

Implementation of the United Nations Convention on the Rights of the Child and

Social Inclusion Among Refugee Children in Canada and Sweden

by

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Abstract

Refugee children often experience social exclusion upon arrival in their new host countries. The United Nations Convention on the Rights of the Child (CRC) obligates States to ensure the social inclusion of all children, including refugees. While all but two countries have ratified the CRC, few have fully implemented it. In this thesis, I tested the hypothesis that the social inclusion of refugee children will be greater in a country that has more fully implemented the CRC (Sweden) than in a country where implementation is weaker (Canada). The results of a policy analysis supported the hypothesis. The findings of this study will contribute to the development of methods to measure the implementation of the CRC, as well as to our understanding of the relationships among human rights, domestic policy and children's well-being.

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Thesis

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Chapter 1

Introduction

A refugee is a “person who is outside his or her home country and who has a well-founded fear of being persecuted for reasons of race, nationality, membership of a particular social group or political opinion” (The United Nations Refugee Agency [UNHCR], 2011, The 1951 Refugee Convention, p. 6). While immigrants often choose to move to another country, refugees are forced to flee their homes for fear of violence and persecution (Canadian Council for Refugees [CCR], 2008). It is estimated that during 2010, Canada accepted approximately 25,000 refugees. The top ten source countries of refugee claimants (i.e., the country of alleged persecution from which refugees fled) were Hungary, China, Colombia, Mexico, Sri Lanka, Haiti, Nigeria, Saint Vincent and the Grenadines, El Salvador and Pakistan (Citizenship and Immigration Canada [CIC], 2011). Of these, approximately 6,300 were children aged 0 to 14 years and 5,100 were young people aged 15 to 24. Together, children and young people made up an estimated 46% of refugees accepted by Canada that year (CIC, 2011). Refugee children have often come from countries in which they were deprived of basic necessities and many come from situations in which they have experienced trauma and loss.

Refugee children often face vulnerabilities such as being separated from their parents and family, sexual exploitation, abuse and violence, military recruitment, and lack of access to education. Such trauma can challenge refugee children’s ability to cope with their past experiences and can make it difficult for them to become fully included in the society they are entering.

“Social inclusion” is about ensuring that all children – particularly those who are vulnerable to marginalization - are able to participate as valued, respected, equal and contributing members of society (Bach, 2002). Under the United Nations Convention on the Rights of the Child (CRC), a human rights treaty which sets out the rights of children under the age of 18, children’s social inclusion is a right. But this Convention is not necessarily implemented in countries that have ratified it. To be fully implemented, its standards would be at the centre of the development of policies affecting the health and well-being of children. It may be expected that in those countries where the CRC is more fully implemented, the social inclusion and the well-being of refugee children would be greater. The aim of the present study is to explore this question, by comparing the levels of implementation of the CRC in two countries, Canada and Sweden, and examining the relationship between those levels of implementation and the levels of refugee children’s social inclusion and well-being.

This chapter will provide a review of research on the experiences and well-being of refugee children and the risks to their social inclusion, and a discussion of the meaning of social inclusion. Chapter 2 will describe the convention on the Rights of the Child, its relevance to refugee children and social inclusion, and issues around its implementation.

Literature Review

Vulnerabilities of Refugee Children

Refugee children often are members of sub-populations that have been persecuted, terrorized, victims of military attacks, and/or deprived of access to economic, political and social mechanisms for ensuring their fundamental security. These children

have been identified as being among “the most vulnerable and marginalised children in our society” (Refugee Council, 2005). The UNHCR (2005) has identified some of the core vulnerabilities of these children in their home countries: separation from parents; high risk of sexual exploitation, abuse and violence; availability for military recruitment; and lack of access to education. Each of these sources of vulnerability interacts with, and compounds, the others.

Separation from parents. Children may become separated from their parents for a variety of reasons, including armed conflict, mass population displacement, natural disasters, abduction, trafficking, forced labour and military recruitment (Save the Children, 2005). Children who find themselves separated from their parents are forced to cope on their own with unstable and hostile conditions of war and to grieve alone for their parents, often while taking on the responsibility of caring for their younger siblings. Not yet having the skills to survive and develop on their own, they are at heightened risk of disease and death (Save the Children, 2005). While children living in unstable conditions are all vulnerable, separated children are the most susceptible to sexual exploitation and military recruitment, lack of access to health care and education, and becoming witnesses to, and victims of atrocities.

Sexual exploitation, abuse and violence. The World Health Organization (WHO) estimates that 150 million girls and 73 million boys under the age of 18 have experienced sexual victimization involving physical contact during 2002 (WHO, 2006). In terms of refugee children, those most vulnerable are unaccompanied and separated girls, children living in child-headed households, mentally and physically disabled

children, working children and young mothers (UNHCR, 2005). Children who are sexually abused can suffer from countless negative outcomes, including negative peer involvement, depression, anxiety and compromised physical, emotional or cognitive development (Trocmé, Fallon, MacLaurin, Daciuk, Felstiner, Black, Tonmyr, Blackstock, Barter, Turcotte and Cloutier , 2003).

Military recruitment. During the last decade alone, more than two million children were killed as a direct result of armed conflict and six million were disabled or injured (UNICEF, 2011). In 2005, there were approximately 300,000 child soldiers in the world (Foreign Affairs Canada, 2010). Since then, many countries, including Myanmar (Burma), Chad, the Democratic Republic of Congo, Sri Lanka, Colombia and Uganda have continued to recruit child soldiers (Human Rights Watch, 2009).

Separation from parents is often the factor that precipitates children's joining armed groups, as they provide access to social networks, food and other basic necessities. In other words, armed groups are a source of protection and belonging in a situation where children have been deprived of their most basic protections and care. If given the chance to go home, these children are often stigmatized and even rejected for the atrocities they have committed. Girls recruited into armed groups are frequently used as sexual slaves. They can find re-integration into their communities impossible (Child Soldiers International, 2008).

Lack of access to education. Children in war-affected countries often face obstacles to receiving an adequate education. For example, in Iraq today, there are approximately half a million displaced school-aged children (UNHCR, 2012). In Darfur,

there are 80 schools in refugee camps but an estimated 15,000 school-aged children are out of school due to a lack of qualified teachers (UNHCR, 2012). Schools in war-affected countries are often poorly equipped, lacking electricity, running water, books, or sufficient space for students to sit and write (UNESCO, 2008). Attacks targeting students, teachers and schools are rampant. Motives for such acts of violence include the prevention of education, especially for girls, prevention of political opposition, abduction of children for use in armed forces, and tactics of war such as sexual violence (UNESCO, 2010).

By the time children become refugees, they often have experienced trauma, exploitation and violations of their human rights. They may find themselves separated from family and alone in a foreign country. Refugee children may be the most vulnerable group in Canada because not only are they coping with their experiences of being forced from their home countries, but they face a new set of barriers to participation when they arrive in Canada.

Refugees in Canada

Living conditions in refugee camps are bleak, with inadequate food and shelter and minimal medical care. For these reasons, refugees are likely to have compromised health or suffer from serious trauma. Refugee parents often flee to industrialized countries as a means of offering their children an opportunity for a better life. However, when these children arrive in a new country, they encounter a new set of challenges and experience new vulnerabilities. They are, by definition, outside the dominant culture; they may not speak the dominant language, may have achieved a lower educational level

than that of their same-age peers, and may not know how to find or access health care or other resources in their communities. They might have experiences that are beyond their peers' imaginations, making it difficult for them to relate to other children. They might experience racism or bullying. In other words, they are vulnerable to "social exclusion".

Social Inclusion

Social inclusion is used to describe the extent to which a person is connected to the community through social networks and the degree to which they are able to participate in community life, and their access to resources that fulfill their basic human needs (Davies, Davies, Cook & Waters, 2007). Bach (2002) has also defined social inclusion as "the process of bringing valued recognition to the marginalized" such as refugee children. Social exclusion, then, involves a relative lack of social supports and opportunities to participate in community life, and access to resources fundamental to a decent quality of life. "Social exclusion is a multi-dimensional concept involving economic, social, political and cultural aspects of disadvantage and deprivation" (Clearinghouse on International Developments in Child, Youth and Family Policies, 2003).

The concept of social exclusion was first developed in Europe during the 1980's "in response to growing social divides resulting from new labour market conditions and the inadequacy of existing social welfare provisions to meet the changing needs of more diverse populations" (Omidvar & Richmond, 2003). It has since become an emerging topic of research related to children's development. The Laidlaw Foundation (Wotherspoon, 2002) describes social inclusion as a way of making children and adults

valued, respected and contributing members of society by not only removing barriers or risks but more importantly, closing physical, social and economic distances which separate those at risk (child refugees) and society.

The Laidlaw Foundation (Wotherspoon, 2002) also identifies five major “cornerstones” of social inclusion (p. ix): 1) human development, 2) involvement and engagement, 3) material well-being, 4) proximity, and 5) valued recognition. “Human development” requires that children’s capacities are nurtured. One of the primary channels through which children’s development is promoted is a country’s educational system. Therefore, access to education is a key factor in reducing social exclusion. “Involvement and engagement” require opportunities for, and support in, participatory decision-making, in the family, school and community. “Material well-being” facilitates children’s participation, as they are safely housed, free of hunger and want, and able to obtain health care. “Proximity” refers to reduced social distance, which increases opportunities for interactions in shared spaces among children and their family members and peers.

Not only do these cornerstones of social inclusion reflect children’s basic developmental needs; they also represent their fundamental rights. As Bach (2002) states, “rights are not enough”, but rather a social solidarity agenda is needed to make valued recognition possible. Ensuring the conditions that promote social inclusion is an obligation of States that have ratified the United Nations Convention on the Rights of the Child (CRC). At this time, all but two countries (the United States and Somalia) have ratified this treaty. Therefore, all countries should be reviewing and revising their policy

frameworks to ensure that they adhere to the standards of the CRC, and thereby promoting the social inclusion of all children, and refugee children in particular.

Chapter 2

Addressing the Rights of Refugee Children:

The United Nations Convention on the Rights of the Child

The CRC is an international human rights treaty which sets out the rights of all children under the age of 18. The groundwork for the CRC began in 1945 when the United Nations (UN) Charter urged nations to value and respect human rights (UNICEF, 2008). Three years later, the Universal Declaration of Human Rights was adopted by the UN and became the basis for two conventions which became binding documents in 1976: the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights. Soon thereafter, the UN drew upon the Universal Declaration of Human Rights and the two International Covenants to create what would become the CRC (UNICEF, 2012). Adopted by the UN General Assembly in November 1989, it became a legally binding document in September 1990, when it had been ratified by 20 State Parties. It comprises 54 articles - 40 identifying specific rights and 14 addressing how the CRC is to be implemented.

Children's rights under the CRC. The CRC addresses both universal human rights and those rights that are specific to childhood. The four core principles of the CRC are: 1) the right to have one's rights upheld without discrimination; 2) the right to have decisions made in one's best interests; 3) the right to life, survival and development; and 4) the right to have one's views heard and respected (UNICEF, 2012).

The CRC's articles cluster around children's rights to provision, their rights to protection, and their rights to participation. *Provision rights* are those that optimize

children's healthy physical, psychological and spiritual development. They include the right to the highest standard of health and medical care available (Article 24), the right to education including free primary education (Article 28), and the right to rest, play and recreation (Article 31). *Protection rights* represent those that protect a child against all forms of violence and exploitation. These rights include protection from narcotic drugs (Article 33), sexual exploitation (Article 34), and torture, degrading treatment and the death penalty (Article 37); appropriate treatment following abuse or exploitation (Article 39), and special protection for refugee children (Article 22). *Participation rights* ensure children's involvement in all decisions that affect them. These include the right to express one's opinion and have it taken into account (Article 12), freedom of expression (Article 13), freedom of thought, conscience and religion (Article 14), freedom of association (Article 15), the right to privacy (Article 16) and the right to access information pertinent to one's well being (Article 17) (UNICEF, 2012).

