

Support provided for  
Unaccompanied Humanitarian Minors  
Refugee Services Alternative Care

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*Refugee Services Alternative Care Research Project*

**Report prepared for Families SA Refugee Services**

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## Acknowledgements

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## **Executive Summary**

Families SA Refugee Service (RS) supports unaccompanied humanitarian minors (UHMs) in South Australia as well as providing recruitment, training, assessment and monitoring of carers who are mainly recruited from a similar ethnic background as the UHMs.

### **The goals of the research project discussed in this report were to:**

1. Identify the successes and gaps of the current Alternative Care Service for refugee minors and recommend strategies for bridging gaps identified;
2. Recommend strategies for maintaining and building on the successes of the Alternative Care Program with possible transferability to the wider Alternative Care Sector; and
3. Achieve shared ownership of process and results of the research project.

In response to these goals:

#### **1. Successes and gaps identified in RS service delivery:**

##### **Successes**

- RS is generally viewed positively by UHMs, carers and staff.
- Carers reported good and supportive relationships with staff.
- Carers expressed a vocational commitment to the UHMs in their care and a sustained interest in their well being.
- The UHMs reported good and supportive relationships with their carers and staff.
- Staff expressed that they appreciated the privilege of working in this section of Families SA.
- Staff expressed a deep commitment to the needs and concerns of the refugee communities in South Australia.
- RS was seen by staff as an adaptable service that could accommodate the needs of UHMs in innovative ways.
- Staff felt that they were able to adjust readily when requested to provide care for UHMs from different cultural settings.

##### **Gaps**

- The policies and procedures of the mainstream alternative care system did not always appear to be applicable to RS.
- Carers, staff and children expressed the view that there was a lack of community based programs for children and young people which could assist them in their task of integration.
- There was a distinct perception amongst the 14-18 year old Afghani young men that the educational program provided through Thebarton Senior College did not feel of value to them.
- The UHMs wanted a mechanism to participate more meaningfully in decisions which affected them.

- Carers felt they needed more opportunities and assistance to express their views, concerns and opinions about their roles in RS.
- Carers felt they needed more ongoing training to continue to do well in their roles.
- Community Liaison Consultants felt that their roles were not well understood in the larger Families SA context or within their own communities.

## **2. Recommendations for building on the successes of RS**

- That RS continue to foster the community and cultural focus of their work which is recognized by UHMs, carers and staff as having created a positive atmosphere;
- That RS develop and define their operation as a more unique and distinct operation within Families SA;
- That in developing policies which are specific to RS, the UHMs are identified as having particular needs which are grounded in community and culture and are different from the needs of children under the umbrella of alternative care services;
- That RS be involved in policy development at the Alternative Care Directorate level;
- That efforts be made to clearly delineate the roles of the Clinical Liaison Consultants (CLCs) and that an understanding of these roles be disseminated to all relevant staff in Families SA.
- That opportunity be provided for carers once a year to give formal, independent feedback on services they receive from RS;
- That children and young people be regularly approached to give their opinions and feedback in relation to their lives and experiences in Adelaide and that this feedback be incorporated in forward planning;
- That RS reassess the educational opportunities provided for older UHMs;
- That efforts be directed towards helping the school to prepare all students to be more supportive and receptive to refugee children who enter their classes and that bullying and teasing be identified and addressed;
- That RS maintain, develop and expand community based programs for UHMs to help them integrate into Australian society; and
- That consideration be given to the idea of RS offering therapeutic recreational programs over the school holiday periods and including non-refugee children in attendance.

## **3. Shared ownership of the project**

The researchers felt that there was a shared ownership throughout the planning, development and implementation of the project. This partnership was enabled by the Steering Committee

members including representative carers, cultural liaison consultants, staff, a representative from the Alternative Care Directorate, the Steering Committee Chair, Andrea Tschoner, and the Manager of Refugee Services, Alana Cole-Munro, and the researchers.

## **Summary of Key Issues Emerging from the Findings of the Project**

Focus groups and interviews were conducted with a total of 22 carers, 15 staff, 17 Afghani young men and 11 children.

### **Carers expressed a need for the following:**

- A formal introduction session between carer and UHM before a child moves in to a home;
- Clear boundaries to be set for both carers and children;
- Abuse to be clearly defined in an Australian context for carers;
- Provision of appropriate psychological support for UHMs;
- Fostering of good support and communication between carers and RS;
- Ongoing training for carers;
- Consistency of respite for some carers;
- An understanding that providing stability for UHMs requires accepting them into one's family;
- As UHMs become part of a family, they need to respect the rules of the household;
- That children be maintained in a placement rather than moving them on; and
- More attention be paid to the lack of facilities, finances, adequate housing and transportation availability.

### **Staff focused on the following areas:**

- **Cultural differences:**
  - ACS provides a predominantly individualized system of care where the child is paramount. RS want to provide a more culturally appropriate, family based system of care.
  - Unlike many children entering the ACS, UHMs have a largely positive view of parents and the family structure into which they were born.
- **Temporary nature of RS:** RS is a small and unique operation which cannot always comply with ACS regulations. A number of staff feel a sense of uncertainty as to the future of RS and in their individual roles, and this has an impact on the sense of security for themselves and their clients.
- **Adaptability of RS:** One of the benefits of being small is the adaptability of RS. Communication is personal and rapid, staff are flexible and ready to take on new challenges, and the organisation is readily adaptable to changing circumstances. RS feels it can readily replicate what it does with one community to a totally different community of UHMs. Caseworkers (CWs), alternative care workers (ACWs) and clinical liaison

- **Policies and Procedures:** Staff believe that policies and procedures specific to RS and UHMs need to be developed if they are to maintain integrity in their roles with clients. Staff listed 14 areas in which policies or procedures need to change and there may well be others.
- **Advocacy:** There are two areas in which advocacy is seen as an important role for all staff: firstly, in seeking equity and access to services for clients, including children, carers and communities; and secondly, advocating with DFC to effect policy change for these clients. CLCs also see advocacy as one of their key roles between the clients and the services.
- **Role and Support for CLCs:** All staff agreed that CLCs have a significant role to play in terms of
  - mediation between clients and staff;
  - finding alternative solutions to family breakdown for UHMs;
  - advocacy between RS and their own communities;
  - ongoing education and training of RS and District Centre staff, as well as
  - providing information for people in their own communities.
- **Terminology:** It emerged from the interviews with the staff that another term rather than “alternative care” might depict a more appropriate type of care for Refugee Services that is provided within the context of family and community.

### **Interviews with Children and Young People**

As a context for interviewing children and young people, a three day summer recreational program, called “Fun Days Out”, was conducted for UHMs on 13-15th January 2010. A second recreational/research session was held on 22<sup>nd</sup> May 2010 specifically for younger children. During these events, the young people were asked to comment on four areas – their life in Adelaide, school/education, home and community, and social connections. Interviews were conducted with 17 young people aged between 14-18 years of age and 11 children aged 7-14 years of age.

**Comments from the young people** who were all Afghani young men, have been summarized into nine themes:

- **Background:** They had lived in Australia from between 3 weeks and 12 months. It had taken each one approximately 12 months since they had left their families to arrive in Australia via Christmas Island.
- **City of Adelaide:** All spoke positively of Adelaide and of the assistance they had received from Families SA.
- **Education:** This was a major issue expressed by all the young men. Consistently they felt that attendance at Thebarton Senior College in the New Arrivals Program (NAP) was not beneficial. They all wanted to engage in study with what they felt were tangible benefits. All wanted to undertake further study.

- **Future plans:** All came to Australia with an agenda and have clear ambitions for their futures. In the short term, they want an effective education. In the medium term, they want to earn good money to be able to bring their families to Australia. In the longer term, they want to establish themselves in Australia with a good education and good jobs.
- **Family:** All the Afghani young men were the oldest sons in their families. They indicated that they had a responsibility to their families to bring them to Australia. Some had commenced the process with the legal service. It appeared that the most recent arrivals were more likely to maintain regular contact with their families, or at least spoke of this more frequently than those who had been in Australia longer.
- **Accommodation:** Most of the Afghani young men lived in residential care with two Afghani carers. One suggestion that emerged from the young men was that one of the carers be Afghani and the other Australian. One young man was living in foster care. They expressed some concerns about the living arrangements and the care provided, particularly transport arrangements to Thebarton Senior College, food and accommodation facilities. Those who had turned 18 years old said that they are provided with accommodation but that financial assistance stops.
- **Activities:** Concerns were expressed about obtaining a driving license and the costs involved. Similarly there were costs involved in sporting activities which they found difficult to meet, and this would particularly be the case once they turned 18 years old. So, although RS ensured they had a house, there was some concern about becoming independent in a financial sense.
- **Work:** Some young men seek to find casual employment whilst studying but find it difficult to access.
- **Services Received:** A few young people felt that caseworkers “dropped” them into accommodation and left them without adequate support.
- **Friendships:** The young men expressed a difficulty they experienced in making Australian friends, stating that they did not understand how to approach Australians and start a social relationship.

