External Evaluation

SUKA Society Community Placement and Case Management Program

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Introduction

In 2018, Lighthouse Partnerships conducted an evaluation of the SUKA (Persatuan Kebajikan Suara Kanak-kanak Malaysia) Society's Community Placement and Case Management (CPCM) Program for unaccompanied and separated children in Malaysia. The International Detention Coalition[1] (IDC) and SUKA co-commissioned the evaluation to determine the suitability of the CPCM Program as a community-based alternative to immigration detention.

Overall, the evaluation highlights that a framework focused on children's well-being and rights facilitates ongoing engagement with the migration resolution process. It found that the CPCM Program, contingent on further research and feasibility assessment, has the potential to accommodate the sustainable release of all refugee children seeking asylum in Malaysia and avoid costly and unnecessary immigration detention.

> "SUKA is really helpful for refugees who are minors. They support minors with everything – like school, food and housing. I am very thankful of SUKA. I am safe here because of SUKA. I can speak English because of SUKA."
>
> Former program participant (male)

Key evaluation findings reveal the outcomes, approaches and mechanisms of the CPCM Program which enabled success. This report serves as a case study for organisations and countries looking to adopt and implement a similar alternative to detention model. It details elements of program design to be considered for program inception and strengthened throughout program implementation.

The evaluation concludes with a summary of recommendations and considerations for future roll-out of alternatives in comparative contexts. Key findings detailed in the evaluation could also contribute towards national, regional and international advocacy efforts to promote community-based alternatives and a move away from the immigration detention of children and adults.

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[1] The International Detention Coalition (IDC) is a global network of civil society organisations and individuals who advocate, research and provide direct services to refugees, asylum seekers and migrants affected by immigration detention. A primary objective of IDC is to foster the development, implementation and strengthening of ATDs that promote greater respect for the rights of children.

Background

As a non-signatory to the United Nations Refugee Convention, Malaysia does not have a national legal policy framework to address the rights of refugees and people seeking asylum.[2] Despite being a signatory to the United Nations Conventions on the Rights of the Child (CRC) which obliges nation states to act in the best interest of the child, Malaysia has made several reservations adversely impacting children from a refugee or asylum seeking background. Notable reservations include Article 2 which protects children from discrimination or punishment on the basis of the legal status of their parents, Article 37 which prevents children from being arbitrarily detained or imprisoned and Article 28(1)(a) which ensures refugee and asylum seeker children access to state education.[3]

More broadly, the refugee and asylum seeking community in Malaysia don't have access to state healthcare, work rights, national social support, and state education.[4] Where government supports are available, barriers such as prohibitive costs limit access. As such, many struggle to meet basic needs. As minors without protective support structures, unaccompanied children face heightened protection risks. This can include increased threats of sexual violence, exploitation and abuse, including vulnerability to trafficking and forced labour.[5]

Immigration detention

Refugees and people seeking asylum in Malaysia face the real possibility of being detained in immigration detention depots.[6] Under domestic law, refugees and asylum seekers are effectively unlawful migrants and subject to the 1959/1963 Immigration Act which includes criminal prosecution and immigration detention.[7] An internal directive in 2005 by the Attorney General's Chambers stipulates that those registered with UNHCR should not be prosecuted.[8] However, NGOs and UN bodies continue to report arbitrary arrests and threats of detention and extortion by law enforcement. UNHCR's 2015 report on immigration detention in Malaysia revealed 5,648 asylum seekers and 2,282 refugees were detained or were facing prosecution on immigration-related grounds.[9]

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[2] Save the Children & Asia Pacific Refugee Rights Network (2017), *Unlocking Childhood: Current immigration detention practices and alternatives for child asylum seekers and refugees in Asia and the Pacific,* p.6
[3] AAM & APRRN (2018), *Malaysia Universal Periodic Review*
[4] Asylum Access Malaysia & Asia Pacific Rights Network (2018), *Malaysia Universal Periodic Review - 3rd Cycle*
[5] Bhabha, J & Crock, M. (2007), *Seeking Asylum Alone. A comparative study of laws, policy and practice in Australia, the UK and US,* Themis Press, Sydney
[6] STC & APRRN (2017), *Unlocking Childhood,* p.6
[7] Malaysia: Immigration Act (1959-1963) & (1959)
[8] The Malaysia Bar (2008), *Joint Legal Seminar on International Refugee Law and the Role and Work of the UNHCR*
[9] UNHCR (2015), *Malaysia progress report: UNHCR Global strategy beyond detention*

The poor conditions and maltreatment within Malaysian immigration depots is well documented.[10] Mental illness, poor physical health and susceptibility to illness, self-harm, violence and even death are commonplace.[11] Detention for lengthy and often indefinite periods of time without judicial oversight, overcrowding, inadequate hygiene, lack of basic access to education, healthcare and recreation means immigration detention actively denies basic universal human rights.[12] In Malaysia, children are detained with adults and often separated from other family members on gender and age lines. Sleeping spaces are cramped and there is very little privacy.[13] Children in detention are vulnerable to impaired cognitive development and exposure to physical, emotional and sexual abuse.[14]

Setting the scene for change

The Human Rights Commission of Malaysia (SUHAKAM) hosted a round table on Alternatives to Immigration Detention in November 2013. The round table included representatives from government ministries, including the Ministry of Home Affairs, the Immigration Department, Ministry of Women, Family and Community Development and the Department of Social Welfare. Other participants included SUKA Society and international bodies such as the IDC, UNHCR and the International Committee of the Red Cross.[15]

During this meeting, there was general consensus that "children, particularly unaccompanied and separated children, should not be detained in immigration depots as this was detrimental to their physical and psychological well-being, and not in line with Malaysia's obligation under the CRC."[16] It was further undertaken that "a tangible goal would be exploring a pilot ATD program for children, preferably unaccompanied minors."[17]

In 2014, following the SUHAKAM Roundtable, the former Home Minister initiated a working group to discuss and operationalize alternatives for children in Malaysia. This comprised of key government ministry representatives, the Attorney General's Chambers, representatives from SUHAKAM and civil society organisations such as SUKA, IDC and Yayasan Chow Kit.

In consultation with the Malaysian Bar Council, SUHAKAM, the Prime Minister's Department for Human Rights and SUKA, UNHCR then developed the Global Strategy Beyond Detention 2014-2019 Malaysian National Action Plan (NAP) which outlined goals to end the detention of children and ensure that alternatives are legislated and implemented in practice.[18]

[10] Lakovic, L (2018), *Malaysia's Secret Hell: victims of violence, extortion, and abuse of power, in immigration detention centres tell their story,* South China Morning Post.
[11] STC & APRRN (2017), *Unlocking Childhood*
[12] STC & APRRN (2017), *Unlocking Childhood*
[13] STC & APRRN (2017), *Unlocking Childhood*
[14] SUHAKAM (2013)*, Roundtable on Alternatives to Immigration Detention,* p.8
[15] SUHAKAM (2013), *Roundtable on Alternatives,* p.8
[16] SUHAKAM (2013), *Roundtable on Alternatives*
[17] SUHAKAM (2013), *Roundtable on Alternatives*
[18] UNHCR (2015), *Malaysia progress report*

Following this, UNHCR established a joint UNHCR-NGO working group to improve collaboration and coordination amongst key stakeholders working on issues relating to immigration detention, including alternatives.[19]

In February 2015, against the backdrop of these national movements SUKA Society established Malaysia's first holistic, community-based alternative for unaccompanied and separated children known as the CPCM Program.[20]

What are Alternatives to Detention (ATD)?

