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Safe Haven

The Needs of Refugee Children Arriving in Ireland through the Irish Refugee Protection Programme: An Exploratory Study

CHILDREN'S RIGHTS ALLIANCE
Uniting Voices For Children

Dr. Muireann Ní Raghallaigh,
Dr. Karen Smith
& Dr. Jennifer Scholtz

September 2019

An Roinn Leanaí agus Gnóthaí Óige
Department of Children and Youth Affairs

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An Roinn Forbartha Tuaithe agus Pobail
Department of Rural and Community Development

Tony Ryan Trust

Disclaimer:

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Safe Haven
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Dr. Muireann Ní Raghallaigh,
Dr. Karen Smith & Dr. Jennifer Scholtz
September 2019

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List of acronyms

AMIF:
Asylum Migration and Integration Fund

BOBF:
Better Outcomes Brighter Futures: the national policy framework for children and young people 2014 - 2020

CSP:
Calais Special Project

CYPSC:
Children and Young People Services Committee

DCYA:
Department of Children and Youth Affairs

DEIS:
Delivering Equality of Opportunity in Schools programme

DES:
Department of Education and Skills

DJE:
Department of Justice and Equality

EAL:
English as an Additional Language

ETB:
Education and Training Board

HIQA:
Health Information and Quality Authority

HSE:
Health Service Executive

HSCL:
Home School Community Liaison

IRPP:
Irish Refugee Protection Programme

NEPS:
National Educational Psychological Service

OPMI:
Office for the Promotion of Migrant Integration

RIA:
Reception and Integration Agency

SWTSCSA:
Social Work Team for Separated Children Seeking Asylum

Tusla:
Ireland's statutory Child and Family Agency is known as Tusla

UNHCR:
United Nations High Commissioner for Refugees

YES:
Youth and Education Service for Refugees and Migrants

Europe is seeing the greatest movement of refugees since the Second World War. Ireland has rightly promised to provide support for people fleeing war and persecution through the Irish Refugee Protection Programme. By June 2019, 2,519 people had been relocated or resettled in Ireland under this programme. At the time of our study, around half of the people who arrived in Ireland were children under 18.

This report is a scoping study on the needs of children and young people coming to Ireland under the International Refugee Programme. The children involved in this research are exclusively from Syria, a country that has lived through more than eight years of civil war and bloodshed. Many are traumatised, have lost loved ones or witnessed acts of violence or torture before arriving in Ireland. Some children reported bedwetting, nightmares or having difficulties sleeping. Teachers referred to behavioural issues in the classroom like fighting, biting, spitting, bad language, which they attributed to trauma. Professionals were concerned that some children found it hard to make friends and were struggling emotionally. What is clear is the need for education professionals to receive training on trauma-awareness yet this is not routinely available.

Once refugee children arrive they are keen to get settled in school, in their local youth groups and to make friends. They want to belong and a life just like any other child or young person. At the same time, the experiences of refugee children differ. Some have not been to school before or their education may have been disrupted. Ireland's education response to child refugees is one of the most significant aspects of the Irish Refugee Protection Programme. Without the right approach or supports, child refugees simply won't reach their full potential.

The study reveals that schools are trying their best despite not always having the resources they need. Extra supports to learn and integrate are being provided and work well in some places but are not always available in others. One teacher reported sourcing materials for refugee children herself because school funds were simply not enough. Schools need far greater capacity to meet the learning, language and socio-emotional needs of young refugees and to support them in their transition to school.

Language was identified as a barrier to learning in school, accessing healthcare and forming friendships. It can also limit a child's academic potential. It is a major barrier for parents in obtaining information, communicating with schools and helping with homework. Often children are more proficient in English than their parents and must translate for them. Greater and more consistent support to learn English is essential.

Access to health services was an issue for some children because of waiting lists and other factors. Numerous stakeholders reported that children had considerable oral health needs but did not know how to deal with these. Refugee children have often been exposed to serious trauma in their country of origin. Like many other children, they experience difficulties accessing mental health supports here in Ireland.

Many refugee parents are also experiencing debilitating mental health problems but are not always getting the help they need.

We now know from this research that many of the supports that have been put in place, such as dedicated resettlement workers for families, have proved to be vital.

In places, the report points to a lack of cultural understanding and paternalistic attitudes. This needs to be addressed.

This report found that children and parents were eager to make friends and settle into life in Ireland. Opportunities for refugee children to connect with local young people were generally valued and enjoyed. Despite the challenges they face, refugee children and their families have high aspirations to do well and where supported they can do great things both in terms of education and in their community.

Our history of mass emigration means that we know in our hearts what it is like to arrive in a new country not knowing what the future holds. Many local communities have shown remarkable generosity and should be lauded.

The State has begun to respond to the wider refugee crisis and important steps have been taken to support these families but there is much more we can do. We need to act now to close these gaps if we want to do our best to welcome, support and empower these children to live happy, healthy lives.



Tanya Ward
Chief Executive



Our history of mass emigration means that we know in our hearts what it is like to arrive in a new country not knowing what the future holds. Many local communities have shown remarkable generosity and should be lauded.

1

Introduction, Methodology and Policy Context

1.1 Introduction

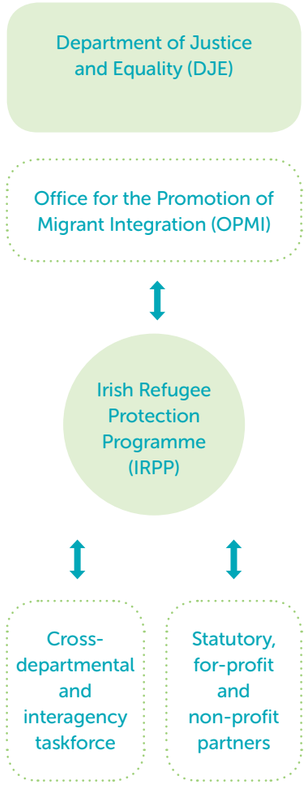
In 2015 the Irish Government committed to accepting a total of 4,000 refugees under resettlement and relocation mechanisms put in place by the European Union[1] in response to what by then had come to be described as a 'refugee crisis'. In order to coordinate provision under these commitments the Irish Refugee Protection Programme (IRPP) was established in 2015 within the Office for the Promotion of Migrant Integration (OPMI). In March 2018, the starting point for this study, 1,740 people had arrived under the relocation (909) and resettlement (795) programmes. Almost half (49.5%) of the refugees admitted were under 18 on arrival, the majority (85%) under 12 years. In addition, the Calais Special Project was established in 2016 as part of the IRPP in order to relocate up to 200 unaccompanied children/young people following the dismantlement of unofficial camps in the French city of Calais.

Ireland has had a formal refugee resettlement scheme in operation since 2000 in association with the UNHCR, however the establishment of the IRPP has brought about a significant and rapid increase in Irish resettlement and relocation operations. There is growing recognition of the need for more planning and a clearer national policy to support this increase. There has been limited research carried out on refugee resettlement in Ireland to date. Exceptions include an evaluation of the EU-funded MOST project (Kinlen, 2008), an evaluation of a resettlement programme in Carlow (Titley, 2012) and a recent study of a resettlement programme in Wicklow (Daly, 2018). The exploratory research presented in this report examines the situation of children and young people admitted under the IRPP. While not an evaluation of the programme, it adds to the evidence base to support the ongoing development of the Irish resettlement model and in particular to improve the experiences of refugee children in Ireland.

1. In 2015 the European Union instigated a 'temporary and exceptional relocation mechanism' from Greece and Italy for applicants 'in clear need of international protection' (European Commission, 2016). At the same time, the EU Commission recommended a resettlement scheme for people from the Middle East and parts of Africa in need of international protection.

1.2 Irish Refugee Protection Programme

The IRPP is delivered through a complex mix of statutory, for-profit, non-profit and informal organisations and actors. Operational responsibility for the programme rests with the IRPP team within OPMI in the Department of Justice and Equality (DJE). At national level a cross-departmental and interagency task force oversees the programme. The task force comprises representatives of relevant government departments as well as the UNHCR and the Irish Red Cross. The interagency approach is reflected at local level in coordination of services at the reception stage and following resettlement in the community.



1.2.1 Emergency Reception and Orientation Centres

At the time this research was conducted four Emergency Reception and Orientation Centres (EROCs) were providing temporary accommodation for refugees admitted under the IRPP[2]. EROCs are overseen by local interagency management groups comprised of government department officials and representatives of local agencies such as the Health Service Executive (HSE), Tusla, the Child and Family Agency, the local Educational Training Board (ETB), An Garda Síochána[3] and the IRPP.

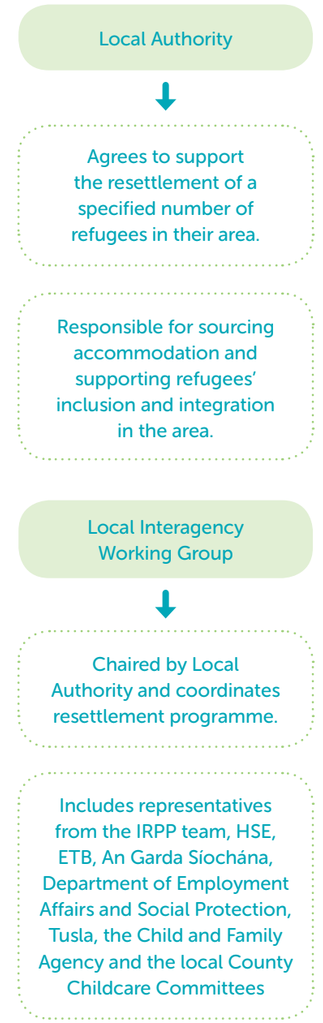
EROCs act as hubs for the provision of services for refugees upon arrival and until resettlement in communities around the country occurs. Under the IRPP, refugees arriving into Ireland are accommodated in EROCs and provided with health screenings and receive support with immigration, social protection registration and medical card applications. Adults take part in Language, Training and Cultural Orientation programmes delivered by ETBs (Arnold and Quinn, 2016), while educational services are provided for children and young people. It was initially envisaged that those admitted under the IRPP programme would live in an EROC for approximately 12 weeks. However, the wider housing crisis has resulted in refugees spending eight months to a year in an EROC before moving to housing in the community (Arnold et al., 2018).

2. These are the Clonea Strand Hotel in Co. Waterford, the Hazel Hotel in Monasterevin, Co. Kildare, the Abbeyfield Hotel in Ballaghaderreen Co. Roscommon and Mosney EROC & Direct Provision Centre in Co. Meath. The Hazel Hotel is no longer in use as an EROC and is currently a Direct Provision centre.
3. An Garda Síochána is the Irish police force.

1.2.2 Resettlement into the Local Community

Under the IRPP, individual local authorities support the resettlement of a specified number of refugees in their administrative area and a local interagency working group coordinates the resettlement programmes as outlined in **Figure 1.**

Figure 1



The local authority is responsible for providing a support programme for refugee individuals and families for a period of up to 18 months to assist with integration. Most local authorities have devolved delivery of the support programme to 'implementing partners', typically NGOs or local development companies, which are appointed on the basis of a competitive tendering process.

1.2.3 Unaccompanied Children and Young People

Unaccompanied children and young people[4] are accepted into Ireland under the care of Tusla, the Child and Family Agency and are referred into the care of the Social Work Team for Separated Children Seeking Asylum (SWTSCSA) upon arrival. As of April 2018, the IRPP had accepted six unaccompanied children and young people from Greece and 41 young people from Calais. These children were originally from Afghanistan, Eritrea, Ethiopia, South Sudan and Syria. According to data from Tusla they ranged in age from 13 to 17 years upon arrival, with the majority being 16 and 17 years of age. All but one were male. In our study, Tusla indicated that all unaccompanied children and young people living in Calais who were deemed suitable and who expressed an interest in coming to Ireland were accepted. The Calais Special Project is now complete. The Irish authorities are continuing their efforts to support the relocation of unaccompanied children and young people from Italy under the relocation strand of the IRPP.[5]

4. Unaccompanied children and young people are children under the age of 18, who are outside of their country of origin and who are separated from their parents or legal or customary caregivers.
5. Four unaccompanied children were also relocated from Malta to Ireland in August 2018. This report does not relate to this cohort.

1.3 Guiding Aims, Principles and Framework

The aim of this research is to determine the needs of children who have arrived in Ireland through the IRPP, specifically to:

- identify gaps in provision of supports to children and their families;
- identify barriers faced by refugee children and families in accessing and engaging with existing services; and
- highlight models of best practice;

The research is informed by children's rights principles.[6] The United Nations Convention on the Rights of the Child (UNCRC) applies to all children living in the state equally. Article 2 states that every child has the right to equal treatment without discrimination of any kind, irrespective of the race, colour, sex, language, religion, political or other opinion national, ethnic or social origin, property, disability, birth or other status of the child or the child's parents or guardian. With regards to the specific rights of refugee and asylum-seeking children and young people Article 22 of the UNCRC recognises the rights of refugee children to 'appropriate protection and humanitarian assistance'. As Kilkelly (2007) identifies, additional UNCRC articles also of particular relevance include Article 7 which recognises children's rights to a name and nationality; Article 8 which protects the preservation of identity; and Article 10 which outlines the obligations of States in relation to family reunification. More generally, the UNCRC sets out the economic, social, cultural and political rights to which all children are entitled including rights to survival, health and development; protection; identity and family; education; economic security; and participation.

6. Special emphasis is given to four articles of the UNCRC known as the 'general principles', because they are considered basic to the implementation of all of the other rights contained within the Convention. The four general principles are:
   - All the rights guaranteed by the Convention must be available to all children without discrimination of any kind (Article 2);
   - The best interests of the child must be a primary consideration in all actions concerning children (Article 3);
   - Every child has the right to life, survival and development (Article 6); and
   - The child's views must be considered and taken into account in all matters affecting him or her (Article 12).

Respect for children's rights is a guiding principle of the Irish national policy framework for children and young people, Better Outcomes, Brighter Futures (BOBF) (DCYA, 2014). BOBF outlines a whole-of-government approach to supporting children, young people and their families. It contains a specific commitment to address inequalities in outcomes between vulnerable groups, including refugee and asylum-seeking children, and the general child population. BOBF prioritises five outcomes for children which have been mapped onto the relevant provisions of the Convention on the Rights of the Child (DCYA, 2014: 121) as illustrated in **Figure 2**.

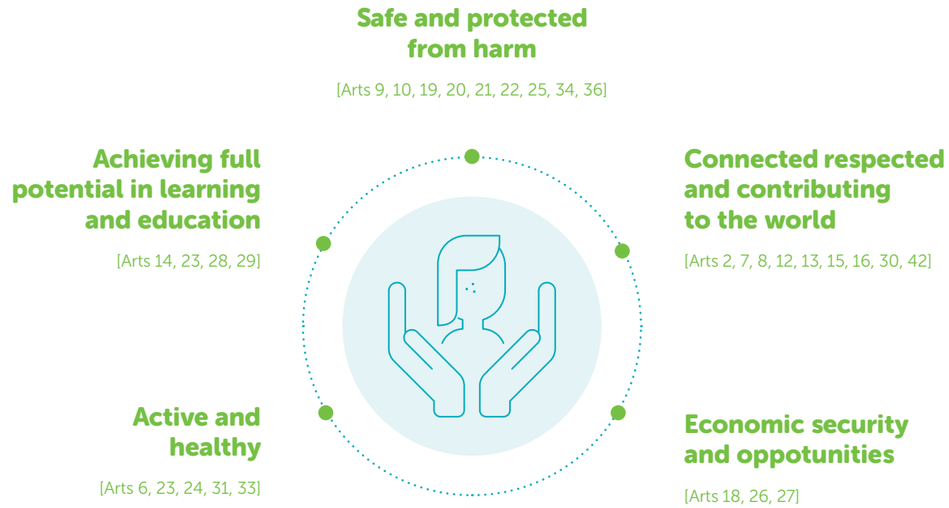
In order to reorient policy and provision towards the attainment of better outcomes for children and young people in these five areas, six 'transformational goals' have been identified to guide development and reform over the lifetime of BOBF. The transformational goals are underpinned by five operational principles of children's rights: family-oriented; equality; evidence-informed and outcomes-focused; accountability and resource efficiency. The six goals are:

- **Support parents** more effectively so that parents 'feel more confident, informed and able' (DCYA, 2014: xiv).
- **Earlier intervention and prevention** with a key focus on 'rebalancing resources from crisis intervention towards prevention and earlier intervention' (DCYA, 2014: xiv).
- **A culture that listens to and involves children and young people** which includes a commitment to including young people in decision-making and public life while recognising and respecting diversity in 'experiences, abilities, identities and cultures' (DCYA, 2014: xiv).
- **Quality services** which are defined as 'outcomes-driven, effective, efficient and trusted" (DCYA, 2014: xv). Key here are evidence-informed and results-oriented policies and programmes, with allocation of resources oriented towards effective and efficient services.
- **Effective transitions** which refers to strengthening transitions 'at key developmental stages' (DCYA, 2014: xv) but also at the point of transition between child and adult services.
- **Cross-Government and interagency collaboration and coordination** refers to public sector reform including 'improved implementation, greater cross-Government collaboration and coordination, increased accountability and resource efficiency' (DCYA, 2014: xv) as well as more effective coordination between state and non-state organisations.

The five outcomes for children and six 'transformational goals' of BOBF represent an important aspect of the policy context in which services provided to children and young people admitted under the IRPP operate. They represent a useful framework for thinking about how the needs of children admitted under the IRPP have been responded to and in identifying any gaps in provision and barriers in accessing services which may impede the realisation of their rights.

The *Migrant Integration Strategy* applies to refugees who arrive in Ireland with refugee status and provides another key reference point for this research. The vision of this strategy is to "enable migrants or persons of migrant origin to participate on an equal basis with those of Irish heritage" (DJE, 2017: 10) by addressing barriers to full participation. The aim is "to work towards the creation of a society that is equipped to support integration both collectively and individually"

Figure 2: Outcomes for Children and Children's Rights under the Convention on the Rights of the Child adapted from *Better Outcomes, Brighter Futures* (DCYA, 2014: 121)



(DJE, 2017: 10). The Strategy outlines specific actions to support migrant integration including the establishment of networks by local authorities to connect with hard-to-reach migrant groups, a community integration fund to support local organisations, and initiatives to address migrant needs in relation to skills acquisition and labour market activation. The Strategy includes a number of actions which are particularly relevant for refugee children including teacher training on diversity and tackling racism, reviewing the adequacy of language supports and encouraging schools to support migrant parents' participation in school life. In addition, the Strategy commits to ensuring that young people from migrant backgrounds, including children with a refugee background, have "access to youth services in which they will feel safe and protected and which will assist and enhance their integration" (DJE, 2017: 31).

