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# The Equality of Care of Separated Children in Ireland

**REPORT**

**TO**

**The One Foundation**

**June 2007**

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## SUMMARY

This study answers four questions set out in the terms of reference explaining:

1. Why the response to separated children differs to that offered to Irish children in need of state care.
2. Whether equal treatment with Irish children in the care of the state would represent a significant improvement in the lives of separated children.
3. If equal treatment is an appropriate aspiration what are the barriers to achieving this in relation to policy, administration, practice or system issues?
4. How might a funder or NGO intervene effectively to improve the situation?

As a background to answering these questions some information is presented on how separated children are defined, their countries of origin, the numbers that have arrived in Ireland (in as far as these can be determined), the numbers in state care and where they are located. An outline description of their needs is offered drawn from a review of relevant documents and interviews with key stakeholders. Reference is also made to the legislative and policy context.

In answering these questions information was gathered on evolution of services, the current response to separated children in care, and future plans being developed in the HSE for improving the response to need. The question of equal treatment is examined in light of the actual differences between services for Irish children in state care compared to their peers from other countries who are in need of care due to separation from parents/carers/guardians. The conclusion is drawn that equitable treatment that takes account of their special needs would represent a significant improvement in their lives. Barriers to improving their situation are identified. Eleven opportunities for the One Foundation to contribute to improving the lives of separated children that merit further exploration are described in the context of the main issues facing these children, the capacity and interest of the HSE to engage with the One Foundation and the capacity and interest of NGOs to work with or on behalf of separated children.

This study represents one step in exploring how the One Foundation might make a contribution with others in improving the lives of separated children. It must be remembered that much of the content of this report reflects comments made by participants in the study and are not presented as verified factual statements. It is hoped that, together with the work being undertaken by Anthony Finn on missing children this report will be helpful in informing decisions regarding how to make progress in this area..

Optimising the impact of Grant-making in this area will require a commitment of resources to explore the opportunities identified in this study more fully and negotiate collaborative arrangements sensitively.

# **CONTENTS**

*To be inserted*

## INTRODUCTION

The One Foundation is concerned with the situation of separated children in the context of its mission to improve the lives of vulnerable people in Ireland. Some research has been carried out but questions remain to be answered. This research aims to answer the following questions:

1. Why the response to separated children differs to that offered to Irish children in need of state care.
2. Whether equal treatment with Irish children in the care of the state would represent a significant improvement in the lives of separated children.
3. If equal treatment is an appropriate aspiration what are the barriers to achieving this in relation to policy, administration, practice or system issues?
4. How might a funder or NGO intervene effectively to improve the situation?

This research is concerned with the target group of separated children who are in state care. This care is provided under the auspices of the Health Service Executive (HSE). This represents an initial exploration identifying gaps and opportunities that merit further attention. Anthony Finn, Consultant, has been contracted by the One Foundation to undertake research on separated children who are missing.

The methodology employed in this research consisted of a review of relevant written material available and consultation with key stakeholders concerned with this group from statutory, NGO and political perspectives. Consultations were conducted using a structured interview approach (see Appendix II) A total of thirty-three people were invited to participate 24 of who responded (see Appendix I).

This report is divided into two parts. Part I offers an outline of what is known about separated children in terms of numbers , location, circumstances, needs and the current relevant legislative framework and policy context. Part II answers the questions contained in the terms of reference for the study on the basis of information gleaned from contacts with 24 people in the statutory and non-governmental sectors and from a review of relevant documentation.

## **PART I SEPARATED CHILDREN IN IRELAND**

### **1.1 Definition**

For the purposes of this research separated children are defined as *Children under 18 years outside their country of origin separated from both parents or previous legal/customary caregiver who may have experienced persecution, lack of protection, armed conflict, serious deprivation and/or trafficking for sexual or other exploitation.*<sup>1</sup>

### **1.2 Origin**

Separated children come from a range of countries including Somalia, Iran, Ghana, Georgia, Algeria, Ethiopia, Nigeria, Ukraine, Somalia, Democratic Republic of Congo, Algeria, Cameroon, Romania, Sierra Leone, Moldova and Albania. Between 1996 and the end of March 2005, 4197 children from 60 countries presented to the health services.

### **1.3 Numbers**

National statistics are collated by the Department of Health and Children (DoH&C) on a quarterly basis. The number of separated children referred to the health boards/HSE rose dramatically between 1998 and 2001 and began to decline from 2002 onwards. The pattern is likely to be influenced by the movement of the overall population of asylum seekers coming to Ireland. It has been suggested that Ireland's economic success identified it as an attractive destination for those fleeing their countries of origin during the late 1990s and early 2000s. Significant factors in reducing applications include the withdrawal of the right of asylum seekers arriving after 27<sup>th</sup> July 1999 to work in Ireland, and the decision that children born in this country to mothers of other nationalities would not receive automatic Irish citizenship. It is thought that some separated children now coming to Ireland are following parents and other family members already living in this country.

*Table 1 Separated Children referred to the HSE between 1998 and 2006.*

<b>YEAR</b>	<b>TOTAL</b>	<b>PLACED IN CARE</b>	<b>REUNITED WITH FAMILY</b>	<b>OTHER</b>
1998/99	98	98	N/A	N/A
2000	520	406	107	7
2001	1,085	558	416	111
2002	863	335	506	22
2003	789	277	439	75
2004	617	174	418	25
2005	643	180	440	23
2006	476	201	299	27
<b>TOTAL</b>	<b>5,091</b>	<b>2,229</b>	<b>2,625</b>	<b>290</b>

There were, reportedly 273 separated children in the care of the HSE on 10<sup>th</sup> May 2007.

<sup>1</sup> Separated Children in Europe Programme, 2004.