A key purpose of ATDs is to replace immigration detention as an operational function of migration policy.[21] ATDs support a proactive and pragmatic approach to case resolution where people are seen as rights holders and able to comply with immigration processes without deprivation of liberty.

An ATD is broadly defined by IDC as "any policy or practice whereby a person is not detained for reasons relating to their migration status."[22] The CPCM Program represents a type of ATD. Throughout this report, the SUKA CPCM Program is often referred to as a 'holistic, community-based alternative' model or program.

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[19] UNHCR (2015), *Malaysia progress report*
[20] SUKA (2018), *Case Management Brief*
[21] IDC (2015), *There Are Alternatives*
[22] IDC (2015), *There Are Alternatives*

SUKA Society and the CPCM Program

SUKA Society is a Malaysian based non-government organisation established to protect and preserve the best interests of children.[23] As a member of IDC's network, SUKA is committed to supporting the rights of migrant, undocumented, stateless, refugee and asylum seeking children at risk of, or affected by immigration detention.

Established in 2015, the CPCM Program uses a holistic case management approach centred around child well-being, safety, permanency and case resolution. A fundamental component of the program is community placements for unaccompanied children which help promote safe and stable housing and offer an alternative to immigration detention.[24] As an organisation which specialises in both child protection and migration, SUKA offers a continuum of services which continue until a durable solution or case resolution is achieved.[25]

SUKA **case management** principles, policies and procedures have been crafted to ensure human rights obligations are adhered to and unaccompanied children in the migratory context achieve safety, well-being, stability and permanency outcomes. Overseen by a program director, individual case managers are tasked to implement these principles, policies and procedures when engaging one on one with children in their caseload.

> **What is case management?**
>
> "Case management centres on understanding and responding to the unique needs and challenges of the individual. Through functions such as screening and assessment, goal-oriented case planning and case coordination, case management builds on an individual's strengths, identifies vulnerability or protection concerns, and addresses needs as able. The approach promotes coping and well-being by facilitating access to support services and networks."[26]

One of the core components of the CPCM Program is finding permanent and stable home environments through **community placement**.[27] Informal foster care, kinship care and independent living arrangements are all elements of community placement.

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[23] For more information please see http://www.sukasociety.org
[24] SUKA (2018), *CPCM Manual*, p.10
[25] SUKA (2018), *CPCM Manual*
[26] IDC, (2015), *There are Alternatives,* p. VI
[27] SUKA (2018), *CPCM Manual*

| **Types of Community Placements** |
|---|
| **What is foster care?**

Foster care may take many forms, but essentially it is temporary care provided when a child's parents, legal guardian or customary care provider is unable to care for the child. Foster care can be a formal arrangement whereby the foster carer has legal guardianship of the child. It can also be an informal private arrangement made between the carer and another party whereby the foster carer takes responsibility for the child although without assuming legal guardianship..[28]

What is Kinship Care?

Kinship care occurs when a family member or relative agrees to care for a child. There are many benefits to informal kinship care including the ability for the child to maintain familial and community roots. Kinship care is an informal type of foster care.[29]

What are independent living arrangements?

An independent living arrangement is when an unaccompanied child chooses to live independently rather than in a foster care or kinship care arrangement. Typically this is chosen by older children over 16 years of age who live in shared housing arrangements without adult supervised care or guardianship assessed by SUKA. Whilst living independently, SUKA still assesses risk and works to ensure the safety of the living environment. |

Program Reach

The CPCM Program has case managed 56 unaccompanied children since 2015. Overall, 16% were female and 84% were male and the 3 countries of origin were Afghanistan, Somalia and Myanmar. Hazara boys from Afghanistan were by far the most represented in the program. An ethnic breakdown can be found in the below table:

CPCM participants by Ethnicity

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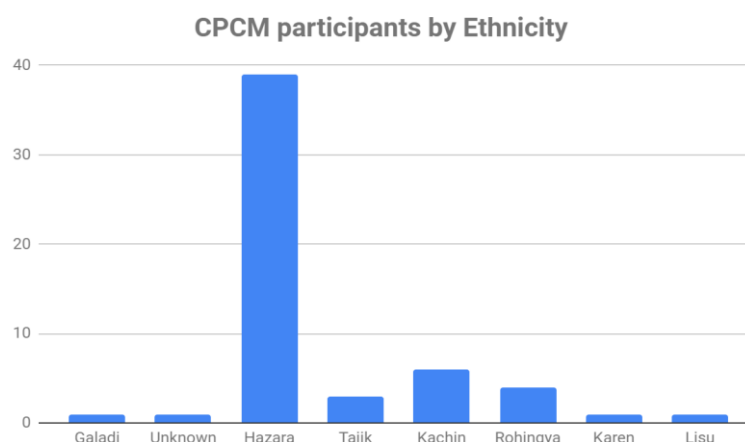
[28] SUKA (2018) *Manual on Foster Care for UASC*, p.3
[29] SUKA (2018), *Manual on Foster Care for UASC*, p.3

Beyond the 56 children case managed, SUKA has supported an additional 74 children with once off short term interventions such as addressing specific health needs, referring to education, housing support and food aid. Of these 74 interventions, 88% required support with initial UNHCR registration and documentation.[30] These cases fell outside of case management support due to a variety of factors, such as age, moving location often for informal employment, ability to engage in the program and program capacity. These intervention cases are not included in the scope of this evaluation.

As of 2019, UNHCR recorded 580 unaccompanied children recognised as refugees living in Malaysia and a further 322 with open refugee claims. These figures are inclusive of both unaccompanied children in detention as well as those living in the community. It is important to note that these figures do not include unaccompanied children not registered with UNHCR. Despite this, a rough estimate of unaccompanied children currently in Malaysia is around 900.[31]

Disaggregated data including ethnic breakdown of unaccompanied children in Malaysia is also difficult to obtain. General UNHCR data indicates that 51% of registered refugees in Malaysia are Rohingya, compared with the 0.1% representation in the CPCM Program.[32] The relatively low numbers of Rohingya children case managed by SUKA indicate the potential to adapt community engagement and program implementation approaches to ensure more Rohingya children are referred for support. **Therefore this evaluation recommends further research and investigation into the viability and feasibility of expansion to address the unmet needs of children not currently engaged with the CPCM program.[33]**

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[30] SUKA quantitative program data compiled for the External Evaluation

[31] UNHCR program data compiled for the External Evaluation

[32] UNHCR (2019), *Figures at a Glance - Malaysia*

[33] The evaluators note that the CPCM program scope was intentionally limited due to organisational capacity and funding restrictions. A hallmark of SUKA's success as a suitable community-based model is its holistic and comprehensive case management approach with intensive individualised support. Therefore we acknowledge that with limited staffing, SUKA must maintain quality of service to continue reaching program outcomes. This may include needing to limit program numbers.

Evaluation Approach

Aim and Scope

The evaluation aimed to assess the suitability of SUKA's CPCM Program as an alternative to detention model for Malaysia. To answer this question, the evaluators analysed the extent to which the program:

- improved the well-being of unaccompanied children
- facilitated positive engagement with the migration resolution processes
- provided a cost-efficient alternative to immigration detention
- was adaptable and responsive to the Malaysian context

By dividing the research questions into four broad areas, Lighthouse Partnerships were better able to validate findings under the evaluation outcomes, infer learnings and innovations of the program and illustrate the impacts of the CPCM Program on the lives of children.

Methodology

Lighthouse Partnerships adopted a mixed-method evaluation approach utilising both quantitative and qualitative research tools. The evaluation included desk-based research and three days travel to Kuala Lumpur in early January, 2019. The evaluation team conducted face-to-face semi-structured interviews with program staff, former unaccompanied children aged out of the program, foster parents, community leaders and key referral partners.

