

Working with Ethnically and Culturally Diverse Families and Children

A Review of Best Practice and Guidelines

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Introduction

This brief review of best practice is based on the national and international literature (see Bibliography). It discusses needs which have been identified in a number of areas which are important for everyday living among refugees and asylum seekers. These needs are:

- Language needs
- Information needs
- Orientation and integration needs
- Physical and psychological health needs

The literature distinguishes four different groups among refugees as follows:

- Refugees and asylum seekers in general
- Women
- Children in their families
- Separated children

These groups have been found to vary slightly in the extent and nature of their needs in some of the areas listed above. Separated children constitute a discrete group – they have similar needs to the other groups, but in addition a range of needs specific to their situation and status.

BACKGROUND

Internationally, refugees and asylum seekers are defined as people who have had to leave their own country because of the fear of persecution (for reasons of race, religion, nationality, membership of social groups or political opinion). Refugees are those who have applied to the government of a State such as Ireland and have been granted legal refugee status. Asylum seekers are those who have applied for refugee status and are awaiting a decision. In 1992, 39 applications were received in Ireland; in 2001, 10,325 applications were received. In the first ten months of 2002, 9,560 new applications for asylum were received and in the corresponding period of 2003, the number of applications was 6,877. (Sanctuary, No. 26, Nov. 2003). In the period January 1st – April 30th 2004 the figure was 1,466 denoting a declining trend, but the backlog of unprocessed cases at the end of February 2004 was almost 7,000. In Ireland, people who have been granted refugee status have the same rights as an Irish citizen to employment, social welfare, education, housing and healthcare.

The United Nations High Commissioner for Refugees (UNHCR) estimates that women and their dependent children between 75-90% of the world's refugee population. It has been argued nationally and internationally that the different needs of women refugees and women asylum seekers should be recognised because their problems are not always the same as those of men in similar situations.

Under Article 22 of the UN Convention on the Rights of the Child (1989) which was ratified by Ireland in 1992, all refugee children and children seeking refugee status are entitled to receive appropriate protection. This applies to children accompanied by their parents and also to unaccompanied minors (Fanning et al, 2001). Refugee children may have experienced the same disruption, violence and fear as adult refugees, but the effects will have been compounded by the disruption of normal family life. They will have needs additional to those experienced by adults. Separated children (unaccompanied minors) are defined as young people under the age of eighteen years, outside



their country of origin and separated from both parents or their previous legal/customary primary caregiver (UNHCR/Save the Children, 2000).

As mentioned above, some of the kinds of needs which have been identified are common to all of the above groups:

- Language needs
- Information needs
- Adjustment and orientation needs
- Integration needs
- Physical and psychological health needs

These will be detailed and an outline given of ways in which they have been addressed for refugees in general and, where appropriate, separately for the groups listed above in different countries. The special additional considerations in relation to separated children will be discussed in a separate section towards the end of the review. The present document draws on existing published research and on documents such as the ECRE *Good Practice Guide on Community and Cultural Integration of Refugees in the European Union* and these should be consulted for more detailed information.

GLOSSARY OF TERMS

- **Asylum seeker:** A person who has applied to be granted refugee status and is awaiting a decision

- **Refugee:** A person who “owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his or her nationality and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that country” (Article 1(A) of the UN Refugee Convention Relating to the Status of Refugees, 1951). In Irish legislation the term “membership of a particular social group” has been extended to include gender, groups of people with a particular sexual orientation and membership of a trade union.

- **Separated child/unaccompanied minor:** A child under the age of 18 who has arrived at the frontiers of the State or entered the State and who is not in anyone’s custody (Section 8(5) of the Refugee Act, 1996 (as amended)).

The following definition is used by organisations including the United Nations High Commissioner for Refugees and UNICEF: A person who is under the age of 18 or the legal age of majority, is separated from both parents, and is not with and being cared for by a guardian or other adult who, by law or custom, is responsible for him or her.

- **Direct provision:** Asylum seekers are housed in direct provision centres. They receive accommodation and meals (paid for by the State) and an allowance of €19.10 per week per adult and €9.55 per week per child.

Section 1: Language Needs

Language barriers are recognised as a formidable problem for the resettlement of refugees in whatever country they find themselves. Knowledge of English is essential in Ireland in order to communicate with other people and to meet many of the needs of everyday living. Access to information, both written and spoken, is a primary need which will not be satisfied in the absence of a working knowledge of English. Language problems affect refugees and asylum seekers including separated children in similar ways; women's experiences of need may be protracted because they may find it more difficult to juggle their commitments so as to give them opportunities to learn English. Young children in families have been seen as having additional specific needs and they will be described separately below within this section.

Establishing links with formal services and organisations is very difficult for people who do not speak or understand English. In addition, lack of knowledge of English impacts on the ability to speak on everyday matters with people in the host country be they neighbours, service providers or others. It also impacts indirectly on a person's network, by limiting the extent to which s/he will engage in social contexts where contacts could be made, such as work or education (Dibelius, 2001).

Other consequences include the danger of social isolation with implications for mental health. The women in Dibelius' study (2001) found that lack of language skills had many practical but unforeseen implications – for example it impeded people who wanted to learn to drive – they couldn't understand the instructor's oral language nor the written instructions, nor the Rules of the Road. This experience could be replicated in many more situations – the doctor's surgery, the social welfare office, the A & E, the school office, the ORAC (Office of Refugee Applications Commissioner) interview, where both spoken and written language come into play.

The following good practice guidelines have been suggested by agencies involved with refugees and asylum seekers in relation to language and many of them are included in Burnett and Peel (2001).

PRACTICE GUIDELINES – GENERAL

- Easily accessible classes in English as an additional language should be provided at varying levels for adults. Accessibility in terms of location, transport and cost needs to be ensured.
- Language support and interpretation services should be available and free of charge.
- Only independent professionally based and organised interpreting services should be employed to interpret for refugees and asylum seekers. This should ensure objectivity and neutrality in the information being communicated. Using family/friends is not advisable as it may affect the information a person is willing to share – e.g. it may be difficult to discuss sensitive issues like sexual health, gynaecological problems, domestic violence, etc.
- The use of children as interpreters should be allowed only as a last resort as providing such a service can place inappropriate responsibilities on them.
- Telephone interpreters can be useful when there are no local interpreters available.
- Health workers and other professionals dealing with refugees may need training in working with interpreters.



LANGUAGE NEEDS – WOMEN

Women may face additional difficulties and these will be compounded by a lack of familiarity with the English language. They may have reproductive health needs in the areas of sexuality, family planning, childbirth and breastfeeding for which they should be offered care and treatment that is sensitive to their cultures and presented in a language that they can understand. Some may have undergone genital mutilation, which can affect their sexual health and maternity experiences. The need for appropriate interpretation services for women using medical services cannot be over-stressed.

PRACTICE GUIDELINES FOR WOMEN

- The special language needs of women in relation to health and welfare issues should be recognised and measures put in place to ensure that they are adequately and appropriately treated in a culturally sensitive way with the assistance of professional interpreters.
- Women are less likely to speak English/be literate. It is very important to speak to them directly using an independent interpreter rather than family members.
- Childminding facilities should be provided and advertised as well as more comprehensive childcare at subsidised cost to facilitate women who wish to learn English and take advantage of opportunities to broaden their support networks.

