

School of Occupational Therapy, Social Work & Speech Pathology

The Needs of Refugee and Asylum-Seeking Children in Thailand

Paradee Thoresen

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Declaration

To the best of my knowledge and belief this thesis contains no material previously published by any other person except where due acknowledgment has been made.

This thesis contains no material which has been accepted for the award of any other degree or diploma in any university.

The research presented and reported in this thesis was conducted in accordance with the National Health and Medical Research Council National Statement on Ethical Conduct in Human Research (2007) – updated March 2014. The proposed research study received human research ethics approval from the Curtin University Human Research Ethics Committee (EC00262), Approval Number HR 156/2014.

Signature:



Date:

31/07/2018

ABSTRACT

Since the current migration crisis began, the world community has paid much attention to the exodus of refugees and migrants in Europe as well as the harsh immigration policy of the United States. However, there are countless children affected by forced migration in many other parts of the world and their stories have not been heard. This research documents the lived experience of children from Myanmar, Vietnam, Sri Lanka, Pakistan and Syria who have sought sanctuary in Thailand, a country which is a non-signatory to the Convention and Protocol Relating to Status of Refugees.

Given the lack of research in Thailand about refugee and asylum-seeking children, this research focuses particularly on children's perspectives on their needs and wellbeing. The adults in their lives were also consulted about the needs and wellbeing of these children as well as available supports and services. Social constructivism was incorporated in the research design as was a case study research methodology. It includes a longitudinal element with information collection at two points in time (2014 and 2015) in the two cases of Mae Sot (a border town in Northern Thailand close to Myanmar) and Bangkok.

The concept of needs and UNICEF child wellbeing framework were combined to investigate needs of children to have a good life, available supports and services as well as how relevant policy impacts their wellbeing. Qualitative research methods derived from the ethnographic methods of observation, semi-structured interview as well as drawing and writing were used to empower children to speak for themselves. A total of 129 participants were interviewed, some twice. These included 39 children, 43 parents/guardians, and 47 service providers and policy advocates.

Comparative analysis between the two sites at two points in time indicated that, under the same policies, children in Mae Sot and Bangkok have different life experiences and variable access to supports and services. The two case studies showed that children have unique perspectives on their needs and wellbeing, that is, their access to basic materials, health care, education, safety and security. Further, family and connectedness to community play key roles in the lives of refugee and asylum-seeking children.

The discussion reflected the importance of children's voices in research and policy implementation as children had different views from those of the adults surrounding them (parents, guardians, service providers, and policy advocates) in regard to their needs and wellbeing. Further, the discussion also reflected the challenges for refugee and asylum-

seeking children in establishing identities when there are barriers to living safely and accessing services. The existing policies and laws prevent refugee and asylum-seeking children from improving their lives because they create difficulties to access basic needs, free health services, education, and to achieve their aspirations.

This research contributes new knowledge and provides recommendations to amend those policies and laws to address the needs of these children as well as to accept them as global/world citizens. This will help children to reach their potential and contribute to the communities where they can establish their sense of identity and belonging.

Acknowledgement



Drawing by Zariya, 12-year-old girl from Pakistan

This research could not have been accomplished without the participation of refugee and asylum-seeking children, their families, key informants, as well as the assistance of volunteer interpreters and organisations in Mae Sot and Bangkok. Although it was very emotional for the children and their families at times, I would like to thank them very much for warmly welcoming me and then opening up their hearts to me to share their stories. Their strength, spirit, and aspirations have been and always will be inspiring for me.

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List of Abbreviations

AARE	Australian Association for Research in Education
AEC	ASEAN Economic Community
ASEAN	Association of Southeast Asian Nations
BBC	British Broadcasting Corporation
CBO	Community Based Organisation
CCSDPT	Coordinating Committee for Services to Displaced Persons
CPD	Centre for Policy Development
CPPCR	Committee for Protection and Promotion of Child Rights
CRC	Convention of the Rights of the Child
EFA	Education For All
HREC	Human Research Ethics Committee
ID	Identity Document
IDC	Immigration Detention Centre
IDPs	Internally Displaced Persons
IGO	International Governmental Organisation
ILO	International Labour Organizations
INGO	International Non-Government Organisation
INPO	International Non-Profit Organisation
IO	International Organisation
IOM	International Organization of Migration
KED	Karen Education Department
KRCEE	Karen Refugee Committee Education Entity
MLC	Migrant Learning Centre
MOE	Ministry of Education

MOI	Ministry of Interior
MOL	Ministry of Labour
MOU	Memorandum of Understanding
MTC	Mae Tao Clinic
NGO	Non-Government Organisation
NHMRC	National Health and Medical Research Council
NHSO	National Health Security Office
NPO	Non-Profit Organisation
OHCHR	Office of the United Nations High Commissioner for Human Rights
ONIE	Office of Non-formal and Informal Education
OSCC	One Stop Services Centre
POC	Persons of Concern
PRS	Protracted Refugee Situations
PTSD	Post-Traumatic Stress Disorder
RSD	Refugee Determination Status
SGBV	Sexual and Gender-Based Violence
TBBC	Thailand Burma Border Consortium
UN	United Nations
UNCRC	United Nations Convention of the Rights of the Child
UNESCO	United Nations Educational, Sciences and Cultural Organisation
UNHCR	United Nations High Commissioner for Refugees
UNHRC	United Nations Human Rights Council
UNICEF	United Nations Children's Fund
UPR	Universal Periodic Review
WCRWC	Women's Commission for Refugee Women & Children
ZOA	Refugee Care Thailand

CHAPTER 1: Introduction

Introduction

This thesis consists of nine chapters and is based on an investigation of the needs of refugee and asylum-seeking children in Thailand over a two-year period. The motivation in beginning this research and the ideas for its design are based on my world view, my values, and my life experiences. My study and work experience in community development, social policy and advocacy in Thailand as well as the social work sector in Australia for past two decades set the backdrop for this research. I have worked with various groups of people from diverse cultural and linguistic backgrounds, and shared with all parties, the goal to improve the wellbeing of children and families and their communities. I have learnt that a key to success is building the capacity of communities and that, to improve policy, it is important to gain as high a level of participation as possible. I have also learnt that an important key to improving the wellbeing of children is not only to listen to their parents and work with their families, but to ensure that the children can speak for themselves and that their voices are included in decision-making processes. These lessons from my work experience became the key focus of this research which aimed to empower children by giving them a voice.

This introductory chapter explains the overall purpose of the research and outlines the research processes. It covers my background as the researcher, the research journey, the research aim, setting, design and significance; as well as provides the outline of the thesis.

It starts with the section 1.1 which explains how my personal background and work experience influenced the choices for the research setting and the design of the research. Section 1.2 outlines the aims of the research including the key research question and four objectives for investigation. Section 1.3 describes the research settings: Mae Sot, a border town close to the Thailand-Myanmar border and Bangkok, the capital city of Thailand, where the socio-political contexts are different. The information in this section provides an in-depth description of the living environments of refugee and asylum-seeking children and their families in both these two settings. Section 1.4 explains the epistemological and theoretical frameworks which underpin this research, and how the research was designed to investigate and gather information. Section 1.5 outlines the significance of the research in terms of services and

policy development. Section 1.6 outlines the thesis structure, explaining the purpose and context of each chapter in the thesis.

1.1 Researcher Journey

I grew up in a low-medium income family in a poor neighbourhood with poor housing in a small town in the Northeast of Thailand where I witnessed financial hardship and many social issues. I lived with my relatives and grandmothers temporarily because my parents followed their jobs to another province. Therefore, I did not spend my early childhood with my parents like other children, but I felt fortunate as I always felt love and had the support of both my parents to access education. Unfortunately, the cousins I grew up with less educational opportunities than me after their parents abandoned them permanently. Many other children in my neighbourhood also lived in poverty and some even experienced abuse and neglect. This environment inspired me to become passionate about working with families and communities to combat poverty and overcome social issues so as to ensure the wellbeing of children. This underpins my personal values and beliefs that all children should have the same opportunities for development, to live happily and freely. This is in accordance with the universal principles of children's rights, which is stated in the United Nations Convention on the Rights of the Child (UNCRC), a set of principles I sought to take with me in the design of this research.

The research was carried out in Thailand where I was born and lived for the first 26 years of my life. I moved to live in Australia 16 years ago to enrol in some postgraduate education. Through my personal background as a migrant, I experienced difficulties in adapting to a new environment and culture. I can relate to some of the challenges that refugee and asylum-seeking children experience, such as language barriers, difficulty in developing a sense of identity and belonging, as well as integrating into a local community. Before beginning this research, I worked with refugee and asylum-seeking children and their families in migrant support programs, which were funded by the Australian Government. These children followed their parents, or some travelled by themselves to seek asylum in Australia. They were detained in different facilities before being allowed to live in the community. They had to adapt quickly to a new school and a new community. Some of these children showed remarkable strength and resilience. Their stories touched my heart and I became very passionate about qualitative research to explore the life experiences of refugee and asylum-seeking children. I wanted to give them the opportunity to tell their stories and to share their perspectives on what would improve their wellbeing.

Although I had a wide Australian network that would have facilitated access to refugee and asylum-seeking children and their parents as well as staff of migrant support agencies in this country, I was aware of the lack of research on refugee and asylum-seeking children in Thailand, especially those living in the community rather than in refugee camps. Therefore, I was keen to conduct my research in Bangkok and Mae Sot, a border town on west of Thailand where there are large populations of refugees and asylum seekers. Because Mae Sot and Bangkok have very different socio-political environments, I chose them as case studies in order to explore children's life experiences in two very different contexts.

There were many challenges associated with gaining access to these communities to recruit participants, but finally my research journey to meet with refugee and asylum-seeking children in Mae Sot and Bangkok began in 2014, and I returned for follow-up interviews in 2015. Although I collected most information in 2014 and 2015, I maintained contact with several participants via telephone and email for any updates till the thesis was completed mid-2018. I also visited Thailand in early 2018 and met up informally with some participants again.

1.2 Research Aim

This research aimed to gain an understanding of the wellbeing and life experience of refugee and asylum-seeking children living in uncertain situations in Mae Sot and Bangkok. The main aims of the research were to investigate what refugee and asylum-seeking children needed to have for a good life, to describe their existing supports and services, as well as to identify the policies that impacted their wellbeing over these two points in time.

The key research question was:

How are refugee and asylum-seeking children being supported to meet their needs in Thailand?

The four research objectives were:

1. To identify the needs of refugee and asylum-seeking children living in Mae Sot and Bangkok,
2. To investigate changes in the children's needs between two points in time (2014 and 2015),
3. To identify facilitators and barriers to accessing available support and services for refugee and asylum seeking children and their families as well as policy that impacts children's wellbeing,
4. To investigate changes in the available support and services as well as policy between 2014 and 2015.

The research investigation adapted a basis very similar to Bronfenbrenner's ecological theory, a theory which seeks to conceptualise children's connections with their environment. In this theory, Bronfenbrenner (2005, p.80-81) uses terms such as "microsystem" to explain the interaction between children and individuals within a small unit such as their family or school; and the "mesosystem" to explain when children directly interact with two or more units. He calls more indirect interaction with the system beyond those units the "exosystem"; and then uses the term "macrosystem" to include patterns of the previous three smaller systems together, which shape concepts and the organisation of social foundations.

Thus the first two objectives of this research focused on individual children's needs, that is, Bronfenbrenner's "microsystem" and compared it to the "mesosystem", the aggregated needs of children living in two different environments at two points in time. The third objective investigated the "exosystem" which was considered to be the interactions between children and services locally at each site, as well as the more indirect interactions with national and local policies and practices. This enabled the comparison of information from the two sites and changes between the two points over time. These comparative results were expected to lead to a broader discussion about how children are supported to meet their needs. The research also considered Bronfenbrenner's "macrosystem", the socio-political context at each site, which also influenced existing services and policies and impacted children's wellbeing indirectly.

1.3 Research Settings in Thailand

This section provides a brief introduction to the sites of Mae Sot and Bangkok so as to describe the different environments for the participants. Most of this introductory information is from the review of different literature. Because of the lack of information about the current situation for refugee and asylum-seeking children and their families living outside refugee camps in Mae Sot and Bangkok, information from my initial contact with key informants and my observation prior to formal data collection is also included in this section. This helps to provide an introduction to the different environments at each site.

Thailand is a transit country and a destination for refugees and asylum seekers from different countries. For several decades and after formal permission by the Thai Government, refugees and asylum seekers from Myanmar have resided in the refugee camps operated by the United Nations High Commissioner for Refugees (UNHCR) (Lang, 2002). There are total of nine refugee camps; eight camps located along the western border of Thailand, including Mae Sot and one camp in Ratchaburi province (UNHCR, 2013a). There are three camps in Mae Sot

which contain the largest number of registered refugees and asylum seekers. However, key informants advised that there are many registered refugees and asylum seekers (also known as camp refugees and asylum seekers), who live and work in the town of Mae Sot because of education and job opportunities. Therefore, this research aimed to understand the lives of refugee and asylum-seeking children and their families living in refugee communities in Mae Sot and Bangkok, rather than those families living in the UNHCR-run refugee camps.

Mae Sot was chosen as a case study because of its uniqueness. There were known to be high numbers of refugees and asylum seekers, and the town has experienced significant recent socio-economic growth. By comparison, Bangkok is a mega city, which now hosts refugees and asylum seekers from many different countries (Urban Refugees, 2015).

1.3.1 Socio-Political Context of Mae Sot

Mae Sot used to be a small village before becoming one of 10 districts of Tak province in Northern region of Thailand (Office of Tak Province, n.d.). Because Mae Sot is a border town close to Myanmar, there is a long history of migration of economic migrants, political activists, and refugees from Myanmar (Kook, 2007). Migrants from Myanmar and local Thai people have ensured that Mae Sot's social and economic growth has been robust. Approximately one third of the 300,000 population in Mae Sot are Thais, and the remainder are migrants from Myanmar (Kook, 2011).

There is also a high number of refugees in Mae Sot. Since the 1960s, refugees from Myanmar escaping armed conflict and violence have sought asylum along the border of Thailand (Oh, 2012). In the mid-1990s, temporary shelters for refugees were allowed to be set up by the Thai Government. The UNHCR field offices were established in Kanchanaburi, Mae Hong Son, and Mae Sot in 1999 (Lang, 2002) and in 2015, the UNHCR verified a population of 63,236 in three camps in Mae Sot (The Border Consortium, 2015). Refugees are protected and receive support in refugee camps. At least one family member often works in either Bangkok or Mae Sot or other provinces (Kook, 2011).

Besides the refugees, there are also migrants from Myanmar searching for employment opportunities in Mae Sot. As can be seen in Fig. 1, the signs in the market are written in the Burmese language, reflecting life in Mae Sot, where the majority of merchants and customers are from Myanmar. This mix makes it difficult to differentiate between refugees and economic migrants (Arnold & Hewison, 2005).



Figure 1: Local market, Mae Sot

There are several ethnic groups among Myanmar migrants and refugees such as the Mon, Karenni, Rohingya, Burman, and Karen in Mae Sot. The majority of ethnic groups are the Karen, who have a stronger network than the other ethnic groups (Kook, 2011). On my first visit to Mae Sot, I noticed that while the majority of the Mae Sot population are Buddhists, there were also large Muslim communities in the town. Local languages are Thai, Burmese, and other languages of the ethnic groups from Myanmar.

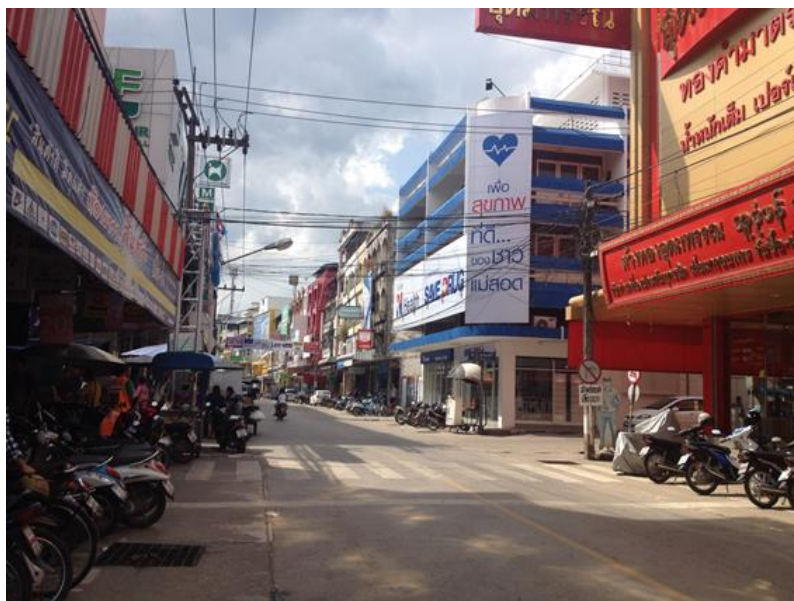


Figure 2: One main road, Mae Sot

Infrastructure, businesses and public services in Mae Sot town are well-established as many other provinces/cities but it is still categorised as a district or town. For example, there are good roads, airport, shops, big shopping malls, cinema, restaurants, cafés, bars, hotels, government offices and business buildings, banks, Thai public schools, polytechnic college and university, public and private hospitals, clinics and several factories and industries. Fig. 2 shows one of the main roads and one shopping district in Mae Sot. As can be seen, the roads are paved and in good condition, the electric wires are modern and well-maintained and private transport is by motor bike and cars. Robust economic growth in Mae Sot has created many employment opportunities. Refugees and migrants also try to gain work experience and learn Thai language at this town before moving to work and live in Bangkok (Kook, 2011).

With the permission of the Thai Government and the Ministry of Interior, there are well-established support services in the UNHCR's refugee camps (UNHCR, 2016d). Prior to collecting data, key informants explained that refugees and asylum seekers living in Mae Sot can access public services as well as services provided by various international organisations and local community based organisations funded to provide education, health care, and child protection services to migrants from Myanmar. For instance, migrant schools registered with a Government Department under the Ministry of Education (MOE) get funding from overseas and have legal status. I visited a migrant school run by teachers from Myanmar, which is registered with a Department under the MOE. This migrant school provides an educational pathway for refugee and migrant children before they enter the Thai education system. I also visited a Thai public hospital and a Thai health centre, which provide health services at a low cost as well as the Mae Tao Clinic (MTC), which provides free medical services to refugees and migrants.

The agreement between Thailand and members of the Association of Southeast Asian Nations (ASEAN) including Myanmar has had a positive impact on economic growth in Mae Sot. The memorandum of understanding (MOU) between Myanmar and Thailand since 2003 has also guided policy to legalise migrant workers through a nationality verification process in order to prevent more irregular/undocumented migrants (McGann, 2013). In 2012, there were approximately 744,000 registered migrant workers (from neighbouring countries) in Thailand via the nationality verification process (ibid). Because of this MOU, One Stop Service Centres (OSCCs) were established in Mae Sot so that employers could help workers with the process to gain legal status and work permits (Department of Labour, n.d.). Refugees and migrants living in Mae Sot can find employment opportunities but their work conditions and wages are not equal to Thai workers (Thein, 2018).



Figure 3: Police checkpoint, Mae Sot

Key informants advised that, although there is a system and opportunity for refugees and migrants to gain temporary legal status and work in Thailand, there are many who fall outside the system. They also explained that Thai authorities work actively to monitor irregular/undocumented migrants. The main street through the centre of the city is set up with a check point for traffic, so that Thai police monitor all vehicles and check identity documents, as seen in Fig. 3. The police also regularly set up random checkpoints in different places to find undocumented migrants. As refugees and asylum seekers living outside the camps do not have legal status, the Thai authorities can fine and arrest refugees and asylum seekers. One study reported that Thai authorities collect bribes from refugees and asylum seekers ranging from a few hundred to a few thousand baht (Brees, 2008).

1.3.2 Socio-Political Context of Bangkok

The context of Bangkok is very different from that of Mae Sot. There are more than five and a half million people living in the city (Official Statistics Registration Systems, 2017), although the number of unregistered migrants and asylum seekers are not included in this figure. There were approximately 8,000 urban refugees and asylum seekers living in Bangkok in 2013 (JRS Asia Pacific, 2013). The UNHCR can only provide an estimated number of new asylum seekers, and this was thought to have increased to 15,600 by the end of 2015 (UNHCR, 2015b). Approximately 10,400 of them are from Pakistan (ibid). Most refugee and asylum seekers from Pakistan have established their communities in the outskirts of Bangkok. While key informants also spoke about refugees and asylum seekers from other countries such as

Palestine, Iraq, Syria, Eritrea, Sierra Leone, Sudan, Democratic Republic of Congo, Sri Lanka, Vietnam, and Cambodia, these groups live in different suburbs from the Pakistanis.

The UNHCR is directly responsible for registering asylum seekers, processing Refugee Status Determination (RSD), as well as providing education, health care, and financial assistance (including living allowance) to urban refugees (UNHCR, 2016d). The majority of refugee and asylum seekers live in low socio-economic areas far from the city centre where rents are more affordable. This is in spite of the fact that the UNHCR Office and most of the service providers are located in or near the city centre.

A few months before the recruitment of participants began, there was political turmoil and rapid change within the Thai government. Bangkok was very much affected by this political tension and there were different political activities, which included several anti-government demonstrations and allegations of corruption against Prime Minister Yingluck Shinawatra's administration. On the 7th May 2014, the country's Constitution Court found her guilty of abusing power and she was forced to step down from the Prime Minister position (The Economist, 2014). Thai television broadcast that the military had seized power from the government and had announced a curfew to stop the demonstrations (BBC News, 2014). The National Reform Council began the procedure to establish a Constitution Drafting Committee in order to amend the constitution (Kiravanich & Thepphajorn, 2014).

A year later, there was news of an attack in central Bangkok. On the 19th August 2015, there was a bomb blast at Erawan shrine near Ratchaprasong intersection in the centre of Bangkok, Pratumwan District (Fig. 4), and 20 people died.



Figure 4: Erawan shrine, Bangkok centre

Erawan shrine is located opposite Gasorn plaza (Fig. 5) in Bangkok’s business and tourist centre.



Figure 5: Gasorn Plaza is located opposite to the Erawan shrine

Traditionally, local people and tourists mostly from China and Southeast Asian countries visit and pray every day at the Erawan shrine (Fig. 6). More than 120 people were wounded (BBC News, 2015). This terrorist attack resulted in a further military crackdown and a search for suspects.



Figure 6: Visitors at the Erawan shrine

1.4 Research Design

This section introduces the underpinnings of the research design. The epistemological assumptions of “social constructivism” were embedded in the design and a key assumption is that knowledge or realities are constructed by individuals through their life experiences and communication (Creswell, 2013; Creswell & Poth, 2018). I carefully selected conceptual frameworks, which would support the investigation of children’s life experiences and which would emphasise their perspectives. The theoretical frameworks I drew on for this study were mainly about the concepts of needs and wellbeing, and I considered these alongside international standards and protocols which relate to the rights of the child and the rights of refugee and asylum seekers. From various wellbeing frameworks, one child wellbeing framework in particular was developed for the United Nations Children’s Fund (UNICEF). I chose it to develop a question guide for interviews with the children and adults. As the research aimed to highlight children’s perspectives, this UNICEF child wellbeing framework was selected because it included subjective wellbeing which emphasises the importance of children’s views on their health, school and safety experiences as well as their satisfaction with their lives (Bradshaw, Hoelscher, & Richardson, 2006).

This UNICEF child wellbeing framework provided an entry point to collect the information as well as interpret and analyse the research findings. The hierarchy of human needs theory developed by Maslow (1943) was employed to compare similarities and differences between children and adults when they identify children’s needs. The concept of social needs is contested and complex and has also been explored in order to discuss more fully the needs expressed by children and their families; the needs identified by service providers; and the standards underpinning social services provided by responsible agencies. In addition, further discussion examined how refugee and asylum-seeking children were supported to meet their needs according to international standards on the children’s rights including the UN Convention on the Rights of the Child (CRC), the UNHCR Convention and Protocol Relating to Refugee Status, and the UNHCR Guidelines on Protection and Care for Refugee children.

A case study design was chosen as both a methodology and a method to acquire information relevant to the key question and the research objectives. A longitudinal approach aimed to investigate changes in children’s needs and available supports and services as well as changes in policies affecting the children’s wellbeing through two points in time. Thus, after information was collected in 2014, I revisited both sites in 2015 to conduct follow-up interviews after 12 months. This helped gain information on significant changes in children’s situations, identified needs, available support and services, as well as policies.

Traditionally, children's opinions are not required by either services or policy makers. The CRC emphasises the importance of the children's voices and their opinions on matters of their wellbeing. Therefore, this research provided an opportunity for refugee and asylum-seeking children living in communities to tell their stories and express their needs through a variety of qualitative research methods including observation, semi-structured interviews, as well as drawings and writing. Information was gathered in the two locations of Mae Sot and Bangkok. Research participants included refugee and asylum-seeking children, their parents/guardians as well as key informants (service providers and policy advocates).

1.5 Research Significance

This research is significant for several reasons: it provides an in-depth understanding of the needs of refugee and asylum-seeking children in Thailand and comparative information on services and policies impacting the lives of these children in the different contexts of Mae Sot and Bangkok; it focuses on empowering children through methods that enhance their expression of feelings and views; its results enable reflection on the use of the selected wellbeing framework for future research; the research also confirms that children have a unique way of interpreting and identifying their needs, and that their perspectives are valuable for research, services and policy development.

While the world community pays attention to the current migration crisis and the influx of refugees and migrants in Europe, there are still huge numbers of refugees and asylum seekers living in limbo and marginalised in other parts of the world. Their circumstances are particularly difficult in countries where there is a lack of resources and less access to emergency relief and services. This is the case for Thailand where refugee and asylum-seeking children live in precarious situations with limited access to supports and services. These children and adults are also subject to arrest and detention because Thai authorities categorise them as illegal or irregular migrants (UNHCR, 2013a). Thus, this research is important for it explores and reports on their challenging lives in Thailand.

First, this research helps to address the lack of research on the needs of refugee and asylum-seeking children in communities in Thailand. While there is research on migrant children and refugees in camps, there has been no research comparing the life experiences of refugee and asylum-seeking children living in the communities in Mae Sot and Bangkok. This research also provides in-depth information about the needs and wellbeing of refugee and asylum-seeking children through the period of 2014 and 2015. Thus, this research is a significant resource for future researchers, service providers, and policy advocates.

Second, it is known that refugee and asylum-seeking children are marginalised and experience discrimination when trying to access social services. This research provides an opportunity to highlight the perspectives of children's experience of accessing services. Through the interviews, children were also given the opportunity to share their refugee journey, describe their needs to have a good life and their hopes and dreams for future. In addition, this research also shows that applying multiple research methods including writing and drawing can assist children to elaborate their stories and perspectives.

Third, use of the UNICEF wellbeing framework to collect information provides positive results in gathering an in-depth understanding of children's needs in different areas. It is also a way to encourage children to share their opinions on their own wellbeing and satisfaction with their lives.

Finally, this research provides empirical evidence that children have the ability to be key informants in research and that their perspectives are valuable. Children's unique ways of identifying and interpreting their needs and wellbeing demonstrate that their perspectives can be useful in service and policy development.

1.6 Thesis Outline

This section presents the purpose and summary of context of the eight following chapters.

Chapter 2: The Literature Review provides a summary of available research and publications that are relevant to the research topic. It demonstrates gaps in existing research and information, and focuses on the research objectives. It includes the contested concepts of social needs, human needs, and wellbeing; needs of refugee and asylum-seeking children; a discussion on terminology regarding forced migration; current global migration trends and problems of refugee protection; history and current situations of refugees and asylum seekers in Thailand; Thai immigration law and policy as well as situations and services for refugee and asylum-seeking children in Mae Sot and Bangkok.

Chapter 3: The Research Design and Methodology explains the foundation of the research design and philosophical assumptions that underpin the research which include the selection of epistemological and theoretical concepts, positions and roles of the researcher, methodology, research methods, recruitment of participants in research, and procedures and approaches in data analysis. The other important elements are risks, benefits and safety considerations for both participants and the researcher, trustworthiness to ensure rigour in the research, and reflection on the research limitations.

In order to address the research objectives, the following chapters present the research findings (Chapter 4 and 5) and discussion (Chapter 7 and 8) according to the ecological framework of Bronfenbrenner. The first part of each findings chapter begins with “microsystem and mesosystem”, which is about children’s needs and psychosocial wellbeing. The second part of the findings chapters presents the information at the levels of the “exosystem and macrosystem”, which is relevant to the border context including services, policy, and law. Chapter 7 presents the discussion around needs of children and impacts of supports and services on their psychosocial wellbeing. Chapter 8 discusses the impacts of existing services, policy and law.

Chapter 4: The Case Study of Mae Sot is divided into Parts I and II. Part I presents findings focused on the needs and psychosocial wellbeing of children. It describes background of the children and their families, their refugee journeys and identities, adaptation to the local community, the needs of children from the perspectives of both children and adults, living conditions and basic materials, perspectives of children on their health and health needs, education options, schooling experiences, behaviour and risks as well as safety.

Part II emphasises the findings about available supports and services as well as the impact of policies in Mae Sot. It provides information about facilitators and barriers to supports and service provision, connections between supports for basic needs among refugee families and communities, health issues and community capacity, issues about provision of health services and education as well as safety and protection problems under the existing law and policy.

Chapter 5: The Case Study of Bangkok maintains the same structure of presentation as Chapter 4. Part I demonstrates the needs and issues about psychosocial wellbeing of children and Part II presents findings about available supports and services as well as impact of policies and laws.

Chapter 6: Problematising the Concepts of Need, Wellbeing, and Livelihood provides some discussion about the complexity of these three concepts and how the research combined these concepts to explore children’s requirements for a good life. It also reflects on the chosen UNICEF child wellbeing framework to collect information and the success of its application in this instance. In addition, the concept of livelihood is reviewed given it appeared as an emergent theme through thematic analysis on children’s needs for basic materials.

Chapter 7: Needs and Psychosocial Wellbeing provides the comparative discussion of the information gathered in Mae Sot and Bangkok and the changes between the two points in time. It reflects different and similar perspectives on the needs of children, discussion on

children's development of identity and their adaptation into local community, children's roles and family relationship, various perspectives on health and identifying health needs, children's need for education and schooling experiences as well as perceptions of safety.

Chapter 8: Children's Rights in Law and Policy facilitates a discussion about children's institutional identities and how these impacted their access to supports and services; livelihood programs in both sites and employment opportunities under the existing policy and law; community capacity around health given limited health services and the impact of health policy; impact of immigration law and education policy on access to education of children as well as community-based protection and access to legal protection under the immigration law.

Chapter 9: The Conclusion of the thesis, which draws together the preceding chapters to answer the key research question, elaborates on how children are currently being supported to meet their needs, reflects on how barriers can be removed, and makes recommendations about future research.

Summary

This introductory chapter has provided background to the research, the research process, and the research sites. This chapter explains the significance to future research and service and policy development, and provides an explanation of the purpose and context of each of the following chapters.

In the next chapter, the literature review provides a more comprehensive understanding of issues relevant to the lives of refugee and asylum-seeking children. This chapter also reveals gaps in necessary information and the lack of research relevant to the life experiences and needs of refugee and asylum-seeking children in Thailand.

Chapter 2: Literature Review and Theoretical Framework

Introduction

This chapter is a review of literature related to migration crises, a global perspective and then focuses on refugee and asylum-seeking children in Thailand as well as relevant services and policy that impact their wellbeing. It also reviews in particular, the needs and wellbeing frameworks.

A desktop review of published material relevant to the research objectives began at the start of 2014. Early in the review process, it became apparent that there was a lack of published research about the needs of refugee and asylum-seeking children in Thailand. In response to this gap, an article reporting on the Bangkok findings of the first stage of this research was prepared in 2015 and accepted for publication (P. Thoresen, Fielding, Gillieatt, & S. Thoresen, 2017). Published reports and information relevant to Thailand were also provided by key informants who were working as service providers and policy advocates in Bangkok and Mae Sot. The literature review process continued with the gathering of updated information after data collection was complete in 2015 and into 2016. A final review in preparation for the discussion chapters and concluding the thesis was carried out late 2017/early 2018.

This chapter includes the majority of the reviewed literature. It has eight sections and ends with a summary. It begins with Section 2.1 which focuses on the specific needs of refugee and asylum-seeking children living in uncertain and dangerous situations throughout the world. Section 2.2 explains relevant terminology regarding forced migration and refers to the international instruments and complex interrelationship between global migration crises and their impacts on refugee protection at both the international level and in Thailand. Section 2.3 then provides an explicit review of the current global migration crisis from both local and international levels while section 2.4 illustrates issues relating to children's right to both inclusion and to access basic services and supports. For the remainder of the chapter, the literature review focuses on Thailand. Sections 2.5 and 2.6 provide migration trends for Thailand as well as how its immigration policy and practice impacts refugee and asylum-seeking children and their families. Section 2.7 describes what is known of the current situation for children and their families as well as services and policy that impact access to

basic materials, health care, education and safety in both Mae Sot and Bangkok. Section 2.8 then provides broad information about the universal needs and wellbeing of children including frameworks which theorise their needs and wellbeing. It also outlines the importance of including children's perspectives in research. The chapter ends with a summary and gaps in the literature and suggests the pathway forward for this research. After thematic analysis of the data, it was clear that the concepts of need, wellbeing, and livelihood as they relate to refugee and asylum seeking children and their families needed to be revisited, hence a short Chapter 6 captures this later.

2.1 Refugee and Asylum-Seeking Children

Due to living in uncertain, dangerous circumstances, refugee and asylum-seeking children experience high levels of risk to their safety and also enormous challenges in achieving the usual development milestones of childhood. Because refugee and asylum-seeking children are one of the most vulnerable groups of children in the world, there is a need for research to gain improved understandings of their lived experience and needs. Research can provide new and empirical information enabling advocacy for the rights of these children including the strengthening of relevant policies to improve their wellbeing and the development of suitable services.

Children are also the most vulnerable victims of war and conflict. UNICEF (2017) reports that, in 2015, there were approximately 8.2 million refugee children globally. In a conflict zone, the nature of risk is dependent on gender. Women and children in particular can be targeted for sexual violence and sex slavery while men and boys can be recruited to combat and join armed forces (Kirk, 2006). Even in refugee camps, there are reports of children at risk of exploitation and sexual abuse due to a serious lack of safety (UNICEF, 2017). Other situations include injury and death of children, for instance, in 2013, explosions in Afghanistan killed over half of the children in the country and 70% of children in Syria have died because of explosive weapons (UNICEF UK, n.d.). In the Democratic Republic of Congo, over 2.7 million children died in the conflict (ibid).

The UNHCR has direct responsibility to provide protection to children (Cutts & Office of the UNHCR, 2000). The UNHCR has developed particular guidelines on protection and care in order to improve safety and wellbeing of refugee and asylum-seeking children (UNHCR, 1994). The UNHCR also sets comprehensive standards on children's right and the UNHCR guidelines follow the principles of the CRC. Although most countries have ratified to the

Convention, there are still refugee and asylum-seeking children who are not protected and are prevented from accessing services.

Refugee and asylum-seeking children and families experience loss, trauma, and adversities through their journeys (Harris, 2013). Living in limbo impacts gender roles, positions, and family function between children and their parents (Kirk, 2006). Refugee and asylum-seeking children and their families live in poor urban areas or temporary shelters with a lack of basic materials. Gender roles in family are changed when women and children are required to take on other roles and even become financial providers in the family (Nelson, Hess, Isakson, & Goodkind, 2016). These changes in roles and hierarchy cause psychological stress for male and female family members (ibid). Children who work to support families often become victims of exploitation and abuse (Carey & Kim, 2010). Although the 1951 Refugee Convention and its Protocol clearly outline the rights of refugees, refugee and asylum-seeking children experience many challenges in accessing protection and essential services.

Besides working to reinforce children's rights through UN Conventions, the UNHCR develops guidelines for working with refugee children. Guidelines are based on children's developmental needs, their gender, and cultural needs (UNHCR, 1994). One of the UNHCR's guidelines addresses complex mental health and psychosocial needs for Persons of Concern (POC) including refugee children in humanitarian and emergency settings (Meyer, 2013). A wide-range of developmental needs exist for refugee children and young people. These relate to education, health, self-care, emotional and behavioural needs, identity development, and family and social relationships (Reynolds, 2002). The availability and supply of basic materials for survival and health care are often inadequate especially for refugee and asylum-seeking children residing in low-income and developing countries. While education is key to children's psychological and social development, it is one of the needs that is very difficult to address. Recognising the importance of education for children, the UNHCR has the responsibility to provide educational programs for refugee and asylum-seeking children in emergencies, with other UN agencies and international organisations assisting. The United Nations Educational, Sciences and Cultural Organization (UNESCO) also promotes education programs in armed conflict situations (UNESCO, 2011). Refugee and asylum-seeking children have challenges in developing their identity and a sense of belonging both before and after they resettle in a host country (Fantino & Colak, 2001). Therefore, it is important for schools to establish supportive and safe environments to improve wellbeing and help the development of identity (Earnest, Tambri, & Gillieatt, 2007). In addition, needs assessments should be handled sensitively and appropriately in services for refugee children and young

people (Reynolds, 2002). One study about needs and life experiences of refugee and asylum-seeking children in the UK indicated that children's views and participation in identifying needs was very important to service provision (Hek, 2005). Research about refugee and asylum-seeking children and youth in different countries has increasingly involved the participation of children (Chatty & Crivello, 2005; Dunkerley, Scourfield, Maegusuku-Hewett, & Smalley, 2006; Hek, 2005; J. Earnest, Mansi, Bayati, J.A.Earnest, & Thompson, 2015; Morantz, Rousseau, & Heymann, 2012). However, there has been no research exploring needs of refugee and asylum-seeking children conducted in Thailand. This thesis not only contributes to filling this gap but also highlights the importance of understanding children's perspectives.

2.2 The Challenges of Terminology

The terminology used in relation to refugees and asylum seekers is challenging. This literature review found that a range of terms were being used by different organisations to refer to refugee and asylum seekers and their characteristics. In this section, the terms and their definitions that relate to the background and situation of child and adult refugee and asylum seekers are explained and critiqued.

Given this research focused on children and their parents/guardians who had experienced forced migration (unwillingly displaced from their homes), a range of terms and meanings relating to forced migration/displacement, refugees, asylum seekers, durable solutions, local integration, and children are used by organisations to suit their purpose. The language chosen can have an impact and can even be used to prevent some children and their families accessing services and protection.

According to the International Organization of Migration (IOM) (2011a), "migration" is the movement of an individual, group or population either across an international border, or within a state or country. The kind of movement depends on the length, composition and causes of migration. Defining "forced migration" has been a challenge and its definition has been elusive (Bakewell, 2011). The IOM (2011a) defines forced migration as:

A migratory movement in which an element of coercion exists, including threats to life and livelihood, whether arising from natural or man-made causes (eg. movements of refugees and internally displaced persons as well as people displaced by natural or environmental disasters, chemical or nuclear disasters, famine, or development projects).

The term "displacement" is often used in a similar context to "forced migration" to designate people's experience or their condition. The UNHCR uses both the terms "displacement" and "forced displacement/migration" for its reports. It has also used the term "global forced

displacement” in two recent reports Global Report 2016 and Global Trends: Forced Displacement 2016.

Other formal terms relate to men, women, and children who have been impacted by forced migration and displacement situations. As mentioned, the phrase “People or Persons of Concerns (POCs)” is used by the UNHCR to describe men, women, and children impacted by displacement. These Persons include refugees, asylum seekers, stateless persons, returnees, and Internally Displaced Persons (IDPs). The UNHCR describes IDPs as

Individuals or groups who have been forced to leave their homes or places because of a harmful situation, either natural or human-made, and who have not crossed an international border to do so (UNHCR, 2013c).

For those people who are able to cross borders into other countries, they are referred to as displaced persons, asylum seekers, or refugees depending on their access to the asylum protection system. In the states where the rights to protection for these men, women and children are not recognised, they are viewed as irregular/illegal migrants or economic migrants such as in Thailand. There is often a border migration debate and confusion about the categories of migrants and refugees, for example, a Director of the Department of Internal Protection of the UNHCR strongly argued that “refugees are not migrants” (Feller, 2006). In addition, because refugees flee from dangerous situations, and are therefore internationally recognised, they have the right to protection according to the 1951 Convention Relating to the Status of Refugees and/or its 1967 Protocol (ibid). The Article 1 of the Convention defines a refugee as a person who:

...owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his (sic) nationality, and is unable or unwilling to avail himself (sic) of the protection of that country; or who, not having a nationality and being outside the country of his (sic) former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it (UNHCR, 1951, p.14).

Providing protection for refugees has been a topic of much political debate among the international community. The definition of refugees in the UN Convention has also been criticised (Ralston, 2012). The definition was initially based on individual cases of persecution post-WWII, and has not been updated to include the more recent conflicts (Médecins Sans Frontières, 1997). It also raises debate about who should be considered an asylum seeker or a refugee, and how individuals can be guaranteed protection under international law and “Non-Refoulement” (forcible return) Principle (Ralston, 2012), the aims of which are to protect people from persecution.

Contemporary global forced migration or displacement is often caused by complex issues and is neither covered by the original definition of refugee nor the specific conditions in the

Convention which restrict who can be protected (Juss, 2006). This definition of refugees does not include those who cross borders to other countries because of man-made disasters that may have been caused by political factors (Castles & Miller, 2009). Some argue that the definition of refugees in the Convention should include providing protection to any person impacted by forced migration created by their social and political conditions (Bakewell, 2011). This adds to the argument that the definitions of refugees and the concept of protection should be at least reviewed and updated.

The UNHCR has the responsibility of finding “durable solutions” to the plight of global refugees (Cutts & Office of the UNHCR, 2000). According to the UNHCR, “durable solutions” for refugees are:

Any means by which the situation of refugees can be satisfactorily and permanently resolved, enabling refugees to resume a normal life. Traditionally, UNHCR pursues the three durable solutions of voluntary repatriation, local integration, and resettlement (UNHCR, 2016a, p. 205).

While “voluntary repatriation” is hardly a sustainable solution for refugees from countries that have ongoing conflicts and war such as Syria, local integration and “resettlement” have become alternative options for some refugees in some countries. Integration of refugees locally is an alternative solution and involves settling in an asylum country permanently, while “resettlement” is the ultimate solution for most refugees who cannot return to their countries (UNHCR, 2016a). The UNHCR defines “resettlement” as:

The transfer of refugees from the country in which they have sought asylum to another State that has agreed to admit them. The refugees will usually be granted asylum or some other form of long-term resident rights and, in many cases, will have the opportunity to become naturalized citizens. For this reason, resettlement is a durable solution as well as a tool for the protection of refugees. It is also a practical example of international burden and responsibility sharing (UNHCR, 2016a, p.209).

A “durable solution” is a phrase often used in UNCHR reports, as well as in other UN agency and international publications. Asylum seekers and refugees in countries which have not signed the UN Convention and Protocol Relating to the Status of Refugees, have difficulty gaining access to protection and “durable solutions”. This is the case in Thailand where the terms refugee and asylum seeker are not legally recognised given Thailand is not a signatory to the Convention and Protocol (Huguet & Punpuing, 2005; Lang, 2002; T. Lee, 2005; UNHCR, 2006a). According to Thai law, refugees and asylum seekers (without valid visas) are deemed either illegal migrants (Tanaka, 2013) or irregular migrants. This is what makes them subject to arrest and detention (Human Rights Watch, 2014).

An “asylum seeker” is generally a person who is searching for protection in other country and is still waiting for refugee status (Castles & Miller, 2009). In general, asylum-seekers become

recognised as refugees when a refugee assessment authority considers they meet the UNHCR's definition of refugee (UNESCO, 2017). The UNHCR uses the term "asylum seeker" to define a person who has registered for a refugee determination process but has not yet received refugee status (UNHCR, 2013b). According to Amnesty International, people who are waiting for their claims to be assessed also have rights and should be warranted protection (Amnesty International, 2006). However, "asylum seeker" is not mentioned in the Thai Migration Act 1979 and is a term not used by Thai authorities.

Thai authorities also avoid using the term 'refugee' and have referred to people who flee conflict or fighting and across borders including camp refugees from Myanmar as "temporarily displaced persons" (Guest, Archavanitikul, and Suksinchai, 2000). Akiyama et al. (2013) argue that migrants from Myanmar, including those in Mae Sot and Bangkok, could be referred to as refugees if consideration is given to their experiences of violence, conflict and persecution, resulting in their displacement to Thailand.

There is no definition of refugee child/children or asylum-seeking child/children in either the 1951 Convention Relating to the Status of Refugees and/or its 1967 Protocol or in the Thai Migration Act 1979. Because of this, the CRC provides an important international instrument for the definition of a child (UN, 1989). Article 1 states:

...a child means every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier (UN, 1989, p.2).

Children do not have the social and political rights of adults. Because of the age of children, they are often perceived as non-citizens. The concept of citizenship is challenging the promotion of children's right (Ben-Arieh, 2007). The challenge of advocating for children to have citizenship rights is an even greater obstacle for children who live outside their country of origin and, worse still, are refugees or asylum seekers.

According to Articles 7 and 8 of the CRC, children have rights to a name, a nationality, and an identity (UN, 1989). This ought to apply to wherever children are but in practical terms, many are stateless and denied acceptance as citizens. In Thailand, children who have birth certificates as evidence have the right to access social services including education and health care. However, they often have difficulty accessing services. Although Thailand signed the CRC when it came into force in 1992 (Human Right Watch/Asia, 1997), it retained reservation on some Articles. There has been progress with Thailand withdrawing its reservation on Articles 7 and 29 related to ensuring children can exercise the right to access basic education and obtain birth registration (UN, 1989). However, Thailand still preserves the reservation on Article 22, which prevents extending the same rights to refugee children (UNICEF, 2012b).

According to the Universal Periodic Review (UPR) report undertaken by the UN Human Rights Council (UNHRC), it was recommended that Thailand withdraw the reservation on CRC Article 22 and extend the full range of rights to all children including asylum-seeking children with or without parents (UNHRC, 2016). However, there has been no amendment of this reservation and restriction of the Thai Immigration Act 1979, which classifies refugee and asylum-seeking children as displaced persons. Thai authorities do not categorise them as refugees because the government has not yet ratified the Convention Relating to the Status of Refugees 1951. Therefore, under Thai law as it applies, they are illegal or irregular immigrants (ILO, n.d.; IOM, 2011b).

2.3. Forced Migration Crisis and Refugee Protection

Global migration crises are not isolated phenomena and strongly impact refugee protection at both international and local levels. This literature review found evidence of many refugee crises throughout history, and this section demonstrates the variety of durable solutions that international communities have implemented in responding to such crises. It also explains issues around local protection and community integration that influence the safety of refugee and asylum-seeking children and their families.

2.3.1 Refugee Trends

Throughout history, men, women, and children have been forced to leave their homes and seek asylum due to war, conflict, and political violence. From 1800 to 1930, approximately 40 million Europeans from Britain, Italy, Spain, Germany, and other countries of Eastern Europe migrated to North and South America as well as Australia (Castles & Miller, 1998). There was also a large population movement during the period between the First and Second World War. World communities have been struggling to keep peace and refugee crises have continued to emerge, particularly more recently due to the development of conflicts in the Indian sub-continent and the Middle East (ibid). In addition, the 1970s conflict in Indo-China (Vietnam, Cambodia, and Laos) created more refugees and the largest group of refugees up until the 1990s (Schloenhardt, 2002). Other influxes of refugees arose after the Cold War (1947-1991) and conflicts in Eastern Europe and the Yugoslavia War in 1992 (Castles & Miller, 1998). By 1995, the UNHCR had helped 2.5 million refugees including children access asylum in developed countries and the regions of Europe, North America and Oceania, while more than 10 million refugees arrived to the poorer countries of Asia, the Middle East, Africa, and others (ibid).

According to the UNHCR, the flow of global refugees has risen even more dramatically in over the last decade. In 2016, there were 65.6 million displaced people, double the number of 1997 (UNHCR, 2016a). The growth was even more intense between 2012 and 2015 due to the war in Syria and following the conflicts in “Iraq and Yemen, as well as in sub-Saharan Africa including Burundi, the Central African Republic, the Democratic Republic of the Congo, South Sudan, and Sudan” (ibid) . Since 2013, the war in Syria has made a major contribution to increasing the number of refugees and asylum seekers globally to approximately 12.7 million (UNHCR, 2013d).

These over 12 million refugees and asylum seekers are from 201 different source countries or territories (UNHCR, 2013d). However, the long period of ongoing conflict in Afghanistan, Somalia, and Syria has produced more than half of the world’s refugees and asylum seekers (ibid). In 2013, 60% of refugees were from these three countries as well as Sudan, and the Democratic Republic of the Congo (UNHCR, 2013b). At the end of 2014, Syria had produced 7.6 million IDPs and 3.88 million refugees; the largest group of global refugees. The second largest group was 2.59 million refugees from Afghanistan, with the third largest being 1.1 million Somalian refugees (UNHCR, 2015d). The UNHCR reports that more than half of the total global refugees between 2014 and 2015 were children under 18 years of age (UNHCR, 2016b). Because of spreading conflict, violence, persecution, food insecurity, environmental degradation, and other factors, the number of UNHCR POCs is the highest it has ever been. At the beginning of 2016, there were 63.9 million POCs including men, women, and children, which had become 67.7 million by the end of the year (UNHCR, 2016a). In Yemen, Ukraine, and other countries, there were millions of IDPs who were unable to cross borders to seek asylum (ibid).

The growth of refugees flowing into Europe between 2014 and 2015 also raised debate about social solidarity among European countries (Birgit, Jeroen, Doomernik, & Glorius, 2016). The movement of refugees and migrants in Europe is not a new phenomenon, with history indicating that European countries received large numbers of asylum seekers in the 1990s (ibid). Southern countries in Europe have long backgrounds of accepting large numbers of migrants and refugees (Castles & Miller, 1998). However, increasing numbers of refugees and migrants continue to move throughout all of Europe. The movements of refugees and migrants to Europe in 2015 and 2016 (mainly from Syria, Afghanistan, and Iraq but also from Eastern European countries, The Middle East, and Africa) became the focus of major reports. Between 2015 and 2016, there were almost 800,000 children who applied for asylum in Europe of which 170,000 were unaccompanied (UNICEF, 2017a). In 2016, it was estimated that 362,000

refugees and migrants including children risked their lives crossing the Mediterranean Sea with 3,770 known to have died in 2015 and more than 5,000 men, women and children missing (ibid). By the end of 2016, there were 10.2 million refugees, 6.6 million asylum seekers, three million IDPs and returnees, and 570,000 stateless men, women, and children in Europe (UNHCR, 2016a).

In Southeast Asia, East Asia and the Pacific, there were also influxes of refugees with than 2.75 million on the UNHCR's register of POCs across the region (Fiddian-Qasmiyeh, Loescher, Long, & Sigona, 2014). The UNHCR (2016a) reported that, in the Asia and Pacific regions, there were approximately 3.5 million refugees which recently increased to 3.7 million refugees (UNHCR, 2017b). Myanmar and Afghanistan were the two main countries in the region which produced displaced people (UNHCR, 2016a). In Southeast Asia, refugee host countries were mainly Thailand, Malaysia, and Indonesia (ibid).

Currently, Southeast Asian communities are dealing with migrant crises from Bangladesh and Myanmar. Most of these refugees are from the Rohingya ethnic grouping. The United Nations (UN) categorises Rohingya refugees as one of the most persecuted minorities in the world (McGann, 2013). Burmese authorities do not deem the Muslim minority Rohingyas to be citizens, and there is evidence they have been systematically persecuted for over three decades (Frelick & Saltsman, 2012). Over the years, Rohingya refugees have fled human rights violations and persecution to other countries including Thailand. Thailand has regularly handled large groups of Rohingya refugees including Rohingya children who arrive on the western coast each year (UNHCR, 2015a). In 2016, Bangladesh hosted the largest number with 276,200 refugees from Myanmar, followed by Thailand (102,600), Malaysia (87,000), and India (15,600) (UNHCR, 2016b). According to the UNHCR Global Appeal 2018-2019 report, recent attacks on ethnic minorities in the Rakhine state by Myanmar police and military in August 2017 have generated increasing numbers of about 500,000 refugees fleeing Bangladesh, which already hosted over 300,000 refugees from Myanmar in previous year (UNHCR, 2017c).

2.3.2 Dilemmas of Refugee Protection

Specific agreements or protocols among the international community ensuring refugees' rights to protection did not exist until post World War II. The UN Convention relating to the Status of Refugees was adopted in 1951, enforced in 1954, and its Optional Protocol adopted in 1967 (UNHCR, 1951). The Convention generated an international definition of a refugee which informs basic minimum standards for the treatment for refugees. Seventeen states from across all continents gathered at the conference on the Convention Relating to the Status of

Refugees in Geneva in July 1951 (Selm et. al., 2003). Since then, the international community has become more aware of the importance of a protection system and institutional networks for refugees (Cutts & Office of the UNHCR, 2000). Although 17 states signed the Convention initially, as of 2011, 147 countries had signed either the Refugee Convention or its Optional Protocol, with 142 countries signing both (UNHCR, 2011). Many view the Convention as the main legal instrument of the UNHCR and it does play a prominent role as stated in the Convention's preamble (ibid). Clearly, the UNHCR has a key role in providing protection to refugees, but has always faced challenges politically and financially.

A common issue regarding refugee protection at an international level is the challenge in making the international community agree to the standards and guidelines for protection afforded by the UN 1951 Convention and its 1967 Optional Protocol. There are still states reluctant to become a party to the Convention. Meanwhile, even some signed-up states have not been fully committed to providing full cooperation according to the Convention. The Convention and its Protocol provide status and rights-based instruments. However, many states have not adapted their policy and law to follow the Convention to facilitate the protection of refugees. Although the Convention's Article 33 states the prohibition of expulsion or return of refugees to their countries of origin (the Refoulement Principle) (UNHCR, 1951), many states now attempt to push back refugees due to concerns about border security and economic burden. Hence, this type of response creates major challenges for the UNHCR and other humanitarian organisations working with non-signatory states.

In addition, not all refugee and asylum-seeking children and their families are able to gain protection and resettlement to other countries. The increasing number of global refugees has also impacted the refugee protection system and the RSD process. As a result of the war in Syria, by mid-2014, 1.3 million men, women, and children were still awaiting assessment of their refugee claims (UNHCR, 2014c). At the start of 2013, of the 1.5 million asylum seekers fleeing conflicts from Syria, Central African, the Democratic Republic of the Congo, and Mali, only 456,000 had submitted asylum applications with the UNHCR (UNHCR, 2013b). By the end of 2013, increased violence, persecution, conflict, or human rights violations around the world had created 51.2 million displaced people and 11.7 million refugees globally (UNHCR, 2014b). As the number of refugees continues to rise, the UNHCR estimated that the number of resettlement submissions would reach 1.19 million in 2017 (UNHCR, 2016c). While the number of applications for settlement in Europe had increased from 4.4 million to 6.7 million by the end of 2013, there were also nine million displaced men, women and

children in Asian countries in 2014. These nine million were mainly from the Rakhine state in the Kachin and Northern Shan regions of Myanmar (UNHCR, 2015d).

While there are increasing numbers of asylum seekers, the RSD and resettlement procedures vary from country to country. The waiting period can be years. Many asylum seekers and refugees including children find themselves falling in to Protracted Refugee Situations (PRS). The UNHCR defines PRS as

The situation where 25,000 or more refugees of the same nationality have been in exile for five years or longer in an asylum country and without any prospect of solution (Zeus, 2011).

This includes Myanmar adult and child refugees residing in refugee camps along the borders of Thailand and Myanmar since the armed conflict of the 1960s.

2.3.3 Local Integration and Protection

Accessing basic materials, health services and education is central to reducing risks and danger for refugee and asylum-seeking children (UNICEF UK, n.d.). Protection at the local level for refugee and asylum-seeking children and their families means being able to access services and supports such as basic materials, employment, health care, education, and legal protection, as well as progressively integrating into the local community. However, in countries where the UNHCR status for refugees and asylum seekers is not recognised, children and their families have difficulty accessing services and supports. Studies show asylum seekers more than refugees have chronic health issues especially mental health symptoms of post-traumatic stress disorder (PTSD), depression, and anxiety. These are strongly associated with poor levels of social support as well as restricted opportunities to adapt to new communities (Gerritsen, Bramsen, Devillé, Willigen, Hovens, & Ploeg, 2006; Weine, 2011).

Most refugee and asylum seekers experience obstacles integrating into the local community socially and economically because of diverse cultural and language barriers. Provision of education in emergencies can be a form of protection for refugee children (Sinclair, 2007). One study on the integration of refugees in communities in the UK also confirmed that education is the highest priority for young refugees (Bell, 2005). Education can protect them from exploitation in relation to the sex industry, criminal activities, and military recruitment (Zeus, 2011). Local integration and education programs are key UNHCR strategies to keep children and their families safe. The UNHCR promotes community-based approaches within refugee communities to establish their own non-formal education and training activities such as pre-schools, literacy or languages classes, the study of traditional art and craft or recreation and sport activities (UNHCR, 1995).

Unfortunately, government policy is often influenced by xenophobia, with refugees viewed as an economic burden and security risk (Hovil, 2014). Policy creates and supports negative attitudes of local people toward refugees and asylum seekers. Indeed, a recent study on the arrival processes for refugees in different countries of Europe also showed that strong negative local attitudes such as xenophobia, racism, social envy, and others prevent refugees from integrating well (Birgit et. al., 2016). Like many other places around the world, local Thai people sometimes have myths and negative attitudes towards migrants and refugees which create barriers to their integration into local Thai communities (Richter, Chamrathirong, Niyomsilpa, & Miller, 2012). The UNHCR also establishes approaches to eliminating xenophobia, racial discrimination, racism, and other intolerance in different countries (UNHCR, 2012b).

There are developed international protection programs but these are often found to be unsuitable when applied to local contexts. This may be because programs are based on international instruments and experience, whereas actual local experiences and understandings of the implementation of refugee protection vary markedly across communities (Carstensen, 2016). For example, between 2011 and 2012, the UNHCR evaluated its global strategy for the protection of refugee children, education and intervention from Sexual and Gender-Based Violence (SGBV). Evaluation of outcomes of this strategy found that two key requirements to protect children are the provision of a safe environment as well as access to coordinated services. However, there are barriers to implementing both these strategies in local communities with different social and cultural contexts (UNHCR, 2015a). Hence, an increasing number of humanitarian programs are beginning to work towards empowering local refugee communities to create their own strategies to protect themselves and their communities (Controneo & Pawlak, 2016; Rosenberg, 2016).

2.4 Rights to Inclusion and Access to Services

According to the CRC's Article 22, all children have the right to protection when seeking refugee status. The CRC's Article 23 promotes the right for children to access education, Article 24 claims the availability of primary health care as a right for children and Article 27 states that all children have rights to services including basic necessities for survival (food, clothes, medicine, shelter, others) (UN, 1989). The UNHCR attempts to provide humanitarian assistance to refugee and asylum-seeking children so that they can exercise their rights. However, for many children this does not occur. Further, increasing unrest, racial attacks, and racial movements against refugees and asylum seekers in different European communities indicate strong and even growing intolerance of diverse groups with different characteristics

of culture, language, religion, ethnic heritage etc. (Yuval-Davis, 2006). As a result, refugee and asylum-seeking children are becoming increasingly excluded in asylum and host countries. This is especially so for refugee and asylum-seeking children who live in protracted refugee situations. They can experience long-term depression and also develop complex psychosocial issues. When living in asylum countries, these children and their families are viewed as non-citizens with no legal status and as such, they have insurmountable barriers to accessing services including legal protection. Refugee and asylum seeker families and their children can simply be rejected by states that have not ratified the UN Convention and Protocol Relating to Status of Refugees. Many states prioritise responsibility for providing social services and welfare to their citizens, but not refugees and asylum seekers. The global community taking responsibility for refugee and asylum seekers as well as new understandings around citizenship have both become increasingly controversial political matters.

Traditionally, in western countries, the concept of citizenship means being a citizen of a state and, as such, holding “civil and political rights and obligations”, including “economic, social, and cultural rights” (Ben-Arieh, 2004). In “Citizen and Social Class”, Marshall introduced three elements of citizenship: the civil, political, and social (Steenbergen, 1994). These elements emphasise not only economic security, civil and political rights, but also the rights of citizens to a social heritage (ibid). Traditionally, citizenship was related to property ownership, but has shifted to encompassing a sense of belonging to community as well as being inclusive of gender and ethnicity (Bellamy, 2008). The conceptualisation of citizenship is ambiguous but there is agreement it reflects both a sense of responsibility and belonging (Bosniak, 2006). Being a citizen means making economic, societal and political contributions in the public’s interest, and this expectation should extend to all and not discriminate against minorities from different cultures or nationalities (Bellamy, 2008). Even though minorities, and groups of Indigenous people, immigrants, refugee and asylum seekers are sometimes temporarily homed or mobile, they often have a strong sense of belonging and should have rights equal to other members in society (Castels, 2000). A study of youth citizenship also described citizenship as a concept relevant to young people (Manning & Ryan, 2004).

Refugee and asylum seekers live in dangerous situations and poverty and, if excluded from service systems, they can be at risk of abuse, exploitation and human trafficking. Studies show that migrants as well as refugee and asylum-seeking children and youths are at risk of abuse, exploitation, trafficking violence, neglect, as well as being asked to provide free or low cost labour (Dehoff et al., 2017; Haskins, 2018; Silan, n.d.; UNICEF, 2009). In particular,

unaccompanied refugee children and youth are the most vulnerable and can be at a greater risk of sexual exploitation, kidnapping, child-marriage, recruitment into gangs and/or armed forces (Dehoff et al., 2017; Freccero, Biswas, Whiting, Alrabe, & Seelinger, 2017). While migration crises impact all parts of the world, vulnerable children experience political barriers to accessing services as well as protection. Globalisation impacts everyone's lives, and it is necessary for the international community to share the moral responsibility to create a global civil society (Delanty, 2000). Given promoting a global civil society of global citizens is challenging, the UNICEF and other international organisations have been working together in projects to encourage children in different countries to recognise themselves as "global/world citizens" (Den Bossche, 2018; Miller, 2005). Although refugee and asylum-seeking children live in precarious situations and have difficulty adapting to new communities, studies show that they are resilient and even valuable citizens (Koons, 2017; McCarthy & Marks, 2010). In order to support these children to become citizens, it is important to establish resilience programs to help them develop a sense of belonging and connectedness to the community (Pieloch, McCullough, & Marks, 2016).

2.5 Trends and Current Situations in Thailand

Since the end of the Indo-China war and Cambodian Khmer Rouge rule in about 1975, there has been a large but steady flow of refugees and asylum seekers into refugee camps along the eastern border of Thailand (Helton, 1989). While the deportation of refugees and asylum seekers from Laos, Cambodia, and Vietnam occurred before the camps were closed over three decades ago, more than 400,000 men, women, and children were allowed to stay on in Thailand (ibid).

As said, there are now nine UNHCR refugee camps in Thailand which have been operating for nearly three decades mainly in response to the influx of refugees from Myanmar (UNHCR, 2013a). A mixed population of registered and unregistered refugees live inside these camps along the border. The total number of camp refugees is unknown because the UNHCR only reports registered residents through its surveys. In 2014, the UNHCR reported there were 132,000 POCs from Myanmar in Thailand and its annual survey reported 109,992 of them were in the nine camps (UNHCR, 2014a). By the end of 2015, the UNHCR reduced this number to 106,321 Myanmar camp refugees (UNHCR, 2016b). Although there is punishment for refugees who go outside the camps without the permission of the Thai authorities, many still escape the camps to find paid jobs, for instance, working on farms (Pyne, 2007). Some camp refugees also travel to find job opportunities in the big cities of Bangkok, Chiang Mai, and others. About two million refugees live or work outside the camps either as illegal

labourers or registered migrant workers (Brees, 2008). The actual number of migrant workers in Thailand is unavailable but it is estimated there are approximately 2-3 million migrant workers in Thailand (CPD, 2015). With the 2004 Memorandum of Understanding (MOU) between Thailand and the neighbouring countries of Myanmar, Laos and Cambodia (Arnold & Hewison, 2005), 90% of Thailand's migrant workers come from Myanmar and the remaining 10% are from both Cambodia and Laos (CPD, 2015). Among these are 1.3 million migrant workers registered or holding work permits, and also a greater number of undocumented migrant workers (The Border Consortium, 2015). The exact number of migrant children in Thailand is unknown but it has been estimated at more than 150,000 migrant and displaced children (Huguet & Punpuing, 2005). It has been estimated that around 100,000 children work in very poor conditions and are at risk of abuse and exploitation (ILO, 2008). They also follow their parents to hazardous worksites on a daily basis.

Bangkok is the most popular employment destination for migrant workers in Thailand, hence there are many disparate groups of refugees and asylum seekers in Bangkok. These urban refugees and asylum seekers come from more than 40 different countries including Syria, Somalia, Iraq, Iran, Palestine, Egypt, Democratic Republic of Congo, China, Sri Lanka, and Pakistan (Urban Refugees, 2015). Accurate estimations of the numbers of refugees and asylum seekers living in urban settings are difficult with the UNHCR only providing numbers from its registration records. Many new arrivals have not registered or remain unregistered if they are not recognised as refugees or asylum seekers and living without the UNHCR status. The number of refugees and asylum seekers in Thailand has been increasing and, at the beginning of 2013, the UNHCR reported there were 2,100 urban refugee and asylum seekers (UNHCR, 2013a). However, at the end of 2013, the number increased to 8,000 (being mainly from Sri Lanka, Vietnam, Syria, and Pakistan) although only 4,600 were registered with the UNHCR (JRS Asia Pacific, 2013). Two years later when the UNHCR updated its registration numbers, there were 11,300 urban asylum seekers awaiting RSD (UNHCR, 2015c). Most new arrivals were from Pakistan and the UNHCR estimated that the number of urban asylum seekers would continue to increase (UNHCR, 2015b). A recent report also reflects this expectation. It demonstrates that in 2016, there were 1,830 new registered asylum seekers with the UNHCR (UNHCR, 2016d).

Besides the flow of urban refugees and asylum seekers as well as the protracted stays of Myanmar refugees and asylum seekers in the camps, Thailand has also been experiencing an influx of Rohingya and Bangladeshis fleeing crisis and violence. The refugee crisis in the Bay of Bengal is not a new phenomenon. In the past, Thai authorities handled boat refugees by

giving some aid but then pushing back their boats to the sea or further away to other neighbouring countries. The current situation is not much different from this history. The flow of refugees and asylum seekers from Myanmar and Bangladesh has continued for decades. In 2014, approximately 58,000 of them were smuggled through the southern coast of Thailand and then into Malaysia (Ibid). The UNHCR recently reported that 195 men, 69 women, and 181 children were detained at a humanitarian rehabilitation centre in Sadao district, Songkhla Province of Thailand (UNHCR, 2016d) and were deemed at risk of human trafficking (International New York Times, 2015).

2.6 Thai Migration Policy and Practice

While 148 states from around the world are party to the 1951 Convention relating to the Status of Refugees and/or the 1967 Protocol (UNHCR, 2016a), less than half of all Asian states have signed the Convention. There are only three countries in East Asia; China, Japan, and The Republic of Korea, which have ratified the 1951 Convention (McConachie, 2014). In Southeast Asia, only Cambodia, the Philippines and Timor-Leste have signed this Convention (JRS Asia Pacific, 2012).