Data from 50 cases active on the CPCM Program for at least 6 months between February 2015 until October 2018 informed the evaluation findings. Qualitative data compiled for an internal evaluation in 2018 was also used, incorporating data from children (15 feedback forms, 8 exit interviews conducted by a neutral party), foster parents (10 interviews) and case manager reflections (4 interviews).

Other CPCM Program data assessed as part of the evaluation included program manuals, program materials (assessment tools, policies and procedures, etc), quantitative and qualitative program records and case studies.

For a more detailed explanation of the evaluation see the **evaluation framework** attached in Annex I.

Limitations

While the perspectives of children currently in the CPCM Program are valuable, they were not interviewed as part of this evaluation because of their status as minors. As an alternative, Lighthouse Partnerships sought to interview children who were 18 years old but had previously been on the program, both living in Malaysia and resettled in another country. Time limitations set for the evaluation meant that only a small sample size could be interviewed. An analysis of internal quantitative and qualitative program data was incorporated to confirm and supplement interview findings and to ensure that feedback from unaccompanied children was incorporated into evaluation findings.

Lighthouse Partnerships' interviews with former program participants, foster parents and community leaders were limited to the Afghan and Kachin communities due to time constraints and because they represented the largest groups supported by the program. During the site visit and desk-based research however, it was apparent that the Rohingya community also represented a large proportion of unaccompanied children in Malaysia. As there were a limited number of Rohingya children in the CPCM Program, the evaluators drew limited conclusions about this community.

Chapter 1: Meeting Program Outcomes

> ## Key Finding 1:
> ## SUKA has achieved significant progress towards realising program outcomes

This evaluation found that SUKA's CPCM Program made significant progress towards realising its four key program outcomes of ensuring children experienced increased 'safety', 'stability', 'permanency' and 'well-being'. This section outlines the CPCM Program outcomes then discusses findings of SUKA's progress against them.

> **Key Program Outcome: Safety**
>
> "A core function of the Programme is to ensure that every child in out-of-home care is safe. Safety includes interventions that protect a child from actual or threat of harm and minimisation of risk of harm in the out-of-home care environment. More specifically the goals should include physical protection, where a child is living in a safe environment without threat or actual presence of abuse, maltreatment or neglect; and that a child has the necessary skills to protect themselves. Contingency and safety plans should be developed with the caregiver and the child."[34]

1.1 The CPCM Program improved children's safety

Upon entry into the program, case managers undertook a needs assessment and case plan. From there, monthly one-on-one visits and continual reassessment of risk were undertaken. This was found to identify, mitigate and address safety risks of children on the program. Of 50 cases included in this evaluation, 14 were assessed as being in imminent danger, with 4 in present danger. Of the 4 categorised in present danger, 3 had immediate follow up within 24hrs and one within 48hrs.

The evaluation also found that children self-reported feelings of safety and security as a result of program participation. The structured support of the CPCM Program was also associated with protection from trafficking and other forms of exploitation. As one former program participant reported "many people can take advantage of you. When someone tried to take advantage of me, I would say I was a part of SUKA. They were not trying to take our money and give us trouble."[35] **The evaluators recommend further research into the potential link**

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[34] SUKA, *CPCM Program M&E Document*, p. 9
[35] External Evaluation Interviews (2019), former male program participant now resettled in Australia

between alternative to immigration detention community-based models and the prevention of trafficking and exploitation.

Key Program Outcome: Stability

"The Programme aims to help a child restore the temporary stability that was lost as a result of the migration process/separation from their parents/formal caregiver. This includes establishing family links where possible, securing alternative care placement in the community, such as foster care and arrangements with community members or independent living for older minors."[36]

1.2 The CPCM Program improved children's stability

SUKA's community placements resolved housing crises for all children on the program. Of 50 children, 36 were placed into community placement, 6 into kinship care and 8 into independent living arrangements. Not one child absconded from community placement.

● Community placement (36) ● Kinship care (6)
● Independent living (8)
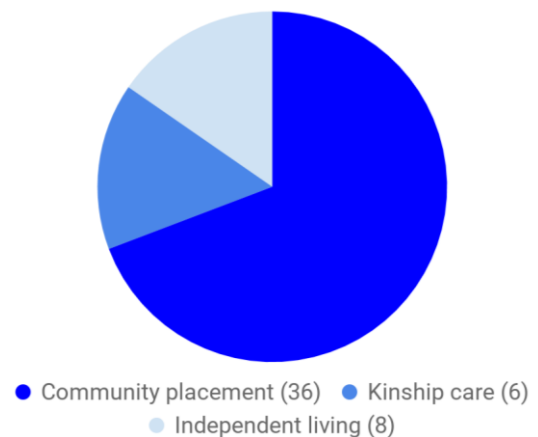
On average, children moved a total of 1.82 times while in the program. Each move was overseen by SUKA staff and were undertaken with the consent of the child, demonstrating operationalisation of international child protection standards. Moves were between foster care placements and from foster care to independent living arrangements. Interestingly, most stability was found in those placed in kinship care. However, data available was not adequate to delineate reasons behind the number of moves. **Hence, the evaluators recommend SUKA complete a trend analysis to understand the root causes of moves.**

In addition, upon entry to the program, SUKA undertook a family tracing assessment with every child. Of the 50 participants included in this evaluation, 4 were assessed as appropriate for referral to tracing services. Of the 4 cases referred to tracing services, 2 subsequently reconnected with family members.

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[36] SUKA, *CPCM Program M&E Document*, p.9

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Key Program Outcome: Permanency

Permanent solutions include obtaining legal protection and working towards a more durable case resolution. This may include resettlement, repatriation where possible, or local integration and/or preparation for ageing out of the program and continued independent living into adulthood. [37]

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1.3 The CPCM Program facilitated ongoing engagement with migration resolution process

As a priority SUKA immediately addressed unaccompanied children's legal status. Upon admission to the program 44 out of 50 children were 'undocumented'.[38] CPCM case managers advocated for expedited appointments through the UNHCR partner-referral system.[39] On average, program participants received their UNHCR cards within two months of admission into the program.[40] All children in the program remained engaged with the migration resolution process and not one missed a UNHCR appointment.

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Key Program Outcome: Well-being

Well-being outcomes are measured across seven main domains:

i. Material well-being – adequate food, clothing and other basic essential items
ii. Physical well-being – current health and access to health care
iii. Emotional & Mental well-being – emotional and mental health
iv. Education – access to education
v. Housing – safe and adequate living conditions with basic amenities
vi. Relationships & support systems – develop and strengthen primary and secondary support circles
vii. Risk and Safety – reduction in risk/threat of harm and arrest by authorities for immigration offences."[41]

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Overall well-being related to material needs, physical health, mental and emotional well-being, education, housing, relationships and support systems and risk and safety improved for unaccompanied children in the program.

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[37] SUKA, *CPCM Program M&E Document*, p.10

[38] undocumented refers to those without documentation such as a visa, residence permit or other authorisation to reside in a country. In this context undocumented refers to UASC in Malaysia who have not yet been granted with a UNHCR card. It may or may not also include those without identification documents such as a passport of ID card.