**Comments** of the children, five boys and six girls, all from African countries:

- **City of Adelaide:** All children spoke in positive terms about Adelaide. They spoke about the green open spaces, calm, shopping, quiet and no fighting, easy transportation, and interesting places such as the zoo, the beach and the sea.
- **Education:** Almost every child spoke about feeling nervous at school and being teased or bullied. They reported that they didn’t know what to do about bullying and that the teachers were often not able to stop it. Several children spoke of serious name calling such as “poo” because of her skin colour or “African” or “loser” and most children said other children made fun of their accents.
- **Home:** The children spoke about being “happy sometimes and sad sometimes” at home. In general the children expressed feeling good about where they lived and several

- **Friendship:** All the children spoke of having friends – African friends and a few Australian friends. Their friends were not necessarily at school with them and some were friends from their church. Most children expressed the wish that they had more Australian friends and that they would like to have more activities such as the recreational program, “Fun Days Out.”



## **The Process and Procedure of the Research**

### **Background to Refugee Project and to Unaccompanied Humanitarian Minors in Australia**

Dr Keith Miller first met with Ms Andrea Tschoner and Ms Olga Deboar from Families SA Refugee Service (RS) on 22<sup>nd</sup> April 2008 to discuss an evaluation of the services provided by RS. The alternative care process with refugee children appeared to be operating well particularly with the unaccompanied humanitarian minors (UHMs). There was a desire to develop a questionnaire that would provide feedback from carers, staff and if possible the children themselves as to what aspects of the service people found helpful and what aspects might be improved to be more helpful. It was intended that the findings could be shared with the broader or mainstream alternative care system in Families SA.

The Refugee Service (RS) comes under the auspices of Families SA, which is part of the South Australian Department of Families and Communities (DFC). It is based in Netley, South Australia. RS has been supporting UHMs under Memoranda of Understanding (MOUs) between the Commonwealth of Australia and the South Australian State Government since 1999 (Families SA Refugee Service, 2008). As part of providing a refugee service, RS commenced placing UHMs in alternative care in the year 2000. The RS initially commenced in the 1970s, with the influx of Vietnamese migrants. It is now involved with migrants and refugees from a range of countries. Currently, UHMs are sourced from a range of African, Middle Eastern, South Asian and South East Asian countries. Alternative care staff from RS are responsible for providing recruitment, training, assessment and monitoring of carers as well as a range of support services.

Under the Immigration Guardianship of the Minister (IGOC) Act 1946, children arriving in Australia without a parent or close relative are deemed to be under the guardianship of the Commonwealth Minister for Immigration and Citizenship and are considered to be wards of the State (Department of Immigration and Citizenship, 2007). In South Australia, these children are cared for by Families SA Refugee Services (RS). RS also supports children who arrive with extended family, particularly African children, providing 12 months protection and support. These children are deemed non-wards (Department of Immigration and Citizenship, 2007). There are currently a substantial number of both wards and non-wards in South Australia

Some refugees from offshore are processed in refugee camps and come to Australia with a humanitarian visa. Others arrive in Australia and then seek asylum. Approximately 13,500 people arrive with humanitarian visas in Australia per year (Refugee Council of Australia, 2010). Approximate numbers of children managed by Refugee Services SA since 2004 are available. However, there has been no specific system of maintaining these data accurately, so the following are “indicative figures”. Figures as of 30 June 2009 are: 58 (2004), 108 (2005), 79 (2006), 131 (2007), 92 (2008), 114 (2009), (Tayler, 2009).

In South Australia, the RS has dealt with about 570 children in the past six years. In June 2009, they were managing 114 children. Approximately 50 percent of these were Sudanese, some Burmese and Afghani, along with other nationalities. There are a mix of gender and age groups. The composition of these children is different to the representation of these ethnic groupings in the general society.

### **Refugee Services Alternative Care Research Project**

Following the initial meetings between Ms Andrea Tschoner, Ms Olga Deboar and Dr Keith Miller, Associate Professor Carol Irizarry joined the research team and after several discussions the project was formally established as the *Refugee Services Alternative Care Research Project*. An Advisory Group which included representatives from Refugee Services, Registered Carers with the Families SA Refugee Services program, and a representative from the DFC Alternative Care Directorate was formed under the chair of Ms Andrea Tschoner and this group was essential to advise and inform the researchers and to actively assist with the coordination of the project. The first meeting occurred in August 2008. The Group determined Terms of Reference, goals, a process methodology and anticipated outcomes. Funding for the project was shared equally between Refugee Services and the Flinders University School of Social Work (as it was known then) with an approximate \$12,000 budgeted for the project.

#### **The goals of the research project discussed in this report were to:**

1. Identify the successes and gaps of the current Alternative Care Service for refugee minors and recommend strategies for bridging gaps identified;
2. Recommend strategies for maintaining and building on the successes of the Alternative Care Program with possible transferability to the wider Alternative Care Sector; and
3. Achieve shared ownership of process and results of the research project.

### **Literature Review**

As a background to the project and to inform the researchers, a review of literature relevant to the project was undertaken. This included perspectives from Australia, the United Kingdom and the United States. This literature provided some insights and depth into the commonality of issues in other states and countries and other research that has been undertaken with refugee children in alternative care. A discussion of this literature is included at the end of the report.

## **Method**

### **Methodology used in this Research Project**

In conducting this research, we have used a social constructionist perspective (Burr, 1995), which adopts a relativist ontology, a transformational epistemology and a hermeneutic methodology (Denzin & Lincoln, 2005) based on the interactions between researchers and participants (Guba & Lincoln, 1994). This provides reconstructed understandings of the social world, at least of the social world as inhabited by these participants. Self constructionism uses a truly investigative approach to engage with participants (Marshall, 1998). One interaction with participants fed into the next, leading to a development of our understanding as researchers and so to a more informed interaction with subsequent participants. The methodological approach is then hermeneutical and the outcomes are based on “situational information” provided by participants (Guba & Lincoln, 2005).

As participants share their views and stories, they are describing their interpretation of events, a personal narrative, a retelling of life as they experience it and the truth as they see it. They emphasise certain aspects of their story. It was felt by the researchers that some of the carers perceived the interviews as one legitimate avenue by which they could make their concerns known and that participants hoped the researchers would advocate for change on their behalf. This request was not overt but responses were sometimes carefully constructed, words were carefully chosen, and at times this was more than an issue of language.

Discussion in the staff focus group was also carefully constructed. There was also a power differential in these groups, between different staff members. There certainly appeared to be an ongoing harmony amongst staff members, but certain ones had a more powerful voice in the group than others. With the smaller staff groups, certain issues were raised or explained in greater detail. The researcher became the privileged outsider with whom issues could be raised. As with the carers, there was the sense that the researcher would summarise and carry these messages to “management” with the hope that change would be effected. While there was a sense on the part of staff that things needed to change, staff were largely uncertain as to exactly what changes would most effectively bring the alterations which would most benefit both UHMs and carers.

In the interviews with the young men, again the researchers were seen as the privileged outsiders who could convey their concerns to the authorities or as the conduit through whom they could express certain issues. Interestingly, but not surprisingly, the young men had colluded on some matters and at times these young men were even more guarded than the carers in what they shared. They came from a much more vulnerable position. Their fear was that if they did not comply with the authorities’ expectations, they could be deported or at least forego the opportunity to sponsor their families out to Australia. They were unwilling to take this risk. Truth was carefully expressed and deliberately chosen to convey their concerns but in a way which they felt would not jeopardise their future opportunities. Truth as

conveyed by all the participants was indeed socially constructed, yet certainly true from their perspective.