1.4 Research Design, Ethical Considerations and Limitations

1.4.1 Research Design, Methods and Researchers

Given the study's broad focus and its exploratory nature, a qualitative methodology was utilised, one which sought to gather the varied perspectives of a diverse group of participants. The researchers adopted a participative, child-centred research design, informed by a rights-based approach which recognises the capacity of children and young people to make sense of their own circumstances and articulate their own views. The perspectives of children and young people have informed all elements of this study, guiding the approach to data collection and the analysis of the findings.

The aim was to gather the views and experiences of refugee children and young people as well as the views of their parents and key stakeholders. Data was gathered through: face-to-face focus groups and narrative interviews with children and young people; face-to-face focus groups and interviews with parents; face-to-face and telephone focus groups and interviews with service providers, professionals and officials. Data was gathered by two white Irish females and one Kurdish-Syrian male peer-researcher.

At the start of the study two focus group consultations were undertaken with young resettled Syrian refugees. Young people in these focus groups were asked about the needs of young people similar to them in relation to adjusting to life in Ireland, making friends, accessing health, education and welfare/security. Young people were also asked about advice they would give to:

- professionals and policy-makers working to support refugee children and young people;
- newly arrived young refugees; and
- the researchers in conducting their research

These initial consultations with young people, the findings from the review of literature and the five outcomes for children outlined in *Better Outcomes, Brighter Futures*, informed the design of research instruments and interview schedules used in the remainder of the study. It was anticipated that interviews with refugee children, young people and their parents would result in significant cultural and language barriers. In order to address these barriers a peer researcher was employed to assist with the design and translation of research documents (e.g. consent forms and information sheets), recruitment of participants, conducting interviews/focus groups and interpretation of the data (both in terms of language and meaning). The peer researcher is an Irish citizen of Kurdish Syrian origin who came to Ireland as an asylum seeker. He is fluent in Arabic, Kurdish and English and is an experienced interpreter.

As identified in the European Commission's *Guidance Note on Research on Refugees, Asylum Seekers and Migrants*, inclusion of researchers with a refugee or migrant background or of the same culture can 'mitigate potential risks of coercion or power differentials between researchers and participants' (European Commission, n.d., p.2). However, there are also challenges involved (Guta et al., 2013; Marlowe et al., 2015), and it cannot be assumed that being interviewed by a peer researcher would always be the preference of a research participant. For example, participants might be concerned about confidentiality or the peer researcher might have opposing political views to participants. Such risks are also relevant when using the services of an interpreter. The particular benefit of peer researchers vis-à-vis interpreters is that the peer researcher received training in qualitative research methodologies and research ethics. The peer researcher carried out data collection alongside one or both lead researchers.

1.4.2 Participants

Refugee children, young people and parents were recruited via a purposive sampling strategy, a non-probability strategy whereby the researchers invite participation from people who fit the criteria of the study and who are likely to be able to contribute to the study's purpose. In using this strategy efforts were made to ensure that participants were diverse in terms of age, ethnicity, and gender.

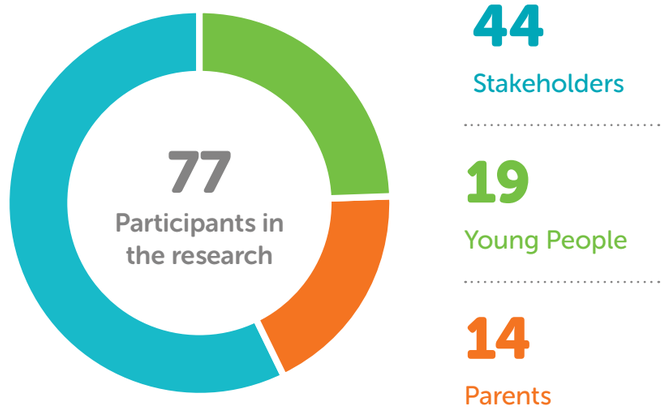
The young people for the initial consultation focus groups had been resettled in different communities throughout Ireland and were recruited with the assistance of stakeholders who had known them from their time in an EROC.

The IRPP supported the recruitment of participants by contacting relevant personnel in EROCs, local authorities and implementing partner organisations to inform them of the study and ask if they would facilitate the research. While interviews took place with personnel connected with all four EROCs, two EROCs were selected for site visits and for recruitment of families. Information about the study was sent to the managers of these EROCs asking them to provide information outlining the study to families and inform them of the date and time the researchers would be onsite. The researchers visited both EROCs on two occasions. On the first occasion residents were informed about the study and invited to participate in the research and interviews and focus groups were conducted on the second visit.

Resettlement support workers facilitated the recruitment of participants who had been resettled in communities. Resettlement support workers were briefed about the study, sent information sheets and consent forms and asked to inform parents and children about the study and to invite them to participate.

Purposive sampling was again utilised by the researchers to recruit stakeholders through their own networks and through assistance from the research advisory board. The researchers identified relevant stakeholders across the country involved in the implementation of the IRPP who had expertise/experience in the areas of education, health, welfare and community integration.

Figure 3: Total participants in the research



Participants

A total of 77 people participated in the research.

Young People: Nine young people participated in the initial consultation focus groups (five females and four males, ranging in age from 15 to 21), all of whom were resettled in local communities. Eleven young people participated in interviews, including one young person who had already participated in one of the initial focus groups. Seven of these participants were living in an EROC (six male, one female, ranging in age from 13 to 18) and three had been resettled in local communities (one male, two females, ranging in age from 13 to 15). The final young person who participated in an interview was a male unaccompanied minor who was living in supported lodgings[7] (aged 17).

Parents: Fourteen parents participated in the research. All of the parents and accompanied refugee children who participated were Syrian, with a mix of Syrian Arabs and Syrian Kurds. The unaccompanied young person was not Syrian - his nationality is not stated in order to protect his identity. All had arrived in Ireland in 2016 and 2017.

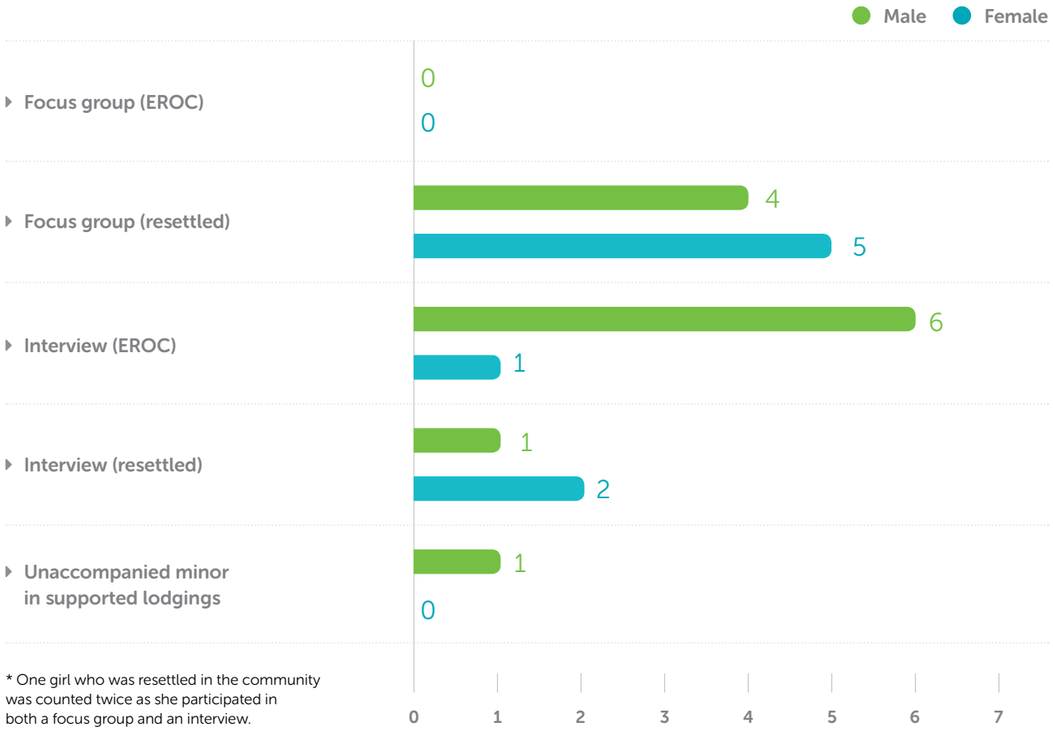
At the time of the interviews six were living in EROCs (three males and three females); nine were resettled in communities (five females and four males), including one father who participated both while he was in the EROC and following his move to a community.

Stakeholders: The stakeholders were comprised of the following:

Of the eight Tusla professionals who participated, one was a family support worker, there were five social workers and two were aftercare workers. The health professionals included stakeholders from across health and mental health fields, while education stakeholders were drawn from the early years, primary, second-level and

7. Supported lodgings' placements are similar to foster care placements but the support is less intensive and focuses mainly on preparing young people for independent living. They are used for older teenagers and involve living with individuals, couples or families.

Figure 4: Breakdown of young people by gender, type of participation and type of accommodation (n=19)*



* One girl who was resettled in the community was counted twice as she participated in both a focus group and an interview.

second-chance/further education sectors. Eight of the stakeholders were working specifically with unaccompanied children and young people while the remainder were working with the broader cohort of refugees arriving via the IRPP.

1.4.3 Data Analysis

Data was analysed thematically, following a slightly adapted version of the six phases presented in Braun and Clarke (2006) - familiarisation; coding; identification, reviewing and defining of themes; write up - with NVivo11 Computer Assisted Qualitative Data Analysis Software being used to facilitate the process.

1.4.4 Ethical Considerations

Every effort was made to ensure that the entire project was conducted ethically. The project adhered to University College Dublin's Research Ethics procedures whereby full ethical approval was obtained for the elements of the study involving participants who were considered to be potentially vulnerable. An exemption from full ethical review was obtained for the elements that involved interviews with professionals/stakeholders. Ethical approval was also obtained from Tusla in relation to fieldwork conducted with unaccompanied children and young people in its care and with employees of Tusla.

The research adhered to the Department of Children and Youth Affairs' *Guidance for Developing Ethical Research Projects Involving Children* and was conducted in line with the principles set out in the *International Charter for Ethical Research Involving Children.* These principles were always to the fore throughout the project – during recruitment, data collection and analysis and in the writing of this report. To ensure informed consent, all supporting documents were translated into Arabic, researchers met with potential participants in EROCS in advance of data collection and consent was obtained directly from young people under 18 as well as from their parents/guardians.

Figure 5: Stakeholders who participated in the research (n=44)



Particular care was taken with minor participants to ensure they were comfortable at the start of interviews and were aware that participation was completely voluntary and they could withdraw at any point if desired. In addition, the research team were very conscious of the need to maintain confidentiality but aware of limitations in relation to this. Every effort was made to ensure participants understood this. Protecting anonymity was a key consideration and proved challenging in a context where there are a relatively small number of both refugees and stakeholders. Therefore, it was sometimes necessary to omit data altogether or to change or omit information about participants when including their data in the report (for example, gender, age, geographic location or job title). This was only done if doing so did not change the meaning of the data in any significant way. As only one unaccompanied young person took part and a number of stakeholders know the identity of that young person, we have identified him as a young person rather than specifically as an unaccompanied child. Pseudonyms are not used, again in order to facilitate anonymity.

1.4.5 Study Limitations

This study has a number of limitations. Firstly, given the limited nature of previous research on the IRPP in the Irish context, the study was necessarily an exploratory one. The remit was broad encompassing the needs of refugee children, both unaccompanied and accompanied, including children in EROCs and those who had been resettled in communities. Therefore, no one area of policy/provision could be examined in detail within the time and resource constraints involved. Secondly, this was a small-scale qualitative study and as discussed above, participants were recruited using a purposive sampling strategy and were drawn from a small number of the counties (seven in total) in which resettlement programmes are operating. As such findings cannot be generalised as to reflect

the views and experiences of *all* refugee and asylum seeking children and families and those working to support them. Instead they highlight key issues that should be considered and which should be studied further. Thirdly, the policy context in which this study is located is fast-changing. As such, the study captures issues arising at a particular point in time, some of which are the focus of ongoing or planned reforms which are not necessarily addressed in the report. Feedback from the Department of Children and Youth Affairs, Department of Education and Skills, Department of Justice and Equality, the HSE and Tusla has been incorporated where possible to provide information on the updated situation. Fourthly, despite concerted time and effort being dedicated to recruiting unaccompanied children and young people, only one young person took part. This posed problems in protecting that young person's identity. As a result it was not possible to identify him as an unaccompanied young person when we used data from his interview. Finally, this study examined the situation for refugee children and young people under the age of 18, however as Sirriyeh (2010) has noted, distinctions drawn between life-course stages are somewhat arbitrary and artificial and indeed BOBF defines 'young people' as those under the age of 25.

1.5 Overview of Report

The report is comprised of the following sections:

- Section 2 provides a review of international literature relevant to supporting positive outcomes for resettled refugee children;
- Section 3 considers the implementation of the IRPP;
- Section 4 examines the 'health, well-being and welfare' of refugee children and young people;
- Section 5 considers refugee children and young people's access to and participation in 'education and learning';
- Section 6 examines 'integration and social inclusion' and considers the barriers to, and facilitators of, refugee children and young people's inclusion and participation in their communities and wider society.

Despite the challenges they face, refugee children and their families have high aspirations to do well and where supported they can do great things both in terms of education and in their community.

2

Literature

2.1 Introduction

This chapter will summarise the growing body of national and international literature on the needs of refugee children in the areas of health, well-being and welfare; education; and integration and social inclusion. It also presents an overview of the evidence for how they can be supported.

2.2 Health, Well-being and Child Welfare

It is widely recognised that experiences prior to migration, during migration and post migration can adversely impact the physical and emotional health and well-being of refugee children (Fazel et al, 2012). In terms of physical health, the literature indicates a range of needs, including the need for screening and treatment for physical and communicable illnesses, common developmental problems and congenital abnormalities (Watts et al., 2012; Raman et al., 2009; Webb, 2005), as well as access to immunisation programmes (Nakken et al., 2018). Canadian research suggests a higher level of nutritional deficiencies is also common among refugee children (Beukeboom and Arya, 2018). Dental treatment is one of the most cited health needs (Mattila et al., 2016; Hoover et al., 2017), with Ireland's Second National Intercultural Health Strategy referring to poor oral health as "pervasive" among refugee adults and children arriving in Ireland. However, notwithstanding these health issues, many refugee children are likely to be physically healthy. In a study of Syrian refugee children in Jordan, the results indicated that the children had "fair levels of physical health" with their health concerns described as minor (Hamdan-Mounsour et al., 2017:186). Similarly, an unpublished draft HSE document reporting on the health needs of an initial cohort of 325 Syrian refugees who arrived in Ireland between late 2015 and early 2017 noted that "among children the most common conditions are asthma, skin, dental, vision, developmental and speech delay and bed wetting" (Fitzgerald, 2017:2).

While not all refugee children experience mental health problems, recorded rates[8] of Post Traumatic Stress Disorder (PTSD), anxiety, depression and emotional and behavioural problems are high among this group often due to repeated exposure to traumatic events (Bronstein et al., 2013; Fazel et al., 2012; Crowley, 2009; Derluyn et al., 2009; Ethnholt and Yule, 2006). One study of the pre-flight experiences of Syrian children found that over half had been bereaved, while a large majority (70.4%) had been directly exposed to conflict and 55.1% had witnessed human casualties. A significant number (42.5%) had witnessed torture while over a quarter had themselves been victims of torture (Gormez et al., 2017).

Attention has been paid to the resilience of refugee children, with various factors identified as sources of resilience including *social support*, possession of *a sense of belonging*, *education*, *religion*, *connections to the home culture*, *family connectedness* and having *a positive outlook* (Pieloch et al., 2016; Sleijpen et al., 2016; Ní Raghallaigh and Gilligan, 2010). The efforts made by parents to act as a "protective shield" for their children is recognised in the literature (Betancourt et al., 2015: 4) and research findings suggest that parental mental health has an impact on the mental health of refugee children (East et al., 2018; Eruyar et al., 2018). For unaccompanied refugee children it is widely recognised that their separation from parents is a significant risk factor for their well-being (Derluyn and Broekaert, 2007). However, even when parents are present their protective capacity may be inhibited: when they are experiencing the effects of trauma; when adapting to new cultural and legal norms around parenting; when faced with the everyday stress; worries and financial concerns inherent in the process of resettlement; and when resettlement results in changed family roles and functioning (Hadfield et al., 2017; Betancourt et al., 2015a; McMichael et al., 2011; Lewig et al., 2010). While the multiple challenges faced by families have been regarded as a factor in refugee families disproportionately coming to the attention of child protection and welfare services, research has also raised issues related to cultural sensitivity (Losoncz, 2016) and the role of discriminatory and racist attitudes towards migrants and minorities (Ramsay, 2017).

> **"The literature suggests that fully supporting the physical and mental health needs of refugee children and young people requires a range of measures to be put in place.**

2.2.1 Supporting Health and Well-being

The literature suggests that fully supporting the physical and mental health needs of refugee children and young people requires a range of measures to be put in place.