#### 1.4 Location

The majority of separated children are in the care of the HSE, East Coast Service for Separated Children Seeking Asylum (SCSA) in different locations mainly within Dublin. There are some separated children located in different parts of the country. (See Table 2

Most separated children under 12 years are placed in foster care. Occasionally children are placed in the residential system provided for Irish children in state care. However the majority of those 12 years and older are in hostels dedicated to accommodating separated children/young people. A small number are placed in 'supported lodgings'. These are older children regarded as needing a level of supervision less than that required by those under 12 such as a foster-care placement would provide.

*Table 2 Location of Separated Children in the care of the HSE, May 2007.*

Location	Number
Dublin	236
Cork	13
Clare/Limerick/North Tipp.	13
Wexford	3
Kerry	3
Longford/Westmeath	4
Total	273

Figures provided for April 2007 indicated that 11 children were in foster care, 5 were in supported lodgings, 4 were in mainstream residential care and 'approximately' 3 were in 'other accommodation' possibly outside Dublin. It was reported that these children may have been moved out of Dublin for their own safety because of the risk of being taken by traffickers. The numbers in hostel accommodation at the end of April 2007 are shown in Table 3. Numbers can fluctuate on a regular (sometimes daily) basis. For example in October 2006 the Roylands mother and baby hostel was full but by Christmas occupancy was at 50%.

*Table 3 Separated Children in Hostels: End April 2007*

Hostel	Location	Gender/Age	No.
Lucan	West Dublin	M & F after care	23
Ashton House	Drumcondra	F 16+	15
Brehon Lodge	City	M 16+	30
Chester House	Northside	F 12+	45
Roylands	Tallaght	Mother & Baby	13 mothers & babies
Sandford House	Southside	M 16+	18
Staircase Hostel	City centre	M 16+	30
Riversdale House	West city	Mixed (with care staff) 12-16	16
Belview House	?	Mixed (12-16)	6

Separated children are transferred from the care of the HSE to that of the Reception and Integration Agency (RIA) under the auspices of the Department of Justice, Equality &

Law Reform at age 18 years. These young people are referred to as ‘Aged-Out Minors’ (AMOs). Following a recommendation of a Joint Oireachtas Committee transfer can be delayed if the young person is regarded as being particularly vulnerable or is in 5<sup>th</sup> or 6<sup>th</sup> year in second level schooling (i.e. preparing to sit the Leaving Certificate examination). Those leaving care are transferred to RIA centres in Dublin with some going to the Mosney Accommodation Centre. In January 2007 there were 106 AOMs in Reception and Integration Agency Accommodation Centres in Dublin and another 35 in Mosney. A small number of AOMs are dispersed to other accommodation centres

### **1.5 Needs**

It is clear that the population of separated children is a heterogeneous one. Children become separated from their parents or previous legal/customary primary caregiver for a variety of reasons including armed conflict or disturbances in their own countries. Some are escaping conditions of extreme poverty and deprivation. Some are hoping to be reunified with their families. Within the population of separated children some particularly vulnerable groups can be identified.

These include:

1. ‘Minor mothers’ ;
2. Victims of trafficking for reasons of sexual exploitation or domestic servitude;
3. ‘Aged-out’ minors i.e. those who are nearing or already 18 years who are attempting to make the transition from childhood to adulthood who require particular support;
4. Children with learning difficulties;
5. Children who have been with their parents who ‘go underground’ because of fears of deportation.

A review of relevant documentation thus far indicates that, given the diversity of this group of children, needs vary considerably depending on age, experience and capacity. Some have significant emotional and psychological needs as a result of being traumatised by circumstances of neglect and abandonment and by experiences of emotional, physical and sexual abuse. Some are motivated to learn and to succeed and are self-disciplined, articulate and self-reliant.

The most significant and common gap in the lives of those in hostel accommodation is the absence of a parent or committed carer who can consistently offer guidance and support during adolescence and early adulthood – a vulnerable period for most young people without the additional burden of trauma and deprivation. Those for whom reunification with their families is not possible or appropriate a holistic approach to caring for - as opposed to simply accommodating – these young people is important. In addition to a caring, homely environment and a committed, adult available on a consistent basis, some have particular needs requiring specialist services arising from the particular circumstances from which they have emerged (e.g. for therapeutic intervention).

Educational and vocational training is also particularly important at this stage in their lives. Whether these children and young people remain in Ireland or return to their

country of origin (or to another country), the development of knowledge and skills that will lead to economic viability is key to reducing their levels of vulnerability to exploitation. Indeed returning from Ireland having benefited from learning opportunities could mean that they have an experience that is enriching rather than one that has been a 'failure'.

Separated children attend mainstream schools. However there is a particular concern on the part of those interviewed who have direct experience of these children that the needs of those who are not academically inclined, or who have distinct learning difficulties, are not being met. Furthermore, there are, reportedly, significant opportunities for constructive activities and vocational training for these young people that are currently being missed. Some separated children who have secured places in third level colleges through the CAO application system are unable to avail of these because they have no financial support. Full time students are not entitled to social welfare payments as it is assumed that they are being supported by their families. Other separated young people have started and given up attending college because of lack of finance.

Many separated children are also in need of support through the family reunification process. The HSE social Work team undertake family reunification assessments and provide support to those involved. In the NGO sector the Refugee Information Service currently provide information and support.

The experience of separated children varies depending on their location. Younger children who are fostered have an experience of family life and a better chance of integration. The experience of older children and young people in hostels is largely determined by the quality and commitment of staff. Most staff members have no childcare qualifications. Verbal reports indicate that some staff members are sensitive and committed to meeting the needs of the children in their care while for others this is far from the case. The high numbers of children grouped together is not conducive to an individualised approach to meeting needs.