Historically, and in spite of several changes to the Thai regime, the government has remained firm on not signing the Refugee Convention. Therefore, Thai authorities do not follow the Non-Refoulement Principle that protects refugees. In the past decade, the UNHCR, other UN agencies, and the Human Rights Watch reported Thai authorities as having deported various groups of refugees, mainly across the border to neighbouring countries including Myanmar and Laos (Frelick & Saltsman, 2012). In addition, there was repatriation of large numbers of camp refugees when all refugee camps along Thai-Cambodian border were closed over two decades ago (ibid). The policy of pushing back the boats has also been used by different governments. In 2006, a group of Rohingya boat refugees arrived on the southern shore of Thailand and were arrested by the Thai authorities in Ranong Province. They were transferred to Mae Sot for deportation to Myanmar (Frelick & Saltsman, 2012). In 2008, 800 Rohingyas who arrived on Thailand's coast by boat were detained, provided minimal food, and water by Thai authorities, before being sent back out to open sea (BBC News, 2009). This practice continues and, in 2011 when a boat carried 91 Rohingya men, women and children landed in Trang Province in southern Thailand, it was pushed out to sea as per the policy of Prime Minister Abhisit's government (ibid). In the same year, the Thai National Security Council had a discussion with the Burmese government about the possibility of closing the camps and repatriating all refugees to Myanmar (Frelick & Saltsman, 2012). The plans and timeline for closing down the nine UNHCR refugee camps remain unclear.

Thai politics and regimes were in a constant state of flux throughout the entire period of this research. In 2014, there were protests against the administration and corruption of Prime Minister Yingluck's government (McCargo, 2015). Since then, the military announced Martial Law, and took over power from the previous government. This military government has maintained the policy of pushing back boats and deportation of refugees, and also continues with plans to close the border refugee camps. The UNHCR has had consultations with the Thai Government and plans to provide humanitarian assistance to the camp refugees who voluntarily return to Myanmar in the future (UNHCR, 2017a). According to the 2016 UPR on human rights obligations and commitments of each state, Thailand has also deported political asylum seekers back to Laos in 2009 and to Cambodia in 2013 (UNHRC, 2016). This repatriation policy and practice does not only impact refugee and asylum seeker families and children from Thai border countries, but has also impacted 109 Uighur asylum seekers (ethnic minority from China) fleeing political persecution in November 2015 who were returned to China (ibid).

Thailand does not have a formal national asylum framework (UNHCR, 2015b). Therefore, there are no legal protection protocols nor clear guidelines to ensure protection for asylum seeker and refugee families and their children. Thai law considers refugees and asylum seekers living outside the UNHCR camps as illegal migrants (Tanaka, 2013). The UNHCR asylum seeker and refugee certificates are also not accepted by the Thai authorities (Human Rights Watch, 2014). Therefore, refugee and asylum seekers cannot legally live and work in Thailand. Therefore, they could not access to formal employment and can be at risk of abuse, exploitation, and hazardous workplaces (UNHRC, 2016). According to the Thai 1979 Immigration Act, an illegal alien means a non-Thai person who enters the Thai Kingdom illegally (ILO, n.d.). In section 29 of this Act, he/she shall be detained, interrogated, and deported (ibid). Therefore, immigrants who do not hold valid visas and are categorised as "irregular migrants" by the Thai authorities risk arrest, detention, and deportation.

Refugee and asylum-seeking children are also impacted by Thai immigration policy. Because these children do not have legal status under the Thai Migration Act, Thai authorities can also arrest, detain and deport them. Thai authorities claim that refugee and asylum-seeking children and adults are detained in the IDC because they are irregular migrants (Human Rights Watch, 2014). A study reported refugee and asylum-seeking children are detained with adult detainees at the IDC in Bangkok (Collewet, 2012). Besides the physical health problems that children experience in the IDC, they also often demonstrate disrupted social development and mental health distress (Human Rights Watch, 2014). According to the 2016 Thailand UPR report,

refugee and asylum-seeking children also experience difficulty in accessing legal aid, education, and health care due to their lack of legal status (UNHRC, 2016). Studies have found that refugee and migrant women and children are especially at risk of abuse, exploitation, and trafficking (Beyrer, 2001; Wille, 2001). One study about human trafficking of Burmese refugees in Thailand illustrated that women and unaccompanied children are at risk of exploitation because of a lack of access to legal protection (Seltzer, 2013). Although Thailand ratified the Convention concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour almost two decades ago in 2001, there are still reports of children being exploited and working in poor and hazardous conditions (ILO, 1999).

2.7 Children in Mae Sot and Bangkok

There are numerous studies about camp refugees along the borders on the east and west of Thailand (Demirdjian, 2012; Long, 1992; Maybin, 1992; Meyer, Murray, Puffer, Larsen, & Bolton, 2013; Oh, 2010a; Olesen, 2004; Stellwagen, 1993). There are also several research studies about refugees living in UNHCR camps located in Mae Sot (Banjong et al., 2003; Bowles, 1998; Ezard, Thiptharakun, Nosten, Rhodes, & McGready, 2012). However, there is only limited research directly referring to refugee and asylum-seeking children living outside refugee camps in both Bangkok and Mae Sot. Hence, there is a dearth of information about the specific needs of this group of children including their needs for basic materials, family and peer relationships, education, health care, and safety, as well as the adequacy of services and policy that impact their wellbeing. Of the little that is known, most focuses on the displaced persons or camp refugees and migrant children or youth from Myanmar, which are included in this section. Available literature provides general information about refugee and asylum seekers but not many studies provide specific information about children. Even less research focuses on urban refugee and asylum-seeking children in Bangkok. As mentioned, the first phase (2014) of this research identified gaps in information about the needs of urban refugee and asylum-seeking children in Bangkok and has since been published (P. Thoresen et al., 2017).

2.7.1 Children in Mae Sot

Because there are no specific studies about the needs of refugee and asylum-seeking children living in the community of Mae Sot, most information was found in reports and studies about services and supports for migrants living in the area. Just one study about Burmese migrant children living in Mae Sot provided insightful information on the issues regarding services for not only Burmese migrant children but also Burmese refugee or asylum-seeking children

(CPPCR, 2009). Given the children in this study used to live in the refugee camps before moving to Mae Sot city/town, information about their situation and supports in the refugee camps is included in this section.

2.7.1.1 Basic Materials

Generally, camp refugee children and adults live in temporary shelters without water or electricity, and are not allowed to work to earn income (Fox & Kumchum, 1996). Service providers including the UNHCR, local NGOs, CBOs and international aid agencies have provided basic materials to refugee and asylum-seeking children residing in the UNHCR refugee camps along the Thai-Myanmar border. The provision of basic materials in these camps include food, education and basic health care (vaccinations and vital medicines) when possible (Benner, Muangsookjarouen, Sondorp, & Townsend, 2008). The quality of food for adults and children is poor and is inadequate as essential nutrition (Banjong et al., 2003).

The Thai Government sets restrictions on the movement and education of refugees and does not permit them to leave the camps. This means they have very reduced opportunities to integrate into the local community and support themselves (Oh, 2010a). Although living in refugee camps is difficult, refugee children living outside refugee camps are mostly living in poverty. If found outside the camps, refugees can be arrested, regardless of whether they are carrying an UNHCR registration card (Brees, 2009). In spite of this risk, camp residents often make attempts to find work and earn income to support their families (The Border Consortium, 2015). Due to their illegal status, refugees are extremely vulnerable to exploitation outside the camps and find it very difficult to negotiate a minimum wage when they are employed (Brees, 2008). In Mae Sot, children without identity documents have difficulty accessing health services, legal protection, and formal education (Ball & Moselle, 2016).

In order to control the number of irregular migrants, Thailand and Myanmar developed an agreement in 2003 and one of the strategies was to legalise migrant workers through the national verification process (McGann, 2013). With this agreement, approximately 1.3 million illegal migrants were identified (93,000 were children under the age of 15) (Pongsawat, 2007). The 2004 registration policy allowed migrant adults and youth from Laos, Cambodia and Myanmar to register for a work permit and many did (ibid). “One Stop Service” centres legalise migrant workers in Tak Province, Pob Pra, and Mae Sot districts, but a fee is required as well as identity documents, and an employer as a guarantor (Department of Labour, n.d.). More than half the migrants from Myanmar have refugee backgrounds having fled from conflict and violence to Thailand (Akiyama et al., 2013). There are also camp refugees, who

prefer to live in Mae Sot as migrants with or without a work permit or an Identity Document (ID).

As refugee and asylum-seeking children have no legal status outside the camps, they and their families are hidden from view and blend into the local community as migrants. Those living outside the camps and working as illegal migrants have limited movement due to their lack of identity documents. Although there are some integration and vocational training programs outside refugee camps for young refugees, they are very unlikely to earn sufficient income (Harrell, 2013). Many refugee and migrant children live in poverty. Children do not have the opportunity to go to school, and often have to work to support their families. There are a number of migrant children in Mae Sot, who collect recycled garbage to earn a small income (CPPCR, 2009). When either children or their parents work, they often do not get reasonable payments. It was reported that workers from Myanmar in Mae Sot only received a wage of 180 to 260 baht per day (approximately AU\$ 8-10) even though the Department of Labour had a new adjusted rate for the minimum wage in Tak Province of 310 baht per day (approximately AU\$ 13) (Thein, 2018).

2.7.1.2 Health

One study found that refugee and asylum-seeking children in the Thai-Myanmar border refugee camps have poor physical and mental health (Meyer et al., 2013). There is also evidence that tuberculosis and malaria are present affecting children and the elderly in the refugee camps and towns along the borders (Ditton & Lehane, 2009). Camp refugees live in poor housing conditions, have a poor diet, and limited access to health service (Fox & Kumchum, 1996). One study in Mae La camp, found refugee and asylum-seeking children and adults had insufficient nutrients in their food and no money to purchase food from the markets inside the camps (Banjong et al., 2003).

The UNHCR reports evidence of mental health and psychological symptoms affecting refugee adults and children (Meyer et al., 2013). Besides children having physical health issues, staff in NGOs, CBOs and other stakeholders working in the camps identify concerns about mental health, drug use, and the presence of gangs among youth camp residents (The Border Consortium, 2015). One study found Karen refugee students experienced psychological distress because of feeling a loss of control in their lives, and experiencing limited freedom of movement and few opportunities to support their families (Patel, Lichman, Nair, & Parmar, 2016). Refugee children have traumatic experiences through their refugee journeys. The provision of mental health services and professionals, mental health interventions, and training for teachers are important to the mental wellbeing of children residing in camps (ibid).

While there is a dearth of specific health information about refugee and asylum-seeking children living in Mae Sot, a study of Burmese migrant children in Mae Sot found children addicted to alcohol, smoking, and other drugs such as heroin (CPPPCR, 2009). Although the IOM has established health programs to improve children's health, most migrant children have a severe lack of nutrition because their families live in financial hardship (ibid). Research on migrant children also demonstrates that children and their parents experience barriers to accessing health services because of poor literacy, inability to take time off work, inability to afford the traveling cost, a fear of arrest and deportation, as well as difficulty registering with the Thai universal health care scheme (CPPPCR, 2009; Girvin, Krause, & Matthews, 2006).

Mae Sot has one Thai public hospital and several health centres providing for all the health care needs of the local population. According to the National Health Security Office (NHSO), there are three types of Thai health insurance; the "Thai Civil Servant Medical Benefits", "Social Security", and "Universal Coverage" (the latter is also known as "the 30 baht System"). The Social Security scheme is health insurance which employers in the non-government sector must provide their employees (NHSO, 2013). Since 2013, Thai health care policy has allowed undocumented migrants and their children to register for Thai health insurance at a cost of 1,300 baht (approximately AU\$ 52) which provides access to health services. But the cost is still too high and families cannot afford the cost of this health insurance (Kantayaporn & Malik, 2013). In 2010, the IOM carried out an assessment of barriers to accessing health and social services for different Burmese Muslim communities in Mae Sot. It found that 77% of people in the communities had no identity documents and 40% earn an income of 125 baht per day (approximately AU\$ 5). Hence, many cannot access the Thai health care system as they have no documents. Most access health services at the Mae Tao Clinic (MTC) (IOM Thailand, 2010) which is the only clinic providing free medical services for Myanmar migrants who cannot afford Thai health insurance (CPPPCR, 2010). This clinic also receives referrals from refugee camps. Volunteers, together with local and international health professionals, run the clinic which provides basic health services (Nursing Review, 2011). However, it has insufficient resources for children with complex health conditions such as cardiac problems, congenital birth defects, and cancer (ibid)

2.7.1.3 Education

The first camps along the Thai-Myanmar border were established in 1984 (Lang, 2002) and the Thailand Burma Border Consortium (TBBC) was formed under the Coordinating Committee for Services to Displaced Persons in Thailand (CCSDPT). In coordination with other NGOs and refugees, the TBBC provides education services to camp students (Oh,

2010a). All education activities for children in the camps are unique and are under the administration of the Thai Ministry of Interior (MOI); not under the supervisory oversight of the Ministry of Education (MOE) (Vungsiriphisal, 2011). The UNHCR does not provide education to camp children but provides English and Thai language lessons to adults (Oh, 2010a).

The Karen Refugee Committee Education Entity (KRCEE) was established in 2009 to replace the Karen Education Department (KED) and organised the provision of education in seven camps (Oh, 2010a). The Karen are the majority ethnic group in the seven camps and there are approximately 70 KED schools with Karen leaders understandably focusing on Karen culture rather than cultural diversity (Zeus, 2011). Therefore, the main languages studied at these schools are Karen, Burmese and English, but not Thai (Van der Stouwe & Oh, 2008). The costs of building materials, staff salaries, teacher training, teaching materials and resources are mostly covered by funding from Refugee Care Thailand (ZOA) (Oh, 2010a). However, school compounds and building infrastructure are inadequate to meet the physical and learning needs of the students. The school buildings are made of bamboo, the classrooms are made from bamboo partitions, and there is no electricity. Given low teacher incomes derived from limited community sources and low donor funds for school staff salaries, there is high rate of teacher turnover due (Oh, 2012). As well, teachers who themselves are refugees move when they are offered resettlement in third countries (Van der Stouwe & Oh, 2008). There are reports of refugee children dropping out of school with early marriage being the most common reason, as well as difficulty learning and needing to work to provide income to support their families (Oh, Ochalumthan, La, & Htoo, 2006; Oh, 2010b).

Young refugees face even more obstacles accessing higher education such as poverty, difficulty with the enrolment applications, and lack of accreditation and citizenship (Zeus, 2011). Refugee students finish their education with a certificate, although it may not be useful given the lack of lessons focused on the Thai local community (Van der Stouwe & Oh, 2008). Neither are these certificates recognised by Thai authorities (WCRWC, 2008). Therefore, education and skill training for young people in the camps provides very little employment opportunities in Thailand or Myanmar (Huguet & Punpuing, 2005).

In 1992, the MOE amended the Thai Education policy to allow non-Thai children to enrol in Thai public schools. The National Education Act 1999 requires every child in Thailand to study until secondary level, however this does not practically benefit non-Thai children (Vungsiriphisal, 2011). Educational personnel are not aware of the policy and have negative attitudes toward non-Thai children (ibid). In addition, although the policy allows

undocumented children to enter Thai schools, identification documents are required for school enrolment (Caouette, 2001). As refugee and asylum-seeking children often do not carry identity documents, they cannot access public schools (Demirdjian, 2012).

Due to this lack of access to public education, migrant children attend informal schools along the Thai-Myanmar border, commonly known as Migrant Learning Centres (MLCs) (Johnson, 2013). The MOE also provides guidelines for the establishment, registration and operation of MLCs (MOE, 2011). Given fluctuating funding and that MLCs can be closed down at any time, their exact number in Thailand is unknown. It is estimated that there are approximately 95 to 200 MLCs along the Thai-Myanmar border (Proctor, Sane, & Taffesse, 2009). One Thai Government record demonstrated that there were approximately 130 MLCs in the country (Archavanitkul, Phanphuang, & Sanpuwan, 2011). In Mae Sot, there are said to be 78 MLCs, which are operated with funding from the international community providing education at primary and secondary levels (Jacobsen & Nichols, 2011). These MLCs open an opportunity for refugee children to continue their education (Kook, 2007). Research on MLCs suggests that these centres are safe places and help to reduce the vulnerability of children (Nawarat, 2012). The number of MLCs has risen, and the MOE has established several Migrant Educational Co-ordination Centres including in the Tak Province to oversee and coordinate MLCs (MOE, 2011).

2.7.1.4 Safety and Risk

Refugee children living both inside and outside the camps are vulnerable to neglect, abuse, exploitation, and human trafficking (Jolliffe, 2016). Adults and children in the Thai-Myanmar border refugee camps have identified safety concerns including assaults by camp staff, continued fighting between Burmese Army and the Karenni Army, domestic and gender-based violence, alcohol abuse, fighting inside the camps as well as living in unstable and unsafe building shelters (ibid). Camp refugee children are often in the care of relatives or grandparents if their parents leave them behind to work outside camps.

Refugee and asylum-seeking children outside the camp have no legal status and are effectively stateless. Under the Thai Civil Registration Act 2008, the birth of a new-born child can be registered (The Border Consortium, 2015). However, if migrant or refugee children are not born in Thai hospitals, they cannot obtain a birth certificate (Huguet & Punpuing, 2005). Children without identification or a birth certificate are then at greater risk of identity falsification, trafficking into hazardous or exploitive employment or forced recruitment into military (CPPCR, 2009).

Unaccompanied children are of course much more vulnerable than those with parent(s). Some children are left behind in Mae Sot, when either one or both the parents are seeking work in another city (CPPCR, 2009). There are also children who work to support themselves and their families. Although the Department of Labour Protection and Welfare which is under the Ministry of Labour (MOL) enforces the Labour Protection Act and states that children under 15 are not permitted to work, there are reports of displaced children under the age of 15 working in Mae Sot because of financial hardship (Jacobsen & Nichols, 2011). The WCRWC also reports that 14 to 15 year-old girls are most at risk of exploitation and trafficking with migrant children more at risk of exploitation and dangerous work conditions than Thai children (Wille, 2001). Refugee and migrant men, women as well as children can be trafficked into prostitution, domestic slavery, begging in urban areas and work in risky labour conditions such as in textile factories and farms (Girvin et al., 2006). In such dangerous situations, they are unable to access legal protection due to language barriers. With no legal status, they are afraid of being arrested and deported (ibid). Barriers to accessing legal protection also make women and children vulnerable to, and less able to leave abusive situations (Seltzer, 2013).

Undocumented migrants including refugee and asylum-seeking children in Mae Sot are also subjected to detention and deportation (Akiyama et al., 2013). There are several detention centres in Thailand and, according to Human Rights Watch (2014), these facilities include the Mae Sot Detention Centre which is in poor condition. The detention and deportation of children also happens regularly. For example, it was recently reported that a 15-year-old girl was detained and deported to Myanmar with her family (ibid).

2.7.2 Children in Bangkok

While refugee and asylum seekers in Mae Sot are mostly from different Myanmar ethnic groups, Bangkok hosts refugee and asylum seekers from many different countries and diverse cultural backgrounds. These countries of origin include Egypt, Democratic Republic of Congo, Somalia, Libya, Afghanistan, Iran, Iraq, Palestine, Syria, Pakistan, Sri Lanka, Nepal, China, Cambodia, and Vietnam (Urban Refugees, 2015; JRS Asia Pacific, 2010). While refugees and asylum seekers are known to live in many urban settings around the world (Brown, Msoka, & Dankoco, 2015; Budosan, Aziz, Benner, & Abras, 2016; Im, Caudill, & Ferguson, 2016; Kobia & Cranfield, 2009; Vigneswaran & Quirk, 2013; Ward, 2014), little is often known about their situations. This is especially so for Thailand. For those in Bangkok, very little is understood of their networks and access to education, health, livelihoods and safety (Guzzetti, 2016; JRS Asia Pacific, 2010; Palmgren, 2014; Shum, 2014; Winter-

Villaluz, 2015). Certainly, there has been no focus on understanding the experience and perspectives of refugees and asylum seekers previously.

2.7.2.1 Basic Materials

Urban refugees and asylum seekers in Bangkok struggle to support themselves. Unlike their counterparts in Mae Sot, they do not have permission to work legally, therefore they live in the poorest areas of the city far away from the centre of Bangkok city where there are at least some available services (JRS Asia Pacific, 2010). Because these refugee and asylum-seeking children and their families are afraid of arrest and detention, they have limited movement and hence limited opportunities to earn income (Liarribeau & Broadhead, 2014). Unemployed parents impact the wellbeing of their refugee and asylum-seeking children and make it difficult for children to also access education and health care. One study of a Somali refugee community explained that most of families in Bangkok live in poverty and have limited financial support (Guzzetti, 2016). Despite the increase in the number of refugees and asylum seekers in Bangkok, support from the UNHCR is limited. The UNHCR provides a small allowance to refugees through its implementing partner agency. However, the allowance is inadequate to meet day-to-day living costs especially for large families (JRS Asia Pacific, 2010; UNHCR, 2006a).

Insufficient support and services for families and children increases their vulnerability to poverty and exploitation (Palmgren, 2014). Apart from the UNHCR, and a few NGOs with unstable or insignificant budgets, there is a very limited number of services and supports available to refugees and asylum seekers in Bangkok (Liarribeau & Broadhead, 2014). Many refugee and asylum-seeking families depend on basic materials provided by religious/spiritual organisations such as churches (ibid). Refugee and asylum-seeking families also have problems accessing and maintaining secure housing (JRS Asia Pacific, 2010). Most refugees, asylum seekers, and their children live in overcrowded apartment rooms in Bangkok and struggle to pay the rent because they are unable to work legally (UNHCR, 2006a). However, without work permits, refugees and asylum seekers in Bangkok can only find illegal or informal jobs with low pay (Urban Refugees, 2015). Although migrant children face greater risks than adult migrants as they work for lower pay and they can be exploited, trafficked, or are homeless (Huguet & Chamratrithirong, 2014), there is little evidence to indicate that refugee and asylum-seeking children in Bangkok work to support their families.

2.7.2.2 Health

There was little information known about physical and mental health problems of refugee and asylum-seeking children living in Bangkok. The Thai Ministry of Public Health has a policy to ensure the newborn children of migrant parents from Myanmar, Cambodia, and Laos can receive the same medical services as Thai children (Chantavanich & Jayagupta, 2010). However, refugee and asylum-seeking children and their families in urban setting like Bangkok have difficulty obtaining birth certificates for children, and therefore have limited access to public health services (JRS Asia Pacific, 2010). While the children of registered migrant workers in Mae Sot can access Thai health care insurance if their parents can afford it, refugee and asylum-seeking children in Bangkok are unable to access the Thai health care scheme.

Hence, there are very limited available physical and mental health services for refugee and asylum-seeking children and their families in Bangkok. Families can access free basic health care services including maternity care at the clinic of the UNHCR's implementing partner agency (UNHCR, 2006a). They can also access public hospitals if the UNHCR's implementing partner agency refers them. However, even if referred, they often have language barriers when communicating with Thai health professionals (Sukumaran, Mayerhofer, Darby, Painter, & Panci, 2013). In 2014, refugee and asylum-seeking children and their families were left without access to basic medical treatment when the clinic in Bangkok closed down. Nevertheless, a year later, a non-profit foundation began providing free health services at Tzu Chi Clinic (Guzzetti, 2016). Although refugee and asylum-seeking children often suffer traumatic experiences, stress, and a lot of frustration with their situation, psychological or mental health services are scarce (ibid). There are also reports of refugee and asylum-seeking children in the IDC in Bangkok experiencing physical and mental health problems. The IDC is very overcrowded and it has very poor hygiene conditions, thus children have multiple health problems (Collewet, 2012). Human Rights Watch (2014) also reported that if refugee and migrant children are not from neighbouring countries, they are being detained for long periods which impacts their mental health. There is only one counselling service for refugee and asylum seekers in Bangkok (P. Thoresen et al., 2017).

2.7.2.3 Education

According to the CRC, Thailand has an obligation to provide education for all children who are born and live in the country (Caouette, 2001). In addition, according to the Thai National Education Act 1999, all children should have access to free basic education up to 12 years of age (Nawarat, 2012). However, children without documents or who are stateless cannot enter

schools (ibid). Although the office of the MOE is located in Bangkok, this make no difference it is the same challenge as in Mae Sot. The National Review on “Education for All” policy also confirms that undocumented children from ethnic minority backgrounds and non-Thai children still have difficulty accessing the Thai education system (The Thai National Commission for UNESCO, 2015). Thus refugee and asylum-seeking children living in Bangkok have limited education opportunities and experience difficulty entering Thai schools. They also experience language barriers in Thai schools owing to their often very different language of origin and, even if they are accepted, their parents often cannot afford the minimal school fees (JRS Asia Pacific, 2010).

Through assistance of the UNHCR’s implementing partner agency, the UNHCR seeks to provide pathways to enable urban refugee and asylum-seeking children entering Thai schools (Guzzetti, 2016). The UNHCR’s implementing partner agency provides basic education including Thai lessons to refugee and asylum-seeking students for six months before referring them onto a Thai school (P. Thoresen et al., 2017). However, some parents do not encourage their children to study Thai language, as they prefer them to learn English in preparation for the hoped-for futures in other countries (JRS Asia Pacific, 2010).

Given urban refugee and asylum-seeking children have barely any access to formal education, informal education becomes the next best option. In Bangkok, refugee and asylum seekers have established their own community learning centres in various areas of the city (Winter-Villaluz, 2015). Local Thai and refugee volunteers give lessons to refugee and asylum-seeking children and others in the community or churches donate teaching materials to these community learning centres (Sukumaran et al., 2013). Given Pakistani communities are the largest population of urban refugees and asylum seekers in Bangkok, there are a number of learning centres in the Pakistani communities. Depending on their resources, these learning centres have different capacities, for instance, a small learning centre can have about 10 students and a much larger centre can have up to 100 students (Winter-Villaluz, 2015). In some communities, parents teach their children at home (Sukumaran et al., 2013). This way the children in Bangkok save on travel costs and lower the risk of arrest by Thai police.

Access to vocational training programs or higher education is also especially limited for refugee and asylum-seeking children and youth in Bangkok. There is only one vocational training program for refugee and asylum-seeking children in Bangkok, which is run by the UNHCR implementing partner (Winter-Villaluz, 2015). Other service providers also experience obstacles to organising recreation activities although children engage enthusiastically when they are on offer. For example, a service provider organised a basketball

game for refugee and asylum-seeking girls. In spite of the risks of travelling outside their community and of police arrest, a group of the girls nevertheless attended the activity taking a bus for one to two hours across traffic to get to the basketball court (JRS Asia Pacific, 2015).

Of note, the IDC does not comply with Thailand's obligations under the CRC to provide education to children in detention. Children in Bangkok's IDC do not have an opportunity for adequate formal education. The IOM provides a day-care centre at the IDC for children a few times a week but cannot provide ongoing education due to limited resources (Human Rights Watch, 2014).

2.7.2.4 Safety and Risk

In Bangkok, refugee and asylum-seeking children and their families live with constant concerns about their safety. They are at risk of exploitation, trafficking, and abuse. There was a concern that girls and women were involved in providing sex services to survive (Racemoli & Mullen, 2011). As discussed, refugee and asylum seekers including children do not have access to legal protection. They could not work in formal employment and are at risk of exploitation by employers as well as at risk of arrest at work by Thai authorities (Aye, 2016). Many refugees prefer to live together in the same area so they can provide support to each other. However, there is a high risk of police raids in large community groups, so refugee communities sometimes spread out and live in different suburbs as a safety strategy (Sukumaran et al., 2013).

Long UNHCR RSD procedures worsen the precarious situations for urban refugee and asylum-seeking children. The chance of asylum seekers gaining refugee status so as to settle in a third host country is very low (Asylum Access, 2011). The RSD process can take a very long period for asylum seekers. As well, the resettlement process for refugees takes even worse time, and both can impact the safety of refugees and asylum seekers as they remain at risk of arrest and detention throughout (Palmgren, 2014). Local Thai authorities can raid refugee communities at any time and they regularly patrol the streets. The arrest and detention of individuals or groups of refugee and asylum seekers including children can happen in any area of Bangkok. Refugees or asylum seekers sometimes pay bribes to police to avoid arrest and can be asked to pay 50,000 baht (approximately AU\$ 2,000) to be bailed out of the IDC (Ruiz-Canela, 2017). In 2013, Thai authorities arrested 125 individual refugees and asylum seekers. A year later the number of arrests had increased to 245 urban refugees and asylum seekers including 34 children (UNHRC, 2016). Human Rights Watch (2014) reported that children in detention suffer from physical and psychological harm because of living in an abusive environment with inadequate nutrition and no exercise, health care, or education. In a

proposal to the Thai government to develop domestic legislation to provide a protection mechanism for refugees, policy advocates and service providers in Bangkok collected over 10,000 signatures (Richter et. al., 2012). However, there has been no progress since the military coup of 2014. While there is no solution to detention, some NGOs do provide assistance to bail some refugees and asylum seekers. Between 2011 and 2013, one NGO arranged the bail of 111 refugees and asylum seekers (JRS Asia Pacific, 2013).

Urban refugees and asylum seekers in Bangkok have great diversity in culture and language, which is often very different to Thai culture and language. Even so, one safety strategy for some refugee communities is to maintain positive relationships with their local Thai communities, so as to receive support from Thai neighbours. Amongst other things, this reduces language barriers (Sukumaran et al., 2013). Although the UNHCR report showed that Thai communities have harassed and discriminated against some groups of refugees (Kirk, 2006), some refugee communities report having much more positive experience of integrating into Thai communities. One study in a Somali refugee community found that Thai neighbours provided social support to and met basic needs for a Pakistani refugee community by teaching Thai language, donating food, school uniforms, household items, and even warning them when police were actively working in the area (Winter-Villaluz, 2015).

2.8 Frameworks for Need and Wellbeing

As the research focuses on exploring the needs of refugee and asylum-seeking children, it is important to review the universal concepts of need and wellbeing. There are theories about social and human need, for instance, Bradshaw's (1972) taxonomy of social need and Maslow's (1943) theory of hierarchy needs.

Bradshaw constructed a taxonomy of social needs which can be utilised by researchers and administrators and assist policy makers and researchers to work together to plan a range of social services. Bradshaw's concept of social need has relevance to this research since it points to types of need and helps explain the different and even ambiguous meanings that individuals attach to the concept. Meanings about need vary depending on who is being asked, and the purpose for which researchers want to use the information. In this research, children and adults were asked to identify the needs of children and the findings showed different perspectives. It is these alternative perspectives which I argue can be helpful in developing and implementing services and policy. This also highlights the importance that research about children's needs to include children.

Conceptualising and assessing the needs of children are complex activities. Traditionally, children's development and needs were studied by psychologists observing their behaviour throughout the stages of childhood such as: infancy, toddlerhood, the adolescent phase, and into early adulthood (Peterson, 1989). According to Maslow (1943), every child has common basic needs in order to survive and develop. He introduced a hierarchical framework which identified children's needs for basic materials, safety, family relationship and support, as well as a positive learning environment. These were deemed essential to survival with adults responsible for their provision. Kohlberg (1978) introduced the importance of moral practice and education for children and suggested that besides fundamental needs for children, they also needed to develop their morality at stages of childhood. However, it was Woodhead (1987) who critiqued the concepts and values underpinning the conventional classification of children's needs and suggested that identifying children's needs associated with their development required going beyond traditional study. He claimed that developing such an understanding of children's needs ought to include perspectives of social structure and cultural context which are also important for children's development, rather than only considering biological and psychological needs (ibid).

The UNHCR adapted the principles of the CRC and developed guidelines for the protection and care of refugee children based on gender, culture, and development needs (UNHCR, 1994). These guidelines also emphasise the relationship between the psychological and social needs of refugee children, and have been very useful in the rapid appraisals of emergency situations although their practicality in the evaluation of children's needs in protracted refugee situations is questionable. The UNHCR has also developed other frameworks based on the CRC guidelines including the assessment framework for mental health and psychosocial support which are very useful for establishing protection activities in local communities (Meyer, 2013).

While the guidelines of the UNHCR are employed to explore the needs of refugee and asylum-seeking children in this research, the concept of child wellbeing is also considered in order to gather information about children's needs and lived experience. Identifying needs is most often relevant to evaluation of the adequacy in human services and education (McKillip, 1987) whereas the examination of wellbeing can describe a sense of what society wants for its people (Hay, 1993). Both the concepts of needs and wellbeing are combined in this research to explore what refugee and asylum-seeking children need for a good life.

Although it is important for adults to be responsible for children and to make judgements about addressing their needs and wellbeing, the CRC also promotes inclusion of the children's own views and opinions as Article 12 states:

States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child (UN, 1989, p.4).

This UN instrument has had a strong influence in recognising that children are equal citizens with their own views which ought to be taken seriously. Traditionally, adults were deemed reliable and responsible for speaking on behalf of children. However, the past decade has seen increased evidence of the benefits of employing ways of more actively engaging children's voices, especially in research and evaluations (Helm, 2010; Moore, McArthur, & Noble-Carr, 2008). Children and young people's voices are also important in any assessment of need (Helm, 2010). Mason and Danby (2011) also agree that including children's voices especially in research helps gain deeper understandings of their experience. Furthermore, when children have the opportunity to express their views, they produce more diversity of opinion than the research would otherwise have (Merewether & Fleet, 2014).

There is a range of frameworks focusing on child wellbeing (Fernandes, Mendes, & Teixeira, 2012; Hay, 1993; Park, Peterson, & Seligman, 2004). Specific indicators of child wellbeing have also been developed based on both child development theory (Erikson, 1995) and ecological frameworks which aim to understand child wellbeing through interaction with the environment (Bronfenbrenner, 1992, 2005). Furthermore, over the past decade, a range of indicators or domains have been developed to measure child wellbeing based on children's right (for example, Ben-Arieh, 2008; Ben-Arieh, Casas, Frønes, & Korbin, 2014; Ben-Arieh & Goerge, 2006; Bradshaw et. al., 2006; Bradshaw, Keung, Rees, & Goswami, 2011; Bradshaw & Richardson, 2009; Heshmati, Bajalan, & Tausch, 2008; Lippman, Moore, & McIntosh, 2011; Rees & Bradshaw, 2008; UNICEF, 2012a). The conceptual frameworks based on these rights-based approaches provide a useful guide in contemporary research and social policy about child wellbeing.

Prior to commencing this research, numerous frameworks about the wellbeing of children and youth were reviewed. These included: the Child and Youth Wellbeing Index with seven domains including "family economic wellbeing", "health, safety/behavioural concerns", "educational attainment", "community connectedness", "social relationships", and "emotional/spiritual wellbeing" (Ben-Arieh, 2008); a Positive Youth Development Framework, which reviews the child wellbeing indicators including "educational achievement

and cognitive attainment”, “health and safety”, “social and emotional development”, and “self-sufficiency” (Moore, Lippman, & Brown, 2004). Various other child wellbeing frameworks developed for the United Nations Children’s Fund (UNICEF) were also reviewed to measure wellbeing of children in different countries (Lippman, Anderson, M. McIntosh, & H. McIntosh, 2009). These included Bradshaw et. al. (2006) UNICEF Framework for Child Wellbeing with six domains the Structural Determinants of Child Wellbeing Framework, which has four domains including 1) “political, historical and economic”, 2) “demographic, geographic and environment”, 3) “governance and human rights”; and 4) “social, cultural and norms” (UNICEF, 2012a).

Because any research about refugee and asylum-seeking children’s wellbeing should include children’s voices on matters relating to their wellbeing (Kellett, 2011; McCarthy & Marks, 2010), the Bradshaw et. al. (2006) UNICEF Framework for Child Wellbeing was selected to guide the development of interview questions since it included subjective wellbeing as one of six domains. This is a child wellbeing framework based on the four principles of a “child’s right to survival and development”, “non-discrimination”, “children’s best interests”, and “respectful views of the child” according to the CRC (UN, 1989). The inclusion of the subjective domain meant that children’s voices could be key to this research (Heshmati et al., 2008), and that their opinions about their health, schooling, and life satisfaction could legitimately be sought as demonstrates in Table 1.

Table 1: UNICEF Child Wellbeing Framework

Domain 1	Material Wellbeing– food, water, shelter, medicine, warmth, etc.
Domain 2	Health and Safety – access to health care, health and environmental risks, risks of injury, child mortality, etc.
Domain 3	Education– access to participation in education, educational resources for educational achievement
Domain 4	Peer and Family Relationships– be a part of a family, and have family and peer relationships
Domain 5	Behaviour and Risk– risk behaviours (eg. smoking, drugs), experience of violence
Domain 6	Subjective wellbeing– health, personal, and educational wellbeing

Summary

The literature thus far demonstrates gaps in implementing the principles of children’s right, particularly when domestic laws and states’ policy have not always complied with international instruments. There are different responses and interactions in the international community to refugee crises. The literature reveals that refugee and asylum-seeking children are often not viewed as citizens and therefore continue to be excluded from the community and essential services. The focus on specific situations in Thailand also confirms similar dilemmas for refugee and asylum-seeking children in other parts of the world. As Thailand is

not yet a signatory state to the Convention and Protocol Relating to the Status of Refugees, available information clearly indicates that these children are experiencing overwhelming challenges as they seek to develop through to adulthood while maintaining and improving their wellbeing.

There is also little known about the subjective wellbeing of refugee and asylum-seeking children living outside camps. Therefore, it is unclear how these children develop their identities, a sense of belonging, family and peer relationships, adapt themselves to new communities, as well as share their views about life satisfaction and aspirations. What limited information there is provides background understanding about the limited support and services for accessing livelihood, basic materials, health, education, and safety for children and their families living in Mae Sot and Bangkok. Thai immigration policy plays an important role in the lives of refugee and asylum-seeking children and there is a lack of information explaining how existing policies impact children's lived experiences, their access to available supports and services and the opportunities to meet their needs for a good life for them and their families. Therefore, this research explores the needs of refugee and asylum-seeking children, available supports and services, as well as how policies impact their wellbeing and lived experience at both sites and at two points in times (2014 and 2015). Chapter 3 explains the research design and methodology and how the information was gathered and analysed. Chapters 4 and 5 provide the findings that not only confirm what little is known in the literature, but also add new knowledge through the research process and learning about the life experiences of vulnerable children in Mae Sot and Bangkok as well as obtaining key information from their parents and guardians and other key adult informants.

This literature review also reflects the variety and complexity of the two concepts of children's need and child wellbeing, especially with respect to refugee and asylum-seeking children who are a most vulnerable population. These concepts are discussed and problematised in Chapter 6.

Chapter 3: Research Design and Methodology

Introduction

This chapter provides an overview of the qualitative research design, including the philosophical assumptions which underpin the research. It contains 10 sections and a brief summary at its conclusion. The first (section 3.1) outlines how reality/knowledge is understood and produced in the research and thus gives an understanding of the ontological and epistemological assumptions. Section 3.2 is about my positioning as a researcher. It explains how and why I position myself to empower children to have their voices heard. The selected theoretical and methodological frameworks are outlined in section 3.3 and 3.4 with these two sections outlining the approach to the investigation including the processes of collecting information and analysis. Section 3.5 describes the use of qualitative research methods of observation, the semi-structured interview, as well as the use of drawing and writing to gain information and provide opportunities for children to express their views. Section 3.6 explains the recruitment and sampling processes and also discusses the instruments for data collection. Section 3.7 explains how the collected information was systematically coded and analysed, while section 3.8 outlines the risks, benefits and safety considerations for both participants and the researcher. Section 3.9 describes how the concept of trustworthiness was operationalised to increase the rigour of the research during the data collection process, analysis, interpretation, and the presentation of information. Finally, section 3.10 reflects on the limitations of this research.

3.1 Research Paradigm

In social research, the researcher's personal values influence the choice of research paradigm, the research process and its outcomes (Bryman, 2012, 2016). My positioning in this research is based on my own personal values and views about the world which share much with the ideas of social constructivism. I elaborate on this alignment further by explaining my choice of paradigm according to the four main elements of any paradigm: ontology, epistemology, methodology, and chosen research methods (Scotland, 2012).

First, understanding the ontology in the research design begins with guiding questions such as: “what is the form and nature of reality and, therefore, what is there that can be known about it?” (Guba & Lincoln, 1994, p.108). Creswell (2013) states that qualitative studies are based on an ontological assumption that there is no single reality and the researcher will need to gather multiple forms of evidence. This research into the needs and experiences of refugee and asylum-seeking children assumed that multiple forms of evidence sourced from children, family members and other key informants would need to underpin the inquiry. With this in mind, the epistemological assumptions and my choices of methodology, theoretical frameworks, as well as research methods are laid out.

Second, Dickerson (2010) suggests that theoretical knowledge also guides the research design. Staller (2013, p.411) states that it is important that researchers develop and understand their own “epistemological world-view”. One way of understanding this world-view is to ask the question that Guba and Lincoln (1994, p.108) suggest: “what is the nature of the relationship between the knower or would-be knower and what can be known?” For research that seeks to embrace the world-views of others, a social constructivist approach is appropriate given it is based on the foundational epistemological belief that reality is constructed via interactions between the researcher and individuals’ understandings of their own experiences. Branscombe, Burcham, Castle, & Surbeck (2014) claim that each individual has roles to construct knowledge. Furthermore, the assumptions of social constructivism emphasise the lived experience of individuals and the interactions between other individuals which create knowledge of multiple realities (Creswell, 2013).

Third, while methodological and theoretical concepts related to social constructivism have been incorporated into this research, so has a case study design. Given the research aimed to investigate the needs of refugee and asylum-seeking children and to compare the available support and services in Mae Sot and Bangkok, a case study design approach was deemed suitable. Theoretical frameworks about children’s needs and wellbeing as well as international standards on children’s rights and relevant UN conventions and protocols were also employed to inform data analysis and the discussion.

Finally, while positivism calls on the researcher to be an independent informer or decision-maker, social constructivism is very different in that it recognises the reconstruction of a range of experiences of participants (Denzin & Lincoln, 1994). Thus, the research methods in social constructivist research facilitate the hearing and understanding of multiple voices in order to gain a variety of information. In this research, information was collected from interviews with refugee and asylum-seeking children, their parents/guardians, service providers, and policy

advocates. As the research sought to strongly focus on the voices of children, they were invited to be interviewed as well as draw or write about their experiences, their needs, what it meant to have a good life as well as their hopes and dreams. Additional information was collected through observation when I visited participants in their local communities.

3.2 Researcher Position and Roles

Given children's knowledge and expertise in their own situations, I sought to use different approaches to maximise their opportunities to express their points of view and share their perspectives throughout the research. Qualitative research allows for the researcher's own voice to shift as a part of the research process and, as appropriate, from being in the third-person to a first-person voice (Grbich, 2004). In this thesis, "I" or the first-person voice is used minimally and mainly in the context of explaining who I am, some of my decisions, and in reporting my direct observations and my interpretation. However, wherever possible through this thesis, my voice shifts to the third-person and is more in the background to ensure the children's voices and those of others are more forefront.

This research focused on one of the most vulnerable groups of children, living in highly risky situations and with limited access to suitable supports and services. It sought to provide these children with the opportunity to speak about their life experiences in order to create improved understandings about their needs and their lived experience. Most research about children means adults speaking on their behalf, but in this research I positioned myself to be a facilitator of children speaking for themselves and expressing their views. Although I am aware of the literature which raises questions about the reliability and validity of children's voices in research, here I saw my role to ensure that, through collecting information and presenting children's stories and life experiences, I would seek to bring their voices out into the open.

Before the fieldwork began, I anticipated there would be challenges, particularly given the necessary and potentially restraining conditions related to the ethics approval and understandable safety protocols. Children could only participate if:

- their parent(s) or guardian(s) gave consent
- they could demonstrate understanding of the purpose of the research
- they provided an assent consent for the interview, and
- they had at least one parent or guardian or support adult present with them at the interview.

I explained to the children that the purpose of the research was to highlight their experiences and that I would need to ask for the cooperation of adult participants to allow the children to speak for themselves. Although a researcher's role is to gather information through observation, interviews and analysis of documents (Creswell, 2013), in this case, I not only encouraged children to present their views but also to narrate and interpret meanings of the drawings they made during my time with them. Through the data analysis and my presentation of the findings, I also sought to use the original words of the children. Although the accuracy of the interview data was mediated by the quality of translation by interpreters and myself (from Thai or other languages into English), I was also able to check the transcription and translation with the children when I felt the context or the information was unclear.

Prior to beginning this research, I had worked in various policy advocacy and community development programs in Thailand as well as in migration support programs for asylum seekers and refugees in Australia. Through my work, I held different positions and roles to provide and improve support and services, increase capacity in communities, and advocate for change in social policy. I was aware that having had these different roles in my previous professional work, participants and people in the refugee communities in Thailand may have had unrealistic expectations that, I as a researcher, would be able to improve their lives quickly.

It was an advantage that I spoke fluently in both Thai and English. This meant I could more easily access and recruit participants who were both English- or Thai-speaking service providers and policy advocates from local and international organisations, as well as speak with refugee and asylum-seeking children and families. Given Thailand has not extended children's rights to refugee children living in its country, I was also concerned that my identity as a Thai woman might mean participants would be extra careful with their personal views about life in Thailand or about any reservations that service providers and policy advocates might have in regard to the implementation of the CRC. At each interview, I explained that I sought to be an investigator with an interest in their rights and wellbeing. I also informed participants about the ethics protocols and what these meant in regard to keeping their identities confidential and the information they provided anonymous. I also explained that this research was unlikely to ensure any immediate improvement in access to support and services, but that at least it would give the children a chance to speak. Further, in the longer term their participation would assist people to better understand their lives.

3.3 Theoretical Frameworks

Given qualitative research is built on subjective interpretation, its theoretical assumptions are different from those of quantitative research (Lichtman, 2014). According to Liamputtong (2013), researchers engaged in qualitative research are motivated by subjective interpretations which guide them to consider the subjective views of individuals so as to try to understand how individuals interpret their lived experience. As well, I have a passion to explore the lives of vulnerable and disadvantaged children, that is, to hear and understand their subjective points of view about the world in which they live. This is the reason why I chose qualitative research. There are numerous social research studies involving children, and also critics who speak about the lack of reliability in children's voices. This research challenged that and sought to illustrate that there is value in empowering children to speak for themselves through qualitative research.

In the early stage of the research, relevant theoretical frameworks with the concepts of children's rights, needs and wellbeing embedded in them were identified as important. These frameworks included international standards and protocols on children's rights such as the UNICEF child wellbeing frameworks and indicators, the CRC, and the Convention and Protocol Relating to the Status of Refugees. Through the process of data collection and then analysis, additional theoretical frameworks were also considered.

The main research objectives were to investigate the needs, supports and services for refugee and asylum-seeking children in Thailand, that is, to gain an understanding of their needs and wellbeing in order to find ways to improve their lives. Therefore, relevant theoretical frameworks about the needs and wellbeing of children were selected to guide the sort of information collected and analysed. Historically, researchers have been seeking to define and measure the wellbeing of children. Many different methods of measurement and indicators of wellbeing for children have been developed and, over the years, various approaches and methods have been applied to gain better understandings of child wellbeing (Hauser, Brown, & Prosser, 1997; Heshmati et al., 2008; Lippman et. al., 2011; UNICEF, 2012a). Traditionally, international and national sets of indicators and other data about child wellbeing have been based on objective measures, however a more recent development has been the inclusion of subjective perceptions about the wellbeing of children (McAuley & Rose, 2010).

As this research sought to empower children to speak out about their own needs and wellbeing, a framework with a strong subjective domain was chosen. The UNICEF framework for child wellbeing was selected as appropriate initially since it included subjective wellbeing as one of its six domains. These six domains included: 1) "material wellbeing" 2) "health and safety"

3) “education” 4) “peer and family relationships” 5) “behavior and risk”, and 6) “subjective wellbeing” (Bradshaw et. al., 2006, p. 10)

This theoretical framework was initially used to develop the question guide for interviews with the children, their parents/guardians as well other key informants to gain information across these aspects of children’s needs and their wellbeing. In using this framework, children and adults were asked to express their points of view about the nature of available basic materials for survival of children, the children’s health and access to health services, their access to education and experiences of school, their relationships with friends and family, and the behaviours and risks they felt most concerned about.

While drawing on this UNICEF framework, it became apparent that other frameworks about child wellbeing and human development would also be appropriate to assist with the analysis. For example, Bronfenbrenner’s ecological theory of human development (2005, p. 80-81) was used to explain children’s interactions within their micro and macro environments. In this theory, Bronfenbrenner uses the term “microsystem” when explaining interactions between children and individuals within a unit such as the family or school; “mesosystem” when connecting two or more microsystems together; “exosystem” when children directly interact with and between two or more units beyond the usual environment of children, and then “macrosystem” to refer to indirect interactions beyond these units (ibid). Bronfenbrenner’s framework was used to organise both the findings and the discussion of the research as explained in the thesis outline in chapter 1.

Given the importance of the theoretical concepts of need and wellbeing for analysis, other theories about social and human needs were also reviewed. Although the concept of social needs is unclear and difficult to define (Davies, 1970), there is a definition of human need which was thought to be a potentially useful to informing the understanding of the needs of children. During the preliminary analysis, Abraham Maslow’s hierarchy of human motivation (1943) was indeed helpful in guiding the analysis of children’s needs. Maslow’s theory (1943) describes a hierarchy of different physiological and psychosocial needs, a pyramid which was employed to identify similarities and differences in how children and adults identify children’s needs.

Other theoretical frameworks relating to child development were also examined. These included Jean Piaget’s theory of cognitive development in children (Piaget, 1964), Lawrence Kohlberg’s theory of the “stages of children’s moral development” (Kohlberg, 1978), and Erikson’s lifespan theory (1959). However, given the ages of the children, Erikson’s development of identity in adolescence was found to be the most relevant child development

theory. Safety and security as well as supports and services for health and education were also examined using analytical frameworks about barriers to health services, such as the UNESCO framework on Education For All (UNESCO, 2011), and the UNCHR's guidelines on protection and care for refugee children. The CRC, the Convention and Protocol Relating to Status of Refugees and also existing Thai policies were used to draw out the implications as to how well refugee and asylum-seeking children were being supported to meet their needs.

3.4 Research Methodology

A case study methodology was incorporated into the research process. Traditionally, case study designs have been used to study a variety of concepts (Flyvbjerg, 2006). The case study can be an object to study or a method and methodology (ibid). L. Atkinson, C. Atkinson, Smith, Bem, & Nolen-Hoeksema (1993) explains that a case is a bounded system of an object but is not a process. Ragin & Becker (1992) encourage the researcher to clearly identify the case. Simon (2009) explains that case has varied meanings, and can be a person, place, strategy, organisation, or other. For Stake (1995, 2005), a case study is a study object or an incorporated system, which can be either simple or complex. A case study approach has been accepted as an inclusive research strategy or a methodology in both quantitative and qualitative research (Creswell, 2017; Feagin, Orum, & Sjoberg, 1991; Tellis, 1997; Yin, 2009). A case study methodology guides the researcher to gather detailed and in-depth information from multiple sources to enable the development of detailed description and comparison of themes (Creswell, 2017). Yin (1994) also supports the view that the case study is an empirical inquiry and explains how it can be used as research methodology. A case study methodology can increase rigour in research by ensuring systematic and well-organised processes of data collection and analysis (Darke, Shanks, & Broadbent, 1998).

This research combined various features of a case study design. Here, the case study used the research methodology itself and two different study sites in Thailand to focus on investigating the needs of refugee and asylum-seeking children, their available supports and services as well as the impact of policy. The literature review revealed that refugees and asylum seekers reside mainly in the capital Bangkok and along the Thai-Myanmar border. For this reason, Mae Sot on the border and Bangkok itself were chosen as the two sites. Within each site, the unit of study included individual children willing to identify their needs and elaborate on their refugee journeys, their access to support and services as well as other aspects of their current situations. Adult perspectives (from parents/guardians and key informants) were also collected to enhance the understanding of children's wellbeing as well as the barriers and facilitators they experienced to accessing existing supports and services. For Stake (2005, p. 457), a case study

also provides enhanced knowledge about the social, political and environmental motivations within each case. He speaks of two categories of case: “intrinsic” and “instrumental”. These two cases of this research could be described as “intrinsic” because they provide specific understanding of lived experience and identify the needs of children in two sites. Each case does not represent the lived experience and needs of all refugee and asylum-seeking children in Thailand.

A case or cases can be studied at a single point in time or over a period of time (Gerring, 2007). In this research, the methodology allowed for information from not only two different sites but also at two different times (2014 and 2015), thus creating deeper and comparative insights into what happened over of time (Menard, 1991). Therefore, the longitudinal component of this research enabled collection of information from participants at both sites in order to compare significant changes in the identified needs of children and available support and services as well as policies over time.

3.5 Research Methods

Methods for data collection in qualitative research generally include interviews, observations, secondary documentation, and use of audiovisual materials (Creswell, 2013; Creswell & Poth, 2018). Ideally, a qualitative researcher gathers information from multiple sources and implements systematic procedures to record all information collected (ibid). Yin (2018) and Stake (2005, 2008) suggest that case study research should gather data through observation, interviews, and document review. These qualitative methods derive from ethnographic methods which are effective tools for gaining insights into research participants’ situations and experiences (L. Schensul, J. Schensul, & LeCompte, 1999). An ethnographic approach meant living in the research sites for several weeks and at two points in time. While staying in the communities at both sites to collect children’s narratives, I was able to spend time building rapport. I observed refugee and asylum-seeking children in their homes, religious places, and schools which assisted me to gain insights and understandings about their life experience. Semi-structured interviews were also employed to collect information from children, their parents/guardians, services providers, and policy advocates. Through the interviews, the children shared their views about their refugee journeys, life experience, what they needed for a good life, as well as their hopes and dreams for the future. Case study research may use visual and art approaches, and this research aimed to maximize the opportunity for children to express their views, thus drawing and writing methods were included to enable them to elaborate on their needs, hopes and dreams.

3.5.1 Semi-Structured Interview

The semi-structured interview is a method that permits flexibility in collecting textual information by asking open-ended and unstructured questions (Schensul et. al., 1999). As this suggestion, I developed an interview guide so that the sequence of questions could be varied or rephrased and probing questions could be added in different contexts. This enabled more complex and rich information to be elicited. The questions in the interview guides followed the UNICEF framework for child wellbeing and its six wellbeing domains. In preparing interview guides, I also considered the cultural and language diversity of the participants. Questions were simplified and written in plain English and translated into simple Thai to help children to understand and to give answers. “What do you need to have a good life?” was asked at the beginning of the interview to understand how children’s’ needs were perceived in general before questions following the six domains of the UNICEF framework were asked to gain information of children’s’ views on their needs and wellbeing in different aspects.

As a dual Thai and English speaker, I prepared letters of introduction, information sheets, consent forms, and interview guides in both Thai and English. Therefore, the recruitment aimed to access refugee and asylum-seeking children and parents/guardians as well as service providers or policy advocates who were able to communicate in Thai or English language. However, there were also a number of refugee and asylum-seeking children and parents/guardians, who could not speak either Thai or English but were able to participate in an interview with the assistance of hired interpreters, local volunteer interpreters, or a mature family member who spoke Thai or English fluently.

At the interviews, all participants were provided with interview materials as mentioned above and then the researcher or interpreter read the information sheet and consent form which explained the purpose of the research to all participants. The participants were informed that the interview could take between a half hour to one hour and that they had the right to withdraw at any time. For the participants who could not speak Thai or English, I read the interview materials aloud in Thai or English and an interpreter translated the information into the relevant languages (mainly Burmese, Karen, and Urdu languages) or interpreted in Thai or English.

With participants’ permission, an audio recorder was used during interviews. All interviews were transcribed, and for the interviews recorded in Thai I translated them into English as I listened. In cases when the participants showed hesitation or did not allow the use of the audio recorder, the interviews were recorded in writing by me in a mix of Thai and English.

3.5.2 Observation

Schensul et. al. (1999) says the researcher's skills in observation, recording, and interpreting the collected information are crucial to ensuring research quality. Traditionally, the method of observation has been accepted and recommended among qualitative researchers for case study research (Stake, 1995, 2005, 2008). According to Yin (1994), observations provide additional and relevant information about study subjects that supports the research. As well, the focus should align with the research questions and objectives (Creswell, 2013). Combining observation with other research methods also enhances rigour (P. A. Adler & P. Adler, 1994). Through observation of where children and their families lived as well as my visits to service providers and policy advocates, I collected verbal and visual information about situations and environments. When interpreting transcripts of interviews with the children and adults, the observational information enhanced my understanding of the children's needs and experiences.

While there are other more time-saving, money-saving research methods such as cross-sectional methods using questionnaires or surveys, Liamputtong (2013) encourages observation through an ethnographic approach to genuinely understand more about peoples' lives. Ethnography is a useful research approach to explore patterns in the needs and behaviour of people (Spradley, 1979). Because of a range of factors such as safety, budget and time issues for both participants and myself, it was only possible for me to live in the communities of both sites and use ethnographic methods for relatively short time periods. My two visits were a year apart, I stayed in Bangkok for approximately five weeks and Mae Sot for approximately two weeks.

In Mae Sot, the observations I recorded included the physical surroundings as well as the available services and facilities in the town. These included a Burmese-Muslim community; the children and families in their accommodation; Non-profit/government Organisations (NPOs/NGOs); International Non-profit/government Organisations (INPOs/INGOs); a government department; women and children's shelters; migrant schools; a public hospital; and a health centre. I also recorded my observations when interviewing key informants in their workplaces or in public places after working hours such as restaurants or a café. This was similar to my interviews with key informants in Bangkok. In Bangkok, settings for my observations included the children and their families in their accommodation; a health centre; two schools for refugee/asylum seekers (run by UNHCR's implementing partners); a Thai public hospital; churches which provided basic materials; the IDC; and refugee community schools and refugee communities in different areas.

According to Yin (1994), a researcher occupies different roles and positions within a case study such as socialising and participating in casual or formal activities in order to collect observational data. Hence, I was an observer in a range of settings (locations of observation), for example, in a public hospital I observed how refugee and asylum seeker families accessed services, including their interactions with local health professionals. My role varied depending on where I was and to some degree I became a participant observer when I joined in people's daily lives and activities. For example, when I observed children and their parents at the hospital, I was sometimes asked to assist in their communication with a Thai health professional. I also participated in classroom activities at a refugee community school or a MLC, spent time with children and families in their apartment rooms learning about their routines, as well as occasionally sharing a meal they had prepared before or after an interview. My observations were recorded in field notes on a daily basis in order to ensure accuracy. This limited delay in making my notes was so as to maximise my recollection of events (Schensul et. al., 1999). Although a researcher may use an audio recorder to help record observations, it was inappropriate for me to do so when visiting refugee communities where people lived in fear of authority. Only after a community leader or parents/guardians gave permission for photos, did I use a camera to help with accuracy in describing the environment in a community or specific events. Almost every day of my two stays in Bangkok and Mae Sot, I had appointments to visit a community or an organisation to carry out interviews and observation. I took field notes when I interacted with people and I reviewed the field notes and added details as soon as I returned to my accommodation. In the field notes, I recorded what I saw and what I heard in the settings and from talking to people. As much as possible, I also paid attention and took notes of the words that were expressed by the children, their parents, and key informants.

In invaluable ways, their views and their language of expression contributed to my interpretation of information. Language used in the interviews represented participants' views, while the language in my field notes from observation were connected to the context and reality of what I observed. Each night I recorded my personal experiences and reactions from fieldwork in a research journal every night and used them as a tool to transfer my own reflection and personal interpretation from the settings. I disciplined myself to separate and label different sorts of information from everyday observation. For example, when visiting arrested and detained participants on the 28 September 2015 in the Detention Center, in my field notes, I described the security process, the visiting area, the procedure as to how NGO volunteers and I provided food to individuals and families, and my interactions with the

detention officers and other visitors. In my research journal on the same day, I noted my reflections from seeing participants in the Detention Centre and my own disturbed feelings at returning to that same place, as well as my interactions with the NGO volunteers. During the coding process, so as to ensure that my personal views were identifiable and separated from and taken into account when interpreting information, I reviewed my field notes consistently.

3.5.3 Drawing and Writing

Many researchers have used a variety of research methods to enhance children's abilities to communicate their stories (Hill, 1997). This research recruited both boys and girls for interview and alternative research methods were considered to enhance children's stories and to help them express their points of view. There are various visual research methods recommended for gathering information such as drawing, photography and video. Photo-voice or photo-diaries has been used in research with children and youth and are visual techniques which allow participants to take photos of their daily lives (Wang, 2006; Wang & Burris, 1997; Young & Barrett, 2001). Through these approaches, the researcher can gain additional insights and understanding of lived experience. While these visual techniques were reviewed for potential use in this research, it was unsuitable for use with refugee and asylum-seeking children in Thailand who live in constant fear of arrest and detention. Major concerns about protecting their information and also their locations meant that the more private drawing and writing methods were safer to use.

Malchiodi (1998) emphasises that children naturally communicate and express their feelings and experiences through art. Freeman and Mathison (2009) suggest that drawing can help children feel more comfortable to express their emotions and feelings. Literat (2013) considers drawing as an alternative approach to empower children and youth to tell their stories. There are a number of studies that have use children's drawings to tell powerful narratives and show the unique ways in which children express themselves (Cherney, Seiwert, Dickey & Flichtbeil, 2006; Australia Human Rights Commission & Triggs, 2014; Young & Barrett, 2001). This research used the drawing method so that the children could represent and transfer their thoughts and feelings onto a page. While drawing helped some children elaborate their stories, for others who did not like drawing, they told their stories by writing and talking. When the children provided their assent for the interview, they were also asked to give permission for me to use their drawings and writings in the research findings. At the interview, children were provided A4 and A3 size paper, different types of paints, pencils, crayons, marking pens, as well as other art materials. I asked them to draw or write about their refugee journey/experience, their needs for a good life, and their hopes and dreams. They made their

own decisions about whether to draw or write and also about what themes. At the interview, some children felt more comfortable while drawing and writing at the same time as talking, while some focused on answering the questions and preferred to draw or write after the interview. Some children wanted more time to write or draw and they held onto the materials and I picked up their drawings or writings the next day. In providing a range of options, children were able to decide what suited them in terms of how they wanted to express themselves. Children were asked for feedback about their talking, writing and drawing approaches. I sought to maintain the same procedures for both sites and data collection phases (2014 and 2015). I coded the children's drawings and writing along with their interviews using thematic analysis.

3.6 Research Participants

3.6.1 Sampling and Access

Berge (2004) explains that there are four kinds of non-probability sampling in qualitative research: "convenience", "purposive", "snowball", and "quota sampling". Among these sampling techniques, purposive sampling is commonly used (Bryman, 2012, 2016; Hesse-Biber & Leavy 2011; Holloway & Wheeler 2010; Neuman, 2014; Padgett, 2012). Through purposive sampling, the researcher targets participants to give a variety of information from a range of settings related to the research questions (Bryman, 2008). This research initially used a purposive sampling method to select participants in Mae Sot and Bangkok.

For qualitative research, there is much debate about sample size and how to achieve data saturation. Bryman (2004) advises that saturation can occur with between 10 and 15 interviews. However, Bernard (2013) claims that in qualitative research, the number of interviews to achieve data saturation is difficult to assess. Fusch and Ness (2015) remind us to shift the focus away from the numbers of participants and on to the importance of the richness of data and that saturation may be reached at least when collected information appears to be repetitive. Given this research aimed to recruit refugee and asylum-seeking children and families who were vulnerable and hiding in the community, I expected difficulty accessing them and learning of their locations. At the proposal stage, there was a requirement for me to state a sample size so, with much unknown, I initially offered to interview at least 25 participants in each of Bangkok and Mae Sot.

I developed a list of service providers and policy advocates working with refugee and asylum-seeking families who I contacted in the hope of gaining access to families and children. My introduction letters and Information Sheets (Appendix A, B, and C) explained the research

objectives and was an invitation for participants which was sent to different organisations. Access and recruitment of participants began from assistance by a Non-Government Organisation (NGO) in Bangkok. There were two phases of data collection in 2014 (Time 1) and 2015 (Time 2). There were different challenges in Mae Sot and Bangkok each year.

The selection of sampling approach was key to overcoming the challenges in accessing and recruiting refugee and asylum-seeking children and their families who are often hidden in communities. One study showed that snowball technique was employed to reach to refugee participants in different locations (Sulaiman-Hill & Thompson, 2011). According to Liamputtong (2007), the snowball technique can assist the researcher to access participants living in precarious situations. I also found challenges with using purposive sampling at the beginning and after I realised the difficulties in reaching children and families, I also used snowball sampling as an additional strategy. Applying the snowball technique proved successful.

At Time 1, purposive and snowball sampling in Bangkok achieved access to the first group of research participants, who are the key informants referred to in this thesis. The key informants in Bangkok (Time 1) included workers and/or volunteer who were service providers and policy advocates at INPOs or INGOs, Non-Profit Organisations (NPOs), and NGOs, which provided services or policy advocacy for refugees/asylum seekers. As refugee and asylum-seeking children and their families were at risk of arrest and detention, so I requested assistance from key informants to ensure their safety. Some children and families who gave interviews also introduced me to their friends and other families who were interested in participating in the research. I found I was able to gain access to refugee and asylum-seeking children and their parents/guardians in different parts of Bangkok. Some of them lived close to the centre of the city, where the majority of service providers was located, but most lived far away from central Bangkok and were scattered in the Southwest area of the city. Within each refugee and asylum seeker community, there were Community Based Organisations (CBOs), which were established by people in the communities and I interviewed their workers as well as observed their activities. In general, I could not access to Thai government agencies due to political turmoil. I did not receive any respond from the letter of introduction and my request for assistance to research that I sent to the key government and the UN agencies that are directly responsible for refugees and immigrants.

At Time 2, I aimed to re-interview the same key informants, children and parents/guardians as Time 1. Accessing these participants a second time around was relatively simple as I had maintained contact over the intervening year, and had a positive relationship with most of

them. In Time 2, I continued to use snowball sampling to recruit more new participants. In Bangkok (Time 2), key informants from Time 1 helped me to access new service providers and policy advocates from different organisations. These people provided additional information regarding changes in both services and policy that affected refugees and asylum seekers. A few key informants also assisted me to gain access to new groups of refugee and asylum-seeking children and their parents/guardians who were from different countries and living in other areas of Bangkok which I had not accessed in Time 1. This helped me to collect more varied information about the needs of children and their access to supports and services in different areas of Bangkok.

Accessing participants in Mae Sot was challenging because of its location six hours flight from Bangkok as well as budget and time limitations. There was also a more limited response from key informants re engagement with the research. This was said to be due to the fear of losing funding and imposition of strict organisational policies that did not allow staff/volunteers to participate in research. I could not access any organisations until I arrived in Mae Sot. I then used personal contacts and built rapport with a local service provider, who was working directly with refugees and asylum seekers. Through this person, I was introduced to a service providers' network and gained access to various key informants from CBOs, INPOs, INGOs, NGOs, a government agency, and public services. Some key informants who provided services inside the refugee camps also had their own offices located in city of Mae Sot. However, most key informants' services and programs were funded to provide services to migrants but not specifically to refugees. Although there were highly restrictive policies on the movement of camp residents, many refugee children and parents had been able to leave the camps to live and work in Mae Sot. Hence, at Time 1, I was able to access a group of refugee and asylum-seeking children and their parents through the assistance of a local interpreter, and a community leader.

In Mae Sot (Time 2), I was able to visit and re-interview the same participants from Time 1. By using the snowball technique, I was also able to interview some new key informants, children, and their parents and gain valuable new information on children's life experiences, their needs and accessing support and services. The new children and parents used different languages and had different ethnic backgrounds from the children in Time 1 and also lived in different areas of Mae Sot. Because they had lived inside the refugee camps before moving into Mae Sot and one child was going to resettle in a third country, this group yielded significant new information in Time 2.

