Community Structures and Processes on Lives of Refugee Children

Edited by

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Introduction: Why Community Structures and Processes Matter in the Lives of Refugee Children

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Abstract

This chapter provides an overview of the chapters in this book that describe the importance of how social structures and institutional processes impact the lives of refugee and asylum-seeking children. A child is defined as anyone under the age of 18, according to the United Nations Convention on the Rights of the Child. Social structures that work as a unified system create more streamlined services for children compared with institutions that operate as silos. Processes that utilize a trauma-informed approach are more conducive to creating positive outcomes for the children as they transition into their new communities. Social institutions around the world tend to experience similar types of challenges in their serving this population. These challenges are examined in this book as recommendations for actions are provided. A human rights approach frames this book.

Keywords: Human Rights, UNCRC, ACEs, refugee/asylum-seeking children, community

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Introduction

Children's development and wellbeing are always contingent upon how social systems interact with them and provide for them (Viner *et al.*, 2015). When a child is a refugee, they are undergoing massive physical, emotional, social, cultural, and geographic shifts. How they will fare in their new country and situation is largely dependent upon how adequately these changes and challenges are met. While some children will be more resourceful and resilient than others, the wellbeing of all of them will be impacted by what community

structures provide. The lives of refugee and asylum-seeking children will be influenced by the social processes that are instituted to interact with them. This chapter will examine the importance of the ways in which community structures and processes impact the lives of children who are refugees. How their communities and institutions have designed programmes, services, policies and practices will influence how they adapt to their new environment and both their short-term and long-term chances of living happy, healthy and successful lives (Hodes, 1998).

Overview of Refugee Children

The number of refugee children has increased substantially in recent years (UNICEF, 2020). While children constitute less than a third of the world's population, they were half (50%) of the world's refugees in 2018, and that number has increased since then. The United Nations Refugee Agency (UNHRC, 2020) reports that in 2020 over 80 million people were forcibly displaced that year alone, with 26.3 million people being refugees and 4.2 million more seeking asylum. How many were under the age of 18 is not clear, but estimates indicate that that number is high. The UNICEF (2020) report found that in 2018 one in three children living outside the countries of their birth are child refugees, but for adults, that figure is less than 5%. There are over 33 million children who migrated in 2018, including 13 million child refugees, one million asylum-seeking children, and 17 million children displaced in their own country due to violence or conflict. These numbers do not include the millions of children who have been displaced due to natural and human-made disasters. UNICEF reports that the number of child refugees increased by 119% between 2010 and 2018.

Who are these refugee children? Some are refugees travelling with their parents, siblings or families. Others may be travelling with friends or acquaintances. Some parents have paid smugglers or others to escort their children to new locales. Others may have been trafficked. Increasingly, refugee children may be unaccompanied and travelling alone, without any guardian or anyone to watch over them or protect them. They may be teenagers, toddlers, or even new-borns (Russell, 1999; Vissing and Leitao, 2021).

What are the causes for children to become refugees? Refugee children did not cause and can't control the conditions underscoring their mobility, which are largely due to disasters, violence and conflicts found in their locales. Common causes include war, and violence between groups in their communities, whether by military, coups, gangs, or those pressing ideological and power directives. Escaping poverty is a big cause for fleeing in search of better futures. The lack of services, education, and opportunity is real for millions of people. Corruption, oppression, discrimination, torture, kidnappings, targeting of certain

groups, and lack of protection are big causes for people to seek other homes. Natural disasters, including floods, fires, earthquakes, and tsunamis have displaced millions more than are counted. When home countries fail to serve and protect citizens, it is understandable that they may flee to places where they hope life will be better. Parents may take huge risks to protect their children, knowing that where they are could be a potential death-sentence unless they escape. While their journeys to new destinations may be dangerous and challenging, where they were before, may be even worse.

UNICEF reports that violence and displacement in home countries set the stage for refugees that seek help from other nations. Demographically, in 2018 two countries, South Sudan and Syria, accounted for about half of all child refugees in the world. Most child refugees (84%) found asylum in their home countries or neighbouring nations. Nine of the ten major host countries for refugees globally are located in Asia and Africa, with Turkey hosting the most. Germany is the only exception in the top-ten host countries.

