

From Hostel 'Care' to Residential & Foster Care: Care Provision for Unaccompanied Children

Irish Social Policy Association Seminar
The Persistence of Institutional Ireland:
A Question of Policy
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Unaccompanied Children – The Irish Context

- Who are unaccompanied minors / separated children?
- Referrals: Rapid increase between 1996 and 2001: 1085 in 2001 (Peak)
- Recent years: 97 (2014) 175 (2017)
- Most are 'spontaneous' arrivals; Also organised relocations under Calais Special Project & Irish Refugee Protection Programme
- Placed into the care of Tusla (previously the HSE) upon arrival in Ireland
- Focus of this presentation is on the care arrangements that were / are in place

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Hostel 'Care' - 1

Private, unregistered, profit-making

Not subject to the National Standards for Residential Care, could not be inspected by Social Services Inspectorate (HIQA predecessor)

Large institutional settings.

Supported by HSE project workers and social workers

Policy Anomaly – Treatment of unaccompanied children versus treatment of adults

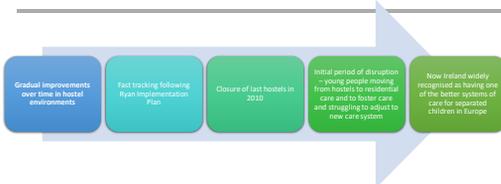
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Hostel 'Care' - 2

- Existence of a **"Two-Tier"** system (Corbett, 2008)
- Concerns relating to adult supervision, security & support (e.g. Christie, 2002; Ombudsman for Children, 2006; Commissioner for Human Rights, 2008; Corbett, 2008; Irish Refugee Council et al, 2011)
- Particular concern regarding children 'going missing' & regarding child trafficking (Kanics, 2008; Horgan et al., 2012).
 - Between 2000 and 2008 454 separated children seeking asylum went missing (Charles, 2009)

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The Shift to 'Equity of Care'



Factors allowing this shift to happen? Constant criticism from NGOs, human rights organisations; HSE desire to change practice; research; frontline staff concerns; media interest - crucially combined with significant decrease in numbers arriving

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Residential Care for Unaccompanied Children

- Initial use: for assessment & orientation– Has this changed?
- Fundamentally different to 'hostels' - less institutional but ...still institutions?
- The purpose of residential care is said to be to provide a 'safe and nurturing environment' (Byrne & Mc Hugh, 2005): evidence that residential settings are doing this
- Not without challenges, some of which detailed in recent HIQA inspection reports

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'Everybody together'

The good thing about the residential house was ... everybody was like together. I got to know... people from different countries and we become friends and we were having dinner, everything like together..So, I really enjoyed it like, you know, as a child when you leave your family, you come to a different country, you feel like so lonely, but when I went to the residential house it was like all the kids there together so you don't feel as much as... when you're by your own, alone like.

(Cited in Ni Raghallaigh, 2013)

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'Could really institutionalise somebody'

I think the residential units could sometimes really institutionalise somebody. It can be very structured... It needs to be, it needs to function for six children, but it can be very structured and some can adapt to it but, you know, while they're adapting, they're just sort of falling into this pattern of this real westernised type of care where we do everything for you and, you know, some of their own innate coping mechanisms ... get a little bit less.

(Stakeholder - Cited in Ni Raghallaigh, 2013)

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Foster Care & Supported Lodgings

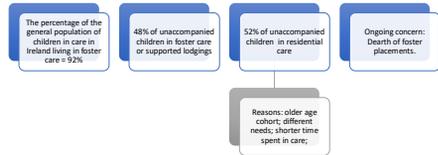
Foster care: provides a family life for children who cannot live with their own family, more flexibility than residential care; development of relationship with non-professional

Supported Lodgings: a form of care similar to foster care but where support is less intense and where much of the focus is on preparing young people for independence

2013 research suggests that foster care for unaccompanied children is generally working well – a mix of placements with Irish carers and with ethnic minority carers (Ni Raghallaigh, 2013). Challenges also

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Current Care Provision for Unaccompanied Children



(Source: DCYA (Sept 2018 figure) & Team for Separated Children Seeking Asylum (Dec 2018 figure))

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Institutional After Care – Direct Provision

- If a young person hasn't secured their immigration status at the age of 18 – direct provision usually applies.
- Child Care Amendment Act refers to the duty to conduct an assessment of need before putting in place an aftercare plan – in relation to education, health and well-being, personal and social development, accommodation, among other things
- By virtue of being in direct provision aged out minors who are still in the process simply cannot get the same aftercare supports as those with status or as Irish citizens (Ni Raghallaigh & Thornton, 2017)

• See Ni Raghallaigh, Muirrens, Thornton, Liam 'Vulnerable Childhood, Vulnerable Adulthood: Direct Provision as Aftercare for Aged-Out Separated Children Seeking Asylum in Ireland. Critical Social Policy, 2017, pp. 1-19. Available: <http://researchrepository.ul.ie/handle/00101/28611>



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Concluding Reflections on the Move to 'Equity of Care'

- Overall, the move to 'equity of care' is positive
- Despite the move to 'deinstitutionalise', use of residential care will always 'persist' for some unaccompanied minors: not a bad thing!
- Possible further improvements:
 - Recruit more foster carers & supported lodgings carers to form a diverse 'pool'
 - Consider having highly trained, specialised reception foster carers
 - Ensure appropriate after care is available for all unaccompanied young people and that direct provision is not used
- Ireland had a **TERRIBLE** system of 'care' for unaccompanied children at the turn of the century: we turned this around.
- Can we therefore do the same in relation to adult asylum seekers?

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Go Raibh Maith Agaibh!

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