LANGUAGE NEEDS – CHILDREN IN FAMILIES

Children have particular linguistic needs – they will need to learn English and also to develop their home language. Parents may need to be supported and encouraged to help their children develop the home language. Where the young child is in a childcare setting, the home language should be supported in that setting. Learning their home languages enhances children's ability to learn English and increases their self-esteem and confidence in their own ethnicity and identity. Childcare settings should have a language policy which includes appropriate training for staff and communication with parents about the policy. Rutter and Hyder (n.d.) recommend that those providing early childcare services should encourage language development in a number of ways as outlined below:

PRACTICE GUIDELINES FOR CHILDREN IN FAMILIES

- The child's environment should be language rich, interactive and participative.
- Activities such as storytelling, reading, rhythms and rhymes should be multilingual and multi-ethnic to ensure children feel comfortable and secure.
- Children should be encouraged to teach the care workers and teachers and the other children some words in their home language.
- Parents should be encouraged to have contact with childcare centres, coming in to cook, tell a story or read a book in their home language.
- Childcare professionals should learn a few words in the children's first language, particularly greetings and forms of address.
- Childcare professionals should provide a good language model – speaking slowly and clearly but in a normal voice.
- Care workers should make an effort to understand non-verbal communication and fill in the words, e.g. 'You would like a drink? I'll pour you some water'.
- Care workers should encourage interaction and especially verbal interaction between children. They should try and build trust – for example through eye contact (depending on the culture).

Section 2: Information Needs

Information support can involve informal and formal advice on major decisions or life events as well as the provision of information on small everyday matters, including where to shop or how to go about certain tasks. This is an important support and in some countries it is provided by ethnic based associations for new arrivals. It may be provided in the language of their country of origin. Women and separated children may have needs additional to those of refugees in general and these will be described in separate sections below within this section.

There is a need for co-ordinated information services and orientation courses for new arrivals. Many countries have developed printed and even electronic materials to provide information on the services available to refugees and asylum seekers and their rights and duties as well as the institutions and culture of the new society and the facilities that are available to them. Most countries try to ensure that they are available in the major languages of asylum seekers, but in Ireland lack of information was a factor that was highlighted even by some of the English speakers in Dibelius' study (2001). Despite the efforts made in many countries it is acknowledged that there are problems in ensuring that information remains up to date and that it is widely distributed in the new society (ECRE Task Force on Integration, n.d.).

There has been some progress in recent years in Ireland. In a paper dated November 2002, Dowling stated that the Reception and Integration Agency (the statutory body responsible for co-ordinating the implementation of integration policy for refugees and persons given leave to remain in the State) had developed an orientation programme which covered all aspects of day to day living in Ireland. It is aimed at providing information and, more importantly, understanding of all aspects of Irish society and is intended to give those moving into private rented accommodation the knowledge and assistance they may require to allow them to adjust as quickly as possible to their new surroundings and the management of money and of their new home. In addition the programme sets out the services available locally to the individual, thus assuring them that there is assistance and guidance readily available if needed. This programme is aimed at addressing any difficulties individuals and families may have in moving from Direct Provision to independent living when refugee status or leave to remain has been granted.

In two studies carried out with refugee and asylum seekers in Ireland, the participants cited membership or integration into a Church as a positive factor for obtaining information (Dibelius, 2001; Smyth and Whyte, forthcoming). An important source of information for this group can be other refugees, as will be discussed in Section 3.

PRACTICE GUIDELINES – GENERAL

- Up to date information should be provided and widely distributed in order to reduce refugees' anxiety about 'what to do next' and save time and effort in finding information (ECRE Task Force on Integration).
- This general information pack should be made available in a variety of languages and formats (e.g. video, audio tapes, large print, pictorial illustrations, etc.) with levels of language appropriate to the needs of different groups – refugees in general, women, separated children (who find it particularly difficult to access information) and children at school. It should be remembered that not all refugees are literate, particularly women, and alternative approaches – using video, audio tapes, illustrated leaflets and conversation, among other methods, should therefore be considered.
- Vulnerable individuals may need one-to-one sessions, often several sessions, to assist them with information and orientation.



Among the recommendations made by Collins (2001a) for inclusion in the information pack were the following:

- Basic information on Irish life and customs, the government, education system, etc.
- Local health and welfare services
- Information on asylum policy and process
- Rights and entitlements as asylum seekers
- Information on services and facilities available and how to access them
- Information on where people of the same belief can meet and be provided with the space to worship
- Information relating to each other's culture – both for the hosts and the refugees
- Job information

In addition, it is recommended that refugees and asylum seekers be directed to Citizens Information Centres which have extensive experience in information provision. It may be necessary for staff in the centres to develop additional expertise, perhaps in partnership with refugee organisations, in dealing with issues related to information and support specific to these groups. In some countries specialist groups have been set up to provide specific types of information – for example a legal group which provides information on asylum and refugee law, immigration law, rights of residence, information on work permits; and also a welfare and rights group which provides up-to-date information in several languages on entitlements to asylum seekers.

INFORMATION NEEDS – WOMEN

Women's access to information is often limited because of other factors, some of which have already been mentioned above. Many women asylum seekers and refugees come to Ireland without their partners. They are frequently the only adult in the household and this limits their freedom and availability. But even those with partners normally fulfil the role of primary caregivers in the family. External childcare is frequently beyond their means, they are usually unable to avail of language classes or other educational opportunities and they are not free to seek work. This limits their opportunities to form social networks, and slows down the integration process and their access to information. As a result they may become very isolated.

A range of factors will influence network formation and access to information as well as opportunities to participate in education and employment. Among these are personal factors – the degree of self-confidence and willingness to take the initiative; personal circumstances – for example, single mothers, who have sole responsibility for all that has to be done to manage the household and rear their children may simply not have the time to engage in social contact with other adults. Perceived cultural differences can be another factor: the women in Dibelius' study (2001) saw Irish society as more individualised and segregated as opposed to the greater level of interaction in the streets and among neighbours in Africa. They also perceived differences in socialising which created difficulties for them. For example, meeting in the pub – the preferred meeting place for many Irish people – was an alien idea for them.

Best practice guidelines in relation to meeting these needs overlap with those included in the guidelines for meeting orientation and integration needs and will be detailed in the next section.

Section 3: Orientation and Integration Needs

Refugees and asylum seekers have to contend with a range of issues on their arrival in their country of choice. Apart from difficulties with language and in accessing information as outlined above, there may be problems adjusting to a different culture, a different climate, different kinds of food, a different way of life. According to the ECRE Task Force on Integration many organisations across Europe have recognised a need for orientation programmes to assist with adjustment and are designing projects that encourage the formation of social networks that link refugees to people in the host country. However, some member States leave the work of initial adjustment to voluntary bodies – often with limited resources.

In the first part of this section some attention will be given to support offered by the host country in relation to integration and orientation and in the second part we turn to the role that may be played by social networks among refugees and asylum seekers themselves.

SUPPORT OFFERED BY THE HOST COUNTRY

It has been said that successful integration cannot be achieved simply by a central authority willing it to be so. Society in general and local communities in particular have a crucial role to play. In Ireland, the Reception and Integration Agency (RIA) is the statutory body responsible for co-ordinating the implementation of integration policy for refugees and persons given leave to remain in the State. Integrating Ireland, the National Network of Refugee and Asylum Seekers and Immigrant Support Groups is an independent network of community and voluntary groups comprising over 140 organisations from all over Ireland; it works to promote integration at a local, regional and national level through individual member organisations, regional networks and specialist working groups. A full list of members can be found at www.integratingireland.ie.

