



**Hopes Fulfilled or Dreams Shattered?  
From resettlement to settlement Conference  
November 23<sup>rd</sup> - 28<sup>th</sup>, 2005**

**Background Paper**

**Resettlement Services for Refugee Children Aged  
0-5 Years**

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**This background paper has been prepared to inform discussion at this conference and does not necessarily represent the views of the Centre for Refugee Research.**

## **Introduction**

The following paper is an attempt to identify good practices in developing and implementing resettlement services and programs for refugee children aged 0 – 5 years, with a particular focus on New South Wales, Australia. This report recognises that there are a number of successful tools and programs already established, and attempts to collate these tools as a resource to access these practices. For the purpose of this report, support is defined as any service, program or policy that increases the capacity of refugee children to develop to their full potential after resettlement to Australia. Children have been defined here as children aged 0 to 5 only, unless otherwise specified. Although this paper focuses on refugee children in Australia, it is important to note that the good practice principles highlighted can be transferred to Refugee Camps as well as in other durable solutions.

It is Internationally recognised that all children between the ages of 0 to 5 (as well as prenatal) need special attention during this formative time, as they are dependent, vulnerable (as a result of their dependency) and are developing their neurological and psychosocial foundations for their future (UNHCR, 1994, p1). Refugee children are likely to have experienced and survived a multitude of traumatic experiences impacting on their psycho-social and physical development and wellbeing. Research, however, indicates that the quality of supports provided impacts on the later outcomes of the child. As a child is influenced so greatly by the environment, an ecological perspective of the child provides a framework to identify supports for children, and in doing so recognises that a three-pronged approach is needed to best respond to the rights and needs of this vulnerable group during resettlement (in the short and long-term). The three approaches include:

- Support directly delivered to the child;
- Support directly delivered to the parents and family unit; and
- Support that increases community capacity to respond to the needs and rights of children as a whole (child-friendly communities) as well as emerging refugee communities.

According to the United Nations High Commissioner of Refugees (UNHCR), it is estimated that of all 19 million refugees, Internally Displaced People (IDPs), returnees, asylum seekers, 47% are children, where 13% of all refugees are under the age of five

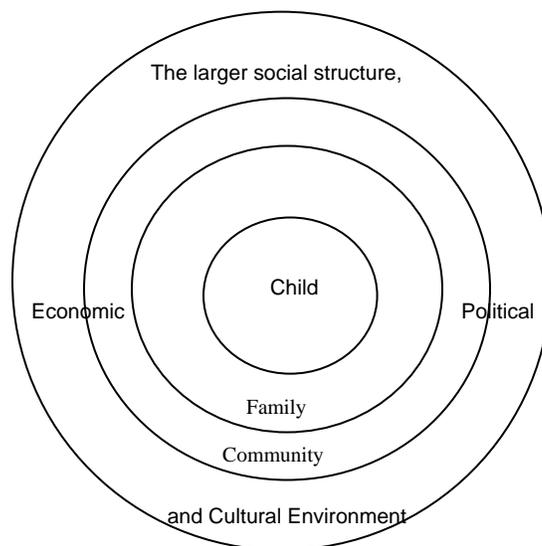
(UNHCR, 2005a, p5). In the past five years, 7113 children aged 0 to 5 entered Australia on refugee related visas (DIMIA, 2005a), where of all refugees (55, 305 persons) that entered Australia during the period on Humanitarian Entrance Visas, 13 per cent were under 5 years of age (7012 persons) (DIMIA, 2005b).

### **Early Childhood Development**

Research indicates that experiences during early childhood play an essential role on the individual's development, *neurologically* and *psychosocially*, where an individual's outcomes are determined by protective or risk factors experienced during these formative years. Protective factors are those that act as a buffer to individual's response to risk factors, which are those that increase the chance of poorer outcomes for children. Risk factors, as diverse as prematurity, malnutrition, childhood poverty, disruptive family environment, and communal conflict often co-occur and are likely to have cumulative effects on the child over time (McCain, M., Mustard, F., 1999, p35). Some of the adverse outcomes for children are low literacy, physical health problems, social problems, mental health problems, behavioural problems, possibly leading to crime and unemployment (Oberklaid, F. 2002, p.6). It is important however, to note that by influencing more protective factors, the development of negative outcomes can be inhibited, leading children to a more positive outcome. Children who are refugees during their early years are likely to have experienced a number of risk factors during their period as refugees, as well as possibly during resettlement.

