

Identifying the needs of refugee and asylum-seeking children in Thailand: a focus on the perspectives of children

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Abstract

This research reports on the under-researched needs of urban refugee and asylum-seeking children living in precarious circumstances in Bangkok, Thailand. Further, it takes an unconventional approach and utilises child-centred research methods to privilege the perspectives of children. It then compares children's perspectives with those of adults who are their parents/guardians, and key informants who are service providers and policy advocates. Qualitative research methods, including participant observation, semi-structured interviews, and drawing with children, were employed in late 2014. This article reports remarkable findings on the similarities and differences between the perspectives of children and adults. The similarities and differences are contextualised in light of the supports and services available to improve the children's wellbeing.

Key words: *refugee children, asylum-seeking children, children's perspectives, needs,*

Background

This article explores the needs of refugee and asylum-seeking children and the availability of relevant support and services in Bangkok (fieldwork carried out September-November 2014). The United Nations High Commissioner for Refugees (UNHCR) is mandated to both provide protection for all refugees globally including children (UNHCR, 2013a) and develop international protection protocols, which place universal obligations on state party signatories to the UNHCR 1951 Convention and 1967 Optional Protocol Relating to the Status of Refugees (UNHCR, 1951 & 1967). In 2013, Afghanistan, Somalia, and the Syrian Arab Republic were the top three of 201 source countries or territories for refugees and asylum seekers. These three countries account for more than half of all refugees and asylum seekers (UNHCR, 2013a). By the end of 2013, it was estimated 51.2 million people had been displaced, and 11.7 million refugees had left home because of generalised violence, persecution, conflict, or human rights violations (UNHCR, 2014). Due to the ongoing war in the Syrian Arab Republic, a further 2.2

million refugees and asylum seekers, including children, were added to the United Nations' (UN) estimate and, in mid-2014, it had become the main source of the world's refugee population (UNHCR, 2014).

Refugees and asylum seekers in Thailand

Thailand has been a sanctuary for refugees from its bordering countries for decades (Benner et al., 2008). Even though Thailand does not have a formal national asylum framework and has not signed the UNHCR Convention or Protocol, Myanmar refugees have been allowed to reside in nine UNHCR-operated camps along the Thai-Myanmar border (UNHCR, 2013b).

Thailand also hosts refugees and asylum seekers from other countries around the world. The largest influx of new arrivals were primarily from Sri Lanka, Vietnam, Syria, and Pakistan (The Jesuit Refugee Service Asia Pacific [JRS Asia Pacific], 2013), although other source countries include China, Cambodia, Democratic Republic of Congo, Egypt, Somalia, Iraq, Iran, and Palestine (Urban Refugees, 2015). Only refugees from Myanmar are allowed to reside in refugee camps. According to a 2013 report, there were approximately 2,100 refugees and asylum seekers living outside refugee camps and their number was increasing (UNHCR, 2013b). By the end of December 2013, the number of non-camp refugees and asylum seekers had almost quadrupled to approximately 8,000, although only 4,600 were registered with UNHCR (JRS Asia Pacific, 2013). A 2015 UNHCR updated country profile highlighted that the increasing number of refugees and asylum seekers in Thailand, which includes children, came from more than 40 different countries. In January 2015, the UNHCR (2015) estimated the number of asylum seekers in Thailand were 10,400 (mainly from Pakistan), and it is estimated that this number would rise by 50% to 15,600 by the end of 2015.

Refugees and asylum seekers in urban Bangkok

Bangkok is one of the megacities in Southeast Asia, and a hub for domestic and international migrants; both legal and illegal, including refugees and asylum seekers. While employment opportunities attract a variety of labour migrants, refugees and asylum-seekers use Bangkok as both a transit and destination point. This is partly due to the visible presence of the UN in Thailand, including the regional office of the UNHCR.

As the Thai Government is not a signatory to the UNHCR Convention or Protocol. Therefore, UNHCR-registered refugees and asylum seekers are considered irregular or illegal migrants by Thai authorities and they are not permitted to resettle in the country. Refugees and asylum seekers who do not live inside UNHCR camps can be arrested, detained, and forced to

return to their countries of origin (UNHCR, 2013b). According to the Thai Immigration Act, any immigrants entering the country without permission, or with expired permission, can be fined up to 20,000 Baht and/or detained for up to two years (JRS Asia Pacific, 2012).