There have been two assessments of need discovered thus far in the course of this research. One is a 'Report on the Needs Assessment of Separated Children Seeking Asylum and 'Aged Out' Minors' undertaken by Siobhan Philips for the *Transition Supports Project* an inter-agency project aimed at supporting AOMs. The other is an assessment of the needs of unaccompanied minors commissioned by the (then) Eastern Regional Health Authority undertaken by the Dartington Group (UK). The report on the former is available. The report by Dartington is an internal HSE report. A report on the Experiences of Separated children in Ireland has also been written by Muierann Ni Raghalaigh, TCD, December 2006.

## **1.6 Legislation**

The relevant statutory instruments at the domestic level are the Refugee Act 1996 and the Child Care Act 1991.



### **1.6.1 *The Refugee Act, 1996***

This Act incorporates relevant international instruments into Irish domestic giving effect to the Convention relating to the status of refugees (Geneva, 1951), the Protocol relating to the status of refugees (New York, 1967) and the Convention determining the State responsible for examining applications for asylum lodged on one of the member states of the European Communities (Dublin 1990). The Refugee Act 1996 provides for the appointment of the Refugee Applications Commissioner. Unaccompanied children and young people are interviewed at the Office of the Refugee Applications Commissioner (ORAC) where they are 'age assessed'. ORAC refers those deemed as minors to the HSE.

The HSE undertakes family reunifications where this is considered possible and appropriate. For children for whom this is not an option the HSE discharges its statutory obligations under the Child Care Act 1991.

### **1.6.2 *Child Care Act, 1991***

Sections 4 and 5 are relevant. Section 5 is concerned with 'Accommodation for Homeless Children' and states that *'Where it appears to a health board that a child in its area is homeless, the board shall enquire into the child's circumstances, and if the board is satisfied that there is no accommodation available to him which he can reasonably occupy, then, unless the child is received into the care of the board under the provisions of this Act, the board shall take such steps as are reasonable to make available suitable accommodation for him.'*

In the eastern part of the country the HSE generally responds to the situation of unaccompanied/separated children in accordance with Section 4 Child Care Act 1991 where separated children are generally taken into, and remain in, care unless family reunification is an option. In other parts of the country separated children may be deemed to be homeless and responded to in accordance with Part II of Child Care Act, 1991. This difference in statutory interpretation goes some in explaining the inconsistencies in response amongst different regions of the country (e.g. in Dublin compared to Cork). Clarification as to the appropriate application of the legislation has recently been sought from the Attorney General. The advice given is, reportedly, that both Parts of the Act may be invoked depending on circumstances and needs.

### **1.6.3 *Child trafficking and Pornography Act 1991***

### **1.6.4 *Ombudsman for Children Act 2002***

### **1.6.5 *The Immigration, Residence and Protection Bill, 2007***

This Bill sets out modifications to certain aspects of the law relating to the entry into, presence in, and removal from the State of certain foreign nationals and others. Including foreign nationals in need of protection due to the risk of serious harm or persecution elsewhere and to provide for related matters. Currently application is made for either:

1. Refugee status;
2. Subsidiary Protection (refugee status without a 'Convention reason');

### 3. Temporary or Humanitarian Leave to Remain.

This Bill, if enacted, will reportedly enable all of these options to be considered as a result of one process as opposed to separate processes needing to be undertaken in sequence as is currently the case.

#### **1.6.6 United Nations and Human Rights Documents**

There are a number of relevant UN and Human Rights documents. These include:

- Convention on the Rights of the Child, 1989.
- Committee on the Rights of the Child (General Comment No. 6).
- Report of the Secretary-General on Violence against Children, GA 61<sup>st</sup> Session, A/61/299 29 August 2006.
- UNICEF, Guidelines for Protection of the Rights of Child Victims of Trafficking, April 2005.

#### ***UNHCR Documents***

- UNHCR, Handbook on Procedures and Criteria for Determining Refugee Status under the 1951 Convention and 1967 Protocol relating to Refugee Status, Re-edited Geneva January 1992.
- UNHCR, Guidelines on Policies and Procedures in dealing with Unaccompanied Children Seeking Asylum Geneva February 1997.
- UNHCR Guidelines on Formal Determination of the Best interests of the Child, Geneva May 2006.
- UNHCR Policy on Refugee Children, Geneva August 1993 (document EC/SCP.82 UNHCR Policy on Refugee Children).
- Report of the UNHCR, questions relating to refugees, returnees and displaced persons and humanitarian question, General Assembly Report Q/58/299, 20 august 2003 “Assistance to Unaccompanied Refugee Minors”.

#### ***Action for the Rights of the Children***

- ARC, Action for the rights of the Children, Working with Children, October 2002.

#### ***Europe-specific Documents***

- Separated Children in Europe Programme, Statement of Good Practice, 3<sup>rd</sup> Edition, 2004.

### **1.7 Policy**

The National Children's Strategy is the policy document setting out government policy in relation to children in Ireland. This Strategy is broadly aimed at children in general.

Written policy specific to separated children has not yet been identified in the course of this research. An inter-departmental committee with representatives from the Department of Justice, Equality and Law Reform and the Department of Health and Children/HSE meets on a regular basis. Policy in relation to separated children is being developed in the HSE. Consultation at a variety of levels with a number of stakeholders is likely to take place concerning policy proposals to ensure support, as is the case with other groups.

Relevant sources regarding policy are identified in Appendix V

## **Part II ANSWERING THE QUESTIONS**

### **2.1 Why is the response to separated children different to that offered to Irish children in need of state care?**

There are a number of reasons why separated children are treated differently from Irish children in state care. These include:

- the evolution of services for separated children which differs to those for Irish children;
- poorer resourcing of services for separated children compared to Irish children;
- concerns that improvements in the response to separated children will represent ‘pull factors’ encouraging more separated children to be sent to Ireland;
- a belief that separated children are less vulnerable than Irish children in need of state care and that many are disingenuous in their claims;
- the involvement of two government departments leading to different perspectives;
- Insufficient independent advocacy.