3.6.2 Instruments

For the interviews, three separate question guides were prepared: one each for the children (Appendix D), their parents/guardians (Appendix E), and key informants (Appendix F) were prepared in both Thai and English languages. Two separate information sheets for children and parents/guardians (Appendix B) and for key informants (Appendix C), and separate informed consent forms for parents/guardians and children (Appendix G) and for key informants (Appendix H) were also prepared in both languages.

The interview questions for children (Appendix D) and their parents/guardians (Appendix E) included eight main themes plus 26 prompt questions. The main themes included questions about lived experience (including their refugee journeys and lives in Thailand), children's needs for a good life, and supports for children and their family. Then specific questions followed the six domains of the UNICEF child wellbeing framework. At the end of the interview, I also asked the children about their hopes and dreams and what supports they had or wanted to achieve these.

The interview questions for key informants (Appendix F) were different. There were five main themes: their roles and services, views about children's needs, specific questions about the six domains of the UNICEF child wellbeing framework, impacts of policy on children's wellbeing, and protection of children according to the CRC and the UN Convention and Protocol Relating to the Status of Refugees. There were 38 prompt questions for these five themes.

According to the research objectives, the focus was on changes in the identified needs of the children and available support services and policy over the two years. Therefore, follow-up questions for the children and their parents/guardians in 2015 also included: can you tell me about any significant changes in your life and your family in the past year? I also asked children and parents/guardians about changes in needs and supports regarding basic materials, safety, health, family and peer relationship, education as well as children's hopes and dreams. Follow-up questions for key informants included: what were the significant changes in your provision of supports and services to refugee and asylum-seeking children and their families through the past year? And were there changes in policies that impacted on their service provision?

Audio recorders were used to record some interviews when participants gave consent for recording. For observation, I kept field notes and a researcher journal to record interactions, activities, and relevant actions. I also provided materials for children to draw and write if they wished.

3.6.3 Recruitment

The criteria for inclusion were children aged between 12 and 17 years it was thought they would likely have more maturity to express their feelings and thoughts, would be able to understand the purpose of research, be able to give assent following their parents/guardians' consent (Appendix E) and possibly have a willingness to participate. Refugee and asylum-seeking children and families have had traumatic experiences in their own countries, and also in Thailand. Further, since they do not have any legal status and live in fear of arrest and detention, it was neither sensible nor appropriate to require evidence of refugee or asylum seeker status from children and their parents/guardians. Instead, I recruited children and parents/guardians who were able to describe their refugee journeys after having fled their countries because of fear of persecution, violence, conflict and other harm. Although understandably an Ethics Committee requirement, because of sensitivity and concern for the emotional wellbeing of the children, at least one parent or guardian (an adult sibling or relative who looked after them if they did not live with parents) or an adult who provided support and services to them was present at the interview and provided informed consent.

One of the criteria for selection of the key informants was that they had to have experience and knowledge about the facilitators and barriers to the provision of services and/or development of policy advocacy relevant to refugees and asylum seekers. Generally, I recruited key informants who were workers in senior positions in organisations responsible for service provision and program implementation. Some organisations also offered workers or volunteers who had specific roles in particular programs. In some cases, two or three key informants from the same organisation participated in the interviews. There were some service providers and policy advocates at both sites who were unavailable at Time 1 but expressed interest in the research and were willing to participate at Time 2.

Over the two time periods, 129 participants were recruited from Mae Sot and Bangkok. Table 2 provides a numerical summary of those children, parents/guardians and key informants who participated in the research from both Mae Sot and Bangkok in both 2014 and 2015.

Table 2: Summary of Participants in 2014 and 2015

Participants	Mae Sot 2014	Mae Sot 2015		Bangkok 2014	Bangkok 2015	
		New	Repeat from 2014		New	Repeat from 2014
Children	5	4	(4)	20	10	(13)
Parents/guardians	3	4	(2)	16	20	(11)
Key Informants	9	8	(8)	20	10	(11)
Total in each group	17	16	(14)	56	40	(35)
Total in each year	17	30		56	75	
Total in each case study in both times	17+16=33			56+40=96		

In Mae Sot, there was a total of 33 participants interviewed (nine children, seven parents/guardians, and 17 key informants) and, in Bangkok, a total of 96 participants (30 children, 36 parents/guardians, and 30 key informants). The number of participants in Bangkok were almost three times higher than for Mae Sot. Mae Sot itself is far smaller than urban Bangkok, and Bangkok also hosts a greater variety of groups and a larger number of refugees and asylum seekers from different countries who have settled their communities across different suburbs of Bangkok. In Bangkok, I was able to access these different groups of refugee families and communities. Although Mae Sot is a much smaller town, refugees and asylum-seekers are more visible and I had greater difficulty accessing refugee and asylum seeker families.

A total of 47 key informants from 30 different organisations across both sites were interviewed. Although Mae Sot is a much smaller than Bangkok and I had less time in the field there, I was still able to access 15 organisations in Mae Sot which was the same as Bangkok. In Mae Sot, I interviewed 17 policy advocates and service providers (key informants) both times. These informants came from CBOs, INGOs, NGOs, NPOs, IO, a government agency, and a public sector organisation. Nine of them were interviewed in 2014 and I re-interviewed eight of them in 2015. There were also eight new key formants interviewed in 2015.

In Bangkok, there were a total of 30 service providers and policy advocates interviewed from 15 organisations. They were from different kinds of organisations but similar to those in Mae Sot including CBOs, NGOs, NPOs, INGO and INPOs. Twenty of them were interviewed in 2014 and 11 out of those repeated interviews in 2015 because of a high turn-over of staff and arrest of volunteer teachers of CBOs which operating community schools. There were also 10 new key informants interviewed in 2015.

3.6.3.1 Children and Parents/Guardians in Mae Sot

The gender, ethnicity and religion of the children and their parents/guardians, who gave interview in 2014 and 2015 in Mae Sot, are reflected in Table 3.

Table 3: Gender, Ethnicity and Religion of Children/Parents/Guardians in Mae Sot

Interview	Gender		Ethnicity			Religion		
	Male	Female	Burmese	Karen	Thai	Muslim	Christian	Not identified
2014								
Children	4	1	5	0	0	5	0	0
Parents/Guardians	1	2	3	0	0	3	0	0
2015								
Children	1	3	0	4	0	0	2	2
Parents/Guardians	1	4	2	2	1	2	1	2
Children (Repeat 2014)	(3)	(1)	(4)	0	0	(4)	0	0
Parents/Guardians (Repeat 2014)	(1)	(1)	(2)	0	0	(2)	0	0

Children and/or parents/guardians who were relatives or elder siblings explained that they had fled persecution and ethnic violence in Myanmar and were not able to register and get support from the UNHCR. They thus identified their ethnicity and religion as Burmese Muslim or Muslim from Burma.

Local community leaders and service providers assisted with accessing and interviewing a small group of refugee and asylum-seeking children and their parents/guardians living in Mae Sot. In 2014, a community leader helped me to recruit five children for the interview. He

explained that most of children and families in his community live in poverty and have to support themselves and their families.

In 2015, when I returned to Mae Sot for follow-up interviews, all five children interviewed in 2014 had moved to different locations. One child and his family had moved to live in Bangkok but gave follow-up interviews by telephone. I was able to interview four of the same children (three boys and one girl), one mother, and one guardian from 2014. One boy had gone to Myanmar to visit his grandmother who had a terminal illness, therefore he and his mother were not able to participate in an interview in 2015. There were also a father and an adult sister of two children unavailable in 2014, who gave interviews in 2015. These two parents/guardians identified themselves as Muslim.

During fieldwork in 2015, I hoped to locate children from a greater range of cultural backgrounds living in different areas in Mae Sot. I was fortunate to recruit Karen asylum-seeking children and their parents/guardians (four children, three parents/guardians). I interviewed two girls and one parent who were all asylum seekers living in a migrant school dormitory, one refugee boy and his mother through assistance of a service provider, as well as an unaccompanied asylum-seeker girl, who stayed at one of the women and children's shelters with her Thai guardian staff member. Before living in Mae Sot, all of these children used to reside in a refugee camp. Even now, living in Mae Sot, they have to return to the camp to report to the UNHCR once or twice a year. While a few children and parents/guardians identified themselves as Christian, some did not mention any religion.

3.6.3.2 Children and Parents/Guardians in Bangkok

Through the recruitment process in Bangkok, I sought to access a diverse range of children and parents/guardians from across the city. Table 4 shows their gender, ethnicity and religions. As Table 4 illustrates, 66 refugee/asylum-seeking children and parents/guardians participated in the interviews in both years. In 2014, there were 36 participants (20 children and 16 parents/guardians). In 2015, there were total of 54 participants (23 children and 31 parents/guardians). The total number of participants included 24 participants from 2014 (13 children and 11 parents/guardians) who gave the repeat interviews; and 30 new participants (10 children and 20 parents/guardians). The participants in Bangkok were not only larger in number but more diverse in terms of countries of origin and ethnicity than for Mae Sot.

Table 4: Gender, Ethnicity and Religions of Children/Parents/Guardians in Bangkok

Interview	Gender		Ethnicity				Religion	
	Male	Female	Pakistani	Hmong Vietnamese	Sri Lanka (not identified)	Syrian	Muslim	Christian
2014								
Children	4	16	13	6	1	0	7	13
Parents/ Guardians	4	12	11	4	1	0	6	10
2015								
Children	3	7	7	1	0	2	1	9
Parents/ Guardians	7	13	17	0	1	2	7	13
Children (Repeat 2014)	(2)	(11)	(9)	(3)	(1)	0	(7)	(6)
Parents/ Guardians (Repeat 2014)	(2)	(9)	(8)	(2)	(1)	0	(6)	(5)

Since most refugees/asylum seekers living in Bangkok come from Pakistan, the majority of children and parents/guardians participating in interviews were from Pakistan. The remainder were from Vietnam, Sri Lanka, and Syria. Of the children and parents/guardians interviewed across both years, 20 children and 28 parents/guardians were from Pakistan, seven children and four parents/guardians were from Vietnam, one child and two parents/guardians were from Sri Lanka, and two children and two parents were from Syria. More than half the children and parents/guardians described themselves as Christian. Some of the children and parents/guardians who identified as Muslim mentioned they were Ahmadi Muslim who are known to be persecuted by other Muslims in Pakistan. Children and parents/guardians from Pakistan and Syria were recent arrivals to Thailand (between 2013 and 2014) while those

children and parents/guardians from Vietnam and Sri Lanka arrived in Thailand between 2008 and 2011.

As Table 4 showed, of the 20 children interviewed in 2014, 16 were girls and four were boys. Some were siblings. In the follow-up interviews, there were less children from 2014 who gave the interviews mainly because a family with four children returned to Pakistan and a further three children who were relatives (siblings and a cousin) moved to another province away from Bangkok to follow paid work. Eleven girls and two boys from 2014 gave follow-up interviews. One of the 2014 girls turned 18 years old in 2015. There were also seven new girls and three new boys recruited to interview in the 2015. One of the new boys turned 12 years old in 2015, so he also participated in an interview after his sister completed the follow-up interview.

As discussed, an adult (adult or guardian) was present at all interviews with children. When a parent was not available, another adult who was supporting the children and family was present at interview. Some parents had been arrested and detained at the IDC, so adult relatives including adult siblings were at the interviews. A total of 36 parents/guardians (10 males and 26 females) participated in the interviews across both years. In 2014, there were 16 parents/guardians (three males and 13 females). In 2015, there were 31 parents/guardians interviewed. Eleven (two males and nine females) were parents/guardians from 2014. There were 20 new parents/guardians (seven males and 13 females) interviewed in 2015.

3.7 Data Analysis

Following each of the two rounds of data collection, I transcribed all interviews and then translated them into English. All translated transcripts, my observations and field notes in English, and the children's drawings and translated writings were imported into the software program NVivo. I chose NVivo to assist with the data analysis because of its capacity to manage large quantities and diverse range of data (Bazeley & Jackson, 2013). Both textual and visual data including the children's translated writing and drawings were coded in NVivo. Textual data from interviews and observations at interviews were coded into themes and categories including yet not restricted to the six dimensions of the UNICEF child wellbeing framework. Other themes also emerged from the interviews such as the importance of issues to do with livelihood, attitudes toward refugees and asylum seekers, corruption, play and recreation, and the situation for unaccompanied children (in 2014 and both sites). In Bangkok in 2015, additional themes emerged related to death and funerals, reports of sexual assaults, and other issues to do with the detention of children and adults in refugee communities.

Observations from different places in the field were also imported to provide understanding of the surrounding context, environment, facilities, as well as available supports and services in each site.

Coding was carried out in two stages, one for each phase of data collection. For each phase, first there was the initial coding in order to identify and label data, and subsequent more focused coding in order to develop analytical clusters (Bazeley, 2013). The case studies were designed to be longitudinal with information collected at two points in time. The steps of the coding process for each of the sets of coded data for Times 1 and 2 and were discussed with my supervisors to build trustworthiness of data and rigour in the analytical process. The data from Time 1 (2014) and Time 2 (2015) were kept within the same NVivo project and separated by the case study sites of Mae Sot and Bangkok. For each case study, there were main categories, sub-categories, and sub-sub categories to assist with distinguishing different themes.

Data analysis followed the steps recommended by Creswell (2013) and Yin (1994). After the data were pulled apart and arranged into different categories and themes, patterns were identified as Creswell (2013) recommends. This process, called “cross-case synthesis”, was also recommended by Yin (2009), an analytic technique for the study of two or more cases. He suggests using a word table to display data for analysis. Following these recommendations, I looked for correspondence between two or more categories. Then I regrouped the information to examine possible relationships or patterns by developing maps and creating a table of similarities and differences between the two case studies. I also followed Grbich’s (2015) suggestion to develop a conceptual map to assist with data analysis. I created different maps of the themes for each case study to link relevant patterns before creating a larger map of significant themes from both case studies. I created a detailed summary of themes on large sheets of butchers’ papers and presented them to my supervisors for discussion together. This process also promoted rigour and transparency of my coding and analytic process. By manually and visually mapping my analytical process, I came to see different patterns and relationships between themes, for example, my analyses of the relationships between education, safety and health themes revealed that access to education for children was very different in both sites with safety issues mediating access to opportunities for children in Bangkok. There was also a relationship between a lack of schooling, limited recreational activities and children describing issues to do with their mental health and wellbeing.

As Yin (2018) suggests, I remembered not to generalise beyond each of the two cases. Although the research aimed to gain an understanding of how refugee and asylum-seeking

children are supported or could be supported in Thailand, Mae Sot and Bangkok were specifically chosen as case studies. It is of course noted that the situation and life experiences of refugee and asylum-seeking children in these two sites is not necessarily representative of the lived experience of refugee and asylum seekers from other backgrounds or in other parts of the country.

To start with, data were analysed using the theoretical framework of Abraham Maslow's Hierarchy of Human Motivation Theory, which proposes that human needs arise from not only basic physiological needs, but also more complex psychological motivations (Maslow, 1943). Maslow's hierarchical structure ranks needs as "physiological", "safety and security", "belonging and love", "self-esteem", and "self-actualisation" (ibid). This theoretical framework was helpful in identifying differences and similarities between the perspectives of children and adults. In addition, child development theories, such as the cognitive development theory of Erickson's lifespan theory (1959), in particular the development of identity for adolescents, were also considered.

Contemporary qualitative research regarding children's lived experience and their perspectives attempt to employ multiple contemporary techniques and methods (Darbyshire, MacDougall, & Schiller, 2005). The children used writing and drawing by to share their life experiences and to extend their expression of their points or views about their needs, and their hopes and dreams. Studies with children are increasingly using visual research methods with digital tools such as photovoice, video, and other means to explore stories of children (Wang & Burris, 1997; Streng et al., 2004; Wang, 2006). However, using these digital tools are not always appropriate for vulnerable populations and can also provide an overwhelming amount of information. There is also an argument that visual research methods can provide ambiguous information and there are many suggestions on ways to interpret children's perspectives. Given these challenges and my interest in more traditional and therapeutic ways to help children to express feelings, I chose drawing and writing. Children were invited to draw and write, and then describe the inside of their worlds in whatever way and order suited them. It was a powerful process and showed that children have valuable knowledge and expertise about their own worlds and wellbeing.

Data analysis proceeded in keeping with the four research objectives and the overall main research question. The first two objectives focused on the needs of the children and changes between the two points in times and between the two sites. The themes relevant to supports and services as well as policies that impact service provision were also analysed as per objectives 3 and 4. Table 5 illustrates and summarises how the relevant theories and

frameworks assisted the thematic analysis as well as shaped the discussion of their implications.

Table 5: Process of Thematic Analysis for the Objectives

The needs of the children	Available support, services and policy	Overall research discussion
<p>Research Objectives</p> <ol style="list-style-type: none"> 1. To identify the needs of refugee and asylum-seeking children in Mae Sot and Bangkok, 2. To investigate changes in the children’s needs between two points in time (2014 and 2015), <p>Discussion draws on Maslow’s hierarchy of needs, UNICEF child wellbeing framework, and child development theories</p>	<p>Research Objectives</p> <ol style="list-style-type: none"> 3. To identify facilitators and barriers to accessing available support and service for refugee and asylum- seeking children and their families as well as policy that impacts on the children’s wellbeing, 4. To investigate changes in the available support and services as well as policy between the two periods twelve months apart. <p>Discussion on the provision of supports and services as well as existing policies using UNESCO's Education For All, the UN Convention and Protocol Relating to the Status of Refugees, and the UNHCR guidelines on protection and care for refugee children.</p>	<p>Discussion about how refugee and asylum-seeking children are or could be supported to meet their needs while they live in Thailand.</p> <p>Theoretical frameworks and international standards included: the UNICEF child wellbeing framework and the Convention of the Rights of the Child (CRC)</p>

First of all, children’s drawings and writings were coded in Nvivo and their interpretations and narratives were coded into different categories but mainly about identifying needs, refugee journey, as well as hopes and dreams. There were some specific stories of arrest of children and families in 2015 which were coded also in safety/security theme. For authenticity in analysing process of the children’s drawings and writings I presented the children’s original descriptions and interpretation of their pictures and written stories as original.

Second, the information from coding was analysed to address the other two objectives, that is the facilitators and barriers to available supports and service provision for the children and their families as well as the changes in those existing supports, services, and policy that impact

on the children's wellbeing between Times 1 and 2. The Education For All policy by the UNESCO, UN Convention and Protocol Relating to the Status of Refugees, and the UNCHR's guidelines on protection and care for refugee children were also used to inform the analysis in particular issues regarding access to services including education and protection as well as other psychosocial needs of refugee and asylum-seeking children.

According to Liamputtong (2013), the process of thematic analysis involves classifying, analysing, and recording collected information into different patterns. Thematic analysis was continued after the comparative analysis between Times 1 and 2. Then the information was reviewed and compared between the two case studies, and some significant themes were identified and discussed. This final stage of analysis focused on the research question explaining how available supports and services as well as policy impacted children's wellbeing and how their needs were addressed according the themes, which were guided by the UNICEF child wellbeing framework including basic materials for survival, education, health, safety, family and peer relationships and other emergent themes. Theoretical frameworks and international standards used in this overall discussion included the UNICEF child wellbeing framework and the Convention of the Rights of the Child (CRC).

3.8 Ethical Considerations – Risk, Benefits and Safety

Given I was seeking to speak with refugee and asylum-seeking children boys and girls, I sought to ensure that the research complied with the guidelines of the Australian Association for Research in Education (AARE) (2014) and the National Statement on Ethical Conduct in Research Involving Humans (NHMRC) (2007, May 2015 update). I consulted relevant sections of the NHMRC; chapter 4.2 regarding "children and young people", chapter 4.3 regarding "people in dependent or unequal relationships", and chapter 4.8 regarding "people in other countries" in the ethics application submission. Curtin University Human Research Ethics Committee (HREC) granted approval for the research project on 11 August 2014 (approval number HR 156/2014, Appendix I).

Given the sensitivity of research involving vulnerable children, great care was taken to follow the ethics protocols very carefully. Specifically, I sought to attend to the safety of all participants by keeping all information about their identities separated. While the research embraced the principles of the CRC, which emphasises the importance of children's views and aimed to empower children to speak as freely as possible, there were ethical considerations to ensure children's safety and wellbeing were uppermost.

I was also sensitive to the needs of refugee communities which continued to access existing services during the research. I consulted community leaders and key informants before making any decision to approach or visit a service provider or a refugee/asylum seeker family. This was in the hope of ensuring that, by introducing myself and requesting assistance with the research, it would not jeopardise the limited access children and their families had to supports and services. I tried to keep a low profile and chose not to approach Thai public services to recruit their staff for interview. When seeking to gather information from service providers, I only approached service providers on the advice of key informants.

My first visits in 2014 to refugee communities was with the assistance of key informants, except on one occasion when I visited a community leader with a local interpreter. Key informants, community leaders and teachers assisted me to locate refugee and asylum-seeking children and their families. I ensured that the children and their families understood their rights when participating in the research and only interviewed those who indicated they had understood the purpose of the research. I took care that interviews and observation were only carried out in safe environments such as in the children's accommodation, school, or the workplaces of key informants who provided supports and services. For example, I was introduced to four teenage girls who were living in one of the shelters but their reasons for being there did not relate to any refugee journey. Rather they were economic migrants rather than refugee or asylum-seekers.

Generally, the children and parents/guardians were very keen to participate in the research and appreciated being asked about their situations and to share their experiences. I explained that the research would not lead to rapid change in services and policy and might not be able to improve their situations. Most potential participants indicated that they appreciated the purpose of the research and were willing to help and share information about their situations and tell their stories. Some thanked me for listening to them and explained that they felt good that they could be helpful. Although the children and parents/guardians may not have benefitted directly, I felt reassured that the research provided an avenue for them to express their feelings and to at least be heard.

I anticipated that key informants (service providers and policy advocates) may have considered giving interviews risky since they may have had concerns about breaching the policies of their organisation or funder, and may have had concerns about their organisation's relationships to government and also maybe fearing funding cuts to their programs. Despite this, key informants were keen to assist and participate in the research. Some indicated they had seen the value of research in the past when it had positively influenced policy and practice

development. Although they were conscious that the research might not give them direct benefits, they hoped that the research would provide useful information to improve service provision and policy advocacy in the future.

Since the research involved participation of refugee and asylum-seeking children and their families in vulnerable situations, an adverse event protocol (Appendix J) was also prepared in the event of distress. For the safety and rights of participants, all identifying information about participants was coded separately before transcribing and the data analysis process. Pseudonyms were used to protect the identities of the children and their parents/guardians throughout the research and in writing this thesis. Also I used the child's age and the year of the interview where applicable so I could track who was speaking, for example of "Labiba, 14-year-old girl, in 2014". To protect the safety of and confidentiality for key informants, their identifying information and organisations' names were also coded with the abbreviation of "KI" followed by a number which stood for the organisation, a letter A-Z, which stood for each individual staff/volunteer, then the year of the interview, for example, "KI 19A 2015". All research data were kept in secure storage following the university's guidelines and protocols. This data included audio-recordings of interviews, signed consent forms, typed interview notes and field notes from observation, my methodological/analytical logbook and researcher journal; as well as the drawings and writings from the children.

3.9 Trustworthiness

Validity and reliability are important elements in any research. With qualitative research, the indicators of its quality of qualitative research are based on four criteria of "Trustworthiness", which Lincoln and Guba (1985) suggest for naturalistic inquiry. The four criteria of trustworthiness include "credibility", "transferability", "dependability", and "confirmability". Thus, this research paid attention to these four criteria throughout.

First, the researcher ensured credibility of her own understanding and others within the study setting. The risks of bias often attributed to case study research can be minimised with the use of triangulation to build trustworthiness (Bryman, 2012, 2016; Flyvbjerg, 2006; Yin, 2018). In this research, triangulation was achieved in different ways: through the collection via different means such as field notes recording observation, my interview notebook, audio recorder, researcher journal, and methodological/ analytical logbook during fieldwork as well as information collected from several sources including refugee and asylum-seeking children, their parents/ guardians from different cultural backgrounds and across different living areas in both sites, as well as key informants who were service providers and policy advocates from

a variety of organisations and locations. This ensured that the research gathered rich and in-depth information about children's needs and available support services and relevant policies. Second, Lincoln and Guba (1985) suggest transferability can be established via the use of "thick description" so that other researchers can follow the same approach within a similar context. This research provides context and explanations of findings from the interviews and observations. This helped gain understandings about life experiences and needs of the refugee and asylum-seeking children and their families as well as information about the relevant services and policies. This research also provides rich, insightful information by drawing deeper meaning through comparison of information through Times 1 and 2. All information collected from Time 1 (2014) including transcribed interviews, field notes from observation, and drawing and writing by children, were reviewed in 2015 before I returned for follow-up interviews. When I revisited in 2015, I printed out, read, and brought all interviews with me. I also noted further questions for particular individual issues about children or parents as well as problems about specific services for key informants. This helped participants recall the information from the previous year and connected their stories so as to explain significant changes in their lives (for children and parents/guardians) or regarding service provision (for key informants). While key informants had limited time to give interviews each year, checking the accuracy of the information they provided was done by contact via telephone or email. For the children, I carried out in-person follow-up visits (sometimes several) to check my understanding of the interviews and when I returned to collect their drawings and writings. After fieldwork finished and I returned to Australia, I maintained contact with most children by email and telephone until 2018. This process created further insights and understandings about the life experiences of children through the period of research, and also helped to ensure accuracy.

Third, dependability refers to constancy of the information through time and conditions (Lincoln & Guba, 1985). As this was a longitudinal research, constancy in recording the information through Times 1 and 2 was significant. As outlined in the research method section, I kept field notes of interviews, observations, and researcher journals from fieldworks in both times. Connelly (2016) suggests that to ensure trustworthiness, the researcher can include methods of recording information for an audit trail of analysis and methodology. So I kept detailed notes of all decisions and ideas for analysis in the methodological/analytical logbook while I was in the field. I also noted matters that were relevant to methodological concepts and analysis of information in a methodological/analytical logbook on weekly basis. This helped me to monitor and evaluate how effective the three information collection

methods were as well as recording ideas for data analysis. According to Connelly (2016), dependability also involves auditing and debriefing with the supervisory or research team. I debriefed with my supervisors while in the field and, after I returned, I met with my supervisors for auditing interview transcripts, coding of interviews, observation notes as well as summaries of findings.

Fourth, confirmability means that research findings are consistent and that they can be repeated (Connell, 2016). Confirmation can be established through records of analytical and methodological decisions and the process of analysis as well as presenting findings to colleagues to minimise bias. As outlined above, I kept records in an analytical/ methodological logbook. I also kept notes in my journal and field notebooks separately to ensure that my personal views were separated from contextual information. Follow-up interviews were carried out face to face and by telephone, to ensure accuracy of information recorded. Children were given different opportunities to explain meanings and their own interpretations through pictures or narratives that they created.

Finally, Guba and Lincoln (1994) also mention authenticity as an important aspect of trustworthiness in research. Authenticity in research can clearly demonstrate variety of realities and lives of participants that create rich explanations of phenomena or issues. In this research, there were different ages, genders, countries of origin, and cultural and religious groups of refugee and asylum-seeking children and their parents/guardians living in two different areas in Mae Sot and Bangkok. Key informants (service providers and policy advocates) were also selected from different kinds of organisations which were located in different areas of Mae Sot and Bangkok. Therefore, their participation provided unique and rich contextual information to this research. The research used a variety of methods to collect the information and empower children's voices to strengthen authenticity.

3.10 Reflection on the Limitations of the Research

Given this research was engaging refugee and asylum-seeking children and their parents/guardians who live in precarious situations, there were major considerations related to their safety and wellbeing. In the changing political situation in Thailand, key informants had difficulties implementing their services and policy advocacy. These conditions meant there were particular challenges for this research. While the choice of methods to empower children, and the sampling and recruitment methods may have resulted in some limitations, these decisions also added authenticity and richness to the information collected.

First, the preservation of the safety and wellbeing of children, their parents/guardians, and key informants impacted the choice of qualitative research methods, in particular to enhance children's expression of their views and life experiences. A visual method can empower children and help them to express their feelings and tell their stories and experiences (Malchiodi, 1998). Photovoice approach and video filming can be useful methods to record stories (G. Payne & J. Payne, 2004). However, because of the concern that children may disclose their identities and locations with photographs, I chose techniques of drawing and writing with children. Although most children found these methods helped them to express their views about their needs and aspirations, there were some children who could not draw or write. I found drawing and writing were safe methods to collect stories of these children but photovoice and video filming may have been more useful for children who could not articulate their opinions in writing or drawing.

Other research methods included observation during visits and interviews. This could only occur in refugee communities during the day, as they preferred not to meet in the evening and there was also concern for my safety when travelling back to my accommodation at night. Through the interviews, key informants and parents mentioned their concerns about alcohol and drug use, sexual exploitation, and crimes in the local communities. One study investigated a refugee community at night time and this gave this additional insight and a different understanding of lived experiences of refugees (Jolliffe, 2016). If I had lived in the community for longer periods, I could have provided more information of the wellbeing of children by observing their lives at night time.

Second, before data collection began, several features of this research design were set up to ensure the authenticity and richness of the information collected. Future research can improve its rigour and authenticity and gain richer information by considering some of these factors. These included the conditions of the HREC approval that refugee and asylum-seeking children had to give the interview in the presence of at least one parent or support adult. Although most children felt free to express their own views, some children hesitated to talk in front of their parents and some asked their parents to help answer the interview questions. On some occasions, parents answered the questions for their children. When this situation occurred or I noticed that children hesitated to speak, I stopped the interview and explained to children and their parents the importance of children's voices and their opinions in this research. The issue was not easily resolved, but I discussed it with the parents and allowed them the time they needed to understand, then I continued the interview with the children. This condition of the HREC was important to ensure the safety and wellbeing of the children. Interviewing

children without the presence of their parents/guardians or support adults may have made it easier for the child to express his/her opinions openly and this may have increased the authenticity of their voices, but it was more important to ensure that trusted adults were available to provide emotional support for children. Future research needs to strictly prepare and follow safety protocols.

Third, despite using drawing and writing to help children express their own views, sometimes children were not ready to draw and write at the interview. Some preferred to have more time to articulate their ideas and they were provided with drawing materials and time to complete their drawing and writing. Although I explained to parents the importance of the research to empower children to have their voices and requested them to allow children to express themselves, some drawings and writings of children may or may not reflect the influence of their parents. Through follow-up interviews with children they were able to describe and interpret their own drawings and writings. It was remarkable that some drawings showed similar contexts and techniques, even those children lived separately and did not know each other. However, I was aware that two children, who lived in the same building, produced very similar storylines and drawings. I followed up and asked both of them and they said they had worked on their drawings together because they had had similar experiences of being arrested with their parents. This example shows the authenticity in children's voices and stories, and the value of using different methods to reflect on and audit the validity of that information.

Fourth, because of the limited budget for data collection including being unable to afford accredited interpreters, this limited the recruitment of participants to those who could speak Thai or English. Key informants explained that the most vulnerable refugee and asylum seekers were from different countries in Africa and they spoke French. They could not communicate in English or Thai so they were isolated and had no access to services and supports. I did not have the budget for a French interpreter, nor could I find a volunteer who could speak French. These children and parents did not have the opportunity to participate in the research. At the interviews, young people (older brothers/sisters of the children participants) in families could speak Thai or English better than their parents so they assisted with the interviews when the parents could not think of some words or were unsure about questions. Because there was no accredited interpreter in the Urdu language in Bangkok, most interviews with Pakistani families were assisted by volunteer teachers in the refugee communities. I was aware of the power relationship between children and their teacher and that children might find it difficult to express their view of schooling experiences. But observation also helped to confirm that most children really enjoyed their studies at the

community schools. I tried to use a volunteer teacher interpreter as much as they were available, but sometimes after the interview when I returned to the families to clarify some parts of the interview or to collect the drawings from the children, I did not have an interpreter with me. On some of these short visits the children interpreted their parents' conversation for me. In Mae Sot, communication was less challenging because I could afford local Karen/Burmese interpreters and most children and a few adults/guardians spoke Thai fluently. In future, research involving people from diverse cultural and linguistic backgrounds can increase the authenticity of interview information by budgeting and employing accredited interpreters for the interviews.

Fifth, using an audio-recorder for the interviews ensured accuracy of the information. I used two audio-recorders at the interview and took notes about the interview in a notebook. I used the audio-recorders only when the participant gave consent to me using an audio-recorder at the interview. Most participants agreed to use the audio-recorder at the interviews. Although some children and parents allowed the use of audio-recorder, I stopped using it when I noticed they kept looking at it and hesitated to answer to questions at the interview. There were a few children and their parents who felt concerned for their safety and felt uncomfortable to talk to the recorder, so they only allowed me to record the interview by writing in my field notebook. Using the audio-recorder was not an issue when I interviewed key informants who were service providers and policy advocates. However, with some organisations, there were strict policies on not allowing staff to engage in research. Therefore, some interviews took place in public areas such as cafés, restaurants, churches, and private accommodation. Hence, some recordings had lots of background noise and were difficult to transcribe. Accuracy in representing information and the voices of children can be improved by using equipment to record the interview. However, for ethical reasons especially for research involving children living in precarious situations, this was not always possible.

Finally, my limited budget and time also impacted on the length of each fieldwork visit. However, I was able to make two visits to collect information, in 2014 and again in 2015, and I kept in contact with most participants via email and telephone after fieldwork. I stayed in touch with children and families who had internet access and who kept the same mobile phone numbers throughout the research up to 2018. This helped me to receive updates about the children, their families and changes in support or events which happened in their communities. It is possible that future ethnographic research with a longer period for the researcher to build rapport with participants and ongoing observation of their lives and their refugee community could gain richer information.

In conclusion, reflection on these limitations can help inform future research with the selection of appropriate approaches to carry out research involving vulnerable children and to ensure their safety. Although there are limitations, strength and rigour in research with vulnerable children is enhanced by using sensibly selected theoretical, methodological frameworks, and methods to empower these children's voices.

Summary

This chapter has described how the research was designed and outlined the different procedures adopted throughout the investigation. It includes the most important foundations of the research; its core values and assumptions, its careful attention in the selection of participants, choice of research methods and the range of important ethical considerations enabling children and others to express themselves in a safe environment. This chapter also indicated that serious consideration was given to ensuring trustworthiness and rigour in the research. Reflection on the research limitations provides a helpful guide for future research to design appropriate methodology and methods for engaging with and representing the voices of vulnerable children as empirical data. All of this information assists readers to understand how the research process resulted in the gathering of such rich and complex information which is presented in the following two chapters, the findings of both the Mae Sot and Bangkok case studies.

Chapter 4: Case Study of Mae Sot

Part I: Needs and Psychosocial Wellbeing

Introduction

The findings of Mae Sot case study are divided into two parts according to the research objectives. Part I presents findings about the needs and issues relevant to the psychosocial wellbeing of children, while part II focuses on available services and policies at two points in times (2014 and 2015).

Both parts I and II are based on the thematic analysis of information I collected in 2014 and 2015, so that the headings I use throughout the chapter reflect the dominant themes that emerged during the analysis. This includes the theme of identity even though identity was not one of the six domains of the UNICEF child wellbeing framework. Part I begins with section 4.1 which introduces the children and their families including their refugee journeys and identities, background and family relationships, as well as adaptation to the local community. Section 4.2 presents both children's and adults' perspectives on the needs of children while section 4.3 explains the children's living conditions and basic materials needed for their survival. Section 4.4 discusses children's health and health needs, while section 4.5 demonstrates their educational options and schooling experiences. Finally, section 4.6 provides findings about behaviour, risks and safety.

4.1 Children and Their Families in Mae Sot

All children and their parents/guardians were from Myanmar although two of the children interviewed were born in Mae Sot and one was born in a refugee camp. Some of the children had resided in a refugee camp for several years before following their families to live in Mae Sot, but some had been living in Mae Sot for a decade.

4.1.1 Refugee Journey and Identities

The children preferred their parents to talk about their refugee journey so it was parents and guardians who were relatives, who shared stories of how they and the children had escaped armed conflict and religious or ethnic persecution in Myanmar almost two decades ago. Although all children and their parents/guardians in Mae Sot came from Myanmar, they

described themselves as having different ethnic identities. Sometimes, there was also an institutional identity which had been provided by the UNHCR such as asylum seeker. Among the seventeen children and parents/guardians interviewed, only four children and two parents were registered with the UNHCR as asylum seekers. One community leader explained that most children and their families had fled because of religious oppression toward Burmese Muslims and the revolution in Myanmar in 1988 (KI 1A 2014). Chanda, mother of Baahir, a 16-year-old boy, and Cala, a 12-year-old girl, explained that she and her children had lived in fear because of the armed conflict between the Karen and Burmese armies, so they had to seek asylum in Thailand. However, many failed to get support from the UNHCR and therefore supported themselves in the Muslim community. I was told stories by other key informants and that it was common for people to seek refuge and obtain the UNHCR register record but then fall out of the support system.

Most children had very little memory of the dangerous journey with their parents which took them through the jungle and crossing the river at night. Some shared traumatic stories about becoming aware of violence toward their own ethnic or religious group through news on television. Cala and Baahir shared their refugee journeys in the drawings below.

Cala explained to me in Thai that:

This is a picture about Burmese soldier shoot two Burmese Muslims down. They both died. They both died. . . I feel afraid of being Muslim and I will never return to Myanmar.

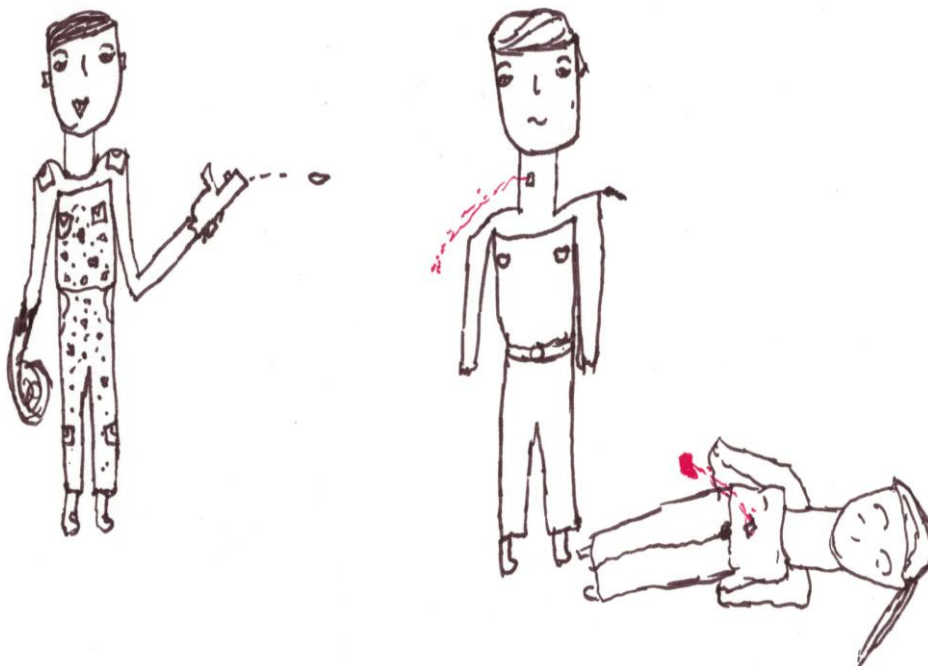


Figure 7: Drawing by Cala, 2014

Although Cala had not directly experienced this violence, she had seen the incident on the television, and was terrified and felt upset.

Baahir drew pictures of a military tank and a soldier carrying a gun, which he says he saw on TV.

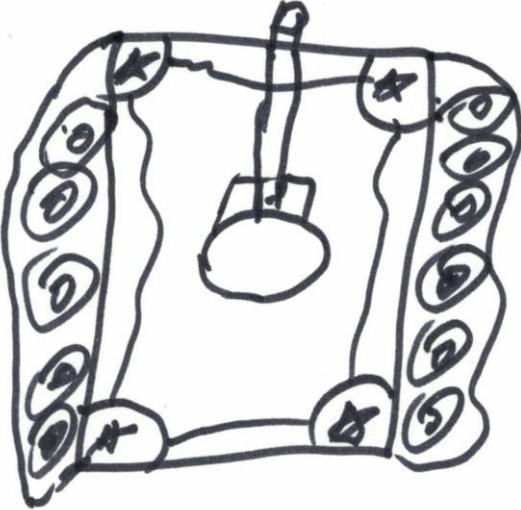


Figure 8: Drawing by Baahir, 2014



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Figure 9: Drawing by Baahir, 2014

Baahir was distressed by seeing horrific stories on TV and he had heard vicious and upsetting stories from adults. He said:

We saw news on TV and saw horrific death of Muslims. Their houses were burnt and they were killed or some of them were arrested and detained. They cannot get out of prison. We feel very scared and upset. Why do they want to hurt us? I do not understand why these people want to hurt us. I do not want to go to Myanmar.

Two other children also shared similar stories. Bassim, a 16-year-old boy, stated that his family left Myanmar because it was not a safe place. He was emphatic that he and his family wanted to live in Thailand. Aahil, a 14-year-old boy, stated:

In Myanmar, they do not want Muslims and don't want us to live there. They catch and kill Muslim people.

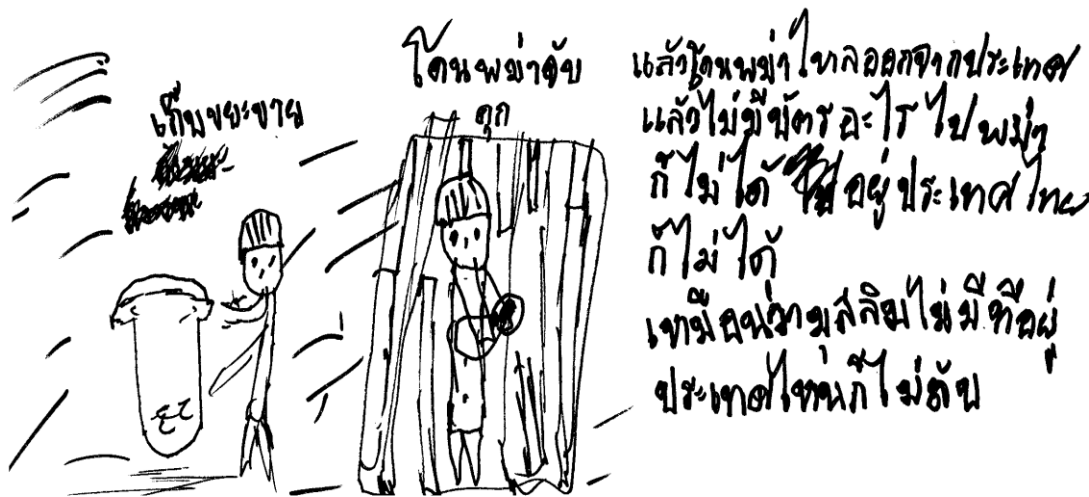


Figure 10: Drawing and Writing by Aahil, 2014

Aahil explained his drawing (from left to right) by saying that he lived in the community where children had to survive by picking up garbage. Aahil explained that Muslims could not live in Myanmar because they would be arrested by Burmese authorities. For example, this mother and her baby were detained in prison. Aahil also expressed how difficult it was to develop a sense of belonging through his writing (translated from Thai into English):

Burmese expelled Muslims out of Myanmar. Muslims do not have any identification cards, so they also cannot live in Thailand. Muslims have nowhere to live, no country accept Muslims.

Four children and two parents/guardians interviewed in 2014 were re-interviewed in 2015. Significant changes were noticed in follow-up interviews with these children's interests shifting from wanting to tell me about their refugee journey in 2014 to them becoming more focused on their studies and aspiration for future careers in 2015.

Four new children recruited in 2015 lived in the Mae La refugee camp before moving to Mae Sot permanently. Hanah, mother of Kristen, a 17-year-old girl, and Ava, a 15-year-old girl, shared her terrifying and dangerous journey when she and her husband fled armed conflict in Myanmar in 1997. They carried their daughters and walked through the jungle for a week before crossing into Thailand. Kristen and Ava had no memory of this experience as they were very little at that time. Mara, mother of James, also shared her refugee journey. She said

because of the fighting between the Burmese junta government and students in Myanmar in 1988, there was high risk of arrest. She could no longer live there safely and fled to a refugee camp in Mae Hong Son province in Thailand in 1999. She said that life in refugee camps was a struggle. After a flood in the camp around 2005, she, James and his sibling were moved with other camp residents to Mae La camp near Mae Sot. They then began a new UNHCR registration and had waited further 10 years for resettlement in Canada.

While most children lived with one or two parents, Za-Ngay, a 15-year-old girl, was an unaccompanied child in 2015. She had lost contact with her mother (who abandoned her) in Myanmar years after her father and step-mother brought her and her step-brother to Mae La camp. She and her step-brother witnessed her father and step-mother murdered by a farm owner when they were working outside the camp. There were strangers from outside the camp who came searching for her and her step-brother, and it was unsafe for them to remain unaccompanied in the refugee camp. Thus, they were both referred to a women and children's shelter in Mae Sot. Their future prospects were negligible.

Most children had moved to Mae Sot when they were small and they and their families lived in the community alongside other migrants from Myanmar. Children and their parents/guardians chose to describe themselves by their ethnicity and religion with such as Burmese Muslim or Karen. Children spoke in Burmese or Karen language at home. Although a few of them were born in a refugee camp or Mae Sot, they did not describe themselves as Thai, except James who said that he considered himself as both Karen and Thai.

Although four of these children had the official UNHCR status of refugee and asylum seeker, they did not refer themselves using these institutional identities. In general, living as migrants, children and their parents/guardians could access supports and services but they expressed their concerns over the lack of identification documents. This they said meant they had to hide and avoid Thai authorities as they could be arrested, detained and deported.

4.1.2 Background and Family Relationships

Most children and their parents/guardians maintained their culture through wearing clothes that expressed their cultural and ethnic origins, cooking their preferred food, practising their religions, and speaking their original language. Most adults wore sarongs. When they went outside and to the mosque, parents and children wore hijab (for female) and a Muslim hat (for male). Most girls put yellow powder on their cheeks. The Karen children and their parents, sometimes wore tops and sarong in Karen style, the pattern and textile of which were recognised as unique by local people. Even though the children liked to maintain their own

culture and language, they also readily learnt Thai language and Thai culture at school, ate Thai food, and watched Thai TV. In general, children in Mae Sot adapted themselves to Thai culture and language more quickly than their parents, and, unlike their children, parents and guardians in Mae Sot could not speak Thai fluently.

Children and their families were originally from large and extended families often living with relatives and grandparents in Myanmar. However, when they moved to Mae Sot, family members including relatives and grandparents who had lived together in Myanmar were separated from each other.

In the interviews across both years, children showed that they had positive relationships with their parents. Most children said that if they felt unhappy or unsafe they would talk to their parents. For example, Cala stated that she talks to her mother when she feels upset. Bassim said at the interview in 2014

I can talk to my mum and dad about everything.

Most parents were able to get paid jobs. More than half of them were single mothers with children so they were leaders of the family. Children also expressed how they felt responsible to help their parents and siblings. Most girls focused on their studies and helped their parents with domestic tasks in the house as well as looking after their younger siblings or baby after school and on weekends. In contrast, most boys preferred to get paid jobs, if possible, to help their parents with expenses and the rent payments. Aahil completed his study at public school to the level of Year 9 in 2015, and stated:

I want to work and support my parents and save some money. . . I want to get a job as soon as possible. I would like to work as interpreter at the Robinson shopping mall, which they are going to open soon in January next year or at the Mae Sot hospital. But I must have Thai ID card first.

4.1.3 Adaptation to the Local Community

Children and their parents/guardians living in Mae Sot described feeling satisfied with the freedom to maintain their culture and practise their religion and beliefs. They also tended to have positive attitudes toward local Thai people.

For instance, Aahil said

I think Thai people are very kind... In Burma, they cannot accept Islam. They will just hit or kill them. Here where I live is fine if I have a house (Aahil, 2014).

When I visited children at their home and school, I observed how they and their families lived. Although most of them lived in their own community, they also tried to adapt themselves to

Thai culture and lifestyle. I found three factors that helped children to adapt themselves to Thai culture and language.

First, their living location influenced their social opportunities to learn about Thai culture and adapt to the Thai local community. Further, their decisions about where to live seemed to depend on the nature of their family and support network before they arrived in Thailand. Parents sought to live in either a refugee camp or the community with people of the same ethnic background (Burmese/Karen/Karenni/others). All children interviewed in 2014 had settled in a Muslim community in centre of Mae Sot. Aban, Aahil, Baahir and Cala had adapted themselves to living in this community. Because their community was located in the city centre, they also had the opportunity to adapt to the close-by local Thai community and culture. Bassim and his parents followed his uncle who first resettled in the Muslim community, but later they decided to rent a house in the city away from the Muslim community. However, they still stayed in touch with their Muslim community by visiting the mosque every weekend.

The new children and families interviewed in 2015 lived in an area of Mae Sot which was different to where the children and families from 2014 lived. James' mother left Mae La camp to rent a house and work in the city as she preferred to support herself rather than depend on food aid from UNHCR. Another family made a similar decision to settle in Mae Sot to pursue better education and job opportunities. The mother of Kristen and Ava got a teaching job in a migrant school in Mae Sot through their father's connection with the Karen CBO network, so they left Mae La camp. However, these two children lived in the school dormitory, located in a suburban area and therefore had limited opportunity to adapt to the Thai community. This was similar for Za-Ngay, who had been referred by a CBO in Mae La camp to a women and children's shelter in Mae Sot. This meant that Za-Ngay had limited opportunities to go outside by herself as all the activities outside the shelter were organised and supervised by the shelter's staff for the safety of all children in their care.

Second, most parents encouraged their children to learn the Thai language. Children were aware of the importance of speaking Thai to enable better educational opportunities including accessing Thai schools and getting into higher education in a Thai college. This was also thought to enhance job opportunities in the future. Five Burmese children and four Karen children spoke different languages at home. Of these nine children, five of them could speak and write Thai. Five parents who were Burmese and Karen could not communicate in Thai, but a guardian who was an older sister of Baahir and Cala could speak Thai well since she used to work in Bangkok. While most parents could not teach Thai language to their children,

some children had the opportunity to learn at school. Most of these children had studied at a Thai public school even if only for a few years, and spoke Thai fluently. For example, Aahil, Bassim, James, Baahir and Cala had attended a Thai school, learnt Thai and had Thai friends to communicate with in Thai language. Those children who did not go to school or attend a MLC could not speak Thai fluently. Besides learning Thai in the classroom, children could also learn Thai language through TV programs and recreation activities outside school. However, Kristen and Ava, who lived in a school dormitory, had limited time to watch Thai TV or engage in other activities outside the school. Through observation and in the interviews, the children who could communicate easily in Thai language appeared more confident and independent, and could socialise with different groups of friends and people in the community. However, the children who could not speak Thai seemed more worried and less confident to go outside in the community by themselves.

Third, aims for resettlement also influenced children and parents/guardians' attitudes to adapting and integrating into Thai culture and community. Most children had very positive views about studying and living in Thailand. However, some of their parents/guardians preferred to pursue what they hoped would be a better future in a third country. The parents and children focused on resettling in a third country saw learning Thai culture and language as less of a priority. A few parents/guardians who struggled to improve their lives in Thailand also mentioned their difficulty getting work permits or ID cards (Aban's mother in 2014, and interview with Baahir and Cala's mother in 2015). However, for parents and children who did not have UNHCR registration, there was no other option other than to resettle in Thailand. These families had a strong motivation to adapt themselves to their local community. Despite Cala finding it difficult to learn Thai, she did not give up her dreams of living and working in Thailand (Cala, 2015). All children and parents/guardians interviewed in 2014 said they wanted to live in Thailand permanently.

After Bassim's father had lived and worked in Mae Sot for a decade, he moved to Bangkok and opened a small business. Bassim felt confident settling in Bangkok with his father and pursuing his higher education. The children interviewed in 2015 indicated that they would not mind living in Thailand permanently (Kristen, Ava, and James), but they had to follow their parents' decision to resettle in a third country. After 10 years, James and his family were accepted for resettlement in Canada, although they felt concern about their next step.

4.2 Perspectives on The Needs of Children

Information about the needs of children was collected from both children and adults who were their parents/guardians as well as other relevant key informants (service providers and policy advocates). Adults were asked direct questions about what children needed to have a good life. Children demonstrated a strong connection between their needs to have a good life and the support that they needed to achieve their hopes and dreams. Findings showed that children identified similar and different needs to adults. Hence, this section is divided into two parts. First, it provides a comparison of the children’s identified needs between two sites and at two points in time. Second, it presents a comparison of children’s needs, as identified by children and adults.

4.2.1 Children’s Views on Their Needs

I invited children to draw and write about their needs to have a good life. I asked a direct question: “What do you need to have a good life?” Some children could not respond to this but they could identify their needs when I asked them with indirect questions such as “Can you tell me what a good life means to you? What makes you happy? and What are your hopes and dreams?”

Table 6: Children's Identified Needs in 2014 and 2015

Children interviewed in 2014	Children from 2014 re-interviewed in 2015	New children interviewed in 2015
<ul style="list-style-type: none"> -Have a house -Have a school in the community -Education -Families in the community are happy - Have the same opportunities and quality of life as others -Play with friends -Do not know, as feeling satisfied with life and living conditions - Have family, parents, siblings and relatives - No answer (1 child) 	<ul style="list-style-type: none"> -Being able to work -Save some money -Take care of parents -Being honest -Having a car to go to school -Money to buy stationery school bags and uniforms -Get a job -Stationery and computer -Nothing, as feeling happy 	<ul style="list-style-type: none"> -To finish study -Good health -Good friend -Have Family -Have good neighbours -To keep on trying -Have a guitar -To live with mum and dad happily -No war, no fighting against people or civilians

Table 6 illustrates the needs that children identified through the interviews in 2014 and 2015. Some children expressed their needs through the direct question. For example, Aban was able to identify his need for education in that he felt that only education could change his life.

Aban also described the meaning of a good life which related to his community:

A good life means when I see other families in the community are happy and it makes me also feel happy. I would like to have the same opportunity and quality of life as others.

Some children identified more than one need. Aahil in his interview in 2014 expressed his concern that the house that he and his family rented was located in the community with a poor environment. This he said caused him to feel unhealthy and unsafe, and he thus identified a need to have his own house. One asylum seeker opened his house for a home school to teach children in the community to read and write in Burmese. Aahil also identified that having a school in his community was necessary so that the children did not have to collect garbage to survive. Even though Bassim dropped out of a Thai school because a sponsor stopped providing school fees and learning materials in 2014, he described his good life with big a smile on his face

A good life... I don't know. But I feel satisfied with my life. I feel satisfied with my living conditions. I have my family, parents, siblings and relatives.

Bassim also did not have a clear idea of his future but mentioned that he may like to become a policeman (Bassim, 2014).

I found that how each child identified their needs was not so related to their age. Older children could not always express their needs any more clearly or better than younger children. For example, Cala was the 12-year-old sister of 16-year-old Baahir. Although Cala did not answer the question about what it takes for a good life directly, she explained that when she played with her friends that made her happy. She also shared that she wanted to become a teacher or factory worker in the future. Baahir could not articulate his needs in 2014, and stated he did not know what he needed to have a good life, nor could he describe his future plan.

In 2015, I revisited Mae Sot and searched for the same children I had interviewed in 2014 to follow up and see what had changed. Four children from 2014 were re-interviewed in 2015. Four new children were also interviewed in 2015. Baahir, who had not been able to identify his needs in 2014, had a more clear idea about his needs in 2015. He identified that he needed to have a car to go to school as well as items for his studies. For him, a good life meant being honest and he now wanted to go to a Thai college and become an electrician. Baahir drew a picture of his graduation day with his best friend. Cala also drew pictures about her hopes and dreams of wanting to become a doctor. She said that drawing had helped her to think about her future. She explained that she needed learning materials for her studies such as a school bag, uniform, notebooks, pencils, rubbers, a computer to facilitate her studies. Her future plan

was to finish her studies and start work. While Aahil drew a picture in 2014, by 2015 he felt that he was older and did not need to draw a picture anymore.

In 2014, Aahil had expressed concern about the housing and the environment in the community. There was inadequate sanitation as there was no toilet or running water in most houses and the area was flooded every year as it was located in a swamp. However, in 2015, he had shifted and I found him very satisfied with his new housing situation and cleaner environment. In 2015, his needs for a good life had altered and were now about having a job, saving money, and taking care of his parents.

In 2014, Aahil's hopes and dreams were of becoming a mechanic, but when re-interviewed in 2015, he said that he wanted either to become an interpreter at a new shopping mall or work in a public hospital. After he stopped studying, he said:

I would like to buy a small land and build my own house, have a car, and have two or three children.

Aahil said that courage and perseverance would be needed to achieve his hopes and dreams. Of all the children in Mae Sot, Bassim was the only child to demonstrate a high level of life satisfaction each time he was interviewed. Asked to identify his needs in 2015, he responded similarly to his interview in 2014:

This life is actually a good one. There is nothing I need. I am happy.

Bassim also stated that he had not yet planned his hopes and dreams. Each child in 2015 discussed needs that were similar to children from 2014. This showed that most children living in similar circumstances in 2014 and 2015 in Mae Sot talked about the needs for education, peer and family support, as well as recreational activities.

Of the new children interviewed in 2015, Kristen and Ava were waiting for resettlement in a third country. They kept themselves busy with a full schedule of study and recreational activities every day including weekends. Ava explained she wanted to finish her studies and Kristen was practising guitar lessons at a youth club each week, and talked of wanting to become a guitarist. She also explained:

I want no war, no fighting against people or civilians.

James, who was accepted for resettlement in Canada with his mum and elder brother, identified his needs in a different way compared to other children. He mentioned good health, good friends, and family in that order, especially his mother who was the most important person in his life. James also spoke of having good neighbours. Family was seen as the key support for children. The only family member Za-Ngay had left was her step-brother. She identified her need to have a good life as living with her mum and dad happily.

All children in 2015 elaborated their hopes and dreams in a similar way to children in 2014 in terms of future careers, for instance, becoming a rescuer, a school principal, musician, tailor. Their parents or teachers were their key supports to help them achieve their future goals.

James shared a drawing about his hopes and dreams of becoming a rescuer.



Figure 11: Drawing by James, 2015

4.2.2 Adults' Views on Needs of Children

Adult participants in this research included parents/guardians as well as key informants. In Mae Sot, most parents/guardians worked long hours and were unable to participate in interviews. In 2014, one community leader was a support person at the interviews with children. There were two mothers who gave interviews at that time. Daania, Aban's mother, spoke very little during the interview. After the interview, the interpreter explained that Daania felt embarrassed about the conditions of her housing and that she had no job to support her five children. Her son, Aban, worked on the street collecting garbage. At the interview in 2014, Daania did not speak of her son's needs directly, but mentioned that she felt worried that he had to go out and collect garbage and was afraid the police would arrest him. Both Daania and Chanda, mother of Baahir and Cala, shared their hopes and dreams for their children, saying they wanted their children to become teachers. Daania also added that she wished Aban could become a teacher so that he could teach children in his community to learn the Burmese language.

Most key informants in Mae Sot were only able to provide information relevant to their own services, which were not specific for refugee or asylum-seeking children. In 2014, one health service provider mentioned that a health service centre had been established next to the Muslim community to address the health needs of children and their families in that community (KI 2A 2014).

In 2015, there were more adult participants, although the number of parents/guardians who participated in interviews remained small as most were at work. This made it difficult obtaining information to compare parents' perspectives on their children's needs between the two points in time. Of those who were interviewed, Chanda, mother of Baahir and Cala, identified education as central for her children to have a good life. Hanah, mother of Kristen and Ava, also identified the need for education. She also mentioned that she wished her children had access to higher education and could help the community in the future. Mara, James' mother, explained her children's needs differently. She wished her two sons to be confident, able to support themselves, and to work without depending on anyone. Mara also added that she wanted her children to be able to study in a field of their choice.

In 2015, key informants interviewed from 2014 and new key informants were invited to identify the children's needs. In 2015, one of community leaders identified the need for school bags, uniforms, and transportation to school as International Organisation for Migration (IOM) had stopped providing this support after their funding was cut (KI 1A 2015). An adult from a CBO providing advocacy and protection on child rights also identified the need for education and job opportunities for refugee children living outside the camps (KI 29A 2015). Other key informants also identified the need for education (KI 3A & B 2015). One staff member from an NGO/NPO prioritised children's needs as: safety, cultural orientation for resettlement, specific needs after receiving a negative result of the Refugee Status Determination (RSD) from the UNHCR, and basic living materials (KI 27A 2015). Another staff member from an International Organisation (IO) identified the similar needs of protection and legal status for refugee and asylum-seeking children living outside camps so that these children could live safely and work as other "legalised migrants" (a term that service providers used among their network in Mae Sot) (KI 5A 2015).

4.3 Living Conditions and Basic Materials

Through questions about the need for basic materials for survival, children and parents/guardians were invited to talk about their current living conditions which included housing, food and drinking water, clothing and medicine. This information deepened my

understanding about children's daily lives and support for their wellbeing. Children and parent/guardians explained how they farmed and raised livestock as well as earned income to support themselves. Children in Mae Sot lived with inadequate basic materials although children, whose parent(s) earned an income, had better living conditions and more opportunities to access basic materials.

Most children in Mae Sot and their parents/guardians lived in poverty. The state of the living conditions for children depended on whether their family had an income. When I interviewed Aban in 2014, I observed that he was bare-footed and wearing old shorts and a faded coloured T-shirt with holes. Other children wore better clothes and sandals. Throughout the interview, Aban shared that he and his family lived in poverty, had inadequate food on a daily basis and lived in a poor house in a dirty environment. He also had to walk the streets to collect recycling garbage to sell.

Although it is common in Thai and Burmese cultures for family and relatives to live together, most of their relatives lived in Myanmar. Some remained in contact but could not provide financial or support as they also lived in financial hardship. Parents and guardians ensured that children had love and care. Where possible, family members also provided support to each other with practical things in daily life such as earning income, babysitting, cooking, chores, and transportation to school.

Through the interview, four children explained that they had financial support from their parents or elder siblings who had casual jobs. This meant they had basic materials and they could go to school. They did not express any serious concerns about their living conditions as they could afford rent, food, clean water, clothing and medicine. Aban had a very different experience as his father left him with his mother and siblings, and they were struggling and in financial hardship. When I asked Aban to share his life experience and needs to have a good life, he drew a picture of children in his community collecting garbage.

Aban explained that every day he went into the city to collect plastic bottles to sell. He explained that he did not have enough food to eat and he did not go to a proper school. He said he had to work in the sun and it was very hot, but he wished to become a teacher so that he could work in a classroom.



Figure 12: Drawing by Aban, 2014

While walking and working bare-footed was Aban's daily life experience, he reflected on a normal life for children of his age. He said:

At my age, children should be at school but I have to work as street worker collecting waste plastic and sometimes I had a toothache.

On my return in 2015 to do the follow-up interviews, four were able to give interviews. However, Aban was visiting his sick grandmother in Myanmar. From my observation, there was no improvement in the conditions in the community. Baahir and Cala had moved to a new rental house within the community. One of community leaders informed me that Aban and his mother had moved from their old rental house and built their own new shack on the other side of the community (KI 1A 2015). The community leader explained that Aban did not have the opportunity to go to school and continued to collect garbage in order to survive (KI 1A 2015).

Aahil and his family moved out of the community and were living in a new rental house but not far from the Muslim community. The new housing location was a significant advance for children and their families. Aahil explained that his living conditions and health had improved since he moved away from the community. He said that his family could afford the rent of 3,000 baht per month (approximately AU\$ 120) even though it was higher than the previous place. He felt satisfied with his education at a Thai-Muslim public school. He had finished Year 9 and said he did not want to go on to higher education. He was very happy with his life, the new cleaner environment and there were no floods, no people drinking, less trouble with financial hardship as his parents and older sister had jobs, and he was actively searching for a job in Mae Sot.

Since Bassim had dropped out of school in 2014, he felt more positive about his life. He did not have any concern about housing and basic materials and was returning to study at a Thai public school in Bangkok in 2015, as his father had started his own business there and had income to support him.

Baahir and Cala reported concern about their family's financial situation as their parents had to pay higher rent while depending on an unstable income with their father earning less than 300 baht per day (approximately AU\$ 12). In 2015, Cala stated that her living conditions had worsened. From the new location, both of them also struggled to travel to school. Her brother, Baahir wanted to stop studying and find a job to help his parents. However, a year later he was able to continue his study, while also doing a casual work after school and during weekend.

New children interviewed in 2015 were not concerned about basic materials including housing as their parents had full-time jobs. Za-Ngay who was living in the women and children's shelter, was still being provided with adequate basic materials.

4.4 Health

Interviews with children and their parents/guardians included questions about children's health and need for health care.

4.4.1 Children's Views on Their Health

Children were asked questions: "What do you think about your health?" "Do you think you are healthy? If not, why not?" and "How do you get help when you were unwell?"

Some children were sensitive about the impact of the environment on their mental and physical health. In 2014, two of the five children identified that they were not healthy due to the environment. For example, Aban answered the question "Do you think you are healthy?"

No, I don't think I am health. I don't feel happy like other children. . . Also I live in this community. The ground is very muddy and very wet. It is not good for health. It is very dirty.

Also, Aahil who also lived in the same community with Aban, described his living conditions and his health as:

Not really good as the environment is not good. . . I am not happy at all. Living area is very dirty. The environment is not good.

However, in 2014, Bassim, Baahir, and Cala described themselves as healthy. I was aware that children hesitated to answer the direct question about mental health. Therefore, I asked prompt questions about their routines and life styles. Sometimes I asked was there anything

that made them feel worried, or whether they had sleeping or diet problems. In general, children indicated that they had good mental health through talking about their normal routine, enjoying socialising with their friends, and getting exercise. For instance, Bassim explained he had no problems with sleeping or diet.

No, I sleep well as I play sport. I like playing soccer . . . I have some friends.

Besides Aban who mentioned that he had inadequate meals and was not happy as he had to work on the street all day long, other children had the opportunity to play and get exercise. Aahil, Baahir and Cala who attended school also had regular recreation activities. Baahir shared that he liked playing soccer and Cala said that she liked running.

Children explained that, if they were sick, then they or their parents would get medicine from a pharmacy. Most of them said they were able to afford medicine. In the case of an emergency or serious health problem, they would go to Mae Sot hospital, located in the centre of the town. There was a small consultation fee if they did not have a hospital card or Thai identification documents (IDs), but they could afford this fee particularly if their parents/guardians had casual jobs. Children also mentioned a free health service at Mae Tao clinic, which opened every day for those who could not afford the fees but that they needed transport to get there. Aban also said that he used to have free dental service at this clinic. Bassim answered my question about whether he used to see a doctor or dentist and where with:

No, I used to have a cold. I have never seen a dentist. My younger brother has minor health problem. We normally buy medicine at pharmacy. If serious problem we will go to the hospital.

In 2015 when I revisited, the four children who gave follow-up interviews they described themselves as healthy. Bassim clarified further that both his physical and mental health were good. Also, Baahir and Aahil stated that their health was improved after they moved to a new location and were living in a better environment. Cala said:

My health is the same. Okay but I have stomach ache if I did not have a meal.

She also stated that her health was good, but last year she had had the flu and a cold (Cala, 2015).