### **Ecological View of the Child**

As the environment plays such a significant role on a child's development, a child cannot be viewed in isolation, but should be viewed in an ecological context. Urie Brofenbrenner (1979), a developmental psychologist, is associated most closely with the concept of an ecological understanding of human development.



The quality of care, both parental and nonparental, has the most influential impact on early development (McCain, M & Mustard, F, 2002, p13), where the 'family' is

instrumental in determining developmental outcomes for a child. The three main conditions affecting family functioning are:

- The physical environment and infrastructure;
- Employment and financial circumstances; and
- Familial and social support networks (Zubrick, S, Vimpacni, G, 2002, p11).

There is no doubt that the environment children face during their refugee experience, as well as during resettlement, influences family and community functioning as well as early childhood development.

### **Children as Refugees**

The refugee experience impacts greatly on the psycho-social and physical health of children and their families.

#### *Psycho-social*

Evidence indicates that refugee children experience prolonged and multiple psychological traumas (Mehrabiy, 2002) during their refugee experience. Trauma is usually a direct result of:

- Persecution (perceived or real);
- Exposure to war;
- Civil unrest;
- Forced separation from family and community;
- Displacement and abandonment;
- Disruption to family life;
- Disruption to rituals and routines;
- Loss or death of family members;
- Lack of access to age appropriate developmental activities (NSW Refugee Health Service, 2004, pp 4-5); as well as the
- Witnessing or participation in violence, physical and/or sexual abuse (Cunningham, 1991).

However, children's psycho-social wellbeing is also directly impacted by their parent's own physical and psychological health. Some of the pressures that face parents and families during the settlement period include:

- Disruption of traditional parenting practices;
- Limited access to financial support;
- Unemployment or underemployment;
- Inadequate or inappropriate housing;
- Lack of emotional and practical support from family and friends;
- Isolation;
- Language difficulties;
- Cultural adjustment;
- Racism;
- Lack of awareness of the Australia child and family service infrastructure, including child protection and welfare practices; and

- Own physical and psychological refugee experience (UNHCR, 2004, p265; NSW Refugee Health Service, 2004, pp 6-7).

These experiences impact directly on the psychological health of both children and their families possibly leading to:

- Post Traumatic Stress Disorder (PTSD) (which for children also includes regressions, depressive syndrome, and psychosomatic problems (Mehraby, 2002);
- Depression;
- Behavioural Problems, especially in relation to attachment and trust, as well as forming meaningful and supportive relationships;
- Anxiety, which can lead to diminished competence in basic skills and impact on self esteem; and
- Grief (NSW Refugee Health Service, 2004, pp 6-7)

All of this may contribute greatly to the success of resettlement of children and their families.

#### *Physical*

The effects of living in a refugee situation can also be highly detrimental to the physical development of the child. Some of the health issues include:

- Poor oral health due to poor diet and/or trauma to the face as well as lack of access to dental care;
- Poor nutrition;
- Lack of basic immunisation;
- Poor hygiene and lack of access to clean water;
- Physical injuries and disabilities caused during the refugee experience; and
- Impact of poverty (poverty experienced during the early years of life affects later outcomes more than being in poverty at any other stage in life (Shonkoff, Phillips, 2002).

#### **Early Intervention**

Based on the early years research as well as evidence of successful resettlement programs (UNHCR, 2002, p262), the quality of care during the early years of a child's life, as well as during the initial stage of resettlement has greatest impact on a child's development and outcomes and plays a critical role in the recovery from the experience children are subject to as refugees. As discussed earlier, it is possible to change the balance of risk and protective factors, biological, psychosocial and environmental, turning possible adverse outcomes into positive futures. Effective early intervention programs have been shown to improve outcomes in a number of areas for children; physical and mental health, fewer behavioural problems, better literacy, less likelihood of needing special assistance at school, decreased criminality, greater chance of finding full employment (Oberklaid, F, 2002, p6). In addition to short and long term benefits to the child, early intervention approaches and investment in the early years has social and economic benefits to society as a whole (L. J. Schweinhart, et al, 2005).