### **Study Population and Data Collection: Carers**

The target population consisted of all those registered carers who provide care for unaccompanied humanitarian minors (UHMs). The Advisory Group determined that we would hold an Information Day on 7th February 2009 to inform these carers of the project and our wish for them to become involved. Information was sent out through Refugee Services staff and community networks inviting carers to attend. A local Primary School offered their premises for us to use. A lunch was organised to enable informal interaction, following which there was a formal introduction of the two researchers (Dr Miller and Dr Irizarry) to carers and an explanation of the purpose of the research.

The carers were interviewed in a focus group or as couples or individuals. The first focus group was held on Friday 20<sup>th</sup> February 2009 in a local community centre. These were Afghani carers who cared for Afghani young men who had entered Australia as UHMs. Six carers attended along with an interpreter. The second focus group occurred the following week on Friday 27<sup>th</sup> February 2009 in the same community centre. There were six African carers who cared for African UHMs and an interpreter.

Over a two month period, between the end of February and the end of April, a series of 10 interviews were conducted with individuals or couples who cared for UHMs. A total of 22 carers were involved. These interviews occurred in a variety of places, the locations being chosen by the participants. These locations included the community centre, homes of participants, cafes and places of work.

Two students joined the project, one of whom was an experienced senior social worker with a great deal of experience in alternative care. The other students spoke Arabic. Initially one of the researchers worked with one social work research student, with the researcher asking questions and initiating discussion as well as taking notes. The student primarily took notes and occasionally participated in the discussion. After gaining experience the two students interviewed some couples together and a few interviews took place with a sole researcher. None of the focus groups or interviews was electronically recorded. The researchers used a semi-structured format in the interviews based on a social constructionist approach. There was a consistency in the types of questions asked and the discussions which ensued in each interview.

Data analysis primarily followed a thematic approach. Detailed notes were taken during both focus groups and individual interviews by the two researchers and the social work students. Following these events, each researcher typed up their notes and shared them with the other researcher and students. The notes were then assimilated, offering different perspectives and interpretations of the discussions. The researchers pored over the notes continually, re-reading them a number of times, isolating themes and summarising these themes into major themes with the students reading these summaries and suggesting additions or corrections based on their recollections.

Ethics approval was gained from Flinders University and Department of Families and Communities Ethics Committees. Care was taken with these applications due to the vulnerable nature of the UHMs and the carers who also largely come from refugee communities.

### **Study Population and Data Collection: Staff**

The Advisory Group agreed that it would be beneficial to interview any staff members who were either directly or indirectly involved with UHMs to more effectively capture the scope of the Alternative Care Program. The target population consisted of all 23 staff employed by Families SA Refugee Services (between July 2008 and June 2009). This included Case Workers, Alternative Care Workers, Community Liaison Consultants and Administrative Staff. A letter was sent to all staff by the Manager of Refugee Services inviting participation but informing them that they were under no obligation to be involved. The option was also given for participation in a focus group or in a smaller interview session with one or two colleagues.

A total of 15 staff were interviewed by Dr Miller with the assistance of one of the social work research students. A focus group was conducted on 21<sup>st</sup> April 2009 at Refugee Services and 12 staff attended. The session was audio-taped and detailed notes were also taken. Two smaller focus groups also occurred in late April and early May 2009 during which participants elaborated on responses provided during the first focus group. Some participants indicated that they felt freer to speak more openly in smaller forums as it increased their confidence that responses would be treated confidentially. Only one researcher was in attendance at these two sessions, facilitating the discussion and taking notes. These sessions were also audio-recorded. These second two sessions were conducted in an unstructured format, the researcher allowing the participants to speak openly about the benefits and concerns they felt with the service provided to UHMs.

Data analysis primarily followed a thematic approach. Following a process similar to the analysis of the carers' interviews, the researcher and student (when present) typed up their notes and reviewed them together. The researcher also listened to the audio-tape and added points missed in the notes. Themes were isolated and summarised into major themes.

### **Study Population and Data Collection: Children and Young People**

A three day Summer Recreation Program was organised on the 13<sup>th</sup>, 14<sup>th</sup> and 15<sup>th</sup> January 2010 for UHMs by the researchers and a social work student with a recreational background. All UHMs in Adelaide between the ages of 6 and 18 years were invited. As UHMs are cared for by carers who also have families, their own children were also permitted to attend. The Summer Recreation Program was conducted at Pulteney Grammar School, in the centre of Adelaide. Approximately 40 children attended the event over the three days. Interviews were conducted with 20 UHMs. A senior member of staff from RS was present at all times and assumed the overall responsibility for the children and young people.

Families SA Refugee Services promoted the Program through their networks. Many of the carers and staff had already been interviewed and so were familiar with the project. Ethics approval was again obtained from the Flinders University Social and Behavioural Research Ethics Committee and the Department of Families and Communities Ethics Committee also asked for a personal presentation from the researchers. The expenses of the program were met through a research grant from the university to one of the researchers.

As one component of the Summer Recreation Program, the two researchers engaged with the children in play, craft and sport and conducted interviews informally. Several younger children were interviewed in the context of a game about themselves. The older children were all Afghani young men and they participated with enthusiasm in the sports program. Eight of their interviews were conducted individually and in addition there were three groups of two young men and one group of three young men, all aged between 14 and 18 years. The interviews related to school, home and community, social connections, and general life satisfaction, using a semi-structured question format. Conversations were directed by the participants and so each one varied somewhat in content and areas covered. Some were conducted with another young man acting as interpreter where needed. However, a number wanted to speak without an interpreter, despite their limited English.

The initial intention had been to engage the young men in focus groups but one of the interpreters reported in the early stages of the program that the young men preferred to talk with the researchers individually. It seems that their caseworkers and carers had spoken with them about this opportunity over the previous few weeks and many of them had come to the three day Recreational Program prepared and ready to discuss matters which they felt were important. Not all the young men who participated in the three day program chose to be interviewed.

Following the interviews with the first three young men, the Afghani volunteer in the program advised that the researchers needed to be clearer with the participants that the information gained from these interviews would not be used to jeopardize the young men's situation in Australia, their relationship with government services, particularly the Department of Immigration and Citizenship, nor the possibility of later reunion with their families. There was obviously some concern on the part of the young men about responding forthrightly to the questions they were being asked, even though they had been assured of confidentiality. Their level of caution did not minimize the concerns expressed by the young men, but it did limit the freedom with which they spoke and the extent of the concerns they expressed.

A second recreational/research session was held on 22<sup>nd</sup> May 2010 specifically for younger children and an additional 7 children were interviewed at that time. The total number of children 7 to 14 years old included in this project was 11 children.

Data analysis primarily followed a thematic approach. Detailed notes were taken during groups and individual interviews and observational summary notes were taken following play and craft activities. The researchers typed up their notes and shared them with the each other.

The notes were then assimilated, offering different perspectives and interpretations of the discussions. Themes were noted and summarised into major themes for the young men and the younger children.

### **Participant observation: Young People**

When the young men arrived at the Recreational Program, they were accompanied by some of their carers and sat around some of the tables in the courtyard. Lunch had been provided and the young men hesitantly began eating. Some of the carers were obviously older men but some were of similar age to the UHMs, so it was initially difficult to determine who were carers and who were UHMs. After a brief time, Dr Miller went across to the tables and began to converse with the carers first and then introduced himself to the young men. He spoke with the older men first as he felt that respect of age is significant in the Afghani culture. He ascertained that a number of the young men had limited English, and that some of the carers were not very fluent in English either. The activities which had been organized for the three days were explained, especially the visit of team members from Adelaide United Football Club, and he ate lunch with them.

One of our uncertainties in conducting the program related to the wide age range of participants (6 to 18 years), the very different cultures to which we would be relating (Afghani and African), and our attempts to find activities which both younger and older children would enjoy. Three of the Afghani young men who arrived early on the first day indicated after a short time that they did not want to stay. They were asked to remain until the staff coordinator from Families SA had acknowledged their presence and agreed that they could leave. This requirement had been agreed upon with the Manager of RS. The young men decided to remain but initially remained seated outside observing the activities. Interestingly, these three young men returned each day and became more willing participants in the various activities as the days unfolded. The attendance of the other young men was varied as several attended for one or two of the three days.

One of our volunteers, an Afghani man who had been through similar experiences to these young men and had now become a permanent resident, engaged well with the young men. He was observed often talking with the young men in groups as well as participating with them in some of the activities. This seemed to help them to relax and feel freer to participate and it gradually became clear that they enjoyed sharing in the various activities. Dr Miller directed his attention to spending time with the young men during the different activities. Dr Irizarry focused on the younger children, talking with them informally as they worked at craft and sculpting tables. She also set up a table with visual display depicting the four areas which were under consideration in the research – Adelaide, Friends, Home and School. There was a lot of interest in this display and an opportunity to tell the children who inquired about the interest we had in learning their views about their life here and now. Some of the young men chose to be interviewed by Dr Irizarry at this table, while the majority spoke with Dr Miller in one section of the courtyard while sports activities were in progress nearby.