The four new children interviewed in 2015 indicated that they were healthy. Kristen and Ava nodded and smiled to answer when I asked them whether they thought they were physically and mentally healthy. However, Kristen mentioned that the weather had changed and she had a cold and did not feel healthy. Ava answered my question, saying she had acne on her face. Za-Ngay stated that her health was not bad. James was the only one who stated directly that he was healthy.

Through 2014 and 2015, none of the children indicated the need for health care. Beside Bassim who mentioned his brother's health, other children did not express concerns about sickness or disability of any family member (parents/siblings/relatives). Children indicated that their parents, or the shelter staff in Za-Ngay's situation, would take care of them if they were sick and they did not mention any difficulty or concerns about getting treatment. Children also indicated that they enjoyed social and recreation activities with some of their friends.

4.4.2 Adults' Views on Children's Health

Analysis showed no indication of serious health problems among children and parents/guardians in Mae Sot in 2014 or 2015. None of the parents/guardians or key informants in 2014 expressed a concern about children's health problems or accessing health services. Only one key informant mentioned that, in general, migrant children from Myanmar in Mae Sot have low hygiene and poorer health than Thai children and that they need immunisation (KI 2A 2014).

In 2015, none of the parents expressed concern about their children's health. Only Cala's older sister mentioned Cala had a health problem occasionally, such as a stomach ache and minor respiratory problems. However, this view was not shared by Cala's mother who said Cala was in good health. She also said yes when I asked whether she thought both her children had adequate nutritious food. While children talked about free health care at Mae Tao Clinic (MTC), parents explained that they could afford medicine. However, because of safety concerns, they would only go to the MTC if it was necessary. Cala's parent and sister mentioned they used to take Cala to the MTC, but only once as there were quite often police patrols in that area.

The children recruited in 2015 used the same health services as the children recruited in 2014. Besides the transportation and safety issues in accessing the MTC, there were no other barriers to health services identified. Hanah, mother of Kristen and Ava, explained that she and her children had a health check at the MTC once a year. Mara, James's mother, also confirmed that her children were healthy.

In summary, through both years of interviews, children and adults had similar views about children's health and provided similar information about children's health needs and access to health services.

4.5 Children's Schooling Options and Experiences

In the interviews in 2014, children were asked questions about their education background before they lived in Mae Sot to gain an understanding about the children's earlier learning experience. Follow-up interviews in 2015 helped to gain an understanding of changes in their options for education in Mae Sot as well as their views about their schooling experience. There are three parts to this section; educational background of children, their schooling options in Mae Sot, and their schooling experiences.

First, most children interviewed in 2014 did not have any education before they settled in Mae Sot. The four new children interviewed in 2015 said their studies started at migrant schools inside the refugee camps. This was with the exception of Za-Ngay who had to help her parents work on a farm outside the camp, so she had never been to school. James also studied in the camp before he went to a Thai public school in Mae Sot, but he did not talk about it much.

Ava and Kristen complained that they really missed their friends in the camp since they have lived in Mae Sot for many years and could not study together.



Figure 13: Drawing by Ava, 2015

Ava explained through above drawing about her schooling when she lived in Mae La camp that her mother walked her and her sister to school inside the camp on the first day and they were very excited and happy.

Ava stated:

When I was drawing, I thought of my childhood life, friends, and studying hard in the camp.

Children in Mae Sot were also invited to share their experience in school, including their own views on learning subjects and activities, barriers to learning and support from peers and teachers, as well as their future education plans. Children had varied options for informal and formal education and experiences of schooling. Those who attended school shared positive experiences of studying. If children had support from their parents and/or an organisation, most could continue to a higher level of education such as a local Thai college. However, as children can readily find employment in Mae Sot, higher education was not a goal for all children.

As shown in Table 7, children had different schooling options and some of their schooling changed from 2014 to 2015.

Table 7: Schooling of Children in Mae Sot between 2014 and 2015

School	2014	2015
Home school (in the community or shelter)	Aban	Za-Ngay (New)
Migrant Learning Centres (MLCs)	-	Kristen (New)
Thai Public School	-	James (New)
Muslim Thai public school	Aahil	-
Thai school under ONIE *	Baahir and Cala	Baahir and Cala (From 2014)
Both MLC and Thai school under ONIE*	-	Ava (New)
Not attend a school	Bassim	Aahil and Bassim (from 2014)
Unknown information	-	Aban (from 2014)

*Note: ONIE = the Office of the Non-formal and Informal Education provides an alternative to normal Thai education pathway through public schools. It is accredited by Ministry of Education so that it can provide a certificate of graduation in secondary level and some specific apprentice courses. Traditionally, it provides education to adults who missed early education. Some of these schools operate classes during normal Thai public school times, but most also offer classes after normal school hours and on weekends.

As demonstrated in Table 7, in 2014, of the five children, Bassim did not attend school while the other four children attended either informal or formal schools. One home school was run by an asylum-seeking teacher in the Muslim community. In 2014, Aban studied there in between collecting garbage for a small income. Aban had wished to go to a Thai school or a MLC but his mother could not afford the transport fees. His mother could not work to earn income because she looked after his younger siblings. Most children started their education in a MLC before entering a Thai school. With the assistance of a NGO/NPO, some children were enrolled in a Thai public school including Baahir and Cala. Chanda, mother of Baahir and

Cala, explained that she had a document which stated that her children were born in Myanmar (not an official birth certificate issued from Myanmar government but issued by a Karen NGO in Mae Sot), and this allowed them to enrol in a MLC. They both started school at a MLC, which was organised by Mae Tao Clinic in 2014. After that, the MLC assisted Baahir and Cala to enrol in a Thai school under ONIE for secondary level and they continued their study there until 2015.

Children who could speak and write in Thai attended a Thai public school. Aahil had studied at a Muslim Thai Public School in 2014 until he finished Year 9 in 2015. Before I interviewed Bassim in 2014 he used to go to a Thai school, but he stopped after his sponsor (a friend of his parents) could not pay his school fees and his parents did not have an income at that time.

Of the eight children interviewed in 2015, two did not go to any school and six of them had schooling. Aban did not give an interview, so I did not have further information about his education. However, I revisited the home school that he used to attend in the Muslim community. There were two volunteer teachers and an increased number of children who attended the home school to learn Burmese language. In 2015, none of children interviewed attended this home school. From 2014 to 2015, there were changes in the education pathways of the rest of the children. After Bassim moved to live in Bangkok with his father, he was planning to enrol in a Thai public school under ONIE in Bangkok to resume studying in Year 9. He said that the enrolment would open before end of the year. On the other hand, Aahil stopped school after he completed Year 9 and received a graduation certificate. Aahil said that he was in a relationship and wanted to start his own family as well as provide support to his parents. Therefore, he did not pursue higher education and was applying for a job. Baahir and Cala were continuing their study from Years 8 and 5 in 2014 to the next year at the same Thai school. Baahir stated that he wanted to finish Year 9 and enrol in a Thai college with his best friend. However, he felt worried about his family's financial situation and he was hesitant about his educational future as he felt that he should stop studying and find a job. A year later, Baahir informed me that he was enrolled in a Thai technical college and also had a casual job. He was happy as he could not only follow his dreams but also provide financial support to his family. When children found jobs in Mae Sot, higher education tended to no longer be an aspiration.

Za-Ngay had home school with staff of the shelter who taught her some lessons preparing her to enrol at a MLC or Thai school later. James was studying at a Thai public school. Kristen and Ava were studying at different levels and at two different MLCs in Mae Sot. At the same time, Ava also had the opportunity to study at a Thai public school under the ONIE system.

Finally, between 2014 and 2015, the children who attended school had positive experiences of school. In general, children enjoyed different subjects and engaging with learning activities. Most of them also had good relationships with their friends and teachers. They also participated in at least one recreation activity including sport, art, and musical activities that their school provided. Although in 2014, Aban could only go to a home school run by an asylum seeker, he said that he enjoyed learning Burmese. James enjoyed studying at the Thai school.

While Ava was able to study at both schools and reported being very busy with her study every single day, she also engaged in musical activities with her sister, Kristen. Kristen and Ava were also linked to a migrant youth program run by an NGO, so they had the opportunity to practise guitar and piano lessons in a musical band on weekends, which some Thai children may not have had. Kristen shared her learning experience in writing and said:

I cannot draw a picture so I write instead. I write a short note about living in the camp and studying at this school and about music lessons and music training.

Kristen read her writing in Burmese to a bilingual worker who assisted at the interview and then it was translated to me as:

When I came to Mae La camp for the first time, I was young but I could remember that I was living there and I had education but it was difficult to go outside. My father and mother were teachers at the school. Because of the changes in the country (Myanmar) we had to move here. I was studying in year 7. I wanted to be a guitarist but there was no one could teach me how to play the guitar. So I had to study and after sometimes Ray of Youth (the youth organisation) taught me musical lessons. I joined the band and I had to work hard because I did not want to waste other people's time. That was my happy experience.

Some children mentioned challenges in studying such as the difficulty in learning Thai language, making new friends or inadequate stationery. For example, Cala stated that it was not easy to learn Thai but that she enjoyed it. She identified a need for some study materials and stationery. Cala also mentioned bullying at school. She smiled and shared her experience at school.

I have lots of friends so I like to go to school. I also have both Thai and Burmese friends. They get along but some of them are bully. They used to throw a shoe at me. We don't like each other. . . All teachers are Thai. I like my teachers. But I have never told them about this.

Cala could ignore that behaviour of some students and she was still happy to go to school. She enjoyed learning her favourite subjects and playing with her friends.

4.6 Risks and Safety

Questions about risks relevant to behaviour as well as perspectives on safety were adapted for the children and their parents.

4.6.1 Behaviour and Risks

I observed the children at their houses or school and also asked children and their parents about harmful behaviours, experiences of violence or family/domestic violence, as well as health behaviours such as alcohol and drug use, smoking, or unsafe sexual activities. Key informants who work closely with the Muslim community expressed some concern about children being exposed to violence, having health problems, exploitation, and risk of drug use (KI 2A 2015; KI 3A, B 2015). I also had informal conversations and made observations when visiting children at home. I found that most parents/guardians normally prepared traditional food at home. However, there was concern about poor nutrition owing to financial hardship. Through observation and casual conversations, there was no indication that the children in Mae Sot engaged in risky behaviours such as smoking, alcohol consumption, other drug use, fighting, and violence. Their parents also did not express any concern about such behaviours in the community.

At interview, I asked the children: ‘what makes you feel unsafe or worried? I also asked children about their relationships with their friends. Besides Cala, who mentioned bullying at her school, most children indicated positive relationships with their school friends. In the interview with Bassim in 2014, he mentioned riding a motorcycle with his friends occasionally. He explained it was safe, as his friends did not engage in drinking alcohol or gambling. Experiencing violence was also a feature of risk and, in some interviews, the children shared this indirectly. During questions about their refugee journeys, a few children expressed that they felt very upset when they saw news or heard television stories about Burmese Muslims being killed in Myanmar (Aahil, Baahir, and Cala, 2014).

Through conversations with Baahir about school and his activities with his friends, he mentioned:

Sport. Some of my friends start to have some behaviour like smoking and drinking. I don't do that. I like play sport such as soccer.

Aahil mentioned that after he moved out from the community and lived in a new area, he felt glad, as nobody in his new neighbourhood drank alcohol (Aahil, 2015). Kristen and Ava, who lived in dormitory school with their mother, and other children as well as Za-Ngay did not identify any risk behaviours.

4.6.2 Perspectives on Safety

I also asked children direct questions about their safety, for example; “do you feel safe? what makes you feel safe and who can help if you feel unsafe?” The children who participated in 2014 and 2015 described that they felt safe in Thailand and generally felt safe to go outside. Most children stated that if they felt unsafe they would talk to their parents or friends. Most children did not have Thai identification documents and were aware of the risk of arrest and deportation. Although Aban and his mother had been arrested and deported to Myanmar in the past, he stated that he felt safe as the police did not normally arrest children. He felt more worried about being accused of being a thief by other adults when he was collecting garbage by himself, so he preferred to work with his friends and they went about that together in a group. Cala stated that he felt safe and no fear. Similarly, Bassim stated:

It is safe in the community. I have never feel unsafe. If I do I will talk to my mum.

Through the interviews with the children in 2015, most children explained that the police would not arrest them if they showed a student card. However, in early 2015 Baahir had been arrested, detained in a prison for one day before he was deported at the border town of Myanmar called Meaw Wadee. He stated that Myanmar’s authority did not check his documents and he crossed the river to come back to Mae Sot by boat the same day. He stated that he felt a bit worried the police would arrest him again, but he went to school every day and caught up with his friends on the weekend as normal. When Baahir was helping me to search for Aban for a follow-up interview, there was a police officer patrolling on a motorcycle in the community. He told me to stop at the corner of a building and wait until the police left. He was very calm and said that the police sometimes patrol that area searching for drug users and dealers.

In 2015, five of the eight children interviewed, indicated that they felt safe to go outside in Mae Sot (Aahil, Baahir, Cala, Bassim and James). Kristen and Ava, who lived in the dormitory, and Za-Ngay, who lived in the shelter for women and children, did not have the opportunity to go out by themselves very often. Kristen and Ava would go out together and never be left alone as their parent felt worried about their safety outside the school dormitory. Kristen also stated that she felt afraid to go out of the dormitory area.

Because of their personal story and the way in which they lost their parents, Za-Ngay and her step-brother would always go out under supervision of at least one staff member. Although Za-Ngay stated that she felt safe to be at the shelter, her life was likely to be in danger outside the shelter. Staff at the women and children’s shelter explained that she and her step-brother

were awaiting resettlement to a third country, and the case was progressing through the UNHCR and the IOM (KI 27A 2015).

Parents/guardians were asked questions about their children's safety. Most stated that they felt their children were safe in Thailand. In 2014, Aban's mother expressed concerns about police patrols and the regular police checking of identification documents. Chanda, mother of Baahir and Cala, stated that she did not have any concern for her children being at risk of arrest by the police because they had been attending school in Mae Sot, and they held student cards.

In 2015, there were only minor concerns such as Hanah, mother of Kristen and Ava, who expressed worry about the risk of human trafficking and preferred her children to go outside together.

Summary

Part I of the Mae Sot case study has provided in-depth information about children's needs and the issues impacting their psychosocial wellbeing. It has also highlighted where the perspectives of the children were similar and different to the adults' views and how they changes across 2014 and 2015. The next part of this chapter reports on the findings about available services and policies relevant to refugee and asylum-seeking children. It provides more understanding of the broader context that influenced their identified needs, life experiences and wellbeing.

Chapter 4: Case Study of Mae Sot

Part II: Services and Policy

Introduction

Part II of the Mae Sot Case Study provides the findings about available supports and services as well as the policies that impacted the lives and wellbeing of children living in Mae Sot. It begins with section 4.1 which provides a summary of available supports and services across the two years. Section 4.2 presents findings about supports for basic materials while section 4.3 focuses on health issues in refugee communities and community capacity for responding. Sections 4.4 and 4.5 present issues relating to the provision of both health and education services and related policy respectively. Section 4.6 provides findings on safety and protection issues, which are sub-divided into two parts: part 4.6.1 about the impact of practices and policies on safety and services, and part 4.6.2 which focuses on safety in community and legal protection.

4.1 Available Supports and Services

At the district level, Mae Sot's social and economic growth has been more robust and stronger than growth in other small provinces in the country. On my first visit in 2014, I travelled in a small 60-seater airplane, which made five flights a week from Bangkok to Mae Sot. At that time, there were no transport services including taxi. But on my return to Mae Sot in 2015, I travelled in 180-seater airplane making two flights between Bangkok and Mae Sot each day. When I arrived at the airport in Mae Sot this second time, there was a taxi service to take me into town which had started a few months earlier.

In 2014, I interviewed children living in a Muslim community of Mae Sot, where most children and their families lived in poor housing and appeared to have low incomes. Most of the housing in the community consisted of temporary shacks with no toilets and built around a swamp. Even so, most children and their families had access to general public services including health services at a health service centre, a public hospital, public schools, and others. Children and their families could also access services for migrants which were organised by different international and local organisations, for example, the MTC (free health care), MLC and home schools providing free and affordable education, child protection

services and children's rights advocacy, migrant youth clubs, a Drop-In Centre, and women and children's shelters.

In 2015, the impact of economic growth in Mae Sot was observable. Due to an agreement with the AEC, Thailand and Myanmar was allowing people to cross the border using passports (not requiring visas) and allowing them to register for work, thus creating business opportunities for them. As mentioned in the introduction, this economic growth had significantly impacted the children and families I knew. Families had had to move from the 2014 location of their Muslim community because there were new land owners and the swamp area land was to be developed. With this change, families were struggling to pay their new higher rents but there were also more job opportunities for both the parents and children because of increased business in the town. In 2015, I interviewed four new children, who were living in different areas of Mae Sot but they too had had similar access to supports and services as the children I interviewed in 2014.

In 2015, I also interviewed key informants from 2014 as well as new key informants who were policy advocates and service providers providing health, education, legal and child protection services. Through my observations and interviews with them, there was no observable change in access services for children and families in Mae Sot. This is in spite of most organisations being affected by reduced funding in 2015 because of changes in international funding priorities as a result of respond to the European refugee crisis, as well as the planned closure of the UNHCR refugee camps along the Thai-Myanmar border. Health service providers also mentioned the AEC agreement and how it had increased population movements along the borders. This had impacted their services in that they experienced an increased number of newly arrived migrants needing to access their services.

4.2 Support for Basic Materials

Through interviews and observation in 2014 and 2015, parents and key informants provided information about the provision of basic materials for children. In many ways, this also related to the issue of livelihood. According to one community leader, there were about 900 families and 400-500 children living in the Muslim community. Most of the children collected recycled/reusable garbage to sell or found another job, as their parents were without jobs and afraid of arrest (KI 1A 2014). Thus, most children and families lived with insufficient basic materials, although those children who attended school received some materials for study, and uniforms from an international organisation. The community leader also explained that there were a few other organisations which provided money for transportation for children to go to

school and to the public hospital in the case of emergencies (KI 1A 2014) but this support was stopped when organisations lost funding a year later (KI 1A 2015).

Because of the Memorandum of Understanding (MOU) with the AEC, the Thai Government established a policy of legalisation, so illegal/undocumented migrants from Laos, Cambodia, and Myanmar could become registered migrant workers. This meant migrants without documents could be legalised and gain temporary permission to stay and work in Mae Sot. As there was a high need for unskilled labourers, the Office of Foreign Workers Administration under the Department of Employment set up a One Stop Service Centre (OSSC) to allow illegal migrants to register as migrant workers twice a year (KI 26A 2015). However, the community leader also said that even with this support from the Thai government of opening employment opportunities for migrants from Myanmar, adults could only get a work permit if they paid a fee of 3,000-4,000 baht (approximately AU\$ 120-140). Most people could not afford to pay this and thus had to work as illegal labourers on the farms. In addition, he also mentioned that even for children with no birth certificate or ID, if they had studied at a Thai school, they would still be able to get employment through an apprenticeship (KI 1A 2014).

Children and parents interviewed in 2014 also provided information about the types of employment and sort of incomes they could expect as casual labourers, drivers, and cleaners. Amal, father of Baahir and Cala, bought a tricycle. He delivered goods and sometimes transported people to earn some income, but alone it was not enough to financially provide for his five children, so the children's mother worked as a casual labourer sometimes. Daania, Aban's mother who was a single parent, had to look after other young children since there were no relatives to help, and thus could not work. Parents and key informants in 2014 stated that the main barrier to getting a paid job was not only a lack of ID or work permit, but also fear of arrest and deportation by the police.

In 2015, two new parents were interviewed. Both had full time jobs, one at a MLC and the other at the MTC. Both of them had previously lived in refugee camps. They mentioned that the reason they came to live in Mae Sot was because despite receiving financial assistance and food in the camps, they preferred to work and support themselves. Although they received lower than average wages for Thai workers, they were still able to manage to pay their expenses. Hanah, Kristen and Ava's mother, worked as a teacher and only earned 4,000 baht (approximately AU\$ 160) per month, but MLC also paid food and accommodation for her and her daughters. Most of the MLCs and women and children's shelter in Mae Sot had livelihood programs similar to refugee camps. Through visits and interviews I observed food production such as building fish ponds, livestock (normally chickens, ducks, and pigs), and growing

vegetables and fruit. Livelihood programs at the MLC and women and children's shelter that I visited were sustainable and they were able to produce adequate food for children and their parents. Their livelihood programs were also supported by ongoing funding from various international organisations, for example, at the MLC where Hannah and her daughters lived there were 55 children living in. A school principal of the MLC said that each organisation provided different supports such as some dry food, livestock including fish, pigs, goats, ducks, geese and chicken as well as mushrooms and other vegetables (KI 6A 2015). Through my observations, the women and children's shelters also had similar livelihood projects and children were encouraged to learn and engage in the activities.

In 2015, there was no further or different information about barriers to employment. Service providers continued to be actively prepared to support migrant and refugee children to obtain work permits or temporary visas, so that they could live in Mae Sot legally. MLCs also provided two study pathways for their students, one in case they would like to stay and work in Thailand, and two if they wanted to return to study or work in Myanmar.

4.3 Health Issues and Community Capacity

Key informants who provided health and education programs in Mae Sot also described the Muslim community as located in a low-socioeconomic area of Mae Sot (KI 31A 2015; KI 2A 2015). In 2014, there was concern that the poor sanitation and dirty environment in the Muslim community was impacting children's health. There were no paved roads through the community and it was surrounded by garbage. In the rainy season, it was very difficult to travel in and out of the community. The public hospital and other international organisations worked together to eliminate and control epidemics of diseases such as malaria. Free basic medicine was also provided to people in the community and health care professionals visited and gave vaccinations to children. An international organisation and the hospital also organised clean-up activities with people in the community (KI 1A & 2A 2015).

Through my observation and interviews with key informants, I noted a health centre had been established by the Mae Sot hospital near the Muslim community. However, neither the children nor their parents/guardians mentioned it. The health centre cannot provide the same health services as the hospital. There were only nurses at the centre who can provide immunisation to children, pregnancy care, birth control consultation, contraceptive pills and condoms, first aid, general health check-ups, and blood tests (KI 1A 2014). The Mae Sot hospital and health centre recognised the capacity in the communities, and actively educated and trained leaders and people in the communities as well as teachers at Thai public schools

and MLCs to become health volunteers. The volunteers provided primary health care and epidemic intervention to people in their communities and students at schools. The leaders in the Muslim community also received free basic medicine from the Mae Sot hospital for people in their community (KI 1A 2014).

There was no mention of language barriers by the children and their families accessing health services. This maybe because the hospital, health centre, and the MTC employed local people, who spoke Thai and Burmese and/or Karen or other Myanmar languages, to become bilingual health professionals and workers (KI 2A 2015). This not only created jobs in the community but also facilitated the communication between health professionals and people in the community.

4.4 Health Services and Policy

Key informants were also invited to talk about facilitators and barriers in the provision of health services. One informant spoke about providing direct health services to migrants as well as refugees, and health education programs in the communities in Mae Sot. One of the health education programs in the Muslim community was implemented to address children's poor hygiene and health which was perceived to be of a lower standard than that of local Thai children (KI 2A 2014). The government and non-government service providers worked together collaboratively, and this cooperation was a key facilitator in the implementation of services. There were regular meetings and trainings with volunteers in different communities and health service providers were able to draw on human resources and support from people in the communities. People were also empowered to work together to prevent communicable diseases in their community.

One identified barrier to providing health services was the issue of identity. One key informant shared her concern about identification documents being used not identifying people accurately, as sometimes people shared their documents with friends or family members to access the health service (KI 2A 2014). Parents were also described as having limited knowledge of health and hygiene as well as being concerned about the risk of arrest and mobility issues when accessing services. This sometimes prevented their children from having the full immunisation program and any regular, ongoing treatment (KI 2A 2014).

Key informants also mentioned funding cuts and decreases in resources across the two years as additional barriers in the provision of health services in both years. For instance, an INGO providing a hygiene and health program in partnership with the Mae Sot hospital to prevent epidemics of diseases in the community had stopped the program after its funding was reduced

in 2015 (KI 31A 2015). Managing the balance of limited human resources with the large number of people who required a health services was also a problem (KI 2A 2014; KI 26A 2015).

Under Thai health policy, Thai Health care Schemes including Thai health insurance are limited to Thai citizens and registered migrant workers. However, the Mae Sot hospital was flexible in its practice and allowed people with no income or without identification documents to access health services (KI 2A 2015). If children or parents were employed in the formal employment system or could afford to pay the fee, they were also able have the health insurance. Although there were some free health care services, children and parents could expand their access to different types of health care including dental care if they had Thai health insurance. However, none of the children or their parents who were interviewed in both years mentioned having health insurance. Although they had this option, parents mentioned that they could not afford to pay for a work permit which cost approximately AU\$ 200. This was also said to be the reason that they could not access health insurance which cost about 2,700 baht (approximately AU\$ 108) or pay 600 baht (approximately AU\$ 24) for a health check-up each year (KI 2A 2015).

4.5 Education Provision and Policy

Observation and interviews with key informants at a CBO, a NGO/NPO, an INPO/INGO and a government agency providing education, highlighted facilitators and barriers in providing education to refugee and asylum-seeking children living in the community in Mae Sot.

First, although there were many non-formal and formal schools inside the camps which mainly followed the Karen curriculum (KI 5A 2014), some children preferred to get access to other kinds of education in Mae Sot. All key informants identified the value of funding for materials and resources, human resources including staff and volunteers, organisation policy and support, and co-operation with other agencies. Most key informants interviewed in 2014 explained that they had less funding and resources to implement their services in 2015. It was said that key facilitators were the positive relationships and effective coordination among a network of stakeholders, which included both government and non-government agencies.

In the past, MLCs did not have any legal status and some of them were closed down by Thai authorities. A key informant who was a director of an NGO providing education to migrant children explained that over the previous five to 10 years, government agencies in education, social development and other departments had recognised the importance of MLCs as they reduced the problems of street children and child labour (KI 26A 2015). With the permission

and under the administration of the Ministry of Education, a Coordination Centre was established to facilitate and coordinate the MLCs. The MLCs were encouraged to register with the Coordination Centre, and it established positive relationships with the MLCs, other education service providers, and other government agencies in Mae Sot (KI 4A 2015). Thus, this Coordination Centre facilitated coordinated educational options and opportunities for migrant children and this also benefited refugee and asylum-seeking children living in Mae Sot. Key informants explained that MLCs were concerned about registering with the Coordination Centre, because they had to adjust their curriculum to follow the Thai curriculum. However, being registered gave them legal status, and made them safe from closure by Thai authorities. It also gave them a better chance to get funding from overseas.

The Coordination Centre also helped refer students from registered MLCs to enrol in a Thai public school or the Office of Non-formal and Informal Education (ONIE) School. In this situation, parents were not required to provide IDs (KI 4A 2015). Thus, MLCs facilitated students to continue to a higher level of education in a Thai public school, when they did not either have the capacity or resources to provide a complete secondary level education. Key informants also explained that there was flexibility with enrolments at a Thai public school such that, in the absence of identification documents for enrolment, the school asked for a history record form, which included biodata and personal information such as gender, blood group, parents' names, country of origin, previous location, and so on (KI 4A 2015).

There were also barriers to providing education. First, the Education for All policy had implementation problems at the school level, with some schools refusing to accept migrant or refugee children. One key informant explained that there were several reasons for this refusal including schools having a lack of understanding of the Education for All policy, schools being unwilling to comply with the policy, and even some being prejudiced against migrants (KI 7A 2015). Although some schools were willing to accept a greater number of migrant and refugee children, there were also problems with budgets and each classroom's quota for a fixed number of students (KI 4A 2015).

Second, after some MLCs registered with the Coordination Centre, they experienced difficulty in incorporating the required Thai curriculum changes into their existing curriculum. As a result, they had challenges providing an education that would prepare for students for a future in Thailand, even though students were uncertain if they would be resettled in Thailand or a third country or even be returned to Myanmar (KI 26A 2015). A further problem was the need to earn recognised Thai certificates especially if children wanted to live in Thailand permanently. However, certificates issued by the MLCs was not recognised for admission to

higher education or for employment in Thailand. Some MLCs recognised the importance of their students getting a Thai certificate and provided some Thai lessons or subjects to prepare them for a higher level of Thai education in a Thai school. However, some parents held negative attitudes toward the Thai curriculum since they wanted their children to learn their own culture and language. Further, some parents did not think that education was important and preferred their children to drop out of school and work on a farm during harvesting season (KI 30A 2015).

Third, almost all key informants interviewed in 2014 and re-interviewed in 2015 observed that their funding and resources had been reduced. In 2015, a high turnover of teachers, inadequate numbers of qualified teachers, and a lack of learning materials and facilities were also reported. Due to discontinued funding, migrant schools were being closed each year. A key informant, who was the principal of a migrant school, was facing uncertainty and the risk that her school would be closed due to a cut in overseas funding (KI 6A 2015). The home school, which was run by asylum seeker teacher and volunteers in the Muslim community, had a serious lack of resources including limited stationery and teaching materials. They had to depend on unpredictable donations and were not able to provide proper lessons every day. Teachers and volunteers could only teach children for a few hours in the afternoon when the children in the community had a break from collecting garbage (KI 3A and B 2015).

Finally, key informants were also concerned about the impact of increased employment opportunities as a result of economic development within the AEC. This meant that some children dropped out of school to take up paid work (KI 7A 2015; KI 29A 2015). There was also an increased drop-out of students due to their parents' casual and mobile jobs. While they worked somewhere else, parents often left young children to attend kindergarten and school up to Year 3 as there were no childcare services or none were affordable. They then normally brought their older children, from Years four to eight to work with them, especially on farms in harvesting season. Some children were willing to work and earn some income for their families and could work fast in the corn fields which surrounded Mae Sot (KI 30A 2015). On some occasions, children's study was also interrupted by the arrest of their parents (KI 26A 2015). Key informants also mentioned that Thai public schools were aware of the mobile nature of migrant children including refugee children who can drop out of school at any time (KI 26A 2015). Thus, they were reluctant to take these children.

4.6 Safety and Protection Issues

In 2014, key informants were asked questions about the safety needs and protection of refugee and asylum-seeking children. In 2015, key informants also expressed similar concerns related to safety issues which they had mentioned in interviews in 2014. Key informants stated that refugee children living outside the camps were at risk of exploitation and human trafficking (KI 5A 2015; KI 31A 2015; KI 29A 2015). An organisation which provided an education program and shelter for migrant girls explained that some migrant parents were financially desperate, and sent their children to work in construction sites and factories (KI 28A and B 2015). This organisation also helped children whose parents tried to sell them or send them to work as sex workers (KI 28 A and B 2015). Stakeholders, local and international organisations worked together to combat these problems and risks, and provided funding for human trafficking prevention and intervention programs. One human trafficking prevention program in the Burmese Muslim community was funded by an INPO/INGO. IOM also supported the community leader to provide education on human trafficking to teenagers once a week (KI 1A 2015). Most key informants explained that when they worked and interacted with other local and international organisations in Mae Sot, they found that the immigration policy and practice of Thai authorities also impacted their service implementation and children's safety.

4.6.1 Impacts of Policies and Practices on Safety and Services

Key informants were invited to share their professional experiences and personal views regarding existing immigration policy, and how related practices impacted children's wellbeing as well as the provision of services. These findings showed that the implementation of immigration law and policy in Mae Sot had negative impacts on the safety experience of children and their families, and contributed to creating an unsafe environment.

First, according to Thai immigration law and policy, refugee and asylum-seeking children outside refugee camps can be arrested, detained, and deported. This practice was the same all over the country. Although children and their families in Mae Sot were aware of this, and a few of them said they felt a little worried, they still went outside, went to school, and tried to live their lives as normally as possible. Most parents felt afraid of the operations of Thai authorities. Parents and key informants mentioned corruption in Mae Sot. Chanda, mother of Baahir and Cala, stated that she had to avoid the police when she went outside as she had no ID card, but she also said that even people holding an ID card could be arrested and asked to pay money to the police. One key informant stated that arrest and deportation occurred on a daily basis and that people got used to it. Mostly they were not especially worried about being deported to Myanmar as they could return to Mae Sot by foot or boat within a day (KI 26A

2015). At the follow-up interview with Baahir, he also shared his experience of being detained and deported to Myanmar. After he returned home in Mae Sot, he became more careful of the police when going outside. When I accompanied Baahir to find other children for follow-up interviews in 2015, he also showed me that he knew how to be safe and avoid the police on patrol with a motorcycle. Baahir stayed calm and held on until the police had passed through the street. He explained that after the incident of deportation, he felt afraid and had to be more careful but was still going to school and catching up with his friends as usual.

Second, the operations of the Thai authorities also impacted service providers and the implementation of their services. It was obvious that the police regularly patrolled searching for and checking migrants' IDs. Most adult participants were aware of this police activity. One key informant stated that the practices of the Thai authorities in Mae Sot were different from other provinces. Even though he held a valid visa, he said he would possibly have to pay a bribe if he was stopped by local police (KI 29A 2015). Through the interviews in both 2014 and 2015, there was no evidence that the Mae Sot police raided the workplaces of key informants or schools. However, key informants experienced difficulty in gathering people in the community for meetings as there was a strict curfew operated by the military government at that time. One key informant shared that it was difficult to hold meetings with stakeholders and, once when he had held a meeting at a hotel in the city centre, a group of Thai officials came and told them to leave the hotel (KI 29A 2015). The fear of Thai authorities also prevented people from accessing services. Key informants and parents/guardians explained that the local police set up a patrol near the MTC on a regular basis. Nevertheless, services including health services, MLCs, legal and child protection services were able to continue working.

In addition, the rapid economic growth in the region had had both positive and negative impacts in the community of Mae Sot. As the AEC also benefits the economy in Myanmar, and there was also an increase in international funds that were moved from Mae Sot to Myanmar, and key informants also assisted refugee children and families who voluntarily returned to live in Myanmar. This meant there was less funding for supports and services in Mae Sot. After key informants from IOs and NGOs became aware of the intended closure of the UNHCR refugee camps, they started to change their services, such as educational services, to prepare children for schools in Myanmar (KI 7A 2015; KI 26A 2015).

It was a complicated process for service providers assisting refugee or asylum-seeking children to get legal status and work in Thailand, but was possible. One key informant at the women and children's shelter explained that Mae Sot is a special economic zone for the AEC,

and that it provides a border pass for three months to people who hold passports to live and work between Thai and Myanmar border towns. Thus, she wanted to help refugee children in her shelter, including Za-Ngay and her brother, to get a passport in Myanmar because she felt that it would help them with employment opportunities in both Myanmar or Thailand if they were not accepted for resettlement in other countries (KI 27A 2015).

4.6.2 Safety in Community and Legal Protection

Increasing the movement of people crossing the border also created higher risks of human trafficking, exploitation, and drug smuggling in Mae Sot. Three informants shared a concern about children in relation to exploitation, human trafficking, kidnapping, as well as children using drugs and sniffing glue in the Muslim community (KI 2A 2015; KI 3 A and B 2015). One key informant expressed a concern that the economic development in Mae Sot meant insufficient resources for service provision, an increasing number of children dropping out of school to go to work, and a higher risk of child trafficking and exploitation (KI 29A 2015). In Mae Sot, key informants said that children were vulnerable and that they were aware of cases of sexual assaults of children (KI 5A 2015), children exposed to harmful work conditions in factories and construction sites, and even worse, children taken into prostitution by their parents (KI 28 A and B 2015). Key informants explained that child protection services had been established for many years both inside refugee camps and in the community. Service providers in child protection also worked on coordination and collaboration with the local government. Thus, there were proper referral procedures and the provision of a children's shelter or safe house. However, only children and parents who were well-informed of the services and support from the agencies would access the services. There were also problems in the referral process due to poor attitudes of Thai police officers toward refugee and asylum-seeking children, and the availability of shelter, as well as the adequate provision of migrant/bilingual carers or professional staff. Despite there being a legal service inside the refugee camp, refugee and asylum-seeking children living in the Mae Sot community had difficulty accessing legal protection.

While key informants shared the same concerns about issues and awareness of gaps in providing protection for children, there were different opinions among key informants about who was responsible for providing protection to refugee and asylum-seeking children. A few key informants believed it was the Thai government's responsibility, while most thought that UNHCR and/or international organisations were responsible for providing protection to refugee and asylum-seeking children (KI 5A 2015; KI 31 A 2015). Key informants were familiar with the UN Convention and Protocol Relating to the Status of Refugees, and strongly

believed that, if the Thai Government became a signatory to the Convention, the wellbeing and development of refugee and asylum-seeking children would improve (KI 7A 2015; KI 30A 2015; KI 26A 2015; KI 27A 2015).

Most key informants were aware that Thailand had signed the UNCRC. However, they expressed the view that the application of local law is more relevant and important for protecting children. Most of them believed that all children, including refugee and asylum-seeking children, should be protected under the Thai Children Act or under Thai law. One key informant shared her observation, that Thai government officers involved in child protection had poor attitudes and a lack of skills in providing protection to children (KI 5A 2015).

Summary

This part II of chapter 4 has demonstrated the uniqueness of the social, economic, and political context in Mae Sot as well as varied practices and policies that influenced supports and services for the children and their families. Both parts of the findings of the Mae Sot case study have provided rich information for comparison with the findings of the Bangkok case study. In Bangkok, the situation was more complex due to greater cultural and language diversity among children and families as well as a more sensitive political environment in the capital city, which directly and indirectly impacted children's lives and especially their safety experiences.

Chapter 5: Case Study of Bangkok

Part I: Needs and Psychosocial Wellbeing

Introduction

The findings of the Bangkok case study are divided into two parts according to the research objectives. Part I presents findings about the needs and issues relevant to the psychosocial wellbeing of children, while part II focuses on available services and policies at two points in time (2014 and 2015). Both parts I and II are based on the thematic analysis of the information collected in 2014 and 2015. The headings I use throughout the chapter reflect the dominant themes that emerged during the analysis which are similar to the headings in Chapter 4: Mae Sot case study.

Part I starts with section 5.1 which demonstrates findings about the children and their families including their refugee journey, identities, background and family relationships as well as adaptation to the local community. Section 5.2 presents perspectives on the needs of children identified by the children themselves, and adults, while section 5.3 explains about the children's living conditions and basic materials. Section 5.4 presents the different perspectives on children's health and health needs, while section 5.5 demonstrates children's educational options and their schooling experiences. Finally, section 5.6 provides findings about behaviour, risks and safety.

5.1 Children and Their Families in Bangkok

This section has three parts which provide information about the children and their families, their refugee journey, backgrounds and family relationships as well as adaptation to the local community. The children and families in Bangkok were from different countries including Vietnam, Sri Lanka, Pakistan, and Syria. Most of the children and families arrived in Thailand between 2013 and 2014. However, there were three families with children from Vietnam, who had arrived in Thailand between 2008 and 2012, and one family from Sri Lanka had arrived in 2008. I found a diversity of culture and language among them, but also some similarities about their refugee journeys, identities, family relationships, as well as experiences in adapting to the local community in Bangkok.

5.1.1 Identity

At the beginning of the interviews in 2014, children and parents/guardians in Bangkok were asked to introduce themselves and to share the story of their refugee journey. As the children and parents/guardians were aware that they were viewed as illegal persons by Thai authorities in Thailand, they were reluctant to give information about their identity. There was no direct question about their identity nor any requirement for formal ID documents. They told me a little bit about who they were, as much as they felt comfortable. Children and their parents/guardians introduced themselves by their first names and some of them also mentioned their family names. They described who they were by relating to their language, ethnicity, religion, and/or registered status with the UNHCR. They referred to themselves, for example, as Christian, Ahmadi Muslim, Pakistani, Hmong Vietnamese and Syrian. A child with a mother and sister from Sri Lanka who spoke English, Tamil and Singhalese languages, did not identify as belonging to a specific ethnic group but referred to themselves as Christian.

Children and their parents/guardians also referred to themselves as asylum seekers or as refugees. Many children described these group identities in the interviews and drawings and writings. They often used similar statements such as “we are asylum seekers” or “we are refugees” and then told stories about their needs to have a good life and live in their community.

A year later when I revisited in 2015, some of them had gained official refugee status and felt very glad to share their change of identity. This meant they could receive financial assistance from the UNHCR. Refugee children could go to school at the UNHCR’s implementing partner four days a week, however asylum-seeking children could attend only one day a week. Some of them had been rejected as refugees, therefore their cases were closed by the UNHCR after the appeal process. This meant the children and parents/guardians no longer had any institutional identity. They could not access any support from the UNHCR and could be forced to return to their country. This was the situation for Paj and Kiab, 15 and 16-year-old sisters from Vietnam; and Nithasha, a 15-year-old girl from Sri Lanka.

Children in Bangkok held on to their identity from their original country but also adapted themselves to the identity of either refugee or asylum seeker. While they had no future prospects and had to live in Thailand for several years to wait for their Refugee Status Determination (RSD) result and resettlement, many children felt frustrated at being unable to develop their sense of identity and have a sense of belonging, for instance, Labiba, 14-year-old girl.

Labiba said:

. . . I feel like I am hanging on between two countries and my life is depending on the decision of the UNHCR.

5.1.2 Refugee Journey

All children interviewed in Bangkok were able to tell stories of persecution in their countries and explained how they started their refugee journey and came to Thailand. They gave many different reasons why came to Thailand, such as, the UNHCR office is located in Bangkok, Thai Immigration issues visas easily, air tickets were affordable for the whole family to travel together, and living costs were reasonable. Some children and their families had left Pakistan and sought asylum in Thailand on advice from Catholic organisations in Pakistan including Labiba, a 14-year-old girl who shared with me that she had no idea where Thailand was and nor about Thai culture before she travelled to Bangkok. Adeline, a 17-year-old girl and her family also travelled to Thailand because it was not a Muslim country and easy to get visas. A pastor from the church that her family regularly attended helped them to get visas to come to Thailand. Other children and families who were Muslim made the decision to transit in Thailand because of advice from other family members who already lived in Bangkok (Abbis, 13-year-old boy, and Rabiya, 12-year-old girl).

Most of the children and their parents/guardians left their countries because of war or armed conflict, human rights violations, and fear of political and/or religious persecution. The parents of two girls, Lilith, aged 14 and Elisa, aged 12, told me the reason Thailand became their sanctuary was because, during the continuous war in Syria, all consulates were closed except the Thai consulate. So, they did not have other options for their destination. Most of the Pakistani asylum seekers shared stories about religious persecution. Aafreen, a 17-year-old girl, shared her refugee journey through a colourful picture and explained that because of the conflicts between Muslims and Christians in Pakistan, she and her family had to flee to Thailand.

Aafreen explained:

This picture showed story of my life. This is our house in Pakistan in the city called Lahore. We lived peacefully but Muslim fight with Christian. Muslim made my family move to Thailand. We travelled by plane to the condo and this school. I like the school. But if we go out of the building, Police will ask for visa. Then the police will take us to immigration detention.

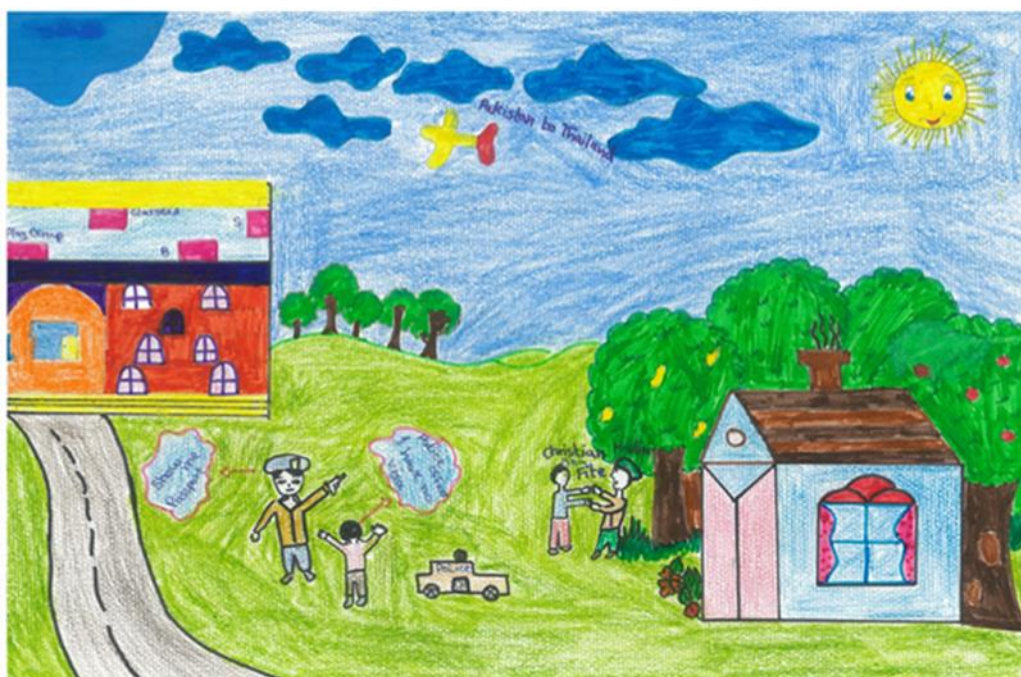


Figure 14: Drawing by Aafreen, 2014

While most of the children and families could afford to get tourist visas and fly to Thailand, the children and parents/guardians from Vietnam had a different experience. After fleeing persecution in Vietnam and trying to live in Laos, they had to seek asylum in Thailand because of persecution by the Lao authorities.



Figure 15: Drawing by Hnub, 2014

Hnub, a 13-year-old girl, told her refugee journey through a picture and she narrated:

I drew picture about our journey from Laos to Thailand. We walked a very long way through the jungle at night. I cannot remember which way we were walking and for how long but I was very scared.

Paj, 15-year-old girl also shared the traumatic experience of her journey:

I drew picture of my family when we were on a small boat and we were crossing the river from Laos to Thailand. It was heavily raining and had lots of big waves. It was dark and scary.



Figure 16: Drawing by Paj, 2014

Most of the children and parents/guardians could not say when their refugee journey would end. Some of them believed that it would end when they resettled in a third country. Sonia, 16-year-old girl, described her refugee journey:

It is most difficult time of my life. When we approach our dreams, (which is) when refugee journey ends.

Labiba, 12-year-old girl, summarised difficulties of her refugee journey in writing:

Refugee journey is not really easy! I can say it's just like a cage. We don't have freedom. Life is not as happy and wealthy as it should be, so many difficulties to face like sometimes not so happy, cannot eat food our choice, cannot go out for dining etc.

The refugee journeys of some asylum-seeking children ceased when they could not continue living in Thailand until they gained refugee status from the UNHCR. As the situation got even tougher in 2015 (because of reduced support and services as well as mass arrests in their community), many children and their families returned to their countries. For example, a family of four children, who had arrived in Thailand in 2013 decided to return voluntarily to Pakistan before I returned for a follow-up interview in 2015 (Naara, 16-year-old girl; Daisha, 15-year-old girl; Aaila, 13-year-old girl; and Habeeb, 12-year-old boy).

5.1.3 Backgrounds and Family Relationships

Most of the children and parents/guardians were from low-middle income backgrounds in their countries. Some were very poor and used to live in rural areas before they came to Bangkok. Children and parents/guardians had limited knowledge of Thai culture and only some of the children and a few parents/guardians from Vietnam could respond in Thai language. Understandably, most children and their families maintained their culture by cooking their own food and speaking their own language at home. Some Pakistani children and female parents/guardians wore traditional clothes, but some of them wore casual clothes like T-shirt and pants/jeans to blend in with local people. Although they were living in precarious circumstances, it can be seen they sought to live their lives as they used to in their countries of origin such as practising religion routinely and celebrating festivals on some occasions. In the context of poverty and fear of arrest in Thailand, celebrations were not easy. The children and parents/guardians could not afford to eat nutritious food including meat. In 2014, for a special occasion, I saw a few families cook a special dish such as Biryani chicken with rice on a birthday, and women and girls wore their best dresses to celebrate Eid festival. Some also celebrated Christmas but there was no evidence that any participants celebrated Thai festivals, although some were aware of Thai New Year festival and some Thai public holidays. However, most children had few celebrations because their parents could not afford them including Shuda, 12-year-old girl, who mentioned:

Eid big Festival for Muslim in Pakistan. We celebrate but in Thailand we stayed in room lonely. We want to get out of this situation, have better life, safe, it is my hopes and dreams and our needs.

Most children lived with their parents and siblings. They also had relatives who lived in the same apartment or a different building but in the same community. Children referred to their parents, siblings, and relatives as their family/guardians when their parents were arrested and detained by Thai authorities. Through observation when visiting homes, the children had positive relationships and respect for their parents and elder relatives. Families were expanded by newborn babies and some family members from their countries who followed to live in Thailand, in the same apartment or in the same community. But some also lost family members because of arrest, return to their countries, or the deaths of grandparents. For example, Aliza, 14-year-old girl, lost her grandfather; he became sick after he was detained in IDC in 2015. There were also many single mothers such as the mother of Labiba, a 12-year-old girl. She had several mental and physical health problems but had to work to earn income.

The majority of parents/guardians and relatives I met were female, as often they were at home with the children while male adult family members were outside the home shopping for food

and groceries, searching for a job, socialising with relatives or friends in the community, or praying in groups with other male refugees/asylum seekers. Boys and girls tried to help their families as much as they could, such as baby-sitting young siblings, feeding and cleaning babies, providing care to grandparents, sharing domestic chores, and buying food. Girls took responsibility for more domestic tasks in the family than boys. Some boys and girls had to work to provide incomes as their parents could not work because of language barriers (for example, Naag, 12-year-old girl; Nabeel, 16-year-old boy Paj; 15-year-old girl). As children had learnt Thai and English better than their parents, so sometimes children helped to communicate with service providers when their family accessed services such as at the hospital, and Thai health centre. Parents preferred to work and felt frustrated and depressed when they could not find a job. This difficulties in accessing employment was no different between 2014 and 2015.

Furthermore, many children and parents experienced separation for months or even years during their refugee journeys, and again because of arrest and detention while they were living in Bangkok.



Figure 17: Drawing by Naag, 2014

The arrest of her parent(s) constantly impacted Naag, 12-year-old girl, as her father had been also arrested by Vietnamese authorities.

Naag explained above drawing:

I drew a picture of my family in Vietnam. That is the Vietnamese police and he arrested my dad. They took him when I was four years old.

After she and her family sought asylum in Thailand, her father was arrested again and detained in the IDC in Bangkok two years before she gave the interview.

There were also more children separated from their parents in 2015 than in 2014 because of the operations of Thai authorities. In 2014, four children were separated from at least one of their parents (Nithasha, Paj, Kiab, and Naag) but none of the children were arrested. In 2015, many children, their siblings, parents, and/or relatives had been arrested (Nabeel, Rabiya, Aron, Aafreen, Shuda, Aanya, Aaliya, and Aliza). Some children were released but parents were still detained in the IDC. This impacted family relationships and worsened the psychological wellbeing of children. As I stayed in contact with most of the children, I was also informed when some children and families were bailed out by assistance of organisation in 2015, some were arrested and detained again between 2017 and 2018 (Aaron and Aliza and their families).

5.1.4 Adaptation to Local Community

The UNHCR encourages refugees and asylum seekers to learn Thai language so they can integrate into the local community. Some children and parents/guardians said that Thai language is very difficult to learn. In 2014, a Thai NGO sent a Thai volunteer teacher to a refugee community but the class was only run for a few months then stopped permanently due to lack of a teacher (KI 10A & B). Most children and their families could not communicate in Thai, but all Hmong Vietnamese children attended a Thai school together and they could speak Thai fluently. They also looked similar to Thai people, which may explain why they did not feel too unsafe to go outside and socialize with their friends on weekends. There were only a few children from other countries who could speak Thai, including Nabeel. He was able to speak a little Thai as he tried to learn from a Thai friend. He also was able to get a casual job at a factory which may have been facilitated by his language skills.

Key informants stated that having a good relationship with Thai neighbours was crucial for the safety of children and their families in Bangkok. Key informants also mentioned that most refugee and asylum-seeking children and their families had difficulty adapting to the Thai community. Not only was the language difficult but it was also not easy for them to adapt to the Thai culture. A volunteer nurse in the Pakistani community agreed with several adults in the community that Thai neighbours lived very quietly and disliked noise, so sometimes the Pakistani families were threatened by Thai neighbours when their children played or cried out loud (KI 13B 2014). If Pakistani families lived in the same apartment block with Thai people, the landlord would let them a room on a different floor to separate them from Thai people. When I visited the refugee community, Thai neighbours were very curious about my presence

with the children and their families who lived in the same building with them. They asked lots of questions and warned me not to associate with those families. When I revisited Kamilah and Zariya, 15 and 13-year-old sisters for the follow-up interview in 2015, I also witnessed two Thai neighbours swearing at them about not keeping the area in front of their room clean. Most key informants mentioned that they tried to avoid any events or activities that might bring attention from the public. A key informant explained that most Thai people had negative attitudes toward refugees and migrants (KI 16A 2014). This attitude was a barrier for the children and parents/guardians to develop a sense of belonging to the local community. Besides public attitudes, the government also did not accept the refugees/asylum seekers for resettlement in Thailand. A human rights expert was preparing a proposal to the Thai Cabinet to consider giving permission for a temporary stay for refugees/asylum seekers while they were waiting outcome of their RSD. He stated clearly that the Thai Government would not cooperate (or accept the proposal) if refugees/asylum seekers intended to live in Thailand permanently (KI 23A 2015).

Among the children and families who struggled to fit into Thai society, there were a few families who were able to adapt themselves and make a connection with a Thai neighbour. For example, Labiba, 14-year-old girl, and her family followed the UNHCR's advice to avoid attention from Thai people and to live separately from the Pakistani community. She and her father learnt to speak some Thai words and tried to have a good relationship with their Thai neighbours by having a casual conversation and sharing some food with them. The family was accepted and felt that they belonged in that Thai neighbourhood. Her family appeared to be safer than those living in the Pakistani community. She and her family also indicated they would not mind living in Thailand permanently if they were allowed.

5.2 The Needs of The Children

Children's opinions about their needs to have a good life are highlighted in this section. Adult participants who were parents/guardians and key informants were also given the opportunity to share their views about children's needs. The beginning of this section describes children's subjective wellbeing, demonstrating how they expressed their views about their needs in 2014 and again in 2015. Then it presents similarities and differences in regards to children's needs as identified by parents/guardians and key informants.

5.2.1 Children's Views on Their Needs

After the children shared their background of life experiences and situations, they were asked to identify their needs to have a good life. Besides the main question: "What do you need to

have a good life?”, there were other questions to help them elaborate on their needs to improve their current situation and to help them pursue their life goals. There were: such as “Can you tell me what a good life means to you? What makes you happy? What are your hopes and dreams for the future?” and “What support do you have to achieve your hopes and dreams?”

In 2014, some of the children were able to give clear answers to the questions about their needs. For instance, Naag had a very clear idea of what makes a good life,

To grow up, complete the study then go to the third country to have a good life and a good family

However, some of the children could not identify their needs and gave indirect answers by indicating things that they were not satisfied with in their lives, such as Aaila, 13-year-old girl. She explained that her apartment was overcrowded, so there was no space to play. There was a number of children who expressed their needs through drawing and/or writing such as inadequate space and facilities for a family living in a small room together.



Figure 18: Drawing by Sonia, 2015

Children showed that they were able to describe their needs in different ways and provided their own interpretation on their needs and what it was to have a good life. Also their drawings and writing revealed life experiences that were unsafe because of police raids, fear of the IDC, and lack of basic needs such as food and medicine. For example, this is a drawing and some writing by Rabiya, a 12-year-old girl:

Needs of Refugees & Asylum Seekers

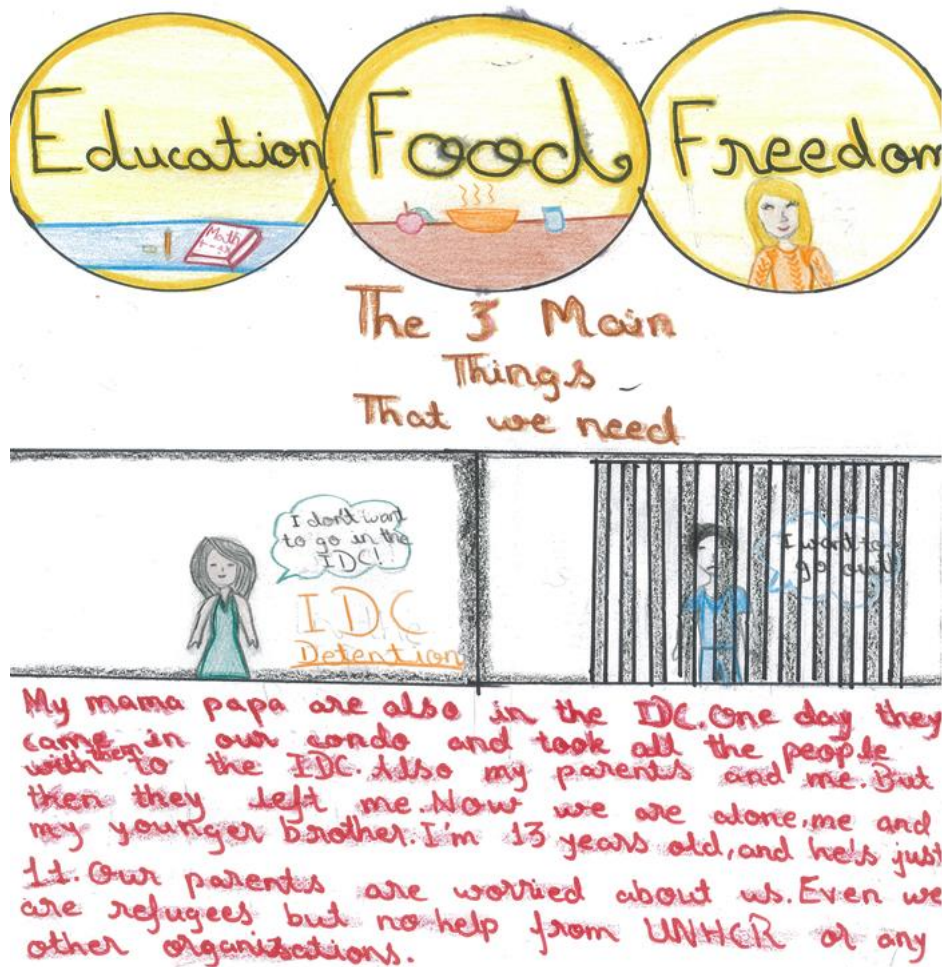


Figure 19: Drawing and Writing by Rabiya, 2015

Among the 20 interviewed children in 2014, there was only one child, Kiab, who could not identify a need or the meaning of a good life. However, she shared her hope and dream of becoming a teacher in the future (Kiab 14-year-old girl).

Table 7 demonstrates what children identified as their needs in 2014 and 2015. It also compares those needs identified by the children recruited in 2014, with what they said in their interviews in 2015, and with those of the newly recruited children in 2015. The information in this Table derives from the thematic analysis of the interviews with children, and it presents the needs using the children's words. The needs that were identified by multiple child are ordered on the top of the list in each of the three columns in the Table, for example, education, safety, freedom, family, friends, food, housing, job, and resettlement/go to other country. The

numbers of children identifying these those and other needs in each year are explained in more detail after Table 8.

Table 8: Children's Identified Needs in 2014 and 2015

Children recruited in 2014	Children from 2014 repeat interview in 2015	Children recruited in 2015
<ul style="list-style-type: none"> - Education - Freedom/to be free - Having friends and/or family - Play/space to play - Housing - Resettlement/go to settlement country - Facilities (to live) - Food and clean water - Games - To grow up - Be able to travel - To be kind and to help others - To be a good person - Have life plan - Have an identity (card) - To be friends with everyone and don't have any enemy - No fear - No racism - Happiness/being happy - Having a belief or materials for religious practice such as a Bible, - To have a belief in God, and freedom to believe and practice religion. - Job (for parents) - Money 	<ul style="list-style-type: none"> - Good education/go back to school/study - Safety - Freedom - Have friends - Food - Go to other country - Earn money to support family - Job - Family, having my family/friends/family live together or reunite - Own place to live/have own house/home/have own room to be private - Shelter - ID card - Not to be scared of police - Happy life - Money - Clothes/Dresses - Medicine - Get out of this situation, have better life, and safe - Siblings can go to school - Dentist 	<ul style="list-style-type: none"> - Education/Study - Freedom - Safety/security to live in Thailand and go away/feel safe - Have friends - Peaceful life, no tension and no depression - Good health of parents and grandparents - Health - Go to other country/ go to a third country (to reunion with family) - Food - Stability/to feel stability, to feel like have a country - Play (basketball and football) - No fear for (invalid) visa - Money

Although all 20 children in 2014 talked about the importance of education, 13 of them identified a need for education and seven children spoke about their need for freedom. Although the observations and interviews revealed that the children lived with a serious lack of basic materials for survival and some of them or their family members had health problems, very few children identified needs of food, clean water, housing, and other facilities. None of them identified needs for health care or medicine. Naara, 16-year-old girl, mentioned early in her interview that she and her family were fine to live in Thailand but they did not have enough food. However, her needs for a good life were about being happy and free as well as having an education. The children did not describe the need of safety directly but Nabeel talked about living with no fear and no racism. Almost half the children mentioned that they wanted to have the freedom to live, to go out to school and play.

Most of the children interviewed in 2014 viewed education as one of the important needs to achieve their hopes and dreams in the future. Most of the children shared their hopes and dreams to be professionals such as a teacher, a missionary, a doctor, a nurse, a singer, a chef, an engineer. Most of the children felt very confident to share hopes and dreams and some also made strong connections between their needs and their hopes and dreams. For example, Aafreen, 17-year-old girl, stated that a good life for her is a good education and a bible. Education could help her to become a nurse and help other people. Kamilah and Labiba, 14-year-old girls, also thought that education could support them to achieve their hopes and dreams of becoming doctors. However, some children did not know what support they needed to succeed in their hopes and dreams, including Daisha, 15-year-old girl, Aaila, 13-year-old girl, and Habeeb, 12-year-old boy. Naara, 16-year-old girl, said the same as her siblings that they would just pray for God to support their hopes and dreams. There were only a few children who did not speak of a hope and dream. For example, Nabeeha, 15-year-old girl, stated that she had not decided yet. Zariya, 12-year-old girl, with a health problem caused by stress, identified education as the most important need for her to have a good life but when asked about her hopes and dreams for the future, she said sadly:

When we go to settlement country then we can become something.

In 2015, a total of 23 children were interviewed, 13 from 2014 repeating an interview plus 10 newly recruited children. Among the children who repeated interviews in 2015, Kiab, 15-year-old girl, still could not identify her needs for a good life. Other children identified more than one need and defined a good life in different ways. More children talked about education, freedom, housing, and food than in 2014. Given I had observed their deteriorated living circumstances, it was surprising that none of these children identified health need or health care. A few children in this group mentioned the needs for medical services when they spoke about their sick siblings or parents. Aafreen pointed to the lack of medicine in her drawing and Aabis mention the need for a dentist. Besides identifying similar needs to when interviewed in 2014, there were some new needs for an ID card, clothes/dresses, and not to be scared of the police. None of the children identified a need for play or recreation but a few children wanted to have a job to help support their families.

In summary, those children interviewed in 2014 and 2015, consistently described similar needs. However, in 2015, more children identified concerns about safety and the lack of freedom and education opportunity as well as more financial hardship. More children in 2015 also wanted resettlement and to go to other countries than in 2014.

For the newly recruited children in 2015, Eddie, a 12-year-old boy, was the only one who could not provide the meaning of a good life or identify a need for himself. Most children still strongly connected education to their hopes and dreams for the future, which was the same as the children from 2014. Three children mentioned a health/health care needs for themselves (Aliza, Aaliya, and Sonia) and Adeline, a 17-year-old girl, also identified a need for health care for her parents and grandparents as they had health problems.

Children who had been separated from their parents in both 2014 and 2015 also identified the importance of family reunion. Because many children were affected by the arrests in 2015, more mentioned the needs of safety and freedom in 2015. Although in 2014, seven children talked about safety as an issue, they also identified a need for freedom. In 2015, six children identified a need for safety and 11 children identified freedom as important. Lilith, a 14-year-old girl, who recently fled from the war in Syria, stated firmly she needed to feel stability for a good life, which she elaborated as:

I want to feel stability. I want to feel like having a country, a house, a school, and some friends.

While the newly recruited children were living in different locations from the children recruited in 2014, the refugee and asylum-seeking children in different refugee communities in Bangkok had remarkably similar life experiences and needs. This research has found that children could recognise and describe significant changes in their lives through 2014 and 2015. Interviewing the same children in both years demonstrated that they could identify their needs and give an in-depth understanding about their life experience and their needs. For most of them their situation had worsened and they faced more challenges. As the situation got tougher in 2015, seven children stated that they did not know where they could get support or anybody who could help them to achieve their hopes and dreams. Others stated their family or parents and/or God were supports for their hopes and dreams.

Paj, 15-year-old girl from Vietnam, showed that she had to make the decision to change her life as her family experienced constant financial difficulty. In 2014, Paj stated that she felt satisfied with what she had in her life and identified a good life as having good friends. But, in 2015, she decided to stop studying and went to work in a factory to support her family. Paj shared the feeling that she had lost her way as she did not know what she would do if she quit the job. She also could no longer identify what she needed for a good life.

In contrast, Aabis, a 13-year-old boy, had a significant change in life which was very different and more positive than other children. In 2014, his needs for a good life included good education, good food, and freedom. But in 2015 he and his family got assistance to resettle

through a religious organisation in Canada, and he was no longer concerned about freedom. He described a good life as having a good education and food.

5.2.2 Adults' Views on The Children's Needs

Parents, guardians, and key informants who had experience in working with refugee/asylum-seeking children and their families were invited to identify children's needs. Identified needs were more similar among the adults.

In the 2014 interviews, the parents/guardians expressed concern about unemployment and that they were not able to provide sufficient basic needs especially food for their children. They were also very worried about the children's education and the lack of health services since the UNHCR had closed its health centre. Most expressed these concerns as well as the safety issue because of the increased police raids in their community but, when they were asked to identify children's needs, only a few parents identified safety in both years. Parents/guardians identified similar children's needs in 2014 and 2015 for education/school/study, safety and protection, settlement in another country, housing/shelter, enough food/healthy food, health care/healthy life, and a job.

There were some needs that parents/guardians identified that were different. Needs identified in 2014 included money, play and recreation and in 2015, identified needs included spiritual study/ prayer, milk, and as organisation or the UN to help.

Among identified needs, most parents/guardians viewed education as very important and although some could not answer a direct question of what do you think your children need to have a good life? They mentioned education when talking about hopes and dreams for their children. Some parents/guardians had different views from their children on hopes and dreams for the future. For example, Nabeel wanted to become an engineer in the future but his mother wished for him to become a dentist. Also, Rabiya's mother wanted her to become a doctor but Rabiya's hope and dream were to become a scientist in the future. A few parents, for example, in 2014, mother of Labiba (14-year-old girl) stated that perhaps her children had to hold on to their hopes and dreams until they went to another country and could go to school. Parents were also concerned that their children would miss the opportunity to get married and have their own families.

It was harder for participants to talk about hopes and dreams during the situation in 2015 than in 2014. In 2015, more parents/guardians stated that there was no support for their children's hopes and dreams. Aanya's guardian said that she did not know, and that perhaps God could

help. Six parents/guardians stated something similar; that God or Allah was the only support for their children's hopes and dreams

Despite some parents/guardians losing hope, some children still held on to their hopes and dreams for the future. For example, the parents of two sisters, Lilith, a 14-year-old girl and Elisa, a 12-year-old, stated that they were aware of their children's hopes and dreams before but now did not have any hopes and dreams. However, Lilith said that a good life still meant school and that she could become a doctor. Elisa was still traumatised from losing her friend in a bomb blast at her school in Syria, and said that she wanted to become a crime investigator in the future and she needed schooling. The parent and elder sister of Nithasha, a 15-year-old girl, lost hope about their future after the UNHCR closed their case and it meant that she might have to return to Sri Lanka. However, Nithasha still did not give up her hope of becoming a doctor and helping poor people as she had said in 2014.

