well to have recommendations considered and acted upon by relevant agencies.

A further limitation is the predominance of participants from Karen backgrounds, with limited representation from other groups, potentially limiting the breadth of perspectives captured. The study also did not disaggregate findings by other potential mediating factors such as child age, or parental gender due to time and data constraints, and the low prevalence of parental labour migration at the time of assessment.

The reliance on translation throughout the data collection process, combined with handwritten notes, introduces an additional layer of interpretation and a potential risk of meaning loss or misinterpretation.

My position as a consultant in this assessment was a strength in providing an outsiders lens on this topic, noticing patterns and nuances that may have otherwise gone unrecognised. However, it may have also contributed to limitations in participant comfortability, reducing the depths of their contributions.

In Conclusion

This assessment identified concerns relating to multiple domains of child wellbeing for children staying back in refugee camps, including education, health care, nutrition, protection and psychosocial wellbeing. However, the relationship between parental labour migration and child wellbeing was not found to be linear. During this early phase of parental labour migration, few impacts were directly attributable to parental absence alone. Instead, wellbeing concerns for children staying back appeared to reflect the intersecting pressures of the broader context of displacement, economic hardship and humanitarian withdrawal. Whilst informal care networks and camp-based protection systems were found to play a critical role in safeguarding the wellbeing of children who stayed back in the camps, economic challenges appeared to be increasing the strain on these systems and their effectiveness. Whilst this assessment was unable to reliably establish impacts attributable to solely parental labour migration, it suggests that children who stay back may represent a vulnerable group, within an already vulnerable environment. Strengthening economic opportunities, monitoring systems, caregiving supports and access to essential services will be critical to protecting child wellbeing as parental labour migration increases.



References

- Adams, R.H. (2011). Evaluating the Economic Impact of International Remittances On Developing Countries Using Household Surveys: A Literature Review. *The Journal of Development Studies*, 47(6), 809-828. <https://doi.org/10.1080/00220388.2011.563299>
- Adhikari, R., Jampaklay, A., Chamrathirong, A., Richter, K., Pattaravanich, U. & Vapattanawong, P. The Impact of Parental Migration on the Mental Health of Children Left Behind. *Journal of Immigrant and Minority Health*, 16, 781-789. <https://doi.org/10.1007/s10903-013-9809-5>
- Antia, K., Boucsein, J., Deckert, A., Dambach, P., Račaitė, J., Šurkienė, G., Jaenisch, T., Horstick, O. & Winkler, V. (2020). Effects of International Labour Migration on the Mental Health and Well-Being of Left-Behind Children: A Systematic Literature Review. *International Journal of Environmental Research and Public Health*, 17(12). <https://doi.org/10.3390/ijerph17124335>
- Arakelyan, S. & Ager, A. (2020). Annual Research Review: A multilevel bioecological analysis of factors influencing the mental health and psychosocial well-being of refugee children. *Journal of Child Psychology and Psychiatry*, 62(5), 484-509. <https://doi.org/10.1111/jcpp.13355>
- Arlini, S.M., Yeoh, B.S.A., Yen, K.C. & Graham, E. (2019). Parental migration and the educational enrolment of left-behind children: evidence from rural Ponorogo, Indonesia. *Asian Population Studies*, 15(2), 190-208. <https://doi.org/10.1080/17441730.2019.1609294>
- Asnong, C., Fellmeth, G., Plugge, E., Wai, N.S., Pimanpanarak, M., Paw, M.K., Charunwatthana, P., Nosten, F. & McGready, R. (2018). Adolescents' perceptions and experiences of pregnancy in refugee and migrant communities on the Thailand-Myanmar border: a qualitative study. *Reproductive Health*, 15(83). <https://doi.org/10.1186/s12978-018-0522-7>
- Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. <https://doi.org/10.1191/1478088706qp063oa>
- Brees, I. (2008). Refugee Business: Strategies of Work on the Thai–Burma Border. *Journal of Refugee Studies*, 21(3), 380-397. <https://doi.org/10.1093/jrs/fen022>
- Bronstein, I. & Montgomery, P. (2011). Psychological distress in refugee children: a systematic review. *Clinical Child and Family Psychology Review*, 14(1), 44-56. <https://doi.org/10.1007/s10567-010-0081-0>
- Caritas. (2014, November 12). *Protecting child refugees in Thailand*. <https://www.caritas.org/protecting-child-refugees-thailand/>
- Carpeno, E.R. & Feldman, H.I. (2015). Childhood and education in Thailand-Burma/Myanmar Border Refugees camps. *Global Studies of Childhood*, 5(4), 414-424. <https://doi.org/10.1177/2043610615612951>
- Catrinescu, N., Willis, J., MacAuslan, I., Barca, V., Sandu, V. & Rimmer, M. (2011, November). *Impact of Labour Migration on “Children Left Behind” in Tajikistan*. UNICEF. <https://tile.loc.gov/storage-services/service/gdc/gdcovop/2014363276/2014363276.pdf>