## **Responses of the Participants**

### **Carers' Responses**

All the carers were most cooperative, honest and forthcoming in their discussions. They were very positive about the services provided by Refugee Services in general, but also willing to critique practices which they felt could be improved. A total of 22 carers were interviewed, either individually or as part of a focus group.

In the earlier part of the interviews, carers chose their words carefully, not wanting to offend and wanting the researchers to understand that they very much appreciated RS. Their criticisms were intended only to improve the service. The carers relaxed as the interviews progressed. Following below are the questions which were asked of the carers and a summary of their responses.

#### **1. What sorts of things have you needed to know because you are a carer?**

- It is important to know that both children and carers have a fear of government authority due to their experiences before entering Australia.
- Families SA needs to understand this fear and work collaboratively with carers around it.
- Clear boundaries need to be set for carers and children through:
  - Clarifying what carers can and cannot know about children entering their care
  - Ensuring carers are familiar with emergency concerns and immigration issues
  - Families SA and carers supporting one another in identifying and enacting rules of behaviour for children.

#### **2. What makes you feel good about being a carer?**

- Being able to support a child so they do not feel lonely upon arrival:
  - “I remember the first days that I came here. I rarely knew anybody so it is good that I can help them.”
- Being able to provide a good contribution for developing a child's future:
  - “We can pass on our knowledge to improve the lives of children and help them stop making the same mistakes we made.”
- Pride in raising orphaned children some saw it as a religious responsibility.
- Maintaining the children's cultural awareness and also providing a service to the community.
- Caring for children as if they were your own.
- Offering stability and a good home life, which the children may not have experienced previously.
- Providing a strong sense of achievement in putting structure into the children's lives – such as school, age-appropriate bed-times and social activities.
- Working with Families SA who were very supportive.
- Loving children:
  - “When a child is born, it belongs to the whole village.”



### **3. Is there anything which would make you want to stop being a carer?**

- If it affects our own children
  - “When it starts to affect the family make-up...(or) if inappropriate advantages are being taken, it is not worth it.”
- If the children are very disobedient or violent.
- If the system makes carers feel frustrated.
- Weariness:
  - “When responsibility is more than we expect.”
- Poor support or lack of communication between Families SA and carers.
- Families SA are good but there can be poor communication with some of the Families SA District Centres.
- Lack of respite:
  - “Respite is helpful, but it does not necessarily come when you want it.”
  - “It is difficult to plan your life around when respite is offered.”
- For other carers, respite was not as important:
  - “They’re our kids. It is a lifelong commitment.”

### **4. If one of your friends was thinking about becoming a carer, what would you say to them?**

- **Personal:**
  - “Never regret it.” “Learn a lot of stuff”. “Explain your own personal situation. Be honest and tell them the good with the bad.”
  - “You have to be patient, caring, kind, communicate.” “Bring them closer, play, talk, study, eat.”
  - “Definitely highly recommend it but it needs to be for the right reasons. Need to consider home situation and commitments elsewhere.”
  - “I try to encourage (friends) because of the value of children and family and being part of stability for them...Support them to have a better go at life.”
- **Own family:**
  - “Think carefully about what you can manage and how it will impact on your own and your family’s lives.”
- **Unaccompanied humanitarian minor (UHM) children:**
  - “These are kids who need a stable home.”
- **Organisational:**
  - “Mainly, there is good communication and rapport between Families SA staff and carers. But this can always be improved”.

### **5. What would make your role as a carer easier?**

- **Equipment, facilities, finances and transport**
  - Concern was expressed about lack of equipment, including educational equipment such as computers.
  - More financial support at certain times, eg. last minute placements.

- Access to grants for self development activities and higher payments for initial setting up of the home.
- More open communication with carers and children around realistic expectations in relation to available funding. Children's expectations need to be realistic.
- Children need to respect the rules of the household in which they live.
- Good communication between carers and Families SA in terms of housing, transport, shopping vouchers and receiving payments on time.
- **Cultural awareness**
  - There is a cultural shock experienced by the children upon first arrival. Sometimes carers are not able to impart cultural norms to the children due to lack of familiarity.
  - Regular training sessions for carers would be helpful in terms of societal rules and regulations, forms of acceptable behaviour and punishment. This training needs to occur in a manner appropriate to all carers as some are illiterate.
  - It is also important that children retain a sense of cultural familiarity with their own communities.
  - The use of Community Consultants is vital in liaising between Families SA, carers and children in terms of translation, and resolving minor conflicts or cultural misunderstandings.
- **Psychological support:**
  - Some of the children experience psychological problems and need support in this area. Often children come to Australia having experienced violence in their country of origin or refugee camps.
  - Results of this may be nightmares, mental health problems, suicidal thinking, or violent behaviour.
  - Carers are often not equipped to manage these issues. Constructively dealing with loss, trauma and grief may change the future for these young people.
- **Life Adjustment**
  - Some UHMs enter Australia in their late teenage years. They find it difficult to adjust to life in Australia. Some carers feel these children are ill-prepared to live by themselves once they turn 18 years old. There needs to be an intermediary stage of accommodation.
  - Often these young people are unable to balance their new found freedoms with responsibility and are attracted to the negative aspects and inappropriate behaviours of the life of young people in Australia, such as binge drinking. They do not have the balanced understanding of Australian young people who also lead productive lives during the week. UHMs need to be taught these skills.
- **Placement changes**
  - When placement changes are made, the child's best interests need to be considered, including social networking, schooling and comfortableness with the new arrangement.
- **Respite**
  - Respite needs to be provided consistently so that carers can plan around these times.

- **District Centres:**
    - Families SA (Refugee Services) are great but District Centres are not as helpful.
- 6. What have you found most helpful?**
- Knowing some background on the children.
  - Tremendous support from staff at Families SA, including follow-up, meeting new carers, availability, trust and desire to make placements work.
  - Consistency of staff over period of time.
  - Importance of Families SA staff sharing information with the carer, eg. appointments with teachers, information, access, links to community, effective co-parenting.
  - Financial situation in terms of carer payments. However, some carers felt the children's pocket money was too generous.
  - Attitude of Families SA staff: their enthusiasm and understanding.
  - A training session, about how to manage anger, whining and tantrums of a child, was very helpful.
- 7. What was least helpful?**
- Inadequate support, resources and training, along with cultural background and sensitivity.
  - In some contexts it is preferable to hear both sides of the story and analyse the real cause of the problem. Carers need to be allowed to continue with their own problem solving method and style in dealing with the children.
  - Contact and miscommunication with the District Centres.
  - Important to use community support to resolve issues to ensure children are retained in a placement rather than finding a new placement.
  - There needs to be adequate bedrooms for all the children.
  - When a child becomes a ward and has a different relationship with Families SA.
- 8. What would you like to see happen in the future?**
- An increase in carer payment due to financial crisis and inflation.
  - More training on carers' and children's rights and responsibilities in terms of language and what is culturally appropriate.
  - More respite time for carers and provided more consistently.
  - Extra support and counselling in exceptional medical situations, eg. child with blood clotting problem.
  - Families SA take responsibility for study material and equipment for children (eg. buy it wholesale and rent it out at minimal cost).
  - A first contact/meeting time with the child before living in the home, such as a formal introduction session. During this time, the rules of living with another family could be made clear.
  - A greater number of community consultants.
  - Someone to answer questions after hours.

- Ongoing care provided to young people upon reaching 18 years of age.
- Encourage more people to become carers, but also vet carers thoroughly before placing children with them.
- When children live with carers of a different ethnic group, provide carers with a package to help explain how to care for skin, hair, health care and well being, along with community protocols.
- More initial support from Families SA and support when certain issues arise.
- Engage with community elders to negotiate with families and so ensure children stay in families if possible. When there is abuse or domestic violence, taking children from a family may do more harm than good. Community can and need to take responsibility in these situations and resolve issues.
- Improve the immigration process of sorting out visas.
- Continue to develop communication between ethnic communities.
- Families SA need to define clearly what they regard as abuse so that carers are clear on this.