Asylum seekers registered with UNHCR receive asylum seeker certificates; however the certificates are not recognised by Thai authorities and do not protect people from arrest (Human Rights Watch [HRW], 2014). Children are also at risk of arrest. HRW reported on September 16, 2015 that 64 asylum seekers including 7 children were arrested by Thai officials and police (HRW, 2015). There are several detention centres in Thailand, in cities like Chiang Mai, Mae Sot, Poi Pet, and Ranong, but asylum seekers are usually transferred for long-term detention to the Immigration Detention Centre (IDC) in Bangkok (HRW, 2014) where facilities are overcrowded. In 2012, it was reported that approximately 300 to 400 women were detained in a room at the Centre built for fewer than 50 persons (Collewet, 2012). Although Thailand is a signatory of the United Nations Convention on The Rights of The Child (UNCRC) (UN, 1989), the government still retains its reservation in Article 22, effectively excluding refugees from the rights outlined in the Convention, (United Nations Children's Fund [UNICEF], 2012). Thus, refugee and asylum-seeking children in Thailand are not protected by the Convention. HRW (2014) reports that, each year, over 4,000 children pass through the immigration detention system for days or weeks and around 100 children are detained for longer than a month.

Most camp-refugees receive minimum food, basic healthcare (such as vaccinations and vital medicines), education, and other essential services from aid agencies (Benner et al., 2008). However, refugees and asylum seekers living in urban areas face additional challenges as they are at risk of arrest and have difficulty accessing secure housing, employment, and public services such as education, healthcare, and obtaining birth registration forms for new-born children (JRS Asia Pacific, 2010). Urban adult refugees and asylum seekers in Bangkok have difficulty supporting themselves financially since they do not have work permits and tend to live in the poorest and most disadvantaged neighbourhoods (JRS Asia Pacific, 2010). Because of their parents' precarious legal status, and language and financial barriers, children in urban settings do not generally have access to formal education (JRS Asia Pacific, 2010).

Asylum seekers can wait several years for the UNHCR Refugee Status Determination (RSD) process to be finalised. Even after successful RSD recognition, many wait additional years until resettlement (Palmgren, 2014). During this prolonged wait, refugees and asylum-seekers experience social isolation and face major difficulties, which are exacerbated by the

uncertainty of the process (JRS Asia Pacific, 2010). Any influx of new arrivals overwhelms the UNHCR and creates additional susceptibility to poverty and exploitation (Palmgren, 2014).

Despite the significant problems that refugees and asylum seekers face in Thailand, a literature search identified only limited information about refugee and asylum-seeking children living in urban settings in the country. While the review found a number of studies on health, education, exploitation, and other issues among camp refugees and migrant workers from other countries close to Thailand, no study focused on the needs and perspectives of urban refugee and asylum-seeking children in Thailand.

Methods

Theoretical frameworks

The research was designed to examine children's needs and how they are supported. Inviting children and adults to consider what children need in order to have a good life was a way of understanding their sense of wellbeing (a state of feeling healthy and happy) as well as identifying issues underlining relevant support, services and policy. Given the research aimed to provide an opportunity for children to express their feelings and opinions, the UNCRC and the UNICEF child wellbeing frameworks (which emphasise subjective wellbeing and the importance of children's voices being heard) were used as theoretical frameworks for the research. In addition, Maslow's hierarchy of needs (1943) was used to illustrate how needs were prioritised by children and adults in this cultural context.

The UNCRC provides a framework for understanding child wellbeing and emphasises the basic rights for all children (UN, 1989) using the principles of non-discrimination, best interests of the child, rights to survival and development, and respect for the views of the child (Lippman et al., 2009). The latter principle recognises the importance of taking into account the opinions of children about matters directly affecting their lives (McAuley and Rose, 2010).

There are different ways to conceptualise children's wellbeing (Heshmati et al., 2008). While global and national indicators about child wellbeing have been traditionally based on quantitative measures, a more contemporary development has seen the inclusion of subjective perceptions about the wellbeing of children (McAuley and Rose, 2010). UNICEF's child wellbeing framework has six domains: 1) material wellbeing; 2) health and safety; 3) education; 4) peer and family relationships; 5) behaviour and risk; and, 6) subjective wellbeing (Heshmati et al., 2008). Because of its broad approach to wellbeing and its acceptance in international humanitarian work, it was selected as an appropriate framework for the research, and was also used as a guide for the semi-structured interviews.

Abraham Maslow's conceptual hierarchy of human motivation explains how human needs are universal and arise from basic physiological needs (Maslow, 1943). Once these needs have been fulfilled, more complex psychological needs become the motivators (Atkinson et al., 1993). This hierarchical and optimistic view of human personality also guided the data analysis and its hierarchical structure enabled comparisons between perspectives of children and adults. The fundamental tenet of this motivation theory is that needs are hierarchical, starting with 'physiological needs' which are about basic human needs to survive, followed by 'safety and security needs'. This is then surpassed by the need for 'belonging and love', and higher up the hierarchy, there are 'self-esteem needs', and the need for 'self-actualisation' tops the hierarchy (Maslow, 1943). While others have since expanded the conceptualisation of universal human needs (for example Doyal and Gough, 1991 or Woodhead 1987 with a more critical stance on the concept of children's needs), Maslow's hierarchy facilitates a comparative conceptualisation of needs for the purposes of this article.