To begin with, access to comprehensive health screening, assessment and treatment is crucial to ensure that refugee children are mentally and physically healthy (Sandahl et al., 2013; Watts et al., 2012; Raman et al., 2009). A mix of refugee-specific services and mainstream care is needed, thus ensuring that children benefit from the expertise that develops among staff of targeted services while also avoiding marginalisation from the local population (Sandahl et al., 2013; Raman et al., 2009). Also, given the evidence that refugees face multiple barriers in accessing healthcare (Sandahl et al., 2013; Raman et al., 2009; Sheikh-Mohammed et al., 2006; Davidson et al., 2004), including mental health care (de Anstiss and Ziaian, 2009), families need support in this regard. It is evident that differences in "cultural approaches to communication" (Davidson et al., 2004: 572) as well as different views on illness and treatment may impact on service providers' ability to provide effective care to patients (Davidson et al., 2004; see also Lichtl et al., 2017). Therefore, refugee children and their families need access to culturally competent medical practitioners as well as to properly qualified and accurate interpreters who patients find acceptable (MacFarlane, 2018; Ehntholt and Yule, 2006; Davidson et al., 2004). Health needs should be taken into account when making decisions about housing for families. For example, specialist services may be based in major cities creating barriers to access for those living in more remote/rural locations (Bhabha and Finch, 2006 cited in Barrie and Mendes, 2011). The research evidence also highlights that mental health supports should involve flexible approaches that are attentive to the current social situation of refugee children and their families (Mohamed and Thomas, 2017; Isakson et al., 2013; Hopkins and Hill, 2010). Ensuring young people's present needs are met has been found to be a prerequisite for mental health interventions aimed at supporting young people to deal with past experiences (Hopkins and Hill, 2010). Interventions that aim to help young people deal with present difficulties and/or focus on a sense of hope

8 Crowley (2009) draws attention to controversies surrounding "labelling" of refugee children via diagnoses of psychiatric disorders. See also Ethnholt and Yule (2006).

for the future are considered to be key (Hughes, 2014; Deveci, 2012; Ehntholt and Yule, 2006). Overall, physical and mental health needs must be addressed in the context of key health determinants. In this regard, the Faculty of Public Health Medicine of the Royal College of Physicians of Ireland has highlighted the need for a life-course approach to the health care needs of asylum seekers and refugees, whereby 'the long term determinants of migrants' health' (Faculty of Public Health Medicine, 2016: 12) are taken into account. Importantly, they emphasise that 'unless housing, education, and employment needs are met, the long-term health of migrant communities will continue to be a concern' (Faculty of Public Health Medicine, 2016: 13).

2.2.2 Safeguarding the Welfare of Refugee Children

To support the welfare of refugee children, the literature suggests adopting a range of practices, many of which relate to the need to ensure parents and caregivers are adequately supported.

The literature points to the fact that refugee parents need access to concrete supports which actively enhance their capacity to support their children. Such supports include programmes and policies to support access to work and education, language learning opportunities and assistance with obtaining material resources, such as clothing and household supplies (Critelli, 2015; Morantz et al., 2012; Atwell et al., 2009). Parents also need opportunities to rebuild their social support systems (Betancourt et al, 2015a). Community-based interventions such as mentoring programmes or social gathering spaces can provide refugee parents with access to information, reduce the loneliness and isolation experienced by many, support their confidence in parenting and improve their capacity to access education and employment (Stewart et al., 2018; Lewig et al., 2010).

There is a need to ensure that newly arriving refugee families receive appropriate information on the laws and expectations regarding parenting in their new society — especially requirements in relation to childcare and discipline — and that this is done in an appropriate, empowering and non-confrontational way (Critelli, 2015; Deng and Marlowe, 2013; Lewig et al., 2010).

There is also a need for culturally responsive models of childcare and support in childminding, especially given that access to childcare poses a significant barrier to accessing orientation classes, education and employment. This is particularly the case for mothers, many of whom may have previously relied on communal child-rearing or on extended family to care for their children (Morantz et al. 2013; Lewig et al., 2010; Kinlen, 2008).

Similarly to health and well-being, cultural and linguistic competence is of paramount importance in supporting the welfare of refugee children and families, as is spending time building relationships and respect (Critelli, 2015). Self-awareness is acknowledged to be the key component of culturally competent or culturally conscious practice, thus suggesting that all of those on the front line providing support to refugees need opportunities to enhance their self-awareness and reflect on their own attitudes and biases (O'Hagan, 2001; Azzopardi and McNeill, 2016).

Given that separation from parents is a significant risk factor for the well-being of unaccompanied refugee children, measures need to be taken to provide a package of care and support to these young people which may include guardians, social workers and foster care or residential care (Arnold et al., 2014; de Graeve et al., 2015; Ní Raghallaigh, 2013; Wade, 2011; Derluyn and Broekaert, 2007), and the need for practitioners who are reliable, practically helpful and emotionally attuned (Kohli, 2011: 321)). While foster care is generally viewed as the most appropriate form of care for this cohort, the evidence base is relatively weak, and it is recognised that residential care will be better suited to some children (O'Higgins et al., 2018; Horgan and Ní Raghallaigh, 2019). In addition, the literature suggests maintaining connections with family members, where possible, plays a very important role, as does facilitating unaccompanied minors to create meaningful, supportive relationships with peers (Oppedal and Idsoe, 2015).

2.3 Education

Schools and educational services are regarded as having an important role to play in the resettlement process (Taylor and Sidhu, 2012). Access to education is key to fulfilling long-term aspirations (Mohamed and Thomas, 2017), and in the short-term can provide distraction and give children a sense of security, routine and normality following displacement and resettlement (Sleijpen et al., 2017; Betancourt and Kahn, 2008). Schools also serve an important social function by providing spaces to build friendships and to gain access to the support of competent adults (Sleijpen et al., 2017; Pastoor, 2015; Betancourt and Kahn, 2008), thus playing an important protective role.

2.3.1 Barriers to Education

Existing international research recognises that refugee young people can experience a number of challenges and barriers in fully participating in and benefiting from education.

To begin with, many refugee young people have experienced a great deal of disruption in their education before arriving in the country of resettlement. This, coupled with prior traumatic experiences, means refugee children are coming into schools with multiple, complex and individualised needs (Daly, 2018; Rossiter et al., 2015). In addition, language barriers have an important impact on refugee young people's engagement in the learning process (Birman and Tran, 2017; Shakya et al., 2010). Parents of refugee young people may feel they lack the information or language skills they need to fully engage with their children's school or properly support and guide their children's education (Rossiter et al., 2015; Shakya et al., 2010). Deciding on the appropriate class or year for refugee children and making decisions about necessary supports is hindered by a lack of documented information regarding educational history, qualifications or needs (Earnest et al., 2015; Bačáková, 2011; Hopkins and Hill, 2010). A study carried out in the Czech Republic found that lack of training, resourcing or funding means supports offered by schools can vary considerably and often depend on the initiative of individual teachers (Bačáková, 2011). International studies have highlighted the discrimination experienced by many refugee young people in their interactions with both classmates and teachers (Thommessen and Todd, 2018; Amthor et al, 2016; Kovinthan, 2016; Rossiter et al., 2015; Shakya, 2010). Discriminatory attitudes can also act as a barrier to the involvement of refugee and asylum-seeking parents in their children's education. Irish and international literature emphasises the importance of teachers having information on the lived realities of asylum-seeking and refugee families in order to avoid prejudice, stereotyping and low expectations (Martin et al., 2018). Many refugee young people experience a considerable increase in family responsibilities following resettlement which can prove a significant barrier to accessing and attaining in education. For example, children may need to interpret for family members, or, because of socio-economic challenges they may need to take up employment either to support family members who are with them or support their parents or other family members in other countries (Nunn et al., 2014; Kinlen, 2008). Finally, the literature also points to the fact that the age of young refugees on entering the educational system of the host society has a significant influence on their educational outcomes (Correa-Velez et al., 2017), with many of the barriers identified above posing particular challenges for the capacity of older young people to realise education and career goals (Nunn et al., 2014).

> **"Supporting positive educational outcomes for refugee young people requires targeted approaches, programmes and policies that specifically take into account their particular needs and experiences as distinct from other migrants (...)**

2.3.2 Supporting Positive Educational Outcomes

Supporting positive educational outcomes for refugee young people requires targeted approaches, programmes and policies that specifically take into account their particular needs and experiences as distinct from other migrants (Blanchet-Cohen et al., 2017; Pastoor et al., 2017; Taylor and Sidhu, 2012), while recognising that refugees are not a homogeneous group and generalisations can hamper efforts to address educational disadvantage (Pastoor et al., 2017; Amthor et al., 2016).

The literature suggests the importance of a whole-school approach to establishing an 'inclusive' and 'welcoming' school environment for refugee children and parents, in which racism and bullying are not tolerated (Bartlett et al, 2017; Taylor and Sidhu, 2012; Hek, 2005). School staff play a key role in creating a positive learning environment and in fostering positive peer relationships (Bartlett et al., 2017; Taylor and Sidhu, 2012). Friendships at school, particularly with someone who speaks the same language, have been found to be an important source of academic and emotional support for refugee young people (Bartlett et al., 2017). The literature also recognises the importance of involving asylum-seeker/refugee parents in their children's education. Measures such as home-school liaison teachers and ensuring the availability of interpreters for parent-teacher events play a key role in this regard (Martin et al., 2018; Bačáková, 2011; Hek, 2005).

In terms of meeting the social and emotional needs of refugee children, schools can play an important role in early identification of such needs (Tryer and Fazel, 2014), but this means equipping teachers with the requisite knowledge, skills and resources whilst ensuring there are effective structures within schools to identify and monitor needs and make referrals to specialised services where appropriate (Thommessen and Todd, 2018; Hayward, 2017; Pastoor, 2015; Taylor and Sidhu, 2012).

The literature suggests that learning needs are supported in a number of key ways. The needs and strengths

of refugee children should be assessed and responded to (Hopkins and Hill, 2010) including supporting skills in first language learning and development as it can boost confidence and support additional language acquisition (Madziva and Thondhlana, 2017; Hek, 2005). In addition, comprehensive learning supports should be implemented, which requires schools to be staffed with both class teachers and resource teachers who have adequate training and skills to support children whose first language is not English (Madziva and Thondhlana, 2017). Supporting the language needs of refugee students should not be at the expense of meeting other learning needs: instead, language support courses need to be combined with subject-based courses (Bitzi and Landholts, 2017; Taylor and Sidhu, 2012). Finally, ensuring meaningful access to and participation in education for young refugees may require a great deal of individualised support, whether through help and encouragement from teachers (Thomessen and Todd, 2018; Bartlett et al., 2017) or through programmes such as individualised education plans, homework clubs and mentoring programmes (Correa-Velez et al., 2017; Bačáková, 2011).

2.4 Integration and Social Inclusion

Ireland's 1999 policy document *Integration: A two-way process* defines integration as the 'ability to participate to the extent that a person needs and wishes in all of the major components of society without having to relinquish his or her own cultural identity' (Department of Justice Equality and Law Reform, 1999). The more recent Migration Integration Strategy (DJE, 2017) uses the same definition. In contemporary Irish and EU policy, social inclusion refers primarily to poverty reduction and measures to address socio-economic disadvantage with a particular emphasis on labour market participation (Copeland and Daly, 2018; Madanipour, 2012). Regarding the integration and inclusion of refugee children and young people, a key finding from numerous studies is the impressive determination demonstrated by young refugees to complete their education, enter the workforce and create meaningful futures for themselves (Oppedal et al., 2017; Sleijpen et al., 2017; Shakya et al., 2010).

2.4.1 Barriers to Integration and Inclusion

The stresses of acculturation, weakened social support networks and language barriers, as well as structural and policy factors, may mean that refugee children and families are faced with financial insecurity and deprivation (Pieloch et al., 2016; Rossiter et al., 2015; Allsop et al, 2014). In addition, immigration status, the asylum process and uncertainty about the future inhibit integration and inclusion for refugee children, as do the challenges associated with living in asylum accommodation centres (Ogbu et al., 2014; Arnold, 2012; Vitus, 2010). Finally, racism, discrimination and stigma may negatively impact on refugee young people's sense of belonging (Thommessen et al., 2017; Correa-Velez et al., 2010).

2.4.2 Supporting Full Participation in Society

The literature points to the need to recognise the importance of homes and neighbourhoods for refugee families. Attention should be paid to the marginalisation, restrictions and boredom that children often experience when living in reception centres (Arnold, 2012; Seeberg et al., 2009; Vitus, 2010; 2011), while acknowledging the value of the relationships that children and their families may form there (White, 2011). In addition, there is a need to ensure families have realistic expectations about what sort of homes they can expect (Archambault, 2012) and a need to ensure that neighbourhoods in which refugee children are resettled are socially inclusive, thus providing opportunities to develop friendships and places to play (Spicer, 2008).

Refugee children should be supported to re-establish their social networks, with the literature highlighting the important roles played by both co-ethnic peers (Bartlett et al., 2017; Oppedal and Idsoe, 2015; Beirens et al., 2007; Maegusuku-Hewett et al., 2007; Hek, 2005) and peers from the majority culture (Beirens et al, 2007; Hek, 2005) in fostering inclusion and integration. Significant adults also play an important role acting as a buffer against adverse outcomes in refugee children and young people's lives (Nunn et al., 2014). As well as schools, various community services such as volunteering, mentoring and recreational programmes, can have a positive impact in this regard (Mohamed and Thomas, 2017; Earnest et al. 2015; Rossiter et al., 2015; Titley, 2012). The role of youth work services and activities in supporting young people from ethnic minority and migrant backgrounds is recognised in the literature (Rambaree et al., 2017; Walsh, 2017; Titley, 2008). The National Youth Council of Ireland recommends that anti-racism and intercultural training are core aspects of the professional competencies of youth workers and that *all* young people should receive education in cultural competence (Walsh, 2017).

Similar to the point made by Gustafsson et al., (2012) about asylum seeking children, refugee children frequently face social and structural limitations which may leave them feeling marginalised on several levels – as migrants, as refugees, and as children. Involving young refugees in the creation of services and programmes is advocated as a way of ensuring that these are based on a firm understanding of the lived realities of refugee children and youth and reflect the diversity of their needs and perspectives (Blanchet-Cohen and Denov, 2015; Lawrence et al., 2015).

Given that children and families with limited proficiency in the language of the host society are more likely to struggle with understanding and responding to the challenges of resettlement and fully participating in society (Earnest et al., 2015; Atwell, 2009), it is evident that addressing language barriers is crucial. Thus, resettlement programmes need to ensure that refugee children and their families have access to interpreters and other language resources in the initial post-arrival period (Earnest et al., 2015). Opportunities to learn English should take into account their specific needs and the challenges that their experiences as refugees may pose to mastering a new language (Madziva and Thondhlana, 2017).

Finally, given the detrimental impact of racism and discrimination on refugee children and young people, active measures which discourage discrimination and promote social inclusion and cultural diversity are essential for integration (Correa-Velez et al., 2015, 2010). Correa-Velez et al argue that 'anti-discrimination policies should be an integral part of a country's refugee settlement program' (2015: 167).

2.5 Conclusion

To conclude, a key lesson from the literature is that upholding refugee children's rights and promoting their well-being requires policies and programmes which are carefully crafted to respond to the unique and diverse needs, experiences and capacities of refugee children. The impact of difficult experiences before, during and after flight, disruptions to education, familial bonds and social connections, financial insecurity as well as language and cultural barriers in the host country and the challenge of adjusting to new systems and procedures combine to create complex health, welfare, educational and social support needs. The literature provides guidance and evidence of how to meet these needs in ways which are culturally sensitive, combat prejudice and discrimination, and are informed by the views and preferences of refugee children and parents, recognising their agency and resilience.

3

Brief Overview of the Implementation of the Irish Refugee Protection Programme as it Relates to Children

3.1 Introduction

This section provides an overview of the implementation of the IRPP, examining how the resettlement programme is implemented in both EROCs and in local communities following resettlement. The section also analyses the implementation of the unaccompanied children's programme.

3.2 Emergency Reception and Orientation Centres

3.2.1 EROC Staff: Roles, Training and Support

EROCs employ a range of staff which varies from centre to centre and includes intercultural workers, activities' coordinators, social care leads and drivers. Staff employed by other agencies who operate within the EROC include health-liaison workers and teachers. Interviews with parents and children highlighted the importance of EROC staff as key points of contact in listening to concerns, providing information, and linking with services. Parents and children often spoke highly of staff. One parent described the staff of the EROC as *'so kind'* and *'really really good'*.

As people on the frontline, EROC staff had knowledge about the day-to-day lives of residents and, as such, often had a sense of what the needs of children and families might be. While this was sometimes based on residents confiding in them, it was also information they gleaned from what they observed during the course of their day. One EROC manager talked about informing the IRPP if they noticed that someone seemed to be struggling in any way – as regards childcare, mental health, communication or education. While a proactive approach by staff was generally a positive thing, there was evidence that at times staff might be too proactive, bordering on paternalistic and amounting to over-involvement in family life, something that will be discussed in Section 4.

Given their shared language, intercultural workers could respond directly to residents and also liaise between residents and staff. Managers had differing views about whether or not this was helpful: one manager credited the intercultural worker as *'saving so many situations'* while another said that having an intercultural worker made things more complex as the worker didn't feel able to say no to residents, resulting in residents getting mixed messages.

Staff in the EROCs had received training including day courses on trauma, child protection and welfare, and conflict resolution, as per contractual requirements. However, the researchers were not made aware of any staff with specific social care or related qualifications. External stakeholders who had regular contact with EROCs, particularly those with qualifications in social work, social care and youth work, frequently had the view that the EROCs needed to have professional staff with social care or related backgrounds working in, or indeed running, the centres. One professional described an EROC as *'more than a hotel: it's a social care setting'* and stated that *'there'd be more awareness and understanding about issues'* if social care staff were in place. A need for greater awareness and understanding amongst EROC staff was also expressed by one young person who had previously lived in a different EROC:

> **We would like them to understand them a little bit. ...That they appreciate what they have been through and understand them and that even the parents as well have been through much, and they can't take much more so they [need to] understand the parents as well.**

Another young person who had moved out of an EROC said that *"sometimes [the staff] would frown at us or scream at us"*. It is important to note that young people who were currently living in EROCs were generally positive in relation to staff, using phrases such as *"very good"*, *"good"*, *"nice"* and *"always smiling"* to describe the staff.

3.2.2 Facilities for Children in EROCs

EROCs varied in terms of facilities and services. While one of the four EROCs had own-door 'chalet' accommodation for families - as it had previously operated as a holiday centre - the other three EROCs were former hotels. In these, parents and children were often accommodated together in one room, though some families had interconnecting rooms. Regarding food, while one EROC had self-catering facilities, the other EROCs facilitated groups of residents to cook on particular occasions, but not every day. In the main, food was cooked for residents and served in a communal dining area. Views about the food were mixed and varied from centre to centre. While some participants complimented the food, concern about the quality or type of food emerged as a recurring issue in relation to some centres. One stakeholder who held clinics in an EROC had personal experience of being served stale food in the centre, and said that the number one reason for people coming to her to seek help was to complain about the food and not being able to cook for their children.