The numbers available are low estimates of the likely reality experienced, and it appears that breakdowns of numbers by age are not regularly counted. But one thing seems sure - children bear the physical, emotional, and social burdens of problems that are caused by adults.

Trauma in Refugee Children

Trauma, including post-traumatic stress disorder, are common in young refugees (Barnett and Hambien, 2017). Child refugees, because of their unique situation, are at risk of suffering from a variety of physical ailments, cognitive and developmental challenges, behavioural issues and psychopathologies (Rutter, 1999). The traumas that they experience may be preventable in the first instance. When they do occur, their traumas could be lessened by the use of processes, interactions, policies, practices, and laws that are embedded in a variety of institutions and community social structures.

Fazel and Stein (2002) have identified three major stress points for refugee children. These occur: (1) while in their country of origin; (2) during the flight to safety; and (3) when having to settle in a country of refuge. At each point, there are things that community structures and providers could do to lessen the trauma, especially from a mental health perspective.

While in their home country, before they become refugees, children may have experienced considerable trauma. These including being forced to flee their homes and communities, perhaps because of war, death or injury of family members, or as a result of environmental disasters. Children's lives may have been chronically unstable, where they witnessed any number of losses in the form of violence, poverty, and suffering. They may have been recipients of

abuse or have witnessed the torture of others. Sources of normal stability, such as schools, friends, neighbours, and community groups, may suddenly be gone due to situational crises, with no replacements for them.

When children are forced to abandon whatever stability they had, their journey to a new place may be fraught with challenges and new forms of trauma. Many children travel long distances through dangerous environments, confront people who threaten their safety, and be subjected to physical violence, hunger, harsh weather, difficult terrain, and physical, sexual, emotional and verbal abuse (Hjern, Angel, and Hojer, 1991). Children may be separated from loved ones, perhaps by accident or by intention, as a way to get them to safety and a better life than their futures hold in their home countries. Smugglers and strangers may be their paid companions on difficult journeys through lands that are unfamiliar to them. The smugglers may be far from caring and compassionate to them. The exposure to life chaos and disruption, including violence and deprivation, results in post-traumatic stress disorders that include depression, anxiety, paranoia, sleeping, and eating impacts (Kinzie *et al.*, 1986, 1990; Yule and Williams, 1997).

Once refugee children arrive at their destination, new challenges and potential traumas await them. Their transition across the border can be frightening as their lives are held in the hands of people who speak a different language and whose customs are unfamiliar to them. Sometimes military members or people who may hold weapons over them, or the children may find themselves separated from everyone they know and be alone, not knowing where they are or what will happen to them next. Loved-ones could have died. Beloved possessions are likely gone, either by being left behind, lost, destroyed, or stolen. Studies have found that refugee children may arrive hungry, tired and sick (Vissing and Leitao, 2021). Common physical conditions found in refugee children include communicable diseases, parasitic infestations, anaemia, dental problems, hepatitis B, and tuberculous (Fazel and Stein, 2002). Once settled they may experience traumas trying to integrate into the new society in a phenomenon referred to as secondary trauma. Trying to adjust to a new home, family members, peers, schools, and community may be very challenging.

Because children are at significant risk for trauma and psychological disturbance before, during and after their travel as refugees, the number of adverse child experiences (ACEs) may be high. Research has found that the more exposure to trauma, the greater the negative long-term impacts of physical and mental illnesses, as well as social and behavioural disruptions (Anda, Felitti and Bemner, 2006; Cronholm *et al.*, 2015; Finkelhor *et al.*, 2015; Hunt, Slack and Berger, 2017). Realizing that refugee children will arrive carrying a variety of traumas, how they are managed when they arrive in their new country is of

utmost importance to creating stability and the chances of positive transitions and successful lives.

Importance of Social Structures

How a refugee child will fare in the future depends much upon how the new country provides support to the child during their initial transition (Williams and Westermeyer, 1986). A systems approach to helping refugee children is essential. Addressing the treatment needs of refugee children may seem overwhelming because they arrive at their new destination having experienced many challenges and traumatic exposures (Fazel and Stein, 2002). Refugee children will need care and assistance from governments, the legal community, immigration officials, translators, schools, healthcare professionals, mental health, social services, child protective services, housing, food, clothing, and recreational communities, to name a few. Some geographic locales will have more developed helping systems than others. When these helping organizations work together as a coordinated care system, this benefits the children much more than when the organizations exist as isolated silos. Developing a case-management approach where different organizations coordinate their services in a team-like manner to ensure that the children are receiving the care they need and do not fall through the cracks is important to their success.