Approach to data collection

Given the aim to understand the meanings, interpretations and subjective experiences of vulnerable people, a qualitative approach was deemed most appropriate for both adults and children (Liamputtong, 2007). Such an approach was also considered essential to empowering refugee and asylum-seeking children to express their views about their needs. It is the authors' view that it is important that researchers recruit children to participate in information sharing as well as use appropriate methods that empower their rights but do not influence their opinions. In order to engage children in research and promote their perspectives, the research design must reflect children's interests (Freeman and Mathison, 2009). Any research which involves children's experience should apply approaches and methods which recognise children's diversity and individuality (Greene and Hogan, 2005). Therefore, this research was designed to use methods that allow children to be at the centre of gathering data and express their subjective views on their needs and lived experience. Qualitative research methods such as participant observation, semi-structured interview, and drawing by the children were used to collect information.

The interviews and participant observation generated complex information from refugee and asylum-seeking children, their parents and guardians, and key informants who are service providers and policy advocates. Observations of interactions and settings were recorded both at the children's homes and at non-formal schools which were established by refugees and asylum seekers in their communities in various locations in Bangkok. These schools were not

registered and seldom follow any set curriculum or text books. Art has an important role in conceptualising, creating illustrations, or elucidating human experience (Gadamer, 1975). In addition, art is a natural way for children to communicate, since it can help them to describe their feelings and experiences in a non-threatening way (Malchiodi, 1998). Increasingly, qualitative research methods with children have adopted the use of visual art such as photographs, films, and drawing as sources of information (Literat, 2013). Drawing was considered an appropriate method to gather the children's stories and lived experiences. The use of drawings enabled the children to focus on narrating their stories and reflected the immediacy of their lived experience. It is crucial that research seeks to understand their lived experience in a way that empowers them, and that recognises and responds to what they have to say. Before the interviews started, children were provided with art materials and invited to draw pictures. They were then asked to elaborate on what they had drawn, and they gave permission for the first author to use their drawings in the research, including subsequent publications.

After the children shared their stories and experiences, they were invited to talk about their needs and wellbeing as well as their hopes and dreams. Due to the ethics approval protocol, the children were interviewed with their parent/s or guardian/s present. Some of the children were shy and checked with their parent/s or guardian/s before answering some questions. Most parents and guardians cooperated when the first author asked them to allow their children to express their feelings and answer questions by themselves. The children were encouraged to speak for themselves and to take their time to answer questions. Some of the children were able to identify their needs, but many children were reluctant to answer direct questions. In such situations, indirect questions were used to help the children identify their needs. For instance: Can you tell me what a good life means to you? What makes you happy? What are your hopes and dreams for your future? What supports do you have to achieve your hopes and dreams?

Research participants

The first author contacted staff members of organisations working with refugees and asylum-seekers in Bangkok and one responded positively. This enabled the use of the snowball technique to create a list of 12 organisations involved in service provision or policy advocacy for refugees and asylum seekers. From the list, 20 key informants who were workers and volunteers from these organisations including International Non-Profit Organisations (INPOs), Non-Government Organisations (NGOs) and Community Based Organisations (CBOs)

volunteered to be interviewed. The children and their parents or guardians were selected through convenience sampling with the assistance of NGOs which were aware of refugee and asylum-seeking families and communities living in different areas of Bangkok. Children aged 12-17 years gave interviews after they provided assent with consent from at least one parent or guardian.

The first author carried out total of 29 interviews with 56 participants (20 children, 16 parents/guardians, and 20 key informants). Semi-structured interviews were carried out with children together with their parent/s or guardian/s and, on some occasions, siblings were interviewed together. On several occasions, key informants from the same organisation were interviewed together. Each interview took one to one and a half hour. Permission was granted to audio-record 18 interviews. Eleven interviewees either elected not to be audio-recorded or the first author considered recording to be inappropriate, such as an interview with a key informant in a public place. The interviews were in English or Thai as most participants spoke either English or Thai. A small number of interviews with refugee and asylum seekers were carried out with the assistance of a community volunteer teacher acting as an Urdu interpreter. All interviews were transcribed, and Thai interviews were translated into English. The first author also recorded field notes of observations from the interviews, visiting refugee and asylum-seeking families in their communities, as well as service providers' work places.