Chea, V. & Wongboonsin, P. (2020). Do Remittances Increase Household Investment in Education? Evidence from Cambodia During and After the Global Financial Crisis. *Journal of Population and Social Studies*, 28(1), 1-21. <https://doi.org/10.25133/JPSSv28n1.001>

Children of the Mekong. (2026). *Save children from abuse in refugee camps in Thailand*. <https://www.childrenofthemekong.org/projects/save-children-from-abuse-in-refugee-camps-in-thailand/#:~:text=The%20living%20conditions%20in%20the%20camps%20are%20extremely%20poor.,from%20chronic%20malnutrition%20and%20abuse.>

Committee for Promotion and Protection of Child Rights. (2009). *Feeling small in another person's country: The situation of Burmese migrant children in Mae Sot Thailand*. https://www.burmalibrary.org/docs08/Feeling_Small.pdf

Crawley, H., Seaman, M., Ghimire, A., Rbihat, R., Sangli, G. & Zeleke, M. (2023, July). *From Left Behind to Staying Back: Changing How We Think About Children in Migrant Households*. United Nations University Centre for Policy Research. <https://digitallibrary.un.org/record/4070664?v=pdf>

Edwards, N., Thako, H., Phonsirithada, S. & Moore, T. (2026, January). *Refugee-Led Camp Management on the Thai-Myanmar Border: Governance, Protection, and Humanitarian Leadership in a Protracted Crisis*.

Fellmeth, G., Rose-Clarke, K., Zhao, C., Busert, L.K., Zheng, Y., Massazza, A., Sonmez, H., Eder, B., Blewitt, A., Lertgrai, W., Orcutt, M., Ricci, K., Mohamed-Ahmed, O., Burns, R., Knipe, D., Hargreaves, S., Hesketh, T., Opondo, C. & Devakumar, D. (2018). Health impacts of parental migration on left-behind children and adolescents: a systematic review and meta-analysis. *The Lancet*, 392(10164), 2567-2582. [https://doi.org/10.1016/S0140-6736\(18\)32558-3](https://doi.org/10.1016/S0140-6736(18)32558-3)

Fu, Y., Jordan, L.P., Kim, T. & Graham, E. (2024). Children's Health and Well-Being in the Context of Parental Migration. In Abebe, T., Dar, A. & Wells, K. (Eds), *Routledge Handbook of Childhood Studies and Global Development* (pp. 196-220). Routledge.

Graham, E. & Jordan, L.P. (2011). Migrant Parents and the Psychological Well-Being of Left-Behind Children in Southeast Asia. *Journal of Marriage and Family*, 73(4), 763-787. <https://doi.org/10.1111/j.1741-3737.2011.00844.x>

Graham, E. & Jordan, L.P. (2013). Does Having a Migrant Parent Reduce the Risk of Undernutrition for Children Who Stay Behind in South-East Asia? *Asian and Pacific Migration Journal*, 22(3), 315-347. <https://doi.org/10.1177/011719681302200302>

Graham, E., Jordan, L.P., Yeoh, B.S.A., Lam, T., Asis, M., & Su-Kamdi. (2012). Transnational families and the family nexus: Perspectives of Indonesian and Filipino children left behind by migrant parent(s). *Environment and Planning A*, 44(4), 793-815. <https://doi.org/10.1068/a44445>

Hoang, L.A., Lam, T., Yeoh, B.S.A. & Graham, E. (2014). Transnational migration, changing care arrangements and left-behind children's responses in South-east Asia. *Children's Geographies*, 13(3), 263-277. <https://doi.org/10.1080/14733285.2015.972653>

Hynie, M. (2018). Refugee Integration: Research and Policy. *Peace and Conflict: Journal of Peace Psychology*, 24(3), 265-276. <https://doi.org/10.1037/pac0000326>

IOM. (2025, January). *Overview of Myanmar Nationals in Thailand*. https://thailand.iom.int/sites/g/files/tmzbdl1371/files/documents/2025-03/myanmar_migrants_thailand_jan25_final-1.pdf

IOM & Save the Children. (2017). *Special Cost of Migration on Children Left Behind: Research summary*. https://resourcecentre.savethechildren.net/pdf/social_cost_of_migration.pdf