Some key informants from different organisations were able to identify the needs of refugee and asylum-seeking children between 2014 and 2015. The similar needs that most key informants identified in 2014 and 2015 were as following: education, study materials, safety, play/space to play/recreation, basic living materials (especially nutritious food and medicine), health/health care, and mental health.

Other identified children's needs in 2014 were freedom and special services for children with a disability. Other additional identified needs identified in 2015 included dental care, a healthy environment, normal family life so the children could go to school, birth certificate to access health care, and having the same rights as adults.

Most key informants identified education, health and basic materials especially food as important needs for the children. Even though all key informants were aware of the unsafe situations for the children in 2014 and the mass arrests that had an impact in the refugee community in 2015, there was only one key informant who identified safety in each year. A key informant who worked in human rights advocacy also recognised the need for citizenship, stating refugee children should have the same rights as adults (KI 23A 2015).

In summary, parents/guardians and key informants identified similar needs for children including basic living materials (housing, food, and medicine), education, health/medical care, and safety/security. They also identified different needs depending on their different roles and responsibilities. While key informants could not talk about children's hopes and dreams, parents had a role to provide support for the hopes and dreams of their children. Thus, they mentioned the needs for resettlement and jobs. Key informants also talked about other needs

that parents did not mention, such as the needs of children in relation to their programs and service delivery including the provision of recreational activities, some specific health services, and advocacy for the rights to access services for refugee and asylum-seeking children and their families.

5.3 Living Conditions and Basic Materials

In general, it was found that children and their families lived in poor conditions, had inadequate basic materials, and limited access to supports and services for basic materials. In 2015, the situation was described as having worsened because the UNHCR was taking longer to process the RSD due to an increased number of new asylum seekers and funding cuts. Service providers also had funding problems and less resources to provide assistance. Refugee communities tried to support themselves but there were several barriers for refugees and asylum seekers to live independently without relying on supports and services.

Children had a good understanding of their circumstances and that their parents could not earn income, and were used to living with inadequacy and poverty. For example, Aaliya wrote a narrative about her life in Bangkok and drew a picture of her family living in a small apartment room. Aaliya's writing in 2015:

Thousands of lives of Pakistani Christian asylum seekers are at risk in Thailand and it seems no one cares. We fled from Pakistan because we were persecuted for loving Christ. We come to Thailand in the hope of being protect. In Bangkok we are not permitted to work, have no money, no food, no education and no medical aid.

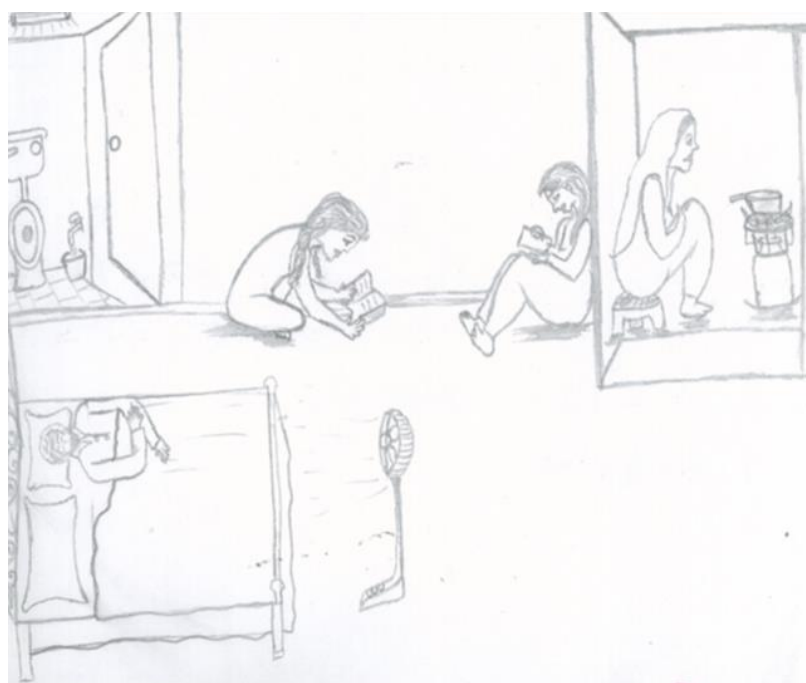


Figure 20: Drawing by Aaliya, 2015

The RSD of the UNHCR took several years from when children and their families registered as asylum seekers. They had to wait for at least one year for the first assessment interview. If they were recognised as refugees, they still had to wait until a host country offered a place for resettlement. For example, Hnub, Eddie, and their parents from Vietnam, had lived in Thailand for about seven years, before being offered resettlement in the US at the end of 2016 (email from an NGO who provided support to the family, 3/01/2017).

In 2015, when the RSD process was taking even longer, there were many children and parents/guardians whose interview appointments with the UNHCR were postponed. After a few years of living on savings and not being allowed to work, many families struggled to pay for rent, food, and other basic materials. The UNHCR was also providing less financial and dry food support to refugee families. Aliza and her parents also mentioned that they received less support from the church and only received dry food every three months.

Housing was one of the biggest concerns. Most children and parents could only afford to live together in one room without space to play. Some families had increased the number of their family members over the previous two years. Only a few extended families could afford to rent two rooms in the same building. For other families, their rooms became overcrowded. For example, Nabeeha's father arrived in Thailand and reunited with the family in 2015, while her elder sister also got married and had twin babies. In 2015, many families ran out of savings, some of them moved to a cheaper room within the same building and some moved out to a cheaper apartment and tried to avoid the Thai authorities.

Through the interviews in 2014 and 2015, children and parents/guardians explained that they had inadequate food and other basic materials for survival such as food, sanitation, medicine, and clothes. Most of the children and their parents/guardians said that they only had two meals a day as they could not afford food. Some families could not afford to buy diapers or milk for a baby or a toddler. Most parents/guardians expressed serious concern about the impact that unemployment had on their lives. Some children and parents/guardians took a risk to find a job. Some of them found casual jobs, which only required low level skills such as cleaner or wait-person in a restaurant or a hotel, sales person, shop assistant, tailor or factory worker. However, these jobs were only for a short time and often employers took advantage of these workers because they did not have a work permit card or valid visa. Most parents/guardians who were working or had worked had not had proper work breaks or paid leave, or got paid at the same rate as Thai or migrant workers, and some did not get paid for their work at all. For example, Sabiha, single mother of Shuhda, had to travel at least two hours each way to

work each day as a tailor, and only earned 150 baht (approximately AU\$7), half the minimum wage of a Thai worker. She also could not take a day off if her children were sick. It had been six years since Paj's father was detained in the IDC and her mother still could not find a job. So, Paj decided to stop going to school and went to work in a jewellery factory with her cousin in 2015. A Thai employer agreed to pay Paj 5,000 baht (approximately AU\$200) per month but during the training period she was paid 800 baht (approximately AU\$32). She had to live in a room with other female workers and assemble pieces of necklace from 9am until 9pm and could only take a thirty-minute break for lunch. Many young people and adults wanted to support themselves and their families but they could not get jobs because they could not speak Thai, afford transportation costs, did not have a work permit or valid visa, and lived in fear of arrest.

5.4 Health

Information on health was gathered through interviews and observation when visiting refugee communities and health service providers, including a dispensary room in the refugee community, UNHCR health centre, and a Thai public hospital. Findings in this section highlight the children's subjective wellbeing of their health and adults' views on children's health as well as their access to health care.

5.4.1 Children's Perspectives on Their Health

As part of exploring children's subjective sense of wellbeing, they were asked about their views on their health. In 2014, among the children who were able to answer to question "Do you think you are healthy?", only six girls answered a clear yes that they were healthy or had good health (Naag, Nithasha, Naara, Daisha, Aaila, and Labiba). However, some said that they felt weak and hungry at school. Siblings also had different views on their health such as Tub, 14-year-old, said he thought he was healthy but Mim, his 13-year-old sister, answered:

Not really. I did not have meal on time and had stomach ulcer.

Most children felt that they were not healthy and were aware they had health issues. Paj, who had a stomach ulcer, answered "No" to the question straight away. Some children described their health problems instead of giving a "yes" or "no" answer. For example, Hnub 13-year-old girl, said:

Sometimes we have enough food and water. I have stomach ulcer. Right now, I have a fever.

Shuhda spoke about high blood pressure and that she had difficulty in breathing. Most of the children, who did not feel that they were healthy, complained about other health problems

including headaches, lack of food and nutrition, feeling tired, weak or stressed as well as having difficulty concentrating on studies.

In the follow-up interviews of 2015, 11 children compared their views about their health between 2014 and 2015. While 10 of them did not have different views from one year to the next, Paj had the opposite view on her health from 2014, since she stated that she thought she was healthy in 2015. Some children, who thought that they were not healthy, identified similar health problems as in 2014. For example, Aafreen identified a similar problem to the previous year. She felt weak as she did not have enough food and Hnub still had a stomach ache. Among 10 children recruited for interview in 2015, only two had a positive view about their health: “Yes” and “I am okay” (Asher, 13-year-old brother, and Adeline, 17-year-old sister). Eddie, 12-year-old boy, was not able to answer the question in a word. He nodded his answer “yes” and “no” confusingly a few times before he nodded “yes”, he was healthy. Most of the children, who viewed themselves as unhealthy, identified similar health problems to the children from 2014. For example, Lilith, a 14-year-old girl, said “no”, she was not healthy as she had a headache all the time and her doctor informed her that she had a serious lack of iron. Aaliya, a 14-year-old girl, also shared other problems such as skin infection. She said:

No, I am not healthy. Because in this age I need proper diet. But here we can't afford properly.

Children also did not think that they had any mental health problems when asked directly, but indicated problems when I asked them to describe their daily routine such as diet, sleeping, spending their time during the day and at night. Nabeel explained this daily routine for himself and his brother which was similar to most young people in his community.

Yes, I sleep too much, no routine. Not sleep at night but about 12 pm or 3 pm. Like my brother (he pointed to his elder brother who was dozing on the bed) not sleep until very late at night, woke up then sleep in the morning.

Some children mentioned sleeping problems, such as nightmares like Elisa and her sister, Lilith, who used to live close to a shelling site in Syria. Elisa was still grieving for her friend, who was killed by the bombing at her school. She said sadly:

I still think of my friends and my house, what happened in Syria.

Lilith still had dreams about bombing in Syria. She mentioned that she could not sleep at night especially when it was raining heavily as the loud noise from the rain and lightning made her think of the bombing in Syria and she felt terrified.

Other children explained that they were not happy, had a stomach-ache or a headache because of stress. They felt worried or upset about their parents' health or that their parents were separated from each other or from them. Especially, in 2015, more said that they felt afraid of

the immigration police. Many children and families described the traumatic experience in the IDC, including Nabeel who was arrested and detained at IDC in 2015.

Nabeel shared that he did not have freedom even after he was bailed out from the IDC:

Same feeling. I still want to study and go to a third country. I want freedom. I was bailed out but I still do not feel freedom. I cannot work, or make friends, and cannot go out see friends. I have paper (normally the police would not arrest him while his bail paper is still valid) but my friends cannot go out with me because they have no visa. I have been here for two years and eight months, I feel mentally suffering and little disturbed.

5.4.2 Adults' Perspectives on Children's Health

Parents/guardians provided insightful views about their children's health. They had similar concerns to some key informants, who were refugees/asylum seekers working with CBOs, and workers of other organisations who were working closely with children in the communities. In 2014, no adult participants stated confidently that the children had good health or were healthy. Most parents/guardians identified health problems related to poor diet such as malnutrition and inadequate food so that children felt weak and had headaches. In Thailand, tap-water is not safe for drinking. Most children and their parents/guardians could not afford to buy bottles of water every day. In a refugee community, children and parents explained that they had a stomach ache after they drank water that they bought from the water cooler in their apartment. Most parents/guardians were not able to provide the nutrition their children needed, so their children continued to have malnutrition and other health problems. Parents could not provide clothing, cleaning products, toys, medicine, study materials, and others. Through my observation, hygiene products were not a priority need when the family could not have proper food. I observed that parents mainly provided meals of bread, two-minute noodles, beans or rice, some with vegetables, for their children. Sometimes, parents and children had different views. For example, Labiba thought that she was healthy, but her mother disagreed and said that her children were not healthy and had become weaker in the past few years. Some parents said the children were unhealthy due to stress and not having a place to play (Labiba, Kamilah and Zariya BK 2014). The mother of Kamilah and Zariya also mentioned that the landlord threatened to increase the rent if he received complaints about children playing in the building and making loud noise.

One key informant who worked closely with some Pakistani families also identified poor diet and lack of both exercise and play among the children (KI 13B 2014). Another key informant stated that the children, including new born infants, had signs of health problems. For example, they looked underweight and had yellowish eyes because they did not have nutritious food

(KI 15A 2014). A number of adult participants linked the children's lack of play and exercise to their poor psychological health.

In 2015, only the parents of Hnub and Kiab said that their children were healthy or their children's health was satisfactory. Nina, mother of Nithasha, just nodded and smiled when she was asked whether she thought that her daughter, Nithasha was healthy. Most adult participants in 2015 identified inadequate food was causing children to have poor health and health problems such as weakness and headache. Nabeel's mother also mentioned skin and ear infections. Key informants, who volunteered for a mobile medical team, said that children's health was worse in 2015 than in 2014 and that they were not healthy because of poor nutrition (KI 16A 2015); lack of food and medicine; and stress and tension (KI 16C 2015). One key informant invited a doctor to provide a health check for a group of refugee and asylum-seeking children and found that they had malnutrition problems which were more severe than migrant children (KI 20A BK 2015).

A volunteer teacher of a community school was also concerned about psychological issues among the children. After the mass arrest by the Thai authorities in their community in September 2015, she noticed more behavioural problems in the apartment as they were terrified by the incident. She noticed that many of them became depressed, very quiet and stopped playing as they felt scared (KI 18B 2015), and some children had nightmares (KI 17B 2015). Some children never witnessed the arrests but heard stories about the IDC and the mass arrests in their community. They felt very scared and stayed in the room (KI 17B 2015).

Key informants also stated that the children and parents/guardians became stressed and depressed especially after they had been waiting for long periods for the RSD. In 2015, there were a number of families whose interviews were postponed by four to seven months after they had been waiting for a year or longer, such as the families of Aafreen, Nabeeha, Kamilah and Zariya. Some of the UNHCR interviews even were postponed to the following year, for example Aanya and her family. For newly arrived families, their first interview with the UNHCR was scheduled for 2019, for example, Adeline, Sonia, Asher, and their parents. Key informants explained a significant change among refugees and asylum seekers with their anxiety levels increased along with a lack of basic needs for survival including a struggle to pay for rent and medication, that is, they had become more desperate in 2015. Key informants reported at least three cases of attempted suicide within a few months in 2015.

5.5 Children's Schooling Options and Experiences

Part of UNICEF's guidance for children's wellbeing is education, in particular, "school wellbeing", which involves their experience of schooling. The children were invited to talk about their education background before they left their country, what they were learning and about their friends at school, were going to a school in Bangkok, and reasons for not attending.

Most children had attended a formal school (either a public or private school) in their country, but some of them had a gap from studying due to the situation in their countries and while travelling to Thailand. After the children arrived in Bangkok, most parents could not afford tuition fees at an international school, which children preferred as they could study in English. They also could not enrol their children into Thai public school due to the language barrier and lack of a valid ID. Only a few children could study at a Thai school with assistance from refugee support organisations. So, there were few options for refugee and asylum-seeking children to study while they were waiting for the RSD. The UNHCR provided funds to support education for refugee and asylum-seeking children through its implementing partner agencies. There were two refugee schools under the UNCHR's education programs, which helped to prepare the children with Thai lessons before referring them to a Thai school. In 2015, the UNHCR provided more funding so the school could also provide vocational training. There were other options for refugee and asylum-seeking children to access informal or non-formal education such as a home school (in this research, key informants and parents mentioned a pastor/volunteer from a church had opened his home to teach a small group of children) or community schools organised by CBOs and where teaching was provided by a volunteer from the refugee and asylum seekers' community. The children's schooling also depended on the decision of their parents whether they thought it was safe and suitable for their children. In 2015, children's access to education had become more limited after three schools in refugee communities were closed down because of arrests and financial problems. Table 9 demonstrates access to education of child participants in 2014 and 2015.

Table 9: Children's Schooling Options between 2014 and 2015

Schooling options	2014	2015
Refugee schools funded by the UNHCR	No one	Nabeeha (only five months then no school after October 2015)
Thai public school	Paj, Kiab, Tub, Mim, Naag, and Hnub	Kiab, Tub, Hnub, and Eddie
Community schools by volunteer teachers who were refugees/asylum seekers	Naara, Daisha, Aaila, Habeeb, Aabis, Aafreen, Rabiya, Nabeeha, Shuhda, Kamilah, and Zariya	Aaron
International schools	Nithasha	Labiba
Home school by a church	No one	Asher and Aliza
Not attending any kind of school	Nabeel and Labiba	Nabeel, Paj, Aabis, Aafreen, Rabiya, Shuhda, Kamilah, Zariya, and Nithasha (from 2014) Aanya, Lilith, Elisa, Aaliya, Adeline, and Sonia (newly recruited children)
Unknown information	No one	Mim, Naag, Naara, Daisha, Aaila, Habeeb

Note: The children’s names in bold letters were the children who used to attend a school in 2014, but did not attend any school in 2015.

In 2014, of the 20 children, Nabeel and Labiba were the only children who chose not to attend a community school because they were not satisfied with the teaching quality and the school could not provide a certificate. There were 11 children attending community schools in their area; six children were attending a Thai public school, and Nithasha was the only child who attended an international school because they waived the school fees for her.

In 2015, there were only four children from 2014 who continued going to school. Labiba did not attend school in 2014, but she started to go to the international school in 2015. Four of the newly recruited children were going to school in 2015, but many more children had stopped going to school. This included nine children from 2014 plus six newly recruited children in 2015. Because the community schools closed down after the mass arrests, and they lost funding, the children could not go to school. There were other reasons that children dropped out. Aabis was the only one who was to be resettled so he and his family left Thailand in 2015.

This information gathering between 2014 and 2015 revealed that the children were able to expressed different views on their schooling experiences. In 2015, schools had closed down. Here is how children described their schooling experiences.

First, no children attended the refugee schools funded by the UNHCR in 2014. Although the schools provided a public transport allowance to students, they faced the risk of arrest by Thai authorities and other risks to travel for one to two hours each way to school. In 2015, Shuhda knew about this school but said that she did not go because her mother felt worried that it was very far away and not safe. Most children also preferred to study in English language as they wanted to resettle in English speaking countries. There was only one child, Nabeeha, who attended the refugee school funded by the UNHCR because her community school closed in 2015. She said that she was enjoying going to school as they provided lessons in four basic subjects including Thai, English, Maths, and Social Studies. She was able to pass the exam and the Thai language test after five months, but the Thai school did not accept her because it preferred to take younger children. She stopped going to school in October 2015. She looked very sad when I revisited her to collect her drawings. She said:

They (The refugee school) said that I cannot go to Thai school because I am 15 years old but I still can go to school. But I will stop now as it is too far.

After fieldwork was completed, I maintained contact with most of the children. In 2018, Aanya, a 15-year-old girl, also experienced rejection from the Thai school after she completed the exam and passed the Thai language test at the refugee school. However, she continued vocational training at this refugee school.

Second, six children who were able to study in a Thai public school, were from Vietnam and their parents shared a house in Bangkok. They attended a community school together for about one year before they were referred to a Thai school. At the interview in 2014, most children said that they enjoyed learning at school and playing sports or music. However, Tub, 14-year-old boy, and Mim, a 13-year-old girl, stated that they wished the school could teach much more English language. Paj and Hnub, a 15 and 13-year-old girls, had similar experiences at school. Hnub stated:

Sometimes I don't like to go to school. . . I don't like it because I feel I am too mature for Prathom 4 (equivalent to year 8 in Australia). Lessons are too easy for me. . . I tried to pass the test to go to Prathom 5 but the teacher said that the class for that year is full and told me to try again next year.

Paj was two years older than Hnub but was kept at the same level. She said sadly:

I felt worried sometimes. . . I think of my study sometimes. We are getting older but we still study in Prathom 4. It is not good.

Paj also mentioned a conflict with her friends at school. In 2015, she decided to stop studying and went to work in a factory in Pathumthani province. Kiab and Hnub's parents had to move from their accommodation due to the rental situation so their schooling was interrupted. However, a few months later, an NGO helped them to enrol in a new Thai public school in

their new area. Tub's parents decided to move out of Bangkok and took his younger sister, Mim and cousin, Naag, with them. Tub was left in the care of his relatives to continue studying in Bangkok. Although his parents, siblings and Tub did not participate in a follow-up interview, he informed me that he still enjoyed going to the same school but he was not aware whether Mim and Naag were studying or working at that time.

Third, the international school was the most preferred schooling option as it taught in English but most parents could not afford it. Fortunately, Nithasha, a 14-year-old girl, was able to study in an international school in 2014 with support from the principal who also kept her asylum seeker status confidential. She could speak English fluently and was very happy with the school's teaching quality and its activities. But, in 2015, she had to stop going to school after her family lost their appeal for refugee status, as the school would not allow her to continue her study. Labiba, a 15-year-old girl, did not attend any school in 2014, but the following year her parents decided to send her and her younger brother to an international school which agreed to reduce their fees. She was much happier than the previous year and her exam results were outstanding in her class.

Fourth, there were three main community schools in two suburbs. As in Table 9, 11 children from 2014 were attending two separate community schools which were located in the same suburb. Both schools had inadequate resources and could only open for half days Monday to Friday. Although some parents were not satisfied with the school as it was not official and could not provide a certificate, most of the children enjoyed going to school as they learnt and could play with lots of friends. However, Rabiya mentioned that if she could have other option, she would prefer to go to an international school. Aabis stated that he just came to school to kill the time as there were no other activities to do in the apartment.

In 2015, after the closing of two community schools, most of the children from 2014 stopped their schooling. There was no follow-up information about schooling for four siblings who returned to Pakistan as I lost contact with them when they left Thailand (Naara, Daisha, Aaila, 16, 15, 13-year-old sisters and Habeeb, 12-year-old brother). There was another community school in a different suburb which was also closed down because of the mass arrests in the community in March 2015. It resumed a few months after that, but as it only provided education to young children, aged 6 to 12 years, Aaron was the only newly recruited child who attended this school.

Fifth, none of children spoke about the option of studying at home school in 2014. However, in 2015 Asher, a 13-year-old boy, and Aliza, a 14-year-old girl, informed that they could not go to the community school closest to their apartment as they were over 12 years old.

Therefore, the school's founder helped them to go to a home school, which was run by a church volunteer at her home. They were now attending this school and were enjoying it.

Finally, 15 children did not attend any school in 2015. Nabeel and Paj were able to get paid jobs while other children had no job or activities. Nabeel mentioned that he preferred studying at a Thai technical college rather than community school, but his parents could not afford the fees (approximately AU\$160-200 per year) and although he could speak a little Thai, he needed to learn more Thai. Thus, he had to keep working to provide support to his family. According to Table 9, six newly recruited children in 2015 could not attend the community school near their apartment because the school could not teach students over 12-year-old. Most children who did not attend school shared similar experiences that they felt bored, depressed. There was no routine and they did not have a regular time to go to bed. As with other young people in the communities, they did not have educational or recreational activities, and felt bored.

5.6 Risks and Safety

The UNICEF child wellbeing framework guided the collection of information about behaviour and risks as well as health and safety. Safety issues were not related to mortality risk for infants. Rather for these children and their parents safety issues related to punishment by the Thai authorities because they were illegal migrants under Thai law.

5.6.1 Perspectives on Safety

Children and their parents/guardians were asked to share their views and experiences about safety while living in Thailand. The children had their own ways of expressing concern about safety and held their own views about living in Thailand. The police crackdowns in 2015 after the bombing in central Bangkok (as mentioned in Chapter 1) did not specifically target refugees and asylum seekers, but the police raids impacted their safety and views on living in Thailand.

In 2014, no children were arrested but there were some children who described the traumatic experiences of their parent(s) being arrested and detained at the IDC (Nithasha, Paj, Kiab, and Naag). Nithasha was very distressed as her mother was detained at the IDC, and she was left with just her elder sister and brother:

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.

Paj, Kiab, and Hnub also missed their fathers who had been detained for over six years. In 2014, most of the children and parents/guardians stated that they felt safer living in Thailand than in their countries of origin. The only negative thing they felt concerned about was the Thai authorities, because they did not have valid visas. At least eight children expressed feeling positive about living in Thailand. Tub, a 14-year-old boy, answered the question ‘how do you feel about living in Thailand?’:

I am glad. Study is good and it is convenient for us to go to church. Near the house.

Mim, 13-year-old girl, said,

It is fine. Thai people are kind and they help us.

Still, most of the children and their parents/guardians stated that they felt too unsafe to leave their rooms. More than half of those also said they felt safe if they kept themselves in their rooms and apartment areas. One strategy used by Pakistani children and their families was to avoid going out and attracting attention. Even though Hmong Vietnamese children and parents/guardians look similar to Thai people and can speak some Thai language, Hnub said that she did not feel safe to go outside by herself as she did not have ID. However, if she went out in a group with her friends, she felt safer. Nabeeha was similar to many children, who expressed their hopes and dreams for the future as having freedom through their drawings, writing and at the interviews.



Figure 21: Drawing by Nabeeha, 2015

Some children did not identify the need for safety specifically, but many mentioned they needed freedom to go out, to go to school, and to live safely in Thailand. While their parents/guardians identified the need for safety, children consistently identified the need for freedom in both 2014 and 2015. In 2015, an increased number of children identified the need for freedom and some also mentioned safety.

In 2015, a number of children, parents/guardians and teachers at the community schools had been arrested and detained at the IDC. For example, in March 2015 there was a mass arrest in a Pakistani community. Aron, 12-year-old boy, was arrested with his mother and two sisters but they were bailed out with the assistance of a Christian organisation, but from my contacts with his school in 2018, I learned they were re-detained after they received a negative result of the RSD and their asylum seeker registration with the UNHCR became invalid. Similarly, Aliza, a 14-year-old girl, and her family were arrested at the same time, were bailed out in 2015, but re-detained at the IDC in 2017. In September 2015, another Pakistani community was raided by the immigration police. The incident traumatised the children and adults in the community. Nabeel was detained at the IDC and was released before the IDC closed bail for all male detainees in 2015. Nabeel described that there were approximately 150 males in his lockup but there were only two toilets and bathrooms. He was sick after a week of being in the filthy room with very little air ventilation and a light which was kept on all night.

When the children were asked to describe significant changes in their lives in the past year, some reported no significant change. Nothing was different as they still lived in the same situation with the same safety problems (Aafreen, Kamilah, Zariya, and Nabeeha). After the mass arrests in refugee communities, most children and parents/guardians were living in different areas of Bangkok, and said that they did not feel safe even being in their rooms as the police could raid their apartment at any time. Kamilah and Zariya said that they no longer felt safe in their building as police often came to their apartment. Kamilah stated:

Same not changing...but this year feel more scared.

In 2015, most children and parents/guardians had different views on living in Thailand after the arrest incidents in their communities. Living in fear because of not having legal status had become a continuous concern for most parents/guardians. More children agreed with their parents and at least 13 children expressed negative views about living in Thailand due to the safety issue. There were also more children who identified the need for resettlement to other countries.

5.6.2 Behaviour and Risks

There was very little information provided about behaviour and risks that could be harmful to children's health and wellbeing. This might be because children were interviewed with their parents/guardians, and did not feel comfortable talking about this issue. In 2014, there was no information from parents/guardians, but key informants said that they witnessed or heard about child abuse and family/domestic violence, children's aggression and misbehavior, stealing, drinking, and fighting (KI 13C 2014; KI 17A & B 2014; KI 18B 2014; KI 20A 2014). One key informant also expressed concern about inappropriate sexual behaviour as parents and children lived in the same room and there was no privacy. There was an incident that the key informant witnessed and stopped one child from attempting to sexually harass another child (KI 18A 2014). Two key informants, who provided home visits and support in refugee communities, also shared a concern of risky behaviour among young males and a male adult. A number of Pakistani young males went out to a party and were drinking, then one of them impregnated a young Thai woman (KI 17A & B 2014). They were also concerned about male adults who might have been involved in drinking, using drugs and sex services as they were stressed and depressed (KI 17A & B 2014).

In 2015, more key informants mentioned young children and adults involved in drinking, fighting, and unprotected sexual activity. This research collected little evidence about risks regarding behaviour among children, but key informants expressed concern about increasing stress and mental health problems that influenced alcohol consumption among male refugees and asylum seekers (KI 17A&B 2015; KI 25A 2015).

Summary

This part I of the Bangkok case study has provided information and insight into the needs and psychosocial wellbeing of children. Children were trying to adapt to their new environment, and although they showed resilience, they were stressed by the tough and increasingly dangerous circumstances. However, other factors and the changing political environment were indirectly impacting children's lives, with reduced supports and services as well as worsened children's safety. Therefore, part II of this chapter presents findings focused on the supports and services for the children and their families. It also presents some policies and laws that had significant influence on children's lives and service provision between 2014 and 2015.

Chapter 5: Case Study of Bangkok

Part II: Services and Policy

Introduction

Part II of Bangkok Case Study outlines the findings about available supports and services as well as policies that impacted children's life experiences and wellbeing. It begins with section 5.1 which provides a summary of facilitators and barriers to available supports and services. Section 5.2 demonstrates supports and services for basic materials for survival in refugee communities. Section 5.3 is about health issues in refugee communities and community capacity, and then section 5.4 presents issues relating to the provision of health services and policy. Section 5.5 provides insight into education provision and policy. The last section looks at safety and protection issues, and has two sub-sections, 5.6.1 arrest and detention, and 5.6.2, safety in the community and legal protection.

5.1 Available Supports and Services

The available service providers and advocates were not adequate for all refugees and asylum seekers. Key informants stated that there were approximately 7,000 to 8,000 registered asylum seekers in Bangkok and they were not able to provide their services to everyone (KI 12A & B 2014). Most supports and services were located in city central but refugees and asylum seekers lived in other suburbs and had to travel long distances to access supports and services. The most vulnerable refugees and asylum seekers were those who were isolated, experienced language barriers, and financial hardship, and they could not access the services.

A total of 30 key informants from 17 organisations participated in this research from 2014 to 2015. There was an INPO and a NGO working on promoting refugee rights and advocacy; two INPO organisations providing legal advice and information; three (religious based) NPOs providing emergency relief support such as food, sanitation, limited financial assistance and medical support; an IGO and a NGO providing medical support, education, and information on bail to detainees, two CBOs providing education and a dispensary, and only one INPO providing case work support including a counselling service to refugees and asylum seekers. These organisations were the main service providers and policy advocates for refugee and

asylum seekers in Bangkok. They also worked in cooperation with the UNHCR and its implementing partners. The UNHCR is directly responsible for registering asylum seekers and processing the RSD, as well as providing supports and services including education, health care, and financial assistance (including living allowance) to refugees.

Some of the supports and services available in 2014 had been reduced by 2015. For example, an INPO lost funding for a legal service, so there were only two organisations left to provide this service to asylum seekers in 2015. Most key informants stated that a common barrier to providing supports and services was a lack of funding and resources. Most service providers depended on overseas funding and/or local charities. The Thai government did not provide any specific supports and services directly to refugees and asylum seekers, but allowed the UNHCR to operate their programs for refugees and asylum seekers. However, the UNHCR also had a cut in funding, similar to other service providers. Safety/security issues presented a barrier for refugees and asylum seekers trying to access services. Sometimes they did not attend their appointments with a service provider because of fear of arrest (KI 12A & B 2014). One service provider had to close their services temporarily when I visited because the police had come and arrested clients a few days before my visit to the organisation.

Most key informants also indicated that the language barrier was the main issue that prevented them from providing better supports and services. In 2015, an increased number of newly arrived asylum seekers extended the time for the RSD determination and created more problems, including financial stress and poverty among refugee and asylum seekers. A staff member of an international organisation stated this created a growth in the number of vulnerable people with high needs (KI 12C 2015). Key informants had to find a strategy to reduce the number of service receivers and only provided the services to people who were really vulnerable such as single mothers with children (KI 17A & B 2015).

Although service providers experienced many barriers in providing and improving their services, there were some facilitators for their services. Most key informants indicated that they gathered within their network to discuss challenging issues and shared information updates regularly (KI 19A 2015). Most key informants stated that coordination within the network facilitated their service provision and development. While some services had reduced or stopped funding in 2015, there were two new health service providers; a volunteer mobile medical team and a free clinic for poor people including refugees/asylum seekers. Two INPOs also started to coordinate providing training and setting up an interpreter service (KI 12C 2015).

5.2 Supports for Basic Materials

In 2014, NPOs distributed food parcels and financial support to asylum seekers including a bag of rice and flour, a bottle of cooking oil, formula or milk supplement for babies and some cash (approximately AU\$12-20) once a month. However, in 2015 many of the NPOs could not keep up with the increased numbers of new asylum seekers and had to reduce their support. A key informant stated that they had to reduce the provision of food from every month to every three months (KI 20A 2015).

In 2014, the UNHCR also experienced funding cuts. Refugees used to receive dry food and a living allowance of 2,000 baht (approximately AU\$ 80) for a single person up to a maximum of 7,000 baht per month (approximately AU\$ 280) per families with more than four children (KI 24A 2015). Although this financial assistance was not enough for rent (a studio-room rents at minimum 4,000-5,500 baht, (approximately AU\$ 160-220), bills, and other monthly living costs, it was thought to be better than nothing. However, this financial support was ceased in 2015, and refugee children and families only received dry food including eight kilos of rice, 12 eggs, and a few packs of noodles per month. The UNHCR and other INPOs tried to establish livelihood programs to assist refugees and asylum seekers to produce food and handmade products such as clothes, handbags, rugs, and other things to sell, but the programs were not sustained because of lack of funding. The livelihood activities had been set up at the UNHCR's implementing partner agency or INPO in city central, and only one parent used to engage in the activities. One key informant advised that her organisation arranged for an open market in the city to sell products from refugees and asylum seekers, but there was concern about the Thai authorities. Funding was discontinued and the activity was stopped (KI 16A 2015).

Livelihood programs were not run in refugee communities, and because refugee and asylum seekers lived in urban settings, they could not grow vegetables and their own food like the families in Mae Sot. Refugee communities tried to support themselves and be independent. Some parents and adults in the community earned some income by selling food such as samosas from their apartment in 2014. But in 2015 they had to stop their business because of the arrests in their building. Children understood the link between job opportunity and basic necessities for the family, and they talked about their parents not being able to work. For instance, Shuhda, 12-year-old girl, narrated her drawing in 2014 as the lives of asylum seekers living without money and problems about visas and immigration.



Figure 22: Drawing by Shuda, 2014

This drawing clearly shows the issue of refugee and asylum seekers not being allowed to earn income under the Thai Immigration Law and policy. Key informants were concerned about children living in poverty and the lack of basic materials because their parents could not work.

With supports reduced in 2015, some families had more financial stress because they had borrowed money from their relatives or friends to bail one or more family member/s out of the IDC. Bail cost 50,000 baht (approximately AU\$2,000) per person. For example, Raeesah, the mother of Rabiya, had major debts from paying bail to release herself and her husband from the IDC. A key informant described the overall significant changes in 2015, saying that refugees and asylum seekers had become more desperate with the situation as they had now been there for a long time, so they struggled to get food and education for their children. This key informant was also concerned that more pressure and restrictions from the Thai authorities could worsen the refugees and asylum seekers' living conditions and their stability as they scattered to find safer places to live (KI 17A 2015). Key informants were also concerned that refugee and asylum seekers could not work legally and be protected under Thai law, so they had to work in the informal employment sector, in which they had poor working conditions and were exploited (KI 13C 2014; KI 17A & B 2015).

5.3 Health Issues and Community Capacity

These refugee and asylum-seeking children and families in Bangkok had mental and physical health problems. There were reported epidemics in refugee communities, such as a red eye

infection in 2014. Refugees/asylum seekers and Thai health care workers from a Thai health centre in the area had worked together to control it and provided health education to people in the community. There was a number of refugees/asylum seekers who had a working background as health professionals in their countries, and volunteer mobile medical teams were started in different communities. They expressed concerns about health behaviour such as lack of knowledge and good practices on basic hygiene and sanitation, so they visited parents and provided education about disease and epidemic intervention (KI 16B & C 2015). They also established a dispensary in their communities, however the services ceased in 2017 because funding from the INPO and the UNHCR's implementing partner agency was stopped. In 2015, key informants spoke of an epidemic of skin disease and TB in refugee communities. This was because many families got scabies and other diseases from the IDC and it was spreading in the community after some returned home (KI 16 B&C 2015; KI 18A 2015; KI 12A 2015). At least four children who were interviewed in 2015 shared the problem of skin infection after they were detained in the IDC. A key informant stated that the children's health was worse than the previous year, and he felt concern about their poor diet (KI 16A 2015; KI 17A & B 2015).

Key informants in different sectors were also concerned about the psychological health and wellbeing of the children and parents as they did not have adequate basic materials, were living without a routine or meaningful activities, and had a restricted safe spaces (KI 15 B 2015; KI 16A & B & C 2015; KI 17A & B 2015; KI 19A 2015). These KIs confirmed that as the children and parents/guardians lived together in one room, they did not have sufficient sleep. As the parents had no job, they had financial stress and had some health issues affected by stress. The children could not go out and play because of their parents' fear of the police, or Thai neighbours' complaints, so some of them acted out and had aggressive behaviour (KI 18B 2014; KI 13C 2014). There was only one occasion where a community school said that, with the assistance of an NGO who negotiated with a public Thai school near their community, they could take their students to play sport. The volunteer mobile medical team tried to encourage children and parents to get exercise in their rooms and some equipment was provided, but it was not successful as nobody wanted to exercise in the room (KI 16B & C 2015).

5.4 Health Services and Policy

As refugees and asylum seekers had limited access to health services, the UNHCR supported an implementing partner to set up a health centre to provide free health services for them.

However, this health centre was closed in 2014. There were a few other options of health services that the children and parents/guardians identified such as Thai health care centre, a mobile medical team provided by an NPO, a dispensary run by a CBO in their community and a new free clinic run by volunteer health care professionals. However, the children and parents/guardians identified some barriers in getting access to these health services because of reduced service provision, financial problems, language barriers, and fear of arrest.

The children were also asked how they got help if they were sick. In 2014, five children explained that they or their parents/guardians bought medicine from a pharmacy. Every parent/guardian who gave the interview was aware of UNHCR's health centre which provided free medicine, medical consultation, basic treatment, and counselling service. However some parents informed that they stopped receiving the medicine and treatment after the health centre closed. For example, Leej, Hnub's father, said that he could not afford to take his children to see a doctor as it could cost 1,000 baht (approximately AU \$40), so he bought medicine at a pharmacy which cost only 40 baht (approximately AU\$1.60). He also had kidney disease and the UNHCR through its implementing partner used to pay for his treatment and medicine. In 2015 they stopped providing that assistance.

In 2015, more children said that they bought medicine by themselves than in 2014. Adeline, 17-year-old girl, explained that her younger sister bought medicine when they both were sick. She also stated that the immigration police used to arrest people at the UNHCR's health centre. Her family also stopped going to see a doctor at a free clinic because of fear of arrest. For emergency or life-threatening cases, the UNHCR through its implementing partner would refer people to a Thai public hospital but it was located near the city centre. So it was difficult for the children and parents/guardians to travel as it was a long distance from where they lived. Some key informants also stated that the UNHCR's criteria for emergency or life-threatening case were ambiguous. In addition to the changes in service provision, financial difficulty, and fear of arrest when children or parents/guardians got sick, they also experienced a language barriers as they could not communicate with a Thai doctor or nurse.

A volunteer teacher at a CBO, who gave birth to a child at the hospital, had to pay for a taxi and other costs that were not covered by the UNHCR (KI 18C 2015). I accompanied her to the Thai hospital and observed the process of her receiving care and the Thai birth certificate, advice about on-going contacts with social worker of the hospital, and how to access financial assistance from the UNHCR (which only covered the medical costs). At the Thai hospital, I observed that all documents were in Thai language including invoices. Thai health care professionals could not speak English but a few doctors could. After the volunteer teacher

gave birth, she had to sign a consent form with the social services of the hospital, so that nurses could make follow-up phone calls after she and the baby returned home. The document was in Thai language and none of the nurses were able to translate it for her. Many children and parents/guardians experienced the same problem when they visited the hospital. Key informants and parents said that the Thai health centre was affordable, however most of doctors and health care workers could not communicate in English. A volunteer nurse facilitated people in her community to communicate with Thai doctors or nurses through the telephone sometimes (KI 13B 2014).

Some of the children and parents/guardians required specific health services such as mental health services, disability services, and dental care, but these sorts of health services were very limited. A volunteer nurse said that the dentist was not affordable for most of the children and parents/guardians in her communities (KI 13B 2014). The new clinic also had a dentist but this was only available for a limited time each month. Key informants identified that some children were traumatised as they had experienced violence in their countries. The UNHCR's health centre used to provide a counselling service by a psychologist but the service was stopped. In 2014, there was only one organisation which provided a children's counselling service. A key informant stated that there was only one counsellor at that time and the children had to be on a wait list (KI 15A 2014). A key informant mentioned a case of a single father who could not afford a bus fare to take his two year old child with an intellectual disability to a rehabilitation program (KI 16A 2015).

In general, refugees and asylum seekers could not access Thai health insurance schemes (the website of the Ministry of Health explains three main schemes: 1) health care scheme for Thai Civil servants and government officers, 2) health insurance for Thai citizens and migrants who are employed in the formal sector, and 3) health care under 30 baht policy for Thai citizens. A key informant stated that the UNHCR attempted to negotiate with a government agency to include refugees in Thai health insurance and was successful at the beginning. However, after about 10 months, refugees were excluded from the insurance around May 2014. This was because the refugees and asylum seekers were not Burmese, Lao, and Cambodian migrant workers according to the AEC Agreement (KI 10A 2015).

The key informant from the volunteer mobile medical team identified that the significant changes in refugee communities in 2015 were increased health issues with more people who had become increasingly sick. There were about seven or eight people who died at a public hospital in the previous year due to terminal diseases (KI 16A 2015). The UNHCR also offered help of 5,000 baht (approximately AU\$200) for a simple funeral. However, most people

preferred to borrow money from relatives and friends to send the body of their loved ones back for traditional rituals in their country (KI 16A 2015).

5.5 Education Provision and Policy

Through the interviews in 2014 and 2015, 11 key informants worked directly in providing education for refugee and asylum-seeking children. Other key informants commented on education based on their experience working with refugees/asylum seekers' support networks and/or because they provided resources or practical support to service providers such as community schools. Most key informants identified a few facilitators in providing education to refugee and asylum-seeking children such as funding, resources and coordination among their network. However barriers that prevented key informants from providing better education included: 1) stability in funding and limited resources; 2) practical problems in applying the Thai education policy; and 3) operation of Thai authorities.

First, key informants explained that their education service or program relied on overseas donors and/or local donations. There was no identified funding support from a Thai government agency. The funding issue and lack of resources had a major impact on the quality, sustainability and education options for refugee and asylum-seeking children. The UNHCR provided education through its implementing partner agencies to operate two refugee/asylum seeker schools. These schools accepted children aged 6-17 years and could let students study for a maximum of two semesters before they had to pass an entrance exam and Thai language test to go to a Thai school (KI 24A 2015; KI 25A 2015). While the number of new arrival children had been increasing during the period of information gathering in Bangkok, each refugee/asylum seeker school could only take 200 students per day. Although most of the children wanted to study in English language or go to an international school (KI 25A 2015), due to limited funding, the UNHCR could only provide the option for the children to continue education in a Thai school (KI 24A 2015). A key informant also mentioned that the school had a low success rate in enrolling their students into a Thai public school but the UNHCR aimed to connect the children with Thai institutions and have a Thai support network (KI 14A 2014). Although one of the UNHCR refugee schools also provided vocational training for young people in hair dressing, hospitality, computer skills, and other courses, very few children interviewed in either 2014 or 2015 attended this school.

Community schools were another education option but they were not accredited by the MOE, so could not provide a certificate. Community schools also had a serious lack of resources including classrooms, desks and chairs, textbooks, teaching materials as well as stationery. In

the 2014 interviews, a community school had enrolled 94 students with 12 Christian volunteer teachers since the school opened seven months earlier (KI 13A 2014). Another school was established by a group of young Muslim volunteer teachers who set themselves up as an organisation and were raising funds from overseas to open their community school. There were 12 teachers and 85 students (KI 18B 2014). Both schools shared an open space on the rooftop of the same building. Their students sat on mats or cloths laid on the concrete floor. It was very hot and noisy as there were no walls separating the classes, so the teachers had to yell when teaching lessons. On rainy days, the floor was wet, so the schools had to close temporarily. The Muslim school managed to get funds to rent three rooms in the building and set up classrooms for the older students and a prayer room, but most students still had to sit outside. Although the resources were improved, teachers still struggled to teach the students as there were no guidelines or curriculum. A volunteer teacher stated she wished her school could provide higher education and prepare students to resettle in a third country (KI 18B 2014).

Second, refugee and asylum-seeking children's education was constantly interrupted by the police raids and arrests. Most adults thought the police tried to avoid arresting children, and a community school and the refugee/asylum seeker schools provided uniforms to their students to protect them from the police. A key informant noticed the police often actively arrested refugees and asylum seekers early in the year and the police operation caused one of the refugee/asylum seeker schools to close down temporarily (KI 24A 2015). Another key informant stated that some students then stopped coming to the refugee/asylum seeker schools after the schools resumed, because of fear of the police (KI 25A 2015).

Finally, most key informants were aware of the Thai education policy, which follows the principles of the World Declaration on Education for All (UNESCO, 2011). However, there was a gap between the Thai education policy and practice as refugee and asylum-seeking children still expressed barriers preventing their entrance to Thai public school. One key informant put it this way, the Thai education policy has good purpose but when implementing it there are still barriers for enrolling Pakistani children into Thai school (KI 14A 2014). A key informant mentioned that there needs to be a Thai Ministry or government agency to support service provision for refugees and asylum seekers like in the refugee camps in Mae Sot, where there was support from the Ministry of Interior (KI 15A 2014). A NGO providing support to a community school in Bangkok mentioned a successful outcome in negotiation and cooperation with stakeholders including with the Ministry of Interior and National Security Council to send some refugee students in a camp in Mae Sot to a Thai school outside

the camp. However, this did not occur in Bangkok (KI 10A 2014, 2015). Although in general, Thai schools are aware of the policy of Education for All and opened enrolment opportunities, a volunteer teacher from a community school said that they would only accept children who could communicate confidently in Thai language, but her students could only speak a few Thai words or sentences (KI 18B 2014). Another key informant also explained that Thai public schools preferred to take children under 12 years of age and to enroll students in a particular semester. Therefore there was only a small number of students that Thai schools accepted from the refugee and asylum seeker school each year (KI 25A 2015).

5.6 Safety and Protection Issues

The Thai Immigration Policy and Law was shown to have negative impacts on refugee and asylum-seeking children and their families. In this section, the impacts of arrest and detention are described followed by findings regarding issues of access to legal protection.

5.6.1 Arrest and Detention

Throughout the interviews in 2014 and 2015, all children and parents/guardians mentioned the IDC and expressed feeling stressed and terrified about the risk of arrest and detention. Aaliya, a 14-year-old girl, drew a picture about arrests by Thai immigration police and the IDC as did many of the children interviewed in 2015.

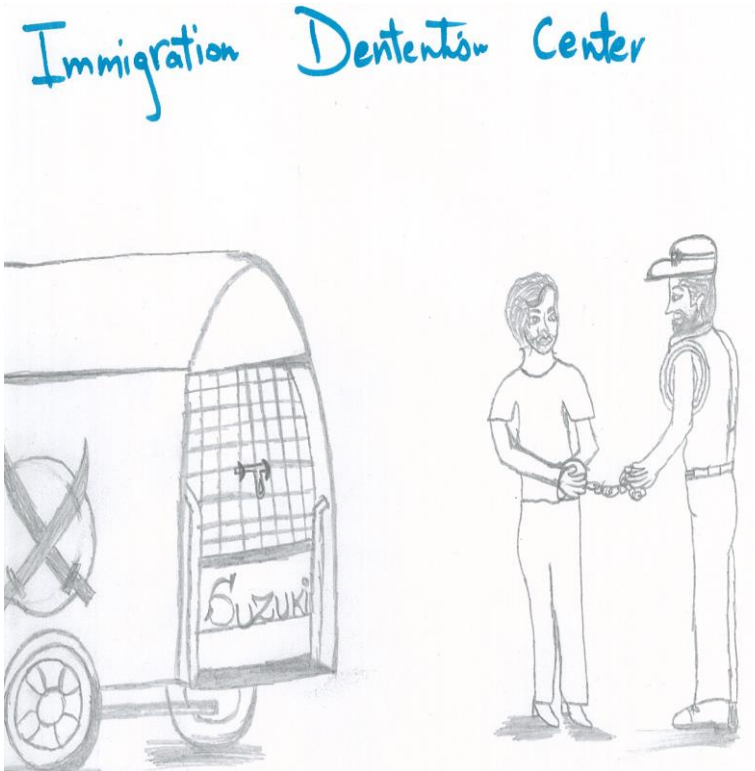


Figure 23: Drawing by Aaliya, 2015

In 2014, Human Rights Watch (HRW) launched their report, “Two Years with No Moon: Immigration Detention of Children in Thailand”. It reported long periods of detention, overcrowded and poor conditions, as well as psychological and mental health problems of the children in the IDC (Human Rights Watch, 2014). After that, the Immigration Bureau had a stricter policy not to provide information to researchers or the media. The IDC is operated by the Immigration Bureau’s commander and its administrative team. Their permission for providing supports and services in the IDC was often changed. A key informant was concerned that this could lead to a change of Immigration Bureau commander and further restrictions to the provision of supports in the IDC (KI 21A 2014).

It was accepted as common practice for the Thai police to randomly arrest individuals or groups of refugees and asylum seekers on a daily basis throughout Bangkok (KI 10C 2015). A key informant stated that the two particular incidents, trafficking of Rohingya refugees and repatriation of an ethnic minority group of Uyghurs/Uighurs to China, led to increased operations of the Thai authorities (KI 20A 2015). The Thai military crackdowns in the refugee communities created extremely overcrowded rooms in the IDC (KI 19A 2015). A service provider in the IDC said that approximately 400 asylum seekers and refugees were brought to the IDC in September 2015 (KI 21A 2015). Some children, their parents/guardians, and volunteer teachers from the refugee community I visited in 2014, were arrested in that period. Some of the children and women were released from the IDC but most of them were detained. A key informant (KI 18B 2015), a volunteer teacher who was arrested along with her brother, said there were approximately 125 females in her cell, where she was detained separated from her brother. She had to sleep on the floor and sometimes could not lay down because there was not enough space. She described a stench from the cell where her brother was detained, as his cell was more overcrowded than hers. As the conditions in the cell were unsanitary, most of the detainees including herself had skin diseases such as scabies after she had been detained for three weeks. She also described the meals that IDC provided as barely edible, for example boiled rice and cucumber soup with chicken bones. One key informant of an NGO told me that the IDC tried to reduce the number of children at that time (KI 21A 2015), there were 10 children in her cell. Half of them were toddlers and young children with their mothers but also some teenagers aged between 13 and 18. She also saw a mother who had TB with her baby and a woman who gave birth to a child in the IDC who was transferred to the hospital later. There was a case which the UNHCR had closed; Paj and Kiab’s father whose asylum seeker status had become invalid. He had been detained in the IDC for over six years and was not and would never be allowed bail because he was no longer protected by the UNHCR.

In 2015, there was a number of parents and teachers from the community schools who were still being detained at the IDC as their family could not afford to bail them out. The IDC also stopped granting bail to male detainees due to the continuous investigation of suspects from the bomb blast in central Bangkok (KI 21A 2015). This operation had intense effects on the atmosphere in refugee communities. Every apartment I entered was very quiet and every floor I walked past had empty rooms because many families had moved out, as they were afraid that the police might return to arrest more people. The fear of arrest and going outside was much more intense than the previous year. The children and their parents were afraid when I knocked on the door. I saw some parents and guardians crying. After the fieldwork was completed, I remained in contact with the refugee communities and was informed in 2018 that there were still some children in IDC.

5.6.2 Safety in Community and Legal Protection

Service providers and policy advocates described safety and protection issues that were barriers to the safety of refugee and asylum-seeking children and their access to legal protection.

First, a number of key informants explained that some Thai neighbours could be a threat to the safety of refugees and asylum seekers, as Thai neighbours could call the police to attend if there was a fight or argument with a refugee/asylum seeker. In general, Thai people had limited knowledge and understanding of refugees and asylum seekers' situations which created poor attitudes and myths about them (KI 11A 2014; KI 16A 2014; KI 23A 2015). Key informants were aware of this issue and started to work together to raise awareness of refugee rights with the Thai public such as at a Thai university and an international college (KI 10A 2014; KI 12C 2015; KI 19A 2015). While most key informants and refugees/asylum seekers themselves believed that refugees and asylum seekers have the right to live free from the risk of arrest and to seek asylum, views among Thai people were divided between supporting refugee rights and doing your patriotic duty. Most Thai people who gave interviews as key informants were very patriotic and felt that they had an obligation to protect their country. A key informant shared her personal view as a Thai person that although she had a good understanding about human rights, she believed that a Thai citizen had a duty to report to the police if they found a refugee or asylum seeker living in the community (KI 11A 2015). A key informant explained that the poor attitudes and understanding of refugee issues were not only at the general public level but also at higher levels among those who work in national security (KI 23A 2015).

Second, while children lived in precarious situations and were at risk of abuse, exploitation, and trafficking, they had difficulty gaining access to assistance and legal protection. The principal of the community school set up a women's support group to give information about the sexual and gender-based violence hotline of the UNHCR. However, the hotline could only be contacted during office hours (KI 18B 2015).

Because refugees and asylum seekers were treated as illegal immigrants and were punished for entering the country without a visa and valid ID, they had no access to protection under Thai law. Throughout the interviews in both years, many children, parents/guardians, and key informants also talked about corruption. Refugee or asylum seekers could be asked for a bribe by an official from 3,500 baht (approximately AU\$140) up to 6,000 or 8,000 baht (approximately AU\$240-320) before they were sent to the IDC (KI 17A 2014, 2015; KI 18B 2014, 2015; KI 16A 2014, 2015). Aaliya, a 14-year-old girl, and her family also experienced this process before they were sent to the IDC. As the Thai authorities also regularly visited all the apartments, there was co-operation between them and the landlords. For instance, the landlord of the apartment where many Pakistani families were living had been collecting so-called 'security fees' every month in addition to rent in order to bribe the local authorities and avoid mass arrests in the building (KI 18B 2015).

Key informants felt concerned about drug smuggling, crimes, sexual exploitation and human trafficking of children and women in Bangkok, but the children and parents/guardians could not approach the police for assistance or protection if they became victims of child abuse, sexual harassment or assault, exploitation, or other crimes. There were cases of kidnapping, sexual harassment and assault which were not reported to the police. For example, Sabiha, the mother of Shuhda, a 12-year-old girl, was a single mother with two children, who fled from violence, torture, and killing in Pakistan, then came to live in an unsafe environment in Bangkok. She disclosed an incident when she was sexually harassed by a Thai man when she was walking home after work at night, but she could not call the police as she had no visa. Another incident happened during the day and close to her apartment, when her son was approached and persuaded by a male stranger to get on a motorcycle with him. A key informant also reported a case in which parents suspected that the Burmese migrant family, who lived next door, had kidnapped their 15-year-old daughter but they could not report it to the police. After the child had been missing for six months, she was found. She was pregnant and gave birth to a child later. The UNHCR reported this to the police who took their case and prosecuted the neighbours (KI 16A 2015).

While a few key informants refused to discuss the government's policy and practice, many key informants suggested Thailand could provide protection to refugee/asylum-seeking children as Thailand had signed the Convention on the Rights of the Child (CRC). A key informant stated the government excludes this group of children from access to legal protection because they are illegal migrants in Thailand (KI 20A 2014). Key informants felt it was understandable that Thailand may not be able to provide all basic needs to these children but most key informants advocated that refugee and asylum-seeking children deserved at least to have access to basic education and health care like other children. A number of key informants believed that refugee and asylum-seeking children should be protected by the Thai Children Act, regardless of whether Thailand is a signature to the UN Convention and Protocol Relating to the Status of Refugees, as the Act provided legal protection to all children and does not specify race or nationality (KI 15A & B 2014; KI 23A 2015). Most key informants believed that the children could be protected and their needs met if Thailand signed the UN Convention and Protocol Relating to the Status of Refugees. However, a policy advocate pointed out that a national policy and framework on refugees which provided legal status to refugees could be a more successful solution (KI 19A 2015).

Summary

This chapter has provided insights and understanding about the broader social and political contexts which influenced support and services, and has highlighted policies relevant to the wellbeing of refugee and asylum-seeking children in Bangkok. It has shown that practices under the same policies were different in Mae Sot and Bangkok, and these practices could influence children's lives and their wellbeing as well as their access to supports and services differently.

The next three chapters reflect on and interpret these findings in order to answer the research objectives. Chapter 6 reflects on the concepts of need and wellbeing, as well as introducing the concept of livelihood, which was revealed through the process of thematic analysis. Then Chapter 7 discusses the needs and issues relating to the psychosocial wellbeing of children. After that, Chapter 8 presents the discussion on available support and services as well as the impacts of policies and laws.

Chapter 6: Problematising Need, Wellbeing, and Livelihood

Introduction

This research investigated the needs of refugee and asylum-seeking children with the purpose of finding ways to improve their wellbeing. From the beginning, during the process of thematic analysis, and in concluding the investigation, complexities associated with employing the conceptualising frameworks regarding the needs and wellbeing of children were identified. Further, the issue of livelihood emerged as a key feature for the wellbeing of the children and their families. Hence, it seemed beneficial to revisit the literature about the three concepts of need, wellbeing, and livelihood as they relate to refugee and asylum seeking children and their families.

This short chapter discusses need, wellbeing, and livelihood. Section 6.1 outlines how these concepts were employed in the research, and how need and wellbeing were combined to understand the complex needs and lived experiences of children so as to find ways to improve wellbeing. It also reflects on the selection and use of the child wellbeing framework to collect the information. Section 6.2 reflects on the emergent issue of livelihood not captured by the chosen wellbeing framework, yet which was shown to have significant influence on children's wellbeing. Different livelihood programs and activities were identified at both sites, and these inspired this brief review of the concept of livelihood.

6.1 Needs and Wellbeing

First, the concepts of need and wellbeing are both ambiguous and complex, especially when applied to children. Existing related conceptual and theoretical frameworks are many, generally not straight forward, and thus not easily applied in research and policy development. This research endeavoured to combine these two concepts in an effort to gain deeper understandings and categorise the children's needs.

There are both psychological and social perspectives on human need. Maslow's Theory of Human Motivation (1943) explains individual human behaviour as driven by basic needs, beginning with foundational physiological needs, and then moving up a hierarchy to safety

needs, then love needs, esteem, and ultimately the need for self-actualisation. This theory has some similarities to other psychological theories on human development such as Bronfenbrenner (1977; 1992; 2005). Bronfenbrenner previously outlined in Chapter 1, suggests the use of broader concepts to understand needs for human development, which go beyond looking only at the individual and include broader cultural and environmental influences.

Bradshaw's concept of social need incorporates the social context and associated complexity (Bradshaw, 1972). The taxonomy of social needs by Bradshaw speaks of "normative need", "felt need", "expressed need" and "comparative need". This taxonomy introduces a subjective assessment of need through "normative and comparative need" which is relevant to social policy. The subjective "felt need" reflects the perspective of those experiencing the need, while "expressed need" is considered a more objective perspective reflecting what service providers know about people's needs. The latter concept provides a helpful guide for those tasked with assessing and improving social services by considering the perspectives of stakeholders such as policy makers, researchers, service providers, and individuals who access services. However, Doyal and Gough (1991) argue that examining subjective need only distracts from looking at the more objective concept of universal human need, which is the foundation of human rights. Focusing on universal human need allows for defining need in terms of social justice to realise social policy that emphasises equity or equality.

The literature review also outlined various concepts of wellbeing and how different indicators of children's wellbeing have been developed over the past two decades. While this research was not about measuring wellbeing, a conceptual framework which included needs and wellbeing was needed to assist in exploring the lived experiences and needs of refugee and asylum-seeking children. From the review of the literature, there was no one framework that would enable a comprehensive understanding of all children's needs. Nor was it desirable to measure aspects of wellbeing. The object of selecting a framework initially was to guide the interview questions. Of the many frameworks on children's wellbeing, the UNICEF child wellbeing framework described by Bradshaw, Hoelscher, and Richardson (2006) seemed most appropriate since it included a subjective meaning of wellbeing. This was important because it meant the research had the potential to empower children's voices. This framework is based on the idea of ecological development and has been deemed suitable to assess the wellbeing of children and young people (Ben-Arieh, 2008). It also reflects the principles of the CRC in promoting the importance of the views of children.

However, the term wellbeing is not a child-friendly term. It is adult language and hails from the developed world. Hence, for the interviews, the use of the term wellbeing needed to be reframed. This was not only because it was about appropriate language for children but also that the research was focused on children from diverse cultural and linguistic backgrounds. Therefore, the idea of wellbeing was explained to children as being or having a good life, and children were asked to describe what they needed to have a good life. This approach sought to maximise children's understanding of not only the purpose of the research but also to enhance their capacity to identify their needs in different areas. The research garnered a deeper understanding of children's needs in known categories of basic needs, health and safety, education, family and peer relationship as well as subjective wellbeing (including the children's view of life satisfaction) but also other categories of need identified by the children themselves.

Making an absolute judgement as to what framework was the best or the most suitable for this research was difficult. In an expert consultation hosted by the UNICEF Office of Research, it was recommended that frameworks about needs should be refined and tested in real situations (UNICEF, 2012a). This research showed the outcomes of employing the UNICEF child wellbeing framework in a real-life practice situation. I used this framework to invite children to speak for themselves and to focus on their own perspectives, while also collecting information about their wellbeing from the perspectives of the adults in their lives. The findings illustrated the strength of relationships between children and their families, and indicated that relationships with their communities were also important. Nabavi (2012) draws attention to a fourth system in Bronfenbrenner's ecological theory, the chronosystem, and suggests that it is important to look at the effect of the timing of changes in the child's environment. The age of a child will likely have an effect on their reaction to fleeing from their home or living in exile. As children get older, they may be more able to reflect on how these changes will affect their future lives, and the lives of their family and community. The children in this research were aged 12 to 18 years. There is a need for more research to explore the development and needs of children who live in exile, where the four environmental systems have been disrupted, and the children have to adapt to a new country where the systems are less predictable and the environments are less safe. This suggests that it may be beneficial in future research regarding wellbeing and development of refugee and asylum-seeking children to use not only this UNICEF framework, but also to consider other child wellbeing frameworks which examine broader environment issues of neighbourhood and community.

Of note, the UNICEF framework is designed by adults and thus contains technical terms. I found that it was not in language that is simple for children to understand, in particular, children from different cultural and non-English speaking backgrounds. Thus, for example, it was difficult to ask children about the domain in the UNICEF framework which focuses on behaviour and risks. I found that it was not only interviewing children in the presence of their parents that limited information about behavioural risks, but that the language and the topic itself was challenging for children. I tried to simplify the adult language by asking children questions like: what makes you feel safe, what makes you feel unsafe, are there any behaviours in children or adults in your community which worry you? I also gave some examples of what might be considered behavioural risks such as smoking, drug and alcohol use, fighting, and others. Although children seemed to understand these ideas, they still provided very little information on the topic.

Nevertheless, selecting the UNICEF child wellbeing framework was a good choice at the time of the designing the research project, and was congruent with the chosen methodology and methods which sought to empower children. The results also indicated that the selection of this framework was appropriate and useful for research which aimed to understand wellbeing and the needs of children from children's perspectives as well as adults. However, it is acknowledged that other frameworks which consider the broader living environment; social, cultural, and political contexts; and which use more appropriate children's language could also assist future research about the lived experience and wellbeing of refugee children from diverse culture and linguistic backgrounds.

6.2 Livelihood

While the concept of livelihood is not a separate domain in the UNICEF child wellbeing framework, the concept emerged as a major issue throughout the analysis of the data about basic material needs for survival among refugee and asylum-seeking children and their families.

The thematic analysis indicated the strong relationship between meeting children's basic needs and the essential need for employment and earning income to assist with their survival. Parents also mentioned their need re accessing financial assistance or food donations and their hope to establish skills in their communities to produce their own food as well as conduct some form of self-employment. While the findings also showed that children were aware of changes in their lives and that their parents felt financially stressed, some children also indicated that they felt responsible to help their parents by finding paid jobs.

The UNHCR and different organisations have continued to address this need for earning income and capacity to support themselves among refugee communities in Thailand. The term “livelihood” was often mentioned in the interviews by the key informants (service providers and policy advocates) in both Mae Sot and Bangkok. Key informants reported there were different livelihood programs for refugee communities run by a range of organisations, and that each program had different goals and activities. For this, I revisited the literature to find out more about the term livelihood. The concept of livelihood is complex and its use is varied (Morse & McNamara, 2013). The UNCHR operational guidelines for livelihood programming describes livelihood as following;

Livelihoods comprise the capabilities, assets (human, natural and capital, financial, physical and social) and activities required for a means of living. Livelihoods enable individuals, households, and communities to cope with and recover from stress and shocks, maintain or enhance their capabilities and assets, and provide sustainable opportunities for the next generation. A livelihood is made up of the following attributes: the possession of human capabilities (such as education, skills, health and psychological orientation); access to tangible and intangible assets; and the existence of economic activities. Livelihoods are sustainable when they contribute net benefits to local and global communities and in the short and long-term (UNHCR, 2012a, p. 126).

Livelihood programs for families have been key to UNCHR’s work in both urban refugee communities and also UNHCR refugee camps (UNHCR, 2012b; 2016a). In the camps in Thailand, the UNHCR livelihood programs mainly involve establishing agriculture and community gardens to produce and sell food to earn income. There is also the challenge of getting permission from the Thai authorities to organise livelihood projects in the camps. While not every camp has gained the necessary permissions, the Mae La camp, which is located near Mae Sot has achieved some successful livelihood project outcomes (The Border Consortium, 2015). There are also employment opportunities inside the refugee camps as some refugees were also employed as staff of NGOs and CBOs (Chalamwong, Thabchumpon, & Chantavanich, 2014). The research also demonstrated that livelihood activities outside camps in Mae Sot were similar to the livelihood activities operating in Migrant Learning Schools (MLCs) and Women and Children’s shelters, where children and families live on livestock and vegetables they grow.

While there is limited information about livelihood programs in urban settings including Bangkok, this research demonstrated that the UNHCR and other organisations also provide livelihood programs which focus on training skills such as cooking, sewing, and handmade production. This reflects that the concept livelihood is operationalised differently and activities vary depending on the purpose of each program and the organisation running it. The

success or otherwise of livelihood activities also depends on the local environment and capacity of each refugee community.