The establishment of a support network in all areas of Ireland is gradually taking place with the assistance of the voluntary sector in an effort to implement measures to assist in the integration of refugees and those granted leave to remain. Small scale projects at local level – for which funding from a small grants scheme is available – have been undertaken and have been found to assist in increasing public awareness in relation to refugees and asylum seekers. The ECRE Guidelines give examples of how some countries and organisations have managed to develop extensive voluntary activity amongst host society members for volunteers by offering recognised training. The training is intended to ensure that they become active agents for the cause of refugees and to help them combat racist attitudes that they may encounter because of their volunteering activities. Putting training in place involves interviewing and selection procedures, the signing of a ‘work’ contract, training and certification. The mobilisation of interested people amongst the host society to act as volunteers will help the refugees feel more at home and find their way in the new society.

The good practice guidelines also advocate that refugees should be encouraged to become volunteers as a way of being active agents for their own integration, increasing their self-esteem and empowering themselves. In some places it has been found that refugees at some point come to realise that their acceptance and integration into the host society depends in part on their own initiatives – in talking to local people, writing to local and national newspapers, playing an active part in the local community associations; these are positive steps in aiding not only their own personal integration, but that of refugees more generally.



While the refugees may experience feelings of alienation and isolation, the host community may experience a sense of disorientation and disruption due to changes in the ethnic profile in the area in which they live. Therefore it is important that during the transitional period both groups are provided with information relating to each other's culture. Increased awareness can be achieved through public awareness and education. Such programmes should promote respect, inclusion and an understanding of the inherent difficulties of being forced to flee one's country under the extreme circumstance of persecution.

One such programme in Shannon (cited in the ECRE Good Practice Guidelines) promotes active outreach to local communities by asylum seekers. They regularly visit schools and local rural associations to talk about their experiences as refugees. This gives many local people their first experience of meeting people of different cultures and ethnic origins, allows them to understand the reasons that brought them to Ireland and, it is hoped, provides the basis for developing a longer standing positive attitude in these small traditionally conservative communities.

There is a wide range of programmes in different countries (ECRE). In some countries support is offered by the recruitment of families in the host societies to act as mentors and friends to refugees settling in local communities, and there are orientation workshops where volunteers work with refugees assisting them in dealing with the authorities, local schools, landlords and other challenges. Some host countries also run migrant, refugee and human rights festivals and there are courses on how to combat racist attitudes. In Italy, the Information and Education Centre for Development developed a course for cultural mediators, firstly for immigrants and then for refugees. The project's aim was to establish the profession of cultural mediator – people who can work with private and public institutions who require their ability to interpret linguistically, culturally and socially in an impartial, ethical and confidential manner between the authorities and refugees, asylum seekers and migrants in order to aid mutual understanding and comprehension. The project aimed to facilitate cultural understanding and create new employment opportunities for refugees.

Some of the programmes incorporate the arts and sport. They include trips for groups to museums and large cities. In Greece the Refugee Council uses puppet shows as an innovative way to explain and dramatise Greek language and culture and in Finland in an attempt to improve the integration of young refugees, the city police organised basketball games in the evening in which young refugees and the police took part. One of the largest festivals is organised by the Dutch Refugee Council where foods from different cultures, fashion parades and stalls with handicrafts are on display.

The advantages of such programmes are that they allow real celebration with local people, they can provide a basis for recruiting volunteers and they give opportunities to refugees to meet with other refugees. However, they need a lot of time and resources to be run well.

There has been a start in organising such cultural events in Ireland. In 2002 the RIA, in association with local voluntary groups and accommodation centre staff, ran a very successful integration day in Limerick. This was an opportunity for the local community and the asylum population to meet and mix, and similar events have been happening in other centres around the country – for example Dun Laoghaire Rathdown County Council have organised an annual Festival of World Cultures since 2001. This event runs over two to three days and includes music, art, poetry, dance and other forms of cultural expression.

The need for more intercultural social events and festivals has been recognised, as has the importance of celebrating rituals and religious festivals. It is also considered very important to include representatives of immigrant groups on local committees organising events. Involvement in sports and other activities is also important in the process of integration.

PRACTICE GUIDELINES – SUPPORT OFFERED BY THE HOST COUNTRY

- Orientation courses with co-ordinated provision of information should be in place for new arrivals and for the hosts.
- The provision of special training for professionals and volunteers who work with asylum seekers and refugees is important to equip them to meet the challenges presented by this special group. These workers should include members of the refugee community.
- Refugees and asylum seekers should be involved in the design and implementation of orientation and also anti-racism programmes.
- The setting up of immigrants' representative groups and support groups is also advocated. Such groups could be assisted in working on issues for themselves and they could be a means of establishing and developing social links throughout the immigrant community.
- Support for minority religious groups is necessary – they need information about where they can meet people of the same beliefs and where to access religious services.
- Provision of spaces for worship is advocated.
- Cultural, sporting and other recreational events should be promoted as they can contribute enormously to mutual adjustment.
- Public bodies should work systematically with refugee associations to make the local community aware of other cultures.
- Refugee cultural heritage should be valued and used as a way of enriching the host culture and preserving the identity of refugees.
- Alienation of the younger generation of refugees should be avoided in order to promote multiculturalism.
- Refugees and asylum seekers should be included in groups organising events concerning them.
- The presence of refugees in a community should be seen as an opportunity rather than as a set of problems.

SOCIAL NETWORKS AMONG REFUGEES AND ASYLUM SEEKERS

Social networks involving members of the host society provide information about life in the new country, both in practical matters and in relation to the symbolic and socio-cultural systems the immigrants have entered. However, recognition has to be given also to the role played by networks of fellow immigrants and compatriots. These can provide crucial services to immigrants in terms of practical, informational, emotional and other social support. Ethnic networks also serve important functions in terms of identity maintenance and cultural expression, by helping individuals to validate their beliefs and values, and by protecting against home sickness (Boekestijn, 1988). A study by Koser (1997) on the networks of Iranian asylum seekers in the Netherlands clearly indicated that those without the support of an immediate network to which to turn for general support suffered to a greater degree from dejection and depression. The role of social support in enhancing mastery over the environment is very relevant to refugees whose perceived control may have been reduced significantly by the experience of sudden and involuntary migration, as well as by confrontation with a new and unfamiliar environment.

It cannot be assumed that all refugee or asylum seekers will want to be in touch with fellow nationals nor that they will automatically trust and confide in each other. In some cases, such contact is feared and deliberately avoided in case it leads to information being passed on to the national authorities in the home country, even to reprisals against family members left behind. There are also differences in social class that operate as impediments to understanding, e.g. when members of a former ruling upper class in the home country did not share the same experiences as some of their compatriots who have also come to live in Ireland. Relationships with expatriates and fellow refugees thus contain complex potential for tension as well as for solidarity and support.



PRACTICE GUIDELINES – SOCIAL NETWORKS AMONG REFUGEES AND ASYLUM SEEKERS

- Refugee community organisations should be supported as they can help to deal with social isolation and can also provide information and orientation.
- Organisations bridging the host community and refugees and asylum seekers also should be supported as they serve important functions for both groups.
- Refugees and asylum seekers should be encouraged to contribute to and participate in such groups and organisations.