The Optional Protocols

In addition to the CRC, there are two optional protocols that provide more detail about the rights of particularly vulnerable children and serve as supplements to the CRC. They are the Optional Protocol on the Involvement of Children in Armed Conflict and the Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography. These protocols specifically address some of the primary vulnerabilities of refugee children.

The Optional Protocol on the Involvement of Children in Armed Conflict was adopted in 2000 and became legally binding in early 2002 after 10 State Parties had

ratified it. This protocol protects children under the age of 18 from active participation in armed conflict, and from compulsory recruitment into national armed forces. The Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography also became legally binding in 2002. It serves to prevent the sale of children for purposes of sexual exploitation, organ transplant or child labour; child prostitution; and child pornography.

Implementation of the CRC

In order for a state or country to make the CRC a legally binding document, its government must sign and ratify the convention. Signing the CRC indicates government support of the treaty, while ratification indicates a commitment to implement it. Upon ratification, a formal letter is sent from the government to the UN Secretary-General affirming the State's commitment to adhere to the convention (Seymour, 2009).

Within the Office of the United Nations High Commissioner for Human Rights (OHCHR) there exists a Committee on the Rights of the Child which monitors countries' implementation of the CRC and its two Optional Protocols. According to Article 44 of the CRC, ratifying countries are obliged to submit regular reports to the Committee detailing how the Convention is being implemented. Reports must be submitted initially two years after ratification and every five years thereafter. The Committee reviews countries' reports and makes recommendations regarding improved implementation (OHCHR, 2011).

The CRC has been implemented by ratifying countries to varying degrees. While in some countries the CRC may be directly incorporated into domestic law, others use the CRC merely as a guideline for legislation (UNICEF, 2007) A growing number of countries have appointed Children's Commissioners or Ombudsmen who are charged with assessing existing laws and policies against the CRC's standards and making recommendations to their governments.

Perhaps the country that is best known for its respect for children's rights is Sweden. For example, in 1979, Sweden became the first country to prohibit all physical punishment of children. In 1993, Sweden appointed its first Children's Ombudsman, who was responsible for representing children and young people in Sweden (Barnombudsmannen, n.d.). Canada, on the other hand, has been much slower than Sweden to recognize the rights of children. For example, in 2004, the Supreme Court of Canada upheld Section 43 of the Criminal Code, which allows parents and teachers to physically punish children, as constitutional (Canadian Children's Rights Council, n.d.). Canada has yet to establish a national Children's Ombudsman or Commissioner¹. These two Western, industrialized nations serve as useful exemplars of the meaning of implementation of the CRC.

¹ Although most provinces have a Children's Advocate, these offices deal almost exclusively with child welfare issues. They are highly constrained in their ability to address issues related to criminal justice, immigration, refugees, Aboriginal children, or military recruitment. Children have no representation at the federal level.

Implementation of the CRC in Canada and Sweden

While only one year elapsed between Sweden's (1990) and Canada's (1991) ratifications of the CRC, the pace of implementation in these two countries has been dramatically different.

Implementation of the CRC in Canada. Canada was a major player in the development of the CRC. However, it has encountered or established a number of roadblocks to its implementation (UNICEF, 2009). First, there is currently no Minister at the federal level to represent children's rights – and no Children's Commissioner or Ombudsman - making it difficult, if not impossible, to promote, implement and monitor the CRC at the national level. Second, most issues relating to children's welfare, such as health and education are guided by provincial/territorial government rather than federal legislation. Third, the Canadian government has devoted very little funding, or has cut the funding it has provided, to organizations that advocate for children and the implementation of the CRC² Fourth, Canada has does not have an effective strategy for educating the Canadian public about the CRC and Canada's obligation to implement it. Indeed, a recent study in Canada, found that less than two-thirds of child welfare practitioners, students and faculty had even heard of the CRC; of these, half reported that they knew nothing about it (Stewart- Tufescu, Skafffeld, Winther, & Durrant, 2010).

² Currently there is no consistent federal or provincial budget allocation identified for children. There is also no reliable method of identifying whether allocations fulfill children's rights to "the maximim extent of available resources" (Article 4, CRC). There is also no policy to give children priority when there is fiscal restraint such as cuts to public services and social transfer funds (Canadian Coalition for the Rights of the Child [CCRC], 2011).

In 1995, the UN Committee on the Rights of the Child made 10 recommendations to Canada including: 1) that Canada strengthen its cooperation between federal, provincial and territorial authorities in the implementation of the CRC; 2) that Canada take immediate action to tackle the problem of child poverty; 3) that Canada improve its measures in dealing with refugee children in terms of faster family reunification process, and the protection of unaccompanied children; 4) that Canada abolish Section 43 of its Criminal Code, which allows corporal punishment; and 5) that Canada increase public awareness of the CRC including, the its integration into school curricula. By 2003, none of these recommendations had been implemented (Canadian Coalition on the Rights of the Child [CCRC], 2010) and the Committee delivered an additional 45 recommendations. Canada was urged again to ensure that all provinces and territories are aware of their obligations and that the CRC be implemented in all provinces and territories through legislation and policy. It also was recommended that Canada adopt a rights-based national plan of action for vulnerable groups of people, such as refugee children. Canada was also directed to establish a national advocate for children, ensure children's access to health care and always promote the best interests of the child.

In 2004, the Standing Senate Committee on Human Rights set out to review Canada's international obligations and commitment to the rights of children. In their report "Who's in Charge Here?" (Standing Senate Committee, 2005), the Committee determined that there was low public awareness of the CRC, that it had not been incorporated into domestic law, and that there were gaps in its implementation. In its submission to the Standing Senate Committee on Human Rights, World Vision Canada

(2006) recommended that Canada publicize any reports pertaining to children's issues and the CRC in particular, and that Canada establish a standardized method for implementing the CRC uniformly across all government levels, departments and agencies.

In a subsequent report, "Children: The Silenced Citizens" (Standing Senate Committee, 2007), the same Committee made 24 recommendations, including: respecting children's rights to participation and expression, repealing Section 43 of the Criminal Code and abolishing all corporal punishment of children; fully incorporating the CRC into domestic law; appointing a federal Children's Commissioner; and addressing child poverty, child health and child protection. To date, none of these recommendations have been implemented.

According to the Canadian Coalition for the Rights of Children ([CCRC], 2009), "the Canadian government has failed to put into practice the necessary mechanisms to effectively implement the Convention in Canada". Even the most basic mechanism – a Children's Commissioner or Ombudsman – has not yet been put into place. In 2009, in its report to the UN Human Rights Council, the CCRC recommended that Canada: 1) pass legislation that clearly makes children's rights part of Canadian law; 2) establish a national Children's Commissioner to monitor implementation of the CRC, investigate complaints and facilitate participation by children; 3) regularly monitor the status of children in Canada; and 4) conduct child impact assessments of budgets, as well as proposed federal and provincial legislation and programs.

Implementation of the CRC in Sweden. In Sweden, the Government Offices, the Riksdag (the Swedish Parliament), administrative agencies and local authorities (municipalities and county councils) play a key role in the implementation of the CRC (Ministry of Health and Social Affairs, 2004). In 1999, the Riksdag introduced a national strategy for implementing the CRC known as the Child's Rights Policy. The objectives of the Child's Rights Policy were to ensure that: 1) the CRC would play an integral role in decision-making in Government Offices affecting children and in programmes for children; 2) child impact assessments would be conducted on all government proposals and decisions affecting children; and 3) children would participate in government decisions and in the development of child-related statistics (Government Offices of Sweden, 2009). While Sweden has not integrated the CRC directly into Swedish law, legislation is interpreted with reference to the CRC (UNICEF, 2007).

Sweden's Children's Ombudsman is responsible for promoting the rights of children, so his or her office plays a fundamental role in the implementation of the CRC and in monitoring compliance with it by all levels of government. This office works closely with the public, particularly children and youth, on education about children's rights (Barnombudsmannen, 2010). There also are non-governmental organizations in Sweden whose mandate is to protect and promote children's rights (Durrant & Olsen 1997). Save the Children Federation and Children's Rights in Society also educate Swedes about children's rights. Not only do these organizations ensure government accountability with regards to children's rights but they are also a source of support for parents and children (Durrant & Olsen, 1997).

Implications of the CRC's Implementation for Social Inclusion of Refugee Children in Canada and Sweden

Many articles of the CRC identify basic rights which, if upheld, should increase social inclusion among vulnerable groups of children, including refugee children. First, the CRC addresses the particular vulnerabilities of refugee children. Specifically, it states that children have the right to live with their parents and that every effort should be made to reunite separated children with their families as quickly as possible; children must be protected from all forms of violence; governments must ban compulsory military recruitment of children under the age of eighteen; and refugee children have the right to special humanitarian assistance.

Second, the CRC sets out minimum standards for establishing policies ensuring that children's right of access to resources fundamental to a decent quality of life are respected. Specifically, children have the following rights: to health care (Article 24) and education (Article 28); to an adequate standard of living (Article 27), including acceptable housing conditions; to be reunited with their parents as soon as possible after separation (Article 10); and to financial assistance to ensure that their physical and psychological needs are met (Article 26). Therefore, implementation of the CRC, children should gain access to resources, social networks and community life. In other words, their social inclusion should increase. With regard to refugee children specifically, implementation of the CRC should shape policies that will promote family reunification, improve access to health care and education, and reduce poverty. To date, however, there is no clear data to demonstrate that this is the case. If implementation of

the CRC were found to increase the social inclusion of refugee children, this would provide evidence that investing in policies that uphold children's rights can improve the well-being of even the most vulnerable children

Purpose of the Present Study

The purpose of the present study is to investigate whether social inclusion among refugee children is greater in a country that has fully implemented the CRC (Sweden) than in a country that has implemented the CRC to a much lesser extent (Canada). I predict that: 1) the level of implementation of Articles 10, 24, 26, 27 and 28 of the CRC will be higher in Sweden than in Canada; 2) the level of social inclusion of refugee children, in terms of family reunification, health, housing, education and economic security, will be higher in Sweden than in Canada; and 3) the higher the level of implementation of the CRC in a particular policy area, the higher the level of social inclusion of refugee children will be in that policy area.

Chapter 3

Method

The study was conducted in three stages. First, I measured the level of implementation of the CRC in Canada and Sweden with regard to five policy areas relevant to the social inclusion of refugee children: 1) family reunification; 2) health care; 3) standard of living; 4) education; and 5) economic security. Second, I measured the level of social inclusion of refugee children in Canada and Sweden. Third, I examined the relationship between the level of implementation of the CRC and the level of social inclusion of refugee children.

Measures

CRC Implementation Scales

The level of implementation of the CRC in Canada and Sweden was measured using the CRC Implementation Scales, developed for this study. These scales were based on measures recommended in UNICEF's Implementation Handbook for the Convention on the Rights of the Child (Hodgkin & Newell, 2007). This document provided a comprehensive list of implementation indicators designed to serve as a checklist for States to follow as they progress toward full implementation of the CRC.

To construct the CRC Implementation Scales, I adapted the checklists from the Implementation Handbook in the five policy areas most relevant to the social inclusion of refugee children: family reunification, health care accessibility, housing accessibility, education accessibility and economic security. I selected those items from the relevant

checklists that were most objective and measurable by means of available statistical data. Each checklist was converted to a scale.

Implementation of CRC Article 10 Scale: Family reunification. Article 10 of the CRC states that:

1. In accordance with the obligation of States Parties under article 9, paragraph 1, applications by a child or his or her parents to enter or leave a State Party for the purpose of family reunification shall be dealt with by States Parties in a positive, humane and expeditious manner. States Parties shall further ensure that the submission of such a request shall entail no adverse consequences for the applicants and for the members of their family.
2. A child whose parents reside in different States shall have the right to maintain on a regular basis, save in exceptional circumstances, personal relations and direct contacts with both parents. Towards that end and in accordance with the obligation of States Parties under article 9, paragraph 1, States Parties shall respect the right of the child and his or her parents to leave any country, including their own, and to enter their own country. The right to leave any country shall be subject only to such restrictions as are prescribed by law and which are necessary to protect the national security, public order (ordre public), public health or morals or the rights and freedoms of others and are consistent with the other rights recognized in the present Convention.