Summary

This chapter has revisited the literature about the different concepts of need, wellbeing, and livelihood and discussed how they informed this research. It provides an understanding as to how and why the UNICEF child wellbeing framework was selected and also reflects on the possibility of a more appropriate child-friendly framework for research on children's wellbeing, one that considers language that is more suitable for children. This in turn may assist children to understand more as well as express themselves more easily when providing information about their needs and wellbeing.

Furthermore, the emergent issue of livelihood was discussed since it was a significant theme, and was strongly connected to children's wellbeing and their need for basic materials. It was helpful to revisit the literature in order to clarify the concepts of livelihood prior to developing the discussion on basic materials and livelihood in Chapter 8.

Chapter 7 follows now and discusses the needs and psychosocial wellbeing of children, particularly in relation to their families, as well as their health, education, and safety. It also reflects on the perspectives of children in comparison to the perspectives of adults about needs and wellbeing as well as available support and services that impact psychosocial wellbeing.

Chapter 7: Needs and Psychosocial Wellbeing

Introduction

There are two discussion chapters which focus on the research findings on the needs for refugee and asylum-seeking children as well as supports, services and policies impacted their wellbeing. This chapter discusses issues in regard to meeting children's needs around their psychosocial wellbeing as well as their health, education, and safety needs. The second is about the broader context of domestic policy and the law, and how these mediate opportunities to meet needs including accessing health, education, employment opportunities and legal protection for the children and their families.

Chapter 7 has six sections. Section 7.1 focuses on children's perspectives of their needs, how these change over time and how they differ from the perspectives of the adults (parents, guardians, services providers, and advocacy advocates) in their lives. Section 7.2 shows how children's sense of identity, which is so important for childhood development, influences their adaptation to life in their local communities. Then the discussion moves to reflect on how children's needs and wellbeing are catered for within their local environment with particular references to their families, health services, and schooling as well as safety considerations. Section 7.3 reflects on relationships in families and the roles that children take on within families, and section 7.4 reflects on different perspectives on health and identifying health needs. Section 7.5 discusses needs in relation to education and children's schooling experience, and the final section 7.6 discusses perceptions of safety.

7.1 Perspectives on Needs of Children

First, comparing and analysing refugee and asylum-seeking children's needs between Mae Sot and Bangkok in 2014 and 2015 indicated that children had different life experiences and access to support and services. Second, children were able to recognise and explain significant changes in their lives over the time period suggesting they were valuable research informants. Third, the analysis of children's and adult perspectives about children's needs revealed

similarities and differences, again indicating the importance of listening to not only adults but also children to improve service provision and policy development.

7.1.1 Children's Perspectives on Their Needs

Identifying the differences and similarities in the needs of children over the two time periods provided valuable understandings as to how life experiences, supports and services varied for children in Bangkok and Mae Sot. In general, children in both sites had poor living conditions, but children in Mae Sot had greater access to support and services than the children in Bangkok who were living in a more volatile situation with increasingly limited access to supports and services.

All children expressed a strong desire to focus on or strive for their future hopes and dreams, but political changes in 2015 particularly impacted the lives of children in Bangkok. Hence, comparing the expressed needs of children between 2014 and 2015 showed deterioration in the situation of most children in Bangkok, while children in Mae Sot generally experienced little more positive developments in their lives as well as greater constancy of available supports and services.

The main differences for children in Bangkok in 2015 were their greater and more urgent needs around basic materials including food, clothes, and medicine, as well as jobs, safety, freedom, and family resettlement. No child in Mae Sot expressed growing concerns about these issues in 2015. In 2015, children in Bangkok indicated that their lives had become more dangerous and difficult. This was primarily due to the active raids and mass arrests by Thai authorities in refugee communities, and the arrests and detention of parents/guardians and children at the Immigration Detention Centre (IDC). For example, while children in both sites identified the common need to have family and friends, for children in Bangkok this meant desiring family reunion with parents detained in the IDC. Even though some were able to be bailed out by relatives or friends, this involved borrowing bail money and a need to repay the loan. Most families in Bangkok had become more desperate in 2015 and were living with greater financial hardship than in 2014.

Children also had different and alternative views about the priority of their needs for a good life across the two sites. Most children had identified the need for education as very important to having a good life, but the four children in Mae Sot who were interviewed in 2014 did not identify a need for education at the follow-up interview in 2015. Now a year older, they identified needs such as to "have a job", "be able to work", "be able to save money", and "able to take care of parents". This reflected that these children felt the desire and responsibility to

earn income to support themselves and their families and that education was no longer such an important need for a good life.

Children identified not only personally relevant needs but also showed that they were sensitive to broader concerns like housing and the environment in their community. In 2014, a few children in Mae Sot identified their need for housing saying they preferred to have their own house rather than rent and that they wished to live in a cleaner and safer environment. However, in 2015, this need was not identified by these same children. For some, this perhaps was because they had moved and were now living in better housing conditions in another area of Mae Sot.

Children recognised that having a house in a good environment was important for a good life. Children in both sites also demonstrated their sense of connectedness to other people in their own communities and to society. Children described needs such as “have good neighbours”, “families in community are happy”, “school in the community for other children”, “no war no fighting against people or civilians”, “no racism, no fear”, “feel stability”, and others. This means that they recognised their needs beyond their own as individuals and their family context but to broader and multiple contexts as in the “exosystem” and “macrosystem” that Bronfenbrenner (2005) explained in his Ecological Systems Theory.

7.1.2 Changes in Children’s Lives and Their Needs

The use of multiple research methods, including a longitudinal component, helped clarify and represent children’s perspectives. Spyrou (2011) points out that it is important for the researcher to be aware that it can be difficult to make claim to the validity of children’s voices, and that much depends on the research design and methods to enhance this validity. In this research, the use of observation of the children’s living conditions, semi-structured interviews with them, as well as collecting their drawing and writing provided a variety of data about the children’s perspectives. This enabled a deeper understanding of children’s lives and factors which impact their needs and experiences over time, such that children in both sites indicated their ability to report changes in their needs and significant changes in their lives between 2014 and 2015.

Both the interview transcripts and drawings of children in Mae Sot were examined to analyse their needs and their hopes and dreams for future. As said, the analysis showed that the children in Mae Sot had more stability of access to basic materials, education, health services as well as employment opportunities. Most children in Mae Sot identified less health problems than children in Bangkok and were able to continue their education or find a paid job. By

2015, only one child, James had been accepted for resettlement in another country. Even though the situation in Mae Sot was still difficult with children still living in poverty, only one child, Aban indicated he had not had the necessary opportunity for education to improve his life. One of the nine children in both 2014 and 2015, Bassim, expressed a high degree of satisfaction with his life, and indicated he had no need for a good life since he was already living it. None of children in Bangkok expressed this kind of happiness or satisfaction with their lives. There was the sense that most children in Mae Sot believed they could live their lives well so long as they had education or job opportunities, and that the majority in Mae Sot had identified some positive changes in their lives across the two time periods.

An example of this is Cala. The first time I met Cala in Mae Sot, she was very shy although enthusiastic to draw a picture. She explained the violence in Myanmar in her first drawing (Figure 7, in chapter 4). At this first interview, Cala could not explain what she needs for a good life but spoke of her hopes and dreams:

I would like to become a teacher or if I cannot work as a teacher I plan to work in chicken factory. After I graduate I can obtain a working card. School will provide certificate and I can use it to ask for the card.

In 2015, in a first follow-up interview with Cala, she was still shy and even appeared frustrated that she could not identify what she needed to have a good life. Again, I gave her drawing materials and returned again a few days later.



Figure 24: Drawing by Cala, 2015

In this next visit, Cala stated that drawing was good fun and that she was finally able to explain what she needs for a good life:

I would like a school bag, uniforms, notebooks, pencils, rubbers, roller tape, and a computer tablet.

She was at last able to share her hopes and dreams in her drawing:

Yes, it is a picture of a doctor because I would like to become a doctor and work at Mae Sot hospital. . . I like doctor uniform. I would like to help people who do not have money.

My overall interpretation of my time with Cala (interviews, several observations, and seeing her drawings both times) is that she had shifted her attention from initially sharing a story of her identity and refugee journey to focus on her aspirations. Like the other children I interviewed, she described her goals for her future career differently in the second year, although her overall aspirations remained similar to continue and finish her study so she can pursue her hopes and dreams.

This was in stark contrast to the many stories of children in Bangkok, where support and services were interrupted between 2014 to 2015 as a result of the operations of Thai authorities and cuts in funding. In 2015, parents had greater challenges in finding paid work than parents in Mae Sot, and thus their children's lives had more negative changes across the two periods of time. The observations, the interview transcripts as well as the children's drawings and writing reflected much more difficult situations in 2015 than in 2014. Through my written observations in 2014 and 2015 as well as my notes from ongoing contact with some up to 2018, I was able to confirm that only two of the 30 children had been accepted for resettlement in another country, while a few children were still detained in the IDC. Most are still living in precarious conditions. One example of this is the story of Aafreen. In my first visit in 2014, and through my observation, interview, and Aafreen's own drawing (Figure 13 in Chapter 5), she was able to show how she experienced the challenges of adapting to live in Bangkok where lives are not safe. Attending the community school was the one thing that made her feel that her life was still normal and she seemed relatively happy. She explained that to have a good life:

I want good education and bible. My dream is to become a nurse.

When I revisited Aafreen and her family in 2015, I found that her mother was absent and Aafreen reported that she was detained in the IDC. Her father and two sisters appeared very sad. She explained that when the community school had closed down after mass arrests in her community in 2015, she was very bored. She and her sisters had not seen their mother since the incident and my contacts with her and her family in 2017 revealed her mother was still in

the IDC with no one able to afford to bail her out. Her father was the only one who still had a valid visa to visit her mother but he was said to also be at risk of arrest and detention when his visa becomes invalid in less than a year. Aafreen’s story represents a deteriorating situation, yet sadly also reflects the experiences of many children and their families in Bangkok where there is no future prospect and children’s needs are increasingly unmet.



Figure 25: Drawing by Aafreen, 2015

Aafreen drew the above picture and explained the significant changes in her life:

Last time we only upset about food, rent and medical but now we are mentally disturbing because we are alone and one family member is other side [in IDC]. This picture shows my condo, police came to my building. Police arrested us and put us in a truck. My mum, my sisters and my nephew (a 2 years-old toddler) and I were taken to IDC with lots of people. No space to sleep, we had to sit. We were there for 6-7 hours with no water. Immigration officers were very bad. UNHCR was there and children under 18 can go home and breastfeeding mums. So we came home but not our mum.

7.1.3 Perspectives Between Children and Adults

Analysis of the findings indicates key differences between as well as similarities in the perspectives of children and adults. This provides evidence that children actually make their own different ways to identify their needs and what they require for a good life which in turn can inform services and policy development. For example, using both writing and drawing, Kamilah (14-year-old girl) described inadequacy in her life as her needs and hopes and dreams.



Figure 26: Drawing by Kamilah, 2015

Shuhda drew a picture about needs for asylum seekers in 2014 but in 2015 stated that she felt like writing about her needs more than making a drawing. She wrote:

Refugee life is really very very hard. We don't have a lot money for our visa fee cause of it we are living illegal. and living illegal is very dangerous for us. We need to buy our food and other needs things but it's dangerous to go out. and in Pakistan we had very large home so it's very hard to live in one room for family. every one had a lot of dreams and hope. Someone want to be an engeener, Teacher, Actor, singer. Like that I also want to be a doctor but our time is just wasting. No money for food, for study, for other needs and no home. :X

Figure 27: Writing by Shuda, 2015

Aafreen drew a picture and explained her needs for a good life without using any words. She identified needs for a good education, home, food, and dresses.



Figure 28: Drawing by Aafreen, 2015

The children in this research indicated that their identification of particular needs and definitions of a good life were unique. Each individual had their own views about their world and what would improve their wellbeing. The children also described a variety of needs, some of which are recognised as “self-actualisation/self-esteem” which reflects the top of Maslow’s needs’ pyramid (1943). For example, “to be a good person”, “having a belief”, “being honest”, “have the same opportunities and quality life as others”, “to keep on trying” could be said to relate to aspirational hopes and dreams. This was different to the adults who identified children’s physical and psychosocial needs as more important in much the same hierarchical order as Maslow’s basic human needs.

Adults in both sites (2014 and 2015) identified similar needs around education and safety/legal protection. However, adults sometimes identified different needs to those identified by the children. In Mae Sot, most adults did not directly describe the needs of children. Rather they expressed their concerns about education, health, and the implications of not having an ID card. One parent stated that children need to be able to live independently and support themselves. Adult service providers and policy advocates identified the need for legal

protection, cultural orientation of resettlement, and the specific needs for children who received negative result of RSD from the UNHCR.

Adults in Bangkok identified the needs of children in 2014 to include education, food, health care, safety, play and recreation. In 2015, adults identified the same needs as in 2014 but also added other needs including basic materials, preparation for resettlement, a job, protection and legal status, ways of preventing statelessness, dental care, special services for children with a disability, birth certificates to access health care, a normal family life, spiritual study, milk, and organisational or UN support.

Children expressed their need to play and have fun with their friends and described how they spent time playing and socialising with their friends at school and in the community. It is notable that no adults identified needs for family and peer relationships, play and recreation, or good neighbours. It can be speculated that adults, especially parents, focused more on the physical, intellectual, and social development of children. However, they did not focus on the children's need for relationships with their own family and friends. Nor did the parents mention a need for children to have relationships with people in the community. Adults viewed the need for basic materials and other practical supports as most important for their children, whereas children were more likely to identify their motivational needs more and include good relationships with family, peers, and people in the community, the desire to achieve the best they can, and to have a good life. These differences illustrate that adults cannot comprehensively represent children's needs given children often have different perceptions and aspirations.

7.2 Identities and Adaptation

Children introduced themselves and described who they were through talking about their refugee journeys. I also observed an interesting connection between children's identity and how identity can mediate their social adaptation as well as their access to services. This is important given the social and psychological development needs of refugee and asylum-seeking children, and the nature of their adaptation to their new living circumstances.

Identity is a very important part of cognition and personality development of children especially through the period of adolescence (Peterson, 1989). According to Erikson (1959), identity refers to how a person describes who he or she is. It is a sense of self and, although adolescence is a crisis period of forming one's identity, the individual's identity is continuously evolving from early childhood through to adulthood. Refugee and asylum-seeking children live in transition throughout their refugee journeys and until they are

resettled. They thus face particular challenges in developing their identities. Given they live in variable and precarious situations, the meaning of identity for refugees can be ambiguous and challenging (Phelps & Nadim, 2010). In both 2014 and 2015, refugee and asylum-seeking children also showed that they thought of themselves as living with what could be termed an imposed institutionally-defined identity. It is this latter identity which can have a significant impact on their adaptation to the new context in Thailand, and the development of their own individual identities. This is an important finding relating to the lived experience of refugee and asylum-seeking children.

It has already been suggested that there are benefits in reflecting on the complex process of children's conceptualisation of their identities through consideration of their country of origin, and cultural and ethnic groupings (Scourfield, Dicks, Holland, Drakeford, & Davies, 2006). This study indicated that refugee and asylum-seeking children in transition can have multiple and changeable identities. Having come from different backgrounds and describing the difficulties experienced during their flight from their original country, they also described how they adapted their sense of themselves through their uncertain pathway in their transit country of Thailand. It is reasonable to expect that, at best, their sense of who they are might be is ambiguously understood.

Refugees describe their refugee experiences and identities in many different ways (Tewolde, 2014). One study about the identities of refugee and immigrant adolescents showed that, in order to adapt to a new environment and fit into a new society, they were likely to develop new identities according to the peer groups they belonged to in their transit country. This was in preference to older groupings from their country of origin (Camino & Krulfeld, 1994). In this study, refugee and asylum-seeking children described their identities through stories of their refugee journeys and their situations through the migration process. They identified themselves by describing their nationality, cultural and linguistic backgrounds, and religion. Many described more than one identity which tended to reflect the hybrid situation they found themselves in, across both their familiar country of origin and their completely new environment. This suggests these children developed a sense of themselves through their new social group with whom they have something in common. Through this process, a collective identity started within these new groupings. This continued to develop but there were also outside labels conveyed on them by key institutions. Further, some children referred to themselves as being in one of the UNHCR's registration categories of refugee or asylum seeker suggesting the development of their adolescent identities and sense of belonging in this context is complex.

While most children in Mae Sot were comfortable resettling in either Thailand or another country, it was different in Bangkok. There, most children viewed Thailand as a transitional or temporary place on the way to resettling in another more preferred country. As most children's parents in Bangkok were determined to move to other countries for resettlement, many tried to keep the culture and identity of their countries of origin. They described their identities as focusing mainly on their nationalities, religion, and the culture and language of their homelands. On the other hand, children tried more to adapt to the Thai community so that they could feel safe, go to Thai schools, make friends and get to know their neighbours. Some children in both Bangkok and Mae Sot could speak Thai fluently and said they wished to obtain a Thai nationality and become Thai citizens. However, they were unable to apply for a Thai nationality. Three children interviewed in Mae Sot were born in a nearby refugee camp or at the public hospital, so held Thai birth certificates. This meant they will be able to apply for a Thai ID card when they turn 18 years of age old but, in doing so, will likely lose their Myanmar nationality as Myanmar does not allow for dual citizenship.

When children in Mae Sot were asked to introduce themselves, explain who they were and share their refugee journeys, their answers were ambivalent. Only a few children in Mae Sot offered that they and their parents were registered with the UNHCR as refugees or asylum seekers but none referred to these identities when they introduced themselves. Mainly they referred to their nationalities and ethnic groups. Some named more than one ethnic identity. James , a 15 year old boy, who had lived in Thailand most of his life and had adapted very well to the Thai community, described himself as having two ethnic identities – Thai and Karen. James and his mother were registered with the UNHCR as refugees; however, he did not refer himself as a refugee. When James and his mother later confirmed that they had been provided with a resettlement opportunity in another country, he indicated he was worried about how he would adapt. James had many friends in Mae Sot, and fitted into the local school and the Thai community very well. Now, he needed to consider resettling somewhere completely different from his home in Mae Sot.

Children in Bangkok introduced themselves in a different way. In contrast to children in Mae Sot, they appeared happy and proud to identify themselves as refugees after having been asylum-seekers for several years. Most children in Bangkok also described a community or collective identity through the pictures they drew and the stories they wrote about their needs and their lives in their community. This showed the ongoing adaptive processes whereby children construct and transform their identities in response to the ever-changing environment,

while also expressing their identity through their sense of belonging. Nabeeha described what it meant to have the identity of an asylum seeker.

Asylum Seekers

Asylum seekers are amongst the most vulnerable groups in society. Often they will have left everything behind when



they fled their countries. They may have been subjected to torture, or they may have witnessed their loved ones being killed. Often their health and well-being will be seriously affected. Asylum seekers have no support or right to work. They don't have healthy food. We live only in one room without freedom and being scared of immigration. :(we don't have enough money. we don't have proper education

Figure 29: Drawing and Writing by Nabeeha, 2015

Some children felt their lives were out of control, and that they were in limbo-land struggling to develop a sense of their identity given they did not know where they were eventually going to settle. Some of them had become stateless and had no institutional identity when they had received a negative RSD from the UNCHR. Given these children indicated a struggle to develop their identities and adapt themselves to their new contexts, they also showed resilience and were nevertheless passionate about pursuing their hopes and dreams for future. Ball and Mosselle (2015, 2016) who have researched the lived experiences of migrant children affected by forced migration in Mae Sot also made similar findings. According to Ball and Mosselle

(2015), this experience can be considered a “stage of liminality”. This helps gain a better understanding as to how children construct their identities when across two different worlds indefinitely, otherwise known as a liminal condition: “a condition of being intermediate between two or more states, conditions, or religions, or being suspended in a transitional space for an indeterminate amount of time” (Ball & Mosselle, 2016, p. 115). Their work confirmed the challenges for children developing their identities when living in transit situations for protracted periods, and how important it is to explore further how children interpret and conceptualise their identities in such a context.

7.3 Family Relationships and Roles of Children

According to the UNHCR Guidelines for Protection and Care of refugee children, family is crucial to the development of children’s psychosocial wellbeing and fundamental to their senses of “identity”, “security”, and “self-esteem” (UNHCR, 1994). Children at both sites and in both 2014 and 2015 recognised the importance of family relationships as central to having a good life. Children expressed the importance of their families in different and impressive ways. For example, Bassim, a 16-year-old Mae Sot boy, claimed that he needed nothing more than having his family around him. Nabeel, a 16-year-old boy, stated his mother was the most important person in his life. These statements were similar to how the other children described the importance of their families. They described positive family relationships and their appreciation of the caring they received from their parents, siblings as well as other family members. Although adult parents and guardians did not speak of the importance of family relationships, they were nevertheless doing their best to provide support and to keep their families together. Children saw the value of their families and family relationships as foundational to their emotional and psychological wellbeing. Children also expressed grief and loss when their grandparents passed away, or they were separated from their parents, and recognised that changes in family relationships and structure impacted all aspects of their lives. Children were fully aware that their families were not only the key support for basic materials but also the providers of love and care. Maslow (1943) suggested this is a fundamental need for human development.

Adults in this research identified most children’s needs according to Maslow’s (1943) hierarchy of human needs. In particular, they focused on physiological and safety needs, mentioning external materials and factors, such as health services, safety, and education needed to support their children’s cognitive and social development. However, they did not talk of family relationships. My sense was that these parents saw themselves in the roles of provider, carer, and protector of their children in what was an emergency or dangerous

situation. Adults described their children needing the essentials that they, as adults, were supposed to provide them. Children also provided evidence that they understood their inner worlds and family relationships and recognise that this helped them to develop into a happy and strong people.

Second, through the literature review, there was no particular research on family relationships and family roles among refugee and asylum-seeking children in Thailand. Thus, there is limited information to help understand the dynamic nature of the roles and relationship of children through their refugee journeys and their tumultuous lives in Thailand. However, this research indicates that these children were capable of adapting themselves to different roles in order to support their families including being leaders and helping their parents make decisions. This is evidence that refugee and asylum-seeking children profess to have a high level of resilience and can be valuable assets to their families and communities.

When these families lived in their countries of origin, children's parents were responsible for meeting the all their children's needs. However, through the refugee journey, this can be compromised and some have been physically, emotionally and materially unable to maintain the same degree of care and protection. Some studies have explored the changes in family roles, family relationships and parenting among refugee families (Deng & Marlowe, 2013; Ho, 2010; Hynie, Guruge, & Shakya, 2013). This research showed that through this transition, children have lived in uncertain conditions, and faced an unknown future, yet have adapted and taken on new roles in order to support themselves and their families. One study explained that maintaining family roles is a great strength of refugee families and children in such situations should respect the adult family members and avoid taking on roles that intrude into the usual order of the family structure (Pejic, Alvarado, Hess, & Groark, 2017). However, this research showed that refugee and asylum-seeking children in both sites can take on new and more intrusive roles such as baby sister, carer, cleaner, cook, guard, informant, volunteer teacher, interpreter, paid worker, and even leader or head of household, to support their families.

In Mae Sot and Bangkok, some tasks and responsibilities taken on by both boys and girls in their families changed between 2014 and 2015. In some part, this may have been due to them being a year older. At both sites, girls provided domestic assistance to their parents: cleaning, cooking, and providing care to younger siblings who were toddlers or new born babies. Girls and boys also became carers to sick parents and grandparents. They also searched for paid jobs if there was no or limited income in the family. In Bangkok, children kept watch for when police approached their building. They became guards and sent warning messages to their

families and neighbours. They also acted as interpreters and informants to assist their parents when they could speak in Thai or English, and their parents could not. Their language skills helped their parents to communicate with local people as well as when they accessed service providers, for example, at the hospital or the Thai health care centre. Some even took on the role of leader or head of household and made important decisions for their families when their parents were absent or even with the permission of their parents. A few children also became volunteers and helped in their community schools.

When refugees and asylum seekers were not permitted to work, they lived with financial hardship. At both sites, the adults in the family (parents, relatives and young persons) tried to provide for the basic needs of their children but this was sometimes insufficient and they sometimes had serious concerns about the physical health of their children. Parents felt that they were not able to provide adequate nutrition and other supports. Although parents in Mae Sot had much better opportunities for paid work than in Bangkok, they still lived in poverty. One study showed that there were changes in the roles of migrant women from Myanmar in Thailand and that women often found ways to get a job through their husbands' network and the community (Pollard, 2006). As children and their family experienced financial hardship and lived in risky situations, both children and adults helped each other and adapted to different roles. Most male family members still felt responsible to provide incomes and because of the unsafe environment, most female family members and children remained at home and took care of domestic work. There were mothers in both sites, who were separated from their husbands or had lost their partners and become single parents. These women became the heads of their households with increased roles and responsibilities. While most women in Mae Sot had jobs, in Bangkok, single parents had no job and lived with the emotional distress of not being able to earn sufficient income to support themselves and their children.

McCleary (2017) found that children took on the roles of adults in refugee circumstances. In part, this was due to them learning new language better and more quickly than their parents. In some instances, this led to more responsible roles for children which left parents feeling disempowered. This study also showed that, although parents wanted to work to earn income, they allowed their children to work to pay the rent and feed their younger siblings because they were not able to speak Thai. Although parents wanted their children to access education and continue their development, some children felt responsible and needed to find paid work and provide financial support to their families. A few children worked because their mothers looked after younger siblings at home given there were no other relatives to provide support.

A number of recent research studies also found that refugee and asylum-seeking youth have high resilience and can contribute to their community (Earnest et. al., 2015; Pieloch et. al., 2016). This research also confirmed that refugee and asylum-seeking children have high resilience and, even when they were in a difficult position, were willing to make sacrifices for their family and community. The arrest of refugees and asylum seekers in different refugee communities in Bangkok caused some children to take on even more difficult roles and responsibilities. Some children, who were released, took on parent/guardian roles for their younger siblings while their parents remained in the IDC. Some children were detained in a detention facility with one parent of the same gender and so separated from the other parent. Kiab and her family from Vietnam suffered the loss of their family head after her father was arrested and detained six years prior. Her mother could not find a job and they depended on food parcels and donations from a church.



Figure 30: Drawing by Kiab, 2015

My dreams, I would like all of my family to reunite and be together again. I miss my dad very much. He is still in IDC. He only can call us twice a week.

Many children were left with relatives after their parents were arrested and detained. Some cared for siblings and other younger relatives and some found a job to earn income to pay rent and to provide basic materials. Unaccompanied children had to support themselves as well, for instance, Za-Ngay, a 15-year-old girl in Mae Sot. She had lost both her father and step-mother, and hence became the main carer and guardian to her younger step-brother. Although Za-Ngay had had a traumatic experience and lived in a very difficult situation, she showed

strength and resilience. She, and others like her, showed they were mature, independent and responsible, and could provide support to their families as needed.

7.4 Perspectives on Health and Health Needs

This research revealed that refugee and asylum-seeking children had significant health needs, yet experienced gaps in the availability of health services. Using the UNICEF child wellbeing framework, similarities and differences in the perspectives of children and adults were revealed. This discussion indicates that children can provide valuable information about their health and health needs which can be helpful in improving health services. However, children did not talk so readily about their mental health, and it was difficult to gain an understanding from them of any risks related to their health behaviours. There is a need for further research in these areas.

First, little was known about the health needs and wellbeing of refugee and asylum-seeking children living outside refugee camps in either Mae Sot or Bangkok. Also, no research was known to have examined the subjective views on health of refugee and asylum-seeking children in Thailand. This research showed that the children living at both sites had insufficient basic materials, which had an effect on both their physical and mental health. However, only a small number of them spoke about health needs and issues. This was in contrast to the adults' perspectives, in particular, in Bangkok where most expressed concerns about their own health as well as the health of their children, and identified a need for health care services. These different views between children and adults emphasised the importance of listening to not only adults but also children.

Most children at both sites described themselves as healthy or in good health. However, the few that described themselves as not healthy shared similar views about their health problems. Most of the children in Mae Sot stated that they had good physical and mental health in 2014 and 2015. Reviewing this information together with information that more than half the parents interviewed in Mae Sot had a job, it is reasonable to suggest they could afford some basic materials for children. Families in Mae Sot also had access to free health services. Thus, children in Mae Sot reported less health concerns than in the children in Bangkok.

In Bangkok where most families had no income and lived with inadequate food and medicines, parents/guardians and key informants expressed much more concern about health and their children's health conditions. This probably reflects that adults understand more about the effects of long term malnutrition on children's physical and psychological development. Even though children in Bangkok lived with more starvation and had more severe malnutrition than

in Mae Sot, many did not identify health needs for themselves. For those children who identified health needs, they expressed these differently to adults. They spoke about them indirectly through conversations about concerns for their family, or other people's health problems, such as babies in the community needing milk, their siblings needing access to disability services, their parents needing surgery or treatment, and their families feeling stressed and depressed. Children also recognised the importance of living in a good and clean environment as part of living healthily. This showed that children were good observers of the needs of family and community members.

Second, children tended not to mention mental health problems directly. Although most children in Bangkok indicated that they did not have mental health issues, through asking them questions about other needs and their daily lives at interview or in casual conversations when visiting them, some described feeling depressed, stressed, having sleeping problems and nightmares. Some mentioned physical health problems that they said were caused by stress such as chronic headaches, problems concentrating, stomach ulcers, and one girl also had ongoing periods for over a year, which she thought was due to stress and anxiety. Many mentioned that they felt weak, had a headache, and could not concentrate in the classroom. Maybe children were not able to readily recognise the connection between physical and mental health, and the impact of their difficult daily lives on their cognitive development more broadly. Even so, they showed resilience and an ability to tolerate living with inadequate food and poor access to health care.

While adults provided health services to prevent the deterioration of the physical health among refugee and asylum-seeking children, it is also important to consider the psychological impacts on these children who have undergone traumatic experiences and are now adapting to new and risky environments. One study has shown that refugee youth experience PTSD and depression (Onyut et. al., 2009), and another suggests that trauma and poor mental health also have negative impacts on social adaptation (Gadeberg & Norredam, 2016; Halcón et. al., 2004). In this research, children shared the traumatic experiences of their refugee journeys with no obvious psychological supports to deal with their trauma. One example was some Syrian refugee girls in Bangkok, who had witnessed a suicide bombing in Syria, and were now dealing with sleeping problems and feeling terrified whenever they heard a loud noise. While primary health care for physical health and health emergencies is important, mental health interventions must also be offered to refugees (Onyut et. al., 2009). However, this research showed that mental health services for refugee and asylum-seeking children were

very limited at both sites, thus suggesting mental health supports and services have not been a priority.

It is also speculated that service providers prioritise health services according to adults' perspectives on children health. Thai health centres in both sites provided the community with health education, primary health care, and intervention to prevent outbreaks of epidemics. Other health services provided physical treatment and general health services with only limited mental health services and psychological support for refugee and asylum-seeking children. While there is a lack of child counselling services in both sites, one study suggested that mental health care can be arranged beyond clinical settings, and provided within families, group support, or even at school (Fazel & Stein, 2002). Key informants who were service providers recognised the importance of supporting recreational activities in refugee communities to improve children's mental and physical health. However, there were barriers to organising such activities in the more unsafe environment of Bangkok. Most children in Bangkok expressed a need for play, to have recreation activities, and to have the freedom to go outside their apartment rooms. While children did not describe their health and health needs directly, by listening to them actively and including their views, adults can perhaps change the priorities in health services and create alternative supports to enhance their health and wellbeing.

Finally, analysis of the risky health behaviours among children and their families was difficult because of limited information. Children and adults were asked for their views about the risks of unfavourable nutrition, smoking, alcohol consumption, unsafe neighbourhoods and risks in the environment. Children did not describe any risky behaviour, but it may have been that they felt too uncomfortable to disclose any in front of their parents/guardians at interview. Children in Bangkok stayed in their apartment rooms both day and night, while children in Mae Sot had much more freedom. Children in Mae Sot described their peer relationships, and how positive relationships with friends were a good influence and prevented them getting involved in any risky behaviour. Although the interviews with children and their parents did not reveal any signs of behaviour-related risks to health among refugee and asylum-seeking children in the community, key informants at both sites expressed their concerns about the risks of alcohol and drug use, violence, abuse, and exploitation and trafficking in local communities. They explained that they therefore provided education to prevent and intervene to reduce the risks to children and families. Analysis of the limited literature about the risky health behaviours among young refugee communities indicated that there can be risks around alcohol and drug use, involvement in unsafe sexual activities, and fighting in communities. However, there is a

lack of research on these issues and what relevant effective supports and services are required in refugee communities.

7.5 Education and Schooling

In this study, every child identified education as important to achieving their aspirations, their hopes and their dreams, thus showing the value and importance that refugee and asylum-seeking children place on education. The differences in children's schooling experiences between Mae Sot and Bangkok in 2014 and 2015 indicated that some children, particularly those in Bangkok, had not had their educational needs met. This discussion raises two questions: what explains the different schooling experiences for the children in Mae Sot and Bangkok, and how can service providers improve education for these children who are from diverse backgrounds and have different future goals? Addressing educational need was complicated and involved critical policy gaps. This section discusses the very complex way in which the provision of education for refugee and asylum-seeking children in transition operates.

According to the UNHCR's Guidelines for Protection and Care for Refugee Children, education is the key to cognitive development of children (UNHCR, 1994). Education also provides an opportunity for social development through peer relationships. As a part of the UNHCR framework focusing on children's subjective wellbeing, it was revealed that the provision of education had been inadequately addressed. Most children in Mae Sot were satisfied with their learning at school but most children in Bangkok wanted to prepare for resettlement in English-speaking countries and schools were unable to address students' preferences to study in the English language.

There were facilitators and barriers to providing education at both sites which influenced children's schooling experiences and operated differently at each site. The literature review showed there were different schooling options for children in Mae Sot, whereas less is known about schooling options for children in Bangkok. In 2014, children at both sites, who had the opportunity to study, enjoyed going to school (either informal/non-formal or formal school), learning different subjects and meeting their friends. However, this research showed an increase in instability in schooling provision for children in Bangkok. Service providers faced similar barriers including reduced funding and resources in both places. However, service providers and children in Bangkok experienced safety problems. In Bangkok, volunteer teachers at community schools as well as children who travelled to UNHCR-funded schools, reported an increased risk of arrest and detention in 2015. In 2015, children in Bangkok also

had less access to education due to the closing down of their community schools, whereas children in Mae Sot had more positive stories.

Depending on support from families and local or international organisations supporting migrant and refugee youth, children in Mae Sot had a broad range of educational options including home school, MLCs, Thai public schools, Thai technical colleges, and colleges/universities. Most children started their education at an MLC before entering a Thai public school. MLCs cannot provide higher education levels and their certificates do not help children get jobs in Thailand. However, MLCs help students continue their studies at a Thai public schools which provide a standard education according to the Thai curriculum. There was also a second school option to study school within the system of the Office of Non-formal and Informal Education (ONIE) under the Ministry of Education MOE. Children in Mae Sot who attended school stated that they were satisfied with their schooling. While most did not describe getting their preferences for subjects or languages to study, only a few children hoped for more English lessons. One child mentioned a bullying issue at school, but she was able to ignore the incident and gain her confidence. Most children in Mae Sot described positive relationships with their friends and were able to participate in group social and recreational activities on the weekend. This indicated that the children's needs for education were being met even though the MLCs were struggling due to a lack of resources and funding.

In addition, the provision of education in Mae Sot was much more stable in both 2014 and 2015 compared to the more volatile situation for children in Bangkok. The reasons why children in Bangkok stopped schooling were different to the reasons for children in Mae Sot who had more opportunities to get paid jobs, and even begin their own families. This meant that education at a higher level than secondary school was not a priority in Mae Sot. Key informants in Mae Sot pointed out that the barriers they faced in providing education were students dropping out of school to work or leaving to get married as well as difficulties in developing a school curriculum for children with uncertain futures (uncertainty as to whether they will live in Thailand or Myanmar or resettle in a third country). It also suggested that higher education was not deemed very important when a child had an opportunity to work and had other future plans. For example, Aahil, a 14-year-old boy from Myanmar, obtained a graduate certificate and could have continued to study at a Thai college. However, his preference was to stop studying, find a fulltime paid-work to help his parents to pay the rent and then save money to start his own family. However, Baahir, a 16-year-old boy from Myanmar, took a different approach. In 2015, Baahir almost stopped his study and initially

planned to work to provide financial support to his family. However, he then decided to keep on studying until he graduated from the Thai school

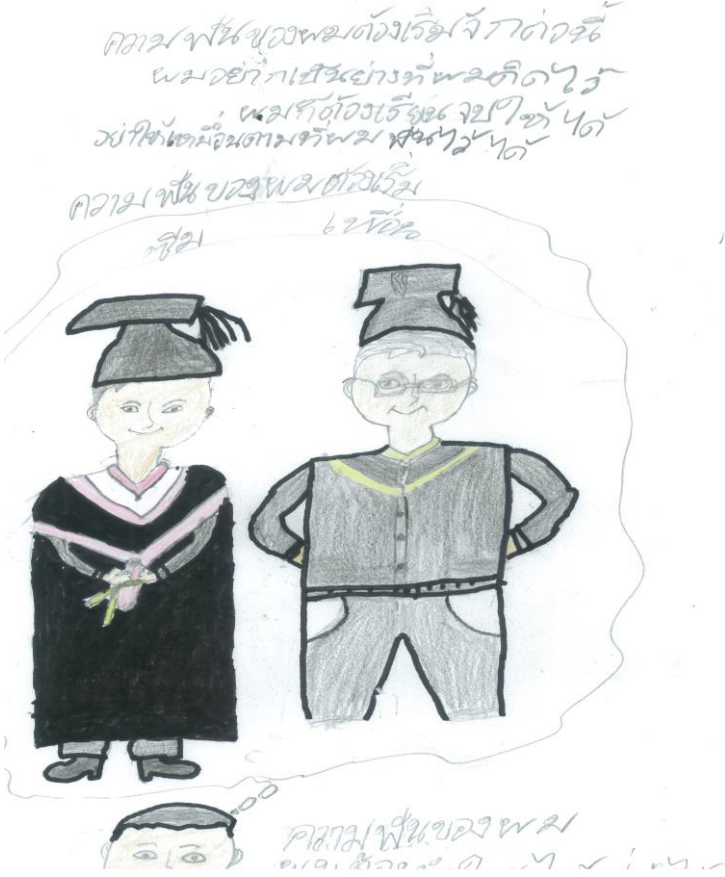


Figure 31: Drawing by Baahir, 2015

This picture is about my dreams becoming truth. I would like to graduate and then work as an electrician. This is me and my best friend. I would like to go to polytechnic college in Kum Pang Phet province to study electrician course. I talked to my friend who is studying there. He said if I have a certificate I can apply for enrolment.

After the research fieldwork was completed in 2015, I remained in contact with most of the children including Baahir. In 2016, Baahir told me that he was enrolled at a Thai technical college with his friend, but that he had also got a casual job for after school and on weekend. However, positive developments of this kind were much more possible for children living in Mae Sot. In Bangkok, children’s studies were interrupted when their informal community schools were closed down in 2015. None had an opportunity for higher education.

The UNHCR’s Guidelines for Protection and Care highlights the importance of providing school curricula in the first languages of refugee children (UNHCR, 1994). However, this research demonstrates that this is not happening, especially in Bangkok. Further, given children in Bangkok were from more diverse cultural and linguistic backgrounds than children in Mae Sot, this UNCHR Guideline presents an even bigger challenge for service providers in

Bangkok to design suitable curricula in the first languages of refugee children. Even so, most children in Bangkok preferred to study in either the English language or have more English lessons at school. The international school was not affordable for most families, and the community schools and the two UNHCR-funded schools have limited capacity to provide teaching in English.

The UNHCR's global education strategy is to integrate refugee children into the public schools of their asylum countries (Dryden-Peterson, 2017). Therefore, UNHCR Bangkok continues to support its implementing partners to prepare refugee students for Thai schools. Key informants were critical of this education pathway saying it set up children for failure. There were cases also where Thai schools refused to accept some students, preferring younger refugee children (under 12 years old) because it is believed that they learn the Thai language more quickly than older asylum-seeking children. The research also showed evidence of children passing Thai language classes and other required subject tests, but then not being accepted to Thai schools and thus being discriminated against because of their age.

Strekalova and Hoot (2008) claim that refugee children can experience difficulty focusing on their studies because of post-traumatic stress, and language barriers. This research indicated that children sometimes reported difficulties concentrating because of physical fatigue, stomach-aches, and chronic headaches; a lack of resources and study materials; and also language barriers. Children in Bangkok were afraid of being arrested when travelling to school, and found difficulty meeting the costs of transportation to school and thus sometimes stayed at home. Even though most would not use Thai when they resettled in other countries, most were aware that learning Thai could help them live more safely and enable them to integrate better into the local Thai community. However, without the opportunity to go to a Thai school, it was very difficult to learn Thai.

For those refugee and asylum-seeking children who had the opportunity to study at a Thai school, there were difficulties adapting to the school environment and learning Thai language. They were also sometimes treated differently by Thai students and teachers. Other research identified similar connections between discrimination, adaptation to the school environment and mental health and wellbeing among refugee youths (Montgomery & Foldspang, 2008). Another study also showed similar findings indicating that refugee children experienced both language barriers and discrimination in school (Dryden-Peterson, 2016). The school experiences of Paj and Hnub illustrate this. These two Hmong Vietnamese girls experienced indicated they had experienced discrimination by students and teachers, and were required to study in a class with much younger students. After a few years of attempting to pass the Thai

exam, Paj was still not allowed to move to the next level. She gave up and left school to find a paid job. These schooling experiences highlight how children felt excluded and victimised and struggled to integrate into Thai school and develop a sense of belonging.



Figure 32: Drawing by Hnub, 2015

Hnub described her drawing:

This is about my life as refugee in Thailand. I do not often go out because I am afraid of the police. I go to Thai school, some teachers and friends do not like me. They talk down to me. I am much older than other students but I have to study in Grade 5, I am supposed to study in secondary level, like Year 9 or 10.

Clearly, children in Mae Sot had better school experiences than children in Bangkok. They had more study choices, more opportunities for higher education, and could more readily adapt themselves to the Thai school curriculum and environment. Service providers such as MLCs were able to more easily provide language options because there was less linguistic diversity among the children of Mae Sot than in Bangkok. Support from a government department under Ministry of Education to MLCs in Mae Sot also provided children with more opportunity to access Thai education than the children in Bangkok. The Bangkok case study shows that education service providers in Bangkok will continue to have problems in their

efforts to improve education for refugee and asylum-seeking children, who come from such diverse backgrounds.

This unmet need for children in Bangkok shows that there are challenges in designing the best education outcomes, and a need to review the purpose in providing education to children who live in such uncertain situations. A study by Taylor and Sidhu (2012) argues for an ‘inclusive approach’ at school as good practice for the education of refugee youth. This research showed that children wanted to be included and treated with respect by other students and their teachers. This raises the question as to how schools can create a more positive culture and environment so that refugee and asylum-seeking children feel included. In both 2014 and 2015, children reinforced both directly and indirectly in interviews, and in drawings and writing, that education was the key to a good life and that they were happy going to either formal or non-formal schools. Education provided more than learning for these children, and also enabled a sense of belonging, feeling safe, having fun, and making friends. One study reviewing refugee education suggested that all agencies involved in the provision of education for refugee youth should not only aim to provide the necessary knowledge and skills to children but also assist them to fit in at schools (Pastoor, 2017). Another study suggested that it is important to understand how refugee youths adapt and feel a sense of belonging in the school environment (Kia-Keating & Ellis, 2007). The UNHCR’s Guidelines for Protection and Care for Refugee Children aim to “restore normalcy” for refugee children in order to maintain their mental health and wellbeing (UNHCR, 1994). This study provided new perspectives for rethinking the complex needs for education among refugee and asylum seeking children in transition. Schools should have safe, respectful and inclusive environments so that children can rebuild some normality into their lives through playing with friends as well as learning and other activities at school.

7.6 Perceptions of Safety

A sense of safety is key to normal childhood development and wellbeing. Refugee and asylum-seeking children live in precarious situations and serious safety concerns impact children living in both Mae Sot and Bangkok. This research also demonstrated that the ways in which children perceive safety issues were different from adults, and particular factors at each site impacted children’s experiences of safety.

Refugee children experience family loss and separation, trauma, and risks to their survival including malnutrition, disease, and disability (Ager, 1999). However, there is a lack of research about their safety experiences, especially those children who live outside refugee

camps in Thailand. Apart from one report about children and families in the IDC (Human Rights Watch, 2014), little is known about the safety or security issues facing children living in Mae Sot and Bangkok. As said, despite children living in risky situations, this research showed they constructed different meanings to adults around safety and security. Furthermore, a comparison of what children identified as their need for safety between the two sites and across time showed that children in Bangkok lived in a much more volatile situation than children in Mae Sot.

While most children in Mae Sot did not raise concerns about their safety, it was the opposite in Bangkok. Most children in Bangkok indirectly identified safety and security concerns by expressing their desire to have freedom, to be able to feel safe to go outside, to be able to attend school, to be able to play with friends outside their apartments, and to reunite with their families after they were released from the IDC. They expressed a wish to be able to live without fear, racism, to be able to live in peace in a good environment with good neighbours as well as then resettle to another country. Children described emotional distress and feeling unhappy showing perhaps that they perceived their loss of freedom could harm their wellbeing. Children described their need for freedom in relation to safety, not only as having free physical movement but also not being exposed to harmful environments. A few children mentioned the need to have ID documents to feel safe when they go outside and to be able to live in Thailand.

On the other hand, parents/guardians and key informants at both sites expressed concerns about children's safety. In particular, they mentioned risks of discrimination, abuse, violence, kidnap, exploitation, and trafficking. Moreover, both children and their parents were treated as illegal/undocumented migrants by the Thai authorities and adults spoke about the importance of IDs, and the need for protection for their children. Adults were of the view that if children could obtain some ID or legal status which the Thai authorities recognised, they could live in Thailand more safely. Key informants also believed that refugee and asylum-seeking children could improve their lives especially if they were able to live more freely and go to school without fear of arrest. While the adults focused on issues related to legal status to make safer and better lives for children, children tended to express their ideas about safety as feelings of wanting to be free and have fun.

Although most children in Mae Sot believed that the Thai authorities do not normally arrest children, two had been arrested and detained before being deported to Myanmar. Despite this, most Mae Sot children did not live their lives in fear, nor did they feel limited in their movements. Key informants also explained that refugees and migrants in Mae Sot saw their

risky circumstances as normal and got more used to the risks of arrest, detention, and deportation which seemed to have less harsh consequences.

In contrast, children in Bangkok expressed a growing need for freedom between the two data collection points. In 2014, children viewed Thailand as a place safer than their original countries but, by 2015 and because of arrests and the detention of several groups of children and adults from the refugee communities, they no longer felt safe. Children in Bangkok expressed increased fear. The cost of bail for children or adults in IDC was very high, and without being bailed out, there was a risk of being detained indefinitely. This was in contrast to children's experiences in Mae Sot, where the detention period was very short and after deportation across the border to Myanmar, they often returned to Thailand quickly.

Summary

This chapter reflects on the implications of the research findings. It demonstrates that adults and children often have different views about children's needs thus suggesting children's voices are important to gain understandings re their needs and psychosocial wellbeing and so as to inform responses. It also reveals many unmet family employment, health, education and safety needs, although these vary markedly across Mae Sot and Bangkok. In the next chapter, the broader context of domestic policy and law and how it influences the provision of supports and services to address the needs of children are discussed. Chapter 8 reflects on existing laws and policies such as international protocols for children rights which are not always complied with. The discussion chapter will focus especially on the CRC as well as other UN conventions and guidelines.

Chapter 8: Children's Rights in Law and Policy

Introduction

After Chapter 7's discussion of the findings in relation to children's psychosocial needs and their needs around family, health, education and safety, this chapter analyses the broader context of domestic policy and the law which influences the provision of supports and services in Mae Sot and Bangkok. There are five parts to this chapter. It begins with section 8.1 which discusses how children adapt their institutional identities and how this shapes their access to supports and services. Section 8.2 outlines the implications of existing policy and law for employment and/or livelihood activities for children and their families. Section 8.3 demonstrates that, under limited health services, the capacity of refugee community impact policy on their access to these services. Section 8.4 discusses the interaction between immigration law and education policy and how this impacts access to schooling for children. Finally, section 8.5 reflects on community-based protection as well as immigration law and policy which create barriers to refugee and asylum-seeking children accessing legal protection.

8.1 Changeable Identities and Access to Services

Refugee and asylum-seeking children are assigned institutionally-defined identities which either limit or promote their access to essential services such as health, education, employment, and legal protection. Once they are registered as asylum seekers, they can then later become either refugees or they remain stateless depending on the outcome of their RSD. Because Thailand has not signed the UN Convention and Protocol Relating to Status for Refugees, children are sometimes labelled by the authorities as illegal migrants or displaced children. This research demonstrated how children adapted their identities in both Mae Sot and Bangkok to maximise their opportunities for having their needs met. While refugee and asylum-seeking children in Mae Sot can get similar access to services as migrants from Myanmar, there is not the same flexibility of access for children in Bangkok.

Although under the UN Convention and Protocol Relating to Status for Refugees refugee and asylum-seeking children should be protected, their institutionally-defined identities as

refugees or asylum seekers in Thailand put them at the risk of arrest, detention and deportation. Thus, they do not choose to describe themselves in the community or to Thai people as refugees or asylum seekers unless they need to access specific UNHCR and implementing partner services.

Access to services was very different between the two sites. In Mae Sot, children's identities were more fluid, and they had more flexible access to services than children in Bangkok. Mae Sot has a long history of providing services for refugees inside its four UNHCR camps. Also, in Mae Sot itself, there is a range of well-established supports and services for stateless people and migrants which refugee and asylum-seeking children can access. Thus, children and their parents in Mae Sot have far more service options than those living in Bangkok. Service providers and policy advocates supporting children in both sites are aware of the sensitivities of political terms like "refugee" and "asylum seeker". Rather than protecting children, these institutional labels can sometimes create obstacles to services. Instead of using the terms refugee, displaced, stateless, and migrant when advocating for children's rights to the Thai government, service providers and policy advocates in the town of Mae Sot use the term "children on the move". This act suggests that the rights of refugee and asylum-seeking children to basic services can go unrecognised, and advocating directly for their rights is unlikely to gain positive outcomes.

According to Articles 7 and 8 of the CRC, all children have the right to a name, nationality and identity. However, refugee and asylum-seeking children who were not born in Thailand have no right to obtain Thai nationality or Thai IDs. For stateless or refugee children and their parents in Mae Sot who were wanting to live in Thailand, service providers and policy advocates found ways to obtain ID and work permits. Although it can be difficult to obtain official identity papers, there are possibilities. Thailand's agreement with the AEC enables the opportunity for undocumented migrant workers from Myanmar, Laos, and Cambodia to be legalised and obtain permits to work in Thailand (Reddy, 2015). Although this is only a temporary permission to stay and work in Thailand, a few key informants indicated they were preparing to help children obtain Myanmar passports or a Thai work permits so they could live legally in Mae Sot. Although these IDs are a short-term solution, it does mean children can live safely without being punished as illegal migrants.

In contrast, for children and parents in Bangkok not from AEC agreement countries, registering as migrant workers was not an option. Nor was there any other kind of recognition of their identity. Thus, refugee and asylum-seeking children in Bangkok depended on service provision from the UNHCR, its implementing partners, international and local organisations,

or charity. Being labelled as a refugee or an asylum seeker in Bangkok resulted in only variable access to supports and services. For example, the Rabiya's drawing and statement (a 12-year-old girl), showed how although she was identified as a refugee, she had many unmet needs and faced many problems.

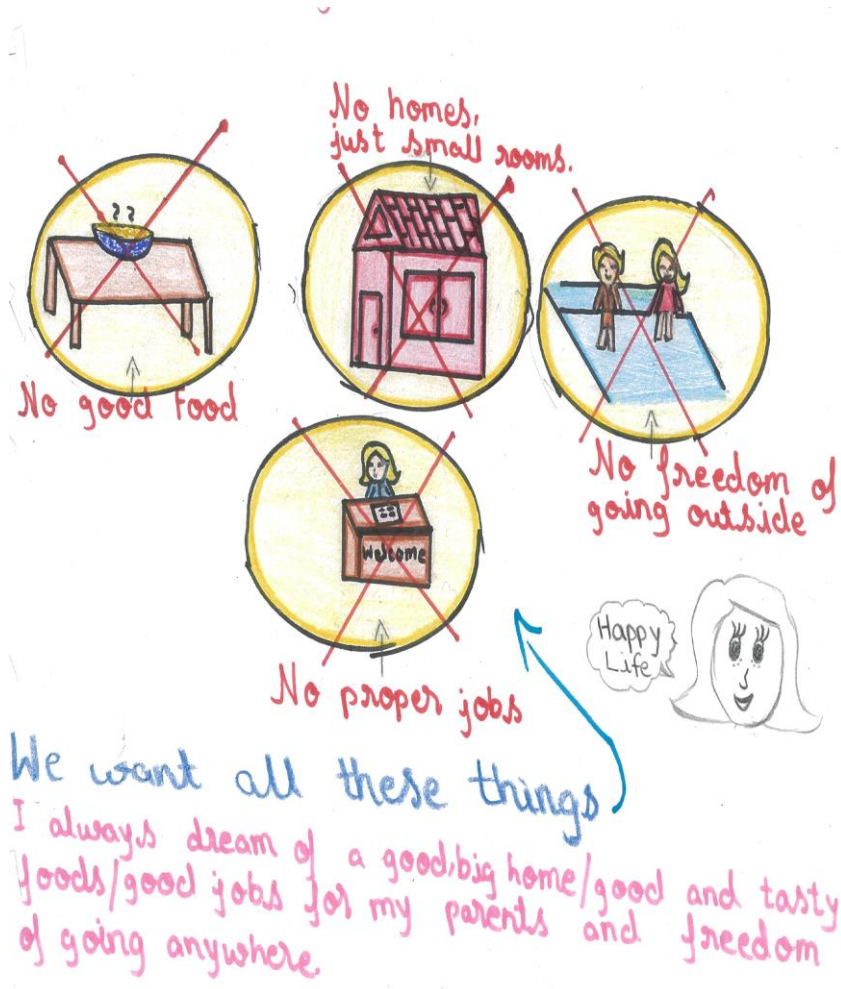


Figure 33: Drawing by Rabiya, 2015

Because the UNHCR provides some financial support for refugees in Bangkok, other services providers prioritised their support in terms of providing basic materials to asylum seekers. Asylum-seeking children and their parents wait for many years to obtain refugee status and to receive financial support and the opportunity for resettlement in third country. But for children and families not recognised as refugees through the RSD and appeal processes, their asylum seeker status becomes invalid. The UNHCR ceases support for them and they are no longer able to access services such as financial assistance, health, education, vocational training, and others. These children and their families become stateless, and have no institutionally-defined identity in Bangkok. Their only option is to return to their country of origin. As this research has shown and once their cases have been closed, it can mean that children and their parents indefinitely detained in the IDC are not willing to return to their countries because of fear of

persecution and torture. This illustrates that children's wellbeing is highly dependent on how their identities and legal processes are negotiated. Despite the fact that the children at both sites in this research were living in Thailand, the different social and political contexts at each site influenced the usefulness of children's identities in meeting their needs and obtaining flexible service provision.

Key informants at both sites experienced hardship in advocating for the rights of refugee and asylum-seeking children. However, they suggested that refugee and asylum-seeking children should have the right to access public services including legal protection according to the CRC. This is a solution. However, the Thai Government has not withdrawn its reservation on Article 22 of the CRC and therefore not agreed to extend the same protection and support to refugee children as other children (UNICEF, 2012b; UN, 1989). The UN Human Rights Council undertook a 2016 UPR on the fulfilment of states' obligations and commitments to human rights and has recommended that Thailand withdraw this reservation (UNHRC, 2016). Without ongoing advocacy to effect major legal and policy change, refugee and asylum-seeking children will continue to struggle with their imposed identities which confuse and ultimately prevent them being recognised. This creates difficulties in accessing supports and services to improve their lives.

8.2 Meeting Basic Needs under Existing Law and Policy

This section reflects on and analyses the various opportunities that children and their families have in both sites to meet their children's needs for basic materials to survive. Children and their families have challenges in either establishing livelihoods in their communities and/or accessing employment, thus they are not able to support themselves and rely on external supports and services. It also demonstrated that under immigration law and policy, children and their parents who worked were not protected from exploitation and other risks related to work.

First, there were different livelihood and employment opportunities at both sites. In Mae Sot some children and their families were not only able to produce their own food, but they also had better job opportunities than children and families in Bangkok. In Mae Sot, adults and children could become legalised migrant workers and get work permits under the AEC agreement between Thailand and Myanmar. However, in Bangkok, most children and their families lived with inadequate basic materials and are unable to get work permits and/or paid work. Children and their parents in Mae Sot can find jobs in the informal economy sector through family and community networks, and even set up their own small business and self-

employment. In Mae Sot, those refugee and asylum-seeking children and their parents who have the opportunity to work, can improve their wellbeing

Because refugee families and their communities in Bangkok have more challenges in supporting themselves, they are not able to contribute to local economic and social development like families in Mae Sot. Forced migration impacts children and adults by forcing them to live in hardship which leads to helplessness, stigma, and marginalisation (Indra, 1999). Living in such circumstances, refugee children and adults are viewed as a vulnerable population by their host country and this can lead to concern about them becoming an economic burden.

In Thailand, the Government has not been encouraging refugees to support themselves and earn income, rather requiring them to depend on support from international and local organisations (S. Lee, 2014). Both sites revealed that parents struggled to provide sufficient basic materials to their children and had difficulties accessing paid employment. Rather than accessing living allowance/financial support from the UNHCR, refugee children and their families preferred to work and support themselves. Some children expressed their wish to be able to work and support their families financially. Several studies have reported that refugee communities have shown resilience and a capacity to support themselves when humanitarian aid is ceased or disrupted (Mason & Pulvirenti, 2013; Porter et al., 2008; Schweitzer, Greenslade & Kagee, 2007). Humanitarian aid in Bangkok decreased throughout the period of this research, with refugee and asylum-seeking families and communities indicating that they did not want to rely on this support and wanted to be able to support themselves. However, the barriers to accessing paid jobs or establishing self-employment continued to operate.

In both Mae Sot and Bangkok, refugee communities tried to establish various means of livelihood so as to be independent from humanitarian aid. The communities often showed resilience. However, livelihood supports and programs were more sustainable in Mae Sot than in Bangkok because of funding cuts and concerns of arrest by Thai authorities. In Bangkok, there was evidence that refugee and asylum-seeking children and their parents had more difficulties getting paid work in either the formal or the informal economy. They also experienced negative attitudes and threats from some local Thai people as well as fear of arrest. In Bangkok, some families tried to earn small amounts of income by making food or selling goods in their refugee communities, but operations of the Thai authorities often disrupted these attempts to support themselves. This trapped children and their families into

depending on supports and services from charity. For example, Aaliya's drawing and writing (14-year-old girl) demonstrated this issue.

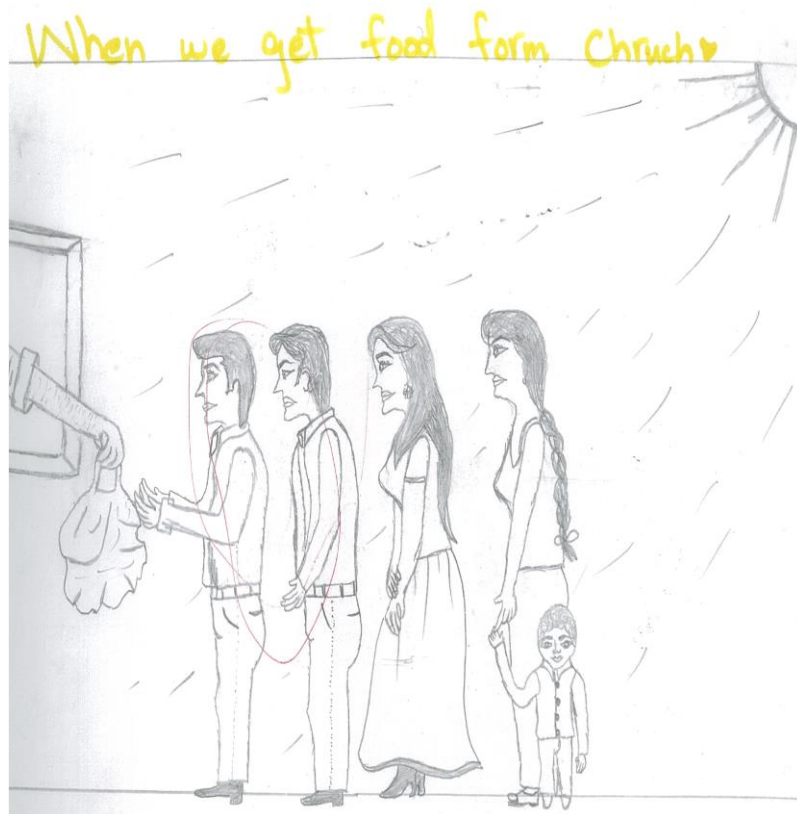


Figure 34: Drawing by Aaliya, 2015

Food Package

Every month we get food form
Holy Redeemer Chruch. When we go their
we have to stand in the sunshine of the day.
with our babies- and our hole day spend their
get food- and after to come back home first
we have to wait for free bus and then we have to
come at home with thirsty and hungry.

Figure 35: Writing by Aaliya, 2015

While there is evidence that refugee communities have strength and capacity to contribute to the local communities in the host country, there can be tension with local people especially if refugees have lived there for several years without future prospects (Porter et. al., 2008). Often local communities view refugees as an economic burden. However, one recent study on the impact of Syrian refugees in Turkey provides evidence that refugees do not worsen the poverty of their host country (Azevedo, Yang, & Inan, 2016). On the other hand, refugees contribute to local economic growth as was found in Mae Sot with the increased numbers of Burmese refugees and migrants creating a new dynamic in the town and providing a source of affordable labourers (Kook, 2011). This Mae Sot case study also revealed robust local economic growth during the period 2014 to 2015. Accessing services and having the opportunity to find paid work was the key to alleviating poverty among children and their families in Mae Sot. This meant children in Mae Sot lived relatively better off than children in Bangkok where most parents were unable to earn any incomes.

Second, although the immigration law and policies restrict the rights of refugees and asylum seekers to work, many children and adults tried to support themselves anyway. Those children and adults who worked found there were benefits in having a paid job, but many were also exploited and at risk of arrest. This indicates that the existing law and policy fails to protect to refugee and asylum-seeking children and adults at work. Unable to earn a proper income and support themselves, refugee families and communities cannot improve their quality of life.

According to Articles 6 and 24 of the CRC, children have “the right to live a full life” and “the right to access clean water, nutritious food, and clean environment” (UN, 1989). However, for them to achieve material wellbeing and survive, it is the responsibility of adults to provide for them. According to Maslow’s Theory of Human Motivation (1943), this means ensuring the support to address the children’s needs for basic materials so that they can achieve higher-level needs including “self-actualisation”, and reach their full potential to hopefully achieve their hopes and dreams. However, with major barriers to the employment of children and families, particularly in Bangkok, this is not possible.

Children and families in Bangkok face much greater disadvantage in trying to get jobs than children and families in Mae Sot. These disadvantages included less chance of the necessary ID documents or work permits to be registered migrant workers, more language barriers, more expensive and unaffordable transportation fees, and fears of arrest. Those who were able to find jobs in either place earned less income than Thai people. The few children and adults who managed to find work in Bangkok shared experiences of various forms of exploitation: they

earned lower pay than the standard wage, had poor work conditions, and faced the risk of arrest, kidnapping and sexual harassment while travelling to and from work. Despite the existence of Conventions and Recommendations of the International Labour Organisation (ILO) on Migration for Employment Convention (1949), and the Migrant Workers Act (1975), these instruments still do not protect refugee and asylum-seeking children and adults from exploitation and hazardous work.

In both sites in 2014 and 2015, children expressed feeling responsible for helping their parents by providing financial support to their families. Woodhead (1999; 2004) reflects on the benefits and harm related to children's work. Bourdillon (2014) also suggests that there can be psychological benefits for children at work as well as harm and it is difficult to pinpoint what is safe and what is a hazardous work place and what tasks are appropriate for children. This research confirms that this is the case, and demonstrates both benefits for children who were either able to find a paid job or work as a volunteer for their community. It also found that work conditions were risky and some employers took advantage of children. The ILO conventions provide guidelines for a minimum of age of employment. Thailand follows these guidelines allowing children over 14 years of age to be employed and protected from harmful work under Thai law. Bourdillon (2014) suggests that an appropriate age for children to undertake paid or unpaid jobs is difficult to discern. The CRC (1989) promotes the rights of all children to be protected from harmful activities (the Article 36), and hazardous work (Article 32). Thai law and the labour employment policy have been amended to reflect CRC Article 32 that children have the right to protection from harmful work. However, there is a gap for children without documents and whose UNHCR status is not recognised. Therefore, refugee and asylum-seeking children are still at risk when they are in employment. This is an important point for policy development, and these findings suggest employment policy needs to keep all children safe at work, and allow both refugee and asylum seeking children and adults to live with dignity and be able to support themselves and contribute to the community.

8.3 Community Capacity and Impact of Health Policy

Through the review of the literature, no other previous research has highlighted how health policy and health services impact the wellbeing of refugee and asylum-seeking children either living outside refugee camps in Mae Sot or living in Bangkok. This research indicated that refugee and asylum-seeking children at both sites had different levels of access to health services, with children in Bangkok having much more difficulty. This section discusses how refugee communities can successfully build their own capacity to provide health care for

themselves as well as highlighting the importance of refugees and asylum seekers being able to access health insurance under the Thai health policy.

First, not only did this research reveal barriers to accessing health services for children and their families, it also showed that both local and international organisations acknowledge refugee community's capacity to support themselves. However, while supports from the organisations to establish health care and health education in the communities of Mae Sot were sustainable, dispensary and volunteer mobile medical teams in Bangkok communities were forced to stop because of funding cuts which came at the same time that medical assistance from the UNHCR and other agencies was reduced or withdrawn.

Although the Thai public health sector, the UNHCR, and international organisations all have different programs to build and support refugee community capacity, there was a lack of resources and funding to enable the provision of sustainable support. Refugee and asylum-seeking children in both sites had financial and language barriers as well as fear of arrest when accessing health services. One possible solution is for the UNHCR, the Thai public health sector, and international organisations to begin working together to support refugee communities to build their capacity to set up education programs and basic health care in their communities.

Mae Sot has more stable and free health service options than Bangkok for children and their families. Health service providers at the MTC and the Thai health centre in Mae Sot, although sometimes struggling with limited resources and funding issues were still able to continue free service provision. This meant children and their families in Mae Sot were able to access the same health services in both 2014 and 2015. Even so, public health services including the hospital were overloaded. However, in recognising the community's resources and capacity as well as applying various strategies, services were able to expand capacities. The public hospital also sent its health professionals to train local volunteers in different communities to provide health education. One study suggested that children can meet their health needs if health services provide them with appropriate resources and also consider their culture (Raman, Wood, Webber, Taylor, & Isaacs, 2009). Health service providers were employing bilingual volunteers and workers who could speak Thai and/or Burmese or other languages. This increased their capacity to provide services to Thais, migrants and refugees from Myanmar, but also reduced language barriers as well as their workload and operating costs. It indicates that health service providers in Mae Sot were doing well to not only provide services but also build community capacity and utilise local resources so that people in the

communities can rely more on themselves before approaching the hospital or clinic for treatment for an emergency or treatment of chronic illness.