Jampaklay, A., & Vapattanawong, P. (2013). The subjective well-being of children in transnational and non-migrant households: Evidence from Thailand. *Asian and Pacific Migration Journal*, 22(3), 377-400. <https://doi.org/10.1177/011719681302200304>

Johnson, D. (2018). *Living on the borderline: The lived experience of young migrants and refugees growing up on the Thailand Myanmar border*. [Doctoral dissertation, University of Dublin]. <https://www.tara.tcd.ie/tara8/server/api/core/bitstreams/c4830d6c-7116-47e5-ae45-b46e7964383f/content>

König, A., Nabieva, J., Manssouri, A., Antia, K., Dambach, P., Deckert, A., Horstick, O., Kohler, S. & Winkler, V. (2022). A Systematic Scoping Review on Migrant Health Coverage in Thailand. *Infectious Disease and Tropical Medicine*, 7(8). <https://doi.org/10.3390/tropicalmed7080166>

Kusakabe, K. & Pearson, R. (2016). Childcare Arrangements of Burmese Migrant Workers in Thailand. In Ansell, N., Klocker, N. & Skelton, T. (Eds), *Geographies of Global Issues: Change and Threat* (pp. 103-126). Springer Reference.

Lam, T., Ee, M., Anh, H.L. & Yeoh, B.S.A. (2013). Securing a Better Living Environment for Left-Behind Children: Implications and Challenges for Policies. *Asian and Pacific Migration Journal*, 22(3), 421-446. <https://doi.org/10.1177/011719681302200306>

Meyer, S., Murray, L.K. Puffer, E.S., Larsen, J. & Bolton, P. (2013). The nature and impact of chronic stressors on refugee children in Ban Mai Nai Soi camp, Thailand. *Global Public Health*, 8(9). <https://doi.org/10.1080/17441692.2013.811531>

Penboon, B., Jampaklay, A., Vapattanawong, P., & Zimmer, Z. (2019). Migration and absent fathers: Impacts on the mental health of left-behind family members in Thailand. *Asian and Pacific Migration Journal*, 28(3), 271-299. <https://doi.org/10.1177/0117196819876361>

Peng, Y. & Wong, O.M.H. (2015). Who Takes Care of My Left-Behind Children? Migrant Mothers and Caregivers in Transnational Child Care. *Journal of Family Issues*, 37(14), 2021-2044. <https://doi.org/10.1177/0192513X15578006>

Refugees International. (2026, February). *A Generational Collapse: Tracking the Toll of Trump's Humanitarian Aid Cuts*. <https://www.refugeesinternational.org/reports-briefs/a-generational-collapse-tracking-the-toll-of-trumps-humanitarian-aid-cuts/#:~:text=The%20WHO%20estimates%20that%20foreign,that%20suspended%20operations%20or%20closed.>

Save the Children. (2006). *Left Behind, Left Out: The Impact on Children and Families of Mothers Migrating for Work Abroad*. <https://resourcecentre.savethechildren.net/document/left-behind-left-out-impact-children-and-families-mothers-migrating-work-abroad-summary>

Save the Children. (2026, January). *Education on the Edge: Access to Education of Conflict-Displaced and Migrant Children along the Thailand-Myanmar Border (2026)*. https://resourcecentre.savethechildren.net/pdf/Education-on-the-Edge_Survey-Report.pdf

Senaratna, B.C.V. (2012). Left-behind children of migrant women: Difficulties encountered and strengths demonstrated. *Sri Lanka Journal of Child Health*, 41(2), 71-75. <https://doi.org/10.4038/sljjch.v41i2.4394>

