Social Work Team for Separated Children Seeking Asylum in Ireland

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The Irish Model of Care & Protection for Unaccompanied Minors Seeking Asylum

How and why Ireland uses child development and child protection specialists to make best interest determinations for separated children in the immigration and asylum process.

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Unaccompanied Minors:

Swedish and European Perspectives

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PRESENTATION OVERVIEW

- Social Work at a glance
- Legislation / Referral System in Ireland
- Quick look at service development *and* referrals history
- Responsibility of being *in loco parentis* (the prudent parent) and what this looks like in terms of service delivery
- Some challenges working with separated children in immigration systems.

International Definition of Social Work

The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. *Principles of human rights and social justice are fundamental to social work*

Child development and child protection, counselling and psychotherapy, gerontology, medical, disabilities, substance abuse and addictions, psychiatric care, palliative care, probation and criminal justice, research, disease prevention and health promotion are some of the specialized areas in which we work.

Some Ethics and Core Functions of Social Work Practice

- Advocacy
- Confidentiality
- Client's right to self determination
- Non-judgemental regard
- Non-oppressive practice
- Adherence to Social Work Codes of Ethics

We facilitate individual,
group/family and
community development work.

LEGISLATION IN IRELAND

1. **Child Care Act, 1991**
   Children are generally brought into care under Sec. 4 of this Act which is generally a 'voluntary care' situation and may also be used for abandoned children. Emergency, Interim and Full Care Orders may also be sought from the courts.

2. **Refugee Act, 1996**
   Sec 8.5 – Where it appears to an immigration officer that a person is a minor and unaccompanied by an adult they must be referred to the HSE.

In regards to children in Ireland, the Child Care Act supersedes the Refugee Act, however once the UAM turns 18, and despite that they may be care-leavers, the Refugee Act takes precedence.

HISTORY OF SERVICE DEVELOPMENT

- **1996** – First separated child arrives in Ireland. One more in 1997.
- **1999** – No specific service in place and eventually responsibility for the few clients (less than 10) falls to a local area community SW team. Services are provided by 1 Social Work Team Leader and 2 Social Workers while still maintaining their regular workload.
- **2000** – CRISIS! 520 referrals are made to the Health Boards; emergency hostel accommodation is provided by the Dept. of Justice who hold responsibility for accommodation of asylum seekers.
- **2002** – Service becomes formalized and a clinical team is put together. 1 Principal Social Worker, 2 SWTLs, 12 SWs & 9 Project Workers. Eventually the children are separated from the adult asylum seekers and are accommodated in hostels specifically for asylum seeking children aged 12 and up, while under 12s are fostered.
- **2006 to 2009** – The team grows to 1 PSW, 3 SWTLs, 14 SWs, 14 PWs (32 clinical staff) – based in Dublin, but providing services to many UAMs nationally.
- **2009/2010** – Following years of campaigning, the development and implementation of an EQUITY OF CARE PRINCIPLE saw the closing of children's hostels and disbursement of SCSA to foster care families and local SW teams around the country.
- **2012** – Establishment of National Office for Separated Children within the Health Services - now TUSLA Child & Family Agency under the Minister for Children.

CURRENT SOCIAL WORK TEAM IN 2013

Following the restructuring of the service we have now

- 1 Principal Social Worker
- 2 Social Work Team Leaders
- 5 Social Workers
- 4 After Care Project Workers

All specifically dedicated and responsible for meeting the statutory obligations regarding separated children in care of the State.

(We're not sure but we think we have the most gender balanced and ethnically diverse child protection social work team in the country with a current make up from Ireland, Ethiopia, Canada, Zimbabwe, India, Australia, Nigeria, South Africa and USA.)

Historically, we have also had staff from Germany, Japan, France, Finland, New Zealand, Spain, Switzerland, Austria, Portugal, Croatia, Rwanda, Brazil and Kenya.