With our increased understanding of the impact of the early years on a child's development, resettlement programs for children need to address the child in the

context of the family and as a member of a community and should be viewed with an early intervention approach and thus:

- Should be structured to reduce the impact of risk factors;
- Should promote family contacts with protective factors;
- Should not be limited to community involvement, but extend to political and social action (Wolery, 2000); and
- Should be durable early in the life cycle and at critical stages in an individual's development (such as pregnancy, birth, going home, non-parental care, preschool and transition to school, early school years) (Pathways to Prevention, p1).

## **Culture**

The standards set by the Convention on the Rights of the Child state:

“The importance of the traditional and cultural values of each people for the protection and harmonious development of the child must be taken into account” (CRC, Preamble)

“Every child who belongs to an “ethnic, religious or linguistic minority or indigenous group has the right, in community with other members of his or her group, to enjoy his or her culture, to profess and practice his or her own religion, or use his or her own language.” (CRC, Art. 30)

The impact of cultural loss, disruption to parenting styles (which could be considered a form of cultural practice), and cultural adjustment to a new culture has been identified as a key challenge for refugees during resettlement. The celebration of culture gives children an identity, a sense of belonging and continuity. Culture also determines a community and society's approach to the raising of their children (UNHCR, 1994, p9). The degree to which traditional cultural practices as well as social systems could be restored depends on the fragmentation of the population, as well as the willingness of the local community to celebrate diversity. It is essential then to acknowledge and deliver programs that celebrate different cultural approaches to child rearing, as well as ensure that the best interest of the child is also taken into consideration. Although culture is not static, one concern to be aware of is the creation of cross-cultural conflict between refugee children and their families as a result of introducing new culture and systems to children (Germanos-Koutsounadis, 1995).

## **International Instruments, Frameworks and Principles**

There are a number of International instruments, frameworks and policies that provide guidance on providing support to children who are refugees and are subsequently resettled. The 1951 Geneva Convention Relating to the Status of Refugees (CSR, 1951) and its 1967 Protocol (PSR, 1967) sets standards that relate to children the same way as adults. However, it is the Convention on the Rights of the Child (CRC, 1989) that acts as the primary basis for protecting the rights of children, where Article 2 ensures that “States that have ratified the convention (which is all but two) must ensure the rights of each child within (its) jurisdiction without discrimination of any kind” (Article 2, CRC, 1989). This Convention is particularly relevant to those States that have not ratified the Refugee Treaties.

In addition to the Conventions, in 1990, the World Summit for Children adopted a Declaration and Plan of Action which encourages States to develop national plans of action, which would include children who are refugees as 'children in especially difficult circumstances' (UNICEF, 1990). In 1993, United Nations High Commission of Refugees (UNHCR), which is the UN Agency for Refugees, adopted a Policy on Refugee Children (UNHCR, 1993). This policy is to be viewed as a set of guidelines when responding to children who are refugees. It highlights the 'Triangle of Rights' as the essential rights for responding to refugee children: best interest of the child (CRC, 1989), non-discrimination (Article 2, CRC, 1989), and participation (Article 12, CRC, 1989) (UNHCR, 1994, p5).

In 2002, UNHCR published the Refugee Resettlement: An International Handbook to Guide Reception and Integration. Chapter 3.3 Investing in the Future: Refugee Children and Young People is dedicated to providing measures to increase an understanding of the impact of resettlement of children and young people as well as provides recommendations in planning resettlement services that target children and young people.

### **Australian Instruments, Frameworks and Principles**

Although Australia has ratified both the Refugee Treaties, the CRC and the World Summit Declarations, there is currently no specific domestic (national or state specific) policy on responding to the rights and needs of refugee children. There are, however, a number of other policies that relate to refugees, settlement services and investment in early childhood. Three federal policies, in particular, can be viewed as underpinning Australia's response to refugee children:

1. Multicultural Australia: United in Diversity (DIMIA, 2003);
2. Charter for Public Service in a Culturally Diverse Society (DIMIA, 1998)
3. National Agenda of Early Childhood (DFACS, 2005)

#### Multicultural Australia: United in Diversity

The Australian Government's aim with regards to multiculturalism is to build on the success as a culturally diverse, accepting and open society, united through a shared future, and a commitment to the nation, its democratic institutions and values, and the rule of law. Four principles underpin the multicultural policy:

*Responsibilities of all* – all Australians have a civic duty to support those basic structures and principles of Australian society which guarantee us our freedom and equality and enable diversity in our society to flourish;

*Respect for each person* – subject to the law, all Australians have the right to express their own culture and beliefs and have a reciprocal obligation to respect the right of others to do the same;

*Fairness for each person* – all Australians are entitled to equality of treatment and opportunity. Social equity allows us all to contribute to the social, political and economic life of Australia, free from discrimination, including on the grounds of race, culture, religion, language, location, gender or place of birth; and

*Benefits for all* – all Australians benefit from productive diversity, that is, the significant cultural, social and economic dividends arising from the diversity of our population.

Diversity - works for all Australians (DIMIA, 2003, p6).

#### Charter for Public Service in a Culturally Diverse Society

The Charter for Public Service in a Culturally Diverse Society is an attempt to include access and equity in program design and implementation of services in a culturally diverse society. It is an approach to emphasising the need to acknowledge cultural diversity implications into the strategic planning, policy development and budgeting processes of Australian government service delivery. The Charter is based on seven principles that should be considered in the design, delivering, monitoring and evaluation of quality government services in a culturally diverse society. The principles are:

- Access;
- Equity;
- Communication;
- Responsiveness;
- Effectiveness;
- Efficiency; and
- Accountability (DIMA, 1998, pp1-2)

#### National Agenda of Early Childhood

The Australian Early Childhood Policy is complex as it involves three tiers of government, transcends government portfolios, as well as includes a range of service provision, accountability requirements and funding models (Press, F and Hayes, A., 2000, p1). The early childhood *education* policy is based on three premises: quality, inclusion and community support (DFaCS, 2004a), and is closely linked to a focus on returning to work/study or training, where priority of access is given primarily to working parents (DFaCS, 2001). Early childhood and maternal health is in the domain of the state and territory government departments of health.

Recognising the complexity of the sector, as well as the current research on the importance of investing in the early years to increase better outcomes for children, families and the community, the Federal Government has been developing a National Agenda of Early Childhood (DFaCS, 2004b), which is based on four principles:

- *healthy young families;*
- *early learning and care;*
- *supporting families and parenting; and*
- *creating child friendly communities (all of which are relevant to Indigenous children).*

The framework is not intended to alter government (federal and state) responsibilities for early childhood, but to provide a structure for linking the existing system of governments, service providers, non-government organisations, academics, communities and families (DFaCS, 2004b). The latest draft of the framework was developed in June 2004.

In addition to these policies, the Review of Settlement Services for Migrants and Humanitarian Entrants also provides a domestic framework. Some of the recommendations in the review are currently being implemented (DIMIA, 2003b).

A Resource Section identifying International tools, as well as services available in New South Wales is attached below.

## **Principles - Promising Practice**

Given the psycho-social and physical experiences of children and families on arrival as well as knowledge of the needs of children and families and the success of early intervention approaches, some of the issues that resettlement supports, programs and services should address include:

- ✓ Lack of access to parenting advice and support on childrearing;
- ✓ Lack of social networks;
- ✓ Isolation;
- ✓ Communication and language barriers;
- ✓ Lack of knowledge of the mainstream and specialised child and family service system;
- ✓ Lack of awareness of one's rights and responsibilities as parents;
- ✓ Specific impact of maternal mental and physical health during pregnancy and postnatal periods; and
- ✓ Different cultural practices and beliefs in relation to childbirth and parenting, family, breastfeeding and maternity care (NSW Refugee health Service, 2004, pp8-9).

There are a range of programs that have been successful in working with refugee children and their families and according to Richman (1993), more than one approach is necessary.

Individual, targeted services include:

- Psychotherapy;
- Counseling as individuals and in a group work setting;
- Family Therapy;
- Eye Movement Desensitisation and Reprocessing Procedures (EMDR);
- Art and Creative Work;
- Playing games; and
- Storytelling (Mehrabian, 2002).

Some of the more communal approaches include:

- Supported Playgroups; and
- Mainstream childcare settings which may also include the use of programs such as SNSS and ISP to provide additional support to the individual child as well as the staff.