## Staff Responses

The main themes which arose throughout the focus group and two interview sessions with staff members are set out below. These can be categorised into six major themes which are distinct but interrelated. It would be true to say that the issue of cultural perspectives pervaded this whole discussion and was the precursor for all the issues which followed. There is consequently much overlap amongst the issues raised.

### 1. Cultural differences and Classification of Children:

There are two main perspectives which distinguish unaccompanied humanitarian minors (UHMs) from children who are engaged with the mainstream alternative care system (ACS). This often leads on to the cultural misunderstanding and confusion which the Community Liaison Consultants (CLCs) recognize and which causes Families SA Refugee Services (RS) staff much frustration.

- **First perspective:** The ACS is a predominantly mono-cultural program based on an individualised system of care (according to RS staff). However, UHMs largely come from cultures in which community and family take precedence over the individual. It is seen as a community responsibility to provide care for all children who make up the community. UHMs become accepted into their new family on an equal footing to all other children in the family. All community members have a responsibility toward these children and all UHMs have obligations toward all other members of their communities.
- **Second perspective:** Children entering ACS often come from disruptive family situations, or from situations where the child's behaviour is such that the family are unable to manage. These children have often received a negative experience of family. Alternatively, UHMs have been separated from family due to circumstances external to the family. Often UHMs have been displaced from their home environment, have lived in refugee camps for extended periods of time and finally gained refuge in countries like Australia. UHMs have usually experienced trauma and loss, but they continue to retain a

- **Classification:** Currently UHMs are classified in Australia as children under the care of the Minister, as are children in the mainstream Alternative Care System. Under Australian law, concepts of legal guardianship are important. If these children are not in the care of birth parents or immediate relatives, then it becomes the responsibility of the State and, in this case, the Federal Minister for Immigration, to provide legal care. Refugee Services in SA provide this care on behalf of the Minister. They have a legal responsibility to provide care to an individual child until that child becomes 18 years old. Due to this classification, policies and procedures developed for Alternative Care are applied to UHMs. Such policies often conflict with values of the families who provide care. If the UHM children could be categorized differently to children in the mainstream ACS, then a more appropriate type of care might be supported within the context of family and community. The financial differential of care provided to wards of the State and other children currently creates significant problems for RS staff and carers, who are often simultaneously caring for non-ward children and their own children as well.

## **2. Temporary Nature of Refugee Services:**

- An arrangement was made between the Commonwealth Department of Immigration and the State Department of Family and Youth Services (FAYS, now Department of Families and Communities, DFC) to jointly fund provision of care to UHMs. RS have been providing this care since about the year 2000.
- There is currently amongst staff no certainty as to the ongoing nature of their role with RS. Some feel they are working “under the radar” of Families SA.
- This sense of uncertainty has been with them from their recommencement in the 1990s of caring for refugee children. They feel now that they should have been recording their activities from commencement, but did not due to the fact they always felt their funding could be withdrawn at any moment.
- There are positive and negative aspects to being inconspicuous and temporary. There is an apprehension, at least amongst some staff, that the future of RS is uncertain. Some feel they are ‘treading a fine line’. They do not always fully implement the policies and recommendations of the Alternative Care Directorate. They are small and operating somewhat separately from DFC. Yet, the flexibility of being small enables them to develop programs and move into new areas.
- The ad hoc/temporary nature of RS from its commencement means that it is able to be ‘exceptional’ and negotiate the policies and systems in place for the mainstream alternative care system while still maintaining the integrity of their mandate.
- There was a sense amongst the staff that they are integrally involved in this work, that it is more than a job, it is a vocation. They had become personally involved and committed to the carers and families, as well as to the children. Relationships had gone beyond the professional and become personal – and the general consensus was that this was positive.

### **3. Adaptability of the Refugee Services:**

- One of the benefits of being small is the adaptability of RS. Communication is personal and rapid, staff are flexible and ready to take on new challenges, the organisation is readily adaptable to changing circumstances.
- Carers largely come from the same community as the UHMs. This means that RS can readily replicate what they do with one community to a totally different group of refugee children. This continues to occur with the African communities, the Middle Eastern communities, and the South-East Asian communities.
- CLCs, Case Workers (CWs) and Alternative Care Workers (ACWs) work cooperatively to maintain close links with the communities, carers and UHMs. The service is relationship based and flexible. This needs to be documented so that it becomes recognized policy, yet care needs to be taken to maintain the current flexibility of the service.
- One of the distinctive characteristics of the service is that it is provided to the whole family, including carers and all the children, rather than to an individual UHM.
- Economies of scale are different between RS and ACS. In RS, CWs and ACWs work together, unlike in mainstream ACS. Effectively, both CWs and ACWs are working for and with the families to provide what they see as the best options for the UHMs. CLCs work closely with CWs and ACWs to maintain close links with the communities and assist in finding carers. It is important that CLCs continue to be an integral part of this service.

### **4. Policies and Procedures Specific to Refugee Services**

- Staff expressed a discontent with current policies and procedures which have been developed for the mainstream alternative care system. Staff are frequently bending policies to meet the needs of clients because of their different client group for whom the mainstream policies are often inappropriate. Policies sometimes cover issues which may be counterproductive to the child or family in certain circumstances.
- The need was expressed to develop policies and procedures which work toward the best interests of the children, carers and communities in which they are involved.
- Whilst acknowledging the policies of DFC, staff felt that changes in policies need to occur if they are to maintain integrity in their roles with clients.
- New policies need to be developed in consultation with the children, carers and communities involved.
- RS need to become involved with Families SA to effect these changes in policy.
- Staff listed 14 areas in which policies need to change and there may well be others. These are listed in Appendix B.

### **5. Advocacy**

- CLCs would like to see advocacy as one of their key roles, but feel a level of frustration that this option does not appear open to them.
- There are two areas in which advocacy is seen as an important role for all staff: firstly, seeking equity and access to services for clients, including children, carers and

## 6. Community Liaison Consultants

All staff agreed that CLCs have a significant role to play, but it is not always recognized, particularly by other DFC staff in District Centres (DCs). This role needs to be clearly defined and clarified to staff and their communities. The role can be summarized into four areas:

- **Mediation:** CLCs believe it is important that they be included in client matters from the commencement of the issue, to prevent cultural misunderstandings between clients and staff. CLCs also recommend that RS engage a small group of unpaid consultants from each community to assist with supporting families.
- **Reunification:** Removing a child from a family situation due to perceived inability to provide satisfactory care is not appropriate in many cultures. CLCs strongly recommend that they become involved at an early stage to prevent this occurring and to work with the carers to find alternative solutions.
- **Advocacy:** CLCs believe one of their primary roles is to advocate for their communities. There is an ongoing range of areas in which CLCs believe their expertise could be better utilized, including advocating for clients and family groups with RS staff, and in effecting policy change on behalf of their communities. They also believe they can and do advocate for RS with their communities.
- **Education:** CLCs believe they can effectively be involved in ongoing education and training of both RS and DC staff as well as people within their own communities. They are aware of a deep level of suspicion and resentment within their communities toward authority figures. CLCs believe they can be involved in changing this perception. They need the support of RS and policy changes to meaningfully bring this educative voice to their communities.

## Children and Young People's Responses

### 1. Young People (ages 14 to 17 years of age)

Interviews were conducted with 17 Afghani young men on 13<sup>th</sup>, 14<sup>th</sup> and 15<sup>th</sup> January 2010. Following are the ages and length of residence in Australia of the 17 young men who were interviewed:

Code	Age	Length of time in Australia	Code	Age	Time in Australia
R	17	2 months	H	17	9 months
S	17	6 months	Q	17	6 months
K	17,11mo	2months	M	16	not known
J	17	not known	A	18 (Jan 1)	6 months
D	17	1 month	B	17	1 month
V	18 (Jan 1)	not known	N	15	1 month
I	14	3 weeks	Z	16	4 months

<b>HR</b>	17	8 months	<b>E</b>	not known	7 months
<b>H2</b>	not known	12 month			

The responses of the participants were organized into nine themes: Background, City of Adelaide, Education, Future Plans, Family, Accommodation, Activities & Friendships, Work, and Services Received.