Data analysis

The computer software NVivo was used to assist with data management, visualisation, and analysis (Bazeley and Jackson, 2013). The transcribed and translated interviews were coded into themes and categories which included the six domains of UNICEF child wellbeing indicators, identified needs, refugee journey, lived experience, facilitators, and barriers of available supports and services, and other emerging themes. Data from the observations and drawings were also imported into NVivo and coded thematically. Coding typically has two major stages, known as initial and focused coding (Bazeley, 2013). The initial coding involved identification and labelling, while focused coding followed and refined the first level coding to develop more analytical categories or clusters (Bazeley, 2013). Each stage of coding was discussed with one other researcher to ensure accuracy and consistency in data analysis. Comparative analysis occurred at several stages during the process. It was applied after the two stages of coding were complete to interpret the children's perceptions about needs and then later to reflect on how their perspectives differed from the perspectives of adult participants. The UNCRC, UNICEF child wellbeing framework and Maslow's hierarchy of needs

framework acted as points of reference during the analytic process and discussion of the children's subjective perspectives.

Ethics and wellbeing of participants

Because of the children's ages and precarious living circumstances, alteration was given to key ethical considerations. Only refugee and asylum-seeking children, aged 12-17 years, who provided assent and their parents or guardians who provided informed consent were included. Approval for this research was granted by Curtin University's Human Research Ethics Committee (HREC), which required the researchers to provide special care to vulnerable participants. Therefore, the children were interviewed with parents or guardians present and an adverse events protocol was prepared for responding to any distress at the interviews. When a parent or a guardian was not available, a service provider or an adult who provided care and support accompanied the child at the interview. The research used pseudonyms to protect the participants' identities.

Findings

Table 1 outlines sociodemographic characteristics of the refugee and asylum-seeking children and their parents/guardians. The families were mainly Muslims and Christians who had left their native countries because of fear or actual experience of religious persecution, discrimination, and harassment. The majority were from Pakistan and arrived in Thailand between 2013 and 2014. The remainder came from Vietnam and Sri Lanka and arrived in Thailand before 2013.

The higher proportion of girls participating in the study reflected both the larger proportion of girls within the age range (12-17) in these communities, and that fewer boys volunteered to participate. The majority of the children attended non-formal schools run by volunteer teachers of CBOs. Six children attended Thai public schools and another child was attending an international school. Two children chose not to attend the available non-formal school.

Insert TABLE 1 Socio-demographic characteristics of refugee and asylum-seeking participants

Children's perspective on their needs

Twenty children were interviewed and expressed strong views about their needs. First, they needed education to be able to reach their hopes and dreams for future careers. The children also mentioned the need to learn English as most of them hoped to resettle in an English-speaking country. Second, beyond the importance of having a good education, eight children indicated the needs for 'freedom', 'to be free', and 'to have freedom to practise religion' in their lives. Third, despite the fact that the children lived in very difficult situations and were struggling to meet their basic physiological needs, six indicated that they wanted to be able 'to help other people'. Fourth, children placed less emphasis than adults on the needs for basic living materials such as food, housing, clothing and medicine or healthcare services. Some of the children described their needs as features of a good life such as 'happiness', 'friends and family', 'religious practice', 'resettlement', 'life plan', 'identity', 'space to play', 'food', 'housing', and having the opportunity to 'grow up', 'travel' and live with 'no racism', and 'no fear'. Fifth, a few of the children had been separated from at least one parent with a father or mother arrested and detained at the IDC. These children expressed a specific need for 'family reunion'. Nithasha shared her lived experience and traumatic story about how her mother was arrested by Thai police:

I don't feel safe in Thailand. I feel very bad. We feel scared to live here. We don't have freedom to go out. I lost my dad and now also lost my mum. I did not see my mum for a year. I need a parent to be with me and I miss my mum (interview Nithasha 14 year-old girl, Bangkok 2014).

Finally, some of the children found it challenging to put their feelings and needs into words at the interview and they were offered the opportunity to communicate their thoughts and feeling through their drawings. Some of the children found this a better way to elaborate on their difficult circumstances and struggles as asylum seekers in their community. For example Rabiya created her drawing after the interview (Figure 1). Her accompanying narrative was:

This picture shows that we are asylum seekers. We have no money, no jobs, and no food. If we have no food, it means we cannot have education. ... We cannot go outside because the police ask for visa. This lady, she looks unhappy because she has no food for children (interview with Rabiya 12 year-old girl, Bangkok 2014)

Although, Rabiya agreed with her mother about the importance of food, money, and security, she expressed her need for an education and described her hopes and dreams of a future career as a scientist.