[39] UNHCR commenced the partner-referral system in 2015 to raise awareness amongst NGO partners identification of vulnerable individuals: UNHCR (2015), *Malaysia progress report, p2*

[40] SUKA quantitative program data compiled for the External Evaluation

[41] SUKA, *CPCM Program M&E Document*, p.10

1.4 The CPCM Program improved children's material well-being

100% of children in the program received material support including rent payments, weekly food aid and coverage of essential health treatment. Other basic essential items such as clothing was provided on an as needs basis. Material aid was reported most frequently by all interviewees as having the most immediate and significant positive impact on children. However, whilst SUKA ran regular food banks highly valued by children and foster parents, the quantity of food was consistently reported as insufficient. **The evaluators recommend SUKA increase food provision to ensure greater food security for children in the program.**

1.5 The CPCM Program identified and addressed children's health issues, improving physical well-being

27 of the 50 children included in this evaluation were identified as being in need of health intervention. Of the 27, SUKA was able to support a total of 21 resolve health issues. Only 3 remained unresolved and a further 3 were in progress at the time of the evaluation.[42] Reasons given for the 3 unresolved cases included a gap in expertise within country and/or prohibitively high treatment costs.[43]

● Needs resolved (77.8%) ● In progress (6%)
● Needs unresolved (6%)
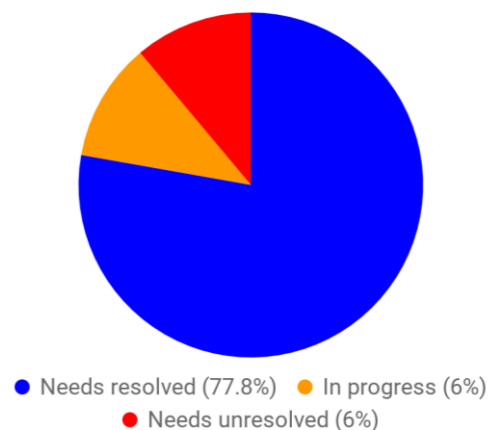
> "Within a few months into the case management program, I got dengue and leptospirosis. I was very ill and felt so alone. SUKA ensured that I got treatment quickly even though I was undocumented and could not afford to pay for it. Without this intervention I don't think I would be alive today."[44]
>
> Former program participant (male)

1.6 The CPCM Program mental health interventions led to positive impacts on mental and emotional well-being

20 of the 50 cases considered for this evaluation were identified as requiring mental health services. Of these 20, SUKA directed 14 into mental health care support (with another 2 in process at the time of this evaluation and 4 declining consent of referral).[45] One child from

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[42] SUKA quantitative program data compiled for the External Evaluation
[43] SUKA quantitative program data compiled for the External Evaluation
[44] SUKA Impact Stories (2018)
[45] SUKA quantitative program data compiled for the External Evaluation

Afghanistan reported "I was not able to sleep during the night and SUKA took me to a counsellor who helped me.[46]

1.7 The CPCM Program facilitated entry into education

100% of children included in the evaluation received an education assessment upon entry into the program. From this, 96% were linked into and engaged in education. Only 2 children were unable to attend school due to unresolvable access issues. 4 children who were linked into education disengaged, 3 whilst on the program and one after leaving the program.

● Ongoing education   ● Disengaged from study
● Unresolvable access issues
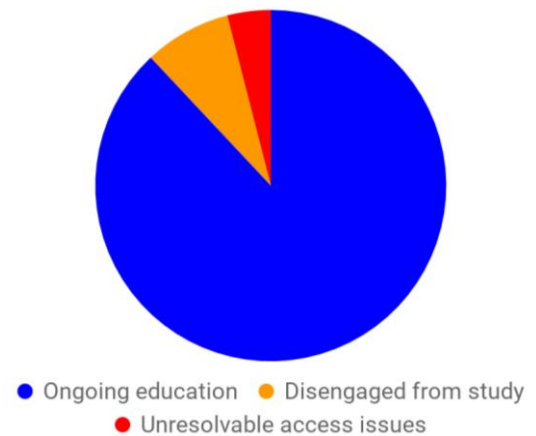
1.8 The CPCM Program promoted interpersonal relationships, contributing to well-being and a sense of community

Through semi-regular SUKA activities and events, connections were created between children from similar and different cultural backgrounds. Multiple interviewees reported one camp in particular as fun, meaningful and informative. Consistent feedback from community leaders and children involved in the program was to increase social activities. **To build on these outcomes, the evaluators recommend SUKA develop a program of regular social events to foster relationships and build support systems.**[47]

1.9 The CPCM Program improved children's safety and reduced their level of risk

Immediate safety interventions, facilitation of UNHCR documentation, and program support that increase feelings of subjective safety contributed to the overall improved safety of unaccompanied children. Please refer to '1.1 The CPCM Program increased children's safety' for more information on safety outcomes.

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[46] SUKA Impact Stories, (2018)
[47] SUKA CPCM qualitative data compiled for Internal Evaluation

Chapter 2: Key Enablers of Success

The evaluation uncovered key elements of program design and implementation that have contributed to SUKA's success in achieving program outcomes and delivering a viable alternative to detention model. The following findings highlight the key approaches and mechanisms leading to success, and factors to be considered when replicating the model in other contexts.

> **Key Finding 2:**
> SUKA's consideration of child protection and migration contexts was pivotal for program success

This evaluation found that a combination of expertise in child protection and migration were key factors in the success of the program. Research by Bhabha and Crock found there is a tendency for governments to treat unaccompanied children "as migrants first, and children a distant second, placing the issue of border control above that of child protection.[48] Thus comprehensive and rights-based alternative to detention models should consider the specific needs, vulnerabilities and strengths of the population it targets.[49] In the case of the CPCM Program, this includes vulnerabilities unaccompanied children face in addition to pressures associated with being a refugee or person seeking asylum in transition. In Malaysia, where there is no policy framework addressing the rights of people seeking asylum and refugees, the needs of unaccompanied children are further hidden.[50]

Equally, achieving well-being, stability, permanence and safety outcomes for unaccompanied children cannot be done without recognising the realities and structural challenges imposed by migration transition. Unaccompanied children's needs must be addressed within this context. Thus, a deep understanding of both child protection and issues affecting refugees and asylum seekers are essential to providing effective and holistic care.

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[48] Bhabha & Crock (2007), *Seeking Asylum Alone,* p.54
[49] IDC (2015), *There are Alternatives*
[50] Bhabha & Crock (2007), *Seeking Asylum Alone,* p.20
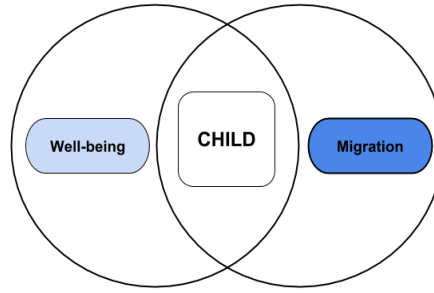
Combined Child Protection and Migration Model

To date, SUKA has designed and implemented the only holistic, community-based alternative in Malaysia for children. Originally SUKA had a child rights focus, but went on to develop organisational capacity in migration to ensure that children receive fair and just treatment, have access to appropriate care, and achieve case resolution.

To develop complementary migration expertise SUKA participated in a number of national roundtables on alternatives to immigration detention, thus forming partnerships with key agencies working in migration including governmental and non-government organisations such as UNHCR. They strategically established organisational relationships with legal aid NGOs, whilst upskilling their internal staff to have a comprehensive understanding of the impact of migration on children. **Other organisations looking to replicate the CPCM Program could consider strategic recruitment of staff with child protection and/or migration expertise or introduce professional development opportunities through trainings as well as form strong relationships with specialised agencies.**

SUKA's dual consideration of child protection and migration contexts is also demonstrated in practice. An analysis of program data, including exit surveys and interviews, showed that the individuality of the child was continually taken into consideration and their best interests safeguarded.[51] Furthermore, case management staff consistently identified migration needs of each child and appropriately addressed them through established referral networks including with legal experts. This evaluation concludes that this dual expertise is an important enabler of positive impact for both child well-being and case resolution. The impact of this approach in practice will be consistently demonstrated throughout subsequent findings.