Development of community systems, collaborations and partnerships are essential for the creation of good outcomes in service delivery. Many social systems are not well developed and efficient in streamlining effective services to vulnerable populations such as refugee children. How social systems operate may vary and is directly related to their outcomes in service delivery (Porter and Córdoba, 2009; Walker, 2019). Viewing social institutions as a part of a complex system in which chaos is a natural component requires that organizations and social systems take a more developed, sophisticated and enlightened approach to service development (Hudson, 2000; 2010). The use of a clinical, sociological approach that integrates both structural or macro-level components as well as micro-level processes and procedures can also result in more positive results not just for individuals but for organizations (Fritz, 2008).

Schools are likely the institution that most children access on a daily basis, and they are fundamentally important in supporting refugee children (Thomas, 2016). Schools play a critical role in helping refugee children find a sense of stability, safety and predictability while helping them maximize their learning potential and opportunities for success (Crosnoe, 2013). Even very young refugee children have likely experienced a variety of traumas. Early childhood education and care (ECEC) programmes are an important vehicle that can mitigate many of the risks these children face (Park *et al.*, 2018).

Education programmes boost not just children's education and career trajectories but also support longer-term integration success. Schools provide not just educational content but also help students to: develop peer relationships; learn norms, folkways and mores; gain emotional and social support; and obtain career guidance and training. Nurses may provide healthcare, students may get lunch and food given to them, and some schools may have social workers who help the student obtain needed community resources. It is within the school environment that children's self-esteem, identity, social adaptation, and resilience are influenced (Fazel and Stein, 2002).

Refugee children find that schools provide much more than academic learning, as valuable as language, history, math, science, and other subjects may be. They provide socio-emotional grounding and support that help them to make successful transitions into their new communities and to become active participants in them. Schools, the communities in which they exist, can create climates that are welcoming, and have a wide array of resources and places to go for refugee families to find what they need to make a positive contribution to student adjustment (Hess, 2017).

Over half of the world's refugee children do not have access to education that will help them to become self-sustaining, productive adults (UN News, 2019). UNESCO (2020) reports that refugee children are five times more likely to be out of school. Millions lack adequate healthcare, especially during the time of COVID-19, putting refugee children at dire risk (Browne *et al.*, 2021; Hawke, 2021). Even very young children may be alone, unaccompanied by siblings, parents or caregivers, putting them at extreme vulnerability to a wide array of life-threatening problems (Vissing and Leitao, 2021).

Social structures like schools and humanitarian organizations work to organize and interact with refugee children by teaching them norms about what to expect in their new countries. A rights-respecting approach can be present in the way institutions are designed, the services they provide, and the way they process and interact with children. Their structures and processes directly impact what children learn about human rights and social inclusion. A successful human rights approach requires involvement from the entire social system, including government, school administration, teachers, social workers, students, parents, and the community, to partner together to create an environment for active learning and socialization for productive citizenry (Thomas, 2016). Research by Devonald *et al.* (2021) found that human rights education should be a core pillar of humanitarian responses for refugee children. When human rights education is provided in humanitarian settings, it creates opportunities for adolescent refugees to understand and exercise

their human rights, respect the rights of others, and gain active citizenship skills. Studying the extent to which education about, through and for human rights are embedded in refugee humanitarian programmes, researchers found stark differences in how programmes are structured. They found in Jordan, the Makani programme integrates human rights across subjects and teacher pedagogy and fosters skills for active citizenship, while in Cox's Bazar, Bangladesh, a lack of basic rights hinders the delivery of meaningful human rights education for Rohingya adolescents. A human rights framework can make refugee youth aware of their rights, open dialogue between students and teachers, and encourage youth to become social change agents in their communities. The lack of a rights approach disempowers youth to develop the skills necessary for active global citizenship.