ORIENTATION AND INTEGRATION NEEDS – WOMEN

Orientation programmes devised with male wage-earners in mind do not necessarily meet the needs of home-bound unwaged women. The ECRE Task Force on Integration has recognised the special need to enrich the lives of refugee women and NGOs across member States have been responding to this special need. Many of them have initiated programmes to help the successful integration of refugee women into the host society. These have included initiatives offering information on the culture and traditions of the host society; the development of language courses; an EU Kitchen Project which trained refugee women to provide culturally appropriate meals to older migrant and refugee people; vocational training in craftwork, an initiative aimed at providing a meeting point for local and refugee women aiding them in developing new activities and expanding their networks. The various courses on offer include cookery, language, creative writing, sports and women's health and a project aimed at helping traumatised women refugees which involved creative original work using women's traditional skills in handicrafts which also provided an income (ECRE).

The establishment of women's groups is one solution which has been found to be effective. They can provide a safe environment in which to share experiences. One example of a successfully run group in Ireland comes from Cork where a women's group organised by NASC met every couple of weeks with women and children from different hotels and hostels around Cork. The aim of the group was to help wherever possible with issues that cause problems for women and children. They identified medical issues, relieved boredom and sought out interesting local events. The group launched a book *The Global Kitchen*, a compilation of recipes provided by asylum-seeking women from a host of different countries. The Tallaght Intercultural Project is another example of a successful venture in West Dublin.

PRACTICE GUIDELINES FOR WOMEN

- All integration programmes should incorporate a gender perspective and involve refugee women in their design and implementation.
- Special programmes should be developed to help aid those refugees women at risk of social exclusion to expand their horizons and to understand the host society in which they are living.
- Best practice models strongly suggest that women's and/or parenting groups should be supported – they can provide a safe environment for people to share experiences and enable networking to begin.
- Vocational training schemes in childcare should be targeted at refugee women (Rutter and Hyder, n.d.).

ORIENTATION AND INTEGRATION NEEDS – CHILDREN IN FAMILIES

In Ireland the Refugee Act, 1996 states that the provisions of the Child Care Act, 1991 – which requires every health board to promote the welfare of children in its area who are not receiving adequate care/protection – will apply to refugee children. Post-primary education is available to all non-national children; no distinction is made between refugee and asylum seekers in relation to attendance at primary and post-primary schools and all non-national children can apply for free books and other grants on the same basis as Irish pupils. In addition, community and voluntary sectors have developed various recreational and educational support services. To date, however, it is not possible to gauge the exact extent and nature of these services, as there is no formalised structure for co-ordinating the work of community, voluntary and other agencies involved in providing services to refugee and asylum seeking children.

In addition to the difficulties for children arising from lack of knowledge of the language of the host country already discussed above, the ECRE identifies specific difficulties faced by refugee children in families, and stresses the importance of the provision of supporters and mediators in the host community. The ECRE report also highlights the need for courses for parents of refugee children to learn about inter-cultural education. This should be the case also for parents in the host community.

Some of the difficulties experienced by children in their families are due to the clash of cultures. Children often seek to conform to peer pressure; they want to fit in with other children at school. This tends to cause more tension where the child is living with his or her own family, who may not accept 'western' behaviour or forms of dress. Refugee parents will naturally seek to bring up their children in their own way and tactful sensitive mediation may be needed without undermining parental authority. Schools are well placed to provide support and mediation – if host community staff and students have adequate and appropriate training in the relevant issues.

Getting to grips with the differences in educational systems and teaching approaches may also present a challenge to immigrant children. The appointment of mentors or resource teachers can go a long way towards alleviating problems arising in the school context. Recent research in Ireland by Keogh and Whyte (2003) highlighted the finding that refugee children seemed to learn English quite quickly and that they were on the whole happy in school and felt supported by staff although some of them had experienced harassment and discrimination.

Initiatives reported in the ECRE publication aimed at helping children – in both refugee and host communities – include a 'Big Brother, Big Sister' project in Austria which exists in selected schools, where local people help refugee children who have difficulties adjusting to the educational system. Elsewhere in Europe, programmes are run whereby local children go on experimental holiday camps and pretend to be refugees as a way of making them aware of refugee issues; musical groups are made up of local and refugee youth making music which draws on the different cultural heritages; art competitions are organised for school and refugee children in an aim to promote awareness of refugee children and their lives. In Ireland, among the projects identified are a family literacy project involving both non-national children and their parents which is in operation in Tallaght, Co. Dublin; the St. Vincent de Paul Society's provision of out of school recreational activities (Kenny, 2000); and Barnardos' Old School House Project which provided support services for families, children and separated children in Dun Laoghaire/Rathdown. This project was also supported by up to twenty volunteers providing support with homework, literacy and computers. Dun Laoghaire Volunteer Project currently provides literacy support and supported access to schools in the area for separated children.



PRACTICE GUIDELINES FOR CHILDREN IN FAMILIES

- The UK Refugee Council proposed a best practice model when working with refugee and asylum seeking children. It recommends that:
 - Children be treated as children first – with the needs of children – and not be seen simply as refugees.
 - Where it is thought that a child may be having difficulties, carers/professionals should talk with the child and listen to what he or she has to say.
 - Those dealing with children should have due regard for language difficulties – including complexity as well as translation.
 - Where counselling is necessary for children who may have been traumatised before arrival, it is most effective when carried out in the school environment (Refugee Council UK, n.d.). This can be facilitated by teachers who have obtained the relevant professional qualifications, or by outside agencies.
 - After school or homework clubs are very useful for refugee children especially if they are living in temporary accommodation. Adult volunteers from the refugee community may be willing to help run the clubs.

Section 4: Physical and Psychological Health Needs

Poverty, dependence and lack of cohesive social support can undermine physical and mental health. Studies in the UK have shown that one in six refugees has a physical health problem severe enough to affect their life (Burnett and Peel, 2001). Health needs can vary according to where the refugees have come from and screening should be carried out. Parasitic diseases and also gastrointestinal symptoms have been found among refugee populations. High rates of diabetes, hypertension and coronary heart disease have been found in people from Eastern Europe and HIV/AIDS is especially prevalent in some African countries. Some have experienced malnutrition, poor hygiene and sanitation. Many may not be completely immunised and dental problems are common. Research has found that headaches, backaches and non-specific body pains are common – these may be of musculo-skeletal origin or a consequence of trauma, muscular tension or emotional distress.

Two in three refugees experience anxiety or depression (Burnett & Peel, 2001a). Survivors of torture and organised violence commonly complain of symptoms such as sleeplessness, nightmares, weakness, lethargy, headaches, abdominal pain and neck and back pains which do not have a physical basis and may last up to two years. It is preferable to treat these symptoms by non-pharmacological means. However, counselling as a method of dealing with problems may not be familiar to refugees. Trusting relationships need to be developed first – and this may come about through assistance with practical matters.

Health advocates and community organisations can be very important in increasing awareness about health, e.g. the risks of smoking which has been found to be quite high among refugee men. There is also a risk of substance misuse as a coping strategy.

Those trying to meet the healthcare needs of refugees should be aware of the following:

- Acceptance and expectations of healthcare can differ.
- Symptoms may be minimised or exaggerated for a range of reasons.
- The development of coping mechanisms may take time and occur over several sessions – as for non-refugees.
- Screening can be stigmatising if focusing more on protecting the native population than the refugees – service providers have to be sensitive to this.