Centres also varied in terms of provision of activities and recreational facilities.[9] While some EROCs did organise activities (through an Activities' Coordinator for example) and provide recreational facilities, parents, children and professionals frequently expressed concern about the lack of activities and recreational facilities within EROCs. One stakeholder who had run activities in a centre described them as *"an optional extra"*. In some cases, facilities were available but not accessible by children or young people. For example, young people expressed frustration about not having access to a billiards room and about games not being fixed:

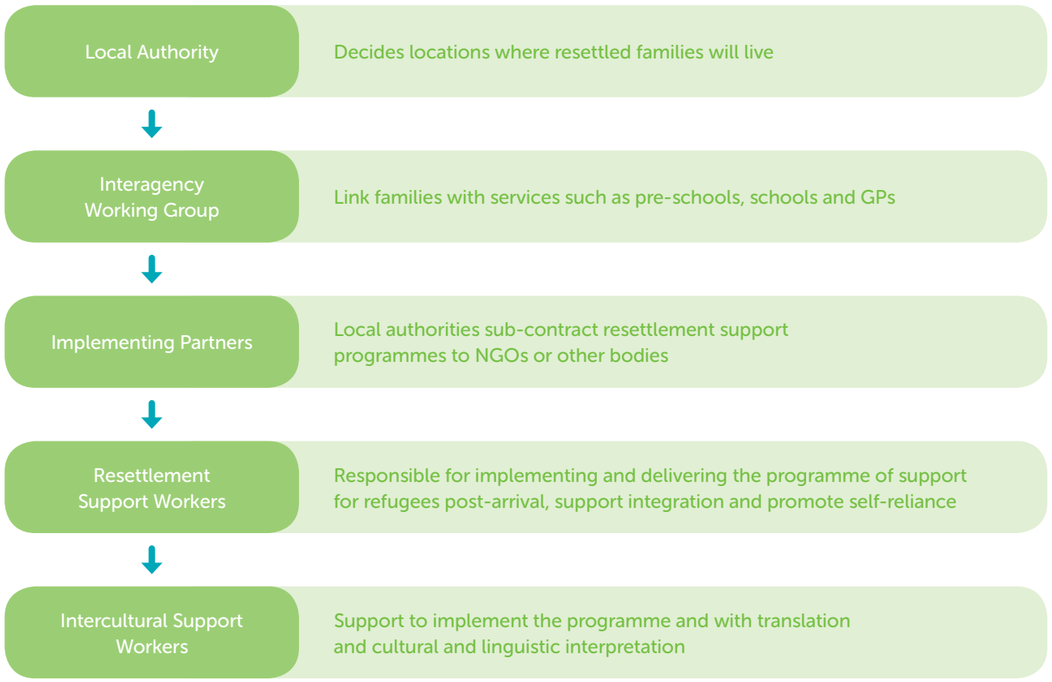
> **We was playing this game here in the playing room and then the children they play all the time. Only then they broke it. And then they say we will fix it and then they forget and they didn't fix it. ...So we feel bored now. ...So we don't have nothing to do. And they have billiards here only for the 16 years old and up. ...They only say only for 16 years old. So they don't let us to do nothing.**

Another example was given of a playroom for younger children which was usually locked – we were informed that it could only be used if parents supervised their children while using it.

In the interview with the IRPP representative it was confirmed that there is no guidance or obligation as regards the running of activities: *'how they run things like activities and that is very much down to the centre'*. In interviews, parents, children and young people frequently mentioned boredom due to the lack of facilities and activities.

9. Section 6 includes a discussion regarding activities and facilities as they relate to friendships and integration.

Figure 6: Operation of Community Resettlement Programme at County Level



3.3 Community Resettlement

3.3.1 Establishing the Programme at County Level

Once families have been allocated to a particular county under the IRPP, the local authority decides the locations where resettled families will live. In keeping with previous research (Arnold et al., 2018), this research indicated that accessing suitable accommodation for refugees in the context of the current housing crisis has proved challenging, thus resulting in significantly longer amounts of time being spent in EROCs than was originally anticipated.

Within a given county, refugees are generally dispersed in small clusters across a number of locations. Prior to their arrival the various agency representatives on the Interagency Working Group are tasked with ensuring families are linked in to services such as pre-schools, schools and GPs. Regarding whether the inter-agency working groups were sufficiently focused on the needs and rights of children, one stakeholder (who had served on an inter-agency group) noted that representatives had focused *'on their own remit'* and suggested that there could be a greater role for Children and Young People's Services Committees.

In most counties local authorities have sub-contracted resettlement support programmes to NGOs or other bodies, referred to as 'implementing partners'. The partners appoint resettlement support workers and intercultural support workers. Resettlement support workers have responsibility for implementing and delivering the programme of support for refugees which (as set out in advertised vacancies for resettlement support worker roles in various counties)[10] is conceptualised in three phases: support post-arrival including orientation and liaising with relevant services/agencies; development of programmes and activities to

10. See for example: http://www.southmayo.com/images/stories/RSW_Detailed_Job_and_Personal_Spec.docx.pdf.

support integration; and promotion of self-reliance in preparation for the end of the programme. Intercultural support workers provide support in implementing the programme and with translation and cultural and linguistic interpretation. Proficiency in Arabic and English as well as experience in community/international development work are usually required. In some counties an intercultural worker was recruited some months into the programme and in some counties these posts were vacant.[11]

Resettlement support workers and intercultural support workers reported on the onerous and broad-ranging nature of the role, particularly in the initial period when families first arrive in their communities. There is a relatively short lead-in period to prepare the ground for the arrival of families in communities with evidence of variation across counties - one resettlement support worker had only one week. When families arrive, they typically require support with adjusting to their new homes, accessing services, settling children into schools and generally getting oriented into a new life in a new community.

Interviews with members of resettlement teams suggest they would benefit from greater clarity, guidance and support in their roles. The theme of 'reinventing the wheel' was recurring, with resettlement teams in each county effectively figuring out how to implement the programme without much in the way of guidance or opportunities to learn from what had worked well in other resettlement counties. An IRPP representative also identified this issue:

> **[S]ome local authorities and implementing partners are better than others at either supporting or training their staff. Some are excellent. Some certainly have a lot to do.**

Resettlement support workers and intercultural support workers are employed on fixed-term contracts. As a result, when their contracts finish at the end of the resettlement support programme, the local authority loses their expertise and experience. If, subsequently, the local authority in question instigates a new resettlement support programme, new workers are recruited rather than retaining the institutional knowledge acquired by the original support workers over the duration of the programme.

3.3.2 Budgetary Allocation, Duration of the Programme & Follow-On Support

Members of resettlement teams referred to pressures on elements of the budgetary allocation for the resettlement support programmes. The challenges vary; in some counties an important function of the resettlement support programme budget appears to be *"filling in the gaps"* in local services. In one county the transport budget had *"been blown out of the water"* due to the cost of arranging transport for medical visits, whereas in another county refugees accessing health services were able to avail of HSE transportation. Two of the most important gaps often addressed from resettlement budgets were English language supports for children and young people and support for families in meeting the costs of dental care. There is a degree of flexibility in how the budgetary allocations are expended and it was evident that this flexibility in budget allocation helped address disparities in access to mainstream services. However, this flexibility may also contribute to disparities between groups of refugees resettled in different local authority areas as a service provided to families in one county from the resettlement budget may not be provided in another due to budget constraints or diverging priorities.

There is variation across counties in terms of the duration of the resettlement support programme, although 18 months is emerging as the accepted standard. There was broad consensus among stakeholders that families would benefit from the support of resettlement support workers and intercultural support workers for at least two years, although one resettlement support worker warned of the danger of refugees becoming overly dependent. Titley's (2012:41) evaluation of the Carlow Rohingya resettlement programme found the three-year duration of supports to be "central" to the success of the programme.

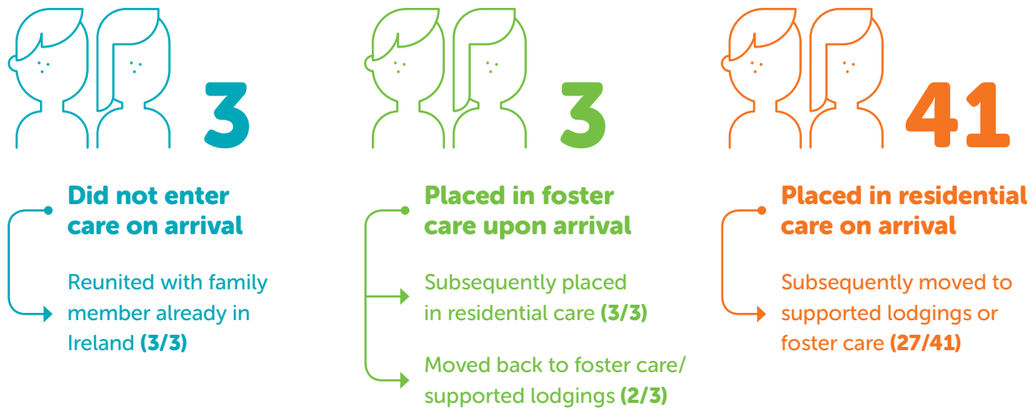
Resettlement support workers commented that it is not really possible to do significant work in relation to integration in the first six months to a year after resettlement in the community. In this phase refugee parents and children prioritise getting oriented, having medical needs attended to and learning English. Resettlement workers spoke of the pressure to spend the activities budget within the programme time-frame which meant that certain integration-oriented activities might be offered at a time when parents and children were not yet ready to engage. This need for time to settle before focusing on integration was highlighted by one resettlement support worker:

> **I would have pushed for a lot of integration work in the first six months. It didn't go anywhere because they weren't ready. They were more interested in just getting settled really...**

The development of an exit strategy is built into the programme with

11. The budgetary allocation in general only provides for 12 months of salary for intercultural support workers.

Figure 7: Initial placement of unaccompanied minors/separated children following arrival (n=47)



the aim of ensuring refugees access mainstream support services following the completion of the resettlement support programme. However, participants raised concerns about the availability of appropriate services. The IRPP representative drew attention to the fact that the grant application made by local authorities to the IRPP includes a requirement to provide ongoing support for refugee resettlement and integration for a further year after the end of the resettlement support programme but what exactly this might involve was not specified. It appears that a more systematic approach to support for resettled refugees in the longer-term, with clear delineation of responsibility, would be beneficial. A recent report on migrant integration and settlement services by Gilmartin and Dagg (2018:7) identified disparities in the availability of services nationwide and recommended "a more systematic approach to integration processes, particularly the provision of settlement services" and a more consistent funding model.

3.4 Unaccompanied Children and Young People

3.4.1 Care Provision

The unaccompanied children and young people who arrived via the IRPP and CSP were in the care of Tusla either under Section 4 (voluntary care) or Section 18 (care order) of the Child Care Act 1991. The use of 'voluntary care' has been the subject of criticism over the years both by researchers (e.g. Arnold & Kelly, 2012; Corbett, 2018) and, recently by HIQA in an inspection report in relation to a residential centre for unaccompanied children (HIQA, 2018a). Groarke & Arnold (2018) report that in their research the Social Work Team for Separated Children Seeking Asylum indicated that the implications of using Section 4 are "minimal" (Groarke & Arnold, 2018: 50), that it was being used on foot of previously obtained legal advice but that there was a move towards using care orders more frequently. In this study there was no access to data giving a breakdown of what sections of the Child Care Act 1991 Tusla was using for the IRPP and CSP unaccompanied children in its care.

A mix of residential care, foster care and supported lodgings are used for the care of unaccompanied children and young people, including those who arrived via the IRPP and CSP. As indicated previously, supported lodgings placements are similar to foster care placements but the support is less intensive and focuses mainly on preparing young people for independent living. Residential care placements are provided by Tusla, by not-for-profit organisations and by private for-profit agencies. Foster care and supported lodgings placements are provided by Tusla and by private, for-profit, agencies. Three residential homes were established as a direct result of the IRRP. Existing residential homes for unaccompanied minors were also used, with these

catering for unaccompanied minors who arrived 'spontaneously', as well as for those who arrived via the IRPP and CSP. Tusla's services, including its residential care and foster care services are subject to HIQA inspections, as are private foster care agencies. HIQA does not inspect supported lodgings services as they do not fall within its remit. The social work team has indicated that supported lodgings placements adhere to the National Standards for Foster Care (Groarke & Arnold 2018).

The literature points to the benefits of supported lodgings in meeting the needs of unaccompanied refugee children and young people, particularly young people who are used to more independence (Arnold & Ní Raghallaigh, 2017; Horgan & Ní Raghallaigh, 2019). Private residential care settings are not subject to HIQA inspections but are inspected by Tusla.

The majority of the cohort accepted through the IRPP and CSP were accommodated initially in children's residential centres, with many of them subsequently moving on to foster care placements or supported lodgings, as is the case with other cohorts of unaccompanied minors. Tusla figures[12] show that at the end of May 2019, of the 47 separated / unaccompanied children and young people who arrived in Ireland via the IRPP and CSP, three did not enter care as they were reunited with family members who were already in Ireland. Of the remaining 44: three entered foster care upon arrival while the others (41 young people) entered residential care. Twenty-seven of those who were initially placed in residential care subsequently moved to supported lodgings or foster care. **Figure 7**

12. These figures were provided to the authors by Tusla's SWTSCSA.

Interestingly, the three young people who were initially placed in foster care subsequently moved to residential care, with two then moving back to foster care or supported lodgings again. Overall, the majority of the young people had lived in more than one care placement. care. As **figure 8** indicates, at the end of May 2019, 12 of the 44 young people had lived in one placement, 26 had lived in two placements and six had lived in three placements during their time in Tusla's care.

Figure 8: No. of placements (n=44)

No. of Placements	No. of Children
1	12
2	26
3	6

It is important to note that having more than one placement is not necessarily indicative of placement breakdown, given that Tusla's standard practice is for unaccompanied children and young people to be placed in residential care upon arrival and to subsequently move to foster care or supported lodgings. As described below, our interview data pointed to the fact that young people were often transferred from residential care to supported lodgings prior to turning 18 and then remained in these placements as an aftercare arrangement.

While in care, the young people are the responsibility of a team of experienced and professionally qualified social workers and aftercare workers and are cared for by professionally qualified residential care staff or trained foster carers/ supported lodgings carers. The four non-Tusla stakeholders interviewed for this research who work with unaccompanied children and young people considered that the needs of the young people were well catered for. While HIQA has raised some concerns in inspection reports about aspects of residential care provision for unaccompanied young people (HIQA, 2017, 2018a), the stakeholders in our study referred to the *"huge amount of support"* and the *"exceptionally good"* support the young people received. One professional described one of the residential homes:

> **"It's just a normal residential house and then divided into bedrooms and common areas. And, you know, they're nicely run. They can do their own cooking. ... They've got photos, you know, like a big family basically of each young person.**

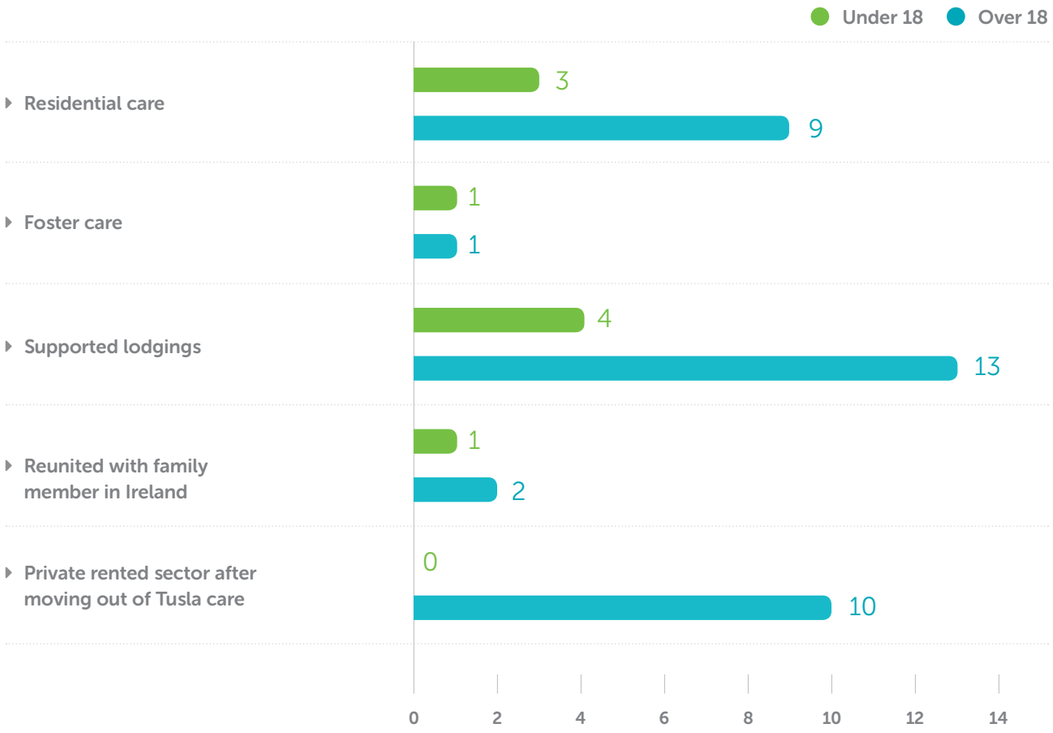
As mentioned above, a limitation of the study is that only one unaccompanied minor participated, hence the views of young people themselves as regards accommodation and care provision are not included. Unfortunately, there was not an opportunity to interview residential care staff, supported lodgings carers or foster carers.

3.4.2 Aftercare

Tusla personnel who were interviewed indicated that young people who arrived under the IRPP and the CSP were allocated an aftercare worker and received an aftercare package, even if they did not meet the aftercare eligibility criteria.[13] The Tusla team indicated

13. Under the Child Care Amendment Act (2015) there is a now a statutory obligation on Tusla to conduct an assessment of need and to engage in aftercare planning in respect of eligible children. An 'eligible' child must have been in care for a period of not less than 12 months in the 5 year period immediately prior to the person turning 18. Many unaccompanied children and young people, including those who came via the IRRP, are likely to be ineligible, as they often arrive when they are already 17.