Insert FIGURE 1: Drawing by Rabiya, Bangkok 2014

To gain a greater understanding of the children's perspectives, they were also asked to talk about their wellbeing. The children elaborated further about education, healthcare, and safety or security.

They were invited to talk about their study progress, activities and peer support at school. All children viewed education as central to a good life. Most of them enjoyed sharing information about their favourite subjects and progress at school. More than half of the children said that they liked going to school. A few children who were attending non-formal schools stated that they did not like going to school because there were no activities at school and the teachers did not teach in English. Three children who spoke fluent Thai and lived close to central Bangkok attended an educational program organised by UNHCR's implementing partner and were later referred to a Thai public school. However, these children were dissatisfied with the suitability of the lessons (lack of English lessons) and felt they were too old for the classes. Two children indicated they preferred to stay at home rather than attend non-formal schools. Even though they recognised the need for an education, one explained that non-formal schools did not provide certificates. He wished to attend a Thai technical college yet his family could not afford the fees and he could not speak Thai. As all of the children indicated a desire to resettle in an English-speaking country, international schools that teach in English were preferable, however parents could not afford school fees. There was only one child who could attend an international school with the support of a sponsor and reduced fees.

When asking the children questions about their wellbeing in relation to their health, only six of the 20 children considered themselves healthy. Daisha stated "*We are healthy. But sometimes we feel weak ... Sometimes we feel hungry at school*" (interview with Daisha, 15 year-old girl, Bangkok 2014). Some children felt more concern for their siblings such as Naag, who stated that she was healthy but felt worried about her younger sister who is 6 years old and has a hearing disability (interview with Naag, 12 years old girl, Bangkok 2014). Most children indicated that they were not healthy and readily shared information about their health problems; for instance, poor nutrition, weight loss, regular headaches, feeling weak, skin rashes, eye infections, stomach ulcers, and feeling stressed. Despite the fact that some of these children had health problems, none of them identified a need for health services. Most children explained that their parents bought medicine from the pharmacy and cared for them when they were sick. Only a few children had been able to access dental care.

As part of sharing their views and lived experience of Thailand, one-quarter of the children indicated that they felt positive about living in Thailand as they felt it to be a safer place than their home country. However, the majority of children mentioned concerns about

safety and security issues and the need for identity papers. For example, Mim stated *“I like to live here. Thailand is a good country but the problem is we do not have the ID card”* (interview with Mim 14 year-old girl, Bangkok 2014). These children had to wait several years for an UNHCR determination of their refugee status and thus they live in limbo during this time, not knowing if, or when, they will be able to resettle in a third country. During the interview with Labiba, she stated *“I feel like hanging in between the two countries and our lives depend on UN what they will do”* (interview with Labiba 14 year-old girl, Bangkok 2014).

Adult perspectives on children's needs

Adult participants included the 16 parents and guardians as well as 20 key informants who were staff and volunteers from the 12 organisations. Key informants were asked to share their views on refugee and asylum-seeking children's needs. They were also invited to discuss particular needs using the six domains of UNICEF's child wellbeing framework. Although the key informants were not asked to prioritise the children's needs, most of them voluntarily ranked children's needs as healthcare, education, basic living materials (especially food and housing), play and recreation, and finally, safety or security. Two key informants mentioned that children also needed mental health and disability services. One parent and one guardian also mentioned the need for disability services for their children.

Parents and guardians were asked direct questions about their children's needs in order to have a good life. Similar questions were also asked of key informants but, in addition, parents and guardians were invited to share their refugee journeys, views on support received for their families, and their overall experience of Thailand. While some Thai children and their families also live in poverty and precarious circumstances, it is speculated that refugee and asylum-seeking children and their families in Bangkok have more pronounced challenges and barriers to accessing support and services. The findings indicated that parents and guardians of these children sought to address the unique challenges of living in Thailand such as their illegal status, language barriers, severe financial hardship, and very limited social support networks. They identified similar needs as the other key informants but also mentioned needs for money, resettlement, and protection. Being unable to work and living in fear of arrest, they could not provide the necessary income to support and meet their children's needs or improve their children's wellbeing. When they were asked about hopes and dreams for their children, most of them gave similar answers, reflecting those of their children about education and future employment: they wanted their children to have a good education and a professional career, such as becoming a doctor or a teacher.