PRACTICE GUIDELINES – GENERAL

- Information leaflets in different languages should be made available on:
 - The various health and medical services available in Ireland, e.g. how, where and when to access them.
 - When it is appropriate to attend one medical service over another, e.g. attending a GP instead of A&E.
 - The possible difficulties associated with accessing the Irish medical system.
 - The benefits to which refugees are entitled.
- Health education is usually required, with particular emphasis on the use of health practices which are unfamiliar in the country of origin (Burnett & Peel, 2001a).



- Assistance should be provided in particular:
 - In applying for a medical card.
 - By offering the services of professional interpreters during consultations with health professionals.
- Each patient's condition should be treated in the light of their previous experiences, but at the same time all physical conditions should be thoroughly investigated. It should not be assumed that all symptoms have a psychological cause.
- Culturally appropriate treatments should be developed in conjunction with patients and communities.
- Medication should be as simple to use as possible.

PHYSICAL AND PSYCHOLOGICAL HEALTH NEEDS – WOMEN

As refugee women are often the primary providers of healthcare to family members, it is essential that they have access to healthcare information. According to the Irish Refugee Council, women experience additional forms of persecution and discrimination solely on the basis of their gender. As well as being financially dependent and frequently existing at a bare subsistence level, many are vulnerable to physical assault, sexual harassment and rape (Burnett and Peel, 2001) and find it difficult to report such incidents. Many refugee women may have had little or no access to health and welfare services for some time prior to their arrival in Ireland and therefore it is essential that services are established which are culturally and gender sensitive. Many mental health problems can be a result of experiences of being a refugee, e.g. social exclusion and poverty; reducing social isolation and dependence through having suitable accommodation and spending time creatively in education and work can alleviate these difficulties without the need for medication.

PRACTICE GUIDELINES FOR WOMEN

- If refugee women are to engage confidently with doctors, nurses and health workers it is essential that culturally sensitive interpretation and translation facilities are in place.
- Refugee women should always have the option of a female doctor and medical worker.
- Many women are vulnerable to physical assault, sexual harassment and rape and some are survivors of sexual violence; this needs to be taken seriously.
- Confidential voluntary testing for sexually transmitted disease and/or pregnancy should be offered and support given to those at risk.
- Women need to be offered sexual health care, family planning and maternity care that is sensitive to their cultures. Some may have undergone genital mutilation which can affect their sexual health and maternity experiences.

PHYSICAL AND PSYCHOLOGICAL HEALTH NEEDS – CHILDREN IN FAMILIES

Refugee children may have experienced the same disruption, violence and fear as adult refugees before leaving their home countries. They may have more problems with physical health than they might have had at home in adjusting to a different climate, different food and a different environment. Their initial experiences in the new host country may also be psychologically traumatic for various reasons. Being relocated from place to place and experiencing temporary accommodation arrangements will not be conducive to developing feelings of security and safety – the

basis for healthy development in other areas. They may be aware of distress and feelings of insecurity and unhappiness in their parent/s which in turn will affect interactions and relationships. They may be subject to flashbacks of traumatic events which they witnessed before leaving their home country. They may experience discrimination and bullying in school which will impact on their home life and this could be all the more upsetting because of their expectations of feeling safe in the new country.

A child may be living in a fragmented family situation – for example where one parent is present and the other parent missing and uncontactable in the home country and there may also be siblings left behind in the home country. Some children may be placed with carers who are not from their own ethnic or cultural background. Normal family roles could have been disrupted with individuals taking on new responsibilities. For example because a child learns English at school s/he will often be asked to take on the role of the family interpreter in meetings with officials, health personnel, education personnel, etc. This can place a heavy burden on a child who is already grappling with the strangeness of the new society. All of these factors may constitute threats to mental well-being and may result in difficulties and unevenness in psycho-social development for the young person. Their role as the mature interpreter/caring child with parents may sit uneasily with the role of being a student at school. They may seem mature in a caring role with parents but immature in other situations like school.

Very young children also have needs and it has been found that more under-fives among refugees than in the general population have a need for early years services. These services may have an important role in meeting their needs by providing opportunities for organised and supported play in a clean, warm and stimulating environment. These services can also help mothers in practical ways by providing a routine for the children, a variety of stimulating activities, alternative role-models in parenting and dealing with young children and opportunities to discuss concerns.

PRACTICE GUIDELINES FOR CHILDREN IN FAMILIES

- Support needs to be multifaceted, imparting a sense of security, promoting education and self-esteem.
- Resilience and a sense of coping are achieved through normal activities – but support may be needed in creating opportunities for 'normal' activities.
- Needs are often multiple and complex.
- A variety of approaches needs to be developed to support children – including organised activities, opportunities for talking and listening, etc.
- Early years care should be culturally sensitive and opportunities to celebrate their cultural heritage should be available to the children.
- The provision of vocational training and education for refugee mothers and fathers in the area of childcare should be prioritised so that they will be able to offer additional support and stimulation to their children, take advantage of opportunities for employment in that sector and contribute from their own experiences to the creation of more multi-cultural childcare settings.



Section 5: Separated Children

Separated children (unaccompanied minors) constitute a distinct group among refugees and asylum seekers. They have, in common with other refugees and asylum seekers all the same needs in terms of language, information, orientation and adjustment and physical and psychological health, but because of their age and status additional consideration needs to be given to them as will be outlined in this section.

In practice three categories of separated children emerge in Ireland:

- Children or young people who arrive alone and have no parent, guardian or relative already living in Ireland.
- Children or young people who arrive alone, who have a parent guardian or relative already resident in Ireland.
- Children or young people who arrive accompanied by an adult and where, through an examination of travel documents, doubt is raised about the relationship of the adult to the minor. (Veale et al 2003)

In all these cases the children are referred to the health board, which has responsibility for making an assessment with respect to the status of the child as an unaccompanied minor.

Separated Children Referred to Health Service Executive, East Coast Area January 1998–March 2003	
Referrals	2,717
Reunited with Parent or Relative in Ireland	1,114
Family Tracing Cases Initiated	33
Applications for Refugee Status	1,318

Age of Separated Children Referred to Health Service Executive, East Coast Area in 2001	
Aged 16 Years or Over	57%
Aged 10-15 Years	25%
Aged 6-9 Years	9%
Aged 5 Years or Younger	9%

Young people aged 15 years and upwards are generally placed in self-catering privately managed hostel accommodation; children aged 6–14 years are placed in residential care, in supportive lodgings or in foster care; for very young children social workers look for foster placements; vulnerable young people may also be offered supported lodgings or foster placements or a place in a residential children's home; exceptionally, young people may be allowed access to independent lodgings.

Irish officials have been involved for some years in consultations aimed at facilitating the management of separated children. In 2000 Ireland was invited by the Finnish Directorate of Immigration to participate as a partner, together with Poland and Lithuania, in the Children First Project which was EU funded. The objectives of the Children First Project are to increase understanding concerning the best practices among officials and to create a model for a cross-administrative approach in the reception of unaccompanied minors. Four key areas were identified for development during the course of the project:

- Interviewing techniques when working with unaccompanied minors
- Reception procedures
- Post-decision making procedures
- The creation of cross-administrative structures

Training in these areas was subsequently provided by UNHCR for Irish officials dealing with separated children (Veale et al, 2003).