Figure 9: Living arrangements of unaccompanied minors taken into Tusla care under IRPP and CSP (May 2019) (n=44)



that aftercare workers support young people in relation to "all aspects of their life" until the age of 21 or until the age of 23 if the young person is in full time education. The role of the aftercare worker includes assessment of need, aftercare planning, psychosocial support, support with education or employment access and support with family reunification. The latter involves working alongside the aftercare client to make the family reunification application, engaging with other organisations to organise travel of family members, helping the client to source accommodation for their family, liaising with homeless services if accommodation cannot be secured and supporting families upon their arrival in relation to a range of issues including GNIB registration, accessing social welfare and organising schooling for siblings[14]

Several accommodation options were in place when young people turned 18. The young people were entitled to move out of Tusla's services into private rented accommodation, where they would be in receipt of a weekly Aftercare Allowance of up to €300 if still in education or training, other social welfare payments (depending on their circumstances) and support from an aftercare worker. Aftercare workers worked with young people to source housing in the private rented sector, with considerable challenges arising in this regard. These related to the wider housing crisis as well as to the fact that many of the young people who were in residential care wished to remain in their peer groups but young people within these groups were turning 18 at different times. This leads to a situation

14. The Tusla team provided this information about the aftercare worker role for separated children seeking asylum in an email communication with the authors on 21 June 2019.

where some young people are remaining in children's residential homes after their 18th birthday, something which Tusla recognised as not being ideal. Alternatively, young people sometimes moved to family placements (foster care or supported lodgings) - sometimes in the months prior to their 18th birthdays - and continued to live in these placements after turning 18, as part of their aftercare arrangements. One professional viewed this as an *"ideal"* type of arrangement, as it meant that young people didn't have to worry about *"paying rent, your bills and all of that"* while also trying to progress in their education.

Tusla's statistics indicate that at the end of May 2019, 35 of the 44 young people who entered Tusla's care via the IRPP and CSP were either 18 years old or older.

3.4.2 Immigration Status

There were concerns raised regarding the immigration status of unaccompanied minors. Tusla personnel expected that all of the unaccompanied children and young people who arrived via the IRPP and CSP would get refugee status and that it would be confirmed quickly. Nevertheless, some young people experienced delays in confirming their immigration status due to discrepancies in relation to personal details. Thus, while young people had received a letter confirming their refugee status, they had not received their Garda National Immigration Bureau (GNIB) cards and this was causing stress and tension. Tusla stakeholders had confidence that the issues would be rectified, but they were cognisant of the fact that young people could not have a sense of real security without this being resolved. In many respects this related to the difficulties the young people had trusting people and authority figures, something which was referred to frequently by stakeholders and which is evidenced in the literature (see Ní Raghallaigh, 2014).

3.5 Summary of Key Points

In summarising key points, this section considers how provision and practices relate to the transformational goals of the BOBF framework: support parents to parent confidently and positively, earlier intervention and support, listen to and involve children and young people, ensure quality supports and services, strengthen transitions, and promote cross government and interagency collaboration and coordination. These six goals overlap significantly with one another in the context of reception and resettlement of refugee families.

Three of the four EROCs were designed as hotels and as such, accommodation is not conducive to private family life, which adds to the existing challenges that families face upon arrival in Ireland. It was evident that while a significant number of individuals offered support and advice to parents in the EROCs, the absence of staff with social care or related qualifications hindered the provision of appropriate early intervention support at a time of huge transition for parents and children. By contrast, the services in place for unaccompanied children and young people were staffed by qualified professionals with significant social work and social care experience.

Resettlement support workers and intercultural support workers are crucial sources of support for families in transitioning to life in a new community but if these workers feel overstretched and under-supported, their capacity to provide a quality service is compromised. Thorough evaluation is required and appropriate training and support in order to determine if services for children are "outcomes driven, effective, efficient and trusted" as advocated for in BOBF (DCYA, 2014: xv).

In both the EROC and community resettlement context it was not always evident that the wishes and preferences of children and young people were taken into account: for example, young people in EROC settings raised the issue of insufficient attention being given to recreational facilities. Finally, the interagency model is a strength of the Irish resettlement programme and it was evident that some stakeholders had positive experiences in this regard. However, again there is a need for a comprehensive evaluation across the country to capture best practice and identify areas for improvement. This information could provide a valuable resource for resettlement support workers and local authorities and provide a policy base and framework for the delivery of services and supports to refugee children and their families.

4

Health, Well-being and Welfare

4.1 Introduction

Better Outcomes, Brighter Futures, commits to tackling inequalities in health outcomes for identified vulnerable groups, including refugee and asylum-seeking children. This section examines the physical and mental health needs of refugee children and young people including the factors that facilitate the meeting of those needs and the barriers which prevent children and families from accessing services and supports. The section also examines issues relating to child welfare and protection, focusing on how best to support refugee children in this regard.

4.2 Overview of the Children's Health Needs

Prior to arrival in Ireland resettled refugees, including children, undergo a comprehensive health screening undertaken by the International Organisation for Migration (IOM) on behalf of the HSE. Those who are due to be relocated from Greece have a more minimal health assessment conducted by the Greek authorities. Reports from both settings are sent to the Irish health authorities. Upon arrival in an EROC, children undergo a medical assessment which is conducted by Safetynet[15] who are commissioned by the HSE Social Inclusion Unit. This assessment builds on the information provided in the pre-departure assessment reports and covers demographic information, social history, current and past medical conditions, allergies, medications, vaccination history and a physical exam. Screening for blood borne infectious diseases among under 16s does not take place unless the screening of their parents indicates that it should. While a validated tool is used to carry out mental health assessments with adults, no validated tools are used with children. Instead, the assessment involves a discussion with the parents about their children's mental health. The outcomes of the assessment are then shared with the family GP (assigned by HSE).

The HSE with support from Safetynet also has a role in relation to health integration: by making referrals to specialists where required and by ensuring families are linked with a GP who acts as a gatekeeper to other services. In circumstances where the EROC is new and GPs not yet sourced, Safetynet takes on the function of connecting families with health services. Babies and pre-school children also access routine developmental examinations conducted by Public Health Nurses, like all children living in Ireland, and are referred to GPs for vaccinations. School-aged children are included in health and school immunisation programmes. Refugee children are entitled to the same range of services provided by the Health Service Executive (HSE) as the general population, although the Faculty of Public Health of the Royal College of Physicians of Ireland (2016) has noted the multiple barriers that can limit their access to health care. Refugee children are eligible for medical cards.

Unaccompanied children are in the care of Tusla and screening is conducted by HSE Community Health Medical Officers in Dublin. Thereafter they are brought to a GP to a GP upon arrival for a general check up and to give young people an opportunity to discuss any health concerns or queries they may have. The GP who is normally used has been working with unaccompanied minors since the late 1990s. Subsequently - following court proceedings whereby a care order is obtained or parental consent for medical treatment is dispensed with - health screening is provided by the HSE's Senior Area Medical Officer. The GP then follows up on anything identified during the initial consultation and the initial screening, including immunisations if needed.

4.2.1 Physical Health (including Oral Health)

As referenced in the literature review, relevant stakeholders commented on the fact that most of the children, both accompanied and unaccompanied, were in good physical health. Individual children had particular health needs, but the interview with a Safetynet representative indicated that no overall patterns emerged as regards the physical health needs of children, apart from oral health issues. Numerous stakeholders reported that, both adults and children, had considerable oral health needs, something which was in keeping with the national and international literature (HSE, 2018; Hoover et al., 2017; Mattila et al., 2016). People were described as having *"horrendous dental issues"* or teeth that were *"in poor repair"* or *"riddled with infection"*. Reference was made to children experiencing significant pain as a result of dental issues. At the time of the study the initial health assessments were conducted by GPs, who could not examine teeth but rather asked questions about oral health (e.g. 'do you have any dental problems?'). The Safetynet representative who was interviewed stated that over 50% of those assessed, including children, were identified as having dental issues. However, at the time of interviews participants were of the view that there was a lack of clarity in relation to how dental issues should be dealt with, leaving families relying on advice from EROC staff who did not always know where to refer them. During the course of the study this issue began to be resolved as the HSE started to establish dental clinics in the EROCs. In August 2018, the HSE published *About the Irish Health System - A guide for refugees and other migrants* (HSE, 2018:13), which outlines that children "can visit a dentist using the HSE dental services" and that "all children up to 16 years of age have access to emergency dental clinics".

> **Numerous stakeholders reported that, both adults and children, had considerable oral health needs, something which was in keeping with the national and international literature**

4.2.2 Mental Health

As reported above, the assessment of mental health needs conducted as part of the initial Safetynet appointment involves asking the parents and/or child about any mental health concerns. Only *"occasional concerns"* were identified at that stage, according to a representative of Safetynet who took part in this research.

In interviews with parents, reference was made to the impact of experiences prior to arrival in Ireland on children's mental health. These issues manifested themselves in specific symptoms such as bedwetting, nightmares and sleeping difficulties as noted by one parent in relation to her son:

> **He sees nightmares, and bedwetting, because of the fear that we experienced in Syria.**

Teachers referred to behavioural issues in the classroom, which they attributed to emotional issues and anger. At other times professionals expressed a more general concern

15. Safetynet Primary Care is described on its website as "a medical charity that delivers quality care to those marginalized in society without access to healthcare, including homeless people, drug users and migrants". See https://www.primarycaresafetynet.ie/ Safetynet is funded by the HSE and the services is a partnership between HSE Social inclusion (which also provides public health and medical oversight and advice) and Safetynet.

that children and young people were struggling emotionally. A mental health professional suggested the impact of trauma could affect young people's ability to form friendships. A social worker, speaking about unaccompanied children and young people, talked about a type of *"heaviness"* they experienced, as opposed to presenting with acute grief and loss issues:

> **It's more a general malaise around grief and loss where there's just kind of this heaviness that they might carry around, the fact that... mom and dad are at home and I need to get them here, but .... my sister was killed in a war by some people dropping bombs out of the sky and I couldn't get my revenge. I couldn't say, 'What the hell are you doing?' to anybody, you know. And sometimes it's about that voice that really frustrates them.**

As well as pre-migration experiences impacting on mental health, the data suggested that some difficulties related to children's post migratory experiences of living in Ireland and the challenges that they faced during resettlement. Such challenges included being worried about other family members, either those in Ireland or those left behind, experiencing difficulties with schoolwork, feeling bored, and finding it difficult to make friends. Several stakeholders noted that sometimes mental health difficulties arose after a significant period of time, with one educational professional speaking about children starting to *"withdraw"* and *"isolate themselves"* nearly two years after arrival. One young person spoke about feeling depressed after moving out of the EROC:

> **When I was first time when I went to the psychology I was really — I was have really depression. So I was staying there in my room all the day and I was really sad at the time. It's like depression.**

In addition, there was evidence that some refugee parents were experiencing mental health difficulties themselves. Parents expressed concern about the protracted periods spent in EROCs. Mental health difficulties among parents are likely to impact on the well-being of children, which has been highlighted in the international literature (Hadfield et al., 2017). Stakeholders reported parents finding it difficult to engage with their children, parents being exhausted due to lack of sleep and parents spending a lot of time in bed.

4.3 Addressing Health Needs: Facilitators

4.3.1 Key Individuals

For accompanied children, their parents were the primary advocates for their health needs. Parents liaised with gatekeepers and professionals to access services and ensure children were in good health, both physically and mentally. In terms of mental health, the literature highlights the significant role parents can play in supporting their children to cope with both pre- and post-migration stressors (Miller et al., 2008). One father talked about his efforts to protect his children from the stress he was experiencing as a result of being imprisoned in Syria, and spoke of his efforts to ensure that his children were alright:

> **I try to detach my situation when I deal with my kids. ...I try to keep my kids outside of this zone. ...So when I hear that my kids ... need something, I seek help from either my wife or a friend that my children like. I don't ask direct questions to my children. I just open the topic with them and I let them speak in a way they do not feel they are being investigated. ... like I never got to that situation or that point where I should ask for help from any outside centre or anything. ...But if I do then I will ask for help.**

Various professionals also played a crucial role in ensuring access to services for refugee children. Safetynet facilitated access to services at the point of arrival and EROC staff also played an important role in this regard. For example, staff talked about reminding residents about appointments and helping with travel arrangements either by providing information about public transport or by directly organising transport, including transport to antenatal appointments for pregnant women. One manager spoke about helping people to attend appointments:

> **Like we put travel plans in place with them. .... we write everything down. You have to make sure everything is fully detailed. And then they'll have the intercultural worker's number here and the number back to the hotel, that if they get in difficulty at any point in the journey that they can call back here.**

Intercultural support workers and health support workers played an important role in facilitating access to healthcare. Intercultural support workers were seen as having a crucial role in helping families to understand the health system and enabling them to access it. For children who were unaccompanied, social workers, residential care workers and foster carers played this important role.

One stakeholder pointed to the fact that many of the refugees saw the GP as the only person who could deal with their health issues — she felt that the intercultural support worker had an important role to play in ensuring that refugees could trust that other health professionals such as pharmacists and nurses could often address their needs. Intercultural support workers, especially those working in EROCs, had the benefit of building relationships with families, and therefore were perhaps likely to be trusted as providers of reliable information. One intercultural support worker pointed to the mental health difficulties that often arose and saw it as important that they *"keep a close eye on all that"*. To some extent they were assuming some aspects of the role of a social care worker, albeit without the benefit of qualifications, as is suggested by the somewhat paternalistic reference to knowing *"exactly what they need"*:

> **The likes of mental health, you know, we had families here that needed mental health [sic]. They couldn't discuss it with the interpreter — they're in and out. They need someone here all the time — to watch their mood, watch their way, and what way they teach the children. I keep a close eye on all that.... I know exactly what makes them tick. I know exactly what they need. ... And for it to work for me and for them is we need to gain each other's trust.**

When families moved out of EROCs, intercultural support workers on resettlement teams play a critical role in supporting access to health services. Resettlement support workers highlighted the significant time and financial investment required in the initial resettlement period to support families to access health professionals, health appointments and appropriate transport. While the issue of poor public transport affects the Irish population in general, it is likely to affect refugees disproportionately: they are unlikely to have their own transport, especially upon initial resettlement, and they also lack family and social ties with individuals who might be in a position to help with transport.

Access to GP care for families who were resettled in local communities was generally organised by the HSE via the local interagency working group, although at times resettlement support workers took on this role. In general, sourcing GPs was not problematic although one resettlement worker commented that in her area families were simply allocated to GPs and GPs really *"had no choice but to take on the family, which caused some issues at the beginning"*. At times, the existence of the resettlement support worker role — or, in the case of unaccompanied young people, the social worker role — acted as a type of reassurance to GPs who in some cases were reluctant to take on refugee families. One HSE representative stated:

> **...there was a reluctance at times for [GPs] to accept families because they were already at capacity or beyond capacity and they knew the complexities of these individuals coming in. .... It's to outline the parameters which they have to work with... to ensure that we introduced the resettlement workers to the GPs so there was no kind of fear there and that the GPs would be fearful that they were going to be abandoned...**

4.3.2 Responsive Health Service Provision

The HSE Social Inclusion Governance Group (SIGG) reports to the IRPP Taskforce and oversees refugee and asylum seeker healthcare in Ireland.[16] As is evident from the literature review, a mix of service models which includes both targeted and mainstream care is important in terms of meeting the needs of refugee children and young people (Raman et al., 2009). This type of model is in place in the Irish system: initial assessments are conducted by Safetynet within EROCs and thereafter, whilst the families are in the EROC, local GPs provide services or clinics. When families move to communities, they access local GP practices as is the case with the rest of the population. In situations where residents remain in the EROC for protracted periods of time, questions arise as to whether targeted services lead to isolation and exacerbate integration difficulties (Sandahl et al., 2013).

There was evidence of health services being responsive to identified needs. For example, when it was evident that there were significant oral health needs, the HSE established regular dental clinics within the EROCs, with the aim of ensuring the oral health of the refugees was brought up to the national average. In another example, a professional outlined the individualised plan that was in place to ensure that a girl and her family got the required response if an emergency arose because of her health condition:

> **We'd one girl, for example, who [had a condition that] could potentially kill her. So, because of the language barriers, etc., and the concerns everyone had, we had to contact both the ambulance service to outline the address, the family name. We had to identify where — for the hospital to be aware that if this phone number rings that this is the reaction.**

There were mixed views among participants about the helpfulness of mental health and psychological services, however there was some evidence of responsive services. One young person spoke of her positive experiences of attending a psychologist:

> **I go every Wednesday to the psychology doctor. She's really fine. I'm really fine there. ... And I find myself like so comfortable to talk to**

16. Within the Social Inclusion Office there are four other groups specially relevant to refugee healthcare. These are the HSE National Intercultural Health Governance Group, HSE Migrant Health Group, HSE EROC Group and HSE Resettlement Town Group. These groups collaborate with the IRPP Taskforce.

someone. We talk lots about school. Because when I come from school I've lots of, you know, problems in my school and things I have to deal with and I've no idea how to do it. Just I told her—I told her and she told me lots of solutions to do that.

Her experience suggests the importance of intervention that attends to present experiences rather than only focusing on the past, something which was highlighted in the literature (Mohamed and Thomas, 2017; Isakson et al., 2015).

In relation to unaccompanied children and young people, as well as accessing Child and Adolescent Mental Health Services (CAMHS), a specific mental health professional was providing a service on a voluntary basis, a service which was flexible in its approach and involved the use of creative methodologies within the therapeutic environment. It was acknowledged that demand for this service exceeded capacity and that as a result a waiting list was in place, thus suggesting that the service could only respond to the mental health needs of some of the young people but not all.

4.4 Addressing Health Needs: Barriers

4.4.1 Lack of Services and Waiting Lists

Access to health services was sometimes an issue due to a lack of available services or the existence of waiting lists. Professionals, parents and young people spoke about delays in receiving medical care because of waiting lists, with reference made to the fact that the system in Ireland differed to Syria in this regard. Participants referred to waiting lists for appointments to see consultants, to obtain scans and to have surgery. Long waiting lists can have a particularly detrimental impact on refugee children. For example, one professional highlighted the situation of a child with chronic tonsillitis who had missed a lot of school. This professional felt that the delay in receiving the necessary surgery was *"not good for her... progress in the language"*.

Dental issues continued to be an issue after families were resettled in local communities.[17] Several young people talked about waiting for appointments to see a dentist. One stakeholder spoke about a dentist *"going beyond the call of duty"* to ensure a child who was in a lot of pain received immediate dental care rather than being subjected to waiting lists.