It was evident that refugees and asylum seekers in Bangkok experienced a lot of health issues. However, their health service options decreased in 2015 after the UNHCR closed down its medical centre due to reduced funding. Although a new clinic opened in 2015 to provide free health care and treatment for poor people including refugees and asylum seekers, this clinic only opened once a month in a location far away from the refugee communities. Although the UNHCR and other service providers recognised that there were health professionals among the refugees and asylum seekers, and provided funding to help communities establish dispensaries and medical mobile teams, these were later discontinued. This indicates that, although the recognition of strengths and capacity of the refugee community in Bangkok is a very positive approach, it is susceptible to disruption. It requires resources and formal support from the public health sector and the government as there are in Mae Sot.

Second, besides obstacles in accessing free health services and community health care other options, Thai health policy dictates that children and their families in Bangkok do not have the option of accessing health insurance since they are not Thai citizens or registered migrant workers. Although the UNHCR Guidelines of Protection and Care for Refugee Children (1994) state that the national health services of the host country should allow access for refugee children, this is generally not the case for refugee children accessing health services in developing countries. While the UNHCR has had successful negotiations to allow refugee and asylum seekers to access health insurance in Iran and West Africa (Amara & Aljunid, 2014), this is not the situation in Thailand.

Because of the AEC agreement between Thailand and ASEAN members to build economic growth in the region, the Thai Ministry of Public Health has permitted the registration of migrant workers and their children from Myanmar, Lao PDR, and Cambodia. This also means that migrant children and their families can access health insurance (Kantayaporn & Mallik, 2013). In addition, it means that refugee and asylum-seeking children and their families who live in Mae Sot as migrants can also benefit from this policy. Refugee and asylum-seeking children in Mae Sot also have access to free services. However, if they and their families go to the hospital, they will likely have to pay modest fees. Even though most earn some income, the hospital may elect to waive fees on a case by case basis or accept partial payment.

The UNHCR Bangkok included refugee and asylum seekers in the Thai health insurance scheme for a short period. However, some were later excluded from the scheme when the government agency and Thai hospitals discovered they were not migrant workers from any of

the three AEC member countries. Without employment, most children and their families in Bangkok could not afford medicine and small medical treatment fees at Thai health centres.

In Bangkok, very few children and adults obtained a referral from the UNHCR's implementing partner otherwise they could not attend Thai public hospitals. It is possible to interpret this approach to mean that the Thai Government sees the importance of the contribution of migrant labour to economic growth, and this is reflected in the mechanism and agreement between regional neighbouring countries to protect the rights of migrant workers to access health care. This is in spite of Article 24 of the CRC also stating that all state parties should ensure that all children can access health care services (UN, 1989). Unfortunately, the Thai health care policy reflects a reluctance to open up health care for refugee and asylum-seeking children. This is in contrast to the practice of Thai health professionals at both sites who worked hard to prevent and protect the Thai community from epidemics and communicable diseases. Thus refugee and asylum-seeking children and their families received treatment from Thai health professionals when there was say an epidemic of red-eye infection in their community. Nevertheless, refugee and asylum-seeking children and their families experience a range of other health problems which are not attended to at all. It is speculated that, if children in Bangkok could access free health services and health insurance as well as their communities developing their capacity to provide their own health care as in Mae Sot, the health of children and their families would improve.

8.4 Education Policy and Immigration Law

Findings at both sites showed breaches in the implementation of both the UNESCO Education for All framework and Thai Immigration policy resulting in significant gaps in practice. An inherent contradiction between the Education for All policy and Thai Immigration law means the latter potentially excludes refugee and asylum-seeking children from gaining access to the Thai education system. This contradiction also impacts the establishment and provision of education by communities. As discussed previously, the worsening political situation in Bangkok in 2015 led to a tightening of the authorities' operations in Bangkok. This more negatively impacted refugee community schools in Bangkok, while Mae Sot continued to experience far more stabilised provision of education.

The Universal Declaration of Human Rights (UDHR) (UN, 1948), the CRC, and the UNESCO Educational for All framework all promote the right to education for all children. This is without discrimination based on gender, disability, national origin, or the political affiliations of their parents. Clearly, there are challenges for nation states implementing these international

guidelines. According to Article 22 of the Convention and Protocol Relating to the Status of Refugees, refugees should have the same access to at least elementary education as other citizens (UNHCR, 1951, p. 24). For a number of reasons, not all children in this research had the opportunity to access and complete a basic education.

First, the UNHCR Guidelines for Educational Assistance to Refugees were developed with an emphasis on the CRC placement of children's rights to education as centre-stage. This includes refugee and asylum-seeking children who also should have access to free education and primary education must be compulsory (UN, 1989; UNHCR, 1995). UNESCO's global Education for All policy is in line with the CRC, nevertheless it is interpreted and implemented differently across sectors. While human rights advocates and humanitarian organisations apply the Education for All policy to include all children without exception or discrimination, many states only accept that the Education for All is for citizens who have legal status and documents (Johnson, 2013). Key informants providing education at both sites interpreted the policy to mean that all groups of children have the right to access education under this policy. They also pointed out that there were gaps in the practice of Thai schools under the Education for All policy which also impacted access to education for refugee and asylum-seeking children.

Second, while the Education for All policy is said to have been implemented in all schools country-wide, most refugee and asylum-seeking children in this research could not enrol into Thai schools because of the lack of ID, language barriers, being mobile, unaffordable transportation costs/school uniforms, and the risk of arrest. Under Thai immigration law, these children are viewed as illegal immigrants, and Thai schools have concerns about enrolling them. Thai schools not only require formal ID documents for enrolment, but they also have limited quota student intakes, and prefer to enrol young children at primary level. Barriers to accessing education were also different in Bangkok and Mae Sot with different levels of support provided by government agencies and variable school practices impacting children's access to education differently.

Even though there were less barriers to providing education for refugee and migrant children in Mae Sot, children still had difficulty accessing Thai public schools. Most of the children in Mae Sot who were interviewed were able to go to a home school, a MLC, or a Thai school. However, children in Bangkok not only had barriers accessing Thai schools and UNHCR schools, their community schools were also struggling to provide ongoing education.

In Mae Sot, government agencies and other local and international organisations also saw the benefits of the MLCs as safe places for children in reducing the problem of street children and

the risk of exploitation. After adoption of Education for All, the MOE supported MLCs along the Thai-Myanmar border including in Mae Sot. It indicates that the MLCs were able to enact the Education for All policy which helped to decrease the number of migrant students at primary and early secondary levels in Thai schools. The Coordination Centre was established under the administration of the MOE to encourage MLCs to register and be legalised. While children without documents, including refugee children, had difficulty entering a Thai school, some of the children interviewed in Mae Sot were able to enrol in a Thai school or a school under the ONIE system due to support and cooperation between MLCs and the MOE's Coordination Centre. This demonstrates that collaboration between the MOE's Coordination Centre as a Thai government agency and MLCs can fill the gaps in policy implementation when Thai schools do not follow the policy of providing open education opportunity to all children.

A few children in Mae Sot also had support to continue to a higher education level at a Thai technical college or a university. Key informants advised that refugee children and youth could access vocational training if they were supported to enrol in a Thai technical college or could even get a scholarship to go to an international college or Thai university. Although it was said that such an opportunity for higher education was rare, it showed that a small number of refugee and asylum-seeking children in Mae Sot had education pathways similar to Thai children.

The practices at the school level do not comply with the Education for All policy, leaving refugee and asylum-seeking children unable to access the formal education system. According to Article 28 of the CRC (UN, 1989), all children have the right to access "good quality education". However, unless barriers to education are resolved, these children will not go to school. In Bangkok, it was difficult for refugee and asylum-seeking children to access formal education at a Thai school without support from an organisation. Refugee schools under the UNHCR had an agreement with one Thai public school which took refugee students after completion of the Thai language course. However, most children interviewed in Bangkok did not attend these refugee schools because it was a long way from their homes, and they were frightened of arrest.

The UNHCR's Guidelines for Educational Assistance to Refugees (1995) emphasises the importance of non-formal education and that the humanitarian and local community organisations should adopt a community-based approach to encourage and support refugee communities to establish their own non-formal schooling. However, findings showed that the UNHCR Bangkok had only a limited budget to provide schooling for refugee and asylum-

seeking children and did not have the funds to support non-formal schooling in refugee community schools. Thus, community schools struggled with a lack of resources and also safety issues because they could not register with the MOE's Coordination centre, as in Mae Sot. Community schools were also randomly interrupted by the Thai authorities in Bangkok. In 2014, most children in Bangkok were happy to study at a community school, but in 2015, their schooling was interrupted when community schools closed down, funding was cut and volunteer refugee teachers were arrested. Although community schools showed the strength and resilience of refugee communities, their provision of education was disjointed and unstable without formal support from local communities and the Thai government. Education for refugee and asylum seeking-children in their first country of asylum is the most important step. However, their education opportunities greatly depend on national practice, policy and law (Dryden-Peterson, 2016). The differences in access to education in both case studies showed gaps in the application of immigration and education policy and practice. Effective coordination and collaboration among government and non-government agencies under the Education for All policy worked in Mae Sot, thereby reducing these gaps. However, this was not the case in Bangkok. If refugee and asylum-seeking children are discriminated against and not provided with education opportunities, this also raises the question as to whether even more vulnerable children with a disability can access special education as emphasised in Article 23 of the CRC (UN, 1989).

8.5 Immigration Law and Children's Rights to Protection

Refugee communities were well aware of the risks of violence, exploitation, kidnapping, and trafficking as well as the risks associated with living without legal status. The research showed how communities established their own safety strategies to protect their children and families. However, community-based protection alone could not ensure the safety of the children, and there is a need for national and international protection mechanisms to promote children's rights to protection. Unfortunately, the implementation of Thai immigration law has negatively impacted the safety of refugee and asylum-seeking children and prevented them from accessing legal protection.

The UNHCR and humanitarian organisations recognised the importance of supporting communities to establish their own safety strategies and community-based protection guidelines. This included assisting refugee communities to create their own local CBO-led self-protection strategies based on co-design with refugees (Rosenberg, 2016). Findings from this research indicated that communities in both sites tried to establish protection strategies. These strategies shared some similarity across the two sites but were also tailored to the local

context. One aspect of a community-based protection plan can be to establish early warning systems, risk and harm reduction, support for separated families, and others (Cotroneo & Pawlak, 2016). In Mae Sot, communities were supported by international organisations to set up strategies such as a medical emergency assistance system, and trafficking intervention training. In Bangkok, refugee communities had a warning and neighbourhood watch system, a women's support group, and gender-based violence education. At both sites, the communities had the same primary goal to assist people in the community to adapt to the local Thai community, which was viewed as the most important protection strategy.

Although Thai and Burmese cultures have some similarities, the languages are completely different. In Mae Sot, the CBOs tried to provide Thai lessons to children in the communities whenever they could find a volunteer Thai teacher. Children learned Thai language through their social networks and their Thai school friends. Many children had positive attitudes toward local people and felt satisfied with their lives in the community. In contrast, children and their families in Bangkok lived in more dangerous situations with their safety depending on their relationships with their Thai neighbours. However, most families in Bangkok had very different cultural and linguistic backgrounds to Thai culture and language and had more difficulty adapting to Thai community. Although community schools provided Thai lessons with Thai volunteer teachers once a week, not many could learn Thai language very quickly. Very few children who were interviewed could speak Thai. In Bangkok, most children and their parents had difficulty building rapport with local Thai people and were sometimes threatened by their Thai neighbours. Despite these difficulties, refugee communities persisted with developing their strategies.

Community-based protection is important and reflects community resilience, but international protection ought to also play a very important role (McConnachie, in press). The CRC states the government should ensure children be protected from abuse, neglect, and violence as stated in the Article 19 as well as from harmful drugs, sexual abuse and exploitation as stated in the Articles 33, 34, and 36 (UN, 1989). This research demonstrates concerns by key informants in Mae Sot and Bangkok about behavioural risks, family and domestic violence, abuse and neglect, drug abuse, and exploitation in the communities. However, there were challenges for refugee and asylum-seeking children to access child protection services and legal assistance, because some officers at the practice level had a lack of understanding of or an unwillingness to recognise children's rights. This suggests that, in practice, immigration law and policy are not aligned with the CRC and the Thai Children's Act. Thus, it is important

to review the international standards and reflect on the children's rights to protection and how those influence national practice, law and policy.

In both sites, there were challenges for key informants to assist refugee and asylum-seeking children to access child protection services as there was no appropriate safe house specifically for refugee and asylum-seeking children, and it was unsafe to refer them to the Thai children's shelter due to language barriers and the lack of interpreter services. It was also very difficult for the UNHCR and service providers to work in coordination with the Thai authorities to help refugee and asylum-seeking children access legal protection system if the children became victims of any crime or dispute. For instance, in Bangkok, the UNHCR received one report of kidnapping and sexual assault of a child, but the investigation, reporting the matter to the police was the beginning of a long and stressful process. There were also many unreported incidents related to sexual harassment, attempted kidnapping of children, violence and other behavioural risks for children in the refugee communities because children and their families were afraid to approach to the police to get assistance. Because of their illegal status under the Thai Immigration Law, they were also subject to arrest, detention, and deportation by the Thai authorities. Asher, a 13-year-old boy drew a picture about the IDC in Bangkok. His drawing and words clearly indicate his unmet needs for safety and freedom under the current Thai Immigration Law and Policy.



Figure 36: Drawing by Asher, 2015

Asher described his drawing:

My life in Thailand. We need freedom and help us. There are small children live in small room in IDC. Families are separated in each room not be together. I knew they released me but worry about mum and dad as we want to live together.

Article 37 states clearly that children have the right to access legal assistance even if they break the law (UN, 1989). Further, it says they should not be imprisoned like adults. According to the CRC's Article 41, domestic laws should overrule the Convention (ibid). The Thai Children's Act was written to comply with the CRC principles and aims to provide protection to all children. However, the Thai Immigration Act has been applied for different purposes. The UNHCR also has had difficulty successfully negotiating with Thai authorities re the detention of refugee and asylum-seeking children in facilities. Sometimes the organisation was successful, but much depends on the goodwill of Thai authorities in this matter. The UN Human Rights Council advised Thailand to stop detention and to allow access to legal protection for refugee and asylum-seeking children through the recent 2016 Universal Periodic Review (UNHRC, 2016). However, there were increased numbers of children in the IDC and these included some of the children interviewed in 2015. These children are likely to be detained indefinitely unless they and their parents voluntarily return to their countries or the Thai immigration law changes.

Summary

This chapter has provided discussion about impacts of the existing domestic policies and laws that have not complied with the CRC. Therefore, refugee and asylum-seeking children in each site had different life experiences and needs. There is a need to close the gaps between practices and legal and policy implementation so that children can meet their needs and improve wellbeing. The next chapter draws the discussion from the previous chapter and this chapter together in order to provide an overall conclusion for this research.

Chapter 9: Conclusion

This research has been a very long and meaningful journey for me. I have listened to children and adults, and sought to make meaning of the rich information they so willingly shared with me. My hope has been to represent the needs and lived experience of refugee and asylum-seeking children as accurately as possible. At the beginning, the research sought to investigate the needs of refugee and asylum-seeking children as well as available supports, services, and policies in order to improve their psychosocial wellbeing. This final step of synthesising the complexity and multi-layers of the findings and discussion chapters is to provide new knowledge and understanding of how the refugee and asylum-seeking children have been supported to meet their needs.

This concluding chapter has two parts. It begins with the main contributions of this research, the identification of information about the needs of these children under the existing laws and policies. It also makes some recommendations to initiate positive changes. This part of conclusion refers back to the Universal Declaration of Human Rights (UDHR), as the UDHR is the foundation of the CRC, and the CRC focuses on the rights of children, drawing particular attention to the fact they should have equal economic, social, political, cultural and civic rights as adults.

After that, the second part of the chapter provides suggestions for researchers who are interested in exploring the lived experience and wellbeing of refugee and asylum-seeking children.

9.1 Supporting Needs under Existing Laws and Policies

First of all, a key finding of this research is that children's perspectives are important and useful for the development of relevant services and policies. Children in Mae Sot and Bangkok each spoke differently about their needs and life experiences. Diverse social, economic and political contexts and the variable operation of Thai authorities made a difference to children's access to supports and services at both sites. Children in Mae Sot had far less challenges in finding available support and services. Their families and family life were also more stable. By contrast, children in Bangkok lived in a much more volatile environments with greater barriers and challenges to accessing supports and services. Even so, children were able to provide clear and relevant information to explain the factors that impacted their lives and access to supports and services between two points in time (2014 and 2015). This was

evidence that children are valuable informants and their perspectives are useful in considering service provision and policy relevant to their wellbeing. They also demonstrated high levels of adaptability and resilience and were capable of tolerating negative impacts in their lives.

The second key finding of this research is about identity development in children, which according to Erikson (1959), is an important part of childhood development especially for adolescence. Article 29 of the UDHR indicates an important relationship between the development of an individual's personality and their duties to the community (UN, 1948). While the UNICEF child wellbeing framework did not incorporate identity as a feature of wellbeing, this research identified the relationship between children's development of identity and their adaptation to their new local communities and environment. The research showed some children seemed to describe a blend of old and new identities, which they had developed to adapt to Thai society. For the few children who developed and adopted a new identity to adjust themselves to their schools and local communities, there was some sense of satisfaction with their lives. However, the majority of children had feelings of uncertainty about their future and were confused about whether to live in Thailand or go to a third country. This impacted the development of their identity and sense of belonging. To explore how children developed their identity in these circumstances was central to understanding their psychosocial wellbeing. This is an important area for further research investigating the experience of vulnerable children living in exile situations. Furthermore, for the parents and children who came to Thailand seeking an institutional identity as UNHCR-registered asylum seekers or refugees, they expected to be protected and have access to services under the Convention and Protocol Relating to The Status of Refugees. Instead, many were waiting a long time for an RSD assessment and some had received RSD rejections, and this led to them being punished as illegal immigrants under the Thai Immigration Act. The rights of these refugee and asylum-seeking children, under the Convention Relating to The Status of Refugees and the Convention of the Rights of the Child were breached since they had no access to services and protection in Thailand. Although domestic laws and policies are not seen as promoting ignorance and discrimination against refugee and asylum-seeking children, it is different in practice since these children share none of the rights of citizens under the Thai Immigration Act.

Third, this research indicates that refugee and asylum-seeking children experienced significant changes in the relationships and roles within their families throughout their refugee journey. Children in both sites and at both times spoke about the importance of family relationships for a good life and how they had needed to adjust to family changes such as being separated from

family because of arrest or even losing a loved one. This shows that even in situations of high stress and dislocation, children can still express their inner emotional selves and discuss their strengths. In contrast, the parents in their families did not mention the importance of family relationships in the context of need, rather they tended to emphasise their role as providers of basic materials for their children. Maintaining family relationships and balancing the roles and responsibilities between children and adults were challenging. The children at both sites adapted themselves to various new roles, roles which were very different to those they had in their countries of origin. Some children became financial providers for their families, their parents and adult family members felt powerless and frustrated because they had lost their usual roles and were not able to support their children in conventional ways by providing them with opportunities for an education and enjoyment of their childhood. This suggests there is a need to support parents to regain their roles and responsibilities in this context. According to Article 25 of the UDHR, every person has the right to obtain basic materials to survival as well as livelihood (UN, 1948). Parents and other adults in families should be able to maintain their livelihoods and have access to paid work, so that their children's basic needs can be met, and children have the chance to pursue their hopes and dreams.

Fourth, the research showed a strong relationship between the provision of basic materials and opportunities for livelihood among refugee families. While not without its challenges, Mae Sot has an environment that supports livelihood activities and social/community networks, but in Bangkok the urban environment and the operations of Thai authorities were barriers to running livelihood programs. This research suggests that livelihood programs were very important for refugee communities. Other research has also recognised the importance of helping refugees establish a social network and enhance their opportunities in the local community (Ifejika Speranza, Wiesmann, & Rist, 2014; Porter et al., 2008). Hence, livelihood programs can be more effective and sustainable if refugee communities are able to connect to the local Thai community.

In addition, Article 23 of the UDHR states that everyone has the right to access employment and earn equal wages (UN, 1948). However, immigration law and policy prevents refugee and asylum-seeking children and adults from preserving their right to work and earning an income. Therefore, children and adults who do have a paid job often work in poor conditions, sometimes without wages or for unfair wages. As well, they face the possibility of arrest if they are found by the Thai authorities. As the Mae Sot experience showed, there was evidence that refugees and migrants from Myanmar have contributed to local economic growth and also have the option under the AEC agreement to legally register as migrant workers and thus hold

work permits. Although it was difficult for children and their parents to afford the registration fees and to get permits, they at least had an option to be protected by law if they could work in the formal employment sector. Children and families living in Bangkok did not have the same opportunity to apply for work permits. This showed two things: that, as with many developed countries, existing immigration law focuses on border protection and the AEC agreement is influenced by economic and political relations between neighbouring countries at the cost of the needs of refugees or migrants. Amendment of the law and policy to allow refugees and asylum seekers to work in the formal employment system would not only protect them from exploitation, it would also increase social and economic growth of the community and the country. It would also empower them to live with dignity so that they do not need to depend on humanitarian aid. According to Article 1 of the UDHR (UN, 1948) “all humans are born free and equal in dignity and rights”.

Fifth, the research demonstrated the differences between children’s views about their health and their needs for health care and the views of adults. Children had less concern than their parents about poor nutrition and how it impacted their physical health. Children’s identification of their mental health and wellbeing needs also differed from their parents/guardians. The research provided some evidence that it is important to listen to children’s explanations and views about their health and to be aware of how they provide information relating to mental health issues. Inviting children to report on their health also provided useful information about health service provision. According to the traditional model for health intervention in emergency or crisis situations, health services prioritise physical health care over mental health care with the focus on reducing mortality among children. Although children described links between their mental health and social adaptation, in general, there was a lack of mental health supports and services. This suggests that these need to be prioritised for refugee and asylum-seeking children as well as providing supports to enhance their social adaptation to develop a sense of belonging and improve health and wellbeing. These supports do not need to be in a clinical setting but can be established within families, communities, and schools.

All individuals have the right to access health care as stated in the CRC and the UDHR. Despite refugee and asylum-seeking children having the right to public health care and the right to live freely and safely, there are barriers to them accessing health services in Thailand. Thai health services in both sites opened their services for everyone in the community including refugees and asylum-seeking children and their families, but most refugee and asylum-seeking children and families in Bangkok had no income so could not afford

treatment. Thai health policy ensures affordable basic health services and health insurance for all Thai citizens including registered migrant workers. Refugees and asylum seekers in Bangkok were excluded from the Thai health insurance system, because they were not from AEC member countries. As a result, many refugee and asylum-seeking children and their families with complex illnesses or chronic diseases had to live without treatment. Although health service providers recognised the capacity of refugee communities to provide supports and services, refugee children and families still struggled to improve their health without sustainable funding and permanent supports from the government. This situation could be improved if the government were to grant refugees and asylum-seeking children and their families the right to access free primary health care and health insurance. Healthy children and healthy families would also mean less workload for health care professionals, less cost for resources and treatment, as well as stronger and safer communities.

Sixth, the research identified that education was one of the most significant needs for children in both sites through 2014 and 2015. However, because of reduced funding and resources, a quality education and curriculum design did not always meet the educational needs of children from different cultural and linguistic backgrounds. Children who went to school in Bangkok and Mae Sot had different school experiences and, in general, children had a more positive experience when they were able to make friends and adapt to their learning environment. However, for some children, there were barriers that worsened their schooling experience. One study showed that refugee students were very likely to experience discrimination at school and have difficulty adapting to the school environment (Dryden-Peterson, 2016). This research demonstrated that some refugee and asylum-seeking children who attended Thai schools in both sites experienced these same issues. This research also suggests that children's views about the purpose and expectations of their schooling should be considered in both the design and evaluation of education, and are necessary to inform the creation of a supportive environment in which children can develop their social adaptation and a sense of belonging. In this way, children can at least develop social skills at school and meet some of their learning expectations while they wait for future solutions.

Although the Education for All policy is promoted and is aligned with Article 26 of the UDHR, it was evident that schools practise this policy differently. In both sites, Thai schools still required IDs, and this prevented these children from enrolling in Thai school. For children without an organisation like the UNHCR in Bangkok or MLCs in Mae Sot to refer them, Thai schools could refuse to enrol refugee and asylum-seeking children. These discrepancies suggest that the practice of schools under the Education for All policy in both sites needs to

be reviewed, and advocacy for the provision of education under this policy is needed. This would clarify the purpose and also reinforce policy at the local and practice level to open up education opportunities for all groups of children without conditions.

Furthermore, even with the barriers for refugee and asylum-seeking children trying to access Thai schools, the research found that children benefitted from study in the non-formal education system. In Mae Sot, MLCs provided education to children without any interruption from the Thai authorities. The children in Mae Sot had more positive stories of going to school and being able to access employment opportunities than the children in Bangkok, where most children's education was disrupted due to their community schools often being closed as a result of the operation of the Thai authorities. This suggests there is a need for support from a government agency to facilitate and allow community schools to operate and register as MLCs, like in Mae Sot.

The research demonstrated that concerns about freedom and safety had a negative impact on the psychosocial wellbeing of children. While Article 3 of the UDHR states that everyone has the right to life, liberty and security of person (UN, 1948), because of the precariousness of their situations, children and their families in both places were vulnerable to risks of abuse, exploitation, trafficking, arrest, detention, and deportation by the authorities. However, while no child in Mae Sot identified any particular concerns about their safety or freedom, it cannot be concluded that in Mae Sot children were not living in dangerous situations. Children and families in Mae Sot had adapted to the day-to-day operations of the Thai authorities and tolerated the risks, and had developed safety strategies. Life was relatively predictable, and children in Mae Sot did not feel afraid to go outside and get on with their daily lives. In comparison, the consequences of punishment were far more severe for children and families living in Bangkok. Most children in Bangkok identified significant safety concerns, and the operation of the authorities in Bangkok impacted all aspects of their lives including forced displacement from their communities, unstable housing, and barriers to establishing livelihood activities, as well as preventing them from accessing education and health services. The worst impact was family separation and the detention of children. Although children showed that they had strength and could tolerate unsafe environments for short periods, their physical and mental health deteriorated over the period of the research. Some children were detained in the overcrowded IDC detention facility in extremely poor conditions. It was evident that the detention of children was traumatising and damaged their physical and mental health. Children have the right to live in a stable and safe environment so as to maintain their psychosocial wellbeing. This can only happen if they are legally allowed to live freely as other children.

Furthermore, refugee communities tried to establish safety strategies, but without a formal mechanism to provide protection, refugee and asylum-seeking children lived with fear and were vulnerable. According to the CRC and the Thai Children Act, all children have the right to legal protection and freedom from detention and imprisonment. However, due to the Thai Immigration Act, families and children are afraid to approach Thai authorities for assistance or legal protection because of their illegal status. It is recommended that the Thai Immigration Act be amended to comply with the CRC.

In conclusion, despite being in the same country and under the same policies, children's experiences in Mae Sot and Bangkok illustrated that refugee and asylum-seeking children's needs and wellbeing were met differently. The findings provide important points for reflection on how to align services and policies with CRC principles.

The Mae Sot experience shows that, even under trying circumstances, children can maintain and improve their psychosocial wellbeing. Children in Mae Sot had more advantages in terms of access to supports and services than children in Bangkok but, even so, they still do not have the same basic human rights under the CRC or the Thai Children Act as citizens and some continue to be stateless. Future solutions for these children relate to their opportunities for resettlement in other countries but, in the meantime, their rights should be the same as other children in Thailand. Until these solutions become possible, refugee and asylum-seeking children will continue to live in limbo and may do so for years.

Supporting refugee and asylum-seeking children to meet their needs in Thailand requires greater efforts to promote the country's moral obligations as well as prioritising the needs of vulnerable children. This means actively enhancing all children's rights rather than focusing on national border security, and the benefits to Thailand of economic and political relations with specific countries. It is important to challenge and work on eliminating existing discrimination as well as raising awareness to change negative attitudes and myths about refugee and asylum-seeking children. This research has shown, that the keys to improving the wellbeing of refugee and asylum-seeking children and addressing their needs are to establish their sense of belonging and identity, so that they can develop their own potential, contribute to the community and society as well as pursue their hopes and dreams. Through this research process, children demonstrated that they are valuable members of the community and society, and they should not be classified and excluded according to where they were born, their statelessness or their nationality, race and gender, culture and languages, or their religion and beliefs.

There is evidence that the Thai government has attempted to make positive steps to recognise the rights of refugee and asylum-seeking children. After the Thai Government accepted the 2nd round of UPR on the status of the human rights situation, it attended the Summit on the Global Refugee Crisis in New York in 2016 (Human Rights Watch, 2017). The Thai Government also actively participated in the UN General Assembly for adopting the New York Declaration for Refugees and Migrants in September 2016 with the other 193 state representatives of the UN in order to share social obligations and to develop strategies in responding to the current situations of refugees and migrants (UN General Assembly, 2016; UNHCR, 2018). States collaborating under this Declaration follow the principles of the CRC including provision of child protection, access to services for refugee and migrant children, abolishment of child immigration detention, and others (Bhabha & Dottridge, 2017).

There has not been an acknowledgment of any amendment of the immigration law and policy following the agreement on the Declaration. Thus, the operations of arrest and detention of children still continue. Aliza, a 14-year-old girl from Pakistan, told this story.

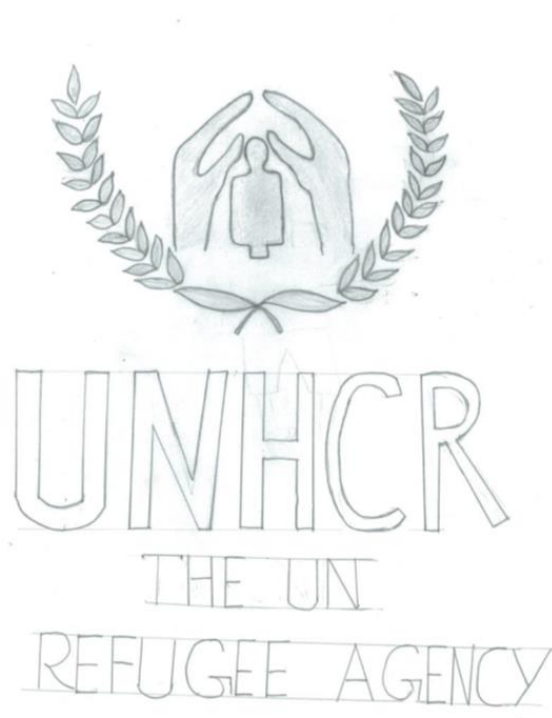


Figure 37: Drawing by Aliza, 2015

Aliza drew this picture in 2015 after she and her family were bailed out from the IDC. After appealing the negative result of their RSD with the UNHCR, they had lots of hope for resettlement.

Aliza said cheerfully:

We want freedom, security, go to other country, and education, and our health. . . I draw UNHCR as we related with them. They hear us and will send us to other country.

However, Aliza's hopes and dreams to resettle in another country have yet to be realised. A staff member, at the community school she had attended, informed me that she and her family had been detained at the IDC around the end of 2017. This time, they could not be bailed out because their identity as asylum seekers had been terminated. Aliza and other children like her had expectations and hopes that adults and agencies like the UNHCR would help and protect them. However, under existing immigration law and policies, they still live in fear, without meaningful support, and with no future prospects.

From the voices of children and key findings, this research recommends that the Thai Government take further steps by signing and ratifying the Convention and Protocol Relating to the Status of Refugees. Also, the reservation on the CRC's Article 22 should be removed, so that the Thai Immigration Law and Policy are amended to protect the rights of refugee and asylum-seeking children. Domestic law and policies should encourage these children to access basic services including education, health care, employment, and legal protection. Refugee and asylum-seeking children must be free from arrest, detention, and deportation. The government should create a safe environment for these children so that they can develop a sense of connection with community and improve their psychosocial wellbeing. This could lead to the establishment of formal guidelines and policies to provide assistance to refugee and asylum-seeking children to access basic services and raise awareness of the rights of refugee and asylum-seeking children to reflect the rights of citizens as well as enhance the capacity of refugee communities.

9.2 Research and the Future of Children

Children in this research had been forced to leave their homes because of violence and persecution related to their identity, ethnicity, and religion. They were victims of hatred and divided societies in which people did not accept diversity and difference. Detaining children and/or excluding them from participation in society and depriving them of their citizenship rights can lead to very poor outcomes. Some may become victims of exploitation and trafficking and some may be persuaded to get involved in violence, crimes, or even participate in terrorism. Im et. al. (2016) showed that traumatised refugee children and youth living in risky situations in urban Kenya were at risk of being linked to gang activities or continuing to be victims of violence.

Rather it would be better for governments and peoples of the world to understand and accept that a child is a child and all children are citizens of the world. Defining citizenship should be reviewed and reconsidered, as it should not be limited to the rights of a state's citizens only (Roche, 1999). Research is a powerful way of drawing more attention to the plight of these children and promoting the inclusion of all children as citizens. This research provided suggestions for further research aim to explore lived experience and wellbeing of these children.

First, it is important to actively reflect on the concepts and theoretical frameworks used throughout a research process. This research revisited the ambiguous and varied concepts of need, wellbeing, and livelihood in order to critically reflect on these concepts and possible outcomes and interpretations of the findings. Through reflecting on the results of the selected UNICEF child wellbeing framework, the research has provided evidence of the importance and relevance of employing a methodology based on conceptual frameworks that emphasise children's subjective wellbeing as well as methods which empower children to speak of their lives. Children are not only reliable sources of information, but they can provide valuable knowledge on matters relating to their lives and wellbeing.

In addition, while the existing literature provided relevant conceptual understandings and frameworks of need and wellbeing in respect of children, future research about the wellbeing and lived experiences of refugee and asylum-seeking children could be enhanced if an alternative child wellbeing framework which includes identity development, civic engagement and connectedness with community was also considered. It would also be useful to apply a framework which is more child-centred and uses language that is appropriate for children from different cultural and linguistic backgrounds. This might help research to overcome challenges in gathering sensitive information from children, for example, issues about mental health, behaviour and risks.

Second, the New York Declaration on Refugees and Migrants stresses the importance for research to provide empirical evidence based on the engagement of refugees and migrants to persuade changes in policy and services (UNHCR, 2018). UNICEF also develops its programs and policies in promoting children's rights based on evidence from research (Diers, 2013). Research involving the participation of children not only creates an environment based on children's rights, it also gives children the opportunity to recognise and practise citizenship (UNICEF, 2011). This research empowered children to exercise citizenship through their participation. It also contributed information vital for evidence-based practice and policy.

Finally, changing policies and laws is only a beginning step to improve children's lives but is necessary. Successful advocacy for children's rights is a long and continuous process. After the amendment of the relevant laws and policy, there is a need for longitudinal research engaging children's perspectives and continuously investigating how the policies and laws have been interpreted and applied in practices and services for children.

This research has taken the significant step to argue and advocate for the citizenship rights of refugee and asylum-seeking children. It has not only enhanced understanding about the situations of these children but has also contributed new knowledge to improve their wellbeing in future.

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Letter of Introduction

[Appendix A]

Faculty of Health Sciences, School of Occupational Therapy and Social Work
Curtin University, Perth, Australia

Dear Sir/Madam,

This is to introduce Ms. Paradee Thoresen, who is a research student in a Doctor of Philosophy (Social Work and Social Policy) in the School of Occupational Therapy and Social Work at Curtin University. Her research topic is titled: "**The needs of refugee and asylum-seeking children in Thailand.**"

Ms. Thoresen would like to interview: refugee and asylum-seeking children, their parents or guardians and staff of your organisation who provide services and are involved in policy advocacy. She is exploring the changes in identified needs of refugee and asylum seeking children; as well as policy and support and services which affect the quality of life for refugee and asylum-seeking children in Thailand over the past year.

Ms. Thoresen's research extends the work she started for a MPhil in 2014. Her PhD candidacy was approved on 27 July 2015.

Thank you very much for your assistance and participation to this research.

Should you have any queries about the research, please contact me by email A.fielding@curtin.edu.au, or telephone +61 8 9266 7637, and I would be happy to discuss it further.

Associate Professor Angela Fielding

BA, BSocWk, PhD
Associate Professor, Social Work
School of Occupational Therapy and Social Work
Curtin University
Tel | +61 8 9266 7637
Fax | +61 8 9266 3636
Email: A.Fielding@curtin.edu.au
Web: www.curtin.edu.au

**Information Sheet
For parent/guardian and children**

[Appendix B]

Dear Sir/Madam,

My name is Paradee Thoresen and I am a research student at Curtin University, Perth, Australia. I want to find out what needs you have when you seek asylum in Thailand. I would like to know your views of life and changes in your needs and wellbeing throughout the past year as well as the views of other people who provide supports and assistance to you.

My study aims to show what helps and what stops you getting what you need to live a good life. I will be listening to people who want to talk to me. To take part you need to be aged between 12 and 17 years old. I will also talk to other parents or people who work in or make decision about providing assistance or supports to the children who are in same situation with you.

You can say anything and can ask me any questions. Nobody will say anything or do anything to you if you talk or if you do not talk to me. It is your choice and you can continue or stop talking to me at any time.

When you are talking with me I may ask some simple questions to help prompt your memory. An interview will take between half an hour and an hour. Before or after the interview, I will give you a paper and some crayons or colours and ask you to draw or write about your life and your needs.

I will record your words while we are talking so I do not miss anything you say. If you are okay and let me use your words and drawing in my study, they may be available for other people to read and see, but I will not use your real name so they won't know who you are. I will keep a record of our talking and your drawing in a locked cabinet so nobody else can get to the recorder and drawing.

A consent form will be given to you with this information sheet. If you would like to talk to me and help me, I will need your and your parent's signature in this consent form.

If you have any questions about this study after we meet today, you and your parents can contact me:

My name is Paradee Thoresen
Doctor of Philosophy candidate
Email: paradee.sutthitham@postgrad.curtin.edu.au
School of Occupational Therapy and Social Work
Faculty of Health Sciences
Curtin University
Kent Street, Bentley, WA Australia 6102

You may also contact my research supervisor
Associate Professor Angela Fielding (PhD)
School of Occupational Therapy and Social Work

Faculty of Health Sciences
Curtin University, Perth, Australia
Phone number: +61 8 9266 7637
Email: A.Fielding@curtin.edu.au

Or you may contact my co-supervisor
Dr Sue Gillieatt (PhD)
Senior Lecturer, School of Occupational Therapy and Social Work
Faculty of Health Sciences
Curtin University, Perth, Australia
Phone number: (+618) 9266 7864
Email: S.Gillieatt@curtin.edu.au

Thank you very much for your time and help with my study.

Yours sincerely,

Paradee Thoresen

This study has been approved by the Curtin University Human Research Ethics Committee (Approval Number HR 156/2014). The Committee is comprised of members of the public, academics, lawyers, doctors and pastoral carers. If needed, verification of approval can be obtained either by writing to the Curtin University Human Research Ethics Committee, c/- Office of Research and Development, Curtin University, GPO Box U1987, Perth, 6845 or by telephoning +61 8 9266 2784 or by emailing hrec@curtin.edu.au

Information Sheet For key informants

[Appendix C]

Dear Sir/Madam,

My name is Paradee Thoresen and I am a Doctor of Philosophy candidate at Curtin University, Perth, Australia. My research is titled “**The needs of refugee and asylum-seeking children in Thailand**”.

The research has four main objectives:

1. To identify the needs of refugee and asylum-seeking children in Mae Sot and Bangkok,
2. To identify facilitators and barriers to available support and service provision for refugee and asylum-seeking children and their families,
3. To investigate changes in policy as well as available support and services that impact on the children’s wellbeing, and,
4. To investigate changes in the identified children’s needs between two data collection points.

I aim to interview voluntary participants who are: refugee and asylum-seeking children aged 12 to 17 years; parents or guardians; key informants who are staff or volunteers from international organisations, government agencies, non-government organisations, non-profit organisations, and community based organisations which provide social services and policy advocacy for refugee and asylum seekers in Thailand. An interview will take between half an hour and an hour.

For the interview with the children, the researcher will offer drawing materials to help the children feel comfortable and able to express their lived experiences and needs. The children will be invited to explain or describe their pictures and what it means, then they will be asked to give consent to use their words and drawing in research.

Participation is completely voluntary. Participants will have the opportunity to ask any questions regarding the research and its purpose. Participants can choose not answer to questions and participants are at liberty to withdraw at any time without prejudice or negative consequences. Non-participation will not affect an individual’s rights or access to services or care.

The researcher will protect anonymity for all participants. All identifiable information will be kept in a secure place and no such material will be accessed by unauthorized persons or be published.

A consent form is attached to this information sheet. If you would like to be a participant of this research, please fill out this consent form.

If you have any concerns or questions regarding this research, please do not hesitate to contact me:

My name is Paradee Thoresen
Doctor of Philosophy candidate
Email: paradee.sutthitham@postgrad.curtin.edu.au
School of Occupational Therapy and Social Work
Faculty of Health Sciences
Curtin University
Kent Street, Bentley, WA Australia 6102

You may also contact my research supervisor
Associate Professor Angela Fielding (PhD)
School of Occupational Therapy and Social Work
Faculty of Health Sciences
Curtin University, Perth, Australia
Phone number: +61 8 9266 7637
Email: A.Fielding@curtin.edu.au

Or you may contact my co-supervisor
Dr Sue Gillieatt (PhD)
Senior Lecturer of Occupational Therapy and Social work School
Faculty of Health Sciences
Curtin University, Perth, Australia
Phone number: (+618) 9266 7864
Email: S.Gillieatt@curtin.edu.au

Thank you very much for your time and contribution to this research.

Yours sincerely,

Paradee Thoresen

This study has been approved by the Curtin University Human Research Ethics Committee (Approval Number HR 156/2014). The Committee is comprised of members of the public, academics, lawyers, doctors and pastoral carers. If needed, verification of approval can be obtained either by writing to the Curtin University Human Research Ethics Committee, c/- Office of Research and Development, Curtin University, GPO Box U1987, Perth, 6845 or by telephoning +61 8 9266 2784 or by emailing hrec@curtin.edu.au

Guiding Questions: Interview with children

[Appendix D]

1. Lived experience:

Possible prompts:

- 1.1 When did you come to Thailand? Why did you decide to go to Thailand?
- 1.2 Can you tell me about what it is like for you living in Thailand?
 - 1.2.1 Feeling
 - 1.2.2 Supports
 - 1.2.3 Plans
 - 1.2.4 Other issues

2: Participants' needs:

Possible prompt:

- 2.1 What do you need to have a good life?
- 2.2 Are there any changes about your needs over the past year?
- 2.3 What support have you and your family received last year? And what about this year?

3: UNICEF's wellbeing framework

I would like to ask you some questions about your how you live and what you need by following UNICEF's guide of children's wellbeing.

3.1 *Material wellbeing*

Possible prompts:

- 3.1.1. Where do you live? Can you tell me about your living area?
- 3.1.2. Can you tell me about the food you eat each day?
- 3.1.3. Do you have running water in your home? If not how do you get fresh water?
- 3.1.4 How do you view your living conditions, comparing last year and now?

3.2 *Health and safety*

Possible prompts:

- 3.2.1 Do you think you are healthy?
- 3.2.2 Compared with last year, do you feel your health (mind and body) are improving or getting worse?
- 3.2.3 If you are feeling unwell, how do you get help? Can you get the same help as last year?

3.3 *Behaviours and risks*

Possible prompts:

- 3.3.1 Do you feel safe? What makes you feel safe?
- 3.3.2 Who can help you if you feel unsafe?

3.4 *Peer and family relationships*

Possible prompts:

- 3.4.1 Do you have any friends?
- 3.4.2 What supports do you get from your parents and the rest of your family?
- 3.4.3 Are there any changes in your relationship with your friends, or your family over the past year?

3.5 *Education*

Possible prompts:

- 3.5.1 Do you go to school?
- 3.5.2 Can you tell me about school?

3.5.3 What do you learn at school?

3.5.4 Are there any changes at school in the past year?

3.5.5 Are you aware of any options for higher education opportunity in future?

3.6 Young people's subjective senses of wellbeing

Possible prompts:

3.6.1 Can you tell me what a good life means to you? What makes you happy?

3.6.2 What are your hopes and dreams for your future?

3.6.3 Have your hopes and dreams changed over the past year?

3.6.4 What supports do you have to achieve your hopes and dreams? Are there any changes in these supports?

Thank you very much for helping me with my study. Before we finish, are there any other things you want to tell me or think you want me to know?

Note: Only a subset of these questions will be presented during each interview, depending on participants' age and personal experiences. Although some probes have been prepared, additional probes may be added as appropriate.

**Guiding questions:
Interview with parent/guardian**

[Appendix E]

1. Lived experience:

1.1 Going to Thailand

Possible prompts:

- 1.1.1 Why did you decide to come to Thailand?
- 1.1.2 What was the journey like?
- 1.1.3 How did you and your children feel when arrived in Thailand?

1.2. Lived experiences in Thailand

Possible prompts:

- 1.2.1 How do you and your children feel about being in Thailand?
- 1.2.2 What are your plans here in Thailand?
- 1.2.3 What difficulties do you and your children experience in Thailand?
- 1.2.6 Can you tell me about any significant changes in your life and your family in the past year?

2: Needs of participants' children:

Possible prompt:

- 2.1 What do you think your children need to have a good life?
- 2.2 Are there any changes in their needs over the past year?
- 2.3 What supports or services do you and your children need?
- 2.4 What supports or services do you and your children receive? Are there any changes in access to supports or services compared with the last year?

3: UNICEF's wellbeing framework

I would like to ask you some questions about your how you live and what you need by following UNICEF's guide of children's wellbeing.

3.1 Material wellbeing

Possible prompts:

- 3.1.1. Where do you and your children live? Can you tell me about your living area?
- 3.1.2. Can you tell me about the food your children eat each day?
- 3.1.3. Do you have running water in your home? If not, how do you get fresh water?
- 3.1.4 How do you view your living conditions, comparing last year and now?

3.2 Health and safety

Possible prompts:

- 3.2.1 Do you think your children are healthy?
- 3.2.2 Compared with last year, do you feel your children's (mental and physical) health is improving or getting worse?
- 3.2.3 If you are feeling unwell, how do you get help? Can you get the same help as last year?

3.3 Behaviours and risks

Possible prompts:

- 3.3.1 What makes your children feel safe?
- 3.3.2 Who can help them if they feel unsafe?
- 3.3.3 Have your children's feelings about safety changed over the past year?

3.4 Peer and family relationships

Possible prompts:

3.4.1 Do your children have any friends?

3.4.2 What supports do your children get from you and the rest of your family?

3.4.3 Are there any changes in your relationship with your children, or other family members over the past year?

3.5 Education

Possible prompts:

3.5.1 Do your children go to school?

3.5.2 Can you tell me about the school?

3.5.3 What do your children learn at school?

3.5.4 Are there any changes in quality of education services that you can notice in the past year?

3.5.5 Are there any changes in opportunity to education for your children in the past year?

3.5.6 Are you aware of any higher education opportunities for your children in future?

3.6 Young people's subjective sense of wellbeing

Possible prompts:

3.6.1 What do your children talk to you about in terms of their views of life?

3.6.2 What are your children's hopes and dreams for the future? Have their hopes and dreams changed over the past year?

3.6.3 What supports do your children have to achieve their hopes and dreams? Are there any changes in the support?

Thank you very much for helping me with my study. Before we finish, are there any other things you want to tell me or think you want me to know?

Note: Only a subset of these questions will be presented during each interview, depending on participants' personal experiences. Although some probes have been prepared, additional probes may be added as appropriate.

Guiding Questions: Interviews key informants

[Appendix F]

1: Participants' and organisations' roles and services:

Possible prompts:

- 1.1 What are your roles and responsibilities?
- 1.2 What services and programs does your organisation/department provide?
- 1.3 How does your organisation support and provide services to refugee and asylum-seeking children and their families?
- 1.4 What framework or guidelines direct your implementation or services provision?
- 1.5 What are significant changes in providing support and services to these children and their families through the past year?
- 1.6 Could you please explain how evaluation of service provision has been carried out in the past? Did the evaluation seek refugee and asylum-seeking children's opinions?

2: Refugee and asylum-seeking children's needs:

Possible prompts:

- 2.1 How do you view the situation of refugee and asylum-seeking children and their families in Thailand?
- 2.2 What are the needs of refugee and asylum-seeking children? Have their needs been changed through the past year?
- 2.3 What are the barriers to better services for refugee and asylum-seeking children and their families? Are there any barriers for them to access to available support and services through the past year?
- 2.4 What should be done to facilitate better services to address the needs of refugee and asylum-seeking children?
- 2.5 Which other organisations or programs support refugee and asylum-seeking children? What collaboration do you have with these organisations? Are there any changes over the past year?

3: UNICEF's wellbeing framework

Introduction: UNICEF has developed a wellbeing framework for children and young people. In this framework there are six components or themes: material wellbeing, health (physical and mental health) and safety, education, peer and family relationships, behaviors and risks, and young people's subjective senses of wellbeing. I would like to ask you some questions related to these components.

Possible prompts:

- 3.1 You have identified some of the needs of refugee and asylum-seeking children but are there any other needs according to these wellbeing components that you can comment on?
 - 3.1.1 What are refugee and asylum-seeking children's material wellbeing needs (basic materials for live such as housing, nutrition, clean water, sanitary, medicine and clothes)?
 - 3.1.2 What are their health (physical and mental health) and safety needs?
 - 3.1.3 What are their educational needs?
 - 3.1.4 What are their needs for peer and family relationships?
 - 3.1.5 What are their needs for behavioral and risks protection?
 - 3.1.6. What are other needs that these children may identify or require supports?
 - 3.1.7 Compared with the last year, what significant changes have you observed in these identified needs?

4: Impact of policy on refugee and asylum-seeking children's wellbeing:

Possible prompts:

- 4.1 How do you view the Thai migration policy on refugee and asylum-seeking children and their families? Have the official policy and practices changed in the last year?
- 4.1.1 How does the policy or its change affect wellbeing and safety for these children in Thailand?
 - 4.1.2 How does the policy or its change affect these children's access to social services?
 - 4.1.3 How does the policy or its change affect the legal protection of these children?
 - 4.1.4 How does the policy or its change influence your organisation's services and program implementation?
- 4.2 What effect does the Thai education policy have on refugee and asylum-seeking children? Have this policy and practice in local schools changed in the last year?
- 4.2.1 How do refugee and asylum-seeking children attend local schools?
 - 4.2.2 How do refugee and asylum-seeking children follow the Thai curriculum? What supports do they have?
 - 4.2.3 How can refugee and asylum-seeking children's access to education be improved?
 - 4.2.4 How does this policy or its changes influence your organisation's services and program implementation?
- 4.3 How do you view the Thai health care policy on refugee and asylum-seeking children and their families? Have this policy and practices in health care changed in the last year?
- 4.3.1 How do refugee and asylum-seeking children access health care services? Are there any changes in the past year?
 - 4.3.2 How can refugee and asylum-seeking children's access to health care be improved?
 - 4.3.3 How does this policy or its changes influence your organisation's services and program implementation?
- 4.4. Could you tell me a little bit about the UNHCR's policy and procedures? Could you please explain the changes to their policy and procedures in the last year that may improve refugee and asylum-seeking children's wellbeing?
- 4.5 Besides the government or UNHCR policy, are there any other factors that may affect the wellbeing of refugee and asylum-seeking children?

5: Protection of refugee and asylum-seeking children:

Possible prompts:

- 5.1 In your opinion who is responsible for providing protection to refugee and asylum-seeking children?
- 5.2 Thailand has signed the UN Convention on the Rights of the Child (CRC), but has not signed Article 22 which specifies and extends the rights of refugee and asylum-seeking children. So, given that, what else can Thailand do to protect refugee and asylum-seeking children?
- 5.3 If Thailand were to sign the UN Convention and Protocol Relating to the Status of Refugees in future, how would that make a difference for these children's wellbeing?

Thank you very much for helping me with my research. Before we finish, are there any other things you want to tell me or think it is important for me to know?

Note: Only a subset of these questions will be presented during each interview, depending on participants' professional and personal experiences. Although some probes have been prepared, additional probes may be added if appropriate.

Consent Form**For parent/guardian and children**

[Appendix G]

As I read out the information sheet to you, I would like to also ask you for consent to participate in the interview.

- It is your choice to talk to me and you can stop talking to me at any time.
- Nobody will say anything or do anything to you if you talk or if you do not talk with me.
- You can ask me any questions about this study at any time.
- If you are okay and let me use your words and drawing in my study, they may be available for other people to read and see, but I will not use your real name so they won't know who you are.

I will keep a record of our talking, your drawing or and writing in a locked cabinet so nobody else can get to the recorder and drawing.

If you sign this paper:

You understand what my study is about.

You have the chance to ask questions.

You understand you can stop talking to me anytime and nobody will say or do anything to you.

You understand that some part of your words and drawing may be available for other people.

You are okay and want to talk to me and answer some of the questions.

Parent's name: _____

Child's name: _____

Date (Day/month/year)

Assent child (signature):

Consent Parent/guardian (signature):

Yours sincerely,

Paradee Thoresen

This study has been approved by the Curtin University Human Research Ethics Committee (Approval Number HR 156/2014). The Committee is comprised of members of the public, academics, lawyers, doctors and pastoral carers. If needed, verification of approval can be obtained either by writing to the Curtin University Human Research Ethics Committee, c/- Office of Research and Development, Curtin University, GPO Box U1987, Perth, 6845 or by telephoning +61 8 9266 2784 or by emailing hrec@curtin.edu.au

Consent Form

For key informants

[Appendix H] **Title of research: “The needs of refugee and asylum-seeking children in Thailand”.**

Please note:

- Participation in this research is completely voluntary.
- Participants have the opportunity to ask any questions regarding the research and its purpose.
- The researcher will take the proper measures to protect anonymity for all participants.
- Excerpts of interviews and art work may be published, although precautions will be taken to protect your identity.
- All identifiable material will be kept in a secure place and no such material will be accessed by unauthorized persons.
- All identifiable material will be used for this research only and all handling, storing and finally destruction of this material will be in accordance with Curtin University’s procedures.
- You have the right to withdraw fully or partially from this research at any time, without reason or justification, until the final stage of this research, estimated to be December 2017.

By signing this consent form:

I have been informed of and understand the purpose of the study.

I have been given an opportunity to ask questions.

I understand I can withdraw at any time without prejudice.

Any information which might potentially identify me will not be used in published material.

I agree to participate in the study as outlined to me.

I am giving consent for the researcher to utilize information given during this interview in the research.

Name of Participant:

Date (Day/month/year)

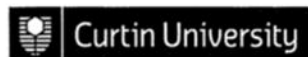
Participant Signature:

Thank you very much

Yours sincerely,

Paradee Thoresen

This study has been approved by the Curtin University Human Research Ethics Committee (Approval Number HR 156/2014). The Committee is comprised of members of the public, academics, lawyers, doctors and pastoral carers. If needed, verification of approval can be obtained either by writing to the Curtin University Human Research Ethics Committee, c/- Office of Research and Development, Curtin University, GPO Box U1987, Perth, 6845 or by telephoning +61 8 9266 2784 or by emailing hrec@curtin.edu.au



Memorandum

To	Angela Fielding, Occupational Therapy
From	Professor Peter O'Leary, Chair Human Research Ethics Committee
Subject	Protocol Approval HR 156/2014
Date	11 August 2014
Copy	Paradee Thoresen, Occupational Therapy Sue Gillieatt, Occupational Therapy

Office of Research and Development
Human Research Ethics Committee

TELEPHONE 9266 2784

FACSIMILE 9266 3793

EMAIL hrec@curtin.edu.au

Thank you for your application (4800) submitted to the Human Research Ethics Committee (HREC) for the project titled "*The needs of refugee and asylum seeking children in Thailand.*". Your application has been reviewed by the HREC and is **approved**.

- You have ethics clearance to undertake the research as stated in your proposal.
- The approval number for your project is **HR 156/2014**. *Please quote this number in any future correspondence.*
- Approval of this project is for a period of 4 years **05-08-2014 to 05-08-2018**.
- Your approval has the following conditions:
 - (i) Annual progress reports on the project must be submitted to the Ethics Office.
- **It is your responsibility, as the researcher, to meet the conditions outlined above and to retain the necessary records demonstrating that these have been completed.**

Applicants should note the following:

It is the policy of the HREC to conduct random audits on a percentage of approved projects. These audits may be conducted at any time after the project starts. In cases where the HREC considers that there may be a risk of adverse events, or where participants may be especially vulnerable, the HREC may request the chief investigator to provide an outcomes report, including information on follow-up of participants.

The attached **Progress Report** should be completed and returned to the Secretary, HREC, C/- Office of Research & Development annually.

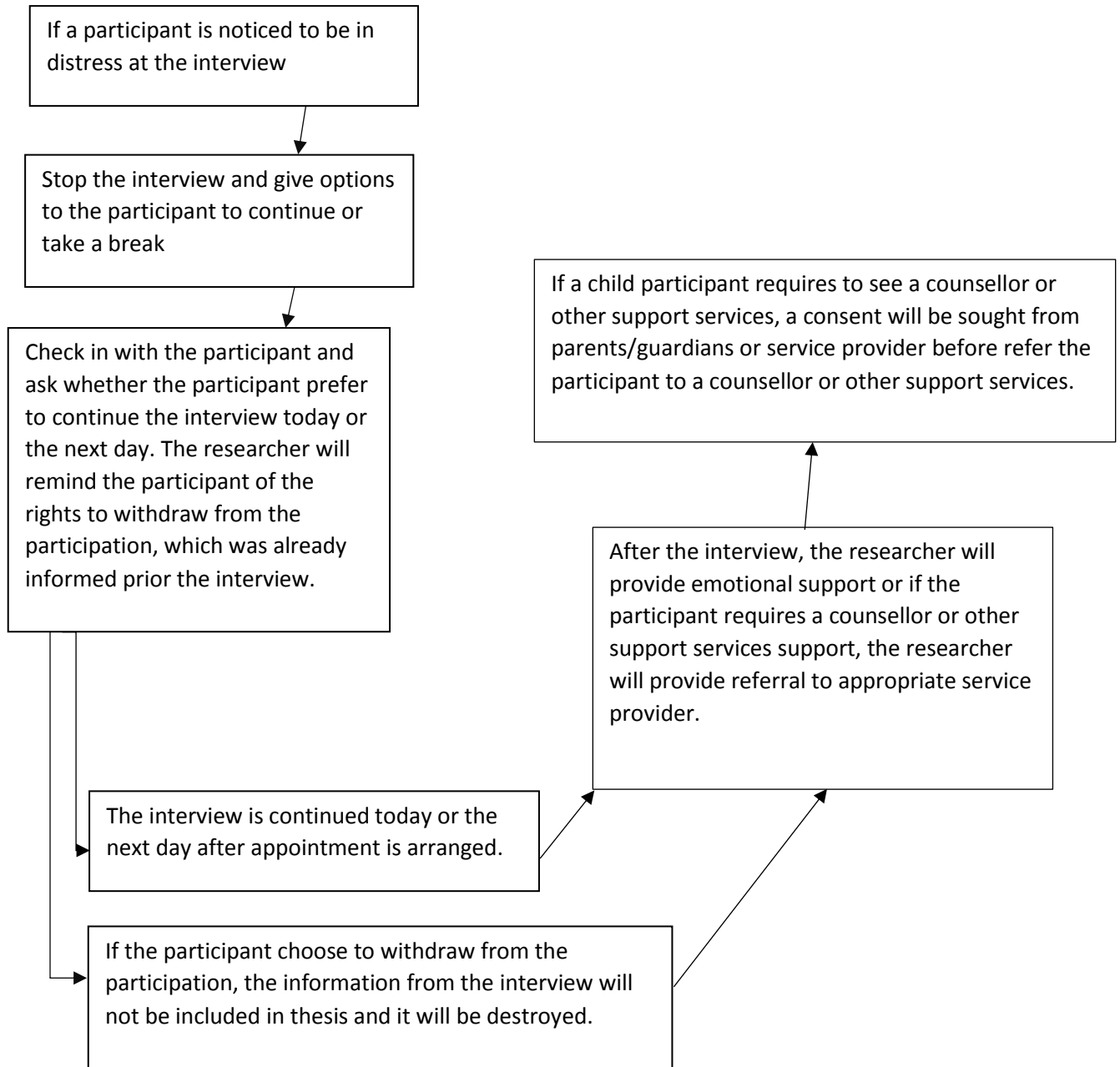
Our website https://research.curtin.edu.au/guides/ethics/non_low_risk_hrec_forms.cfm contains all other relevant forms including:

- Completion Report (to be completed when a project has ceased)
- Amendment Request (to be completed at any time changes/amendments occur)
- Adverse Event Notification Form (If a serious or unexpected adverse event occurs)

Yours sincerely

Professor Peter O'Leary
Chair Human Research Ethics Committee

Adverse Reaction Procedure



References

- AARE. (2014). Australia Association for Research in Education (AARE) Code of Ethics. Retrieved from <http://www.aare.edu.au/pages/aare-code-of-ethics.html>
- Adler, P. A., & Adler, P. (1994). Observational Techniques. In N.K. Denzin & S. Lincoln (Eds), *Handbook of qualitative research* (pp. 377-392). Thousand Oaks, CA: Sage Publications Inc.
- Ager, A. (1999). *Refugees: perspectives on the experience of forced migration*. New York, NY: Continuum.
- Akiyama, T., Win, T., Maung, C., Ray, P., Sakisaka, K., Tanabe, A., . . . Jimba, M. (2013). Mental health status among Burmese adolescent students living in boarding houses in Thailand: a cross-sectional study. *BMC Public Health, 13*, 337. <http://dx.doi.org/10.1186/1471-2458-13-337>
- Amara, A., & Aljunid, S. (2014). Noncommunicable diseases among urban refugees and asylum-seekers in developing countries: a neglected health care need. *Globalization and Health, 10*, 24. <http://dx.doi.org/10.1186/1744-8603-10-24>
- Amnesty International. (2006). *Living in the shadows: a primer on the human rights of migrants*. London, UK: Amnesty International Publications. Retrieved from <https://www.amnesty.org/en/documents/POL33/006/2006/en/>
- Archavanitkul, K., Phanphueng, S., & Sanpuwan, M. (2011). Towards managing stateless people in Thailand's context. In S. Phanphueng & M. Sanpuwan (Eds.), *Thailand's population in transition: a turning point for Thai society* (pp.103-126). Nakhon Pathom, Thailand: Institute for Population and Social Research, Mahidol University.
- Arnold, D., & Hewison, K. (2005). Exploitation in global supply chains: Burmese workers in Mae Sot. *Journal of Contemporary Asia, 35*(3), 319-340. <http://dx.doi.org/10.1080/00472330580000191>
- Asylum Access. (2011). *Urban refugees in Thailand. A refugee from Ivory Coast: AAT community education session*. Retrieved from <https://asylumaccess.org/wp-content/uploads/2013/08/Urban-refugees-in-Thailand.pdf>

Atkinson, R. L., Atkinson, R. C., Smith, E. E., Bem, D. J., & Nolen-Hoeksema, S. (1993). *Introduction to psychology* (11th ed.). Orlando, FL: Harcourt Brace Jovanovich College Publishers.

Australia Human Rights Commission, & Triggs, G. (2014). *The forgotten children: national inquiry into children in immigration detention*. Retrieved from <https://www.humanrights.gov.au/our.../forgotten-children-national-inquiry-children>

Aye, P. Z. (2016). *Protection of urban refugees in significant refugee-hosting states: South Africa vs. Thailand*. ProQuest Dissertations & Theses Global Number: 10306405.

Retrieved from <https://search-proquest-com.dbgw.lis.curtin.edu.au/docview/1857874722?accountid=10382>

Azevedo, J. P., Yang, J., & Inan, O. K. (2016). *What are the impacts of Syrian refugees on host community welfare in Turkey? A sub-national poverty analysis*. Retrieved from <http://hdl.handle.net/10986/23722>

Bakewell, O. (2011). Conceptualising displacement and migration: processes, conditions, and categories. In K. Khoser & S. Martin (Eds.), *The migration-displacement nexus: patterns, processes, and policies* (pp. 14-28). Oxford, UK: Berghahn Books.

Ball, J., & Moselle, S. (2015). Living liminally: migrant children living in the Myanmar-Thailand border region. *Global Studies of Childhood*, 5(4), 425-436.

<http://dx.doi.org/10.1177/2043610615613883>

Ball, J., & Moselle, S. (2016). Forced migrant youth's identity development and agency in resettlement decision-making: liminal life on the Myanmar-Thailand Border. *Migration, Mobility, & Displacement*, 2(2), 110-125. <http://dx.doi.org/10.18357/mmd22201616157>

Banjong, O., Menefee, A., Sranacharoenpong, K., Chittchang, U., Eg-Kantrong, P., Boonpradern, A., & Tamachotipong, S. (2003). Dietary assessment of refugees living in camps: a case study of Mae La Camp, Thailand. *Food & Nutrition Bulletin*, 24(4), 360-367. <https://doi.org/10.1177/156482650302400406>

Bazeley, P. (2013). *Qualitative data analysis: practical strategies*. London, UK: Sage Publications Ltd.

Bazeley, P., & Jackson, K. (2013). *Qualitative data analysis with NVIVO* (2nd ed.). London, UK: Sage Publications Ltd.