**Background:** Whilst each interview was unique, there were a number of similarities.

- The length of time they have been in Australia varied from 3 weeks to 12 months. All of the young men had spent some time on Christmas Island before coming to Australia. In general they did not venture information about how they got out of Afghanistan, although some said their families fled from the Taliban and some indicated they spent some time in Pakistan. A few mentioned that their families had fled persecution but others did not mention this. One young man did speak at length about his experiences during his time in Pakistan.
- They all came by boat to Christmas Island which was dangerous. It was difficult to be separated from their families.
- According to the young men, the Department of Immigration and Citizenship placed them in Adelaide and they had no choice about their location within Australia.
- A few mentioned that they had spent some years working at a trade in Afghanistan, often with their fathers.

**City of Adelaide:**

- All spoke positively of Adelaide and of the assistance they have received from Families SA. Only later in the interviews did they speak more critically of the facilities and services they are receiving, but this was done carefully and in an informing sense, not in a negative manner.
- Many commented that Adelaide is a good city and some mentioned that they were in a good living environment: “Things are good for us here”. Australia provided opportunities which they were unable to access prior to coming. Some felt safe here and appreciated that Families SA are helping and supporting them in their communities.
- One young man commented that he understood that Families SA are “doing a good job.” He has spoken with friends in Melbourne and Sydney and believes they do not have the same facilities there.
- Comments were made about how peaceful it was not to worry about attacks and gunfire.

**Education:**

- Education was a major issue expressed by the young men. All of them felt that attendance at Thebarton Senior College in the New Arrivals Program, NAP, was not beneficial. It would appear that those who had been to NAP or those who were currently there had passed this message on to those who had not yet attended.

- **Their reasons for their attitude were because they felt the following:**



- The Certificate gained was no use, so it was felt to be a wasted year.
  - They should be able to attend a program with some tangible benefits, for example a certificate for work, a skills program, or something towards these.
  - They cannot get a job with the certificate provided by NAP.
  - They attend with other migrants/refugees. Students congregate in their ethnic enclaves so it is counterproductive to them learning English.
  - Two young men reported that they are not allowed to go to other schools or colleges.
- **These following issues were raised and reiterated by almost all of the young men.**
    - They wanted to undertake further study.
    - Some felt their level of education upon arrival in Australia was inadequate and wanted some effective remedial training to be able to commence further study.
    - They are required to fit into the Australian program yet they felt that it lacks flexibility. .
    - Too much time was spent in limbo if they arrived in December or January.
    - Thebarton College did not satisfy their need to equip themselves with a satisfactory standard of English to move elsewhere.
    - They came to Australia with an agenda to establish themselves in the workforce as soon as possible.
    - A number mentioned the mining and resources sector as a lucrative place to work.
    - They want to earn good money to bring their families to Australia, feeling they have a responsibility to do so.
    - Some want to achieve qualifications and do not want to feel that they are wasting precious time to achieve these goals.

#### **Future Plans:**

- All have clear ambitions for their futures.
- In the short term, they want an effective education.
- In the medium term, they want to earn good money to be able to bring their families to Australia.
- In the longer term, they want to establish themselves in Australia with a good education and good jobs.

#### **Family:**

- In the short term they wanted to earn some good money and be able to sponsor their families out to Australia. This desire appeared foremost in their minds and was a constant pressure on them.
- All the young men were the oldest sons in the family. They indicated that they had a responsibility to the rest of their families. Some had commenced the process through legal services of determining how to bring their families to Australia. This linked closely to their determination to earn good money in an area such as the mining industry.
- The transition time between leaving their families and moving to Australia, via Pakistan, Indonesia and Christmas Island, was just under one year. These young men were still recent arrivals and were missing their families and wanted them to come to Australia.

**Accommodation:** (in Oaklands Park, Paralowie, Parafield Gardens, and Salisbury East.)

- When young men arrive in Australia, they are mostly placed in residential accommodation with other Afghani young men and two carers. Accommodation can be with two, four or six young men and two carers. Only one young man was living in foster care.
- One suggestion was that one of the carers be Afghani and the other Australian.
- When someone turns 18 years old, accommodation is provided through the SA Housing Trust. One young man lived alone and another lived with another young man. A said: “Every boy gets a house when he turns 18. Families SA do this. They don’t put you on your own until you have a house.” (This was said in an appreciative sense.)
- Some concerns were expressed about the living arrangements and care provided, particularly transport arrangements to College, food and accommodation facilities.

### **Activities & Friendships:**

- Driving licenses: concerns were expressed about obtaining these and the costs involved. Several of the young men mentioned getting their driving license and the need for getting help with this.
- Some wanted to get involved in other sporting activities but needed financial assistance and support to do this, especially after they turned 18 years old.
- Some spoke of friends from other cultures (eg. China and Poland) – indicating a willingness to mingle with people from other cultures.
- They expressed a desire to have Australian friends but felt their English was not good enough. One young man stated, “I don’t know how to answer an Australian my age when he says, ‘Bye, see you around.’ Should I ask for his phone number or is he just saying good-bye.”
- English language was a worry expressed in relation to friends and school. They said that friends did help them with the language as often their friends were learning English too.

### **Work:**

- Some try for casual work whilst studying but are unable to find work.
- It was suggested that RS could assist in finding employment.

### **Services Received:**

- Some felt that caseworkers “dropped” them into accommodation and then left them.
- Some suggested that they would prefer to buy items themselves rather than the caseworker purchasing an item which they may already possess.

## 2. Younger Children (ages 7 to 14 years of age)

Code	Age	Country of Origin	Code	Age	Country of Origin
HN	11	Sierra Leone	A	12	Liberia
HW	10	West Africa	K	11	Sudan
HA	8	West Africa	M	12	West Africa
Y	13	West Africa	JA	13	West Africa
T	13	Guinea	AN	11	West Africa
J	7	Liberia			

The responses of the younger children were organized around four themes: **City of Adelaide, School, Home and Friendships**. The format for the approach to the younger children was based on the work of Sekar et al.(Sekar, Aravindaraj, Arul Roncalli, Manoj, & Sanjeev, 2008; Sekar, et al., 2005) from the National Institute of Mental Health and Neuro-Sciences in Bangalore, India, who has carried out research with traumatized children from situations of natural disaster and military conflicts. Professor Sekar has developed a series of interactive activities using the arts and picture cards to help children gain comfort in expressing themselves and after a visit to Flinders University he provided extensive material to the researchers which was adapted for this project. Pictures were used to identify the four themes to be addressed and other face cards were available to allow children to respond non-verbally if they preferred that means of communication. All of the 11 children interviewed understood and spoke quite well and did not have a problem in communicating their opinions and ideas. Their responses are as follows.

- **City of Adelaide:**

All children spoke in positive terms about Adelaide. They spoke about the green open spaces, the calm, lots of shopping, things to do, the quietness and no fighting. One of the children had lived in another area (Canberra) and didn't like it at all. They spoke of how much they liked the houses here and the sports they could play, the bus system, the zoo, the beach and the sea. No one had anything negative to report.

- **School/Education:**

All but one of the children spoke about feeling nervous at school and being teased or bullied. They still said they enjoyed school and liked being able to go to school but they didn't know what to do about bullying. Sometimes the teachers were helpful but other times they didn't pay attention and ignored the situation. There was a feeling that the teachers couldn't be relied on to solve problems or stop teasing. Three of the children also spoke of more serious name calling. One girl said that the other children called her "poo" because of her skin colour and another girl said they called her an "African" and laughed and imitated her accent, while another girl said she was called "loser". This bullying and how to respond seemed of great concern to most of the 11 children who were interviewed.

- **Home:**

The children spoke of arguing and fighting at home with siblings but in general they felt that they made up again after that was finished. They spoke about being “happy sometimes and sad sometimes” at home. In general the children expressed feeling good about where they lived and several remarked on feeling safe at home. One remarked that it was nice not to worry about the police coming at night. They discussed all the activities they did at home from chores, to games, TV and sports. One of the children said she did not feel “comfortable” at home because she was not treated with “respect” in the household especially by the other children who were rude to her. She thought this was because they were from different countries. Several children mentioned feeling very homesick or missing family members who were overseas.

- **Friendships:**

All the children spoke of having friends – both Australian and African friends. They played and shopped with friends and went to watch or play sports with friends. Their friends were not necessarily at school with them and some were friends from their church. They spoke frequently to friends on the phone which was important to them and the older girls went to parties with their friends. A couple of children mentioned being jealous of friends or vice versa but as with siblings, they “made up” again after disagreements or hurt feelings.

## **Thematic Summary of the Responses:**

Not surprisingly, carers, staff and children young people each had a different focus.