Stakeholders were of the view that it was difficult to get access to appropriate mental health supports for refugee children, given their different and sometimes additional needs. As one educational professional noted:

> **It's access to things like [child and adult mental health services].... That's a massive struggle for any child. And so, for these children who might have additional needs on top of that, that's an added burden because the expertise in helping them to deal with this isn't necessarily there ... And certainly on the interagency groups that I sat on everyone around the table shared that concern.**

Some stakeholders identified the need to upskill mainstream staff to meet the needs of refugee children. Indeed, the recently published Second Intercultural Health Strategy (HSE, 2018) refers to the need to provide intercultural awareness training to all relevant staff. One participant working with unaccompanied minors noted that when the team for separated children was within the HSE rather than Tusla it had access to a *"dedicated psychologist"* for the young people. However, when the team transferred to Tusla this service was lost as the psychologist remained with the HSE.[18] This participant pointed to the years of accumulated knowledge and experience that had been lost because of this psychologist no longer being available, thus suggesting the need not only for training and upskilling but also for existing knowledge to be valued, retained and harnessed as much as possible[19]

17. It is possible that the issues regarding dental care which were encountered by the resettlement workers at the time of the fieldwork are, at the time of writing, no longer as pertinent: when EROCs were first established dental appointments were not always provided, therefore some people were being resettled having not availed of dental care, whereas many new arrivals now get access to dental assessments as a matter of course during their time in the EROCs. It is therefore likely that the problems with oral health being noticed by resettlement workers will lessen as more dental services are made available in EROCs into the future.

18. Ireland's Health Service Executive (the HSE) had previously held responsibility for child protection and welfare, before Tusla the Child and Family Agency was created.

19. The HSE is due to launch an intercultural awareness e-learning programme in summer 2019. Various resources are also available on the HSE Social Inclusion website within its Translation Hub. The HSE has funded a number of other programmes to support staff and service users. For example, EROC staff received training delivered by the Dublin Rape Crisis Centre on Working Sensitively with Refugees and Asylum Seekers who have experienced Sexual Violence and other trauma and they have also received training on recognising and responding to victims of domestic, sexual and gender-based violence in vulnerable or at risk communities. An initiative called 'Theatre for Positive Mental Health' was rolled out in one EROC (by the Smashing Times Theatre and Film company), again funded by the HSE.

4.4.2 Culture, Language and Gender

In keeping with the national and international literature (Lichtl et al., 2017; Faculty of Public Health Medicine, 2016; Davidson et al., 2004) language presented a significant barrier to accessing health services. Intercultural support workers often accompanied parents and children to appointments with health care providers and translated written information. However, as they did not have the capacity to do this for all of the refugees, the services of other interpreters were also required. GPs and other health professionals were able to use interpreters funded by the HSE and this facilitated communication with children and with their parents. In some instances, Arabic-speaking volunteers interpreted.

A number of issues arose regarding interpretation. Research participants suggested that there was sometimes a lack of clarity in relation to who was responsible for organising and paying for interpreters. According to resettlement support workers, some GPs did not see it as their role to book an interpreter, therefore it became the resettlement worker's responsibility. In one area, there was evidence of tension between services about the cost of interpretation:

> **And there's been a few hiccups—well, lots of hiccups—at times. And then there's been moaning and bitching that we were costing people a fortune and all of that. And we didn't care, because for the outcome that was needed that's what it cost. And it wasn't coming out of our budget. ...this is a service that is there. There's an interpreter service for the HSE.**

Professionals expressed concern about instances where interpreters were not provided in hospitals. Accessing interpreters was especially difficult when unexpected health issues arose. At times challenges arose in finding an interpreter with the right language skills: this issue particularly arose in relation to unaccompanied young people due to the languages and dialects that they spoke. One community-based professional expressed concern about refugees attending appointments when the resettlement programme had ended as hospitals would be responsible for booking interpreters instead of resettlement workers, something which the hospitals were, in her view, *"amazingly bad at doing"*. She was concerned refugees would miss their appointments, as they would not be able to read the appointment letters.

Issues were raised about the quality of translation and interpreting services, with one professional describing the quality of interpretation as *"hit and miss"*. In relation to telephone interpretation, while this could serve its purpose and some refugees might actually prefer to communicate in this way as it may preserve anonymity, it also posed limitations when dealing with trauma and psychological issues. Parent and child research participants did not raise issues about the quality of interpretation, however, professionals raised concerns about unqualified interpreters facilitating communication at medical appointments. One mental health professional opted not to use interpreters in his therapeutic work:

> **It's such an important relationship that ... especially with I suppose the issues with trust, that I think it's just much better being two-way. But also, you know, I've worked with interpreters before in languages that I know and, you know, they may embellish, they may leave something out, they may doctor it slightly, because they might disagree with what I'm saying...**

Overall, the views that were expressed about interpretation reflected the findings of recent research by the Crosscare Information and Advocacy Service (2018) which highlighted that quality, privacy, confidentiality and professionalism of interpreters cannot be guaranteed due to the industry being unregulated in Ireland.[20]

Issues of culture and gender in accessing healthcare did not arise too frequently in interviews. One health professional noted they had envisaged that culture would be a challenge but that in fact *"we overegged some of the issues"*. Reflecting the findings of Daly's (2018) research in relation to Somali refugees in Arklow, a resettlement support worker and intercultural support worker expressed concerns about the gender of doctors, highlighting that female refugees sometimes had a preference for a female doctor but often the only doctors available were male. Stakeholders played a key role in advocating on behalf of residents to ensure a female doctor was made available when requested. In one EROC, management considered it the doctor's responsibility to decide if the interpreter (who was organised by the EROC) was not appropriate and as a result a Tusla worker had to advocate to obtain a female interpreter. This issue was relevant to intercultural support workers too who were often male but attending medical appointments with female patients.

20. The HSE has established a Working Group to develop a model for the implementation of trained interpreters in the Irish healthcare system. The recent report of this working group (MacFarlane, 2018) identifies a series of actions to address the barriers that exist in relation to "the routine use of trained interpreters in the Irish healthcare setting" (p.6). The actions for 2018 focused on awareness raising, policy levers and knowledge gaps.

4.4.3 Reluctance to Attend Psychology Services

While it was evident that many of the children and parents experienced emotional and mental health difficulties, stakeholders referred to the reluctance of refugees to attend mental health services, such as counsellors or psychologists. One community-based stakeholder stated:

> **And, you know, we've tried to talk people into going to see therapists, but we just haven't succeeded really. It's just a kind of a cultural resistance there.**

It was common for stakeholders to view low levels of engagement with psychological services as a cultural issue. Yet the research suggested this analysis may be overly simplistic and that other factors are at play. Many Irish people are also reluctant to attend psychologists or other counselling services, partly due to the stigma associated with mental health difficulties. Such stigma is relevant to the Syrian population also (Hassan et al., 2016). One stakeholder from the Middle East stated:

> **Some families they think it's shameful or if we go to psychologist that mean we are crazy.... So I know some families, even they have their children they have difficulties; they hide this, but trying to protect their children because they're afraid from how people look to their children.**

One stakeholder referred to the need for people *"to be ready"*, suggesting that on occasion offers of support were ill-timed. The literature notes during initial stages of resettlement families are preoccupied with adjusting to the new environment. These challenges may mean that seeking psychological help is not prioritised and recovery from war-related trauma is adversely affected (Miller et al., 2002). As such, mental health supports need to be holistic, taking into account current circumstances (including stressors, resilience and support structures) as well as past experiences. In addition, experiences which refugees may have had before they left their country of origin or in transit to Ireland may have eroded their trust in professionals. This can make establishing trusting relationships in a post-migration context very challenging. A professional working with unaccompanied children and young people highlighted distrust as a reason for reluctance to attend counselling. Others may be too fearful about talking about the horrors that they have witnessed and experienced.

One father spoke of how he had been arrested several times in Syria due to his activism. In Ireland, he had been told about the option of talking to a psychologist but hadn't attended, saying that maybe he was *"afraid"* to do so:

> **I don't sleep. Like every day I sleep two to three hours only. It's like horror for me. Sometimes ... when I walk on the street I see a Garda, ... it makes me feel—worried, afraid. One time when I came here I saw a Garda and I hid ... So [the resettlement worker] ... talked to me about [going to a psychologist], but maybe it's my problem I didn't go. Or maybe I'm afraid to talk to a psychologist.**

Lack of attendance might also be as a result of negative past experiences of such services. Several participants referred to this, including one mother who felt that attending a psychologist had not benefited her in any practical way. Similarly, a young person talked about how his younger brothers had attended a psychologist in Ireland but that this had only served to make matters worse:

> **They started to asking us about everything and about what happened to us in Lebanon and that started to remind us of everything that they had been through even when they had forgotten about it. This started to remind them of it, and ... [it] made the situation worse and the same applies to my mother as well.**

4.4.4 Lack of Information and Knowledge

Like refugees elsewhere (Sandahl et al., 2013), as newcomers to Ireland, parents, children and young people in this study did not have much knowledge about what health services existed, what their entitlements were and how services could be accessed. This points to the crucial role played by service providers – EROC staff initially and then resettlement support workers – in informing and empowering families in this regard. Even when families knew what service they needed, they often did not know how to access it. A resettlement support worker gave the example of families not realising they needed to call a doctor's surgery as soon as it opened in order to secure an appointment. A lack of basic information related to health sometimes caused families unnecessary stress and anxiety, with parents worrying, perhaps unduly, about their children. In one focus group with parents who were resettled in a local community, participants talked about being unsure whether it was safe to drink tap water. They were concerned about the health implications if their children were to drink the water but were experiencing considerable stress about the cost of having to purchase it. Neighbours and professionals had provided them with contradictory messages about whether or not the water was safe to drink:

> **Well, we want to know if it's healthy to drink tap water or not. Because now, in the short-term, we can't see anything, but in the long term that affects our kidneys. Maybe for us it's okay but our child is very different.**

4.5 Child Welfare and Protection

4.5.1 Safety and Supervision

Although some participants felt unsure about children's safety in Ireland because they spent most of their time in the EROC, the majority of parents and children expressed the view that Ireland was a safe place for children. This was perhaps unsurprising given that most had fled from Syria and had lived in precarious situations since their departure. Parents reported feeling welcome and safe in Ireland, which they often contrasted with their experiences in Greece or Lebanon where they did not feel the same sense of safety. One young person stated:

> **When I came here, they told me about my future here. You can study ... it's safe place here, Ireland is a safe place, no war. No problems here, no troubles, so I can complete my education. It's good for any person to know that.**

While parents and children considered Ireland to be a safe place for children, concerns were raised by some stakeholders about children being at risk due to child welfare and protection concerns. The concerns most frequently expressed by stakeholders, particularly those working in EROCs, related to perceived inadequate supervision of children by their parents. Examples were given of children being allowed to play downstairs or in the grounds of the EROC while their parents remained upstairs in their rooms or elsewhere in the EROC. While usually these were discussed in general terms, several more specific examples were also provided: an unattended child falling from a height, a young child cycling across the road while his mother was speaking to a volunteer, and a young child running out the front door when he had been left in the care of his older sibling. EROC staff expressed various concerns including: older children not given the freedom to be children because they were left responsible for younger children; children not being 'adult-aware' and trusting any adult who was nice to them and; children needing more attention from their parents.

At times, staff put their observations in the context of the previous experiences of the parents, referring to the fact that parents were struggling because of trauma, for example. Staff did not refer to the challenges of parenting within EROCs nor to the impact of the EROC environment on children. On a number of occasions observations about supervision of children were verbalised in very generalised ways, with parenting by Irish people being portrayed as better than that of the Syrian parents. One EROC staff member described the Syrian parents as *"lax"* and expressed the view that some of their parenting practices were akin to those of 1970s Ireland but would not occur in Ireland now:

> **Like it's frightening to think that they actually think that a six or an eight-year-old is able to leave themselves into their house after school. That was one of the questions we asked them—would you think it's appropriate? And okay, it was probably done in the 1970s here in Ireland but you wouldn't hear tell of it now.**

While an awareness of child welfare and protection obligations is crucially important, such views raise concerns about the capacity of staff to be able to respond to individual situations, rather than viewing parents in such a generalised way.

There was evidence that EROC staff had overly high expectations as regards supervision. One Tusla professional gave the example of a referral that was made concerning lack of supervision because an older child was sleeping in the hotel room alone while the parents were downstairs. This same professional also spoke about staff expecting parents to supervise their children while they played in the EROC grounds stating:

> **It's part of educating the EROC staff that this is their home and you wouldn't really be supervising a five-year-old all the time. ... They would be playing with their friends just outside, or they can be downstairs.**

It is interesting to note, though, that one Tusla stakeholder who had a lot of contact with one particular EROC expressed surprise at the low number of referrals made by the EROC to Tusla. This contrasts with the perception of other stakeholders that unnecessary referrals are being made.

The IRPP representative interviewed was very conscious of the *"delicate balance"* involved in negotiating child welfare and protection issues, particularly when the EROC was the home of the families, and highlighted the need to ensure that staff do not see it as their role to *"interfere in family life"* or view themselves as *"supervising parents"*. Despite this, the research suggested the involvement of EROC staff went beyond their responsibilities under Children First[21] and, arguably, involved an infringement of a family's right to privacy. Two young people, one

21. Tusla's website explains Children First as follows: "The term "Children First" was originally used in relation to Children First: National Guidelines for the Protection and Welfare of Children, first published in 1999 and reviewed and updated on a number of occasions since then, most recently in 2017. Since the enactment of the Children First Act 2015, the term is now a generic term used to encompass the guidance, the legislation and the implementation of both. Children First relates to the recognition of child abuse and neglect, the reporting of same to Tusla - the Child and Family Agency, and the best practice which organisations should adhere to to keep children safe while availing of their services."

who was in an EROC and one who had moved out of the same EROC, referred to the fact that staff would not allow them to stay up late. They would tell the young people *"it's time to go to sleep"*. In another EROC, a staff member talked about correcting a parent if a child was eating biscuits before a mealtime:

> **Like we'd often correct a parent if we saw the children just before a mealtime coming out with six chocolate biscuits, you know, because obviously they're not going to eat then.**

Parents were warned of the consequences of not parenting in a particular way by staff. One EROC employee noted staff in the EROC would warn parents about supervising children and the consequences of not doing so:

> **We tell them that when you go to your homes … you can't leave your child out in the street [when] you're inside. Eventually you'll be deported, and those kids will be taken off you. You must keep an eye on your kids. Anything could happen to a child. It could be abduction, it could be anything… So you need to keep an eye. You need [to] be with your children all the time.**

A Tusla professional who had contact with a different EROC expressed concern about the paternalistic attitude of staff towards parents. She said parents felt they were being *"threatened with reports to social services"* or *"when reports are made they do not understand"*.

Parents who participated in the research expressed dissatisfaction with the expectations placed on them. In interviews they suggested they struggled to provide the level of supervision they were told was required. This had the potential to undermine and disempower them. In addition, they felt supervising their children in these ways impacted negatively on children as it meant children had to wait for parents to be available to supervise them in order to play and when they were playing the children *"do not feel relaxed"* or are *"anxious"*. One parent described her experience of living in an EROC in this way:

> **And the rules are strict. I mean, they say you have to wake up at this time, you know, and kids cannot play by their own, we have to supervise them when they are playing. And so when we supervise them they do not feel relaxed playing. So, I mean, when kids play they have to wait for us to get the time to take them and supervise them when they play. We will not allow them to play alone.**

Stakeholders working with families after resettlement in the community raised supervision as an issue but it was not as strong a theme as it was for those working in EROCs. One stakeholder talked about an event organised after the families arrived noting children were *"running amok"* with *"no one minding them"*. The stakeholder felt there was an expectation on the part of parents that because an event was being hosted the organisers would supervise the children. This was referred to this as *"a learning curve"* with the stakeholder remarking after a year it was no longer an issue. Resettlement support workers also referenced other child welfare and protection issues, including a case of domestic violence and a case where a child presented with physical injuries. Concern was also raised about parental mental health and its impact on children.

There was evidence of a very different attitude in relation to child welfare and protection among stakeholders with qualifications and expertise in this area - i.e. youth work, social care and social work — compared to those without. For example, a community stakeholder with a social care background spoke about the child welfare and protection issues in a nuanced way and saw the need to have dialogue about the issues involved:

> **We find that some of the Syrian parents would still smack their kids. And just to let them know the rules around this in Ireland, just to be aware of it. Now, there have been a few child protection concerns that we are working with Tusla on, but again it just depends. It varies from family to family massively but I think those Tusla info sessions are—and this is part of kind of a bigger information session schedule that we do, but those have been useful and just a chance for them to ask questions in a kind of safe environment …**

Statistics regarding referrals to Tusla made in relation to accompanied asylum seeking or refugee children are extremely limited. The only relevant statistics available in relation to 2018 concern the number of mandated reports made by managers of accommodation centres for asylum seekers, including both EROCs and Direct Provision centres: between 5 December 2017 and the end of September 2018, 19 mandated reports were made by EROC and Direct Provision centre managers[22] There is no data available regarding whether families resettled in communities are in receipt of services from Tusla.

Overall, the concerns about supervision of children and the manner in which these were dealt with by staff primarily highlight the unsuitability of this type of environment for family life, especially if used for more than an initial short reception period. The issues raised also point to the huge expectations placed on staff members who do not have the professional qualifications to appropriately respond to the complex issues with which they are faced.

22. This statistic was provided to the authors by Tusla on 3 December 2018.

4.5.2 Supporting and Informing Refugee Families

It was evident from the research that families face a plethora of challenges related to their previous experiences and their ongoing situation. In addition, participants in this study raised legitimate child welfare and protection concerns. Combined, these highlight the importance of creating spaces where appropriate information and support is available. RIA previously had a Tusla-seconded social worker with a child protection background employed in its Child and Family Unit. The remit of the Unit includes acting as a conduit between RIA and Tusla, organising child protection training, liaising with EROC and direct provision managers in relation to child protection and welfare issues, offering support to families and building parenting capacity (RIA, 2018). At the time of writing this post was vacant, having been so since November 2018.

Initial orientation sessions provided information on the laws in Ireland around children and child-rearing as well as information about the services provided by Tusla. A Tusla worker involved in this initial orientation highlighted the importance of ensuring the correct tone was set at the outset as often the parents felt pre-judged. For this Tusla worker it involved *"a lot of reassurance that no one is judging or questioning whether they love their children or they care for them"*. Stakeholders highlighted the importance of considering the impact of information, noting families became less sure about their own parenting as a result of the information provided. Several professionals spoke about parents not knowing how to punish their children when they could not use physical chastisement, something that aligns with the literature (Losoncz, 2016). One educational stakeholder noted parents asked him *"how do you discipline your children if you can't hit them?"* Another professional referred to parents' concerns about balancing children's rights with their desire to raise their children in a way that reflected their culture and values. This same professional referred to parents' concerns that they would be perceived to be neglecting their children if they didn't give them antibiotics, something with which they struggled when they felt that antibiotics had been more easily accessible in Syria than in Ireland.