REFERRAL SYSTEM

GNIB (Garda National Immigration Bureau)
& **ORAC** (Office of the Refugee Applications Commissioner)

2012 referrals:	71
2014 to date	*61*

Compared with peak years of:

• 2001	1085
• 2002	863
• 2003	789

SOCIAL WORK TEAM, *in loco parentis,* HAS RESPONSIBILITY FOR:

- **Child protection risk assessment (includes screening for any trafficking indicators) including a dimension on age, identity issues and exploration of any contacts in Ireland.**
- **Explore and assess appropriateness of possible family reunification within Ireland, a voluntary return home to country of origin or including a third country where the family may be, such as another EU member state *or not.***
- **Accommodation provided in standardized, regulated, monitored and registered children's home (with not more than six children) or a fostering/supported lodgings placement. Educational, social, emotional, religious/spiritual, psychological and medical needs.**
- **<u>If and when appropriate,</u> enter the child into the asylum process**
  - **Attend all interviews and any appeal hearings and any court appearances related to asylum or legal status in the country, <u>even post 18 years.</u>**
  - **When appropriate, make representations on the child's behalf to support their application for protection or permission to remain in the country.**
- **Interdisciplinary and inter-agency planning and follow up and referral to any specialist services if required.**

SOME PRINCIPLES OF OUR CLINICAL SERVICE

- The welfare of the child is paramount!
- Best interests of the child should be deciding factor in all decisions.
- Best interest of child is generally to be with family and as such family tracing is a vital part of our service delivery. (*Concerns in EU)
- By law, we must take into account the wishes of the child, having due regard for their age and not forgetting our role *in loco parentis.*
- The separated child must be afforded the same standard of care as other children in the care of the State. (The Equity of Care Principle)
- Psycho-social-developmental implications of pre-migration, migration and post-migration experiences must be considered.
- SCSA are first and foremost children, with an absolute right to care and protection

A child first,

everything else is secondary!

Working with Immigration Officials Challenges and Solutions

ACCOMMODATION – Historically in Ireland (2001-2006), the Department of Justice had responsibility for the processing and accommodation of all asylum seekers (which included any UAMs) presenting in Ireland. Children were housed with adults at first and then in slightly less inappropriate hostels for children. The Health Services eventually took over running the hostels in an attempt to ensure the welfare of the children, but this was an impossibility due to the numbers of UAMs presenting. While some very small children were provided foster family placements, there could still be up to 45 teenagers or more in dormitory-style accommodation with no care staff on duty. In time, pressure increased on the State by both the NGO sector AND the State's social workers (who refused in protest to sign off on much of their work due to the unsatisfactory arrangements in place for the children). There was also the publication of the Ryan Report which brought the already controversial issue of this two-tiered system of childcare to the attention of the media, politicians and the general public. All of these elements resulted in the development of an equity of care principle. The hostels started to be closed and foster placements or children's residential placements were secured.

We now have four (4) children's residential units. Three are short-term intake units with 6 beds each (18 intake beds) as pre-fostering / pre-family reunification placements and one long-term unit 6 beds for children not suited to a fostering placement. The money saved by closing the children's hostels was reallocated for 80 fostering or supported lodgings placements of which about only about 40 were eventually used.

The team is now a national short term intake, assessment and support service rather than a long term children in care team which we were before.

Working with Immigration Officials Challenges and Solutions

ASYLUM – Interdepartmental trainings on working with and interviewing vulnerable children has been one the greatest tools to improving services for children within the asylum system. The social work team, any interviewers of children from the Office of the Refugee Applications Commissioner, along with the case managers from the Legal Aid Board's Refugee Legal Service all attend the joint trainings which are facilitated by the UNHCR. This invaluable training continues to help us understand each other's roles and puts faces to names from what was once perceived as 'the other side.' Managers from the three departments meet regularly throughout the year to address any issues that may be arising in the practical delivery of services to children and to share information about any service changes or policy developments. Bridges have been built where once there were fences!

When the child's social worker has some comfortable professional rapport already developed with the asylum interviewer this really helps the children feel more comfortable at the interview - which of course can be a very stressful time. The more comfortable a child feels, the more information they will be willing to share about themselves. The understanding is that everyone is there together to best meet the needs of the child.

Lastly, while it can be stressful for young people waiting for the decisions to come, in Ireland it is generally the practice that final protection application decisions are not issued to young people while still being accommodated by the Child Protection Services.

The theory behind this practice, as I understand it, is that to issue a child with a final negative decision (generally a deportation order) would put the child at risk. Risk of going missing, risk of placement and educational disruption, risk of dangerous or self-harming behaviours.

Working with Immigration Officials Challenges and Solutions

ISSUES WITH AGE – While the Department of Justice and Equality holds ultimate responsibility for the determination or acceptance of someone's age, the clinical opinion of the social workers is sought for most applicants claiming to be a minor. This opinion is often formed after a robust child protection risk assessment which includes interviews and observations (by social workers, child care workers, foster carers, residential workers and teachers), usually over a brief period of time. The formed opinion is shared and generally accepted.