Five items were used to measure the implementation of Article 10: 1) Does the State recognize the right to family reunification of children who are resident in the

country but do not have nationality status? 2) Are unaccompanied refugee minors able to apply for family reunification? 3) Are children permitted entry to the country and/or granted permission to leave the country in order to visit a parent? 4) Are parents permitted entry to the country and/or granted permission to leave the country in order to visit a child? 5) Are all applications by parents or children for entry to or exit from the country for the purposes of family reunification dealt with as quickly as possible?

Each country (Canada and Sweden) was given a score of 1 or 2 on each of the five items (1 = No, 2 = Yes). The five scores were summed to yield a total Implementation of Article 10 Score; the higher the summed score, the greater the level of implementation of Article 10. If the available information was insufficient to clearly score an item, a score of 3 was assigned, but was not entered into the summed scale score.

In order to score each item, I examined several policy documents. For Canada, I examined the Immigration and Refugee Protection Act (2011), the 2009 Annual Report to Parliament on Immigration, and official statistics from Citizenship and Immigration Canada regarding family sponsorship application processing times (CIC, 2012). For Sweden, I examined the Migration and Asylum Policy (2011), the Aliens Act (2010), and official statistics from the European Migration Network Study (2007) on family reunification.

Implementation of CRC Article 24 Scale: Health care. Article 24 of the CRC states that:

1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.
2. States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:
 - (a) To diminish infant and child mortality;
 - (b) To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care;
 - (c) To combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution;
 - (d) To ensure appropriate pre-natal and post-natal health care for mothers;
 - (e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents;

(f) To develop preventive health care, guidance for parents and family planning education and services.

3. States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.

4. States Parties undertake to promote and encourage international co-operation with a view to achieving progressively the full realization of the right recognized in the present article. In this regard, particular account shall be taken of the needs of developing countries.

Five items were used to measure the implementation of Article 24: 1) Do refugee children have the right to the same level of health care in the same system as other children? 2) Are dental services included in universal health care system? 3) Has the State developed a definition of necessary medical assistance and health care for refugee children? 4) Is there a consistent and continuing reduction in infant mortality rates in the State? 5) Does the State conduct a periodic review of treatment provided upon arrival?

Each country (Canada and Sweden) was given a score of 1 or 2 on each of the five items (1 = No, 2 = Yes). The five scores were summed to yield a total Implementation of Article 24 score; the higher the summed score, the greater the level of implementation of Article 24. If the available information was insufficient to clearly score an item, a score of 3 was assigned, but was not entered into the summed scale score.

In Canada, health care is governed by the federal, provincial and territorial governments. However, all provincial and territorial governments must adhere to principles and objectives of the Canada Health Act as set out by the federal government. Therefore, to obtain a score on this scale for Canada, I examined the Canada Health Act (Department of Justice Canada, 2011) and the Canada Health Act Annual Report 2008-2009 (Health Canada, 2009). The Swedish healthcare system is regulated by the central government, county councils and municipalities. For Sweden, I examined the Sweden Health and Medical Service Act (2002) and the Government Offices of Sweden's Health Care in Sweden Factsheet (2012). Infant mortality rates for both Canada and Sweden were taken from the Health at a Glance Report (OECD, 2011).

Implementation of CRC Article 27 Scale: Standard of Living. According to Article 27 of the CRC:

1. States Parties recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development.
2. The parent(s) or others responsible for the child have the primary responsibility to secure, within their abilities and financial capacities, the conditions of living necessary for the child's development.
3. States Parties, in accordance with national conditions and within their means, shall take appropriate measures to assist parents and others responsible for the child to implement this right and shall in case of need provide material assistance

and support programmes, particularly with regard to nutrition, clothing and housing.

4. States Parties shall take all appropriate measures to secure the recovery of maintenance for the child from the parents or other persons having financial responsibility for the child, both within the State Party and from abroad. In particular, where the person having financial responsibility for the child lives in a State different from that of the child, States Parties shall promote the accession to international agreements or the conclusion of such agreements, as well as the making of other appropriate arrangements.

Five questions were used to measure the implementation of Article 27: 1) Has the State identified the minimum standard of living necessary to secure adequate housing? 2) Are legal or administrative criteria in place to determine whether parents have the ability and financial capabilities to meet their responsibilities? 3) Is legislation implemented to ensure that children can recover maintenance from both parents and from any others who have the responsibility for their housing? 4) Does it include measures to obtain income or assets from those who default on their maintenance responsibilities? 5) Has the State developed mechanisms for monitoring and evaluation of Article 27?

Each country (Canada and Sweden) was given a score of 1 or 2 on each of the five items (1 = No, 2 = Yes). The five scores were summed to yield a total Implementation of Article 24 score; the higher the summed score, the greater the level of implementation of Article 24. If the available information was insufficient to clearly

score an item, a score of 3 was assigned, but was not entered into the summed scale score.

Because there is currently no national housing policy in Canada, I investigated what financial assistance and housing rights are afforded to refugee children through the Canadian Resettlement Assistance Program (CIC, 2011). Likewise, I examined what financial assistance and housing rights refugees are entitled to in Sweden. This information was obtained from the Handbook for Asylum Seekers in Sweden (National Thematic Network Asylum & Integration [NTN], 2007).

Implementation of CRC Article 28 Scale: Education. According to Article 28 of the CRC:

1. States Parties recognize the right of the child to education and with a view to achieving this right progressively and on the basis of equal opportunity, they shall, in particular:
 - (a) Make primary education compulsory and available free to all;
 - (b) Encourage the development of different forms of secondary education, including general and vocational education, make them available and accessible to every child, and take appropriate measures such as the introduction of free education and offering financial assistance in case of need;
 - (c) Make higher education accessible to all on the basis of capacity by every appropriate means;

(d) Make educational and vocational information and guidance available and accessible to all children;

(e) Take measures to encourage regular attendance at schools and the reduction of drop-out rates.

2. States Parties shall take all appropriate measures to ensure that school discipline is administered in a manner consistent with the child's human dignity and in conformity with the present Convention.

3. States Parties shall promote and encourage international cooperation in matters relating to education, in particular with a view to contributing to the elimination of ignorance and illiteracy throughout the world and facilitating access to scientific and technical knowledge and modern teaching methods. In this regard, particular account shall be taken of the needs of developing countries.

Five questions were used to measure the implementation of Article 28: 1) Is primary education compulsory? 2) Is secondary education free? 3) Are the legal ages for completion of compulsory education and admission to employment the same? 4) Is corporal punishment abolished in all schools? 5) Are schools required to maintain measures to combat bullying?

Each country (Canada and Sweden) was given a score of 1 or 2 on each of the five items (1 = No, 2 = Yes). The five scores were summed to yield a total Implementation of Article 28 score; the higher the summed score, the greater the level of implementation of Article 28. If the available information was insufficient to clearly

score an item, a score of 3 was assigned, but was not entered into the summed scale score.

Education in Canada is the responsibility of provinces and territories. To simplify this analysis, I chose to focus my investigation on Manitoba. I examined the Education Administration Act and the Manitoba Public Schools Act. Similarly in Sweden, Education is governed by the Riksdag (Swedish Parliament), but in 1991 governance was handed over to municipal government. For Sweden I examined the Education Act (Government Offices of Sweden, 2000) and the Education fact sheets (Government Offices of Sweden, 2009).

Implementation of CRC Article 26 Scale: Economic security. Article 26 states that:

1. States Parties shall recognize for every child the right to benefit from social security, including social insurance, and shall take the necessary measures to achieve the full realization of this right in accordance with their national law.
2. The benefits should, where appropriate, be granted, taking into account the resources and the circumstances of the child and persons having responsibility for the maintenance of the child, as well as any other consideration relevant to an application for benefits made by or on behalf of the child.

Five questions were used to measure the implementation of Article 26: 1) Do refugee children qualify for social security (social assistance)? 2) Are children able to make applications for social security (social assistance) on their own? 3) Are those

responsible for children's maintenance able to make applications on their behalf? 4) Are third parties (those not directly responsible for children's maintenance) able to make applications on their behalf? 5) Has there been a development of mechanisms for monitoring and evaluating refugee children's economic well-being?

Each country (Canada and Sweden) was given a score of 1 or 2 on each of these five items (1 = No, 2 = Yes). These five scores were summed to yield a total Implementation of Article 26 score; the higher the summed score, the greater the level of implementation of Article 26. If the available information was insufficient to clearly score an item, a score of 3 was assigned, but was not entered into the summed scale score.

For Canada, I examined assistance loans administered through the Canadian Government's Immigration Loans Program (ILP) (CIC, 2011). Financial assistance is also available to refugees in Sweden. This information was obtained from the Handbook for Asylum Seekers in Sweden (NTN Asylum, 2007).

Measures of Social Inclusion of Refugee Children

After conducting an extensive search, I was unable to find official government statistics related to refugee children in the areas of family reunification, health, standard of living, education well-being or economic security. While both Statistics Canada and Statistics Sweden have national demographic data regarding immigration in their respective countries, virtually no data were available regarding refugee children specifically.

In terms of Canadian data, the most recent study conducted by Citizenship and Immigration Canada is the Longitudinal Survey of Immigrants to Canada (2001). Respondents were required to be 15 years old or older at the time of landing and had to have applied for citizenship outside of Canada. Because of the age restriction, this survey was inadequate to assess the welfare of refugee children. However, Citizenship and Immigration Canada did have data on family application processing times for family reunification.

Although Metropolis Canada specializes in research and policy on migration in Canada as well as internationally, none of their publications specifically addressed the well-being of refugee children. However, they have published a study on immigrant housing from which I drew information.

With regard to Sweden, I contacted Statistics Sweden to inquire about available data on refugee children. They informed me that no data were available and referred me to the Swedish Migration Board (Migrationsverket). This Board is primarily responsible for processing applications for residency. They informed me that they do not do not collect data about refugee children and referred me back to Statistics Sweden. It became clear that there are no government statistics available on refugee children in Sweden.

Internationally, the UNHCR protects refugees who are applying for asylum. They have released a number of publications including the State of the World's Refugees, the Global Appeal, and the Global Report. However, these reports address the current living conditions of refugees abroad prior to applying for asylum. There is no information available on how child refugees are adjusting to life upon arriving in Canada or Sweden.

Therefore, in order to measure the social inclusion of refugee children in Canada and Sweden, I used data generated by independent studies which specifically addressed refugee children. International data from the European Migration Network (EMN), the Luxembourg Income Study (LIS), and data from the OECD Programme for International Student Assessment (PISA) were used to assess family reunification, education well-being and economic security in Canada and Sweden. I drew on smaller studies to speak to refugee children's health, standard of living and family reunification in Canada.

Measures of reunification of refugee children's families. Family reunification was measured by two indicators: 1) the rate at which children are reunited with their families, as measured by the average application processing time; and 2) the number of family-class immigrants admitted yearly. I obtained Canadian figures for application processing times from Citizenship and Immigration Canada fact sheets, and the number of family-class immigrants from Canada Facts and Figures 2010, Immigration Overview (CIC, 2010). Swedish figures for the number of family-class immigrants were taken from the 2007 European Migration Network report regarding family reunification. Application processing times in Canada were based on the number of months it takes to process an application for family reunification in Canada. There is no information on family reunification application processing times in Sweden; therefore a comparison could not be made on this measure. The number of family class immigrants accepted into both Canada and Sweden was based on 2006 figures, which is the latest year of information available for Sweden.