> **It was evident from the research that families face a plethora of challenges related to their previous experiences and their ongoing situation.**

It was evident parents were grappling with a range of issues with which parents and child protection professionals frequently struggle. The complexity of these issues, even for experienced professionals, highlights the importance of ensuring that appropriately trained and qualified professionals are employed. Interventions (including the provision of information) should be conducted in a way which values parents' knowledge and their experiences of parenting their own children. Interventions should acknowledge the challenges posed by parenting in a new context and within the EROC environment, and which recognises that for many of these families the child protection and welfare system is likely to be completely new, even *"alien"*, as argued by one stakeholder. Without this, parents are likely to lose confidence and are less likely to seek support when needed. This means that low-level child welfare and protection issues are more likely to escalate. This is especially important given increasing concerns internationally that refugee families are a high risk of mandated interventions from child protection authorities (Losoncz, 2016; Ramsay, 2017; HIQA, 2015). As one stakeholder noted:

> **And it's just about being reasonable about referrals to the social work department. It's working with parents so that they do trust the system, and when somebody's called in to speak to them it is something that is really serious and putting a child at risk…**

One Tusla team operated a system whereby a specific social worker undertook preventative and supportive outreach in the EROC. This included initial information sessions about child welfare and protection followed by ongoing clinics that focused on family support, responding to queries, advocacy and signposting to other services. Other Tusla social workers on the team were responsible for any child welfare or protection referrals in relation to the families in the EROC. This separation of roles allowed the social worker running the clinics to maintain positive supportive relationships with the parents and children in the EROC even when child welfare or protection referrals needed to be made. While no statistics were available regarding referrals, the Tusla worker stated that the referrals were mainly child welfare related rather than meeting the threshold for a child protection intervention.

Resettlement support workers play a crucial role in providing support and information as they have regular contact with families and were

in a position to develop trusting relationships with them over time. They played an important role in being able to inform families about services that might be able to assist them. A number of parents interviewed in one area mentioned a family resource centre which they considered available should they need support. In another area the five parents who participated were unable to identify a service that they could attend for support, but one parent indicated that they would contact the Gardaí or use the internet if they were worried about the safety of their children. Other parents also mentioned the Gardaí as points of contact if they had concerns about safety.

The importance of effective interagency work is widely acknowledged in the field of child protection. Several stakeholders emphasised the value of having Tusla involved in the interagency groups as it allowed them to get advice about concerns and obligations to report.

It is likely that, with appropriate training, intercultural support workers could play a key role in working alongside social workers both in providing information and support and in dealing with concerns regarding child protection and welfare. Using interpreters who lack interpretation and child welfare qualifications, when dealing with child welfare issues is problematic (Sawrikar, 2015). The manner in which language is used is particularly important in communicating in these contexts. This was alluded to by an intercultural support worker in relation to how they talk to families about the supervision of their children:

> **[In Arabic] it sounds completely different from the English way. … When I say it in Arabic to them they feel it comes from the heart… it's like they know I mean it. Like you must—it's important. This is for your child, you know. The language makes it different. Speaking their language makes an awful lot of difference than yourself saying it to them.**

4.5.3 Safeguarding of Unaccompanied Children and Young People

The child welfare and protection issues related to unaccompanied children and young people were very different from accompanied children, given that they were in the care system. In contrast to accompanied children who were sometimes perceived by stakeholders not to be aware of the dangers that adults could pose to them, one professional described some unaccompanied children and young people as:

> **They were very savvy. They had walked across Europe, they had made their journeys, and they had to … apply every hustle they learned to get their needs met.**

One of the ways in which being *"savvy"* manifested itself was that many of the young people found it difficult to trust people working with them, in line with the literature (Ní Raghallaigh, 2014). Despite this acknowledgment of *'savviness'*, Tusla's child protection obligations often meant that the young people themselves could not be the judges of who to trust and not to trust: child protection concerns took precedence, with regulations being adhered to and staff constantly making judgements about safety and protection in relation to the everyday lives of the young people. For example, the *National Standards for Children's Residential Centres* require the centre to be "child centred and homely, and the environment promotes the safety and wellbeing of each child" (HIQA, 2018:36). Each child having his or her own bedroom is identified as one of the likely features of a children's residential home that meets this standard. However, this differs to what the unaccompanied young people were used to, with interviewees noting that in their countries of origin, during their journeys to Europe and while living in Calais and Greece, sharing of sleeping spaces and *"living as family units"* had been the norm. One social worker explained that even when the Calais camp was dismantled and young people were moved to other accommodation in France, they often opted to sleep four or five to a room, even though they were provided with rooms for two. When they moved to Ireland, sharing of bedrooms was not possible, in this social worker's view:

> **A lot of them had a hard time sleeping at night alone. They were not used to sleeping alone and they didn't like it at all. And, you know, in Ireland we don't let children sleep in other children's bedrooms because we've got issues around child protection. … So this very natural … culturally-appropriate sharing of space we couldn't meet that need because we're really careful about making sure nobody gets abused in their children's residential homes—for many reasons.**

It is important to note here that when one compares the new *National Standards for Children's Residential Centres* (HIQA, 2018) with the previous *National Standards* (Department of Health and Children, 2001), the new Standards appear to be less absolute as regards a young person having their own room, with this listed as a "likely feature" rather than a "criteria". This raises the possibility that there may be some flexibility around sharing of rooms, when considered safe and when in keeping with a young person's wishes.

Child protection and welfare also took precedence as regards the interactions of unaccompanied minors with other people. For example, some young people were anxious to get part-time jobs so that they could send money home. However, residential staff or social workers felt it was necessary to *"check out"* the places where they were working to ensure the safety of the young people. The same applied in relation to members of young people's religious communities who were offering to give them a lift home. One professional stated:

> ***Y*eah, somebody, like, you know, just innocently just 'I'll give you a lift home after church to the residential unit'. I would be like 'no! Who is this person?'.**

All of these challenges are similar to those that arise for the general population of young people who are in care. However, there were differences too. Many of the young people had been living relatively independently for a considerable length of time prior to coming to Ireland. Adjusting to a child protection system, with all the restrictions that it involved, could therefore be particularly challenging. One professional referred to the fact that they *"had that independence for so long"* and then came *"to a very regimented residential care home where you have to have curfews"*.

Another challenge that emerged in relation to unaccompanied children and young people was the requirement under mandatory reporting to report historic abuse that had occurred on route to Ireland. One professional expressed frustration about this and the time that it took, time which he felt could be spent supporting the young people in relation to their present circumstances instead:

> **You can say the majority of the people we're dealing with on their journey faced abuse, be that sexual, physical or whatever. And we're obliged to report that but where does this information go? I mean, who goes back to Libya and looks for a person that may have raped one of the young people … on their journey? What purpose does it serve for them to report that to the Irish system?**

4.6 Summary of Key Points

This summary section considers the transformational goals of the BOBF framework, in relation to the health and welfare needs of children and families.

A focus on earlier intervention as regards health was evident through the provision of medical screening upon arrival, the establishment of a dental clinic in one EROC, and establishing systems to respond to the specific needs of individual children, all of which are likely to improve health outcomes. However, gaps in appropriate mental health services and a lack of qualified and experienced interpreters meant that significant barriers also existed, impinging on quality service provision.

To support parents to parent "confidently and positively" (DCYA, 2014: 7) as envisaged by BOBF, and to ensure quality services, people on the frontline of service provision must be equipped with sufficient knowledge and skills to perform their duties. Supportive earlier intervention and prevention is key in order to prevent child welfare and protection crises emerging later on, but again it must be provided in an evidence-informed and outcomes-focused manner, by people with the requisite skills. Considered, supportive and professional responses that are strengths-based and that empower rather than undermine families are needed. In addition, collaborative, interagency responses are often required, and in this regard it was evident that the interagency model was considered beneficial particularly in planning responses to child welfare and protection concerns.

5

Education and Learning

5.1 Introduction

'Learning and achieving from birth' is a key outcome under *Better Outcomes, Brighter Futures*. This outcome has four key aims: that all children/young people are learning and developing from birth; have social and emotional well-being; are engaged in learning; and are achieving in education. This section begins by examining general issues raised by participants in relation to the education of children and young people admitted under the IRPP. Each level of the education system is examined in turn. The focus is on early years; primary; post-primary and second-chance education, but there is also a brief discussion of the transition to further/higher education.

5.2 General Issues

5.2.1 Access to Education for Refugee Children and Young People

The model of educational provision for child refugees who arrive in Ireland under the IRPP with their families and those who arrive as unaccompanied minors under the IRPP or the CSP is broadly similar: a reception/transition programme of education followed by transfer to mainstream provision. For those who arrive unaccompanied there is a long-standing programme (Migrant Access Programme (MAP)) in Dublin administered by a dedicated Youth and Education Service for migrants and refugees (YES) within the City of Dublin Education and Training Board (CDETB). The education provided to accompanied children during the period living in EROCs can be described as reception/transition education, although there is variation in the form it takes.

Three out of the four EROCs in operation at the time of the study provided on-site services for pre-school children. In three out of the four EROCs there was an on-site school for primary-aged children resident within the EROC (administered by ETBs), while children residing in the fourth EROC attended mainstream primary schools. Post-primary pupils generally attended mainstream school, with the exception of residents of one EROC who received on-site provision administered by the local ETB. Educational coordinators employed by ETBs oversee on-site schools in EROCs. On-site EROC schools do not have formal recognition and are therefore not subject to Department of Education and Skills inspections, but arrangements are in train to include such schools under the remit of the Inspectorate (DES, n.d). Tusla Educational Welfare Services, working in conjunction with an official from the Department of Education seconded to the Reception and Integration Agency (RIA), provide support in accessing school places in the local community for children and young people in the EROC. Accessing local schools can prove challenging for children and young people who arrive late in the school year.

Following resettlement most children and young people transfer to mainstream educational services; placements are arranged via the county-level interagency task-force (generally by Educational Welfare Officers). Again, timing of resettlement can impact access to education: stakeholders recounted incidences of families who were resettled in the community at a point late in the academic year (e.g. during the spring months) when some local early years services and schools were reluctant to enrol pupils or had allocated all of their places for the year.

5.2.2 Assessing Educational Needs

The educational needs of children and young people admitted under the IRPP/CSP are diverse. Some have had a relatively brief interruption to their education, while others have had little formal education and lack literacy skills in any language. Proficiency in English, the dominant language of instruction in most Irish schools, varies significantly. An English as Additional Language (EAL) teacher who participated in the study, drawing on the work of educational theorist Jim Cummings, noted that refugee children/young people may have acquired what are known as Basic Interpersonal Communicative Skills (BICS). They may present as competent English language speakers in social situations, but may lack the requisite proficiency (Cognitive Academic Language Proficiency (CALP)) to participate in the English-speaking classroom.

Another education stakeholder noted that large gaps in education can result in missed opportunities to acquire key *"learning to learn"* skills. The older the child or young person, the wider the gap compared to their peers. As an educator with long experience of working with migrant children noted:

> **"...people just assume that young people, teenagers, would already have [those skills] ...—like, for example, copying something off the board; that they would know how to copy things, how to organise their classwork, you know, that they need to number things. ... They're small things but they end up being quite important because they can lead to frustration on the part of the young person or on the side of the teacher sometimes".**

Given the generally limited availability of information on the previous educational experiences of young refugees the period of reception/transition education is important for gathering data on individual abilities and needs. When unaccompanied young people first begin the Migrant Access Programme, an English language assessment is carried out, as well as assessment of basic educational competencies. When these young people transition to mainstream provision, the accompanying report is based mainly on qualitative assessments on their strengths and weaknesses and the types of supports which would be beneficial. Also included is information on English language proficiency based on the Common European Language Framework. Work is ongoing in this service to develop assessment protocols with an appropriate balance of quantitative and qualitative information.

A comprehensive assessment of children and young people's abilities is essential to effectively support their transition into a new educational system and identify appropriate supports. According to an EROC educational coordinator, initial assessment of educational needs and ability in EROC schools is based upon teachers' informal judgements: limited information is available on educational history although the EROC coordinator noted that *"we kind of find it out off the parents in time"*. Variation in the quality of the reports received from different EROC schools on children/young people transferring to mainstream schools post-resettlement was raised by participants in the study. One school principal was highly critical of the scant information provided in educational reports received,[23] while another had not received any reports at all from the relevant on-site EROC school. The Department of Education and Skills has committed to standardise recording and reporting across EROC schools through the use of the DES/NEPS *"Student Support File"*. Commencing with primary schools in June 2019 and extending to post-primary schools from September 2019, NEPS will provide training and support to staff in EROCs and local receiving schools in relation to identifying needs and supporting refugee children. In addition, the Department of Education and Skills has indicated that from September 2019 each EROC will have an assigned NEPS psychologist who will work with the staff to build teacher capacity, assist teachers in identifying and responding to needs and engage in individual casework where indicated.

Education professionals in mainstream schools in resettlement counties who participated in the study referred to the challenges associated with assessing the needs

23. It was not clear if these reports had been received from on-site EROC schools or local schools attended by young EROC residents.

of refugee children. A secondary school principal noted that refugee pupils arriving late in the school year could miss the opportunity to undergo standardised testing. Others expressed concerns that standardised tests designed for English-speaking students were not appropriate for assessing the abilities and needs of young refugees/migrants, a point previously raised in Irish literature (Gardiner-Hyland and Burke, 2018). The Department of Education and Skills provides *"assessment kits"* for English language proficiency, but interviews with participants suggest schools require more support in assessing the *academic* level of those whose first language is not English. An EAL teacher who participated in the research reported accessing non-verbal academic proficiency tests through a UK-based educational website – ideally schools would have ready access to suitable high-quality evidence-based tools for assessing language and academic ability in both English and mother tongue that link to the Irish curriculum and education system.

Stakeholders noted that failure to assess academic abilities and needs separately from language proficiency could result in a lack of timely supports. One professional recounted the experience within a primary school which had enrolled children admitted under the IRPP:

> **… in the early days, you know, it was very hard to know what difficulties were just purely down to language and language barrier. …. as time went on we realised, you know, with one child that there was definitely more than just a language barrier. He wasn't progressing at the rate that we would have expected. So then we started to query about getting an educational assessment for him.**

The delay in recognising the need for formal educational assessments (which in the case referred to above was over a year after the child concerned had been enrolled) can be compounded by issues in accessing assessments by educational psychologists.[24] Participants reported that in certain cases payment for private educational assessments for refugee young people who had been resettled in communities was provided out of the county resettlement programme budget. If a need is identified by a school when the resettlement support programme has ended this option is no longer available to children and young people.

A stakeholder with particular expertise in education for refugee children and young people had concerns that failure to assess academic and English language proficiencies separately would lead to young people being steered towards a lower academic track than was appropriate:

> **…the young people go into the school and they're actually quite academically able and they're well-educated but their language level is still quite low, and sometimes they might be placed in a class—for example, they might be directed towards Leaving Cert Applied rather than traditional Leaving Cert even though they are actually academically able. And with the two years or three years that they have before Leaving Cert they would actually probably come out with, you know, a good Leaving Cert. But language level and academic ability are sometimes seen as the same, whereas they're quite often not connected.**

Ensuring young refugees reach their academic potential requires not just appropriate assessment tools but also appropriate resources to meet identified language and learning needs. One participant noted that data from assessment is only useful to the extent to which educational services are equipped to interpret and act upon this information.

5.2.3 Language and Learning Supports in Schools

Reflecting findings from studies elsewhere (e.g. Hek, 2005) parents, young people and professionals who participated in this study identified language as the biggest educational issue. The majority were referring to the need to support English language acquisition, but participants also raised the need to improve supports for first language. The *National Strategy to Improve Literacy and Numeracy Among Children and Young People 2011–2020* points to the "welcome diversity" brought by migrant children and "the potential to raise language awareness throughout the school" (DES, 2011: 66), however the absence in the Irish system of actual supports for first language such as *"mother tongue classroom assistants"* was raised by a participant with expertise in education of migrants. The level of linguistic and cultural diversity among the Irish population was noted by this participant as a challenge, but not an insurmountable barrier to provision of mother-tongue support within the school system:

> **We don't have a large, you know, Turkish population like traditionally Germany did, or a large Pakistani/Bangladeshi community like in the UK. It's so diverse in Ireland. But that doesn't mean that you can't work with that and you can't value first language and you can't support first language and build on that to support second language and English language development.**

In at least one resettlement county Arabic classes for young Syrian refugees have been set up by volunteers (outside of school hours) and have proved very popular.[25] Mother tongue instruction was identified as a need by parents resettled in the community:

> **…they should provide one or two hours per week to teach them their mother tongue.**

While young people did not raise the issue of instruction in Arabic, having access to age-appropriate reading material in Arabic was raised as an issue by one young participant:

> **I like to read books but the [school] library doesn't have any Arabic books. The town library has Arabic books but only for small children.**

There is no provision under the IRPP to give additional resources to schools and educational services in which IRPP children/young people are enrolled: needs are to be met through mainstream schemes and programmes. The Department of Education and Skills provides resources to primary and post-primary schools for supports for additional needs including EAL pupils and pupils with learning support needs. English language supports were significantly reduced as a result of cutbacks in educational spending in the aftermath of the 2008 financial crisis (Devine, 2013). Although measures were put in place in 2012/13 around allocation of EAL teaching posts, many schools in Ireland do not have a dedicated EAL teacher. The *National Strategy to Improve Literacy and Numeracy Among Children and Young People 2011-2020* (DES, 2011) notes that while EAL teachers are important, allocating a greater proportion of funds for EAL support to train *all* teachers to work with EAL pupils represents a more efficient use of resources.