- TBC. (2024). *2024 Nutrition Survey Results*. <https://www.theborderconsortium.org/wp-content/uploads/2025/03/2024-nutrition-survey-18032025.pdf>
- TBC. (2026). *The Border Consortium Strategic Plan 2026-28*. <https://www.theborderconsortium.org/tbc-strategy-2026-28/>
- The Lancet. (2023, May). For children left behind, we need to know more and do more. *The Lancet*, 34. <https://doi.org/10.1016/j.lanwpc.2023.100805>
- Treleaven, E. (2019). Migration and investments in the health of children left behind: the role of remittances in children's healthcare utilization in Cambodia. *Health Policy and Planning*, 34(9), 684-693. <https://doi.org/10.1093/heapol/czz076>
- UNHCR. (2012). *A Framework for the Protection of Children*. <https://www.unhcr.org/media/framework-protection-children>
- UNHCR. (2024a, March). *Operational Factsheet: Thailand*. <https://www.unhcr.org/sites/default/files/2024-04/UNHCR%20Thailand%20Operational%20Factsheet%2031%20March%202024.pdf>
- UNHCR. (2024b, March). *Refugee, children and youth*. <https://www.unhcr.org/handbooks/ih/age-gender-diversity/refugee-children-and-youth>
- UNICEF. (2017). *Executive Summary Study on the Impact of Migration on Children in the Capital and Target Provinces, Cambodia: Phnom Penh, Siem Reap, Battambang, Banteay Meanchey and Prey Veng*. https://www.unicef.org/cambodia/media/1446/file/Study%20on%20The%20Impact%20of%20Migration%20on%20Children%20in%20The%20Capital%20and%20Target%20Provinces_Eng.pdf.pdf
- UNICEF. (2018). *Assessment of Child Protection Services for Migrant Children in Thailand*. <https://www.unicef.org/thailand/media/8711/file/Assessment%20of%20Child%20Protection%20Services%20for%20Migrant%20Children%20in%20Thailand.pdf>
- UNICEF. (n.d.). *UNICEF Working Paper: Children "Left Behind"*. <https://www.unicef.org/media/83581/file/Children-Left-Behind.pdf>
- Wickramage, K., Siriwardhana, C. & Peiris, S. (2015). *Promoting the Health of Left-Behind Children of Asian Labour Migrants: Evidence for Policy and Action*. International Organisation for Migration (IOM). https://www.migrationpolicy.org/sites/default/files/publications/MPI%20Issue%20No%2014_10Sep2015_FINALweb.pdf
- Yeo, S.S., Gagnon, T. & Thako, H. (2020). Schooling for a Stateless Nation: The Predicament of Education without Consensus for Karen Refugees on the Thailand-Myanmar Border. *Asian Journal of Peacebuilding*, 8(1), 29-55. <https://doi.org/10.18588/202005.00a111>
- Yeoh, B.S.A. & Lam, T. (2006). The Costs of (Im)Mobility: Children Left Behind and Children Who Migrate With a Parent. In United Nations, *Perspectives on Gender and Migration*. <https://repository.unescap.org/server/api/core/bitstreams/c1af9b94-ec18-4e11-8dcb-b2e49a4702b1/content#page=128>

APPENDIX 1 - NOT FOR ASSESSMENT

Scope of Health Issue:

1. In your community / the camps, has there been a change in adults leaving the camps for work as compared to before the introduction of the policy?
 - ❖ If no - clarify if adults are leaving camp for work prior to, or outside of the new employment policy
 - ❖ Who is usually leaving - mothers, fathers, both?
 - ❖ Is this usually short or long-term?
2. When parents or caregivers leave, who usually looks after the children?
 - ❖ Are children sometimes left alone for parts of the day or extended periods of time?
3. How stable are these caregiving arrangements?
 - ❖ Do caregivers change often?
 - ❖ Are children moving between households?

Daily Routines and Cares

1. Compared to before the work policy, have children's daily routines changed? For example, their meals, sleep routines, hygiene, play time.
2. Who is normally responsible for the children's routines and care?
 - ❖ Cooking, cleaning, hygiene, health care

Psychosocial Wellbeing

1. Have you noticed any changes in children's behaviour or emotions since caregivers have begun leaving for work?
 - ❖ Sadness, worry, anger, withdrawal
2. Do you know if children are able to communicate with their caregivers whilst they're away?
 - ❖ If so - how?

Physical Health and Nutrition

1. Have you noticed any changes in children's health or nutrition?
 - ❖ Weight loss, injuries, illness
2. Has the content and regularity of meals changed?
 - ❖ Who is ensuring that children get fed?
3. If a child becomes unwell or injured, have the pathways to them receiving care changed without their caregiver present?

Education

1. Have there been any changes in school attendance or performance?
 - ❖ Do children's household responsibilities impact their attendance and performance, and has this changed since caregivers moved out of camp?

Protection and Safety

1. Have you noticed any new risks to children's safety when caregivers are away?
 - ❖ Includes neglect, abuse, exploitation, substance use, peer pressure
2. How does the community manage a situation where the child is deemed unsafe?
 - ❖ Are they supported?

Target areas

1. Are there any particular groups in the community that you feel are more impacted by caregivers moving away than others?
 - ❖ Ability, age, gender, location, and financial status

Community Support and Recommendations

1. What supports already exist in the community for children whose parents are away?
2. What kinds of support do you think would help children and caregivers most right now?
3. What do you think are the biggest gaps are in caring for these children?
 - ❖ In their safety, education, and nutrition?

Looking Ahead

1. Do you expect more parents to be leaving the camps in the coming months?
2. What opportunities do you see arising from this work policy?

Closing

1. Any final comments or questions?