The use of childcare setting is not uncommon for delivering integrated support to refugee children and their families as it is considered a non-threatening, non-stigmatising environment, as well as an opportunity for children to access quality early childhood education. One of the main issues to take into consideration with child care settings is that the staff may have had limited contact with children and families from refugee settings and may require additional support to ensure the childcare setting is a supportive environment. Some examples of using an early childhood setting to integrate children and families may include:

- orientation programs for children and parents;

- targeted language programs;
- mentoring-buddy programs;
- professional development programs;
- referrals to other services;
- outreaching from other services;
- developing systems and resources to enhance access by refugee families; and
- awareness raising activities and celebrations (UNHCR, 2002, p267).

Regardless of the intervention, the most essential principle that should be adhered to is the participation of the refugee families in the development and implementation of services. Participation acknowledges the refugee community's capacity and right to contribute to their own community as well as the broader society; such as economic growth, culture, education, and politics, leading to self determination. The right to participate challenges the notion of rights versus needs, which is the approach of working within a Human Rights Framework. It is this overarching principle that challenges the perception of marginalised communities from passive recipients of welfare to active players as they strive for a life of dignity. This notion of rights versus needs shapes all principles of community development, such as self-determination, empowerment, strength-based approaches and sustainability.

Participation and engagement is one aspect of a community development approach. The success of community development approaches is dependent on the engagement of the community. Programs need to be created through the community, not imposed, as it will be more sensitive to the community's needs, engage local leadership, and more likely to gain broader community support, with increased likelihood of sustainability of community cohesion.

The following identifies a range of additional key principles that should also be integral to the development and implementation of any service that focuses on refugee children aged 0 to five.

Programs should:

- See the child in the context of the family and address the needs of all family members;
- Be individualised and responsive to the child's needs and circumstances;
- Seek to empower children and families;
- Consult and encourage participation and engagement of children and families in the development and implementation of services and projects;
- Begin where the child and families are at developmentally, which includes language skills [and emotionally];
- Be sensitive and responsive to family cultural, ethnic and socio-economic diversity
- Be comprehensive and address known risk variables;

- Be staffed by skilled people who are trained and supported to provide high quality, responsive services or have access to professional advice and technical assistance;
- Be community-centred; and
- Be well coordinated with other programs and designed to make it easy for families to access them (McLoughlin, J, 2005).

### **Summation**

Research indicates that children between the ages of 0 to 5 (as well as prenatal) require special attention during this formative time, as they are dependent, vulnerable (as a result of their dependency) and are developing their neurological and psychosocial foundations for their future (UNHCR, 1994, p1). During resettlement, children who have been subject to the multitude of traumatic experiences require additional attention, due to the impact of being a refugee on their psycho-social and physical development and wellbeing. As children are so greatly influenced by their families and environment, resettlement services should also see the child in an ecological perspective and provide:

- Support directly to the child;
- Support directly to the parents and family unit; and
- Support that increases community capacity to respond to the needs and rights of children as a whole (child-friendly communities) as well as emerging refugee communities.

In Australia, the lack of a co-ordinated approach to resettlement services as a whole, and in particular early childhood services highlights the ad hoc nature of implementing services and reflects the need for a more coordinated approach. It is obvious that effective programs transcend different Government departments or single ministries and thus call upon a whole-of-government approach as well as rely on community engagement and support. Given that early intervention approaches could be viewed as a cost effective preventative strategy, the investment in refugee children aged 0 to five could be considered a two fold intervention; increasing the protective factors for refugee children at the optimum age, as well as providing early intervention support immediately on resettlement. This report has revealed a number of principles, based on human rights, social justice and community development approaches. One would hope that the use of the discussed principles in the development and implementation of resettlement services for refugee children aged 0 to five will provide the best possible start for refugee children resettling to Australia.

## **Resources:**

### **Settlement Services for Children aged 0 to 5 in New South Wales, Australia**

There are a number of existing services in New South Wales. The following list is not an exhaustive list of services that target refugee children and their families. It does however, highlight some of the programs and services that are available. It also highlights the ad hoc nature of implementing services, and reflects the need for a more coordinated approach to implementing services for refugee children.

#### **Australian Government Department of Immigration, Multiculturalism and Indigenous Affairs (DIMIA)**

Settlement services funded by DIMIA focus on building self-reliance, developing English language skills and fostering connections with mainstream services in the early settlement period (DIMIA, 2005a, p4). DIMIA funded settlement services are confined to the specific, mostly on-arrival needs of new migrants, while general needs are considered to be the responsibility of the community or mainstream services through the deliberate introduction of access and equity measures.

