



Social Work Team for Separated Children Seeking Asylum in Ireland

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.

Thomas Dunning
Principal Social Worker
TUSLA Child and Family Agency, Ireland

EMN National Conference
Protection and Care for Unaccompanied Children
Bratislava, SLOVAKIA
10 December 2014

PRESENTATION OVERVIEW

- Why 'Child Protection Social Work?'
- 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.
- Issues with missing children



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, academia, 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, while not legislatively speaking but certainly in practice, 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 will generally take 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, responsible for accommodation of asylum seekers. *What would happen if an additional 520 Irish children came into care this year?*
- **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** – Established national service for separated children within the child protection 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
2013 referrals:	110
<i>2014 to date (8 December)</i>	<i>91</i>

Compared with peak years of:

• 2001	1085
• 2002	863
• 2003	789

Referrals to HSE's Separated Children Seeking Asylum Team 2000 to 2014 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	91	74 (81%)	*	*

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.
- If and when appropriate, 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, even post 18 years.
 - 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!*

IF POSSIBLE...

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

- Develop quality and mutually respectful working relationships with both local children's rights NGOs and governmental immigration services. Honouring the roles of everyone.
- Keep in mind that the best interest of the child is paramount! (Do we REALLY mean this or is it just lip-service?)
- 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 social worker/guardian/advocate present and encourage child-friendly interviewing training for interviewers of children and decision makers. *Loco Parentis!*
- 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 and if we don't allow ourselves to speak about this truth we are not preparing children for an adulthood rooted in responsibility and honesty. Migration is 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/national police services regarding issues related to unaccompanied children that may go missing, identifying both the risks involved and prevention measures that can be developed

Working with Immigration Officials Challenges and Solutions

ASYLUM – Interdepartmental trainings on working with and interviewing vulnerable children has been one of 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 officer conducting the interview, 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.

Working with Immigration Officials

Challenges and Solutions

ASYLUM – Lastly, while it can be stressful for young people waiting for the decisions on their asylum application to be made, in Ireland it is generally the practice that absolutely final protection or residency decisions are *not* issued to young people while still being accommodated by the child protection social work services on behalf of the State.

The theory behind this informal 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 on various levels; risk of going missing, risk of placement and educational disruption, risk of dangerous or self-harming behaviours.

Again, a child first and everything else is secondary, including the child's immigration status (Refugee Act)

~ which is different from their legal status (a child in the care of the State under the Child Care Act).

Working with Immigration Officials

Challenges and Solutions

ACCOMMODATION – Historically in Ireland (2001-2006), the Department of Justice had responsibility for the processing, reception and accommodation of all asylum seekers (which included any UAMs) presenting in Ireland. Children were housed with adults at first and then in only 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 childcare staff on duty. In time, pressure increased on the State by both the NGO sector AND the State's own 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 care placements and children's residential care placements staffed with professionally qualified child care or social care worker were secured.

We now have four (4) children's residential units. Three are short-term (3-6 months) intake units with six beds each (18 intake beds) as pre-fostering / pre-family reunification placements and one is a long-term unit with 6 beds for children. 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 primarily 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

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.

**Sec. 32 of the Child Care Act allows for a judge to make a declaration on the age of a child - if requested.*

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.



CHILDREN MISSING FROM CARE

The SCSA team 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 SCSA team of the Child & Family Agency 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 TUSLA.

Joint National Protocol on Children who go missing from care

The following measures were agreed in both theory and practice but have not yet been formally signed off):

- Collaborative (not combined) interviewing at the ports or other appropriate location between social workers and Gardai. (An Garda Síochána = Irish Police Force)
- Fingerprinting of persons presenting as underage at the ports, for tracking potential 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 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 TUSLA Child and Family Agency staff and Gardai/GNIB staff in relation to children at high risk of going missing.
- Sharing of photographic evidence between TUSLA and Gardai.
- These measures were implemented and throughout the first half of 2009. Links between TUSLA/hostel and now residential staff with local Garda stations in whose areas the minors hostels were located 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 in care went missing from the service in 2001. 2 of 48 (4%) children are still missing from 2012. 1 of 91 (approx. 1%) so far in 2014!**

Why did all these Chinese 'teens' go missing in Ireland? - Michelle Hennessy (1)

Numbers of missing migrant children fell significantly after the system was reformed, leading experts to believe it had been used by smugglers to sneak people into the country.