Parents, guardians, and key informants were also asked questions about the children's wellbeing. Having fled to Thailand because of fear of persecution in their own countries, parents and guardians had had similar experiences. Most of them explained that, although they felt their children were safer in Thailand, they felt worried about leaving the house as they did not have valid visas. They mentioned that their children had a good education and lots of space to play before seeking asylum in Thailand. Most of them were dissatisfied with their living conditions in Bangkok as each family lived in a small studio room (a suitable size for one or two persons to live) and most of the children did not attend formal school and had little space and opportunity to play. As only a few children were able to attend formal schools, most of the parents and guardians were very concerned about their children's education and wanted to resettle in a third country with better educational opportunities.

In terms of health and safety, parents, guardians, and key informants shared similar concerns regarding children's health problems, long distances and financial barriers to healthcare services, language barriers, lack of identity documents, and fear of arrest. More than half of the parents described their children as unhealthy and explained that their health problems were due to inadequate nutrition and medicine. Three parents mentioned that their children felt stressed as they felt scared to leave the room. Therefore, they spent most time in their room which affected their physical health and created sleep problems.

Comparisons of the perspectives of children and adults

Table 2 uses Maslow's hierarchy of needs to demonstrate the differences between the children's and adults' perspectives on the children's needs.

Insert TABLE 2 Comparison between children's and adults' perspectives on needs of children

Although the children lived in the same situation as their parents and guardians, it was apparent that they viewed their needs differently. There were a few children who mentioned needs related to the physiological, safety, belonging and love. Most children perceived their needs to be more towards the top of Maslow's pyramid. Although most children revealed they had insufficient food and their basic needs were not met, their perception of what it takes to have a good life was to have the opportunity of education and freedom. These are part of Maslow's 'esteem needs' and emphasise that children want to learn, be confident, be accepted and have achievements and freedom in their lives. Furthermore, the children expressed aspirations which could be interpreted as seeking self-actualisation. The children indicated the

desire to help others, to practise their religion, to have happiness, to have a life plan, to live without racism, all of which are characteristics of self-actualisation. This is an important part of social and emotional development which has been an under-developed domain of child wellbeing measurement (Moore et al., 2004). The children also included concerns for the welfare of humanity, to accept themselves and others for who they are, to be capable of deep appreciation of the basic experiences of life, and to be able to tolerate uncertainty (Maslow, 1943). Their hopes and dreams were about having careers, being a doctor, a nurse, an engineer, a teacher, a singer, a chef, amongst others. These aspirations confirm the children's need for self-actualisation, to become someone like their role models and to do what they can do best and to live happily.

In contrast, the adult participants identified children's needs mostly toward the lower order of Maslow's hierarchy. All adults including parents, guardians, and key informants had similar perspectives on the children's needs and wellbeing and the differences between key informants compared to parents and guardians were only minor. Key informants identified healthcare to be the most important need for children. Some key informants expressed feelings of being overwhelmed by the high number of enquiries for medical services. The key informants also identified that other needs for children included education, food and housing, play, recreation, and security or safety. The parents and guardians identified the same needs but also mentioned the need for 'money', 'resettlement', and 'protection'.

In term of perspectives about wellbeing, adults and children both realised the importance of education. While some parents, guardians and children were unsatisfied with the quality of the education, over half of the children enjoyed going to school. Most parents, guardians, and key informants held the same concerns about the children's health and difficulty in accessing health services. Although most of the children considered themselves unhealthy, they did not express concern about this or discuss a need for health services. Most of the parents, guardians and children shared similar views about feeling safer in Thailand than living in their own countries. However, they were afraid to go outside their rooms as they did not have valid visas or identity documents.

Available supports and services

Available supports and services were identified through participant observation and interviews with parents, guardians, and key informants. In relation to financial need, refugees and asylum seekers living in urban areas of Bangkok experienced financial hardship. While refugees received a small allowance from UNHCR, it was insufficient to cover the costs of rent and

sustenance, but asylum seekers were not entitled to any benefits. As refugees and asylum seekers were generally unable to work, they depended on resources they brought with them from their native countries and/or donations from charities. Key informants who were service providers indicated that they provided a range of support services such as information and referral, emergency relief, basic medical support, and non-formal education. Most expressed concern about inadequate resources and their limited capacity to provide sufficient support and services to increasing numbers of asylum seekers. A key informant stated that there was a risk of arrest for both service providers and refugees or asylum seekers who accessed the services. This participant also suggested that if urban refugees and asylum seekers were allowed to live in the country temporarily like camp-refugees, the security issue could be resolved and service providers could provide better support (interview with BK-F, an INPO in Bangkok, 2014).