#### **2.1.1 The evolution of services for separated children**

The first separated child seeking asylum to arrive in Ireland is reported to have been in 1996.<sup>2</sup> Initially separated children were placed in accommodation which was sourced mainly through the Community Welfare Service with the assistance of Dublin Corporation (now Dublin City Council) which also provided funds. In 2003 responsibility for funding for this accommodation was assumed by the Reception and Integration Agency (RIA, Department of Justice, Equality and Law Reform) Accommodation was provided by private operators on a basis that was quite separate to mainstream residential care for children organised by the HSE and not subject to statutory inspection which applies to residential care provided under the auspices of the HSE. During the same year, 2003, the HSE took over responsibility for the provision of care for separated children in accordance with Section 8 of the Refugee Act, 1996 as amended. This in effect meant that the health services took over the management of contracts with private providers. Funding for accommodation continues to be provided by the DJE&LR and does not allow for resourcing a service comparative to that offered by the HSE to Irish children.

In 2000 the Eastern Regional Health Authority (ERHA) was established. Its role and functions included an obligation to plan, arrange for and oversee the provision of services for the Eastern Region (Dublin, Kildare, Wicklow), to coordinate, monitor and evaluate services and, within the resources available to it, to provide funds for the services agreed. The ERHA comprised three area health boards in the North, South-Western and East Coast areas of the region. The East Coast Area Health Board (now HSE, Dublin South East) had direct service responsibility for separated children in the ERHA region. A

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<sup>2</sup> MacNeice, S. & Almirall, L. *Separated Children Seeking Asylum – a Report on Legal and Social Conditions* Irish refugee Council, 1999.

dedicated team for separated children was established in 2000. This team is not multi-disciplinary. There are reportedly 30 staff members in this team currently, including a Principal Social Worker, 3 Team Leaders, 12 Social Workers, 10 Project Workers and administrative support.

References to the response to the needs of separated children over the years can be found in the annual Review of Adequacy of Services to Children and Families for the East coast Area Health Board.

### **2.1.2 Resources**

In 2004 the Eastern Regional Health Authority submitted a proposal to the Department of Health seeking funding to resource a better response to meeting the needs of separated children. Reportedly, no funding was allocated for this purpose at that time.

Over the years the HSE has supplemented the funds provided by the DJE&LR to improve provision and fund specialist social work and psychology services.

### **2.1.3 Concerns regarding ‘pull factors’**

There is a widely held belief that if the response to asylum seekers in Ireland improves there will be a significant increase in the numbers seeking asylum. It is assumed that the numbers of adults seeking asylum in Ireland reduced as a result of certain policy changes making Ireland less attractive to asylum seekers such as the withdrawal the right of asylum seekers to work and the decision not to grant automatic Irish citizenship to children born in Ireland regardless of parent’s nationality. The ‘pull factor’ theory assumes that children/young people or their parents/carers make assessments regarding the most advantageous country to go to and deliberately set out to reach that destination.

### **2.1.4 Beliefs regarding degree of vulnerability and veracity**

In general Irish children in State care have experienced neglect or abuse. It has been decided that, for whatever reason, their families are unable to provide safe and nurturing care at the time of their entry into state care. It is also clear that all separated children by virtue of the fact that they do not have a parent or carer available to them are in need of state care. This does not mean that all separated children have suffered abuse. Many argue that the absence of a parent, carer or guardian in itself constitutes neglect.

Some separated children are clearly traumatised, have suffered significantly and have been exploited for sexual and other purposes. It is reported that some have been child soldiers. Others do not seem to have had traumatic experiences and are more able, resourceful and resilient.

It was reported that some senior officials have serious doubts about the veracity and degree of vulnerability of separated children coming to Ireland.

A number of participants reported that some separated children tell their story in a manner that suggests that they have been ‘schooled’. Some are reportedly fearful of revealing the identities of those who bought them to Ireland, the circumstances in which

they have lived, or some of the experiences they have had. Some reportedly tell different stories to different people.

### **2.1.5 Insufficient independent advocacy**

There are a number of non-governmental agencies advocating in various ways for improvements to be made. The most prominent is the Irish Refugee Council which has commissioned a number of reports in recent years highlighting the need for improvement particularly at policy level. There are some strong advocates for change within statutory agencies stronger advocacy directed at changes in policy is required.

## **2.2 Would equal treatment with Irish children in the care of the state represent a significant improvement in the lives of separated children?**

It is important to firstly examine the differences in the response to separated children compared to that offered to Irish children in the context of their needs.

### **2.2.1 Residential Care for Irish Children and for Separated Children from other Countries**

Both Irish and separated children from other countries deemed to require the care and protection of the state are in need of alternative homes either temporarily or on a longer term basis. Differences between the response to separated children and Irish children who share this need are summarized in Table 4. Separated children in the care of the HSE who are not placed in foster care are generally accommodated in privately run hostels in larger groups with a higher ratio of children to adults where staff may have no relevant qualifications. The effect of these differences in ratios and training is that many young separated people are without supervision or protection. Children regularly go missing. While some are simply absent and either return or their whereabouts becomes known, others remain missing. During the course of this research it was reported by both statutory and NGO personnel that adults believed to be traffickers have walked into hostels and left with children.