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[51] SUKA (2018), *CPCM Internal Evaluation*

Key Finding 3:
Strategic provision of material aid was a precursor to achieving program outcomes

This evaluation found that immediate survival needs of unaccompanied children must be addressed as a matter of priority when implementing an alternative, community-based model. Material support, such as rental assistance and food provision, were an essential precursor to overall child well-being.[52]

> "Since I was taken into SUKA's case management program, my situation changed a lot. I was assisted with finding more safe and suitable housing and all my immediate basic needs were looked into."[53]
>
> Former program participant (male)

This evaluation found that material aid provided in conjunction with individualised holistic case management was a contributing factor to the fulfilment of other program outcomes. A former program participant explained "rental and food support was the most helpful as it allowed me to go to school."[54] Triangulated data from evaluation interviews and internal quantitative and qualitative program data found that material aid was an enabling factor to achieve the following:

- securing stable longer-term housing and experiencing stability
- attending and focusing on education rather than working for survival
- increased nutritional intake leading to improved overall health
- access to essential medical treatment leading to improved overall health
- reducing stress and feelings of being a burden on the community
- overall positive impact on well-being and thus better engagement in the migration process

Prior to SUKA support, children reported living in precarious, overcrowded or unsafe conditions, such as in parks or in people's hallways on the floor.[55] Some children engaged in work outside of the formal economy to try and support themselves. In many cases this wasn't sufficient to cover rent and was often taken at the expense of education. Many were unable to leave exploitative work for fear of losing the only form of income available to them. This reflects the extreme levels of poverty unaccompanied children face in Malaysia with no work rights, no state social support and for many, the pressure to earn money for family overseas.

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[52] This will be further explored in the following section on 'SUKA's holistic approach to well-being'
[53] External Evaluation Interviews (2019), former program participant (male)
[54] External Evaluation Interviews (2019), former female program participant
[55] SUKA Impact Stories, (2018) & External Evaluation Interviews (2019)

SUKA's holistic approach is evidenced throughout program design and practice. Management and frontline workers consistently made decisions to ensure the complex and diverse needs of unaccompanied children were addressed. This is particularly demonstrated through the programs:

- holistic conception of well-being
- holistic case management practice
- integration of migration resolution needs into case management practice
- establishment of a multi-disciplinary referral network

4.1 The CPCM Program addressed well-being in a holistic way, leading to better outcomes for children

In the CPCM Program manual 'well-being' comprises 7 interconnected domains. This holistic concept of wellbeing meant that the complex and diverse needs of unaccompanied children were recognised as was the interrelationship between domains. Examining domains simultaneously enabled the CPCM Program to proactively consider and address multiple facets of the child's life. (Please refer to chapter 1 for more detail on SUKA's impact on well-being).

The evaluation found that the focus on children's migration case resolution was consistent and necessary to maintain this holistic approach. Whilst not reflected in SUKA's CPCM Program well-being framework, legal status was consistently reported by children throughout evaluation interviews as central to their well-being.[56] It was found that legal status, engagement with UNHCR processes and case resolution outcomes impacted other aspects of well-being such as safety, mental and emotional well-being. To better reflect program outcomes and provide the visual linkages necessary when replicating the model elsewhere, **the evaluators recommend the inclusion of a legal domain into SUKA's CPCM Program well-being framework with the visual placement of the child at the centre,** as demonstrated below.

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[56] External Evaluation Interviews (2019), various
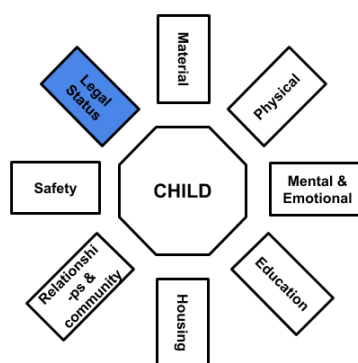
Proposed revised Well-being Framework

4.2 The CPCM Program's holistic case management practice addressed the multiple and changing needs of children

The evaluation found that CPCM Program's case management practice was child-centred and considerate of all aspects pertinent to children's circumstances. At the case management level this primarily involved identification of individual and complex needs, structured support, building rapport and fostering positive relationships and coordinating multi-disciplinary care. Overall, the practice of a holistic approach for each child was reported to build hope as evidenced in a former program participant's interview, "they [SUKA case managers] give us hope and don't let us give up."[57]

The initial screening and assessment stage was vital in establishing trust and identifying needs. A former unaccompanied child explains, "the first step when I met SUKA was so important because I was scared to go outside and I didn't have anyone to help me at that moment – to help me and listen to me."[58]

The ongoing structured and regular contact that case managers maintained was consistently linked to former program participants feelings of trust with SUKA. As a former program participant reported "my case manager visited every month and she would spend time talking to me and advising me. Her advice was really helpful."[59] Another stated "I know now that I am not alone. I have people who look out for me and know that I am here."[60] These experiences were verified by foster carers and CPCM Program staff who also linked the benefits of regular case management on children's engagement with the program.[61]

Case managers were also found to be flexible in adapting to individual needs of children. Case managers proactively tailored care plans to children on the program with the backing of an

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[57] SUKA Impact Stories (2018)
[58] SUKA (2018) qualitative program data for Internal Evaluation
[59] SUKA Impact Stories (2018)
[60] SUKA Impact Stories (2018)
[61] External Evaluation Interviews (2019), foster carers

established referral network and various program supports such as community placements, material aid and structured protective mechanisms.

4.3 The CPCM Program's integration of migration resolution into case management practice has led to better outcomes for children

The evaluation found that SUKA recognised the relationship between migration resolution needs and children's overall well-being which they subsequently integrated into case management practice. Identifying how legal status impacted on children's individual circumstances and appropriately addressing barriers to engagement with the migration process was central to program success. This is consistent with existing research on best practice alternative to detention models: "... case management can contribute to timely case resolution by identifying legal, practical and personal barriers to likely outcomes and working on shared solutions."[62]

Initial screening and assessment conducted by case managers was instrumental in the consistent identification and prioritisation of not only risks to safety, rapport and trust building, but also legal needs. Upon admission to the program 44 out of 50 children were identified as being 'undocumented' and on average after 2 months became documented.[63] The importance SUKA placed on ensuring documentation of children during the screening assessment phase was reflected in the priorities of the program participants themselves. As a former Afghan program participant explained: "[UNHCR documentation] gives you hope that something will happen, otherwise there is no specific thing with meaning in life."[64]

Case managers interviewed as a part of this evaluation articulated the link between children's migration status and overall well-being.[65] As one case manager noted "a condition of our program is that SUKA have a copy of any document that is useful for the Refugee Status Determination process, such as doctors reports."[66] Case managers routinely asked follow up legal questions and monitored legal and case resolution status as evidenced in quantitative program data, assessment tools and forms examined by the evaluators. In all interviews and throughout internal program qualitative records, the majority of program participants emphasised the support that SUKA provided in relation to their engagement with the process: "SUKA will give you advice or try to make you ready for the interview. If you have any difficulties, if you not able to attend, they will make sure it will go through the right processes and you are prepared when you go."[67]

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[62] IDC, (2015), *There are Alternatives,* p. VII

[63] undocumented refers to those without documentation such as a visa, residence permit or other authorisation to reside in a country. In this context undocumented refers to unaccompanied children in Malaysia who have not yet been granted with a UNHCR card. It may or may not also include those without identification documents such as a passport of ID card.