Measures of refugee children's health. As no measures appeared to exist of refugee children's physical health in either Canada or Sweden, I used available measures of psychological health drawn from *A Portrait of the Health and Well-being of Newcomer Children and Youth in the Prairies* (2010), which is based on the New Canadian Children and Youth Study (NCCYS), a longitudinal study of immigrant and refugee children which commenced in 2001. Immigrant and refugee children's psychological health was measured by two indicators: 1) physical aggression at three integration stages; and 2) prosocial behaviour at three integration stages. Integration stage referred to the period of time a refugee has been in their host country, typically defined in three stages: a) short-term (first three years after immigration); b) medium-term (3 to 10 years after arrival); 3) long-term (more than 10 years after arrival) (Wilkinson et al., 2010). The sample size was split as follows: 45.2% were in the short-term stage, 25.3% were in the medium-term stage, and 29.5% were in the long-term stage. Parents were asked to rate all of their children's behaviours on two measures: 1) the Physical Aggression Index; and 2) the Prosocial Behaviour Scale (Wilkinson, et al., 2010). The Physical Aggression Index was developed by researchers from the University of Montreal and has been used in a number of children's health studies. The Prosocial Behaviour Scale was developed by Weir & Duveen (1981) and has also been used in other children's health studies (Wilkinson, et al., 2010). Both scales have been used in various studies on children, such as the Ontario Child Health Study and the Montreal Longitudinal Survey (Wilkinson, et al., 2010). No information was available on refugee children's mental health in Sweden, so a comparison could not be made on this measure. The Canadian data were used descriptively.

Measures of refugee children's standard of living. Refugee children's standard of living was measured by two indicators: 1) homeownership, as measured by the percentage of refugees who own their home, and 2) the percentage of refugees living in overcrowded conditions. The data for Canada was taken from *Canadian Issues, Newcomers in the Canadian Housing Market* (Hiebert, 2010). Currently, there is no information regarding child refugees' standard of living in Sweden, so a comparison was not made on these measures. The Canadian data were used descriptively.

Measures of refugee children's education. The level of refugee children's education was measured by two indicators: 1) mathematical literacy and 2) reading proficiency. Both Canadian and Swedish data were obtained from *Where immigrant students succeed - A comparative review of performance and engagement in PISA* (OECD, 2003). PISA is an international assessment of reading, science and mathematical literacy, used to compare student achievement internationally over time (Educational Research Centre, n.d.). Students were given a two hour assessment of multiple-choice and short answer questions based on a stimulus presenting real-life situations (OECD, n.d.). Students are rated based on PISA's proficiency scales ranging from Level 1 (the lowest) to Level 6 (the highest). The measures of refugee children's education were their ratings on the mathematical literacy and reading proficiency.

Measures of refugee children's economic security. Refugee children's economic security was measured by two indicators: 1) the percentage of disposable income for households with refugee children; and 2) the percentage of immigrant child poverty. These figures were obtained from a working paper, *Income Poverty and Income*

Support for Minority and Immigrant Children in Rich Countries (Smeeding, T., Robson, K., Wing, C., Gershuny, J., 2009). This report was based on data from the *Luxembourg Income Study* (LIS) and the European Statistics on Income and Living Conditions (EU-SILC). The LIS is “the largest database of harmonised microdata collected from multiple countries over a period of decades” (LIS, 2011) and the EU-SILC collects and compares cross-sectional and longitudinal microdata on income, poverty, social exclusion and living conditions (European Commission, 2010).⁵

Chapter 4

Findings

Stage 1: Levels of Implementation of the CRC in Canada and Sweden

In Stage One of the analysis, I measured and compared the extent to which the CRC is implemented in Canada and Sweden. I had hypothesized that the level of implementation of the CRC would be higher in Sweden than in Canada in the following policy areas: 1) family reunification; 2) health care; 3) standard of living; 4) education; and 5) economic security. The findings supported this hypothesis in all five policy areas (see Figure 1).

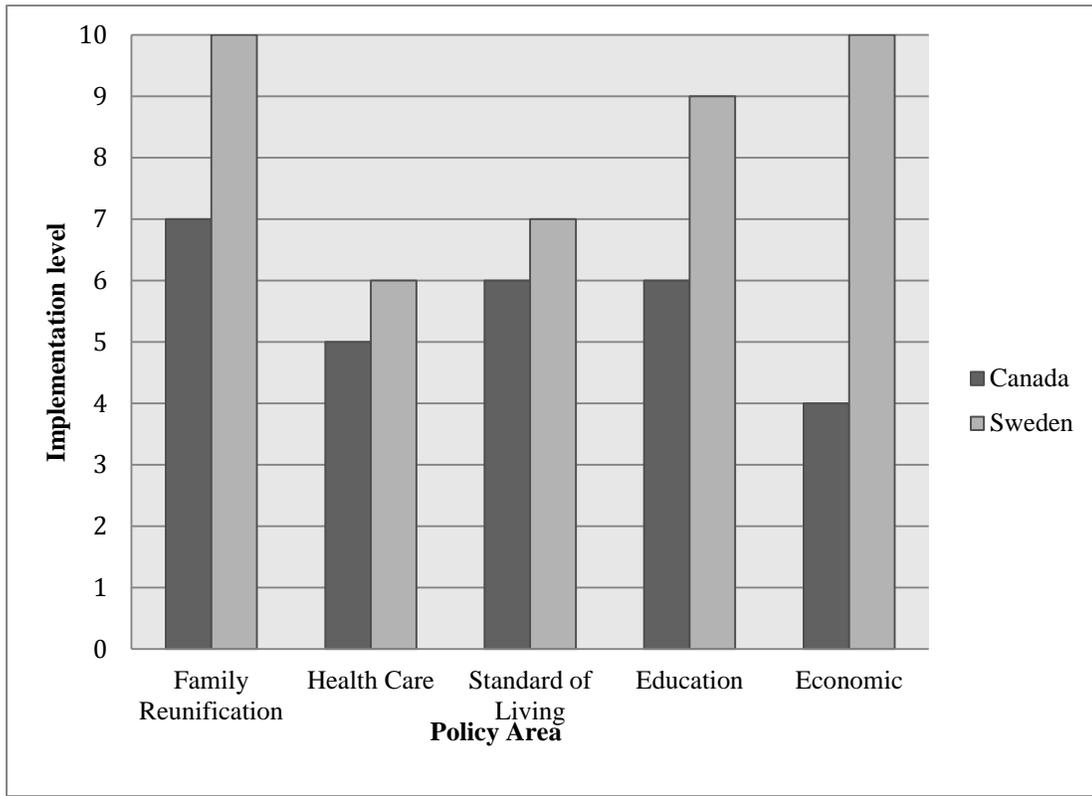
Family reunification. The Family Reunification Scale comprised five items. Scores on this scale could range from 5 (no criteria met) to 10 (all criteria met). The higher the score on the Family Reunification Scale, the greater the country's level of implementation of Article 10 of the CRC. Canada obtained a score of 7 on this scale, while Sweden obtained a score of 10.

The first item on the Family Reunification Scale asked whether the State recognizes the right to family reunification of children who are resident in the country but do not have nationality status. Canada's score of 1 on this item indicates that it does not recognize this right. As stated in the CIC family sponsorship application, only Canadian citizens and permanent residents who are 18 years or older can sponsor a family member. This excludes refugee children from being able to sponsor parents or other immediate family and thus being reunited with their families. Sweden's score of 2 on this item

indicates that it does recognize this right. Sweden's Alien's Act states that a residence permit can be awarded on the grounds of ties to Sweden. Section 3.4 of the Alien's Act notes that a residence permit can be granted to "an alien who is a parent of an unmarried alien child who is a refugee, if the child arrived in Sweden separately from both parents or from another adult person who may be regarded as having taken the place of the parents, or if the child has been left alone after arrival".

The second item on the Family Reunification Scale asked whether unaccompanied refugee minors are able to apply for family reunification. Canada's score of 1 on this item indicates that such applications are not possible. According to the CIC family sponsorship application, a sponsor must be at least 18 years of age in order to sponsor another family member. A sponsor must also be able to financially support the family member upon arrival in Canada. The application does not include information specific to refugee minors. Sweden's score of 2 on this item indicates that refugee minors are able to apply for family reunification in that country. Migrationsverket recognizes article 10 by assisting refugee children in locating their parents and reuniting the family. Sweden also offers travel grants for family members. If a residence permit has been issued to a refugee, that person may apply for a grant to cover expenses of family members' travel to Sweden. In April 2010, new rules regarding family member immigration were introduced in Sweden making a maintenance requirement a condition of granting a residence permit. This new maintenance requirement means that a sponsor must be financially self-supporting and live in a dwelling adequate to house the family member being sponsored. However, children under the age of 18 and refugees who were granted permanent residence are exempt from this new requirement.

Figure 1: Total Implementation Score of the CRC in Canada and Sweden



The third item on the Family Reunification Scale asked whether refugee children are permitted entry to the country, and/or granted permission to leave the country, in order to visit a parent. Canada obtained a score of 1 on this item, indicating that refugee children are not allowed to enter or leave the country for the purpose of visiting a parent. A refugee who wishes to enter or leave Canada must apply for a travel document. According to CIC, this travel document allows refugees to travel outside of Canada except to their country of citizenship. While a Canadian travel document is required in order to travel outside of Canada, CIC warns refugees on the application form that some countries do not recognize a Canadian Travel Document as official documentation for travel, so refugees may not be allowed into those countries. In addition, an application for a travel document for a refugee child can only be made by a parent, a custodial parent in cases of separation or divorce, or a legal guardian. It is unclear how and if a refugee child could travel outside of Canada.

Sweden's score of 2 on this item indicates that refugee children are granted such permission there. While the Migration Board's primary goal is to reunite children with their families in their home countries, it will also work towards reuniting children with their families in other countries in which everyone is safe. Furthermore, if family reunification is not possible in a child's home country, close family members may also be granted residence permits in Sweden (Migrationsverket, 2011).

The fourth item on the Family Reunification Scale asked whether parents are permitted entry to the country, and/or granted permission to leave the country, in order to visit a child. On this item, both Canada and Sweden obtained scores of 2, indicating that

parents are granted this permission in both countries. A refugee who wishes to enter or leave Canada must apply for a travel document, which can be used to travel outside of Canada but not to the refugee's country of citizenship – and CIC warns refugees on the application form that some countries do not recognize a Canadian Travel Document as official documentation for entry. As of December 1, 2011, parents and grandparents of permanent residents and Canadian citizens can apply for the Parent and Grandparent Super Visa, which grants family visits in Canada for up to two years. However, the new Super Visa excludes those who are not permanent residents in Canada or who have become Canadian citizens. This poses another barrier for refugee children who do not fall into the above categories and are thus unable to be reunited with their parents in Canada. Recently in Sweden, the Swedish Migration Court of Appeal made an important decision making it easier for children and parents to move to Sweden for the purpose of family reunification by allowing a DNA test to prove family relationship, which makes it possible for those without documentation of their identities to apply for residence permits (Migrationsverket, 2012).

The final item on the Family Reunification Scale asked whether all applications by parents or children for entry to or exit from the country for the purposes of family reunification are dealt with as quickly as possible. Canada obtained a score of 2 on this item, indicating that applications made by parents or children for the purpose of family reunification in Canada are dealt with as quickly as possible. This was based on Canada's statement of commitment to family reunification in the Immigration and

Refugee Protection Act³. However, as of November 2011, there was a backlog of 165,000 parents and grandparents waiting to become permanent residents in Canada (CIC, 2011). Consequently, Canada imposed a temporary two-year pause on application processing for the purpose of reuniting parents and grandparents and created the parent and grandparent Super Visa. This pause does not affect family reunification applications for dependent children or adopted children. However, only Canadian citizens or permanent residents 18 years of age and older can apply for family reunification.

Sweden obtained a score of 2 on this item, indicating that applications made by parents or children for the purpose of family reunification in Sweden are also dealt with as quickly as possible. The goal of the Migration Board is to have a decision made within three months. However, they too are currently experiencing a heavy workload resulting in waiting times of approximately 7 to 10 months (Migrationsverket, 2012). Both countries scored 2 on this item because both countries are committed to speedy family reunification of refugee families however based on waiting times, Sweden processes applications for family reunification much quicker than Canada.

Health care. The Health Care Scale comprised 5 items. Scores on this scale could range from 5 (no criteria met) to 10 (all criteria met). The higher a country's score, the greater the level of implementation of Article 24 of the CRC. On this scale, Canada obtained a score of 5, while Sweden obtained a score of 6.

³ Canada's objectives of the Immigration and Refugee Protection Act with respect to immigration are to see that families are reunited in Canada.