*Table 4 Irish and separated children in HSE care*

<b>Irish Children in Care of HSE</b>	<b>Separated Children in Care of HSE</b>
Smaller groups (up to 6)	Large groups (up to 45)
Higher staff/child ratio (at least 2-6)	Poorer staff/child ratio (e.g. 2 unqualified staff to 45)
Staff are qualified or are being trained	Staff in 7 of the 9 hostels reportedly have no child care or relevant qualification
Each child has a SW	Children with 'significant' difficulties have a social worker
Key worker system in place	No key worker system in place
Inspected according to standards/regulations	Less exacting standards

These hostels are not being inspected according to the standards applied to residential centres catering for Irish children. Irish children in need of state care are more often placed in residential centres run by NGOs with knowledge, experience and qualifications in childcare and are subjected to more rigorous standards of inspection. Irish children are allocated a social worker (a different social worker is allocated to the children's family) and key worker. Only separated children identified as having 'significant' difficulties are allocated a social worker.

It must be remembered that some separated children are in mainstream residential care with Irish children and some are in foster care. In addition, reportedly one of the hostels for separated children (Bellview) is a 'fully registered' residential home meeting the standards required for the care of Irish children. It is reported that there are not Irish children in the care of the HSE in hostel accommodation.

### **2.2.2 Plans to eliminate the differences in care provided for Irish and separated children under 16 years**

It has been reported that, in principle, it has been agreed by the Department of H&C and the HSE that the disparity in response to separated children compared to their Irish peers in need of state care will be addressed. Budgeting takes place on an annual basis. Reportedly, no provision has been made in the 2007 allocation to improve the situation. There is frustration at local level caused by insufficient resources to meet the needs of separated children and the absence of an indication of a timeframe within which this could be addressed.

It is reported that plans have been drawn up that will result in separated children under 16 in need of state care being accommodated in the same way as Irish children i.e. in foster care, supported lodgings or residential care in small group homes of up to 6 with the same staff ratios and subject to statutory inspection according to the same standards that apply to residential homes catering for Irish children. It is planned that those over 16 will be placed in smaller units catering for up to 15 young people.

### **2.2.3 Improving standards for separated young people over 16 years**

The Social Service Inspectorate (now in the Health Information and Quality Authority) inspects residential services provided by the HSE on the basis of Child Care (Placement of Children in Residential Care) Regulations, 1995. The HSE inspects residential services provided by NGOs, including private operators, in its various administrative areas. The HSE inspection of residential care provided by private providers catering for separated aged children over 16 years is being reviewed with a view to improving standards. It is reported that the development of standards that would serve to improve current practice in hostels for separated children (but would fall short of those applied to residential care for Irish children) is under active consideration. It is not clear why a difference in standards is being maintained for this group compared to their Irish peers

### **2.2.4 Aftercare**

Both Irish children and separated children leaving the care of the HSE are considered to be in need of 'Aftercare'. Aftercare services for Irish children leaving care have been in

place for many years although they are generally considered to be under-resourced. The HSE initiated an aftercare service for separated children last year. This service is has a waiting list.

### **2.2.5 The Garda and the HSE**

It was reported that protocols are currently being drawn up governing co-operation between the Gardai and the HSE.

### **2.2.6 Dispersal of separated children outside Dublin**

In the context of a recent allocation of responsibilities within the HSE a national, approach to separated children is being developed. It is hoped that this will entail using fostering as much as possible for separated children needing care which would provide a greater level of support, security and possibilities for integration. It is also hoped that children could be placed in geographical areas where people from the same nationality have settled in order to facilitate contact between same-country communities.

It is reported that discussions are taking place regarding the capacity of HSE services outside Dublin to facilitate a separated minor service. This may involve the NGO voluntary sector.

Plans to localise access to psychological services which have traditionally been run centrally in the east of the country are currently being implemented. It is hoped that this will improve access for children in need of psychological assistance and this may include separated children.

### **2.2.6 Equality and Equity**

There is no doubt that being in foster care or residential homes with the same ratios of staff and allocation of social and key workers that currently pertain in the case of Irish children would mean a significant improvement in the lives of separated children.

It must also be borne in mind that many separated children have needs for specialist therapeutic intervention arising from traumatic and other experiences of harsh deprivation. The current allocation of a psychologist dedicated to working with separated children is an important resource toward meeting this need. In addition, the lack, or disruption, of formal education is likely to be more pronounced in the lives of separated children. Finally it must be remembered that these children have to meet the challenge of learning English and of 'fitting' into a new and often very different culture which involves learning about, and adapting to, a range of different social and behavioural expectations. Just as the population of Irish children in state care are not a homogeneous group, separated children are a heterogeneous group. Each child had different needs whatever their country of origin.

It is desirable that separated children are *treated as well as* Irish children in need of state care. This should not mean they are treated in exactly the same way and it is important that provision is made for responding to their particular needs. *Equitable* as opposed to equal treatment is, perhaps, a more appropriate aim.



Developing services cost-effectively in an outcome-focused and equitable manner to meet the needs of individuals is a challenge throughout the personal and social service area.

## **2.3 If equal [equitable] treatment is an appropriate aspiration, what are the barriers to achieving this in relation to policy, administration, practice or system issues?**

### **2.3.1 Policy**

Written policy at domestic and international levels regarding children in general, and separated children in particular, does not present a barrier to equal treatment. With regard to the provision of state care no written policy advocating a poorer response to separated children compared to their Irish peers was discovered in the course of this research and it is unlikely to exist. Standards for the purposes of inspecting residential care for separated children that are less stringent or rigorous than those applied to care of Irish children of the same age would represent a departure from this position.