[64] External Evaluation Interviews (2019), former program participant (male)

[65] SUKA, (2018) *CPCM Manual*; SUKA CPCM Screening and Assessment Tools

[66] External Evaluation Interviews (2019), case manager CPCM Program

[67] External Evaluation Interview (2019) with former program participant (male), now resettled in Australia

4.4 SUKA's establishment of a multi-disciplinary partner network led to smoother referral pathways

SUKA's stakeholder mapping and collaboration during project inception identified key strategic referral network partners to ensure all aspects of children's needs were considered. Partnerships such as with UNHCR, education providers, health services, legal aid and community centres laid the groundwork for SUKA's holistic program model. This multidisciplinary referral network became a gateway for children to access essential education, health, community and legal support they may not have otherwise received.

SUKA's partnerships led to greater resource utilisation efficiency and the clarification of roles and responsibilities between partners to prevent service duplication. A SUKA referral partner reported that despite their services being at capacity for several years, they continued to take children supported by SUKA because they were confident that SUKA held responsibility for the overall case management needs and goals of the children.[68] Collaboration enabled partner organisation to target specific supports such as English classes, health interventions or food relief without having to meet other needs of unaccompanied children already addressed by SUKA.

Furthermore, UNHCR reported SUKA was one of the highest NGO referrers in 2018, referring 41 children at risk, of which 38 were undocumented.[69] Ongoing relationship building with UNHCR and other key organisations facilitated the expedition of these cases to the child protection unit for vulnerability assessments.[70] **The evaluators recommend SUKA consider formalising key partnerships through official agreements and memoranda of understanding (MOU)** to ensure the sustainability of vital relationships.

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[68] External Evaluation Interviews (2019), external stakeholder
[69] External Evaluation Interviews (2019), UNHCR
[70] External Evaluation interviews (2019), UNHCR; UNHCR, (2015).

Rahmat's story:[71]

The importance of holistic case management for addressing the multiple barriers unaccompanied children face seeking protection in Malaysia

Rahmat, a Hazara young man from Afghanistan arrived in Malaysia when he was 16 - "when I arrived I didn't know anyone. When the smuggler brought me to Malaysia he left me. I was alone. I couldn't even work. I was really scared. I was told about kidnappers and the police. Before I met SUKA, I kept thinking if something happened to me no one will know about it."

Upon arrival Rahmat went straight to the UNHCR offices who advised him to seek help from the Afghan community - "UNHCR told me the address of the Afghan community. I got the address, and I walked there. Because I didn't have any money and only had a GPS, for hours I was walking. I was really scared because I didn't have anything and I didn't know about visas."

When Rahmat arrived at the Afghan community centre they warned him about the very real risk of arrest and detention. They said they were unable to provide him with ongoing support and told him about SUKA. Rahmat was soon accepted into the CPCM Program - "when I first met my case manager I told her about my situation. I was so happy. SUKA gave me rental support, food, support for school, they gave me support with health. They helped me with everything. It made me feel confident that something will happen. After that I was enrolled into school and again I felt more relaxed."

SUKA provided essential supports for Rahmat and enabled him to attend school and address his health concerns - "It is not just about skills, it made me not depressed. Young people do not have anything in Malaysia. If they do not have study, they might commit suicide. So if they get this help, they will try to live and there will be some hope. Or at least it will make them busy so that they do not think about their past."

Rahmat also says the program provided him with feelings of safety and protection - "If some happening to you then you can go to SUKA. There are a lot of gangsters and kidnappers. When I did not have documents, I was always assuming if something happened to me, if I go somewhere even to get food, someone would catch me, the police would jail me. You cannot go to government to ask for help. You have nothing."

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[71] Name has been changed to protect identity.

> One of the key areas of support provided by SUKA is facilitation and guidance through the legal process. For Rahmat this included help attending appointments, keeping documents safe and support to be aware and prepared for each stage of the process - "First when I went to UNHCR they just gave me a ticket for an appointment in 6-7 months' time. When I told my case manager, she took me to legal aid and she made my appointment earlier, so I could get a UNHCR card."
>
> After being in Malaysia for 18 months, Rahmat was resettled to Australia where he is currently completing his final year of school. After he hopes to study Medicine. For him the support provided in Malaysia by SUKA better prepared him for resettlement - "When I came here [to Australia] my English was okay. The learning in Malaysia, especially English and Maths was really helpful. ... If I didn't study in Malaysia, I wouldn't be able to study in Australia."

Key Finding 5:

Fostering community was essential to achieving positive outcomes for children

This evaluation found strong evidence that SUKA's engagement with communities was essential to achieving positive outcomes for both unaccompanied children and the communities who support them. SUKA achieved this by:

- providing a family-like support structure for unaccompanied children
- facilitating culturally appropriate community placements
- proactively engaging with Afghan and Kachin communities
- successfully piloting a community case manager model

5.1 The CPCM Program served as a family-like structure fostering an increased sense of safety and stability for children

> "SUKA's case management program created a family for other minors like me who are in Malaysia without any family."[72]
>
> Former program participant (female)

Both in interviews and qualitative program data, children reported the CPCM Program created an important sense of family and community. Prior to SUKA engagement, many

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[72] SUKA Impact Stories (2018)

unaccompanied children reported a sense of isolation. Often referring to SUKA as family and fellow program participants as siblings, former children in the program reported the solidarity and connection built as part of program participation provided a structure previously lacking due to family separation. The support structure that SUKA provided children formed an important protective system around the child. Alongside holistic and individualised case management, facilitating community links and provision of material aid, this contributed to this sense of belonging in an otherwise transient context.

5.2 Culturally appropriate placements promoted a sense of belonging for children

SUKA's prioritisation of community placement, as opposed to mainstream national shelters or non-community placements, was a key component in facilitating a sense of connection. As reported in interviews and program qualitative data, this was integral to unaccompanied children's subjective and objective sense of stability and safety. As a former program participant explained, "community means to be safe and secure – we can help each other.[73] Program participants, foster carers and community leaders all stressed the importance of connection to community in feeling safe and maintaining a sense of belonging.

Community placement options are carefully assessed upon entry into the program and are regularly re-assessed to ensure that children remain in a safe and stable placement.[74] Once placed into a placement, children reported feeling a sense of normalcy and hope and were better able to engage with school and attend English classes, resulting in a gradual increase in their sense of well-being.[75] Connection to culture provided familiarity in an otherwise transitory and precarious situation.

> "It's important because when you have something in your heart, you cannot fully express. Someone that understands your language, you are more comfortable to share and express lots of things."[76]
>
> CPCM foster parent (Afghan Community)

SUKA selectively vets and trains prospective community members before carefully matching them with children. Whilst SUKA utilise an informal foster care model, this evaluation found that some living arrangements were more consistent with a share house rather than a traditional foster care placement. In fact, foster carers did not always consider themselves as informal guardians of young people, rather as living independently alongside unaccompanied children.

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[73] External Evaluation Interviews (2019) former program participant (female)
[74] SUKA (2018), CPCM Program Manual
[75] SUKA (2018), *CPCM Internal Evaluation*
[76] External Evaluation Interviews (2019), Afghan community foster carer

The evaluators found that motivations for becoming a foster carer were complex. Indeed foster carers had part altruistic, financial and strategic motivations for being involved with the CPCM Program.[77] Agreeing to house an unaccompanied minor was usually attributed to the incentive of rental and food supports offered as part of the community placement.[78] For example, one family agreed to housing multiple unaccompanied children because rental support meant that the family could spend more money on much needed medical treatment for a family member with a chronic condition.[79]

In some cases, being formally connected to an organisation such as SUKA was seen as an advantage and a means for foster carers to informally receive support to meet their own needs. Many foster carers wished for more assistance from SUKA to help meet their own complex needs including financial, health and legal needs. The evaluators found that this was indicative of broader issues of resource scarcity within refugee communities in Malaysia.