Although DIMIA does not fund services specifically targeting children, the Department does fund a number of settlement services, including:

Adult Migrant English Program;

Translating and Interpreting Service;

Integrated Humanitarian Settlement Strategy (which does include health and housing related supports for families with children); and

Settlement Grants Program

In addition, DIMIA also maintains a Settlement Database, which provides statistical data for government and community agencies involved in the planning and provision of migrant settlement services.

#### **Department of Family and Community Services (DFaCS)**

Although DFACS does not have one program that targets refugee children, it does have a range of funding programs that includes the funding of services and projects that do target refugee children.

#### Stronger Families and Communities Strategy – Local Answers

Local Answers helps strengthen disadvantaged communities by funding local, small-scale, time limited projects that help communities build skills and capacity to identify opportunities and take action for the benefit of their members. The following NSW projects include refugee and asylum seeking children and families as target groups. (DFACS, 2005a)

- Holroyd Paramatta Migrant Services: Interactive CaLD Parents Support Services;
- Macarthur Diversity Services: Macarthur Multicultural Family Resource Worker; and
- Blacktown Migrant Resource Centre: Building Family Harmony in CALD Communities in Blacktown

#### Stronger Families and Communities Strategy – Communities for Children

*Communities for Children* takes a collaborative approach in seeking to achieve better outcomes for children aged 0–5 and their families. Non-government organisations are funded as 'Facilitating Partners' in 45 community sites around Australia to develop and implement a strategic and sustainable whole of community approach to early childhood development, in consultation with local stakeholders (DFACS 2005b).

In NSW, the Fairfield Initiative has a number of strategies that target refugee children, such as culturally appropriate parenting programs as well as food security programs.

#### Child Care: Special Needs Subsidy Scheme

SNSS helps families with children with ongoing high support needs, to be included in the programs of eligible child care services. These children may be:...  
Refugee children who have been subjected to torture and trauma (DFACS, 2005c).

#### Child Care: Inclusion and Professional Support Program

The Inclusion Support Program (ISP) is a locally responsive approach to providing child care services with practical advice and support in including children with additional needs into a quality child care environment. The priority groups for the IPSP include Children from culturally and linguistically diverse backgrounds, including refugee children (DFACS, 2005d).

#### Family Relationship Services Program

Under the Family Relationships Service Program, DFACS funds a specific program for families on Humanitarian Entrance Visas. The services are aimed at providing culturally appropriate assistance to families which may include family relationship counselling, adolescent mediation and family therapy, men and family relationships services and specialised family violence services (DFACS, 2005e)

#### Australian Government Department of Health

##### Program of Assistance for the Survivors of Trauma and Torture

The objective of PASTT is to promote the physical health and psycho-social recovery of people who have experienced torture and trauma in their countries of origin or while

fleeing those countries, prior to their arrival in Australia. PASTT improves clients' access to health, mental health and related mainstream services after they have received the specialist assistance that they need. Services provided by the torture and trauma organisations include counselling, referral, advocacy, education and training, and natural therapies (DHA, 2005).

### **NSW State Government**

#### **NSW Refugee Health Service**

The NSW Refugee Health Service was set up by the NSW Department of Health in 1999 to help meet some of the challenges facing refugees. The aim is to promote the health of people from a refugee background living in NSW by assisting refugees, and the health professionals who work with them (SWSAHS, 2004).

### **NSW State Government Families First Project**

#### **NSW Refugee Health Service Projects - Support For Refugee Families**

The Support for Refugee Families Project was funded under the Families First initiative and was integrated with a number of other Families First projects (particularly the Families First Multicultural Project, South Western Sydney Area Health Service) (SWSAHS, 2005).

### **Non-Government Organisations**

#### **NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)**

The NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors provides a holistic range of professional services to facilitate the healing process for refugees who have been exposed to torture and trauma. The service has specific programs for children, including individual counseling, family therapy, group therapy, links with other services (STARTTS, 2005).