### **2.3.2 Administration**

The two main government departments involved are Health & Children and Justice, Equality & Law Reform. Both seem to have different perspectives. Fundamental to understanding the prohibition on asylum seekers engaging in paid employment, the fixing of a weekly allowance at less than €20 euro and the relatively poor accommodation provided to asylum-seeking children is the concern of the Department of Justice Equality and Law Reform is not to introduce ‘pull’ factors that would attract more asylum seekers to Ireland. The HSE on the other hand is responding to this group of children on the basis of its statutory obligation to provide care and protection, acting in the best interests of the child. Ireland’s ratification of the UN Convention on the Rights of the Child places an obligation on us to act in the best interests of children, whatever the immediate concerns regarding frontiers that might need to be managed. A common understanding of what is in these children’s best interests has not been reached.

### **2.3.3 Practice**

It is at the practice level that inequality is primarily in evidence. The background to the development of this practice is described in 2.1.1 and the actual differences in practice are set out in 2.2.1. The main reason for this practice being maintained in the face of regular criticism by advocates and by the media seems to stem from the fact that separated children are seen as different – decisions have not been made as to whether or not they have a ‘right’ to be here and, reportedly, their stories are often not believed by key budget-holding decision-makers. Lack of resources per se is unlikely to be a primary reason for continuing the current practice of responding differently to their needs given that they represent a very small population in the overall scheme of health service provision. Notwithstanding this fact, lack of resources constitutes a very real barrier to addressing the situation for managers and professional staff dealing directly with this group, who continue to make improvements despite the lack allocated resources.

### **2.3.4 System Issues**

At national level services for separated children is part of the Primary, Community & Continuing Care Programme which provides health and personal social services in communities (as opposed to acute hospitals). Services are delivered through 32 Local Health Offices grouped into four administrative health areas.

Some local health office areas have responsibility for particular services at an area-wide level or at a broader national level in addition to responsibilities to the community in their geographical area. Thus Dublin South East Local Health Office provides the Separated Children Seeking Asylum (SCSA) service. The HSE Social Work Team for SCSA is located in Baggot St. Hospital, Dublin 2. The HSE has one dedicated psychology post to meet the needs of separated children requiring psychological support. This post is currently located on the site of St. Brendan's Psychiatric Hospital, Dublin. This location is determined by historical reasons relating to the way in which psychological services are organised and located.

There are advantages and disadvantages to this arrangement. On the one hand locating responsibility with one Local Health Office (LHO) which supports a dedicated team means that expertise is being accumulated within this increasingly 'specialised' service. Locating services for separated children in this area also means that other services such as ORAC, RIA, RLS and RAT are close by. However it also seems to mean that resources to meet the needs of these children (over and above that which is provided for accommodation by the Department of Justice Equality and Law Reform) must be met from within this LHO budget and attempts to secure increased resources seem to be left to this particular office. Furthermore, this allocation of responsibilities on a functional rather than geographic basis is not conducive to this client group having access to generic services or being integrated into the mainstream. In fact it seems to support the reverse approach of congregation and segregation. Furthermore, RIA, ORAC, RLS and RAT are due to be re-located to Tipperary town within the next two to three years as part of the government's decentralisation plan

### **2.3.5 Reviewing HSE Services to Separated Children**

In 2005 the HSE commissioned a review of services provided to unaccompanied minors seeking asylum. Prior to this review the Minister for Children gave a commitment to establish a group to examine recommendations arising from this review which was undertaken by Michael Bruton. An inter-departmental committee comprising representatives from the Health and Justice sectors has been established and is actively progressing implementation of recommendations which are reportedly detailed and cover a wide range of practice issues.

## **2.4 How might a funder or NGO intervene effectively to improve the situation?**

This question is considered from a number of perspectives and there is more than one NGO with a concern for this group. Answering the question of how the One Foundation might move forward can best be done within a context of understanding the

- main issues that need to be addressed for this target;
- capacity and interest of the HSE to engage with the One Foundation with a view to improving the situation for separated children in their care;
- capacity and interest of NGOs to work with or on behalf of separated children.

Separated Children Seeking Asylum are a diverse group coming from a number of different countries with a range of specific needs depending on their age, experiences to date and reason for being here. Despite this diversity some common issues face all of these children and young people. During the course of this study twelve key issues were identified.

#### **2.4.1 *Improving Care Provision***

Paragraphs 2.3.2, 2.3.3, 2.3 and 2.2.5 above describe plans or developments that should lead to improvements in care provision for separated children. However repeated requests for increased resources from within the HSE have not been successful. There is an opportunity for One to explore the possibility of collaborating with the HSE and NGOs to part-funding improvements in provision. There is a particular opportunity that exists in the short-term focusing on those in the 16 -18 year age group to provide an enhanced level of care linked to and improvement in education and pre-employment training (see below). There are also opportunities in the longer term as a national approach is implemented to respond to the needs of separated children.

#### **2.4.2. *Education and pre-employment training***

Children are encouraged to attend school and many are in mainstream education. A number of difficulties can arise for children including those related to language and absences caused by anxiety created by previous or current experiences. In addition those in hostels must be highly motivated to find opportunities to study in an environment which does not always allow for the space or lack of distraction necessary. Lack of means can create problems in getting access to additional supports or even basics such as previous examination papers.

There are particular concerns about those who have learning difficulties and those who are not academically inclined.

Once separated young people complete second level school their options are very limited. In theory they can access third level education but reportedly must be able to pay fees applicable to foreign students. As they have no means, this is not an option. A number of participants gave examples of particularly motivated, academically able young people not being able to avail of, or leaving third level education courses because of lack of means are common. If these young people are granted leave to remain they must prove within 12 months that they are not a burden on the state and therefore must find work as soon as possible in order to raise funds to secure a deposit on rented accommodation and continue to fund their subsistence costs. Therefore, attending daytime third level education courses is not feasible. For those waiting for decisions to be made regarding their status

(which can take up to, and beyond, 5 years), neither education nor employment are options as they cannot afford the former and are prohibited from the latter.