### **Carers:**

The carers primarily voiced practical concerns around providing care to children and there being a clear understanding of boundaries for both carers and children, and that RS staff should support them in identifying and enforcing rules of behaviour. There was a strong sense of wanting to care for UHMs as part of their community. A significant aspect of this was their wish not to differentiate the UHMs from other children in the household. Effectively this meant utilizing a different model of behaviour to the individualized system of care advocated by the mainstream alternative care system. They appreciated the ongoing rapport they enjoy with RS staff.

### **Staff:**

Staff recognized that cultural differences need to be acknowledged in caring for UHMs, and they felt that there is a distinction between UHMs and children taken into alternative care as a result of a disrupted or stressful family situation. RS is a small, adaptable, flexible team which works together well. Concerns were expressed, however, around the perception by staff that the RS unit was vulnerable within the larger organization. Staff expressed concerns that the policies and procedures under which they operate are not always appropriate for the UHMs and carers with whom they deal. Staff would like a separate set of policies and procedures to be developed for their service which better reflect their activities.

## **Young Men:**

The Afghani young men seemed to have discussed some of their concerns amongst themselves before coming to the three day recreational program. They had done this with the intention of engaging with the researchers as independent people whom they believed could express their concerns to appropriate authorities. Their concerns were similar in terms of education, future plans and accommodation. They had not come as refugees to Australia simply relieved to be out of danger, but as young men who were focused on their future. They had plans to obtain an education, find employment and provide opportunity for other members of their families to come to Australia.

## **Younger Children**

In general the children expressed having positive experiences in Adelaide and adjusting well to life here. Their areas of concern were largely in relation to feeling different at school and often feeling the butt of racist remarks. They expressed the wish for more Australian friends and more programs such as the ones they were attending for the research. Most children mentioned something about missing family members and those who were a little older also expressed that they thought about and sometimes missed their countries of origin. In general, all the children seemed to be coping well with their new lives in the context of Adelaide, Australia.

## **Literature Review**

As a background to the project and to inform the researchers, a literature review was undertaken of relevant literature from Australia, the United Kingdom and the United States. The results of this review are included under the following categories.

### **The Rights of Unaccompanied Minors**

The concept of asylum has been a recurrent issue throughout human history and has consequently been incorporated into international law and enshrined as the 1951 Refugee Convention relating to the Status of Refugees and its 1967 Protocol (Refugee Council of Australia, 2010). People seeking asylum are defined as having left their country and have applied for recognition as a refugee in another country. At the end of 2008, there were 15.2 million refugees worldwide (UNHCR, 2009). It is estimated that 44 percent of refugees are children below the age of 18 years, and more than 16,300 asylum applications were lodged by unaccompanied and separated children in 68 countries (UNHCR, 2009).

In a 2008 report, *Unaccompanied Children in the United States*, Olga Byrne defines unaccompanied children as “persons under the age of 18 without a parent or legal guardian in the United States” (p. 7). Since the beginning of World War II, the majority of unaccompanied children have arrived through planned resettlement programs. Only recently has the phenomenon of children arriving outside of these planned programs been officially recognised and measured (p. 9). The circumstances in which many unaccompanied children

find themselves are complex and varied. Unaccompanied children represent an estimated 2 to 5 percent of the refugee children population (Amnesty International USA, 2003, p. 7). Children may live in fear of persecution, civil unrest or human rights abuses in their home countries. Other children have been sent, willingly or otherwise, to secure what their families perceive to be a better future in a more developed country. “According to the United Nations High Commissioner for Refugees (UNHCR), children seeking asylum, particularly if they are unaccompanied, are entitled to special care and protection” (Amnesty International USA, 2003, p. 2). Children who arrive alone are a population in need of care that is sensitive to their age, previous experiences, culture, and displacement.

The 1989 UN Convention on the Rights of the Child (CRC) is widely considered to be the most important international treaty concerning the human rights of children (Amnesty International USA, 2003, p. 10). The CRC is the first legally binding international instrument to incorporate the full range of human rights for children under the age of 18 years (UNICEF, 2010). The four core principles of the Convention are non-discrimination; devotion to the best interests of the child; the right to life, survival and development; and respect for the views of the child. Indeed, the CRC provides that “in all actions concerning children...the best interest of the child shall be the primary consideration” (Byrne, 2008, p. 12). And so, “by agreeing to undertake the obligations of the Convention, national governments have committed themselves to protecting and ensuring children’s rights and they have agreed to hold themselves accountable for this commitment before the international community” (UNICEF, 2010, p. 2). The Australian Government ratified the CRC in 1990 (Queensland Department of Communities, 2009), is committed to furthering the rights of children (Attorney-General’s Department, 2010), and “must make sure that children and young people have all their rights in the UNCRC” (Council for the Care of Children, 2010). Indeed, “the Convention is implemented in Australia by (all) nine governments...which each develop initiatives to implement the Convention that best meet the needs of their respective jurisdictions” (Attorney-General’s Department, 2009). Both the Commonwealth and South Australian Governments are under obligation to uphold the four principles of the Convention, including seeking “the best interests of the child”. In terms of UHMs, is this the case, and could “the best interests” be achieved more effectively?

The program for unaccompanied refugee minors in the United States is conducted by the Office of Refugee Resettlement (ORR) and has a similar background to the Refugee Service provided by Families SA. Originally developed in the late 1970s to provide care for the children from South-East Asia without a parent or guardian to care for them, ORR was downsized in the 1990s, but gained a resurgence in the late 1990s and by 2009 had about 700 children in care (Office of Refugee Resettlement, 2009; VDSS, n.d.). “The program establishes legal responsibility...to ensure that unaccompanied minor refugees...receive the full range of assistance, care, and services which are available to all foster children in the State” (Office of Refugee Resettlement, 2009, p. 1). The program operates under the standards and requirements which govern the mainstream foster care system, including foster care maintenance payments, and refugee minors are eligible to receive the full range of services and benefits to which any foster child is entitled (VDSS, n.d.).The United States

Refugee Program includes specialized resettlement and foster care services for unaccompanied refugee minors (U.S. Refugee Program, 2006). Resettlement of unaccompanied minors occurs “in accordance with domestic child welfare guidelines, but services are only provided through programs specifically designed for the reception of refugee youth” (U.S. Refugee Program, 2006, p. 1). These children are placed in foster care, group homes or an independent living situation appropriate to the young person’s developmental needs. This program is very similar to that provided by Families SA Refugee Services in South Australia. Services provided are also similar to those provided in SA and include financial support, housing, case management, training in living skills, language training and educational opportunities, health and legal assistance (U.S. Refugee Program, 2006). One significant difference in the United States is that foster carers come from “a diversity of ethnic and linguistic backgrounds” (p. 1), whereas Families SA seek to find carers of a similar ethnic background to the children and only failing this provide carers from other ethnic backgrounds.

Another difference is that young people who enter the United States prior to reaching the age of 18 years can remain in care until they complete secondary school or reach 20-21 years of age, depending on the State (p. 2). In a critical article written in 2007, Taylor suggests that unaccompanied minors are treated differently in the United Kingdom in that the government proposes that they leave foster care at the age of 16 years and move into more independent living (Taylor, 2007). The government says unaccompanied minors have different needs to other looked-after children, making more independent facilities, such as shared housing with varying levels of supervision, generally appropriate once they reach 16 years of age. It says that this is particularly the case if they are expected to leave the UK when they turn 18 years old. Taylor proposes that these children should be permitted to remain in foster care if they wish until they turn 21 years old. The British Home Office proposes that there should be distinct policies for these children as compared with other “looked-after” children due to their unique circumstances (Taylor, 2007). The Home Office says that unaccompanied minors’ circumstances mean it is best to have distinct policies for them. In the view of the British Home Office, to say that everything that is approved for every other looked-after child applies to (unaccompanied minors) is not being very realistic because you have to recognise how children become unaccompanied minors in the first place. Taylor would agree with this, except that she feels the situation in the UK when she wrote the article (in 2007) meant that unaccompanied minors were being located in less than desirable boarding homes and lodgings. Lisa Nandy, policy adviser for refugees at the Children’s Society, agrees with Taylor and says that the plans to move these children to more independent lodging run against *Care Matters* which says looked-after children remain vulnerable beyond 18 years of age and may still require support (Taylor, 2007). In South Australia, should there also be policies for UHMs which are distinct from other “looked-after” children, and what form should these policies take?