This was not always the case in Ireland. However, an awareness exists now that child development and child protection specialists are best placed to form such an opinion as opposed to an immigration officer.

Inter-departmental disagreements regarding outcomes of the child protection risk assessments are exceptionally rare. This too, was not always the case.

Working with Immigration Officials Challenges and Solutions

AGEING OUT & LEAVING CARE – Building a positive working relationship with the Reception & Integration Agency (RIA) of the Department of Justice and Equality has been another great development for serving young people preparing to leave state care. The equity of care principle for separated children meant a challenging dispersal of young people from the children's hostels in Dublin, to foster care placements around the country. At the same time, a new policy regarding the accommodation of young people transferring into the state's direct provision scheme for adult asylum seekers was also being developed. Rather than continuing to move UAMs that turned 18 years old (often in the middle of school year) into single men hostels (generally in Dublin) or single women hostels (in Galway on the west coast of Ireland), a joint inter-departmental policy was developed to identify specific family centres within the adult accommodation system that might have local aftercare supports already in place or that could be developed to meet the needs of UAMs transferring into the local area. The towns of Cork, Sligo, Galway, Limerick and Waterford were identified as being able to best meet the needs of the UAMs with active aftercare and advocacy social networks.

IF POSSIBLE…

Some suggestions for improving service delivery to children when there may be legal systems, practices or other barriers in place.

- Develop quality relationships with both local children's rights NGOs and governmental immigration services.
- Keep in mind that the best interest of the child is paramount and that the rights of a child must supersede the rights of the state. (Do we REALLY mean this or not?)
- If a guardian system is in place, ensure the guardians are professionally qualified social workers or other relevant children's service professionals.
- Work with immigration departments to ensure no child is interviewed without a professional advocate present and encourage child-friendly interviewing training for interviewers of children and decision makers.
- Seek opinions on age that are first formulated by child development specialists.
- Build bridges between adult asylum-seeker accommodation services and after care services to ensure the best possible social and emotional outcomes for the AOM.
- Protect yourself by recognising that not every separated child is a refugee child; economic migration is a fact of life, a part of the human condition, and it seems that we're so afraid of being seen as judgemental that we often don't even acknowledge it as being a part of a child's reality. These children have rights too so help them speak their truths.
- Work with local or national police services regarding issues related to children that may go missing and the risks involved.

CHILDREN MISSING FROM CARE
A practical example

The HSE became increasingly concerned at the increase in missing children that began in the latter months of 2008 and continued up to the summer of 2009; many of whom were suspected by social workers to be potential victims of trafficking.

The level of interagency cooperation between the HSE and the GNIB has been consistently high and was intensified in the face of the increase in missing children that presented in late 2008 and early 2009.

To address this situation a Joint National Protocol on Children who go missing from care has been agreed between the Gardai and the HSE.

Joint National Protocol on Children who go missing from care

The following measures were agreed:

- Collaborative interviewing at the ports or other appropriate location between social workers and Gardai.
- Fingerprinting of persons presenting as underage at the ports, for tracking missing children purposes.
- Planned Garda surveillance of those at risk of going missing from the point of presentation at ports to the initial placement period in hostels (now, children's residential units).
- Monitoring of the notification system of missing persons to local Gardai to be closely monitored by Garda Inspectors.
- Joint training of HSE staff and Gardai/GNIB staff in relation to children at high risk of going missing.
- Sharing of photographic evidence between the HSE and Gardai.
- These measures were implemented and existing processes improved throughout the first half of 2009. Links between local Garda stations in whose areas the hostels were located and HSE/hostel staff were strengthened. The GNIB mounted several surveillance operations with the collaboration of HSE staff on the high risk group as profiled and successfully tracked some children who went missing.
- **81 of 846 (9.6%) children went missing from the service in 2001. 2 of 48 (4%) children went missing in 2012. 0% of 50 so far in 2014!**

Referrals to HSE's Separated Children Seeking Asylum Team

2000 to 2013 to date

Year	Total Referrals to the HSE's Team for SCSA	Placed in care	Completed Family reunification service provided, regardless of placement in care status.	Other
2000	**520**	**406**	107	7
2001	**1085**	**846**	231	8
2002	863	335	506	22
2003	789	277	439	73
2004	617	174	418	25
2005	643	180	441	22
2006	516	188	308	22
2007	336	130	185	29
2008	319	156	157	26
2009	203	126	66	11
2010	96	70	21	5
2011	99	66	31	7
2012	**71**	**48**	**31**	**12**
2013	**110**	**62**	*	*****
2014	65	50	*	*****