The first item on the Health Care Scale asked whether refugee children had the right to the same level of health care in the same system as children born in Canada and Sweden. Both Canada and Sweden scored 2 points, indicating that refugee children have the same level of health care in the same system as children born in Canada and Sweden. In Canada, refugees can experience a waiting period (up to 3 months) for provincial health care. During this waiting period, refugee children are eligible for full health benefits under the Interim Federal Health Program (IFHP) until full health coverage begins under the provincial health plan. IFHP includes; basic coverage (comparable to provincial health benefits); supplemental coverage (similar health care benefits as provided by provincial social assistance plans, i.e., drugs, dental and vision care); and costs related to Immigration Medical Examination (IME) for protected persons in Canada who have applied for permanent resident status (CIC, 2011).⁴ In Sweden, refugee children have the right to the same level of health care as children born in Sweden. There is no waiting period for full health care benefits.

The second item on the Health Care Scale asked whether dental services are included in the universal health care system. Canada obtained a score of 1 on this item, indicating that dental services are not included in Canada's universal health care system. Coverage will only be given where hospitalization is required for dental surgery. Sweden obtained a score of 2 on this item, indicating that dental services are included in Sweden's universal health care system. The Swedish health care system includes dental services for children and adolescents up to age 19. The third item on the Health Care

⁴ As of July 1, 2012, the Government of Canada made significant cuts to IFHP. Canada's score on the health care scale is based on policies which were in place before that date.

Scale asked whether the State has developed a definition of “necessary medical assistance and health care” for refugee children. There was insufficient information available to determine if either Canada or Sweden has developed such a definition. A score of 3 was given to each country, but not included in the total Health Care Scale implementation score.

The fourth item on the Health Care Scale asked whether there was a consistent and continuing reduction in infant mortality rates in the State. Both Canada and Sweden scored 2 points on this item, indicating that there is a consistent and continuing reduction in infant mortality rates in both countries. According to the Organisation for Economic Co-operation and Development (OECD; 2011), Canada’s infant mortality rate in 2009 was 5.1 out of 1,000 live births, following an average annual rate of decline of 3.3% from 1970-2009. Sweden’s infant mortality rate in 2009 was 2.5 out of 1,000 live births, following an average annual rate of decline of 3.7% from 1970-2009. Therefore, while a decline was seen in both countries, Sweden’s annual decline was larger, on average, than Canada’s – and Sweden’s infant mortality rate is half that of Canada’s.

The final item on the Health Care Scale asked whether the State conducted a periodic review of treatment provided upon arrival. There was insufficient information available to determine whether this is the case in either Canada or Sweden. A score of 3 was given to each country on this item, but not included in the total Health Care Scale implementation score.

Standard of Living Scale. The Standard of Living Scale comprised five items. Scores on this scale could range from 5 (no criteria met) to 10 (all criteria met). The

higher the score on the Housing Scale, the greater the country's level of implementation of Article 27 of the CRC. Canada obtained a score of 6 on this scale, while Sweden obtained a score of 7.

The first item on the Standard of Living Scale asked whether the State identifies a minimum standard of living refugee families need in order to secure adequate housing. Both Canada and Sweden obtained scores of 1, indicating that neither country has met this criterion.

The second item on the Standard of Living Scale asked whether legal or administrative criteria exist to establish whether or not parents have the ability and financial capabilities to meet their responsibilities. Both Canada and Sweden obtained scores of 1, indicating that neither country has met this criterion.

The third item on the Standard of Living Scale asked whether the State has implemented legislation to ensure that children can recover maintenance from both parents and from any others who have the responsibility for their housing. Canada obtained a score of 1 on this item, indicating that no such legislation exists there. Sweden obtained a score of 2 on this item, indicating that legislation has been implemented allowing children to recover maintenance from both parents and from any others who have the responsibility for their housing. Children awaiting decisions on asylum applications are entitled to apply for a daily allowance from the Migration Board. While children under the age of 16 must have an appointed custodian apply for an allowance on their behalf, those over the age of 16 can apply for a daily allowance themselves (Migrationsverket, 2011).

The fourth item on the Standard of Living Scale asked whether the State has legal measures for obtaining income or assets from those who default on their maintenance responsibilities. Both Canada and Sweden obtained scores of 2 on this item, indicating that both countries have such legislation. However the methods used to obtain income are very different in these countries. In Canada, provincial and territorial governments are responsible for enforcing child maintenance responsibilities. For example, Manitoba has a Maintenance Enforcement Program (MEP). MEP receives payment from the parent who is the Payor/Debtor, processes it, maintains a record of payment, and sends payment to the other parent who is the Payee/Creditor. In Sweden, the government pays child support directly to the custodial parent, and then recovers those payments from the non-custodial parent. This procedure guarantees that all eligible children will receive their child support payments, and places responsibility for collecting the payments onto the government, rather than onto the custodial parent (OECD, 2010).

The final item on the Standard of Living Scale asked whether the State has developed mechanisms for monitoring and evaluation of the implementation of Article 27 of the CRC. Both Canada and Sweden obtained scores of 1, indicating that neither country met this criterion. In 2009, a Private member's bill (Bill C-304) was introduced in Canada by MP Libby Davies. Bill C-304 proposed a National Housing Strategy, whereby Canadians would have the right to secure, adequate, accessible and affordable housing. While the Bill went passed through two readings in Parliament, in the end, Bill C-30 did not pass into law. Canada is the only G8 country with no National Housing Strategy (New Democratic Party, 2012). No information was available regarding the monitoring or evaluation of the implementation of Article 27 in Sweden.

Education. The Education Scale was composed of five items. Scores on this scale could range from 5 (no criteria met) to 10 (all criteria met). The higher the scores on the Education Scale, the greater the country's level of implementation of Article 28 of the CRC. In Canada, education is largely a provincial/territorial responsibility, although federal laws apply in some areas. To simplify the analysis of policies under provincial/territorial jurisdiction, I focused on Manitoba policies in those cases. Manitoba scored 6 on the education scale and Sweden obtained a score of 9 on this scale.

The first item on the Education Scale asked whether primary education is compulsory in the State. Both Canada and Sweden obtained a score of 2, indicating that primary education is compulsory in both countries. In both Manitoba and Sweden, children are required to attend school between the ages of 7 and 16 (Manitoba Education, 2010; Swedish Institute, n.d.).

The second item on the Education Scale asked whether secondary education is free in the State. Both Canada and Sweden obtained a score of 2 points, indicating that secondary education is free in both countries. In Canada, "high school" consists of grades 9 to 12 (ages 13 to 18). In Sweden, upon completion of compulsory schooling, students wanting to pursue secondary education attend high school from the ages of 16 to 19. High school is free and non-compulsory. Unlike Manitoba, Sweden offers free hot lunches for all students enrolled in the Swedish education system (Swedish Institute, 2009). After high school, students can go on to attend university or university-college. Tuition for a bachelor's or master's program is free unless students are from outside the

European Union (EU)/European Economic Area (EEA) and Switzerland. Swedish PhD programs are free of charge regardless of citizenship (Swedish Institute, 2012).

The third item on the Education Scale asked whether the legal ages for completion of compulsory education and admission to employment are the same. Both Canada and Sweden obtained a score of 1 point, indicating that the legal ages for completion of compulsory education and admission to employment (independently at age 16) are not the same. The enforcement of labour laws in Canada falls under provincial/territorial jurisdiction. In Manitoba, children under the age of 12 are only allowed to work under special circumstances, which are not specified. Children under the age of 16 require a Child Employment Permit from the Employment Standards Branch in order to be employed (Government of Manitoba, 2012). In Sweden, the Swedish Work Environment Authority regulates labour standards. According to the Swedish Working Environment Act, “children under the age of 13 may only do work that doesn’t require physical or mental strain, such as handing out leaflets or selling magazines” (Swedish Institute, n.d.). Children aged 13 to 15 who attend school may also perform light duties and non-hazardous work. There is no requirement for a Child Employment Permit but parents or guardians of children aged 13 to 15 must give consent to their children’s employment (Swedish Work Environment Authority, 2011).

The fourth item on the Education Scale asked whether corporal punishment has been abolished in all schools. There was insufficient information to recognize if Canada has abolished corporal punishment in schools, therefore a score of 3 was given but not summed in the total score. Sweden obtained a score of 2 points, indicating that corporal

punishment is abolished in all schools. The Swedish Education Act was amended in 1928 to forbid corporate punishment in high schools, the Penal Code defense to corrective assault was repealed in 1957, and all corporal punishment of children was explicitly prohibited in all settings in 1979 (Durrant, 1996). More than 80 years later, Section 43 of Canada's Criminal Code⁵ still provides a defense to criminal charges for teachers (and parents) who use "reasonable" force to correct a child. All efforts that have been introduced (eight Private Members' Bills) to repeal this section have failed (Repeal 43, n.d.). In 2004, the Supreme Court of Canada decided that section 43 of the Criminal Code is constitutional, and that it does not violate a child's right to security. The word "schoolteacher" was not removed from section 43. As a result, the Criminal Code still states that teachers are justified in using "force by way of correction" (i.e., as punishment) but the Supreme Court ruled that they may no longer use such force (Department of Justice, 2011). This situation makes it difficult to know whether corporal punishment by teachers is considered a criminal act in Canada. At the provincial/territorial level, school corporal punishment has been abolished in the education acts of eight provinces and all three territories; Alberta and Manitoba have yet to enact such prohibitions (Repeal 43 Committee, n.d.).

The final item on the Education Scale asked whether schools are required to maintain measures to combat bullying. Manitoba obtained a score of 1 indicating that there are no measures to combat bullying in Canada. In 2004, Manitoba introduced the

⁵ Every schoolteacher, parent or person standing in the place of a parent is justified in using force by way of correction toward a pupil or child, as the case may be, who is under his care, if the force does not exceed what is reasonable under the circumstances (Section 43, Criminal Code of Canada).

Safe School Charter which requires each school in the province to have a code of conduct stating that bullying and/or cyber-bullying are not acceptable. However, no anti-bullying law exists in Canada. Sweden obtained scores of 2, indicating that schools in both countries are required to maintain measures to combat bullying. In 2006, Sweden not only introduced an anti-bullying law but they also introduced a new position - Sweden's Child and School Representative, *Barn-och elevombudet* (BEO). The BEO works in conjunction with the Equality Ombudsman and the Swedish Schools Inspectorate to oversee the Education Act as well as the Act on the Prohibition of Discrimination and Other Degrading Treatment of Children and Pupils (2006:67) (BEO, 2011). This position provides Swedish schools with clearer guidelines for reporting and responding to problems with bullying (Swedish Institute, 2010).

Canada continues to have high levels of bullying among children. In 2001, the WHO conducted a study *Health Behaviour in School-aged Children (HBSC)*. Results illustrated how poorly Canada ranked internationally on bullying among 13 year old girls and boys. The percentage of children who bullied others 2 or more times in previous months in Canada was 11.6% in girls and 17.8% in boys compared to 2.3% of girls and 5.1% of boys in Sweden (Craig & Harel, 2004). On this scale, Canada ranked 26th out of 35 countries in contrast to Sweden who ranked 1st out of 35 countries with the lowest score of children bullying others. On another scale, 13 year old girls and boys were asked how many times they had been victimized two or more times in the previous month. The percentage of children who were victimized two or more times in previous months in Canada was 15.1% of girls and 17.8% of boys compared to 5.7% of girls and 5.9% of boys in Sweden (Craig & Harel, 2004). On this scale, Canada ranked 27th out of

35 countries in contrast to Sweden who again ranked 1st out of 35 countries with the lowest score of children being victimized in previous two months. These results clearly indicate a need for Canada to do more on a national scale as Sweden has accomplished in its combat against bullying.

Economic security scale. The Economic Security Scale comprised five items. Scores on this scale could range from 5 (no criteria met) to 10 (all criteria met). The higher the score on the Economic Security Scale, the greater the country's level of implementation of Article 26 of the CRC. Canada obtained a score of 4 on this scale, while Sweden obtained a score of 10.