<http://www.thejournal.ie/chinese-teens-missing-1537317-Jun2014/>



Why did all these Chinese 'teens' go missing in Ireland? - Michelle Hennessy (2)

BETWEEN 2007 AND 2009, at least 41 Chinese nationals registered as being under the age of 18 went missing in Ireland and they are still listed on the garda website.

The disappearance of youths who came from China was one of the many reasons the government decided to move away from the hostel system for unaccompanied children who were seeking asylum in Ireland. Before 2010, any child over the age of 12 but under 18 was placed in one of ten privately run hostels in Dublin.

There were frequent criticisms of this system at the time, as the country did not have enough social workers to support the large numbers of unaccompanied children coming into the country and there was nowhere else to place them.

Crisis

Thomas Dunning, who is the Principal Social Worker with the Team for Separated Children Seeking Asylum at Tusla – the Child and Family Agency, said the large influx of these minors from the year 2000 took the government by surprise.

In 1996, the first separated child arrived in Ireland. In 1997 there was one more and in 1999 there was less than ten. In 2000, we had 520 referrals. If 520 extra Irish children came into care this year, we would have a crisis.

“At the time, nobody knew how to manage this because the children in care model the country was operating in didn’t account for people who didn’t have parents in the country,” he explained.

Why did all these Chinese ‘teens’ go missing in Ireland? - Michelle Hennessy (3)

“The minors hostels were opened up as an emergency gap measure – to nobody’s satisfaction.”

In the three year period before the current foster family system for foreign national children was introduced, a total of 41 young Chinese people under the age of 18 were listed as missing on the garda website and are still there today. Ten of them were thought to be 16-years-old when they went missing and one was listed as 15.

Speaking about the missing Chinese youths, Dunning told *TheJournal.ie* that his office noticed a large number of these children being referred through the out of hours service.

“They would arrive on, let’s say Thursday night, they would be brought to one of the hostels for minors and they would be gone before nine in the morning, before a social worker could even see them,” he explained.

Dunning said that the system for separated children and these hostels were being used as a “new route” for people to exploit to get into the country. He said it was known outside of Ireland that a person presenting at the passport office in the airport as under 18, without any papers, would be brought straight to a hostel.

It is believed that many of the Chinese nationals who used the service at the time were not minors but the age assessment system in place now did not exist then.

Within three months of the new system being put in place, all of the Chinese entries stopped, for this particular service.

Why did all these Chinese 'teens' go missing in Ireland? - Michelle Hennessy (4)

Figures from TUSLA for missing children show a drop off after 2009, when the government started to close the hostels and place children with foster carers:

Year	Missing child notifications made to Gardai.	Missing children found or accounted for.	Still missing at year end.
2007	32	12	20
2008	22	5	17
2009	48	10	38
2010	10	7	3
2011	8	2	6
2012	5	3	2
2013	4	2	2

Why did all these Chinese 'teens' go missing in Ireland? - Michelle Hennessy (5)

"My gut instinct and my experienced professional opinion is that most of the young people who went missing did so of their own volition and of their own mandates and maybe mandates from their families, rather than being trafficked or re-trafficked," Dunning commented.

Humanitarian disaster

Though the figures clearly show the change in the system put a stop to the exploitation of the hostels by smugglers, he said this was not the main consideration in closing them.

Every clinical issue was a trigger to close them down. This was substandard care and that was why they needed to be closed.

It was a disaster – it was a humanitarian disaster – and Ireland did its best at the time to figure out what to do with it and it took them a few years to sort it out. None of us were satisfied with it."

He said it was "remarkable" how quickly the system was reformed "considering how long it can take for social change to happen", with all of the hostels closed by the end of 2010.

His team now deals with significantly lower numbers of children, with 120 referrals last year.

"Now we're ahead of the game and we're leading the way in Europe in terms of services for separated children," he said.