Other national and international organisations have also been very active. In the UK a London based initiative offers school support, home-school-community links, counselling services and training provision to meet the needs of unaccompanied refugee children in local schools. The British Refugee Council runs a panel of advisors for unaccompanied minors. The panel works directly with vulnerable children and strives to allocate personal advisors to those most in need. The advisor befriends the children and helps represent them to the British Home Office, social services and other agencies. Other initiatives were found in Finland where the arrival of many young unaccompanied refugees led to the initiation of a football club for all foreigners. The initiative also ran a programme to teach young children to play games together. Its aim is to confront the problems of young unaccompanied refugees and attempt to overcome racism.

The UNHCR and Save the Children jointly published a Statement of Good Practice for the Separated Children in Europe Programme (SCE) with a 3rd edition in 2004. This programme aims to realise the rights and best interests of separated children who have come to or across Europe by establishing a shared policy and commitment to best practice at national and European levels. As part of this process the programme is developing partnerships with organisations working with separated children in European countries.

The principles that underpin the Statement of Good Practice and which should be borne in mind at all stages of care and provision for separated children cover the following areas of importance (*see Appendix 3 for more detail*):

Best Interests; Non-discrimination; Right to Participate; Respect for Cultural Identity; Interpretation; Inter-organisational Co-operation; Staff Training; Durability; Timeliness.

The document then sets out good practice with respect to separated children from the point of arrival up until the taking of a long-term decision on a child's future. Each section is accompanied by references to international and regional instruments and the information that should be gathered about a child by an organisation with responsibility for caring for the child is detailed in *Annex 1*.



The sections within the Statement of Good Practice are as follows:

- Access to the territory
- Child victims of trafficking
- Separated migrant children
- Identification
- Family tracing and contact
- Appointment of a guardian or advisor
- Registration and documentation
- Age assessment
- Freedom from detention
- Right to participate
- Interim care – health, education and training
 - Interim care
 - Health
 - Education, language and training
- The asylum or refugee determination process
 - Minimal procedural guarantees
 - Criteria for making a decision on a child's asylum application
 - Durable or long-term solutions
 - Remaining in a host country/country of asylum
 - Family reunification
- Integration
- Adoption
- Identity and nationality
- Return to country of origin
- Settlement in a third country

The report *Separated Children Seeking Asylum in Ireland* (Veale et al, 2003) updated the first report of the Irish Refugee Council published in 1999 entitled *Separated Children Seeking Asylum in Ireland: A Report on Legal and Social Conditions*. The authors interviewed policy makers, service providers and non-governmental support organisations and they point out that the perceptions of separated children of their experiences may be quite different to those of policy makers and service providers.

The authors provide a detailed analysis of current practices in Ireland and comparisons with the best practice guidelines as set out by the SCE programme. They conclude that although significant progress has been made – in particular in developing procedures for separated children within the asylum determination process, developing structures within the health board and psychological services, and in training and interagency networking – there were significant gaps in terms of meeting good practice guidelines for separated children. Key gaps identified were in guardianship, accommodation and interim care, access to and support in participating in education and the identification and implementation of durable solutions including family tracing and reunification and settlement and integration. The authors highlighted core barriers to meeting good practice standards as a general asylum policy which treats minors over 14 years of age as *de facto* adults, significant under-provision of social work resources resulting in discriminatory standards of care for separated children compared to Irish children and delays in filling core approved posts. Recommendations are made under each of the guidelines headings as set out above.

Recommendations made by two individual health boards in Ireland in respect of separated children are provided in *Appendix 1*. A list of agencies in Ireland dealing with separated children is provided in *Appendix 2*. A summary of the SCE Guidelines is presented in *Appendix 3*.

Section 6: A Summary of Practice Guidelines

LANGUAGE NEEDS – GENERAL

- Easily accessible classes in English as an additional language should be provided at varying levels for adults. Accessibility in terms of location, transport and cost needs to be ensured.
- Language support and interpretation services should be available and free of charge.
- Only independent professionally based and organised interpreting services should be employed to interpret for refugees and asylum seekers. This should ensure objectivity and neutrality in the information being communicated. Using family/friends is not advisable as it may affect the information a person is willing to share – e.g. it may be difficult to discuss sensitive issues like sexual health, gynaecological problems, domestic violence, etc.
- The use of children as interpreters should be allowed only as a last resort as providing such a service can place inappropriate responsibilities on them.
- Telephone interpreters can be useful when there are no local interpreters available.
- Health workers and other professionals dealing with refugees may need training in working with interpreters.

LANGUAGE NEEDS – WOMEN

- The special language needs of women in relation to health and welfare issues should be recognised and measures put in place to ensure that they are adequately and appropriately treated in a culturally sensitive way with the assistance of professional interpreters.
- Women are less likely to speak English/be literate. It is very important to speak to them directly using an independent interpreter rather than family members.
- Childminding facilities should be provided and advertised as well as more comprehensive childcare at subsidised cost to facilitate women who wish to learn English and take advantage of opportunities to broaden their support networks.

LANGUAGE NEEDS – CHILDREN IN FAMILIES

- The child's environment should be language rich, interactive and participative.
- Activities such as storytelling, reading, rhythms and rhymes should be multilingual and multi-ethnic to ensure children feel comfortable and secure.
- Children should be encouraged to teach the care workers and teachers and the other children some words in their home language.
- Parents should be encouraged to have contact with childcare centres, coming in to cook, tell a story or read a book in their home language.



- Childcare professionals should learn a few words in the children's first language, particularly greetings and forms of address.
- Childcare professionals should provide a good language model - speaking slowly and clearly but in a normal voice.
- Care workers should make an effort to understand non-verbal communication and fill in the words, e.g. 'You would like a drink? I'll pour you some water'.
- Care workers should encourage interaction and especially verbal interaction between children. They should try and build trust – for example through eye contact (depending on the culture).

INFORMATION NEEDS – GENERAL

- Up to date information should be provided and widely distributed in order to reduce refugees' anxiety about 'what to do next' and save time and effort in finding information (ECRE Task Force on Integration).
- This general information pack should be made available in a variety of languages and formats (e.g. video, audio tapes, large print, pictorial illustrations, etc.) with levels of language appropriate to the needs of different groups - refugees in general, women, separated children (who find it particularly difficult to access information) and children at school. It should be remembered that not all refugees are literate, particularly women, and alternative approaches - using video, audio tapes, illustrated leaflets and conversation, among other methods, should therefore be considered.
- Vulnerable individuals may need one-to-one sessions, often several sessions, to assist them with information and orientation.