The first item on the Economic Security Scale asked whether refugee children qualify for social security (social assistance). Canada obtained a score of 1 on this scale, while Sweden obtained a score of 2, indicating that refugee children qualify for social security in Sweden. In Canada, not all categories of refugees may apply for social assistance. Rather only government-sponsored refugees in Canada may apply for financial assistance through the Resettlement Assistance Program (RAP) for a period of up to 12 months upon arrival in Canada. In special cases, financial assistance may be authorized for up to 24 months (Parliament of Canada, 2008). Government-assisted refugees may receive a one-time payment of up to \$2,075 per single recipient and two dependent children for basic household needs. A one-time payment for special allowances may also be awarded for: basic clothing allowance - \$150 per child; winter clothing allowance - \$100 per child; school start-up allowance - \$150 per child; children under 6 years of age - \$50/month. However, it is important to note that government-

sponsored refugees are not eligible to receive provincial social assistance benefits while receiving RAP income assistance (Parliament of Canada, 2008). Refugees may also apply for financial assistance through the Immigration Loans Program (ILP) to cover medical examinations abroad, transportation costs to Canada, housing, etc. However these loans must be repaid to the Government of Canada and are subject to an interest rate after a certain period of time (CIC, 2011).

The Swedish Migration Board offers financial assistance in the form of a daily allowance to all asylum seekers until either they leave Sweden or are granted a residence permit (M. Thuresson, personal communication, August 10, 2012). The daily allowance is sufficient to pay for clothing, medical care and medicine, dental care, toiletries, and other consumables and leisure activities. The daily allowance for adults sharing accommodation is SEK 61 (8.98 CAD) per person per day. The daily allowance for children is as follows: SEK 37 (5.45 CAD) per day for children up to 3 years of age, SEK 43 (6.34 CAD) per day for children 4 – 10, and SEK 50 (7.37 CAD) per day for children 11-17 years of age (Migrationsverket, 2011).

While refugee children qualify for financial assistance in both Canada and Sweden, the amount in which they are entitled varies greatly. For example, in a 12 month period of time for a family with three children aged 3, 6 and 12 years of age, asylum seekers in Sweden would receive an allowance of SEK 84,680 (13,548 CAD). In a 12 month period of time for the same family in Canada, they would only receive a one-time payment of \$2615 for basic household needs as well as \$3600 for special allowances such as clothing, school start-up, transportation, etc. for a total of \$6215.

The second item on the Economic Security Scale asked whether refugee children are able to make applications for social security (social assistance) on their own. Insufficient information was available to determine if refugee children can apply for assistance on their own behalf in Canada. A score of 3 was assigned but not summed into Canada's implementation score. In Sweden, children under 16 can apply for a daily allowance together with an appointed custodian. An appointed custodian is someone who helps children over the age of 16 can apply for the daily allowance on their own (Migrationsverket, 2011). Therefore, Sweden obtained a score of 2, indicating that refugee children are able to make application for social security on their own.

The third item on the Economic Security Scale asked whether those responsible for children's maintenance are able to make applications on their behalf. Both Canada and Sweden obtained scores of 2 on this item, indicating that both countries met this criterion. In Canada, refugee families may apply for RAP income support for the entire family, including children. In Sweden, refugee families applying for asylum are entitled to apply for a daily allowance (as mentioned above) from the Swedish Migration Board if they are unable to financially care for themselves (Migrationsverket, 2011).

The fourth item on the Economic Security Scale asked whether third parties (those not directly responsible for children's maintenance) are able to make applications on behalf of refugee children. Unaccompanied refugee children who arrive in Canada must appear before the Immigration and Refugee Board of Canada with the assistance of a designated representative. Thereafter, they are placed in the care of provincial family services, often in group homes or foster care. Insufficient information is available to

determine whether a third party could make an application for financial assistance on behalf of a refugee child, so a score of 3 was assigned but not summed into Canada's implementation score. In Sweden, refugee children under 16 are assigned a custodian who is responsible for helping the child apply for their daily allowance, manage a bank card and look after other financial responsibilities (Migrationsverket, 2011). Young children may be placed in foster homes while older children may be placed together with other minors under the supervision of specifically trained staff (M. Thuresson, personal communication, August 10, 2012). Therefore, Sweden obtained a score of 2 on this criterion.

The final item on the Economic Security Scale asked whether there are mechanisms for monitoring and evaluating refugee children's economic well-being. Canada obtained a score of 1 on this item, indicating that this criterion is not met. The government of Canada only monitors recipients of RAP to ensure it is helping newcomers adapting to their new life in Canada. Refugees may be required to meet periodically with an immigration counselor to discuss their progress in Canada. If a refugee fails to meet with an immigration counselor or respond to a letter or questionnaire, their monthly cheque may be suspended (Manitoba Interfaith Immigration Council, n.d.). There was no information available to suggest that other categories of refugees, such as privately sponsored refugees, are also monitored in Canada. In Sweden, the Swedish Migration Board's Reception Unit keeps in touch with the refugee child as well as their custodian until the child's asylum application is granted or refused. A custodian assumes responsibility for a refugee child's finances such as applying for money if needed or managing a bank card (Migrationsverket, 2011). If an application for

asylum is refused, the Reception Unit continues to support the child financially with daily needs as well as and health care until they return to their native country. If an application is accepted and a child is granted permanent residency, the responsibility of the child's well-being now shifts to their local municipality (Migrationsverket, 2011). Sweden obtained a score of 2 indicating that there are mechanisms for monitoring and evaluating refugee children's economic well-being in Sweden.

Stage 2: Levels of Social Inclusion of Refugee Children in Canada and Sweden

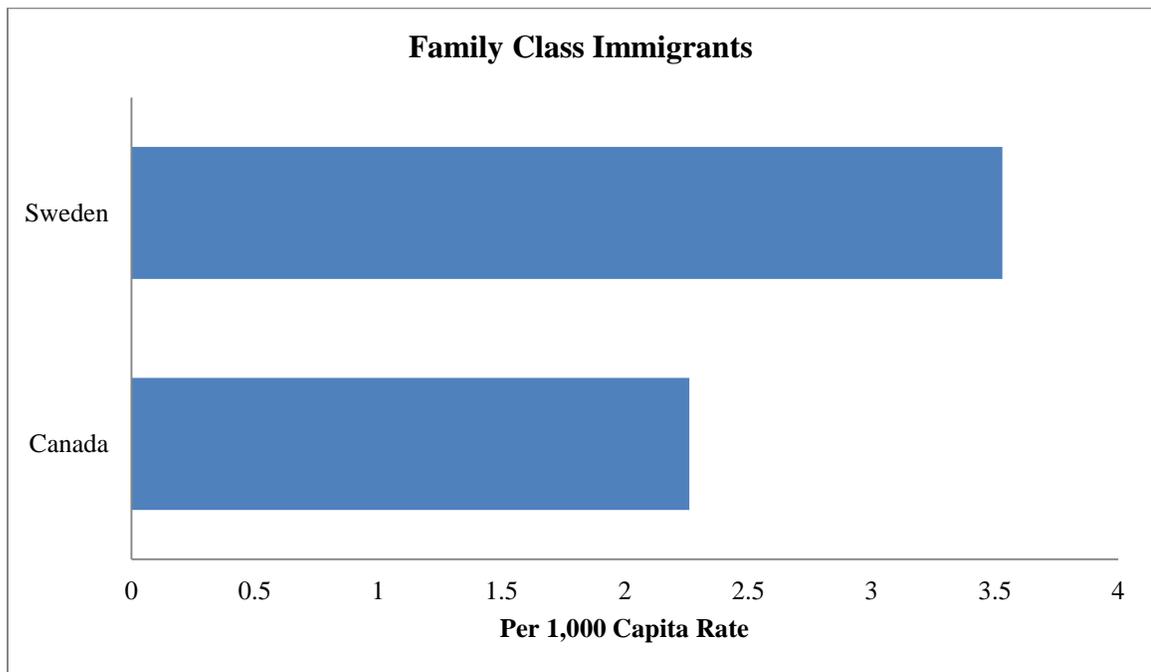
In Stage 2 of this study, I conducted a between-groups analysis comparing the extent to which refugee children experience social inclusion in Canada and Sweden. I had hypothesized that the level of refugee children's social inclusion would be higher in Sweden than in Canada on the following measures: 1) reunification of their families; 2) their levels of health; 3) their standard of living; 4) their educational levels; and 5) their levels of economic security. Unfortunately, adequate data were only available on three of these measures – family reunification, educational achievement and economic security. The hypothesis was supported in two of these areas: family reunification and economic security.

Measures of reunification of refugee children's families. Family reunification of refugee children's families was measured by two indicators: 1) the average processing time of applications for family reunification; and 2) the number of family-class immigrants admitted yearly. I hypothesized that application processing times would be longer in Canada than in Sweden, and that Sweden would accept more family-class immigrants than Canada on the basis of family reunification.

In Canada, family reunification application processing times vary depending on the country of origin, as well as on who is completing the application. Applications made by dependent children applying for family sponsorship from outside of Canada are processed in *56 days*, whereas applications made by parents or grandparents applying for family sponsorship from outside of Canada are processed in *54 months* (CIC, 2012). However, in November 5, 2011, the Government of Canada announced an immediate two-year freeze on applications from parents and grandparents applying for family sponsorship. No statistics on family reunification application processing times in Sweden were available; therefore, no comparison was made on this indicator.

To measure the second indicator, I used 2006 data from Citizenship and Immigration Canada (2011) for Canada and 2006 data from the European Migration Network Small Scale Study (2007) for Sweden. In that year, Canada had a population of 31,612,897 and accepted 71,517 family-class immigrants – a rate of 226 per 100,000 people. In the same year, Sweden had a population of 9,113,257 and accepted 32,182 family-class immigrants – a rate of 353 per 100,000 people (see Figure 2). Therefore, Sweden accepts 1.6 times more refugees for family reunification per capita than Canada. The hypothesis was supported, indicating that social inclusion is higher in Sweden than Canada, as measured by rates of family reunification.

Figure 2: Number of Family Class Immigrants in Canada and Sweden in 2006



Measures of refugee children's health. No data are available on refugee children's physical health in either Canada or Sweden, so this variable could not be measured. No national-level measures exist regarding refugee children's psychological health in Canada, but regional data are available on a limited range of indicators for refugee/immigrant children. In Sweden, no measures of refugee children's psychological health are available at any level. Therefore, I was able only to examine psychological health in Canada, and only for the prairie region.

A Portrait of the Health and Well-being of Newcomer Children and Youth in the Prairies (2010) is based on the New Canadian Children and Youth Study (NCCYS), a longitudinal study of 4,146 immigrant and refugee children living in Canada's major immigrant receiving cities: Montreal, Toronto, Vancouver, Calgary, Edmonton and Winnipeg (Wilkinson, et al., 2010). Participants arrived in Canada between 1991 and 2001.

Immigrant and refugee children's psychological health was measured by two indicators: 1) physical aggression at three integration stages; and 2) prosocial behaviour at three integration stages. "Integration stage," or the period of time an immigrant or refugee has been in the host country, was defined in three stages: a) short-term stage (first three years after immigration); b) medium-term stage (3 to 10 years after arrival); 3) long-term stage (more than 10 years after arrival) (Wilkinson et al., 2010). Many of the families in the long-term stage of integration had one immigrant parent and one Canadian-born parent. The researchers selected subjects from each stage as follows: 45.2% in the short-term stage, 25.3% in the medium-term stage, and 29.5% in the long-

term stage. Parents were asked to rate their children's behaviours using two measures: 1) the Physical Aggression Index (Tremblay et. al, 1992); and 2) the Prosocial Behaviour Scale (Weir & Duveen, 1981).

On the Physical Aggression Index, parents were asked to indicate, on a 15-point scale, whether or not their children: 1) had physically hurt or attacked others; 2) had threatened people; 3) were cruel or bullied; and/or 4) had kicked, bit and hit other children. Higher ratings reflected higher frequencies of physical aggression. Ratings on the four behaviours were summed to yield a total physical aggression score. The mean scores of the children in the sample were 7.1 for those in the short-term integration stage, 6.5 for those in the medium integration stage, and 6.8 for those in the long-term integration stage. Based on these figures, it is not possible to draw a conclusion as the mean scores fluctuate between integration stages.