Information revealed health services for refugee and asylum seekers including children were also limited. One UNHCR implementing partner agency provided referral and financial support for health services for refugees for emergency and life threatening situations. However, as a result of changes in UNHCR's healthcare policy during data collection, key informants spoke of ambiguity about the new policy and procedure. A key informant said there were some refugees and asylum seekers with serious health problems such as heart or kidney disease who were ineligible for treatment (interview with BK-G, an INPO in Bangkok, 2014). One CBO had obtained funds for basic medicines, but most refugees and asylum seekers have to pay for services or go without healthcare including dental care, as they cannot access the public Thai healthcare system. Only one organisation provides counselling services to these refugees and asylum seekers, and there was a waitlist since there was only one counsellor.

The UNHCR implementing partner agency also provided education services with Thai lessons for six months to prepare refugee children to attend Thai public schools. However, asylum-seeking children were only allowed to attend this Thai class one day a week and classrooms were located in the city centre which was a long way from where refugee and asylum-seeking children and their families reside. Key informants also explained that only a small number of refugee children were able to successfully adapt in such a short period and follow the Thai curriculum. For the children, very few indicated the opportunity or desire to learn Thai. Through observation, there were limited vocational and higher education programs and no meaningful activities for the older children and youth. Many young people aged 17 and over did not attend non-formal school and did not engage with any activities. Most of them dozed during the afternoons or gathered with their friends or family members.

Discussion

There are several limitations to this study. First, the findings are from a cross-sectional study and as such, only provide a snapshot of the situation and issues at a particular time. Second, since children and families live in Thailand without legal status, recruitment was only possible with the assistance of service providers. This meant that the most marginalised refugee and asylum-seeking children who did not access services were excluded. Third, the sample of key informants was restricted as some organisations had policies which do not permit participation in research and some stakeholders expressed considerable fear in relation to the Thai military government. Fourth, the research protocol approved by HREC required children to be interviewed with adults present, and although it appeared that the children expressed their feelings quite freely, some answers are likely to have been influenced by the presence of an adult. Finally, needs and wellbeing are both complex and interrelated and this study has not been able to unpack this complexity.

Despite these limitations, significant findings emerged which relate to refugee and asylum-seeking children expressing their needs in different ways to adults, and this suggests substantial gaps in necessary services and support for children and their families. These differences may be explained by considering the ages, positions and roles of both the children and the adults in the study. The perspectives of the adults were compatible with Maslow's basic needs, which suggests that physiological needs (food, shelter, clothing, medicine, and others) have to be satisfied before a person can address either psychological or higher-end self-fulfilment needs (Maslow, 1943). In contrast, the study found that the children were not concerned primarily with the basic needs of adequate food, housing, or medical support, but identified that safety, peer and family relationships, being able to achieve their hopes and dreams, and education were more important to them. The children had self-actualising aspirations for the freedom to practise their religion, live with happiness and without racism, have a life plan and future career, and help other people. In other studies, these aspirations have been interpreted as resilience. In particular, two recent studies about asylum-seeking children of similar ages living in Wales and Australia concluded that refugee and asylum-seeking children were resilient and also had strong hopes for the future (Dunkerley et al., 2006, Earnest et al., 2015). In this study, the children's descriptions of their needs could also be interpreted as a survival strategy to assist living in poverty and in uncertain circumstances. Alternatively, it may be that the children trust their parents or guardians to provide for their basic needs, or it may be that as sons or daughters, they feel responsible for making their parents or guardians feel proud of them. Either way, these findings confirm that children do provide valuable

information about their wellbeing and needs when asked, and thus should not be overlooked as research informants.

Using Maslow's hierarchical theory of needs, children's perspectives about needs were distinctive. The authors also reviewed Woodhead's bases for identifying children's needs (human nature and its qualities; precursors to mental health; the nature of cultural adaptation, and adherence to expected social values) alongside his call for caution in any uncritical application of such bases (Woodhead, 1987). Reflecting on Woodhead's bases, the experiences of children in this study revealed that the nature of cultural adaptation, in particular the importance of religious practice, was an important area of need cited by the children but not the adults. This may reflect their understanding of the reason for their exile, and confirms the importance of seeking children's perspectives when grappling with the complexity of conceptualising and identifying needs.

This study also found that researchers can help children provide rich information by using a variety of methods. As the findings show, while some of the children could answer direct questions about their needs and wellbeing promptly, others were more comfortable transferring their thoughts and feelings through pictures rather than words. Although no research about the needs of urban refugee and asylum-seeking children in Thailand from the perspectives of children was found, there are studies about children in other countries which emphasise the importance of seeking out children's perspectives (Chatty and Crivello, 2005, Davis, 1998, Dunkerley et al., 2006, Earnest et al., 2015, Hek, 2005, Morantz et al., 2012, Ottosson et al., 2013, Vitus and Liden, 2010). Some of these studies used qualitative methods such as interview and focus group to give voice to the children (Chatty and Crivello, 2005, Dunkerley et al., 2006, Earnest et al., 2015, Hek, 2005). This demonstrates a shift from the way in which research about children's needs has traditionally been done to research which ensures that children's views are forefront. This study included children's subjective views, and as a result, was able to gain insightful information from the children.