Among the recommendations made by Collins (2001) for inclusion in the information pack were the following:

- Basic information on Irish life and customs, the government, education system, etc.
- Local health and welfare services
- Information on asylum policy and process
- Rights and entitlements as asylum seekers
- Information on services and facilities available and how to access them
- Information on where people of the same belief can meet and be provided with the space to worship
- Information relating to each other's culture - both for the hosts and the refugees
- Job information

ORIENTATION AND INTEGRATION NEEDS – SUPPORT OFFERED BY THE HOST COUNTRY

- Orientation courses with co-ordinated provision of information should be in place for new arrivals and for the hosts.
- The provision of special training for professionals and volunteers who work with asylum seekers and refugees is important to equip them to meet the challenges presented by this special group. These workers should include members of the refugee community.
- Refugees and asylum seekers should be involved in the design and implementation of orientation and also anti-racism programmes.
- The setting up of immigrants' representative groups and support groups is also advocated. Such groups could be assisted in working on issues for themselves and they could be a means of establishing and developing social links throughout the immigrant community.
- Support for minority religious groups is necessary - they need information about where they can meet people of the same beliefs and where to access religious services.
- Provision of spaces for worship is advocated.
- Cultural, sporting and other recreational events should be promoted as they can contribute enormously to mutual adjustment.
- Public bodies should work systematically with refugee associations to make the local community aware of other cultures.
- Refugee cultural heritage should be valued and used as a way of enriching the host culture and preserving the identity of refugees.
- Alienation of the younger generation of refugees should be avoided in order to promote multiculturalism.
- Refugees and asylum seekers should be included in groups organising events concerning them.
- The presence of refugees in a community should be seen as an opportunity rather than as a set of problems.

ORIENTATION AND INTEGRATION NEEDS – SOCIAL NETWORKS AMONG REFUGEES AND ASYLUM SEEKERS

- Refugee community organisations should be supported as they can help to deal with social isolation and can also provide information and orientation.
- Organisations bridging the host community and refugees and asylum seekers also should be supported as they serve important functions for both groups.
- Refugees and asylum seekers should be encouraged to contribute to and participate in such groups and organisations.



ORIENTATION AND INTEGRATION NEEDS – WOMEN

- All integration programmes should incorporate a gender perspective and All integration programmes should incorporate a gender perspective and involve refugee women in their design and implementation.
- Special programmes should be developed to help aid those refugees women at risk of social exclusion to expand their horizons and to understand the host society in which they are living.
- Best practice models strongly suggest that women's and/or parenting groups should be supported - they can provide a safe environment for people to share experiences and enable networking to begin.
- Vocational training schemes in childcare should be targeted at refugee women (Rutter and Hyder, n.d.).

ORIENTATION AND INTEGRATION NEEDS – CHILDREN IN FAMILIES

- The UK Refugee Council proposed a best practice model when working with refugee and asylum seeking children. It recommends that:
 - Children be treated as children first – with the needs of children – and not be seen simply as refugees.
 - Where it is thought that a child may be having difficulties, carers/professionals should talk with the child and listen to what he or she has to say.
 - Those dealing with children should have due regard for language difficulties – including complexity as well as translation.
 - Where counselling is necessary for children who may have been traumatised before arrival, it is most effective when carried out in the school environment (Refugee Council UK, n.d.). This can be facilitated by teachers who have obtained the relevant professional qualifications, or by outside agencies.
 - After school or homework clubs are very useful for refugee children especially if they are living in temporary accommodation. Adult volunteers from the refugee community may be willing to help run the clubs.

PHYSICAL AND PSYCHOLOGICAL HEALTH NEEDS – GENERAL

- Information leaflets in different languages should be made available on:
 - The various health and medical services available in Ireland, e.g. how, where and when to access them.
 - When it is appropriate to attend one medical service over another, e.g. attending a GP instead of A&E.
 - The possible difficulties associated with accessing the Irish medical system.
 - The benefits to which refugees are entitled.
- Health education is usually required, with particular emphasis on the use of health practices which are unfamiliar in the country of origin (Burnett & Peel, 2001a).
- Assistance should be provided in particular:
 - In applying for a medical card.
 - By offering the services of professional interpreters during consultations with health professionals.
- Each patient's condition should be treated in the light of their previous experiences, but at the same time all physical conditions should be thoroughly investigated. It should not be assumed that all symptoms have a psychological cause.
- Culturally appropriate treatments should be developed in conjunction with patients and communities.
- Medication should be as simple to use as possible.

PHYSICAL AND PSYCHOLOGICAL HEALTH NEEDS – WOMEN

- If refugee women are to engage confidently with doctors, nurses and health workers it is essential that culturally sensitive interpretation and translation facilities are in place.
- Refugee women should always have the option of a female doctor and medical worker.
- Many women are vulnerable to physical assault, sexual harassment and rape and some are survivors of sexual violence; this needs to be taken seriously.
- Confidential voluntary testing for sexually transmitted disease and/or pregnancy should be offered and support given to those at risk.
- Women need to be offered sexual health care, family planning and maternity care that is sensitive to their cultures. Some may have undergone genital mutilation which can affect their sexual health and maternity experiences.

PHYSICAL AND PSYCHOLOGICAL HEALTH NEEDS – CHILDREN IN FAMILIES

- Support needs to be multifaceted, imparting a sense of security, promoting education and self esteem.
- Resilience and a sense of coping are achieved through normal activities – but support may be needed in creating opportunities for 'normal' activities.
- Needs are often multiple and complex.
- A variety of approaches needs to be developed to support children – including organised activities, opportunities for talking and listening, etc.
- Early years care should be culturally sensitive and opportunities should be available to the children to celebrate their cultural heritage.
- The provision of vocational training and education for refugee mothers and fathers in the area of childcare should be prioritised so that they will be able to offer additional support and stimulation to their children, take advantage of opportunities for employment in that sector and contribute from their own experiences to the creation of more multi-cultural childcare settings.



Conclusions

All refugees and asylum seekers who are trying to become integrated into Irish society face difficulties. Some of these arise from their own personal circumstances, others arise from circumstances in the host community. These difficulties will be added to in situations where the refugees and asylum seekers are dependent on State welfare allowances, cannot seek employment and are housed in problematic areas or unsuitable accommodation. This is the case for many asylum seekers and for some of those who have been granted refugee status.

Underlying those difficulties are those areas of need identified in this review – those of language, information, orientation and integration and health needs. These are salient for all refugees and asylum seekers and efforts are being made to address them in Ireland both by statutory and non-statutory agencies in a number of different ways. Progress has been slow and somewhat painful and there is far from universal satisfaction.

The experiences of other countries has shown that the development of support networks both within the refugee and asylum seeking community and between that community and the host community can be an effective way of alleviating some of the difficulties experienced. However, if contact with the host community is constrained because of language or information difficulties, the support networks will take some time to develop, since opportunities for contact will be limited. It is imperative therefore that these underlying issues are addressed in a comprehensive and systematic way and that the co-operation and participation of all stakeholders should be secured including that of the refugees and asylum seekers.

Extra thought has to be given to the requirements of women, children in families and separated children. It is only gradually being recognised that their interests are not always catered for when single adult males are taken as the standard. Facilities provided for the needs of this group do not necessarily meet the needs of women and children in families or separated children. The fact that women are the primary caregivers and are largely responsible for the welfare of their children can often impede their ability to make their own needs known and to tap into resources. There is a strong case to be made for more outreach towards this group and more consultation with them and the provision of more opportunities for them to contribute to their own development.

Children in families may have memories of traumatic events which occurred in their own countries and may be living in fragmented circumstances having left a parent or siblings behind, with an accompanying parent who is grieving and depressed. This will have consequences for the child's well-being and quality of life. Provision should be made for the varying circumstances surrounding children – even when they are with their own families – and for support and stimulation when necessary.

A recent report on how Irish society is responding to the arrival of separated children recognised that there had been progress since 1999 in particular areas such as the development of procedures for children within the asylum determination process, developing structures within the health board and psychological services, and in training and inter-agency networking. However, it identified significant gaps in terms of meeting good practice guidelines such as those drawn up by the Separated Children in Europe programme (SCE).