In this study, prosocial behaviours were defined as behaviours that lead to positive consequences for others, such as volunteering to help clean messes that others have made, inviting others to join in a game, or trying to help someone who has been hurt (Wilkinson, et. al., 2010). Based on the 30-item scale, the mean scores of the sample were 23.2 for children in the short-term integration stage, 23.3 for children in the medium-term integration stage, and 22.0 for children in the long-term integration stage (children living in families with one Canadian-born parent). These differences were not statistically significant.

Measures of refugee children's standard of living. Refugee children's standard of living was measured by two indicators: 1) the percentage of refugees who own their home; and 2) the percentage of refugees living in overcrowded conditions. The Canadian data were taken from the Longitudinal Survey of Immigrants to Canada (LSIC: Hiebert, 2010). These data include both refugees and immigrants. No data are available regarding child refugees' standard of living in Sweden, so a comparison cannot be made on these measures and the hypothesis cannot be tested. However, the Canadian data will be reported here for information.

The LSIC was designed to gain understanding of the perspectives of new immigrants upon their arrival in and integration into Canada. The target population was approximately 165,000 people aged 15 years and older who had landed in Canada between October 2000 and September 2001. Three waves of data were collected: Wave 1 (W1) data were collected six months after landing in Canada; Wave 2 (W2) data were collected two years after landing in Canada; and Wave 3 (W3) data were collected four years after landing in Canada. The total number of respondents was as follows: 12,040 in W1; 9,322 in W2; and 7,716 in W3 (Hiebert, 2010).

In W1, 3.1% of refugees owned a home. In W2, the sample size was too small to yield reliable findings. In W3 19.3% owned a home. The results suggest that the longer refugees are in Canada, the higher the rate of homeownership. The percentages of refugees living in overcrowded conditions were 39.9% in W1, 35.6% in W2 and 30.4% in W3. Therefore, the longer refugees have been in Canada, the less likely it is that they will be living in overcrowded conditions. However, even four years after arriving in

Canada, almost one-third of this population, (approximately 2,300 refugees), are still living in overcrowded conditions.

Measures of refugee children's educational achievement. The levels of refugee children's educational achievement in Canada and Sweden were measured by two indicators: 1) mathematical literacy; and 2) reading proficiency. I hypothesized that the level of refugee children's education would be higher in Sweden than in Canada.

The data were obtained from the Programme for International Student Assessment (PISA) an international study which evaluates education systems by testing 15-year-old students in reading, science and mathematical literacy and comparing student achievement internationally over time (OECD, 2003). Data are collected from three groups of students: 1) first-generation (those born outside the country of assessment and whose parents were also born in a different country; 2) second-generation (those born in the country of assessment but whose parents were born in a different country); and 3) native students (students who were born in the country of assessment and who had at least one parent born in that country) (OECD, n.d.). It is important to note that while the report made reference to seven different types of immigrants (within which refugees were included), the report only compares data from the above mentioned groups of students. Therefore it is unclear what percentage of the first or second generation students were refugees. PISA identifies six levels of mathematical literacy scores: 1) Level 1 (358 to 420 points); 2) Level 2 (421 to 482 points); 3) Level 3 (483 to 544 points); Level 4 (545 to 606 points); Levels 5 and 6 (above 606 points). PISA also identifies five levels of reading proficiency scores: 1) Level 1 (335 to 407 points); 2) Level 2 (408 to 480 points);

3) Level 3 (481 to 552 points); 4) Level 4 (553 to 626 points); 5) Level 5 (above 626 points) (OECD, 2006). Table 1 presents the mean scores of first-generation, second-generation and native students in Canada and Sweden, and for OECD countries overall.

Refugee children are most likely to be included in the first generation samples. On both mathematical literacy and reading proficiency, first generation children in Canada obtained scores higher than those of first generation children in Sweden and the OECD average. On mathematical literacy, the scores of first generation children in Canada fell into Level 3, while those of first generation children in Sweden and the OECD average score fell into Level 2. The same pattern was found in reading proficiency.

Table 1

Mathematical Literacy Scores and Reading Proficiency Scores of Immigrant and Native Students in Canada and Sweden, and OECD Average Scores

	Mathematical Literacy			Reading Proficiency		
	Score			Score		
	Canada	Sweden	OECD	Canada	Sweden	OECD
First generation (2)	530 (3) ¹	425 (2)	475 (2)	515 (3)	433 (2)	456
Second generation (2)	543 (3)	483 (3)	483 (3)	543 (3)	502 (3)	475
Native (3)	537 (3)	517 (3)	523 (3)	534 (3)	522 (3)	514

¹ Figures in parentheses indicate the level into which each score fell.

Mathematical literacy scores did not differ between second generation children in Canada and Sweden, and neither country's scores differed from the OECD average (Level 3 in all cases). Reading proficiency scores did not differ between second generation children in Canada and Sweden (Level 3 in both cases), but exceeded the OECD average (Level 2) in both countries. Among native children, neither mathematical literacy nor reading proficiency scores differed between Canada and Sweden, and neither country differed from the OECD average (Level 3 in all cases).

Therefore, the only differences between children in Canada and Sweden were found in the first-generation sample. In both mathematical literacy and reading proficiency, the Canadian sample obtained higher scores than the Swedish sample – and higher scores than the OECD average. Although it is not possible to determine the proportion of each sample that was composed of refugees, this finding suggests that the hypothesis that educational achievement levels would be higher among refugee children in Sweden than in Canada was not supported.

Measures of refugee children's economic security. Refugee children's economic security was measured by two indicators: 1) the percentage of "disposable income poverty" (percentage of income available after housing and food costs) of households with immigrant and minority children; and 2) the percentage of immigrant and minority children living in poverty. Figures for Canada and Sweden were obtained from "Income Poverty and Income Support for Minority and Immigrant Children in Rich Countries" (Smeeding, T., Robson, K., Wing, C., Gershuny, J., 2009). I hypothesized that the economic security of refugee children would be higher in Sweden than in Canada.

The percentage of disposable income poverty among minority households with children was 21.7% in Canada and 13.6% in Sweden. Therefore, my hypothesis that the percentage of disposable income poverty would be higher in Canada than in Sweden, among households with immigrant and minority children, was supported. This discrepancy was found among majority households with children as well; disposable income poverty among these households was 13.7% in Canada and 3.6% in Sweden. The percentage of immigrant and minority children living in poverty was 21.70% in Canada and 13.60% in Sweden. Although it is not possible to determine the proportion of immigrant and minority children who were refugees, these findings suggest that the hypothesis was supported.

Stage 3: The Level of Implementation of the CRC and the Level of Social Inclusion in Canada and Sweden

In Stage 3 of this study, I examined the association between the level of implementation of the CRC and the level of refugee children's social inclusion in Canada and Sweden. I had hypothesized that a higher level of implementation of the CRC would be associated with a higher level of social inclusion of refugee children in each of the following policy areas: 1) family reunification; 2) health; 3) housing; 4) education; and 5) economic security.

Unfortunately, adequate data for this analysis were available in only three of these policy areas: family reunification (one indicator), education (two indicators), and economic security (two indicators). The hypothesis was supported in two of these three areas: family reunification and economic security.

Implementation of article 10 of the CRC and reunification of refugee

children's families. The relationship between the level of implementation of Article 10 of the CRC and reunification of refugee children's families in Canada and Sweden was examined using the Family Reunification Scale as the implementation measure and the number of family-class immigrants admitted yearly as the inclusion measure.

On the Family Reunification Scale, Sweden obtained a higher score (10) Canada (7). Sweden also accepted 1.6 times more refugees for family reunification per capita than Canada. Therefore, the hypothesis that greater implementation of Article 10 of the CRC would be reflected in a higher level of family reunification of refugee children's families was supported.

Implementation of article 24 of the CRC and refugee children's health. The relationship between the level of implementation of Article 24 of the CRC and refugee children's health in Canada and Sweden could not be examined as no data were available on refugee children's physical health in either Canada or Sweden and data regarding children's psychological health were available only in Canada. Therefore, the hypothesis could not be tested with regard to refugee children's health.

Implementation of article 27 of the CRC and refugee children's standard of living. The relationship between the level of implementation of Article 27 of the CRC and refugee children's housing in Canada and Sweden could not be examined, as no data were available on refugee children's housing in either Canada or Sweden, and regional data regarding refugee children's standard of living were available only in Canada.

Therefore, the hypothesis could not be tested with regard to refugee children's standard of living.

Implementation of article 28 of the CRC and refugee children's education.

The relationship between the level of implementation of Article 28 of the CRC and refugee children's education in Canada and Sweden was examined using the Education Scale and two measures of refugee children's educational achievement: 1) mathematical literacy scores; 2) reading scale scores.

On the Education Scale, both Canada and Sweden obtained a score of 9, indicating that these countries are implementing the CRC Article 28 to a similar degree. Canada scored roughly equal to Sweden in both mathematical literacy scores and reading scale scores. The only differences between children in Canada and Sweden were found in the first generation sample with Canadian sample scores higher than the Swedish sample and the OECD average. Therefore, the hypothesis that greater implementation of Article 28 of the CRC would be reflected in a higher level of refugee children's education achievement could not be supported.

Implementation of article 26 of the CRC and refugee children's economic security. The relationship between the level of implementation of Article 26 of the CRC and refugee children's economic security in Canada and Sweden was examined using the Economic Security Scale and two measures of refugee children's economic security: 1) the percentage of disposable income poverty of households with immigrant and minority children; and 2) the percentage of immigrant and minority children living in poverty. On the Economic Security Scale, Canada obtained a lower score (6) than Sweden (8).

Households with immigrant and minority children in Canada had a higher rate of disposable income poverty (15.2%) than those in Sweden (4.2%). Canada also had a higher rate of immigrant and minority children living in poverty (21.7%) than Sweden (13.6%). Therefore, the hypothesis was supported; Sweden's more extensive implementation of Article 26 of the CRC is reflected in higher levels of income security among immigrant and minority children in that country.

Chapter 5

Discussion

The purpose of the present study was to investigate whether social inclusion among refugee children is greater in a country that has fully implemented the CRC (Sweden) than in a country that has implemented the CRC to a much lesser extent (Canada). I predicted that: 1) the level of implementation of Articles 10, 24, 26, 27 and 28 of the CRC would be higher in Sweden than in Canada; 2) the level of social inclusion of refugee children, in terms of family reunification, health, standard of living, education and economic security, would be higher in Sweden than in Canada; and 3) the higher the level of implementation of the CRC in a particular policy area, the higher the level of social inclusion of refugee children would be in that policy area.

Findings

As predicted, Sweden scored higher than Canada in the implementation of the CRC in all five policy areas: 1) family reunification; 2) health care; 3) standard of living; and 4) education; and 5) economic security. These findings can be better understood within the two countries' broader policy contexts.

Family reunification policies in Canada and Sweden. Canada's and Sweden's policies regarding family reunification differ greatly. One of the stated objectives of Canada's Immigration and Refugee Protection Act is to reunite refugee and immigrant families as quickly as possible (Department of Justice, 2012). In fact, however, Canadian policies do not facilitate this process, but rather hinder it. While adult refugees can

include a spouse and dependent children on their applications for family reunification, refugee children are not allowed to sponsor a parent or siblings. Sponsors must be 18 years of age and financially able to support their family members (CIC, 2012). This policy discriminates against child refugees and results in many emotional and physical hardships for children learning to adjust to a new country without the comfort of family members (Elgersma, 2007). Moreover, according to section 117(9)(d) of the Immigration and Refugee Protection Act, children or spouses who were not examined as part of the sponsor's original application are not allowed sponsorship into Canada (Department of Justice, 2012). While parents can apply for travel documents which will allow travel outside of Canada, they are not allowed to travel to their country of citizenship (Passport Canada, 2012). These laws can create situations in which children become permanently separated from their parents. Such regulations are in direct violation of the CRC.