BBC News. (2014, May 22). Thailand military seizes power in coup. *BBC news*. Retrieved from <https://www.bbc.com/news/world-asia-27517591>

- BBC News. (2015, August 19). Bangkok bomb: victims and survivors *BBC News*. Retrieved from <http://www.bbc.com/news/world-asia-33970145>
- Bell, M. (2005). Integration: refugee children in Britain and Europe. *Refugee Survey Quarterly*, 24(4), 105-108. <http://dx.doi.org/10.1093/rsq/hdi091>
- Bellamy, R. (2008). *Citizenship: a very short introduction*. Oxford, UK: Oxford University Press.
- Ben-Arieh, A. (2007). *Measuring and monitoring the well-being of young children around the world: Paper commissioned for the EFA Global Monitoring Report*. Retrieved from <https://pdfs.semanticscholar.org/24dc/7eda19ca744149a3c41f50f30fd46e406786.pdf>
- Ben-Arieh, A. (2008). Indicators and indices of children's well-being: towards a more policy-oriented perspective. *European Journal of Education*, 43(1), 37-50. <http://dx.doi.org/10.1111/j.1465-3435.2007.00332.x>
- Ben-Arieh, A. e. (2014). *Handbook of Child Well-Being: theories, methods and policies in global perspective / edited by A. Ben-Arieh, F. Casas, I. Frønes, J. E. Korbin*: Dordrecht: Springer Netherlands: Imprint: Springer.
- Ben-Arieh, A., & Goerge, R. M. (Eds.) (2006). *Indicators of children & well-being: understanding their role, usage and policy influence*. Dordrecht, Netherlands: Springer Netherlands.
- Ben-Arieh, A., Casas, F., Frønes, I., & Korbin, J. E. (2014). *Handbook of child well-being: theories, methods and policies in global perspective*. Dordrecht, Netherlands: Springer Netherlands.
- Ben-Arieh, A., Kaufman, N., Andrews, A., George, R., Lee, B., & Aber, J. (2004). *Measuring and monitoring children's well-being*. Dordrecht, Netherlands: Springer Netherlands.
- Benner, M. T., Muangsookjarouen, A., Sondorp, E., & Townsend, J. (2008). Neglect of refugee participation. *Forced Migration Review*, (30), 25. Retrieved from <https://www.files.ethz.ch/isn/139358/FMR30full.pdf>
- Berg, B. L. (2004). *Qualitative research methods for the social sciences* (5th ed.). Boston, MA: Allyn and Bacon.
- Bernard, H. R. (2013). *Social research methods: qualitative and quantitative approaches*. Los Angeles, London, New Delhi, Singapore, Washington DC: Sage Publications

- Inc. Beyrer, C. (2001). Shan women and girls and the sex industry in Southeast Asia; political causes and human rights implications. *Social Science & Medicine*, 53(4), 543-550.
- Bhabha, J., & Dottridge, M. (2017). *Child rights in the global compacts: recommendations for protecting, promoting, and implementing the human rights of children on the move in the proposed global compacts*. Retrieved from <https://reliefweb.int/report/world/child-rights-global-compacts-recommendations-protecting-promoting-and-implementing>
- Birgit, G., Jeroen, D., Doornik, J., & Glorius, B. (2016). Refugee migration and local demarcations: new insight into European localities. *Journal of Refugee Studies*, 29(4), 429-439. <https://doi-org.dbgw.lis.curtin.edu.au/10.1093/jrs/few041>
- Bosniak, L. (2006). *The citizen and the alien: dilemmas of contemporary membership*. Princeton, NJ: Princeton University Press.
- Bourdillon, M. (2014). Children's Work. In A. Ben-Arieh, F. Casas, I. Frønes & J. E. Korbin (Eds.), *Handbook of Child Well-Being: theories, methods and policies in global perspective* (pp. 821-861). Dordrecht: Springer Netherlands.
http://dx.doi.org/10.1007/978-90-481-9063-8_27
- Bowles, E. (1998). From village to camp: refugee camp life in transition on the Thailand-Burma border. *Forced Migration Review*, 2, 11-14. Retrieved from <http://www.fmreview.org/sites/fmr/files/FMRdownloads/en/camps/bowles.pdf>
- Bradshaw, J. (1972). Taxonomy of social need. In G. McLachlan (Ed.), *Problems and progress in medical care: essays on current research, 7th series* (pp. 71-82). London, UK: Oxford University Press. Retrieved from http://eprints.whiterose.ac.uk/118357/1/bradshaw_taxonomy.pdf
- Bradshaw, J., & Richardson, D. (2009). An index of child well-being in Europe. *Child Indicators Research*, 2, 319-351. <http://dx.doi.org.dbgw.lis.curtin.edu.au/10.1007/s12187-009-9037-7>
- Bradshaw, J., Hoelscher, P., & Richardson, D. (2006). *Comparing child well-being in OECD countries: concepts and methods*. Innocenti Working Paper No. 2006-03. Florence, Italy: UNICEF Innocenti Research Centre. Retrieved from <https://www.unicef-irc.org/publications/464-comparing-child-well-being-in-oecd-countries-concepts-and-methods.html>

- Bradshaw, J., Keung, A., Rees, G., & Goswami, H. (2011). Children & subjective well-being: international comparative perspectives. *Children and Youth Services Review*, 33(4), 548-556. <http://dx.doi.org/10.1016/j.childyouth.2010.05.010>
- Branscombe, N. A., Burcham, J. G., Castle, K., & Surbeck, E. (2014). *Early childhood curriculum: A constructivist perspective* (2nd ed.). New York, NY: Routledge.
- Brees, I. (2008). Refugee business: strategies of work on the Thai–Burma Border. *Journal of Refugee Studies*, 21(3), 380-397. <http://dx.doi.org/10.1093/jrs/fen022>
- Brees, I. (2009). Burmese refugee transnationalism: what is the effect? *Journal of Current Southeast Asian Affairs*, 28(2), 23-46. Retrieved from <https://journals.sub.uni-hamburg.de/giga/jsaa/article/view/51>
- British Broadcasting Corporation (BBC) News. (2009, January 17). Thailand's deadly treatment of migrants. *BBC news*. Retrieved from http://news.bbc.co.uk/go/pr/fr/-/2/hi/south_asia/7834075.stm
- Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist*, 32(7), 513-531. <http://dx.doi.org/10.1037/0003-066X.32.7.513>
- Bronfenbrenner, U. (1992). *Ecological systems theory*. In R. Vasta (Ed.), *Six theories of child development: revised formulations and current issues* (pp. 187-249). London, UK: Jessica Kingsley Publishers.
- Bronfenbrenner, U. (Ed.) (2005). *Making human beings human: bioecological perspectives on human development*. Thousand Oaks, CA: Sage Publications Inc.
- Brown, A., Msoka, C., & Dankoco, I. (2015). A refugee in my own country: evictions or property rights in the urban informal economy? *Urban Studies*, 52(12), 2234. <https://doi-org.dbgw.lis.curtin.edu.au/10.1177/0042098014544758>
- Bryman, A. (2004). *Social research methods* (2nd ed.). Oxford, UK: Oxford University Press.
- Bryman, A. (2008). *Social research methods* (3rd ed.). Oxford, UK: Oxford University Press.
- Bryman, A. (2012). *Social Research Methods* (4th ed.). New York, NY: Oxford University Press.
- Bryman, A. (2016). *Social Research Methods* (5th ed.). New York, NY: Oxford University Press.

- Budosan, T. B., Aziz, T. S., Benner, T. M., & Abras, T. B. (2016). Perceived needs and daily stressors in an urban refugee setting: humanitarian emergency settings perceived needs scale survey of Syrian refugees in Kilis, Turkey. *Intervention, 14*(3), 293-304. <http://dx.doi.org/10.1097/WTF.0000000000000123>
- Camino, L. A., & Krulfeld, R. M. (Eds.). (1994). *Reconstructing lives, recapturing meaning: refugee identity, gender, and culture change*. Singapore: Gordon and Breach.
- Caouette, T. M. (2001). *Small dreams beyond reach: the lives of migrant children and youth along the borders of China, Myanmar, and Thailand*. Save the Children (UK). Retrieved from <http://burmalibrary.org/docs4/small%20dreams%20beyond%20reach.pdf>
- Carey, R. J., & Kim, J. S. (2010). Tapping the potential of refugee youth. In G. Sonnert & G. Holton (Eds.), *Helping young refugees and immigrants succeed: public policy, aid, and education* (pp. 191-208). New York, NY: Palgrave Macmillan US. http://dx.doi.org/10.1057/9780230112964_15
- Carstensen, N. (2016). Understanding and supporting community-led protection. *Forced Migration Review, (53)*, 4. Retrieved from <http://www.fmreview.org/sites/fmr/files/FMRdownloads/en/community-protection/carstensen.pdf>
- Castles, S., & Miller, M. J. (1998). *The age of migration: international population movements in the modern world*. (2nd ed.). Basingstoke, UK: Palgrave Macmillan.
- Castles, S., & Miller, M. J. (2009). *The age of migration: international population movements in the modern world* (4th ed.). Basingstoke, UK: Palgrave Macmillan.
- Chalamwong, Y., Thabchumpon, N., & Chantavanich, S. (Eds.). (2014). *Temporary shelters and surrounding communities: livelihood opportunities, the labour market, social welfare and social security*. Cham, Germany: Springer.
- Chantavanich, S., & Jayagupta, R. (2010). Immigration to Thailand: The case of migrant workers from Myanmar, Laos and Cambodia. In U. Segal, D. Elliott, & N. Mayadas (Eds.), *Immigration worldwide: policies, practices, and trends* (pp. 302-320). <http://dx.doi.org/10.1093/acprof:oso/9780195388138.003.0020>
- Chatty, D., & Crivello, G. (2005). Theoretical and methodological challenges of studying refugee children in the Middle East and North Africa: young Palestinian, Afghan and Sahrawi Refugees. *Journal of Refugee Studies, 18*(4), 387-409. <http://dx.doi.org/10.1093/refuge/fei037>

Cherney, I., Seiwert, C., Dickey, T., & Flichtbeil, J. (2006). Children's drawings: a mirror to their minds. *Educational Psychology*, 26(1), 127-142.
<http://dx.doi.org/10.1080/01443410500344167>

Collewet, L. (2012). Inhuman detention conditions in Bangkok? *Oxford Monitor of Forced Migration*, 2(1), 28-33. Retrieved from <http://oxmofm.com/wp-content/uploads/2012/06/Inhuman-Detention-Conditions-in-Bangkok.pdf>

Committee for Protection and Promotion of Child Rights [CPPCR]. (2009). *Feeling small in another person's country: the situation of Burmese migrant children in Mae Sot, Thailand*. Tak, Thailand: CPPCR.

Connelly, L. M. (2016). Trustworthiness in qualitative research. *Medsurg Nursing*, 25(6), 435-436. Retrieved from <https://search-proquest-com.dbgw.lis.curtin.edu.au/docview/1849700459?accountid=10382>

Cotroneo, A., & Pawlak, M. (2016). Community-based protection: the ICRC approach. *Forced Migration Review*, (53), 36-39. Retrieved from <http://www.fmreview.org/sites/fmr/files/FMRdownloads/en/community-protection/cotroneo-pawlak.pdf>

CPD. (2015). *Track II Dialogue on forced migration in the Asia-Pacific*. Centre for Policy Development. Retrieved from cpd.org.au/wp-content/uploads/2015/10/Briefing-Pack.pdf

CPPCR. (2010). *Recognize us*. Committee for Protection and Promotion of Child Rights. Tak, Thailand: CPPCR.

Creswell, J. W. (2013). *Qualitative inquiry & research design: choosing among five approaches* (3rd ed.). Thousand Oaks, CA: Sage Publications Inc.

Creswell, J. W. (2017). *Qualitative inquiry & research design: choosing among five approaches* (4th ed.). Thousand Oaks, CA: Sage Publications Inc.

Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry & research design: choosing among five approaches* (4th ed.). Thousand Oaks, CA: Sage Publications Inc.

Cutts, M., & Office of UNHCR. (2000). *The state of the world refugees, 2000: fifty years of humanitarian action*. Geneva: UNHCR.

Darbyshire, P., MacDougall, C., & Schiller, W. (2005). Multiple methods in qualitative research with children: more insight or just more? *Qualitative research*, 5(4), 417-436.
<http://dx.doi.org/10.1177/1468794105056921>

- Darke, P., Shanks, G., & Broadbent, M. (1998). Successfully completing case study research: combining rigour, relevance and pragmatism. *Information Systems Journal*, 8(4), 273-289. <https://doi-org.dbgw.lis.curtin.edu.au/10.1046/j.1365-2575.1998.00040>
- Davies, B. (1970). Social needs and resources in local services. *Public Administration*, 48(2), 214-215. <http://dx.doi.org/10.1111/j.1467-9299.1970.tb00018.x>
- Dehoff, L., Hatzichristou, C., Mayes, F., McGrath, B., Rexilius, A., Sundvall, J., & Zarka-Lederman, S. (2017). International collaboration on psychosocial support for refugee children in Greece. *National Association of School Psychologists*, 45(8), 1-33. Retrieved from <https://search-proquest-com.dbgw.lis.curtin.edu.au/docview/1900335205?accountid=10382>
- Delanty, G. (2000). *Citizenship in a global age: society, culture, politics*. Buckingham, UK: Open University Press.
- Demirdjian, L. (2012). *Education, refugees and asylum seekers*. London, UK: Continuum.
- Den Bossche, S. V. (2018). Children as world citizens: diversity, pluralistic citizenship, and belonging in the O Mundo Picture Book project. *The Journal of the History of Childhood and Youth*, 11(1), 108-113. <http://dx.doi.org/10.1353/hcy.2018.0013>
- Deng, S. A., & Marlowe, J. M. (2013). Refugee resettlement and parenting in a different context. *Journal of Immigrant & Refugee Studies*, 11(4), 416-430. <http://dx.doi.org/10.1080/15562948.2013.793441>
- Denzin, N. K., & Lincoln, Y. S. (1994). Introduction. In N.K. Denzin & S. Lincoln (Eds), *Handbook of qualitative research* (pp. 1-17). Thousand Oaks, CA: Sage Publications Inc.
- Department of Labour. (n.d.): Tak Province, Thailand. Retrieved from www.doe.go.th/tak
- Dickerson, V. C. (2010). Positioning oneself within an epistemology: refining our thinking about integrative approaches. *Family Process*, 49(3), 349-368. <http://dx.doi.org/10.1111/j.1545-5300.2010.01327.x>
- Diers, J. (2013). Why the world needs to get serious about adolescents: a view from UNICEF. *Journal of Research on Adolescence*, 23(2), 214-222. <http://dx.doi.org/10.1111/jora.12042>
- Ditton, M. J., & Lehane, L. (2009). Towards realizing the health-related Millennium development goals for migrants from Burma in Thailand. *Journal of Empirical Research on Human Research Ethics*, 4(3), 37-48. <http://dx.doi.org.dbgw.lis.curtin.edu.au/10.1525/jer.2009.4.3.37>

- Doyal, L., & Gough, I. (1991). *A theory of human need*. New York, NY: Guilford Press.
- Dryden-Peterson, S. (2016). Refugee education in countries of first asylum: breaking open the black box of pre-resettlement experiences. *Theory and Research in Education*, 14(2), 131-148. <http://dx.doi.org/10.1177/1477878515622703>
- Dryden-Peterson, S. (2017). Refugee education: education for an unknowable future. *Curriculum Inquiry*, 47(1), 14-24. <https://doi-org.dbgw.lis.curtin.edu.au/10.1080/03626784.2016.1255935>
- Dunkerley, D., Scourfield, J., Maegusuku-Hewett, T., & Smalley, N. (2006). Children seeking asylum in Wales. *Journal of Refugee Studies*, 19(4), 488-508. <http://dx.doi.org/10.1093/refuge/fel019>
- Earnest, J., Mansi, R., Bayati, S., Earnest, J. A., & Thompson, S. (2015). Resettlement experiences and resilience in refugee youth in Perth, Western Australia. *BMC Research Notes*, 8(236), 1-10. <http://dx.doi.org/10.1186/s13104-015-1208-7>
- Earnest, J., Tambri, H., & Gillieatt, S. (2007). *Adolescent and Young Refugee Perspectives on Psychosocial Well-being*. Perth, Australia: Curtin University of Technology. Retrieved From https://www.researchgate.net/publication/225283842_Adolescent_and_Young_Refugee_Perspectives_on_Psychosocial_Well-being
- Erikson, E. H. (1959). *Identity and the life cycle: selected papers*. Oxford, UK: International Universities Press.
- Erikson, E. H. (1995). *Childhood and society*. (Rev. ed.). London, UK: Vintage.
- Ezard, N., Thiptharakun, S., Nosten, F., Rhodes, T., & McGready, R. (2012). Risky alcohol use among reproductive-age men, not women, in Mae La refugee camp, Thailand, 2009. *Conflict and health*, 6(1), 7. <http://dx.doi.org/10.1186/1752-1505-6-7>
- Fantino, A. M., & Colak, A. (2001). Refugee children in Canada: searching for identity. *Child Welfare*, 80(5), 587-596.
- Fazel, M., & Stein, A. (2002). The mental health of refugee children. *Archives of Disease in Childhood*, 87(5), 366. <http://dx.doi.org/10.1136/ad.87.5.366>
- Feagin, J. R., Orum, A. M., & Sjoberg, G. (Eds.) (1991). *A case for the case study*. Chapel Hill, NC: University of North Carolina Press.

- Feller, E. (2006). Asylum, migration and refugee protection: realities, myths and the promise of things to come. *International Journal of Refugee Law*, 18(3-4), 509-536. <https://doi.org/10.1093/ijrl/eel016>
- Fernandes, L., Mendes, A., & Teixeira, A. C. (2012). A review essay on the measurement of child well-being. *Social Indicators Research*, 106(2), 239-257. <http://dx.doi.org/10.1007/s11205-011-9814-9>
- Fiddian-Qasmiyeh, E., Loescher, G., Long, K., & Sigona, N. (Eds.). (2014). *The Oxford handbook of refugee and forced migration studies*. Oxford, UK: Oxford University Press.
- Flyvbjerg, B. (2006). Five misunderstandings about case-study research. *Qualitative inquiry*, 12(2), 219-245. <https://doi.org/10.1177/1077800405284363>
- Fox, P. G., & Kumchum, S. (1996). Caring for Myanmar refugees in Thailand. *International Nursing Review*, 43(5), 154-158.
- Freccero, J., Biswas, D., Whiting, A., Alrabe, K., & Seelinger, K. T. (2017). Sexual exploitation of unaccompanied migrant and refugee boys in Greece: approaches to prevention. *PLoS Medicine*, 14(11) <http://dx.doi.org/10.1371/journal.pmed.1002438>
- Freeman, M., & Mathison, S. (2009). *Researching children's experiences* New York, NY: Guilford Press.
- Frelick, B., & Saltsman, A. (2012). *Ad Hoc and inadequate: Thailand's treatment of refugees and asylum seekers*. Human Rights Watch. Retrieved from <https://www.hrw.org/sites/default/files/reports/thailand0912.pdf>
- Fusch, P., & Ness, L. (2015). Are we there yet? Data saturation in qualitative research. *The Qualitative Report*, 20(9), 1408-1416. <http://nsuworks.nova.edu/tqr/vol20/iss9/3>
- Gadeberg, A. K., & Norredam, M. (2016). Urgent need for validated trauma and mental health screening tools for refugee children and youth. *European Child & Adolescent Psychiatry*, 25(8), 929. <http://dx.doi.org/10.1007/s00787-016-0837-2>
- Gerring, J. (2007). *Case study research: principles and practices*. New York, NY: Cambridge University Press.
- Gerritsen, A., Bramsen, I., Devillé, W., Willigen, L., Hovens, J., & Ploeg, H. (2006). Physical and mental health of Afghan, Iranian and Somali asylum seekers and refugees living in the Netherlands. *Social Psychiatry and Psychiatric Epidemiology*, 41(1), 18-26. <http://dx.doi.org/10.1007/s00127-005-0003-5>

- Girvin, S., Krause, S., & Matthews, J. (2006). *Thai-Burma border reproductive health assessment*. Retrieved from www.refworld.org/pdfid/48aa83130.pdf
- Grbich, C. (2004). *New approaches in social research*. Thousand Oaks, CA: Sage Publications.
- Grbich, C. (2015). *Qualitative Methodologies, data collection, and analytic approaches* [Course ACSPRI 2015 Winter Program]. Australia: Australian Consortium for Social & Political Research Inc (ACSPRI).
- Guba, E., & Lincoln, Y. (1994). Comparing paradigms in qualitative research. In N. K. Denzin & S. Lincoln (Eds), *Handbook of qualitative research* (pp. 105-117). Thousand Oaks, CA: Sage Publications Inc.
- Guest, P., Archavanitikul, K., & Suksinchai, S. (2000). Asylum seekers from Burma in Thailand. *Journal of Population and Social Studies*, 9(1), 53-74. Retrieved from http://www.ipsr.mahidol.ac.th/IPSR/Contents/Documents/Journal_Files/V9_1July00/FuTx2000V09No1Jul_Is03_Eng.pdf
- Guzzetti, G. (2016). *Urban asylum seekers and refugees in Bangkok: A case study on the Somali community* (Masters' thesis). ProQuest Dissertations & Theses Global Number: 10183360. Retrieved from <https://search-proquest-com.dbgw.lis.curtin.edu.au/docview/1830797555?accountid=10382>
- Halcón, L. L., Robertson, C. L., Savik, K., Johnson, D. R., Spring, M. A., Butcher, J. N., . . . Jaranson, J. M. (2004). Trauma and coping in Somali and Oromo refugee youth. *Journal of Adolescent Health*, 35(1), 17-25. <http://dx.doi.org/10.1016/j.jadohealth.2003.08.005>
- Harrell, A. (2013). Neither here nor there: Refugee vulnerability and humanitarian aid on the Thai-Burmese border. *Plenum*, 1&2, 21-37. Retrieved from http://students.washington.edu/plenum/wordpress/wp-content/uploads/2015/02/harrell_2013.pdf
- Harris, A. (2013). The refugee experience for young children and supporting recovery from trauma. *Every Child*, 19(2), 28-29. <https://search.informit.com.au/documentSummary;dn=426157241661168;res=IELHSS>ISSN: 1322-0659>
- Haskins, J. (2018). Migrant, refugee youths face dangers on Mediterranean migration routes. *American Journal of Public Health*, 108(1), 8-8. <http://doi:10.2105/AJPH.2017.304185>

- Hauser, R. M., Brown, B. V., & Prosser, W. R. (Eds.) (1997). *Indicators of children's well-being*. New York, NY: Russell Sage Foundation.
- Hay, D. I. (1993). *Well-being: a conceptual framework and three literature reviews*. Vancouver, BC: Social Planning and Research Council of British Columbia.
- Hek, R. (2005). *The experiences and needs of refugee and asylum seeking children in the UK: A literature review*. National Evaluation of the Children's Fund. University of Birmingham, United Kingdom. Retrieved from <http://dera.ioe.ac.uk/5398/1/RR635.pdf>
- Helm, D. (2010). *Making sense of child and family assessment: how to interpret children's needs*. London, UK: Jessica Kingsley Publishers.
- Helton, A. C. (1989). Asylum and refugee protection in Thailand. *International Journal of Refugee Law*, 1(1), 20-47. <http://dx.doi.org/10.1093/ijrl/1.1.20>
- Heshmati, A., Bajalan, C., & Tausch, A. (2008). Measurement and analysis of child well-being in middle and high income countries. *The European Journal of Comparative Economics*, 5(2), 187-249.
- Hesse-Biber, S. N., & Leavy, P. (2011). *The practice of qualitative research* (2nd ed.). Los Angeles, CA: Sage publications Inc.
- Hill, M. (1997). Participatory research with children. *Child & Family Social Work*, 2(3), 171-183. <http://dx.doi.org/10.1046/j.1365-2206.1997.00056.x>
- Ho, J. (2010). Acculturation gaps in Vietnamese immigrant families: impact on family relationships. *International Journal of Intercultural Relations*, 34(1), 22-33. <http://dx.doi.org/10.1016/j.ijintrel.2009.10.002>
- Holloway, I., & Wheeler, S. (2010). *Qualitative research in nursing and healthcare* (3rd ed.). Chichester, UK: Wiley-Blackwell.
- Hovil, L. (2014). Local Integration In E. Fiddian-Qasmiyeh, G. Loescher & K. Long, & N. Sigona (EDs.), *The Oxford handbook of refugee and forced migration studies* (pp. 487-498). Oxford, UK: Oxford University Press.
- Huguet, J. W., & Chamrathirong, A. (2014). *Thailand Migration Report 2014: labour migration policy, rights and protection of migrants*. United Nations Thematic Working Group on Migration in Thailand. Retrieved from <http://apmigration.ilo.org/resources/thailand-migration-report-2014>

- Huguet, J. W., & Punpuing, S. (2005). Child migrants and children of migrants in Thailand. *Asia-Pacific Population Journal*, 20(3), 123-142. Retrieved from <https://esbn.unescap.org/sites/default/files/APPJ-Vol-20-No-3.pdf#page=125>
- Human Rights Watch. (2014). *Two years with no moon: immigration detention of children in Thailand*. Retrieved from www.hrw.org/sites/default/files/reports/thailand0914_ForUpload_0.pdf
- Human Rights Watch. (2017). *Thailand: implement commitments to protect refugee rights end detention, forcible returns of refugees*. Retrieved from https://www.hrw.org/sites/default/files/supporting_resources/jointstatement_thailand_refugeerights_072017.pdf
- Human Rights Watch/Asia. (1997). *Children in Burma Seeking Asylum in Thailand: A report prepared for the United Nations Committee on The Rights of The Child*. Retrieved from http://www.crin.org/en/docs/resources/treaties/crc.19/Thailand_HRW_ngo_report.pdf
- Hynie, M., Guruge, S., & Shakya, Y. B. (2013). Family relationships of Afghan, Karen and Sudanese refugee youth. *Canadian Ethnic Studies*, 44(3), 11-28. <http://dx.doi.org/10.1353/ces.2013.0011>
- Ifejika Speranza, C., Wiesmann, U., & Rist, S. (2014). An indicator framework for assessing livelihood resilience in the context of social–ecological dynamics. *Global Environmental Change*, 28, 109-119. <http://dx.doi.org/10.1016/j.gloenvcha.2014.06.005>
- ILO. (1999). *International Labour Organisation Convention No, 182*. Retrieved from http://www.aph.gov.au/parliamentary_Business/Committees/House_of_Representatives_Committees?url=jsct/october2003/treaties/ilonia.pdf.
- ILO. (2008). *Reaching out to migrant children: how an NGO helped put a national policy on education into practice*. Retrieved from www.oit.org/.../child/.../provenpractices/18thailand-migrant-children.pdf
- ILO. (n.d.). *Immigration Act of 1979*. International Labour Organisation. Retrieved from http://www.ilo.org/dyn/natlex/natlex4.detail?p_lang=en&p_isn=37411
- Im, H., Caudill, C., & Ferguson, A. B. (2016). From victim to perpetrator of trauma: lived experiences of gang-involved urban refugee youth in Kenya. *Journal of Aggression, Maltreatment & Trauma*, 25(7), 753-771. <http://dx.doi.org/10.1080/10926771.2016.1194939>

- Indra, D. (1999). Not a “Room of One’s Own”: engendering forced migration knowledge and practice. In D. Indra (Ed.), *Engendering forced migration: theory and practice* (pp. 1-22). Retrieved from <http://www.jstor.org/stable/j.ctt9qct28.7>
- International New York Times. (2015, July 06). World News Asia: Migrants. *International New York Times*. Retrieved from <https://www.nytimes.com/2015/07/06/world/asia/myanmar-rohingya-refugee-crisis-malaysia.html>
- International Organisation for Migration [IOM]. (2011a). *Global compact for migration: 65th anniversary. Glossary on Migration, International Migration Law Series No. 25, 2011*. Retrieved from <https://www.iom.int/key-migration-terms>.
- IOM Thailand. (2010). *An Assessment of the provision of health and social services to Burmese Muslims in Mae Sot*. Bangkok, Thailand: IOM Thailand.
- IOM. (2011b). *Thailand migration report 2011: migration for development in Thailand: overview and tools for policymakers*. Bangkok, Thailand: IOM. Retrieved from http://www.dpiap.org/resources/pdf/TMR-2011_12_03_27.pdf
- Jacobsen, K., & Nichols, R. F. (2011). *Developing a profiling methodology for displaced people in urban areas final report*. Somerville, MA: Feinstein International Center, Tufts University. Retrieved from <http://fic.tufts.edu/assets/Developing-a-Profiling-Methodology-final.pdf>
- Johnson, K. (2013). Education for migrant children along the Thailand–Burma Border: governance and governmentality in a global policy scape context. In L. Bartlett, & A. Ghaffar-Kucher (Eds.), *Refugees, immigrants, and education in the global South* (pp. 161-176). New York, NY: Routledge.
- Jolliffe, P. (2016). Night-Time and refugees: evidence from the Thai-Myanmar border. *Journal of Refugee Studies*, 29(1), 1-18. <http://dx.doi.org/10.1093/jrs/fev023>
- JRS Asia Pacific. (2010). Hidden lives: the plight of urban refugees. *Diakonia*, 77, 1-16. Retrieved from <https://jrsap.org/Assets/Publications/File/dk77-1.pdf>
- JRS Asia Pacific. (2012). *The search: protection space in Malaysia, Thailand, Indonesia, Cambodia, and The Philippines*. Retrieved from <http://reliefweb.int/report/cambodia/search-protection-space-malaysia-thailand-indonesia-cambodia-and-philippines>

- JRS Asia Pacific. (2013). *JRS Asia Pacific in Brief 2013*. Retrieved from http://www.jrsap.org/publications_list?ID=17
- JRS Asia Pacific. (2015). Letter from director: Bangkok basketball and accompaniment. *Diakonia*. October 2015. Retrieved from <https://jrsap.org/Assets/Publications/File/Diakonia%20October%202015.pdf>
- Juss, S. (2006). *International migration and global justice*. London, UK: Routledge.
- Kantayaporn, T., & Malik, S. (2013). *Migration and health service system in Thailand: situation, responses, and challenges in a context of AEC in 2015*. Bangkok, Thailand: World Health Organisation (WHO). Retrieved from <http://apps.who.int/iris/bitstream/handle/10665/204591/Migrant-health-service.pdf;jsessionid=A938BB23C55D5B0613CADA02B5CC9D4E?sequence=1>
- Kellett, M. (2011). Empowering children and young people as researchers: overcoming barriers and building capacity. *Child Indicators Research*, 4(2), 205-219. <http://dx.doi.org/10.1007/s12187-010-9103-1>
- Kia-Keating, M., & Ellis, B. H. (2007). Belonging and connection to school in resettlement: young refugees, school belonging, and psychosocial adjustment. *Clinical Child Psychology and Psychiatry*, 12(1), 29-43. <http://dx.doi.org/10.1177/1359104507071052>
- Kiravanich, N., & Thepphajorn, K. (2014, October 27). Key vote on 'outsiders' in CDC today. *The Nation*. Retrieved from www.nationmultimedia.com/detail/national/30246295
- Kirk, J. (2006). *Education in emergencies: the gender implications – advocacy brief*. Bangkok: UNESCO Asia and Pacific Regional Bureau for Education. Retrieved from <http://unesdoc.unesco.org/images/0014/001489/148908e.pdf>
- Kobia, K., & Cranfield, L. (2009). *Literature review: urban refugees*. Refugees Branch, Citizenship and Immigration Canada. Retrieved from <http://www.unhcr.org/4b0a528c9.pdf>
- Kohlberg, L. (1978). Revisions in the theory and practice of moral development. *New Directions for Child and Adolescent Development*, 1978(2), 83-87. <https://doi-org.dbgw.lis.curtin.edu.au/10.1002/cd.23219780207>
- Kook, L. S. (2007). *Integrating others: A study of a border social system in the Thailand-Burma borderland*. (Doctoral dissertation). Retrieved from <http://scholarbank.nus.edu.sg/handle/10635/13434>

- Kook, L. S. (2011). Borderland dynamics in Mae Sot, Thailand and the pursuit of the Bangkok dream and resettlement. *Asian and Pacific Migration Journal*, 20(1), 79-99. <http://dx.doi.org/10.1177/011719681102000104>
- Koons, L. (2017). *Resilient refugees: what can we learn?* (Masters' thesis). ProQuest Dissertations & Theses Global Number: 10637869. Retrieved from <https://search.proquest.com/openview/88b29a0941d1ed8cd12feeb58d903b8/1?pq-origsite=gscholar&cbl=18750&diss=y>
- Lang, H. J. (2002). *Fear and sanctuary: Burmese refugees in Thailand*. Ithaca, NY: Southeast Asia Program Publications, Southeast Asia Program, Cornell University.
- Larribeau, S., & Broadhead, S. (2014). The costs of giving and receiving: dilemmas in Bangkok. *Forced Migration Review*, (48), 51-53. Retrieved from <http://www.fmreview.org/sites/fmr/files/FMRdownloads/en/faith/larribeau-broadhead.pdf>
- Lee, S. K. (2014). Security, economy and the modes of refugees' livelihood pursuit: focus on Karen refugees in Thailand. *Asian Studies Review*, 38(3), 461-479.
- Lee, T. L. (2005). *Stateless, human rights and gender: irregular migrant workers from Burma in Thailand*. Leiden, The Netherlands: Martinus Nijhoff Press.
- Liamputtong, P. (2007). *Researching the vulnerable: a guide to sensitive research methods*. London, UK: Thousand Oaks.
- Liamputtong, P. (2013). *Qualitative research methods* (4th ed.). South Melbourne, Vic: Oxford University Press.
- Lichtman, M. (2014). *Qualitative research for the social sciences*. Thousand Oaks, CA: Sage Publications Inc.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage Publications Inc.
- Lippman, H. L., Anderson, K., McIntosh, M., & McIntosh, H. (2009). *Positive Indicators of Child Well-Being: a conceptual framework, measures and methodological issues*. Innocenti Working Paper No. 2009-21. Florence, Italy: UNICEF Innocenti Research Centre. Retrieved from www.unicef-irc.org/publications/pdf/iwp_2009_21.pdf
- Lippman, H. L., Moore, K. A., & McIntosh, H. (2011). Positive indicators of child well-being: a conceptual framework, measures, and methodological issues. *Applied Research in Quality of Life*, 6(4), 425-449. <http://dx.doi.org/10.1007/s11482-011-9138-6>

- Literat, I. (2013). A Pencil for Your Thoughts: participatory drawing as a visual research method with children and youth. *International Journal of Qualitative Methods*, 12, 84-98.
Retrieved from
<http://ejournals.library.ualberta.ca/index.php/IJQM/article/view/11780/14875>
- Long, L. (1992). *Ban Vinai: the refugee camp*. New York, NY: Columbia University Press.
- Malchiodi, C. (1998). *The art therapy sourcebook*. New York, NY: McGraw Hill.
- Manning, B. & Ryan, R. (2004). *Youth and citizenship: a report for National Youth Affairs Research Scheme*. Canberra: Australian Govt. Dept. of Family and Community Services.
Retrieved from
https://docs.education.gov.au/system/files/doc/other/youth_and_citizenship20100209.pdf
- Maslow, A. H. (1943). Theory of human motivation. *Psychological review*, 50, 370-396.
Retrieved from
<http://webcache.googleusercontent.com/search?q=cache:faLy0foduOIJ:psychclassics.yorku.ca/Maslow/motivation.htm+&cd=1&hl=en&ct=clnk&gl=au>
- Mason, G., & Pulvirenti, M. (2013). Former refugees and community resilience: 'papering over' domestic violence. *British Journal of Criminology*, 53(3), 401-418.
<http://dx.doi.org/10.1093/bjc/azs077>
- Mason, J., & Danby, S. (2011). Children as experts in their lives: child inclusive research. *Child Indicators Research*, 4(2), 185-189. <http://dx.doi.org/10.1007/s12187-011-9108-4>
- Maybin, S. (1992). A comparison of health provision and status in Ban Napho refugee camp and Nakhon Phanom Province, North Eastern Thailand. *Disasters*, 16(1), 43-52.
<http://dx.doi.org/10.1111/j.1467-7717.1992.tb00374.x>
- McAuley, C., & Rose, W. (2010). *Child well-being: understanding children's lives*. Philadelphia, PA: Jessica Kingsley Publishers.
- McCargo, D. (2015). Thailand in 2014: The trouble with magic swords. *Southeast Asian Affairs*, 2015(1), 335-358.
- McCarthy, C., & Marks, D. F. (2010). Exploring the health and well-being of refugee and asylum seeking children. *Journal of health psychology*, 15(4), 586.
<http://dx.doi.org/10.1177/1359105309353644>
- McCleary, J. S. (2017). The impact of resettlement on Karen refugee family relationships: a qualitative exploration. *Child & Family Social Work*, 22(4), 1464-1471.
<http://dx.doi.org/10.1111/cfs.12368>

- McConnachie, K. (in press). Securitization and community-based protection among Chin refugees in Kuala Lumpur. *Social & Legal Studies*,
<http://dx.doi.org/10.1177/0964663918755891>
- McGann, N. (2013, February 20). The opening of Burmese borders: impacts on migration. *Migration Information Source*. Retrieved from
<https://www.migrationpolicy.org/article/opening-burmese-borders-impacts-migration>
- McKillip, J. (1987). *Need analysis: tools for the human services and education*. Newbury Park, CA: Sage Publications Inc.
- Médecins Sans frontières. (1997). *Refugee health: an approach to emergency situations*. London, UK: Macmillan.
- Menard, S. W. (1991). *Longitudinal research*. Newbury Park, CA: Sage Publications Inc.
- Merewether, J., & Fleet, A. (2014). Seeking children & perspectives: a respectful layered research approach. *Early Child Development and Care*, 184(6), 897-914.
<http://dx.doi.org/10.1080/03004430.2013.829821>
- Meyer, S. (2013). UNHCR's mental health and psychosocial support for persons of concern: global review. *Geneva: Policy Development and Evaluation Service, UNHCR*. Retrieved from <http://www.unhcr.org/51bec3359.pdf>
- Meyer, S., Murray, L. K., Puffer, E. S., Larsen, J., & Bolton, P. (2013). The nature and impact of chronic stressors on refugee children in Ban Mai Nai Soi camp, Thailand. *Global Public Health*, 8(9), 1027-1047. <https://doi.org/10.1080/17441692.2013.811531>
- Miller, S. (2005). Building a peaceful and just world: beginning with the children. *Childhood Education*, 82(1), 14-18. <http://dx.doi.org/10.1080/00094056.2005.10521334>
- Ministry of Education (MOE). (2011). *แนวทางการจัดการศึกษาว่าด้วยสิทธิของบุคคลในการจัดการศึกษาขั้นพื้นฐานในศูนย์การเรียน [Educational administration guidelines: individual rights in administration of basic education at a learning centre]*. Bangkok, Thailand: Ministry of Education.
- Montgomery, E., & Foldspang, A. (2008). Discrimination, mental problems and social adaptation in young refugees. *European Journal of Public Health*, 18(2), 156-161.
<http://dx.doi.org/10.1093/eurpub/ckm073>
- Moore, K. A., Lippman, L., & Brown, B. (2004). Indicators of child well-being: the promise for positive youth development. *The Annals of the American Academy of Political and Social Science*, 591(1), 125-145. <http://dx.doi.org/10.1177/0002716203260103>

- Moore, T., McArthur, M., & Noble-Carr, D. (2008). Little voices and big ideas: lessons learned from children about research. *International Journal of Qualitative Methods*, 7(2), 77-91. <http://dx.doi.org/10.1177/160940690800700205>
- Morantz, G., Rousseau, C., & Heymann, J. (2012). The divergent experiences of children and adults in the relocation process: perspectives of child and parent refugee claimants in Montreal. *Journal of Refugee Studies*, 25(1), 71-92. <http://dx.doi.org/10.1093/jrs/fer025>
- Morse, S., & McNamara, N. (2013). *Sustainable livelihood approach: a critique of theory and practice*. Dordrecht, The Netherlands: Springer.
- Nabavi, R. T. (2012). *Perspective of Humanistic Theory: Bronfenbrenner, Piaget's Theory*. DOI: 10.13140/2.1.3733.3440. Retrieved from https://www.researchgate.net/publication/267749286_Perspective_of_Humanistic_Theory_Bronfenbrenner_Piaget%27s_Theory?enrichId=rgreq-6684bb5f7ae505078cf9709138ceade4-XXX&enrichSource=Y292ZXJQYWdlOzI2Nzc0OTI4NjtBUzoxNTk4Mzc3OTkzMjk3OTJAMTQxNTEwOTcwOTE3Mw%3D%3D&el=1_x_2&_esc=publicationCoverPdf
- National Health Security Office (NHSO). (2013). *10 Things to know about health insurance schemes*. Retrieved from <https://www.nhso.go.th/file>
- Nawarat, N. (2012). Thailand education policy for migrant children from Burma. *Procedia-Social and Behavioral Sciences*, 47, 956-961. Retrieved from <https://core.ac.uk/download/pdf/82790557.pdf>
- Nelson, M., Hess, J., Isakson, B., & Goodkind, J. (2016). "Seeing the Life": redefining self-worth and family roles among Iraqi refugee families resettled in the United States. *Journal of International Migration and Integration*, 17(3), 707-722. <http://dx.doi.org/10.1007/s12134-015-0441-1>
- Neuman, W. L. (2014). *Social research methods: qualitative and quantitative approaches* (7th ed.). Harlow, UK: Pearson.
- NHMRC. (2007, May 2015 update). *National Statement on Ethical Conduct in Human Research (2007) (Updated May 2015)*. Canberra, Australia: National Health and Medical Research Council (NHMRC). Retrieved from <https://www.nhmrc.gov.au/book/national-statement-ethical-conduct-human-research>

Nursing Review. (2011). *Saving Burma's children*. *Nursing Review*. Retrieved from <http://www.nursingreview.com.au.dbgw.lis.curtin.edu.au/2011/11/saving-burmeas-children/>.

Office of Tak Province. (n.d.). Populations. Retrieved from http://www.tak.go.th/history_maesod.htm

Official Statistics Registration Systems. (2017). ประกาศจำนวนราษฎรในราชอาณาจักร วันที่ 31 ธันวาคม 2560 [Announcement on population in the Kingdom of Thailand on 31 December 2017]. Retrieved from http://stat.bora.dopa.go.th/stat/pk/pk_60.pdf

Oh, S.-A. (2010a). *Education in refugee camps in Thailand: policy, practice and paucity*. UNESCO. Retrieved from https://s3.amazonaws.com/academia.edu.documents/31018221/190709e.pdf?AWSAccessKeyId=AKIAIWOWYYGZ2Y53UL3A&Expires=1532339219&Signature=ArCNaVWeC25pexnf0ilZ%2FH3A2JY%3D&response-content-disposition=inline%3B%20filename%3DEducation_in_refugee_camps_in_Thailand_p.pdf

Oh, S.-A. (2010b). *Education Survey 2010*. Mae Sot, Tak, Thailand: ZOA Refugee Care Thailand. Retrieved from <https://reliefweb.int/report/thailand/zoa-refugee-care-thailand-education-survey-2010>

Oh, S.-A. (2012). Refugee education in Thailand: displacement, dislocation and disjuncture. In L. Demirdjian (Ed.), *Education, Refugees and Asylum seekers* (pp. 78-104). London, UK: Continuum.

Oh, S.-A., Ochalumthan, S., La, P. L. S., & Htoo, J. (2006). *Education survey 2005*. Mae Sot, Tak, Thailand: ZOA Refugee Care Thailand. Retrieved from www.ibiblio.org/obl/docs3/ZOA_Education_Survey_2005.pdf

Olesen, M. L. (2004). The children's education project: Tham Hin refugee camp, Thailand. *Contemporary Issues in Early Childhood*, (2), 251-256. <http://dx.doi.org/10.2304/ciec.2004.5.2.11>

Onyut, L. P., Neuner, F., Ertl, V., Schauer, E., Odenwald, M., & Elbert, T. (2009). Trauma, poverty and mental health among Somali and Rwandese refugees living in an African refugee settlement: an epidemiological study. *Conflict and health*, 3(1), 6. <http://dx.doi.org/10.1186/1752-1505-3-6>

Padgett, D. (2012). *Qualitative and mixed methods in public health*. Los Angeles CA: Sage Publications Inc.

- Palmgren, P. A. (2014). Irregular networks: Bangkok refugees in the city and region. *Journal of Refugee Studies*, 27(1), 21-41. <http://dx.doi.org/10.1093/jrs/fet004>
- Park, N., Peterson, C., & Seligman, M. E. P. (2004). Strengths of character and well-being. *Journal of Social and Clinical Psychology*, 23(5), 603-619. <http://dx.doi.org/10.1521/jscp.23.5.603.50748>
- Pastoor, L. d. W. (2017). Reconceptualising refugee education: exploring the diverse learning contexts of unaccompanied young refugees upon resettlement. *Intercultural Education*, 28(2), 143-164. <https://doi.org/10.1080/14675986.2017.1295572>
- Patel, N., Lichtman, A., Nair, M., & Parmar, P. (2016). Power, politics and privilege: public health at the Thai-Burma border. *Forced Migration Review*, (53), 74-75. Retrieved from <http://www.fmreview.org/es/node/3271.html>
- Payne, G., & Payne, J. (2004). *Key concepts in social research*. London, UK: Sage Publications Inc.
- Pejic, V., Alvarado, A. E., Hess, R. S., & Groark, S. (2017). Community-based interventions with refugee families using a Family Systems Approach. *The Family Journal*, 25(1), 101-108. <http://dx.doi.org/10.1177/1066480716680189>
- Peterson, C. C. (1989). *Looking forward through the life span: developmental psychology* (2nd ed.). New York, NY: Prentice-Hall.
- Phelps, J. M., & Nadim, M. (2010). Ideology and agency in ethnic identity negotiation of immigrant youth. *Papers of Social Representations*, 19, 13.1-13.27. <http://dx.doi.org/10.pdf>
- Piaget, J. (1964). Part I: Cognitive development in children: Piaget development and learning. *Journal of Research in Science Teaching*, 2(3), 176-186. <https://doi.org/10.1002/tea.3660020306>
- Pieloch, K. A., McCullough, M. B., & Marks, A. K. (2016). Resilience of children with refugee statuses: a research review. *Canadian Psychology/Psychologie Canadienne*, 57(4), 330-339. <http://dx.doi.org/10.1037/cap0000073>
- Pollard, K. L. (2006). *Gender relations, livelihoods and forced migration: The case of Burmese migrants in Mae Hong Son, Thailand*. (Dissertations Publishing). University of East Anglia, Norwich, UK.
- Pongsawat, P. (2007). *Border partial citizenship, border towns, and Thai-Myanmar cross-border development: Case studies at the Thai border towns* (Doctoral dissertation).

- ProQuest Dissertations & Theses Global Number: 3306294. Retrieved from <https://search.proquest.com/openview/b8b8997b885e3ac8278fcead593c8f05/1?pq-origsite=gscholar&cbl=18750&diss=y>
- Porter, G., Hampshire, K., Kyei, P., Adjaloo, M., Rapoo, G., & Kilpatrick, K. (2008). Linkages between livelihood opportunities and refugee–host relations: learning from the experiences of Liberian camp-based refugees in Ghana. *Journal of Refugee Studies*, 21(2), 230-252. <http://dx.doi.org/10.1093/jrs/fen015>
- Proctor, P., Sanee, S., & Taffesse, W. (2009). *Migrant schools: a human rights perspective. Inclusive education for Burmese migrants on the Thailand/Burma border*. Paper presented at the 12th UNESCO- Asia–Pacific Programme of Educational Innovation for Development [APEID]: Bangkok, Thailand. Retrieved from http://www.ivoindia.org/Images/migrant-schools-a-human-rights-perspective_tcm78-23048.pdf
- Pyne, S. (2007). *Migrating knowledge: Schooling, statelessness and safety at the Thailand-Burma border* (Doctoral dissertation). UMD Theses and Dissertations. Retrieved from <https://drum.lib.umd.edu/handle/1903/7370>
- Racemoli, & Mullen. (2011, October 03). Thailand: women live as invisible refugees to survive in the big city. *Diakonia*. Retrieved from http://www.jrsap.org/newsletters_detail?ITN=MC-20111010040634&TN=NEWS-20111009114233story_805#story_813
- Ragin, C., & Becker, H. (1992). *What is the case: exploring the foundations of social inquiry*. New York, NY: Cambridge University Press.
- Ralston, J. (2012). Toward a political theology of refugee resettlement. *Theological Studies*, 73(2), 363-390. <http://dx.doi.org/10.1177/004056391207300205>
- Raman, S., Wood, N., Webber, M., Taylor, K. a., & Isaacs, D. (2009). Matching health needs of refugee children with services: how big is the gap? *Australian and New Zealand Journal of Public Health*, 33(5), 466-470. <http://dx.doi.org/10.1111/j.1753-6405.2009.00431.x>
- Reddy, M. (2015). Identity Paper/Work/s and the unmaking of legal status in Mae Sot, Thailand. *Asian Journal of Law and Society*, 2(2), 251-266. <http://dx.doi.org/10.1017/als.2015.16>

- Rees, G., & Bradshaw, J. (2008). *Happy and they know it? Developing a well-being framework based on young people consultation*. London, UK: The Children's Society.
- Reynolds, J. (2002). Social work [Review of the book *Food, shelter and half a chance: assessing the needs of unaccompanied asylum seeking and refugee children*, by Selam Kidane]. *The British Journal of Social Work*, 32(8), 1119-1120.
<http://dx.doi.org/10.1093/bjsw/32.8.1119>
- Richter, K., Chamrathirong, A., Niyomsilpa, S., & Miller, R. (2012). Forward to the special issue: migrant, minorities and refugees: integration and well-being. *Journal of Population and Social Studies*. 21(1), 2-11. Retrieved from
<http://repository.li.mahidol.ac.th/dspace/handle/123456789/2909>
- Roche, J. (1999). Children: rights, participation and citizenship. *Childhood: A Global Journal of Child Research*, 6(4), 475-493.
<http://dx.doi.org/10.1177/0907568299006004006>
- Rosenberg, J. (2016). This group is essential to our survival: urban refugees and community-based protection. *Forced Migration Review*, (53), 14-16. Retrieved from
<http://www.fmreview.org/sites/fmr/files/FMRdownloads/en/community-protection/rosenberg.pdf>
- Ruiz-Canela, G. (2017, May 03). Thailand, a legal limbo for thousands of refugees. *EFE News Services, Inc. Madrid*. <https://www.efe.com/efe/english/portada/thailand-a-legal-limbo-for-thousands-of-refugees/50000260-3255088>
- Schensul, S. L., Schensul, J. J., & LeCompte, M. D. (1999). *Essential ethnographic methods: observations, interviews, and questionnaires. Book 2: ethnographers toolkit*. Walnut Creek, CA: AltaMira Press.
- Schloenhardt, A. (2002). Immigration and refugee law in the Asia Pacific region. *Hong Kong Law Journal*, 32, 519. Retrieved from
<https://heinonline.org/HOL/LandingPage?handle=hein.journals/honkon32&div=34&id=&page=>
- Schweitzer, R., Greenslade, J., & Kagee, A. (2007). Coping and resilience in refugees from the Sudan: a narrative account. *Australian & New Zealand Journal of Psychiatry*, 41(3), 282-288. <http://dx.doi.org/10.1080/00048670601172780>
- Scotland, J. (2012). Exploring the philosophical underpinnings of research: relating ontology and epistemology to the methodology and methods of the scientific, interpretive,

- and critical research paradigms. *English Language Teaching*, 5(9), 9. Retrieved from <http://www.ccsenet.org/journal/index.php/elt/article/view/19183>
- Scourfield, J., Dicks, B., Holland, S., Drakeford, M., & Davies, A. (2006). The significance of place in middle childhood: qualitative research from Wales. *British Journal of Sociology*, 57(4), 577-595. <http://dx.doi.org/10.1111/j.1468-4446.2006.00126.x>
- Seltzer, A. (2013). Human trafficking: the case of Burmese refugees in Thailand. *International Journal of Comparative and Applied Criminal Justice*, 37(4), 279-293. <http://dx.doi.org/10.1080/01924036.2013.766531>
- Shum, T. C. T. (2014). Refugees' transnational mobility: a study of asylum seeking in Hong Kong and urban Thailand. *Refugee Survey Quarterly*, 33(4), 50-80. <http://dx.doi.org/10.1093/rsq/hdu013>
- Silan, E. (n.d.). *Protecting children along the paths of migration in Asia and Europe. Presentation to the migration management: sharing experiences between Europe and Thailand*. Save the Children. Retrieved from http://www.eeas.europa.eu/archives/delegations/thailand/documents/thailande_eu_coop/migration_management/migrant_children_protection_mechanisms_en.pdf
- Simons, H. (2009). *Case study research in practice*. Los Angeles, CA: Sage Publications Inc.
- Sinclair, M. (2007). *Education in emergencies*. Commonwealth Education Partnerships. Retrieved from https://www.researchgate.net/profile/Margaret_Sinclair/publication/44827068_Education_in_emergencies/links/55e7ef5108aeb6516262ed9e/Education-in-emergencies.pdf
- Spradley, J. P. (1979). *The ethnographic interview*. New York, NY: Holt, Rinehart and Winston.
- Spyrou, S. (2011). The limits of children & voices: from authenticity to critical, reflexive representation. *Childhood: A Global Journal of Child Research*, 18(2), 151-165. <http://dx.doi.org/10.1177/0907568210387834>
- Stake, R. E. (1995). *The art of case study research*. Thousand Oaks, CA: Sage Publications Inc.
- Stake, R.E. (2005). Qualitative Case Studies, In Denzin, N.K. and Lincoln, Y.S. (eds) *The Sage Handbook of Qualitative Research* (pp. 443-466). Thousand Oaks, London, New Delhi: Sage Publications Inc.

- Stake, R.E. (2008). Qualitative Case Studies, In Denzin, N.K. and Lincoln, Y.S. (eds) *Strategies of Qualitative Enquiry* (pp. 119-149). Thousand Oaks, London, New Deli: Sage Publications Inc.
- Staller, K. M. (2013). Epistemological boot camp: the politics of science and what every qualitative researcher needs to know to survive in the academy. *Qualitative Social Work*, 12(4), 395-413. <http://dx.doi.org/10.1177/1473325012450483>
- Steenbergen, B. v. (Ed.) (1994). *The condition of citizenship*. Thousand Oaks, CA: Sage Publications Inc.
- Stellwagen, K. (1993). *Identity, community, and resistance: Stories from Phanat Nikhom Refugee Camp, Thailand* (Masters' thesis). ProQuest Dissertations Publishing. Retrieved from <https://search-proquest-com.dbgw.lis.curtin.edu.au/docview/1655357699?accountid=10382>
- Strekalova, E., & Hoot, J. L. (2008). What is special about special needs of refugee children? Guidelines for teachers. *Multicultural Education*, 16(1), 21. Retrieved from <https://files.eric.ed.gov/fulltext/EJ822395.pdf>
- Streng, J. M., Rhodes, S., Ayala, G., Eng, E., Arceo, R., & Phipps, S. (2004). Realidad Latina: Latino adolescents, their school, and a university use photovoice to examine and address the influence of immigration. *Journal of Interprofessional Care*, 18(4), 403-415.
- Sukumaran, A., Mayerhofer, J., Darby, J., Painter, M., & Panci, E. (2013, August 15-16). *Urban Refugees in Asia Pacific: resiliency and coping strategies*. Paper presented at Asia-Pacific Refugee Rights Network (APRRN) National Consultations, Bangkok, Thailand. Retrieved from <http://www.aprrn.info/1/wordpress/wp-content/uploads/2013/10/national-consultations-thailand-2013.pdf>
- Sulaiman-Hill, C. M., & Thompson, S. C. (2011). Sampling challenges in a study examining refugee resettlement. *BMC International Health and Human Rights*, 11(1), 2. Retrieved from <https://doi.org/10.1186/1472-698X-11-2>
- Tanaka, A. (2013). Assessment of the psychosocial development of children attending nursery schools in Karen refugee camps in Thailand. *Journal of OMEP: l'Organisation Mondiale pour l'Education Prescolaire*, 45(3), 279-305. <http://dx.doi.org/10.1007/s13158-012-0077-7>
- Taylor, S., & Sidhu, R. K. (2012). Supporting refugee students in schools: what constitutes inclusive education? *International Journal of Inclusive Education*, 16(1), 39-56. <https://doi.org/10.1080/13603110903560085>

- Tellis, W. M. (1997). Application of a case study methodology. *The qualitative report*, 3(3), 1-19. Retrieved from <https://nsuworks.nova.edu/tqr/vol3/iss3/1>
- Tewelde, A. (2014). *How Eritrean refugees in Pretoria give meaning to their refugee identity in conversation: An interpretive study of salient interpretative repertoires* (Masters' thesis). ProQuest Dissertations Publishing. Retrieved from <http://hdl.handle.net/2263/41449>
- The Border Consortium. (2015). *The Border Consortium programme report January-June 2015*. Retrieved from <http://www.theborderconsortium.org/media/62531/2015-6-mth-rpt-Jan-Jun.pdf>
- The Economist. (2014, May 10). Thailand's politics: Out of Luck. *The Economist*. Retrieved from <https://www.economist.com/asia/2014/05/10/out-of-luck>
- The Thai National Commission for UNSECO. (2015). *Education For All 2015 national review: Thailand. Ministry of Education*. Ministry of Education. Retrieved from http://unesdoc.unesco.org/Ulis/cgi-bin/ulis.pl?catno=229878&set=0056E5CE61_1_41&gp=&lin=1&ll=c
- Thein, K. S. (2018, January 19). Thailand to increase minimum wages for migrant workers from April 1. *Eleven Broadcasting Myanmar*. Retrieved from <http://www.elevenmyanmar.com/local/13198>
- Thoresen, P., Fielding, A., Gillieatt, S., & Thoresen, S. H. (2017). Identifying the needs of refugee and asylum-seeking children in Thailand: a focus on the perspectives of children. *Journal of Refugee Studies*, 30(3), 426-446. <http://dx.doi.org/10.1093/jrs/few028>
- UN General Assembly. (2016, September 19). General Assembly adopts declaration for refugees and migrants, as United Nations, International Organisation for Migration sign key agreement. Retrieved from <https://www.un.org/press/en/2016/ga11820.doc.htm>
- UN. (1948). *The Universal Declaration of Human Rights (UDHR)*. Retrieved from <http://www.un.org/en/documents/udhr/>
- UN. (1989). *The Convention on the Rights of the Child (CRC)*. Retrieved from www.ohchr.org/Documents/ProfessionalInterest/crc.pdf
- UNESCO. (2011). *The hidden crisis: armed conflict and education. EFA Global Monitoring Report 2011*. Retrieved from <http://unesdoc.unesco.org/images/0019/001907/190743e.pdf>

UNESCO. (2017). *Learning to live together*. Retrieved from <http://www.unesco.org/new/en/social-and-human-sciences/themes/international-migration/glossary/asylum-seeker/#topPage>

UNHCR. (2013b). *UNHCR Mid-Year Trends 2013*. Retrieved from <http://www.unhcr.org/52af08d26.html>

UNHCR. (1951). *Convention and Protocol Relating to the Status of refugees*. Geneva, Switzerland: UNHCR Communications and Public Information Service.

UNHCR. (1994). *Refugee Children: Guidelines on Protection and Care*. Retrieved from www.unhcr.org/3b84c6c67.html

UNHCR. (1995). *Guidelines for educational assistance to refugees*. Retrieved from <http://www.pitt.edu/~ginie/unhcr/pdf/rgfeatr.pdf>

UNHCR. (2006a). *Analysis of gaps in refugee protection capacity*. Retrieved from <http://www.unhcr.org/457ed0412.pdf>

UNHCR. (2011). *States Parties to the 1951 Convention relating to the Status of Refugees and the 1967 Protocol*. Retrieved from <http://www.unhcr.org/3b73b0d63.html>

UNHCR. (2012a). *Livelihood programming in UNHCR: Operational guidelines*. Retrieved from <http://www.unhcr.org/en-au/publications/operations/4fbdf17c9/livelihood-programming-unhcr-operational-guidelines.html>

UNHCR. (2012b). *The State of the World's Refugees: in search of solidarity*. Oxford, UK: Oxford University Press.

UNHCR. (2013a). *Thailand 2013: UNHCR country operations profile*. Retrieved from <http://www.unhcr.org/pages/49e489646.html>

UNHCR. (2013c). *UNHCR statistical online population database: sources, methods and data considerations: country data sheets*. Retrieved from <http://www.unhcr.org/45c06c662.html>

UNHCR. (2013d). Displacement levels and trends. In *UNHCR Statistical Yearbook 2013*. Retrieved from <http://www.unhcr.org/54cf99b69.pdf>

UNHCR. (2014a). *Bureau of Asia and the Pacific country operations fact sheets: September 2014*. Retrieved from <http://www.unhcr.org/en-au/protection/operations/531dd2159/country-operations-fact-sheets.html>

- UNHCR. (2014b). *UNHCR Global Trends 2013: 'War's Human Cost'*. Retrieved from <http://www.unhcr.org/5399a14f9.html>.
- UNHCR. (2014c). *UNHCR Mid-Year Trends 2014*. Retrieved from <http://unhcr.org/54aa91d89.html>
- UNHCR. (2015a). *2015 Global child protection, education, & SGBV strategy implementation report*. Retrieved from <http://www.unhcr.org/en-au/publications/fundraising/57612a017/2015-global-child-protection-education-sgbv-strategy-implementation-report.html>
- UNHCR. (2015b). *Thailand 2015: UNHCR country operations profile*. Retrieved from <http://www.unhcr.org/pages/49e489646.html>
- UNHCR. (2015c). *UNHCR Global Appeal 2015: update*. Retrieved from www.unhcr.org/ga14/index.xml
- UNHCR. (2015d, June 18). Worldwide displacement hits all-time high as war and persecution increase. Retrieved from <http://www.unhcr.org/en-au/news/latest/2015/6/558193896/worldwide-displacement-hits-all-time-high-war-persecution-increase.html>
- UNHCR. (2016a). *UNHCR Global Report 2016*. Retrieved from <https://reliefweb.int/report/world/unhcr-global-report-2016>
- UNHCR. (2016b). *UNHCR Global Trends: forced displacement 2016*. Retrieved from <http://www.unhcr.org/statistics/unhcrstats/5943e8a34/global-trends-forced-displacement-2016.html>
- UNHCR. (2016c, June 13). UNHCR reports 2017 need to resettle 1.19 million refugees: *UNHCR*. Retrieved from <http://www.unhcr.org/afr/news/latest/2016/6/575e79424/unhcr-report-sees-2017-resettlement-needs-119-million.html>
- UNHCR. (2016d). *UNHCR - Thailand fact sheet: January 2016*. Retrieved from www.unhcr.org/en-au/protection/operations/50001e019/thailand-fact-sheet.html
- UNHCR. (2017a). *UNHCR Global Appeal 2017: the Asia and the Pacific*. Retrieved from <http://www.unhcr.org/publications/fundraising/5874f9d57/unhcr-global-appeal-2017-update-asia-pacific-regional-summary.html>
- UNHCR. (2017b). *Global Focus: 2017 planning summary: Thailand*. Retrieved from <http://reporting.unhcr.org/sites/default/files/pdfsummaries/GA2017-Thailand-eng.pdf>

UNHCR. (2017c). *UNHCR Global Appeal 2018-2019*. Retrieved from <http://www.unhcr.org/en-au/publications/fundraising/5a0c05027/unhcr-global-appeal-2018-2019-full-report.html>

UNHCR. (2018). *The New York Declaration for Refugees and Migrants: Answers to Frequently Asked Questions*. Retrieved from <http://www.unhcr.org/584689257.pdf>

UNHRC. (2016). *2nd Cycle Universal Periodic Review: Thailand UPR 2016: information on the status of the human rights situation in Thailand*. Retrieved from <http://www.ohchr.org/EN/HRBodies/UPR/Pages/THindex.aspx>

UNICEF UK. (n.d.). *Children in danger: act to end violence against children*. UNICEF UK website: Retrieved from https://downloads.unicef.org.uk/wp-content/uploads/2014/10/Unicef_ChildreninDanger_ViolencereportW.pdf?_ga=2.155062013.416849721.1530865210-1195497773.1530865210

UNICEF. (2009). *The State of the World's Children: special edition*. Retrieved from <http://www.unicef.org/rightsite/sowc/fullreport.php>

UNICEF. (2011). *The State of the World's Children 2011: Adolescence - an age of opportunity*. Retrieved from <https://www.unicef.org/sowc2011/>

UNICEF. (2012a). The structural determinants of child well-being. *An Expert Consultation Hosted by the UNICEF Office of Research*, June 22-23, 2012. Retrieved from <https://www.unicef-irc.org/publications/678-the-structural-determinants-of-child-well-being-an-expert-consultation-hosted-by.html>

UNICEF. (2012b). *UNICEF Annual Report 2012 for Thailand, EAPRO*. Retrieved from www.unicef.org/about/annualreport/files/Thailand_COAR_2012.pdf

UNICEF. (2017). *A child is a child: protecting children on the move from violence, abuse and exploitation*. UNICEF. Retrieved from https://www.unicef.org/publications/files/UNICEF_A_child_is_a_child_May_2017_EN.pdf

Urban Refugees. (2015). Bangkok, Thailand: concerned population. Retrieved from <http://urban-refugees.org/bangkok/>

Van der Stouwe, M., & Oh, S.-A. (2008). Educational change in a protracted refugee context. *Forced Migration Review*, 30, 16. Retrieved from <http://www.fmreview.org/burma/vanderstouwe-oh.html>

- Van Selm, J. v., Kamanga, K., Morrison, J., Nadig, A., Špoljar-Vržina S., & van Willigen, L. (2003). Introduction. In J. Van Selm, K. Kamanga, J. Morrison, A. Nadig, S. Špoljar-Vržina, L. van Willigen (Eds.). *The Refugee Convention at fifty: a view from forced migration studies* (pp. 1-8) Lanham, MD: Lexington Books.
- Vigneswaran, D., & Quirk, J. (2013). Quantitative methodological dilemmas in urban refugee research: a case study of Johannesburg. *Journal of Refugee Studies*, 26(1), 110-116. <http://dx.doi.org/10.1093/jrs/fes035>
- Vungsiriphisal, P. (2011). *The challenge of education policy for migrant children in Thailand from security standpoints: informal human flow between Thailand and its neighbors Series 4*. Kyoto Working Papers on Area Studies: G-COE Series (2011): Center for Southeast Asian Studies, Kyoto University. Retrieved from <http://hdl.handle.net/2433/155735>
- Wang, C. C. (2006). Youth participation in photovoice as a strategy for community change. *Journal of Community Practice*, 14(1-2), 147-161. http://dx.doi.org/10.1300/J125v14n01_09
- Wang, C., & Burris, M. A. (1997). Photovoice: concept, methodology, and use for Participatory Needs Assessment. *Health Education & Behavior*, 24(3), 369-387. <http://dx.doi.org/10.1177/109019819702400309>
- Ward, P. (2014). Refugee cities: reflections on the development and impact of UNHCR Urban Refugee Policy in the Middle East. *Refugee Survey Quarterly*, 33(1), 77-93. <http://dx.doi.org/10.1093/rsq/hdt024>
- WCRWC. (2008). *Living in limbo: Burma's youth in Thailand see few opportunities to use education and vocational skills*. Retrieved from <http://www.refworld.org/pdfid/490719be4640.pdf>
- Weine, S. M. (2011). Developing preventive mental health interventions for refugee families in resettlement. *Family Process*, 50(3), 410-430. <http://dx.doi.org/10.1111/j.1545-5300.2011.01366.x>
- Wille, C. (2001). *Thailand-Lao People's Democratic Republic and Thailand-Myanmar Border Areas: trafficking in children into the worst forms of child labour: A rapid assessment*: ILO/IPEC. Retrieved from <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.557.9161&rep=rep1&type=pdf>

Winter-Villaluz, B. (2015). *Bridges to access: The impact of social capital on Pakistani urban refugee-led education* (Masters' thesis). ProQuest Dissertations Publishing.

Retrieved from [https://search-proquest-](https://search-proquest-com.dbgw.lis.curtin.edu.au/docview/1682047474?accountid=10382)

[com.dbgw.lis.curtin.edu.au/docview/1682047474?accountid=10382](https://search-proquest-com.dbgw.lis.curtin.edu.au/docview/1682047474?accountid=10382)

Woodhead, M. (1987). The Needs of Children: is there any value in the concept? *Oxford Review of Education*, 13(2), 129-139. <http://dx.doi.org/10.1080/0305498870130201>

Woodhead, M. (1999). Combatting child labour: listen to what the children say.

Childhood, 6(1), 27-49. <https://doi.org/10.1177/0907568299006001003>

Yin, R. K. (1994). *Case study research: design and methods* (2nd ed.). Thousand Oaks, CA: Sage Publications Inc.

Yin, R. K. (2009). *Case study research: design and methods* (4th ed.). Thousand Oaks CA: Sage Publications Inc.

Yin, R. K. (2018). *Case study research: design and methods* (6th ed.). Thousand Oaks CA: Sage Publications Inc.

Young, L., & Barrett, H. (2001). Adapting visual methods: action research with Kampala street children. *Area*, 33(2), 141-152. <http://dx.doi.org/10.1111/1475-4762.00017>

Yuval-Davis, N. (2006). *The Situated Politics of Belonging*. London, UK: Sage Publications Inc.

Zeus, B. (2011). Exploring barriers to higher education in protracted refugee situations: the case of Burmese Refugees in Thailand. *Journal of Refugee Studies*, 24(2), 256-276. <http://dx.doi.org/10.1093/jrs/fer011>