Challenges Facing Social Structures Serving Refugee Children

An international analysis of challenges facing education and care programmes that serve refugee children notes common problems (Park, Katsiaficas and McHugh, 2018; Refugee Processing Centre, 2017). While it is well-documented that refugee children have experienced traumas, programmes recognize the importance of providing trauma-informed care – yet the resources and training to provide quality trauma-informed care are lacking almost everywhere. Young children appear to be a lower priority for refugee resettlement and integration programmes, despite their developmental needs. Waiting lists may exist in many places for services, housing or support. This is counter-productive to addressing their immediate needs and setting them up for longer-term stability and success. No matter what country studied, there is a shortage of qualified multilingual staff with extensive knowledge of the cultures and languages of the refugee children they serve. Many programmes do not have stable long-term funding, which complicates how many refugees they can serve and what kinds of resources they can provide them.

Programmes find that refugee and asylum-seeking families may continue to move from place to place even after being settled into a new country. When they move, this makes it difficult to provide continuity in services. Bureaucratic and logistical processes may become uncomplicated and result in refugees falling through the cracks in service delivery systems. A general lack of coordination among disparate government departments, NGOs, and other key stakeholders exists. This means that programmes often act in isolation from one another, with limited access to critical information and a heightened risk that scarce resources are used inefficiently (Park, Katsiaficas and McHugh, 2018).

A systems approach integrates the role of social work, physical and mental health, education, and social wellbeing. The Centre for Immigration and Child Welfare (2015) has created a very comprehensive manual of child welfare practices with immigrant and refugee families. It contains detailed guidelines for how to integrate child welfare practices with trauma-informed care. The manual also describes how to build child welfare agency capacity to be more supportive of creating cultural competencies that support refugee children. These capacity strategies include organizational policies and protocols, administrative support, staff and volunteer training, and the creation of collaborations and partnerships. It also describes the interface of the elements of good child welfare practices and their implications for immigrant families who are exposed to traumatic stress.

Resilience of Refugee Children

Studies of refugee children indicate that while they have experienced significant traumas, many demonstrate resilience (Masten, Best and Garmzey, 1990; Werner and Smith, 1982). Providing them with resources that will enhance protection and well-being are essential influences of their success (Fazel and Stein, 2002). These protective factors include the child's personality or disposition, having a supportive family or family environment, external social agencies that help children cope, and agencies that provide them with meaningful services and resources they can use. Providing comprehensive services to children will help increase their resilience. Not providing services to even the most resilient children will disempower their ability to move forward successfully. Resilience and resource are intertwined concepts.

The Centre for Immigration and Child Welfare (2015) reminds us that in order to survive the multiplicity of chaos and traumas, children may cope by engaging in some behaviours that may, on the surface, seem maladaptive or pathological. As children adjust to their new homes, cultures and locations, they may have a transition period where the coping strategies they used in order to survive are no longer necessary but still used. Therefore, resilience may be present but not always perceived as such by people in their new countries. Helping young people to find constructive coping mechanisms and to fit into their new environments and peer groups will be important for their success.

Program Directions

Social structures and processes that embed a children's human rights framework have been found to produce better quality outcomes for refugee children, families and their integration into being active and productive members of their communities. The UN Convention on the Rights of the Child outlines standards necessary for the wellbeing of children. These include provision, protection and participation. Provisions include food, housing, services, education,

healthcare, and socio-emotional support. Protections from violence, abuse, torture, and trauma are essential; when such things do occur, finding ways to help the child recover successfully from them is part of the treaty. Helping young people to have a sense of agency and how to use that agency to participate in decisions that pertain to their own life is an essential part of the treaty. So is having the opportunity to participate meaningfully in their homes, schools, and communities. Adhering to the basic guidelines of the universal child rights treaty by refugee organizations would be in the best interests of the child.

Welcome Centres can be the first point of introduction to a new country, and staff can meet and interview refugee individuals and families to help link them to the services and support they need. Refugees will arrive likely frightened, weary, hungry, tired, without extensive paperwork, and may not know the language. Their needs may be extensive, to having staff who can meet them, welcome them, and assist them is crucial (Sevazzi, 2016).

Governments and institutions that serve refugees need better coordination and greater capacities to ensure comprehensive service delivery and longitudinal sustainability. A holistic set of services for an extended period of time could greatly assist refugee children. This would necessitate a good data collection and monitoring system so that children can be followed-up over time to ensure that they receive the services they need. Prioritization of young refugees would benefit them substantially in programmes. Employing staff or volunteers who are multilingual and have a keen understanding of the culture and conflicts that the refugee children have experienced would be very valuable. Having available and accessible written documents and resource guides so that refugees can learn where to go to obtain services and how to apply for them is very important. They cannot be expected to use services that they don't even know exist. Having transportation systems that enable them to get to locations to access help is critically important.