There seems to be ambivalence concerning investing in meeting the particular educational and vocational needs of separated children with a view to preparing them for employment. This may be caused in part by reluctance to introduce initiatives that might lead to an increase in separated children coming to Ireland. However, the process of establishing if refugee status is to be granted can take some time.

***It is important that these children do not lose important opportunities for learning that will be beneficial to them wherever they are eventually located.***

### ***OPPORTUNITY 1 SERVICES FOR 17-18 YEAR OLDS***

An outline proposal from the HSE for consideration by the One Foundation is attached (see Appendix II). This outline proposal is intended only as a basis for further exploration without prejudice to the outcome and states “*This proposal aims to attract funding to enable HSE to provide and enhanced level of care to the Units for those children over 17 years. This would include devising a programme to link with Education and preparation for work life to enable the children achieve life skills and independence whether that be in Ireland if the children received either Refugee Status or Leave to Remain and would equip those children who may be deported with skills to take up employment in their country of origin. Particular emphasis should be on females whose life chances may be diminished in their country of origin, particularly for those young women who may be young mothers.*” It would need to be clear that a contribution of One would represent some additionality and perhaps be front-loaded to fund an increase in quality in the immediate future the costs of which would be subsequently met on an increasing basis by the HSE and other concerned agencies. There are opportunities to align such an initiative with international best practice.

### ***OPPORTUNITY 2 BURSARY PROGRAMME***

There is an opportunity to fund a bursary or re-granting scheme to support separated young people in third level education. Agencies that may be contacted to explore this idea include the Refugee Information Service, St. Vincent de Paul, Dun Laoríe Refugee Project, the HSE service for Separated Children Seeking Asylum, the psychological service for separated children and HSE personnel in other parts of the country where separated young people are currently or soon to be located.

#### ***2.4.3 Absence of parents/carers/‘significant’ adult***

For those who have not and will not be reunited with their families, it is clear that the major gap in the lives of separated children is that of a significant adult who can provide support and guidance on a consistent and continuing basis. Apart

from the kind of support most other children and young people take for granted in their everyday lives, these children do not have access to the legal opportunities to seek judicial reviews of decisions concerning their applications for asylum as reportedly, the HSE is not in a position to act for them against another state agency. Arrangements have been made for the HSE to give permission for these young people; to have medical treatment in the absence of parents where this is required. The absence of parents/carers/guardians gives rise to three opportunities.

### ***OPPORTUNITY 3 GUARDIANHIP MODELS***

The UNHCR have reportedly undertaken a mapping exercise at an international level identifying guardianship models and are due to publish best practice guidelines this year. There is an opportunity to promote and disseminate relevant learning to statutory agencies and NGOs given the degree of focus on operational planning and developing policy regarding separated children currently underway.

### ***OPPORTUNITY 4 GUARDIAN-AD-LITEM SERVICE***

There is an important opportunity to support the development of a Guardian ad Litem service to include separated children. Barnardos already has substantial experience in providing a Guardian as Litem service and is the obvious agency with which to explore the development of such a service.

### ***OPPORTUNITY 5 MENTORING***

The ‘Big Brother’, Big Sister’ model being introduced successfully for Aged-Out Minors by the Transition Supports Project (TSP) is an obvious model that could be extended to younger children. Foroige have the franchise for this model in Ireland and are supporting the TSP in its introduction with 17-21 year olds. Foroige is open to offering whatever assistance possible and are already involved in supporting a youth group in the Staircase hostel working with children from 14 different nationalities. Foroige has several service agreements with the HSE outside Dublin.

#### ***2.4.4 Information***

A number of participants commented on the lack of information available particularly to young people in hostels concerning their rights, services available to them and activities in which they could participate. This leads to many missed opportunities. It was pointed out that that during the first six months after arrival in the country children are particularly vulnerable.

### ***OPPORTUNITY 6 PROVIDING INFORMATION TO CHILDREN***

There is an opportunity to support children and those who work with them by providing appropriate, accessible and relevant information on rights, services and activities available to them. The DSE Service for Separated children Seeking Asylum, IAYPIC, the Refugee Information Service and the ISPCC are worth contacting to explore this idea further. The Irish Association for Young People in Care is particularly open to becoming more involved with separated children and have an information package for children in care.

#### ***2.4.5 Activities and Integration***

There is a need to support the integration of separated children with their peers and other community members. A particular concern on the part of those involved with separated children is the current lack of involvement of many in activities particularly in the evenings and at weekends. Information on opportunities to participate in community, sport and recreational activities would be helpful but encouragement and support is also required. A review of relevant documents indicates that some young separated people have become involved in volunteering in their local communities.

### ***OPPORTUNITY 7 ACTIVITIES AND INTEGRATION***

Encouragement and support to participate in recreational and community activities could be an outcome of other opportunities identified above (for example, encouragement and support could be provided by through mentoring schemes such as ‘Big Brother: Big Sister’). It is worth identifying this opportunity separately as there is a high level of concern about the non-engagement of many children and young people in activities that they could benefit from in the local community.

The dispersal of children and young people throughout the country with a view to their integration into their communities in the area they are likely to be living in would provide further opportunities to participate in integrated activities in the local community. More English language support is certainly needed.

#### ***2.4.6 Family Reunification***

It is generally in the best interests of the child to be reunified with their families. There are exceptions where this is not in children’s best interests. Some opportunities for reunification are missed due to lack of information reaching young people before they reach 18 years. In addition, opportunities may be missed due to inadequate resources for services which trace family members. Concerns have also been expressed regarding the lack of follow up of children who are the subject of family reunifications as it is not always possible ascertain if in fact it is family who are claiming children. One participant reported that the same adult collected two different children believed to be unrelated from a hostel posing as a family member in both cases. There are two opportunities to emerge from a consideration of the current situation relating to family reunification.