Given the pivotal role foster carers play in community placements, ongoing support for foster carers to deliver quality care to unaccompanied minors is essential. The evaluation found that **continual capacity-building is required to ensure that foster carers are adequately equipped and remained engaged with the CPCM Program**. Foster carers suggested regular meetings to debrief and build a network amongst other foster carers, as well as formal training on caring for children with trauma.[80] This was particularly highlighted in one interview in which a foster carer spoke about her desire to learn how to respond to the psychological needs of SUKA children in her care, as well as appropriately and constructively manage the difficult conversations which arise in a co-living environment.[81]

5.3 The CPCM Program's proactive engagement with the Afghan and Kachin communities increased identification and improved support of unaccompanied children

The evaluation revealed that SUKA undertakes extensive community engagement by way of consultations and regular informal dialogue with community leaders. SUKA's engagement with the Kachin and the Afghan communities was found to be especially well-established. Both communities reported a high level of trust in SUKA. SUKA also contributed to the UNHCR-led consultations with the Rohingya community to better assess the needs and feasibility of developing community placement models specific to this cohort, further demonstrating SUKA's willingness to adapt the CPCM Program to diverse communities living in Malaysia.

SUKA's proactive community engagement approach has led to earlier identification of cases. It was reported that the primary referral pathway to the CPCM Program was by way of

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[77] External Evaluation Interviews (2019); SUKA (2018), CPCM Internal Evaluation
[78] SUKA (2018), Case Management Brief
[79] External Evaluation Interviews (2019), foster carer
[80] SUKA (2018), *CPCM Internal Evaluation*
[81] External Evaluation Interviews (2019), foster carer

community. This is evidenced by a decrease in the amount of time unaccompanied Hazara children were in Malaysia prior to accessing support from SUKA over the past 3 years. In 2015 Hazara children were in the community for an average of 6 months prior to receiving SUKA support. This decreased by 50% to an average 3 months in 2018.[82] As one former SUKA program participant observed, "...if the organisation is engaged with communities, they will find young people like me. Whenever someone really needs help the Afghan community will try to link you up with MSRI and SUKA. The community cannot do much because of so many stresses, but they will try to link you up."[83]

SUKA's community engagement has included capacity building of communities to better support unaccompanied children. To date SUKA has facilitated workshops for community in partnership with other organisations which has included legal education sessions. Throughout the evaluation community leaders consistently provided feedback requesting for more capacity development to better support children and meet their own needs. In particular, leaders from the Afghan community identified need for group work activities around healthy relationships, sexual and reproductive health, how to stay safe in Malaysia and information on Malaysian laws and legal processes. **The evaluators recommend capacity building programs be made available for the broader community to further support unaccompanied children in Malaysia.**

Despite SUKA's comprehensive engagement with communities, there was no evidence of systematic and proactive identification of children marginalised from their communities. Focusing exclusively on community referral pathways has the potential to exclude children marginalised from their communities. This could include children with gender and sexual diversity, disability and children experiencing sexual or gender based violence, including familial violence and forced marriage. This finding does not mean that SUKA actively excludes marginalised children from their program, however indicated that **there is an opportunity to further explore avenues to proactively identify children marginalised from their communities.** Approaches may include the formalisation of discrete self-referral pathways in community centres and organisations, engagement with specialised organisations focusing on these intersectional issues, collecting data, and community capacity development around the specific needs facing these marginalized groups, particularly with key community leaders.

5.4 The CPCM Program's community case manager pilot increased engagement and identification of unaccompanied children within the Afghan community

> "Word has gone around in the community. The community now knows SUKA and can refer to them."[84]
>
> CPCM case manager

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[82] SUKA CPCM quantitative program data (2018)
[83] External Evaluation Interview (2019), former SUKA program participant, now resettled in Australia
[84] External Evaluation Interview (2019), CPCM Case Manager

A key strategy SUKA employed to better address the needs of the community was to employ a community case manager. This was piloted with the Afghan community and has not yet been replicated in other communities. The Afghan community case manager is the main contact point for SUKA to the community, providing cultural guidance and support to other case managers and the organisation. The pilot has significantly increased identification of children in need of support, reduced language and cultural barriers to engagement, and fostered trust between the community and SUKA. This was evidence through data from interviews with SUKA staff, former program participants, foster carers and community leaders. Given this success **the evaluators recommend SUKA adapt the community case manager model to other community contexts. In doing so the evaluators also recommend that SUKA further recognise the unique position the community case manager is in, and provide adequate and relevant professional support to ensure the sustainability of such a position.**

Chapter 3: Cost-effectiveness

Key Finding 6:
The CPCM Program is a cost-effective alternative to immigration detention

6.1 A rudimentary cost-effective analysis reveals that the CPCM Program is approximately 90% cheaper than immigration detention

The evaluators found that reliable and accurate data on the cost of immigration detention in Malaysia was insufficient to conduct a comprehensive cost-effective analysis. In the absence of this information, the evaluators conducted a rudimentary analysis with the most recent anecdotal evidence on the cost of immigration detention against SUKAs financial records for the 2018 calendar year.

On 17 October 2018, the Immigration Deputy Director (Operations, Investigation and Prosecution) Eadie Nor Faizal estimated that housing, electricity, water and meals per detainee in immigration detention centres per day cost about **RM80**.[85] To provide a fair comparison point, the evaluators calculated the costs of utilities, rent and food under the SUKA program in 2018. The combined CPCM Program costs (rent, utilities and food) was **RM8.83** per person per day. Therefore, it could be surmised by way of rough calculation that the CPCM Program is estimated to cost 90% less than immigration detention.[86]

Comparative country examples reveal that community-based alternatives are significantly more cost effective when compared to immigration detention.[87] The IDC estimate that the cost of ATDs may be up to 80% less than immigration detention facilities.[88] Should further reliable data be made available in Malaysia, the evaluators **recommend SUKA and IDC utilise economic modelling principles to conduct research into comparative cost effectiveness.**

Furthermore, impacts of the CPCM Program on the future economic and social independence of program participants would lead to a deeper understanding of cost-benefit outcomes. **The evaluators recommend investigating the positive impact of the CPCM Program on longer-term employment, education, English and well-being outcomes in resettlement countries.**

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[85] Bedi, R. (2018), 'More than 1000 children detained in Immigration centres this year', *The Star*
[86] Figures obtained from SUKA CPCM Financial records. Please note that this calculation is not the total cost of implementing the SUKA CPCM program. Analysis has been limited to the cost of rent, utilities and food.
[87] Further examples of cost-saving community-based alternatives can be found in the IDC (2015), *There are Alternatives* and STC & APRRN (2017), *Unlocking Childhood*
[88] IDC (2015), *There are Alternatives*

This could contribute to advocacy with resettlement countries to invest in holistic, community-based alternatives for improved resettlement outcomes in transit countries.