#### **Ethnic Child Care, Family and Community Services Co-operative Limited**

The Ethnic Child Care, Family and Community Services Co-operative Limited provides a range of services with a focus on the provision of multicultural early childhood training and resources with a focus on the inclusion of culturally and linguistically diverse children and families in to organisations and services, in particular early childhood services. The Casual Ethnic Workers Pool supports the inclusion of Culturally and Linguistically Diverse children into mainstream children services. In addition, the organisation has a library and resource centre (ECCFCSC, 2005).

## **Available Tools in Developing and Implementing Early Childhood Programs specifically for Refugee Children**

### **International**

**Refugee Children: Guidelines on Protection and Care**

<http://www.unhcr.ch/cgi-bin/texis/vtx/protect/opendoc.pdf?tbl=PROTECTION&id=3b84c6c67>

**Refugee Resettlement: An International Handbook to Guide Reception and Integration – Chapter 3.3 Investing in the Future**

<http://www.unhcr.ch/cgi-bin/texis/vtx/protect/opendoc.pdf?tbl=PROTECTION&id=3d9862c74>

**Education Field Guidelines: Policy Statement 3, Policy Statement 8, Policy Statement 9, Policy Statement 10**

<http://www.unhcr.ch/cgi-bin/texis/vtx/protect/opendoc.pdf?tbl=PROTECTION&id=40586bd34>

### **Australian**

**Refugee Children: A Resource and Guide**

Torture Rehabilitation and Network Services ACT Inc (TRANSACT), Jamison Printer: Canberra, ISBN 0-9585152-0-4

**Families First: Working with Refugee Families and Children - Guide**

<http://www.swsahs.nsw.gov.au/areaser/refugeehs/files/Working%20with%20Refugees.pdf>

### **NSW Contacts:**

**Department of Family and Community Services**

<http://www.facs.gov.au>

**Department of Immigration, Multiculturalism and Indigenous Affairs**  
<http://www.dimia.gov.au>

Department of Health and Ageing  
<http://www.dha.gov.au>

**Families First: Working with Refugee Families and Children**  
<http://203.147.192.57/public/search/FFresults.aspx?keyword=refugee>

**NSW Refugee Health Service**  
<http://www.refugeehealth.org.au/>

**NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)**  
<http://www.startts.org/>

**Ethnic Child Care, Family and Community Services Co-operative Limited**  
<http://www.eccfcsc.org>

**Holroyd Paramatta Migrant Services: Interactive CaLD Parents Support Services**  
[http://www.facs.gov.au/internet/facsinternet.nsf/aboutfacs/programs/sfsc-lap\\_nsw\\_caldsup.htm](http://www.facs.gov.au/internet/facsinternet.nsf/aboutfacs/programs/sfsc-lap_nsw_caldsup.htm)

**Macarthur Diversity Services: Macarthur Multicultural Family Resource Worker**  
[http://www.facs.gov.au/internet/facsinternet.nsf/aboutfacs/programs/sfsc-lap\\_nsw\\_macreswrk.htm](http://www.facs.gov.au/internet/facsinternet.nsf/aboutfacs/programs/sfsc-lap_nsw_macreswrk.htm)

**Blacktown Migrant Resource Centre: Building Family Harmony in CALD Communities in Blacktown**  
[http://www.facs.gov.au/internet/facsinternet.nsf/via/sfcs\\_roundtwofunding/\\$File/sfsc\\_lap\\_2005\\_nsw.pdf](http://www.facs.gov.au/internet/facsinternet.nsf/via/sfcs_roundtwofunding/$File/sfsc_lap_2005_nsw.pdf)

## **Resource List**

Bronfenbrenner, U., The Ecology of Human Development: Experiments by Nature and Design, (1979), Harvard University Press, Cambridge.

Cunningham, M, (1991) "Torture and Children". Paper presented at the 9<sup>th</sup> Annual Conference of the Australian Early Intervention Association Inc N.S.W in association with the Australian Association for Infant Mental Health Inc, University of Sydney, October, 1999.

Convention on the Rights of the Child (CRC), 1989,  
<http://www.unicef.org/crc/fulltext.htm> accessed 24/10/2005

Department of Family and Community Services (DFaCS) (2001), Priority for Allocating Places in Children's Services  
[http://www.facs.gov.au/internet/facsinternet.nsf/childcare/families-priority\\_of\\_access.htm](http://www.facs.gov.au/internet/facsinternet.nsf/childcare/families-priority_of_access.htm)

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