On June 29, 2012 the Government of Canada passed Bill C-31, the *Protecting Canada's Immigration System Act*, into law. This new legislation will allow the Canada's Immigration Minister the autonomy and ability to designate a group of refugee claimants as "irregular arrivals"⁶ (CIC, 2012). Once refugee claimants are designated as irregular arrivals, a number of regulations can be imposed upon them. With the exception of children under the age of sixteen, irregular arrivals will be detained immediately upon arrival in Canada for up to six months. During their first five years in Canada, irregular arrivals or designated foreign nationals will be unable to apply for permanent residence, apply for a travel document or apply for family reunification (CIC,

⁶ Those who arrive in Canada en masse by boat or land seeking refuge.

2012). This new Act violates the *Refugee Convention* which states that governments must not impose penalties on refugees for illegal entry nor prohibit refugees the right to travel abroad (CCR, 2011). This new law also violates the CRC because it separates children from their families and denies them the right to apply for family reunification for five years (CCR, 2011). The findings of the present study were compiled prior to these recent legislation changes. If this study was initiated today, Canada would have obtained a Family Reunification Scale Score of five points, rather than seven points, due to the recent freeze on family reunification for parents and grandparents for a period of up to 24 months, as well as new legislation prohibiting refugees without permanent residency status from applying for family reunification.

In contrast to Canada, Sweden recognizes children's *rights* to be reunited with their families and a number of measures are in place to facilitate reunification. The Swedish Migration Board helps children find their families, and offers travel grants for refugee children's families to visit Sweden. Sweden sets a tight deadline of three months for decisions on family reunification applications. Sweden has also facilitated family reunification for families with children who come from countries where it may be difficult to prove their identity; these families will be offered a DNA test to prove their relationship (Migrationsverket, 2012).

Refugee health care policies in Canada and Sweden. Canada and Sweden are well known for their universal health care programs. Canada obtained a score of 5 points while Sweden obtained a score of 6 points on the Health Care Scale. However, these scores do not reflect the comprehensiveness of the health care provided to refugees in the

two countries. For example, both countries scored 2 points on item four of the Scale due to the fact that both have had declining mortality rates. However, Sweden's infant mortality rate was half of Canada's – a difference that is not reflected in the measure. According to the Conference Board of Canada (2002), Sweden ranked 2nd out of 17 countries, receiving a grade of A in infant mortality rate. In contrast, Canada ranked 16th out of 17 countries, receiving a grade of C in infant mortality rate. Similarly, the UN Inter-agency Group for Child Mortality estimated Sweden's infant mortality rate to be approximately 3 deaths per 1,000 births per year from 1996 to 2004 and 2 deaths per 1,000 births from 2005-2009 – while Canada's infant mortality rate was approximately 5 deaths per 1,000 births from 1996 to 2007 (CME, 2011). Therefore, while a decline was seen in both countries, Sweden's infant mortality rate was consistently lower than Canada's throughout the period under examination.

Until June 30 2012, Canada provided basic health coverage (hospital, doctor services and some diagnostic tests), as well as supplemental health benefits (drugs, dentistry, vision care and mobility services), to all refugee claimants (Fitzpatrick, 2012). On July 1 2012, these policies were substantially changed. Refugees who receive income assistance through the Resettlement Assistance Program (RAP) continue to receive extended health-care coverage and supplemental health-care benefits. But refugees who do not receive income assistance through RAP will only qualify for health-care coverage in the case of an emergency. These people no longer qualify for coverage for medications or vaccinations unless they are required to treat a disease that is a risk to public health or to treat a condition of public safety concern (CIC, 2012). Rejected refugee claimants no longer qualify for provincial health care coverage or for medication or vaccine coverage

unless these are needed to prevent or treat a disease posing a risk to public health or to treat a condition of public safety concern (CIC, 2012). These cuts to refugee health care not only leave refugee families at risk, but they deny refugee children their basic right to health, which is guaranteed under Article 24 of the CRC. If this study was initiated today, these changes would have lowered Canada's score on the health care scale to four points, rather than five.

In Sweden, refugee children are entitled to the same health care coverage as children born in Sweden. Different categories of refugees do not exist. In addition to free health care, all children in Sweden have complete dental coverage until the age of 19 (Migrationsverket, 2011). Therefore, Sweden offers much more inclusive health care for refugee children than Canada.

Refugee standard of living policies in Canada and Sweden. While Canada's and Sweden's scores were not substantially different on the Standard of Living Scale, (Canada = 6; Sweden = 7) a qualitative examination of their policies reveals a different picture. Canada and Sweden both obtained scores of two on the fourth item of the housing scale, indicating that both have child maintenance enforcement policies. However, the details of these policies create potentially substantial differences in how children of separated parents fare. In Canada, provincial and territorial governments are responsible for enforcing child maintenance from the parent who is the payor. Under this policy, the payor must pay maintenance directly to the custodial parent. If the payor neglects to pay, the custodial parent must somehow recover the payments and the child's housing can be placed at risk in the meantime. In Sweden, however, the government pays child support directly to the custodial parent and recovers child maintenance

payments from the payor. Under this policy, maintenance payments are never missed, the custodial parent is not burdened with the responsibility of enforcing payment, and the child's housing is never placed at risk.

Education policies in Sweden and Canada. Manitoba obtained a score of six and Sweden obtained a score of nine on the Education Scale. The scale was largely based on whether countries have free compulsory primary education, not on the quality of education children are receiving. While both countries have free compulsory education, other aspects of education policy differ substantially. Sweden's policies are aimed at ensuring that all children have equal rights to education. There, compulsory education includes free special schools and/or programs for children with intellectual disabilities and other learning disabilities; all students receive free hot lunches daily; and bullying is prohibited by law.

Sweden also invests heavily in Early Childhood Education and Care (ECEC). ECEC is universal and is intended to provide a transition to formal learning for children under the age of seven (Clearinghouse, 2008). All children between the ages of one and eleven, of working parents or parents who are students, are guaranteed a placement in early childhood education and care. ECEC programs have high standards concerning group size, staff to child ratios, and caregiver qualifications. Regardless of where children originate from, they are afforded the right to receive tutoring in their first language or mother tongue (Sweden, n.d.). None of these policies exist in Canada.

According to the *2001 Participation and Activity Limitation Survey (PALS)*, only 55% of children with disabilities attended regular classes in a regular school setting. The survey also found that an insufficient level of services was the most common difficulty in receiving education services (Statistics Canada, 2008). Therefore, the measure used to assess the implementation of the right to education in this study was not adequate to capture the differences between Canada's and Sweden's education policies.

Economic security policies in Canada and Sweden. On the Economic Security Scale, Canada obtained a score of six and Sweden obtained a score of eight. But this quantitative difference does not fully capture the magnitude of the actual difference in financial benefits for refugee children in Canada and Sweden. For example, Sweden would provide a refugee family with more than double the financial assistance than Canada would offer. Moreover, Sweden does not classify refugees into categories, so there are no differences in benefits across this population. All refugees are treated equally and are entitled to the same amount of financial assistance. In contrast, Canada classifies refugees into categories which may or may not have access to the same financial support. These qualitative differences in policy approaches further explicate the quantitative difference found between the two countries in refugee children's economic security.

Limitations of the Present Study

The present study had a number of strengths. First, to my knowledge, no other study exists on the level implementation of the CRC and social inclusion of refugee children. The Innocenti Research Centre released a study on the implementation of the

CRC, but its main purpose was to investigate law reform. Further research on the links between implementation of the CRC and the well-being of refugee children would provide policy makers with the direction needed to integrate refugees into a much more socially inclusive society.

Second, this study identified many shortcomings of existing policies in Canada. Despite the fact that Canada has ratified the CRC, its policies are not always in the best interest of the child. For example, while one of the stated objectives of the Immigration and Refugee Protection Act in Canada is to “reunite families as quickly as possible” (Department of Justice, 2012), the law actually mandates otherwise.

Third, this study identified the need for more research focused specifically on refugee children. Immigrant and refugee children are often classified into a single group, but there are very distinct differences between them (Crowe, n.d.). Immigrant children move to another country by choice where refugee children are usually forced to flee their home country. This presents two very different circumstances. While both immigrant and refugee children may be dealing with problems assimilating into a new country, refugee children may also be dealing with trauma related to their experiences in war torn countries (Crowe, n.d.).

The study also had several limitations. First, the scales used to measure the level of implementation of the CRC in Canada and Sweden were inadequate to truly capture the differences in policy approaches across countries. The items were too limited in scope and the yes/no scoring system was insufficient to reveal important qualitative differences between the two policy structures. More extensive and nuanced scales, with

capacity for qualitative assessment, would likely have revealed greater differences between the countries.

Second, there was a surprising lack of available data on the level of social inclusion of refugee children in Canada and Sweden. While a great deal of information is available on immigrants overall, very little is available regarding refugee children specifically. This situation made it impossible to answer two of the five research questions related to social inclusion.

Third, it was difficult to examine “Canadian” policies, as Canada does not have national policies regarding refugee children. With the exception of Bill C-31 (Protecting Canada’s Immigration System Act), all the policy areas which I investigated in Canada are the responsibility of the provincial/territorial governments. Because policies can vary across jurisdictions, it is difficult to draw conclusions about Canada as a whole. For example, the Manitoba government recently decided to continue covering health expenses for privately sponsored refugees whom the federal government had eliminated from the IHP (Sanders, C., 2012).

Finally, I did not include measures of child care policy in this study, which would have undoubtedly revealed substantial differences between Canada and Sweden. While many would consider child care to be an aspect of education, the CRC does not address it under Article 28. Rather, it is address under Article 18, Article 18 – Parental Responsibilities and State Assistance. For this reason, I did not include it in this study.

Suggestions for Further Research

This study found that a positive relationship exists between the level of implementation of the CRC and the level of social inclusion of refugee children in two of the three measurable policy areas. In order to obtain a more comprehensive understanding of the relationship between the implementation level of the CRC and social inclusion of refugee children, further research, such as a cross-sectional study, is required.

The first step in such a study would be to conduct qualitative interviews with refugee children in both Canada and Sweden regarding their experiences within the policy areas used in this study. Data would be collected concerning their experiences with regard to family reunification, access to physical and mental health services, obtaining adequate living conditions, access to educational resources, and achieving economic prosperity.

The second step would be an extensive qualitative analysis of each policy relevant to refugee children's well-being to identify their shortcomings to the degree necessary for the formulation of changes that would ensure they are in the best interests of the child. "On the global level, studies on the impact of legislation and the requirements for effective implementation in different types of societies would help put effort to promote law reform on a more solid footing" (UNICEF, 2007).

Conclusion

Canada falls short in its commitment to the best interests of the child. In many important ways, it has failed to implement the CRC in legislation, and thus failed to make full social inclusion possible for many refugee children in Canada. Upon ratifying the CRC, Canada undertook to make children's rights a priority regardless of budget or funding. This goal has not been achieved, and recent policy changes have eroded much of the limited progress that had been made. Recent cuts to refugee healthcare benefits in Canada will increase refugee children's vulnerability and place them at greater risk. Based on this study's findings, refugee children are already at a greater disadvantage than those in Sweden. Introducing further health care cuts to such a vulnerable population will only see refugee children's well-being deteriorate.

Sweden, on the other hand, has incorporated the CRC into legislation and continues to monitor its effects through the office of the Ombudsman for Children. The impact of Sweden's efforts is seen in the higher level of social inclusion of some of the most vulnerable children in any society – refugee children.

In spite of Sweden's higher scores on the overall level of implementation of the CRC as well as social inclusion measures, it was unanticipated that Canada would score higher than Sweden on the mathematical literacy and reading proficiency scales. One reason might be the fact that immigrants and refugees in Sweden who have not yet learned enough Swedish to be able to follow lessons, have the right to have content of classes explained in their mother tongue (Skolverket, 2011). Given that the PISA

assessment tests are given in English, this could account for some lower than expected scores among immigrant and refugee children in Sweden.

The issue of social inclusion of vulnerable children from other lands is an extremely challenging one for any country. But this study has demonstrated that substantial gains can be made, and that the well-being of these children is a reflection of the level of commitment a country has to upholding their rights.

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