Conclusion: Implications for Community-based Alternatives

The evaluation found that SUKA's CPCM Program is a suitable alternative to immigration detention as it improved the overall well-being of children, facilitated engagement with the migration resolution process, was a cost-effective alternative to immigration detention and adapted to unique community contexts. In addition to the key findings and enablers of success outlined above, recommendations throughout the evaluation also serve as learnings for similar projects in comparative country contexts. A summary of recommendations can be found below:

Addressing needs of current CPCM Program participants:
- Increase food provision to ensure greater food security for children
- Complete a trend analysis to understand the root causes of community placement movements to ensure the ongoing safety and stability of unaccompanied children
- Consider formalising key partnerships through official agreements and MOUs to ensure the sustainability of referral networks

Integrating migration support with holistic case management:
- Include Legal Status as an 8th domain in the SUKA CPCM Program well-being framework and place the child at the centre
- Prospective organisations looking to implement a community-based ATD consider strategic recruitment of staff with child protection and/or migration expertise. Alternatively, introduce professional development opportunities such as training as well as forming strong relationships with specialised agencies to develop dual expertise

Engaging and fostering community:
- Develop a program of regular social events to foster relationships and build support systems for young people
- Increase capacity building for foster carers to ensure they are adequately equipped and remained engaged with the CPCM Program on an ongoing basis
- Deliver capacity building programs for the broader community to further support unaccompanied children in Malaysia
- Adapt the community case manager pilot to other community contexts
- Provide adequate and relevant professional support to the community case manager to ensure the sustainability of such a position

Reaching new communities and children:

- Explore the feasibility of program expansion to address the unmet needs of children not currently engaged with the CPCM Program
- Explore avenues to proactively identify children from and within marginalised communities

Research opportunities:

- Conduct research into the comparative cost effectiveness of the CPCM Program with immigration detention, utilising economic modelling principles
- Investigate the impact of the CPCM Program on longer-term employment, education, English and well-being outcomes for unaccompanied children in resettlement countries
- Research the potential links between community-based models and the prevention of trafficking and exploitation

The evaluation uncovered underlying characteristics of program success more broadly that should be considered when designing future holistic, community-based alternatives. In addition to the key elements of successful alternatives outlined by IDC in their Handbook 'There are Alternatives',[89] this evaluation recommends that three elements are added to discourse on what constitutes successful ATDs. These are as follows:

Dual knowledge of child protection and migration frameworks is necessary in ATDs supporting children

A comprehensive and rights-based ATD should consider the specific needs, vulnerabilities and strengths of the population it targets. When working with unaccompanied children, knowledge of both child protection and migration needs is required to achieve child well-being and case resolution outcomes. This can be achieved through partnerships with organisations that have expertise, well-established referral networks, strategic recruitment of suitably qualified staff or through capacity building trainings. Please see key finding 2 for more details on the impact of this approach.

Immediate survival needs are addressed urgently as part of a holistic approach

The strategic provision of material supports is essential in order to meet immediate survival needs of undocumented people, people seeking asylum and refugees in some contexts. Unless these immediate needs are met, other program goals, such as physical and mental health, education and engagement with the migration resolution process cannot be achieved. Please see key finding 3 for more details on the impact of this approach.

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[89] IDC, (2015), p.IV

Engage with and adapt to each individual community context

To be supported in a holistic manner the needs of children must be placed within the context of the communities in which they live. Trust, relationships and capacity-building with key communities enables an ATD to adapt to and address the needs of the people it aims to support. This facilitates early identification and intervention and ensures needs are considered and strengths built upon when designing program supports and interventions. Please see key finding 5 for more details on the impact of this approach.

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Reza's Story, as documented on http://www.sukasociety.org/reza/

Annex I - Evaluation Framework

External Evaluation Purpose	Key Evaluation Question	Key Indicators	Data Source
Is SUKA's Community Placement Case Management (CPCM) model a suitable Alternative To immigration Detention (ATD) in Malaysia?	**Is the SUKA CPCM model a suitable alternative to immigration detention for Unaccompanied and Separated Children (UASC) in Malaysia?**	The CPCM program improves the wellbeing of UASCs The CPCM program facilitates positive engagement with local migration processes The CPCM model is a cost-efficient alternative to immigration detention The CPCM model is adaptable and responsive to the Malaysian context	• Stakeholder interviews (Program participants, SUKA staff, Government representatives, UN Agencies, partner organisations, community leaders and members) • International reports (academic journals, NGO reports and research, UN Reports, Government records) • SUKA internal database • SUKA internal evaluation
CPCM Program outcomes and evaluation indicators	**Key Evaluation Questions**	**Key Indicators**	**Data Source**
UASCs in Malaysia experience improved well-being*	To what extent have program participants experienced an improvement in well-being? What are the key aspects of SUKA's community placement and case management services that improve well-being? What have been the key enablers/ barriers to effective implementation?	UASCs report increased wellbeing, safety and stability due to SUKA involvement; # of UASCs placed in safer alternative care arrangements; # of UASCs who are places in stable, longer term housing arrangements; # of family links restored when in the best interest of the child; the extent to which the CPCM program addresses and resolves UASCs physical and mental health needs; # of UASCs engaged in education pathways; the extent to which CPCM program improves food security for UASCs ; the extent to which UASCs report improved social and cultural connections *Note: Well-being is a subjective term. This evaluation will use the following domains as indicators contributing towards wellbeing: safety, stability, material well-being, physical, mental and emotional health, access to education and cultural and social expression)*	• SUKA internal evaluation findings • Internal SUKA data • Stakeholder interviews • International and national child protection standards
UASCs are informed, engaged in and compliant with migration resolution processes UASCs experience smoother case resolution**	Does SUKA's CPCM model lead to increased engagement and compliance with the migration resolution process? What aspect/s of the Program have facilitated UASCs engagement and compliance with the migration resolution process?	# of program participants absconding from community placement; #UASCs in regular contact with SUKA case managers; # of UASCs becoming legally documented post SUKA intervention; # and % of SUKA program participants compliant with migration process; Effectiveness of referral pathways from community and program partners; % of UASCs reported improved well-being	• SUKA internal evaluation findings • Internal SUKA data • Stakeholder interviews • Immigration statistics from UNHCR, media reports and government documents

	To what extent are children and young people's opportunities for case resolution improved as a result of the Program? To what extent does the Program lead to smoother clarification of legal status and case resolution? What elements of the CPCM program are most effective in preventing immigration detention and protecting child well-being in migration transition?	and subsequent re-prioritization of the legal resolution process; UASCs and program partner views on the effectiveness of CPCM in facilitating the migration process Average time taken for undocumented UASCs in SUKA's program to become documented; # of UASCs on SUKA program who have had case resolution; UASCs are prepared for longer term solutions in or outside of Malaysia **Case resolution includes supporting UASC to explore all options to resolve their cases in the community, including gaining refugee status, repatriation, resettlement in a third country or onto living cohesively within the Malaysian society as an adult*	
The CPCM model is a cost-effective alternative to immigration detention	What is the cost comparison between SUKA's CPCM ATD model and immigration detention?	Running cost per child per year and day in the SUKA program (i.e expenditure related to the child in the community + personnel to manage the child + operational cost) compared with available data on cost per child per year or day in immigration detention in Malaysia and internationally (Expenditure per detainee + personnel to manage detainee + operational cost to run a detention cent)	● SUKA financial records ● Media reports ● Government records ● International reports
The CPCM model is adaptable and responsive to the Malaysian context	Is the CPCM Program an appropriate care model for UASCs in Malaysia? To what extent does the program reach UASCs in migration transition in Malaysia? To what extent have SUKAs local partnerships positively influenced UASC well-being and case resolution? To what extent were the Program's partnerships effective in developing a sustainable alternative to detention? What are the benefits of the program to the broader community?	UASC and community views on suitability of CPCM model; identification of SUKAs strategies to account for unique cultural context of each target cohort; % and # of UASCs in Malaysia serviced by SUKA's CPCM Program (broken down by geographical location, ethnicity and gender); SUKA, UASC, community and stakeholder views on outcomes of project partnerships; Community views of the SUKA program; Identification of program impacts within the broader community	● Stakeholder interviews ● Immigration statistics from UNHCR, media reports and government documents