### ***OPPORTUNITY 8 CHILDREN REUNIFIED WITH FAMILIES***

As a result of concern expressed over the lack of follow-up of children who are reunified with families and anecdotal information that some arrangements break down, there is clear need for follow up of children reunified with families. Failing this being undertaken by the HSE, this could be tackled through an NGO in consultation with the HSE. In the absence of collaborative statutory and NGO opportunities the issue is still worth a focus of attention through advocacy channels.

### ***OPPORTUNITY 9 TRACING***

NGO involvement in tracing is a possible opportunity for further exploration. Currently the Red Cross handles tracing with limited resources. There are reportedly no interpretative facilities and no detailed child-centred methodology in place.<sup>3</sup> The Department of Justice, Equality and Law Reform has provided funding to the International Organisation for Migration for a programme of voluntary return of separated children which began in 2003.

#### ***2.4.7 Specialist Services***

Specialist services are required to meet the needs of particularly vulnerable separated children identified above. These include increased access to psychological services, pregnancy counselling, and support for minor mothers, psychiatric intervention, etc.

### ***OPPORTUNITY 9 AUGMENTING SPECIALIST SERVICES***

It is clear that some separated children have needs arising from experiencing trauma and in a number of circumstances and require specialist intervention. There are already some highly specialized and skilled personnel in the HSE. This expertise could be augmented through NGOs who provide counselling and support. In particular, there is a need for increased access to psychological services, pregnancy counselling, and support for minor mothers and psychiatric intervention. It seems clear that the existing mental health services are struggling to cope with a variety of unmet needs amongst which those of separated children are one of several strands. This opportunity is speculative at this stage but worth exploring particularly in light of One's interest in early intervention with young people at risk of developing mental health difficulties.

#### ***2.4.9. Aftercare***

Last year the HSE initiated an Aftercare service for separated children leaving their care. They are also involved in the multi-agency partnership overseeing the Transition Supports Project working with age-out minors moving to RIA accommodation. There is a real need for further support of young people who

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<sup>3</sup> Nalinie Mooten, 2006 *Making Separated Children Visible: the Need for a Child-Centred Approach*, Irish Refugee Council.

came to Ireland as separated children, particularly those who arrived at a time when we did not have services in place to offer an adequate response during the early part of this decade. These young people reportedly continue to be especially vulnerable and in need of support.

### ***OPPORTUNITY 10 SUPPORTING AFTERCARE***

Agencies to contact in order to exploring how a contribution might best be made in improving the lives of young people reaching 18 years include the HSE, YMCA and Focus Ireland ( who have developed an information pack for people leaving care) and the Dun Laoire Refugee Support Project. The TSP is undertaking very valuable work which requires to be sustained.

#### **2.4.10 Trafficking**

Legislation is being prepared by the DJELR in relation to trafficking of minors. Opportunities for prevention and discovery need to be fully explored. Opportunities for One with regard to missing children are being explored by Anthony Finn. It is clear that safety and security are required for children who have been trafficked.

#### **2.4.11 Advocacy**

There are a number of improvements that require continued, effective and strong advocacy to bring about. A clear example are the difficulties arising from the fact that the asylum process is adversarial rather than inquisitorial and as a result of the length of time it takes for decisions to be made in some cases. Reportedly there are children waiting up to 5 years for decisions to be made with one young person waiting up to 7 years. Both of these aspects of the current system engender stress and result in lost opportunities for these children/young people to plan and prepare for adulthood which a more secure and clear sense of future would allow. There is a need for the asylum process to be reviewed in light of best practice.

### ***OPPORTUNITY 10 SUPPORTING ADVOCACY***

Strong strategic and (with regard to some issues) possibly legal advocacy is required to highlight the many improvements required in our response to separated children coming to Ireland. Organisations such as the Irish Refugee Council need continued support. The Children's Rights Alliance, the Irish Refugee Council, the ISPC and Barnardos are now working together in a consortium focusing on the needs of separated children and are developing a common agenda. They will need support to make progress. Harnessing political interest will be a significant challenge.

#### **2.4.12 Challenging Assumptions**

There are a number of assumptions that form the basis of some of the current policy and practice that would bear closer scrutiny. One of these is the assumption that improving our response to separated children will lead to an increase of



children being sent to Ireland for asylum. This assumption is reported to be the main barrier to developing a better response to date.

### ***OPPORTUNITY 11 DEVELOPING THE EVIDENCE-BASE***

It would be worth gathering and examining evidence from countries that have a better response to separated children to ascertain if this is an accurate assumption. Gathering as much accurate and authoritative information on the reasons children travel to Ireland would also be helpful. Profiling information on the varying needs of this quite diverse group is also important in challenging assumptions that they are either all resilient, resourceful young people in need of minimal support or that they are all traumatised and have acute needs.

## **CONCLUSION**

This is a brief exploration of the current response to the needs of separated children coming to Ireland, the evolution of services and an identification of opportunities that merit further exploration for those interested in bringing about improvements in this area. The focus has been on considering the needs of children in the care of the HSE. This study answers the questions contained in the term so of reference with some material added by way of setting the context and in the interests of ensuring opportunities are appropriately selected. The eleven opportunities described are confined mainly to work that might be undertaken in Ireland and are framed in the context of plans by the statutory sector with responsibility for these children in the short and medium term. Opportunities to work in the countries of origin to gather information on the experiences of children who return or to support resettlement also exist.

Key sources of information not covered in this study can be sourced form stakeholders in education and from interviewing separated young people themselves.

Optimising the impact of grant-making in this area will require a commitment of resources to explore the opportunities identified in this study more fully and negotiate collaborative arrangements sensitively.