Ten years ago in Australia, Green and Jones observed that “young people leaving care are expected to become independent at a far earlier age than are young people who are fortunate enough to have supportive families” (1999, p. 64). These young people often face loneliness,

social isolation, lack of support, and lack of skills to cope alone. In South Australia, UHMs are released from care upon turning 18 years of age. They need to find their own way in the world from that point. How do they manage in life beyond care? Are they resourceful enough and have they developed adequate supportive networks to find their way?

In an article written in 1981, Baker recognised the “unresolved complex issues affecting social agencies as they cope with the needs of this new population” (p. 353). One serious disadvantage recognised by Baker is “the lack of support from...their own families”, which necessitates additional social service support (p. 355). Yet, this is an issue in South Australia which both carers and staff have identified as causing concern, as it differentiates these children from others in the same household. Nevertheless, many of the issues with which unaccompanied minors need to contend are similar today as in 1981: the cultural changes, missing family, adjusting to a new life without rejecting the old and seeking a different future, adjusting to care from someone other than family. Baker mentions an issue which I found in interviewing the Afghani young men. “Many unaccompanied minors are sent to this country with the primary purpose of arranging for their families to come” (1981, pp. 356, 361). Yet this is often more difficult to achieve than first anticipated.

In an article written in 1983, Tans mentions that unaccompanied minors who entered the United States from Cuba in 1980 were placed “either in foster homes, group homes, or child care institutions” (p. 271). The majority of these minors were “unskilled, poorly educated males with no English language skills” (p. 271), and between the ages of 14 and 18 years. Tans comments that “differences between the Cuban and American ways of life made adjustment difficult. Many come to this country with unrealistic expectations, particularly with regard to the job market in the United States” (p. 276). These comments by Tans could be related directly to the Afghani young men who currently enter Australia. Tans concludes, “The expulsion of unaccompanied minors from their homeland, and their subsequent confinement in camps for up to six months, is an appalling situation” (p. 277). Although there are some differences, there are a number of similarities with the situation in Adelaide in 2010.

### **The “Best Interests” of the Child**

It is estimated that in the United States in 2004, 5,000 unaccompanied minors were detained in federal custody (Qingwen Xu, 2005). The United States recognises the “1961 United Nations Convention Concerning...the Protection of Infants” (Q. Xu, 2005, p. 747), which protects the rights of the child as a central principle. Interestingly, to evaluate the “best interests of the child”, state juvenile courts adopted standard factors such as “reasonable services provided in a timely and appropriate way, a sound material family environment, and a moral and intellectual environment for the child” (p. 762). Do Families SA similarly seek to ensure the best interests of the child in terms of providing reasonable services, ensuring that provision of the material interests of the child are made in a family environment, and offering a supportive moral and intellectual environment for the child? And can we say that RS appear to go further by also including culturally appropriate care? So, even though children are separated from their biological parents, have Families SA sought to uphold the



child's sense of cultural identity, unlike what appears to occur in some state jurisdictions in the United States (Q. Xu, 2005, p. 764).

One study in New South Wales has found that culture is one of several important factors influencing the placement of children and young people in out-of-home care (Burke & Paxman, 2008). Interestingly, however, it was also agreed by caseworkers that, "despite the challenges the rights of the child are paramount and that forms the platform that underpins all the work we do" (p. 15). This then provides an individualistic and western perspective on care. This has been an interesting dilemma for RS staff working in a South Australian context with children and families from non-western cultures. The South Australian alternative care system is based on the premise that the needs and rights of the child are foremost. Yet the cultures within which RS staff are operating place the rights and expectations of the family above the individual.

In 1997, the United Nations High Commissioner for Refugees invoked the best principles principle in its Guidelines on dealing with Unaccompanied Children seeking Asylum (Byrne, 2008, p. 13). The recommendation is that the best interests of the child should be the guiding principle in all actions involving UHMs. Yet, there is some level of frustration amongst staff at Families SA Refugee Services. They believe that the principles under which they operate with RS are culturally constricted and they are unable to provide the best service to their clients. There needs to be a distinction made between the policies governing alternative care children and UHMs. Indeed, Nugent draws attention to the fact that the children's perspectives have not been considered in determining policy for unaccompanied minors (2006). Whilst the issue in the United States is primarily around detention of unaccompanied children, I believe the issue needs to be considered on an even broader basis, including that of their living conditions, educational opportunities and future life possibilities. Interestingly, Dalrymple (2006) contends that different eligibility requirements could serve as a model of reform of asylum laws, particularly when taking into account the best interest of the child. Nugent (2006) maintains that while children are interviewed by media, for academic research and advocacy, they have not been engaged to evaluate policies and practices concerning their welfare.

### **Cultural Safety**

Cultural Safety "is an outcome...that enables safe service to be defined by those that receive the service" (Ramsden, 2002, p. 117). Originally coined in nursing and midwifery practice in New Zealand in relation to Maoris, it is gaining traction as a concept and is being applied to Indigenous communities in Australia. Cultural safety has come to mean "an environment which is spiritually, socially and emotionally safe, as well as physically safe for people" (Williams, n.d., p. 15). Zon et al. (2004, p. 288) place the emphasis on participants "feeling safe; feeling they can express their cultural identity; feeling respected and listened to". Alternatively, cultural risk occurs when "people from one culture believe they are demeaned and disempowered by the actions and delivery systems of people from another culture" (Ramsden & Spoonley, 1993, as quoted in Zon, et al., 2004). Ruth Miller (2009, p. 8) describes cultural safety as "being able to bring what I have learned throughout my life into

my everyday way of life without humiliation or condemnation”. A question which needs to be asked: Do the UHMs who arrive in South Australia feel culturally safe?

### **Vulnerability and Resilience**

The Unaccompanied Refugee Minor Program in Michigan placed 89 minor youth from the “Lost Boys” of Sudan in foster homes or supervised independent living, where they received services until the age of 20 years to enable them to adjust to U.S. life (Bates, et al., 2005). As part of this program, youth and foster parents received financial assistance, monitoring, and services through group meetings and home visits by agency caseworkers. These particular young people demonstrated considerable evidence of resilience in the face of significant adversity, despite the traumatic events which they had experienced (Bates, et al., 2005). When levels of functional and behavioural health were measured amongst a group of 304 Sudanese refugee minors, it showed successful integration into US society, particularly in areas of school and work, but problems emerged in their home lives and emotional status (Geltman, et al., 2005).

An unaccompanied minor is a child under 18 years of age who has been separated from both parents and is not cared for by an adult who, by law or custom, is responsible to do so (Mitchell, 2003). These young people are considered to be vulnerable on three counts: first, as children; second, as children separated from those who provide them with care and protection; and third, as refugees in a country of asylum (Mitchell, 2003). Mitchell’s article considered the response made by social services to unaccompanied minors in England in 2003. Firstly, the referral and assessment of unaccompanied asylum seeking children indicate that some young people have chaotic experiences on arrival and may be denied access to services. Secondly, despite the fact that these children are by definition in need, there is some variability in the way different authorities understand their role in this matter. Finally, there is some variation in the types of care offered to these young people, from foster care, to residential care to semi-independent and independent living. Mitchell (2003, p. 188) refers to the “intensive level of complexity” with which social workers on the ground are dealing . UHMs who arrive in South Australia are vulnerable on all of these counts. They are children and have been separated from those who would normally provide them with care and protection. And they are refugees in a country of asylum. Nevertheless, the Commonwealth Department of Immigration and Citizenship determines which children are unaccompanied humanitarian minors before or at the point of entry into Australia, and often this is done at Christmas Island before entry. UHMs are then allocated between States and approximately 100 come into South Australia each year. Once they arrive in South Australia, there is a consistency in the way they are treated by Families SA Refugee Services. It will be interesting to measure their level of resilience in the face of the adversity which has challenged their lives prior to arrival in South Australia and which continues to challenge their experiences as they seek to adapt to a new country, culture and lifestyle.

## **Interviewing Young Children**

The interviewing of the younger children was based on the work of Sekar et al. (2008; 2005) from the National Institute of Mental Health and Neuro-Sciences in Bangalore, India, who has carried out research with traumatized children from situations of natural disaster and military conflicts. Professor Sekar provided a kit of material for use by the researchers and several manuals in relation to how to involve young children in a way that did not re-traumatise them and that was fun and engaging. These manuals and other material were extremely useful and provided many examples of various age grouping and how they used and responded to questions about their experiences. Interactive materials were suggested which were fun for the children and which allowed them to participate in a non-threatening manner. The researchers are grateful to the personal interest of Professor Sekar in the work of this project.

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