Unsurprisingly, this study found gaps in available supports and service provision for refugee and asylum-seeking children and their families such as a lack of resources, and safety and security issues. Although existing services provided supports which partially addressed identified needs for children such as basic living materials, education, and basic medical support, there was poor access to specific services such as disability and mental health services for children and their families. This showed that support and service provision to improve psychological wellbeing and address special needs for children was not prioritised. This is a common scenario in international crisis intervention. UNHCR and other humanitarian agencies

have understandably focused on humanitarian relief which is about saving lives and surviving rather than thriving. It is clear this is problematic when families spend years as asylum seekers. In Thailand, UNHCR and other service providers who provide support and services to urban refugees and asylum seekers face a significant lack of resources. Even though the UNHCR's budget for Thailand increased between 2012 and 2015 (UNHCR, 2014-2015), there are insufficient resources for urban refugee education with children enrolling in Thai schools without their specific English language needs being met. The findings show a gap between this predominant educational pathway and children's educational needs, given they want to learn English and resettle in an English-speaking country. It is doubtful whether evaluations of children's services engage with children's perspectives and the UNCRC principles or any subjective sense of wellbeing as part of UNICEF child wellbeing framework. A study on children's perspectives in asylum reception in Sweden, based on interviews with service providers, found that children's needs were not a priority and that it was difficult to achieve a balance between children's voices and the demands of the organisation (Ottosson et al., 2013). This acknowledges that although it is a challenge to garner children's perspectives, consultation with children is important.

Given Thailand is not a signatory to the UNHCR Convention, part of the gap in supports and services is due to children and families not having legal status. As Thailand has elected not to sign the Convention, the challenges of listening to children, balancing their needs and prioritising the resources of relevant organisations are likely to continue. Even so, we urge all relevant agencies to aspire to providing support and protection to refugee and asylum-seeking children as per the UNHCR Convention and the UNCRC's Principles.

Conclusion

This research found children, their parents, and services providers had different perspectives about the needs of refugee and asylum-seeking children. Service providers focused on immediate problems and needs, as did the parents who carried responsibility for dealing with these problems while also holding onto a mix of anxiety and hope. While the children acknowledged they were aware of these immediate problems, they tended to be far more focused on looking towards a hopeful future.

In the past, children's perspectives have not been included in most research or service and policy development. However, this study provides evidence that refugee and asylum-seeking children can have a sophisticated, resilient, reflective and insightful focus on thriving. Their own opinions are often different from adults, and ought to be taken into account so as to

obtain a more complete picture of their needs and thus the focus for support and services. Research with children should use research methods that provide children with alternative ways to express their views. Engaging children's perspectives on service provision and policy development can assist in improving services and policies. Moreover, including the subjective perspectives of children recognises their rights as stakeholders and accords their views meaning and value.

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TABLE 1 Socio-demographic characteristics of refugee and asylum-seeking participants

	Gender		Country of Origin			Religion		Arrival in Thailand			Age Group (years)			Schooling			
	Male	Female	Pakistan	Vietnam	Sri Lanka	Muslim	Christian	2008-2009	2011-2012	2013-2014	12-13	14-15	16-17	Non-formal	Thai public	International	Not attending
Parents/ Guardians	4	12	11	4	1	6	10	2	3	11	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Children	5	15	13	6	1	7	13	3	4	13	9	8	3	11	6	1	2
Total	9	27	24	10	2	13	23	5	7	24	n/a	n/a	n/a	n/a	n/a	n/a	n/a

TABLE 2 Needs identified by children and adults according to Maslow’s hierarchy

Children’s perspectives	Hierarchy of needs (Maslow, 1943)	Adults’ perspectives*
Happiness No racism Help other people Having a life plan Future job/career	Self-Actualisation	-
Education Freedom Religious practice	Self-Esteem	Education
Friends and family relationship Family reunion	Love and Belonging	-
No fear Identity Resettlement Space to play	Safety and Security	Healthcare Security/safety <i>Protection</i> <i>Resettlement</i> Play and recreation
Food Housing	Physiological Needs	Food Shelter <i>Money</i>

Note*: All needs identified by key informants were also identified by parents and guardians. Needs only identified by parents and guardians are in italic

FIGURE 1: Drawing by Rabiya, Bangkok 2014