The evidence from research and from incidents reported in the media shows that Irish society is responding slowly to the challenges being presented by its new citizens. Current policies and practices in Irish society need to be reassessed if we are to adapt to the situation of ethnic and cultural diversity which is now current. An increased tolerance of differences should be actively developed at every level and this is already happening with some of the programmes now available to schools and pre-schools. The guidelines developed in other countries and here in Ireland should prove useful in increasing the pace of adjustment. Partnerships between local groups and statutory agencies have been found to offer a constructive way forward and should be combined with increased efforts to support the involvement of the refugees themselves in organising their own lives. In this way they will be enabled to make a more positive contribution to the society they have joined and in this way become more integrated with the host community.

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Appendix 1

Recommendations for Unaccompanied Minors Made by Regional Bodies in Ireland

- i) The Health Service Executive, Northern Area, in a research project conducted by Avril Rea (2001) on psychological need, social support and estimates of psychological distress among unaccompanied minors recommended:
- The appointment of a care worker in each hostel housing unaccompanied minors.
 - The development of a general information pack.
 - That minors should be facilitated in learning about Irish culture via workshops or training seminars and helped to cope with racist attitudes among hosts.
 - That an identified adult should be available to provide support in an informal and easily accessible way – in areas such as money management, cooking, etc.
 - That minors should be encouraged to attend school and church, participate in sporting activities and access local youth facilities.
 - The development of a register of volunteer Irish families to befriend and support the unaccompanied minors.
 - That minors need to be supported through the asylum process at an emotional and concrete level.
 - The development of a number of drop in centres for information and support with access to trusted adults for information and guidance.
 - The establishment of a definitive partnership between government, community and voluntary agencies in order to address the complexity of needs.
- ii) Agreed procedures have been put in place between the Health Service Executive (HSE), East Coast Area and second-level schools in their area concerning enrolment and communication issues of unaccompanied minors living in hostel accommodation. They include the following provisions:
- Schools will use a specially adapted application form for enrolments of unaccompanied minors so that all relevant information can be recorded.
 - All forms concerned with the enrolment process will include the signature of the HSE contact person instead of the signature of parent/guardian.
 - The HSE will sign all relevant forms and include a contact address and telephone number. Any amendments to this will be notified to the school.
 - The name and telephone number of hostel personnel will be supplied on enrolment and amendments will be passed on to the school as necessary.
 - If an unaccompanied minor has an appointment he/she will bring written evidence of the appointment to the school if available or the contact person will fax the information to the school.
 - All school communications will be sent to the named contact person and the contact person will attend the parent teacher meeting when possible.
 - If an unaccompanied minor is ill and has to be sent back to the hostel, the school will telephone the hostel personnel and ask them to telephone the school when the student arrives at the hostel. In the case of an emergency the school will telephone the HSE in Baggot Street. If unable to contact Baggot Street the school will contact the Community Welfare Office.
 - Schools are requested to complete as fully as possible the six monthly standard review reports requested by the HSE.
 - On issues concerning behaviour the school will communicate with the contact person. The contact person will inform the school of any issues they are aware of which may affect the student's behaviour.
 - School communication concerning after school supervised study, homework clubs, school trips and outings should be faxed/posted to the HSE Baggot Street Office. It is important that sufficient notice is given for these events.
 - Schools are requested to be flexible in loaning money to students for activities if short notice is given.
 - The Community Welfare Officer is to be contacted regarding uniform and books. If an unaccompanied minor is not receiving financial support from the school for books the CWO is to be informed in writing by the school.
 - The contact person is to be informed as far as possible in advance of dates of mock exams, oral and practical exams for each unaccompanied minor so that Department of Justice Interviews are not organised for these dates.
 - The student will provide the school with the relevant contact details of their GP as soon as this information is available.

Appendix 2

Key Agencies Working with Separated Children

In Ireland, the central statutory and non-statutory bodies which deal with separated minors are:

The Garda National Immigration Bureau (GNIB), under the auspices of the Department of Justice, Equality and Law Reform, which is responsible for separated children at the point of entry, or those who are identified within the State.

The Health Service Executive, East Coast Area and regional health boards in the geographical district into which separated children arrive, administered by the Department of Health and Children, with responsibility for the welfare of separated children and to support them in the asylum determination process.

The Office of the Refugee Applications Commissioner (ORAC) and the Refugee Appeals Tribunal (RAT), under the Department of Justice, Equality and Law Reform with responsibility for procedures and implementation of the asylum determination process.

The Refugee Local Services (RLS), an independent statutory body which is responsible for offering legal advice and aid to asylum seekers.

The Psychological Service for Asylum Seekers, which has a designated separated children programme offering psychological assessment and support to vulnerable separated and asylum seeking children, provided by the Health Service Executive, Northern Area.

The UN High Commissioner for Refugees (UNHCR), which has taken a lead role in the provision of training on issues affecting separated children. Also plays a key role in advocacy and monitoring in the area of separated children.

Non-government organisations which provide psychosocial support and in some cases accommodation.

Department of Education and Science, schools and the Vocational Education Committee (VEC) with responsibility for the areas of primary, secondary and vocational education.

Asylum Policy Unit of Department of Justice, Equality and Law Reform is responsible for domestic policy developments, remit includes unaccompanied minors.

Reception Integration Agency (RIA) is responsible for the reception and integration of asylum seekers and refugees in Ireland.



Appendix 3

Statement of Good Practice for the Separated Children in Europe Programme 3rd Edition.

(Summary of Recommendations)

Best Interests: The best interests of children shall be a primary consideration in all actions concerning children.

Non-discrimination: Separated children are entitled to the same treatment and rights as national or resident children. They must be treated as children first and foremost. All considerations of their immigration status should be secondary.

Right to Participate: The views and wishes of separated children should be sought and taken into account whenever decisions affecting them are made. Measures should be put in place to facilitate their participation in line with their age and maturity.

Respect for Cultural Identity: It is vital that separated children be able to maintain their mother tongue and links with their culture and religion. Provision of childcare, healthcare and education should reflect their cultural needs. Preservation of culture and language is also important should a child return to their home country.

Interpretation: Separated children should be provided with suitably trained interpreters who speak their preferred language whenever they are interviewed or require access to services or legal procedures.

Confidentiality: Care should be taken not to disclose information about a separated child that could endanger the child's family members in her or his home country. The permission of separated children should be sought in an age appropriate manner before sensitive information is disclosed to other organisations or individuals. Information should not be used for purposes other than for those for which it was given.

Information: Separated children should be provided with accessible information about, for example, their entitlements, services available, the asylum process, family tracing and the situation in their country of origin.

Inter-organisational Co-operation: Organisations, government departments and professionals involved in providing services to separated children should co-operate to ensure that the welfare and rights of separated children are enhanced and protected. A holistic approach should be adopted in trying to meet the interconnected needs of separated children.

Staff Training: Those working with separated children should receive appropriate training on the needs and rights of separated children. Immigration or border police staff should receive training in conducting child-friendly interviews.

Durability: Decisions that are taken regarding separated children should take account of, to the greatest extent possible, the long-term best interests and welfare of the child.

Timeliness: All decisions regarding separated children should be taken in a timely fashion taking into account the child's perception of time.