When children are part of a family system, there can be a symbiotic assistance system that develops where parents can learn from children just as children may learn from parents. Working with parents and entire family units is therefore essential to the stability and success of the family collective.

Sometimes newcomers like refugee children are resented by people in the new countries. This may be because they require substantial assistance that taxpayers may subsidize. Newcomers who don't know the rules and norms of the new community may violate them, which may result in crime, misbehaviour, and resentment. If people do not have the language, training, education, and skill-sets to make contributions to the community, they may be regarded as loafers who want to take from and not give to the community. But it is important to realize that all of these factors can be eliminated or reduced when

new refugees are provided the array of supports they need to in order to make a successful adjustment to their new homes. Instead of viewing them as detrimental to the wellbeing of a community, history documents that supporting immigrants and newcomers to a country can result in substantial benefits to both the individuals and the community (OECD/ILO (2018)). Investing in the resources to support refugee children who come in distress could result in emotional and social loyalty to the new community. The community could benefit substantially from their work, employment, volunteerism, and civic contributions. This assumption guides the purpose of our book – to make life better for children, families, and for their new host communities.

Chapter Relevance

The contributions in this book present different perspectives on processes, interactions, policies, practices, and laws embedded in a variety of institutions and community social interactions.

Noronha and Cabete address the transnational character of transnational migrant families and communities and the uses of new information and communication technologies in the process of family reorganisation, arguing the need for states to acknowledge and support this potential. Lenarčič and Medarić analyse the role of information-communication technologies (ICT) in the lives of children on the move at different stages of their migration process (preparation, sociability, integration). The authors draw on qualitative research with unaccompanied migrant children in Slovenia deriving from the project *Migrant Children and Communities in a Transforming Europe* (MiCREATE) funded by the EU Horizon 2020 Research and Innovation Programme of the EC.

Herring's chapter examines whether states ensure that a child seeking refugee status receives appropriate protection and humanitarian assistance looking at protection gaps in international community structures for the accompanied and unaccompanied asylum-seeking refugee child. Quadranti looks at the social inclusion programmes for legal residents and the security approach focused on opposing illegal immigration, analysing the provisions of the EU Pact on Migration and Asylum and Action Plan on Integration and Inclusion for both accompanied and unaccompanied minors. The author places an emphasis on European mechanisms concerning the detention of minors, reception conditions and so-called 'Dublin transfers' to then provide an analysis of the Italian integration plan and the failure to recognize the principle of social inclusion.

Chatzoudi presents an account of the vulnerability of unaccompanied children in southern Europe, presenting the shelters 'Homes for Hope' in Cyprus and the

holistic model developed to provide multidisciplinary services on rehabilitation, integration, and durable solutions strategies. The chapter focuses on the psychological support services provided to unaccompanied minors; the challenges faced, good practices, and recommendations. Santos and Bergano look at immigration and the integration of refugees in Portugal and at the social inclusion of children and adults through community processes that facilitate access to education, health, housing and employment, analysing data provided by national and international organisations. Carrol et al. present a study of student resilience in Liberia, a country with a recent history of civil wars and pandemics. The authors make use of the concepts of ACEs and HOPEs (Adverse Childhood Experiences and Healthy Outcomes from Positive Experiences), proposing general guidelines for practice in educational contexts and for the Government of Liberia. Bernardine et al. examine community approaches to the integration process in the U.S. federally funded programmes that combine education, social services, and social integration aiming at the integration of unaccompanied refugee children and survivors of Human Trafficking, introduce the programming and explain why they are necessary for assisting unaccompanied refugee, asylee, and trafficked youth. Francis et al. looks at lifelong learning as a catalyst for the sustained promotion of safe communities in the context of migration through a case study based on the implementation of a capacity-building programme to equip migrant women with competences to raise awareness on, and counteract, female genital mutilation (FGM). Thickpenny explores the specificities of refugee communities looking beyond the general perspective of policy makers to focus on understanding individual refugee needs and their family's future wellbeing towards service to refugees that work for the individual.

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