It is important that teachers in mainstream classrooms are equipped to support EAL pupils, however this should not be at the expense of dedicated EAL provision. An EAL teacher emphasised the central role of the class teacher in supporting refugee pupils but noted that in a classroom with more than 30 students (as was the case in a number of classes in this teacher's primary school) teachers could not provide individualised support. This EAL teacher was based in a school designated as eligible for increased resources under the Delivering Equality of Opportunity in Schools (DEIS) programme. A number of stakeholders who participated in the study suggested that DEIS schools were usually better placed to meet the needs of refugee children/young people. There are different categories of DEIS school: while all DEIS schools receive additional funding and supports, schools categorised as 'Band 1' have provision for reduced teacher-pupil ratios at primary level only. DEIS schools other than Band 1 may have a high proportion of pupils with complex needs *and* large class sizes making it difficult for teachers to provide EAL support in the mainstream classroom. For this reason, the EAL teacher interviewed for this study argued that the support provided through her role was vital:

> **… the classroom teacher is ultimately responsible for the [32] children in her class. …And the class teacher not only has to worry about that but she has to — have those 32 got books? Have they got this? Have they got that? Have they got lunches? Have they a coat. … And that would be why I would be sourcing books and trying to take over homework of some of the children just to ease the burden on the teachers as well, you know.**

Over the last couple of years significant changes have been made to the allocation of resources to schools for pupils with additional needs. Prior to 2017/18 schools were allocated resources (mainly additional teaching hours/posts) on an annual basis based on the number of pupils with identified needs under the General Allocation Model and English as Additional Language Support (GAM/EAL) scheme. Participants in our study informed us that difficulties arose when due to the timing of resettlement, refugee pupils were enrolled in a school after the application date for the scheme had passed. However, under the revised allocation model – Special Education Teaching Allocation – introduced in 2017/18 schools no longer apply annually. The model includes a baseline level of support for Special Education to all schools and additional allocation based mainly on a school's educational profile. Consideration is given to individual pupils with additional needs, the school's standardised assessment scores and the social profile of the pupil population.[26]

The aim is to provide greater autonomy and consistency of funding to schools (schools decide how to balance teaching allocation for Special Education between learning support and language

24. The National Educational Psychological Service does not operate a waiting list system so statistics on waiting times are not available, however lack of capacity has led to the establishment of an interim scheme for provision of assessments (Scheme for the Commissioning of Psychological Assessments (SCPA)). The NEPS model of provision is based on a 'Continuum of Support' framework with support provided on a 'consultative, tiered' basis and psychological assessment/intervention is reserved for those with ongoing, complex needs. In effect psychologists from NEPS work directly with only a small number of cases each year 8,288 in the 2017/18 academic year. https://www.oireachtas.ie/en/debates/question/2018-11-28/136/

25. It should be noted that while participants in our study generally discussed the issue of mother tongue instruction and support with reference to Arabic, this is not the mother tongue of all Syrian refugees, in particular Syrian Kurds.

26. Circulars No. 007/2019 and 008/2019 set out arrangements for allocation of Special Education Teaching to primary and post-primary schools from September 2019.

support) but the scheme is based on the assumption that needs within schools remain fairly stable over time. Although there are mechanisms for accessing additional teaching resources for language support, there needs to be a 'high concentration' (20% of total enrolled) of EAL pupils in need of support to avail of these. In addition, calculation of EAL pupils in need of support operates on the basis that two to three years of language support is sufficient.

The allocation model thus raises two particular issues in relation to refugee children. One relates to unrealistic expectations around the speed of additional language acquisition particularly in relation to academic vocabulary and skills (see e.g. Gardiner-Hyland and Burke, 2018): two of the participants in this study with expertise in EAL teaching suggested that up to five to seven years could be required to gain academic language proficiency. The second relates to situations where significant additional resource requirements suddenly arise in schools due to the intake of pupils from a resettlement scheme. In such cases it is not clear that the revised allocation model is any more responsive than the previous model. This means that, as before, schools must try to meet the needs of resettled pupils from their existing allocated resources. One primary school principal recounted the challenges this poses for schools:

> **...when they came here obviously the allocation we'd already got in terms of supporting children with additional needs ....they weren't part of that because they came later in the year... we reallocated and juggled around timetables in order to give them priority, you know, or so that their needs could be prioritised.**

Findings from interviews with refugee parents and young people suggest that that there is quite a bit of variation in the amount of EAL support provided by schools. This was echoed in interviews with resettlement support workers, one of whom reported lack of attention to the particular needs of resettled refugees in certain schools:

> **And a lot of my school principals as well in my towns have said, oh, yeah, well, I have kids here that don't speak any English as well, like. It seems like, well, they're just another one of those kids that are kind of undeserved.**

Another resettlement support worker reported the challenges she had faced in "*chasing up with schools*" about putting on extra English classes for resettled refugees and her perception that advocacy on behalf of refugee children by resettlement support workers was not always welcomed:

> **Yeah, because they're obviously 'who's this resettlement worker coming to my door? I already have a Polish child here with no English, and then Brazilian.' You know?**

In some counties, gaps in EAL provision are addressed by EAL classes for children and young people in the evenings and/or at weekends paid for through the resettlement budget (although not strictly part of the resettlement support remit). Nonetheless, the issue of inadequate resourcing of English language supports within the education system appears to be a serious cause for concern. In addition, resources allocated to schools by the Department of Education and Skills for language and/or learning support largely relate to teaching provision. While this is of course essential there may be a need for increased resourcing of specialised learning materials. A practical recommendation made by a post-primary principal to better support refugee young people in post-primary schools (and which might benefit EAL students more generally) was for provision of subject-specific vocabulary packs to students which would provide not only simple definitions of terms in their mother tongue but also an explanation of the concepts. An EAL teacher described the need for materials to allow individuals to work independently in the mainstream classroom at times when the class was engaged in lessons beyond their comprehension level. This teacher reported spending large amounts of time preparing special books and worksheets which could be used by refugee pupils in class and also reported purchasing materials using personal funds:

> **Now, to be fair there is a central source for learning materials. It's called 'My Visa Card'. ...You just find that there are an awful lot of teachers doing that in every school around the country. You know, you just get to a stage where you just make the decision, look, if I don't buy it, we don't get it, you know. ... I pay for a huge amount out of my personal money.**

5.2.4 Supporting Educational Services to Work Effectively with Refugee Children/Young People

Children and young people admitted under the IRPP may be placed in education settings where staff have limited experience of working with those from refugee or migrant backgrounds. Stakeholders emphasised the importance of preparing education professionals in advance of the arrival of refugee children/young people and the need for ongoing support after arrival. Education professionals referred to their lack of knowledge about the experiences of refugee children/young people and uncertainty about how to prepare the existing school population for their arrival. They also expressed concerns about how best to respond to the socio-emotional needs of young refugees post-arrival.

> **... we knew nothing of where they came from, what conditions they had been under, ...it is preferable that their teachers, who have them all day every day, should have been told without breaking any confidentiality, you know, what these children have been through, what could we expect, what sort of behaviour could we expect, what sort of behaviour would we/could we be asked to maybe not turn a blind eye to—I won't say that—but to bear with for a while.**

Resettlement support workers play an important role in briefing educational services and acting as a bridge between services and families when families move to communities. A primary school principal considered this support vital to the success of the programme:

> **So the resettlement support worker... she has been fantastic. She has been our link. ....It wasn't a case of, well, here they are and we're off now. I think her role has been enormous—and it continues to be so. ... I can't speak for the family but I'm sure they have also felt that sense of support, that they weren't just kind of landed here and landed in the school ... for us as a school trying to help these children having somebody like her has made such a difference.**

A secondary school principal in a different county recounted a very different experience but also emphasised the need for ongoing support for schools:

> **Yep. They came, they dropped the children, and they ran, and when I approached them looking for support, I basically was told no, you have them, you figure it out.**

Stakeholders referred to the need for a toolkit or information pack which could support schools and other educational services. While there are resources available for schools from the National Council for Curriculum and Assessment (NCCA) such as the Toolkit for Diversity and Intercultural Education Guidelines, stakeholders expressed a need for specific guidance in welcoming and supporting young resettled refugees. The Department of Education and Skills is planning to develop an 'FAQs' type resource for schools but findings from this study suggests a more detailed resource is required.

Findings from stakeholder interviews underline the importance of information and training for education professionals around intercultural awareness.[27] For instance, a Syrian national with experience of working with refugee children in Ireland noted the potential for misunderstandings in classroom situations:

> **... these children [have] different manner, different culture. And at that time all most of them didn't have any English...sometimes they do small things but the teacher understand it as something rude...But sometimes in my culture it's not rude.**

Stakeholders also raised issues around respect for Islamic religious practices such as observance of Ramadan and the practice of hijab. One resettlement support worker recounted an incidence of a school principal making an inappropriate joke about hijab, while another detailed an incident where a school had attempted to prevent a young refugee pupil from wearing a headscarf. Incidents such as these underline the importance of diversity training for all educational professionals. More positively, one teacher reported that a school principal had moved the date of the school sports day specifically to accommodate refugee children observing Ramadan.

Stakeholders identified the need for education professionals to have training around trauma awareness. A mental health professional who works directly with refugee young people spoke of the need for schools to be sensitive to the various symptoms of trauma. For instance, she noted that many of the young people with whom she works reported falling asleep in class:

> **... you know, they start falling asleep in class and everything and they get into trouble. ... if they start falling asleep in class and get labelled as somebody that's not interested that label sticks and, you know, it could really have an impact.**

Another stakeholder noted the high cost of organising trauma training for those working with refugees. The HSE provides trauma awareness training within EROCs but not to other professionals working with refugees. In some resettlement counties resettlement teams reported that they had organised one-off trauma awareness workshops for teachers. Access to training to work effectively with refugees and migrant children should not be dependent on location: it is important that the requisite training is available in all parts of the country to ensure stakeholders can effectively support refugee children.

5.2.5 Supporting Parental Involvement in their Children's Education

Under Irish Constitutional law parents are designated as the 'primary educators' of their children and partnership with parents is an important principle of the Irish education system (Martin et al.,

27. Training and development under the Professional Development Service for Teachers (PDST) provides training in Child Protection, Relationships and Sexuality, Stay Safe (primary) and Personal Safety (post primary). PDST Leadership programmes "support leading school cultures that embrace difference and care for high risk populations". The Codes of Professional Conduct for Teachers adopted by the Teaching Council (second edition published in 2012 and updated in 2016) states that teachers should "be committed to equality and inclusion and to respecting and accommodating diversity".

2018). This is reflected in BOBF and the *Migrant Integration Strategy* includes an action that "schools will be encouraged to support migrant parents' participation in the school life of their children" (DJE, 2017: 26). In interviews and focus groups with parents a strong interest and commitment to supporting their children's education was clearly evident. Parents were keen for their children to acquire English, learn about Irish customs and culture and do well in their studies. Their particular circumstances as refugees in a foreign cultural and linguistic context created significant obstacles for parents in exercising their rights and obligations as 'primary educators' of their children, reflecting findings in the literature from other countries (Rossiter et al., 2015; Shakya et al., 2010). As noted above, parental choice in terms of the service or school their children attend is limited as placements are generally organised by professionals on their behalf. Refugee parents also lack information about the education system in Ireland. Parents in an EROC reported they had never received any communication from the secondary school their children attended:

> **...we are concerned about for the level of studying of our kids we don't know how evaluation happens, we don't know anything about the curriculum.**

Language obviously represents a major barrier for parents in obtaining information, communicating with schools and engaging with their children's education. In one focus group, parents highlighted the challenge of not being able to help with homework:

> **... And my daughter starts crying because she can't understand and she can't do her work. .... Back in our countries, like, we could help them because we were the same language, but here we can't.**

Interviews and focus groups with professionals shed light on some of the challenges in working effectively with parents in the context of language barriers and limited access to interpreters. DEIS schools have access to the services of a Home School Community Liaison (HSCL) Coordinator, however without access to interpreting support the liaison role can be challenging. A HSCL Coordinator spoke of a school relying on children to relay information to parents and of the difficulties in communicating especially around issues of a sensitive nature:

> **.... there were times when there was real frustration. ... There was one particular child for whatever reason had a much greater grasp of English than some of the others, so we would use him to talk to his parents and then his parents would communicate with some of the other parents. Obviously we couldn't have used that avenue about something sensitive, but it was okay for certain topics ...there was a child with some ...issues. ...you know, it was very hard to communicate in that situation with that family and you couldn't bring another child or another family in there to interpret ...**

The need to have an interpreter present for parent-teacher meetings, at least in the initial period after families arrive, was emphasised by two school-based education professionals. Schools do not generally have access to interpretation services but in some cases at least, limited interpreting support has been made available by the resettlement support team from the resettlement support budget. One school organised a separate parent-teacher meeting with an interpreter for newly arrived refugee families:

> **We didn't hold [parent-teacher meetings] in the first few months when every other child was having their parent-teacher meeting because we just felt, you know, parents and children neither of them had got a grasp of anything, or the teachers, you know, so we held them off for a little while. So then we had a meeting at some stage with parents and we had an interpreter for that.**

There is variation in terms of the level of support offered to schools by resettlement teams, however it appears some schools rely quite heavily on resettlement support workers to mediate communication between school and home. One school had adopted a policy whereby all texts sent to the parents of children in the IRPP in that school were also sent to the family's resettlement support worker. While this ensures that parents won't miss out on key information it raises issues around family privacy and parental autonomy, as well as adding to the workload of resettlement workers.

One resettlement support worker suggested that schools and other educational services should be provided with a list of Arabic phrases which could be used to communicate basic information to parents by phone or text (e.g. if a child was taken ill in school/crèche and needed to be collected). This resettlement worker, who described the burden of dealing with schools in the initial phase of the resettlement programme as *"a logistical nightmare"* felt that this could relieve some of the pressure on resettlement teams in liaising between services and parents. Of course, this would not obviate the need for interpreters or intercultural workers to be present at times when important or sensitive information is being conveyed. In addition, as outlined in Section 4 above, attention also needs to be paid to the quality of interpretation services that are provided.

5.2.6 Working with Other Services

The role of educational services in children's lives goes beyond supporting academic development. Meeting the complex range of needs of refugee children and young people requires interagency and interdisciplinary approaches and schools and other educational services are often represented as potential hubs for interagency activity. The need for schools to link in effectively with other services including relevant community and religious organisations was identified as a priority by an education professional working with refugee young people:

> **I think schools need to go beyond the school walls and invite and bring in and go out to other services, so be that the youth services or be that, you know, health and mental health services or whatever. And I think some schools are doing really, really good work there and they do work very closely with youth services. .... But maybe then there are other links that schools need to make in relation to their sort of refugee population, and is that either with the local mosque or the local church or place of worship that the families go to ...**

Liaising with other agencies requires time and resources which are not necessarily available within all schools. In general, the kinds of ancillary personnel such as HSCL coordinators who could potentially carry out such work are employed only in DEIS schools. While members of resettlement support teams may act as a liaison between families, schools and other agencies, their role is necessarily time-bound. The programme of transition education for unaccompanied children and young people provides another possible model for supporting interagency working. This programme formally incorporates a youth work service: youth workers deliver life skills and cultural orientation, act as a liaison to other services and maintain links with young people after they transition to mainstream educational services.

5.3 Early Years Provision

Including children who were born in Ireland, there were 105 children in the 0-4 age group living in EROCs with their families on 19 March 2018 and 162 in the 0-4 age group who had been resettled in communities with their families. Access to care and educational services for pre-school children is provided under the IRPP as parents are expected to engage with a language and orientation programme once they arrive in Ireland. Under the IRPP there is provision for 60 weeks of childcare services (set out as eight weeks in the EROC and then 52 weeks post-resettlement). This is provided through a subvention scheme – the Community Childcare Subvention Resettlement Programme – which was introduced specifically for programme refugee families. This provision is for part-time or sessional care only (there is also provision for childcare for primary-aged children during school holiday periods but not for after-school care). After 60 weeks, families can transfer to a mainstream subvention scheme.

5.3.1 Reception/Transition Early Years Services

Provision of services for young children in EROCs varies. Within two EROCs there was an on-site sessional early years facility, while in one centre children attended a local childcare provider. In the fourth EROC, a 'mini-crèche' or a drop-in childcare service was available on-site for three hours daily while parents attended English classes, but a properly resourced facility had not yet been provided when the research was conducted. Professionals in this centre identified it as a significant gap. An EROC educational coordinator who took part in the study highlighted the particular need to prepare young children from refugee backgrounds for primary school and suggested that refugee children as old as six might benefit from attending pre-school.

In interviews/focus groups with parents in EROCs they expressed satisfaction with the early years services on offer. One parent, while satisfied with the on-site facility provided, expressed some concerns about the level of supervision, noting that her children had on occasion obtained small injuries from altercations with other children. The researchers did not conduct interviews with professionals directly involved in provision of early years services in EROC centres, a limitation of the study which should be addressed in future research. A number of issues in relation to EROC early years provision were identified in a national survey related to the IRPP carried out by County Childcare Committees Ireland (CCI). Issues identified included suitable provision for infants; an appropriate childcare model; partnership with parents; the language barrier and challenging behaviour (CCI, 2018).

5.3.2 Early Years Services Post-Resettlement

Organisation of places for pre-school children resettled in the community is the responsibility of relevant professionals, such as representatives of City/County Childcare Committees, sitting on Interagency Working Groups. The aim is to place children in services which are physically accessible to families, which can be challenging. Refugee families are often settled in communities at points in the

year when places have already been allocated in services. There is also a lack of services across the country catering for children under one year. Shortage of places, particularly in smaller towns, can make it difficult to source childcare places which suit parental needs around language and orientation classes and which are close to their homes. These issues were identified by participants in this research and have also been highlighted in the Childcare Committees Ireland (CCI) report (CCI, 2018).

An issue highlighted by participants in this study and in the CCI report is a lack of public transport infrastructure in many areas. One parent in this study reported that she had a 45-minute walk to get to her child's crèche. Transport was unaffordable for this family. In some cases parents are not able to arrive on time to their English classes and/or are late to collect their children. This was reported to be a source of tension between parents and some childcare providers by an early years stakeholder (Manager of a County Childcare Committee) who participated in the study. This participant noted some parents were unclear regarding their precise entitlements under the subvention scheme and assumed that they were entitled to a set number of hours regardless of the time at which children were dropped off, posing challenges where services were offered within specifically designated sessions (for example between 9.30 and 12.30) and not outside of those time periods.

The early years stakeholder recommended improving access to childcare services by extending funding under the Community Childcare Subvention Resettlement Scheme to include childminders in the services available under the scheme. However, only childminders registered with Tusla, the Child and Family Agency can receive public funding and the vast majority of childminders remain unregistered. An action plan for regulation of the childminding sector is due to be published in 2019. Having access to quality and regulated childminding services could be beneficial to parents of children under one for whom there are few places in community or private childcare services.

Beyond the issue of access, it is essential that the early years services attended by refugee children are adequately equipped to meet their particular needs, which according to the early years stakeholder entailed promoting wellbeing, health, language, and cultural identity and having awareness of the traumatic experiences endured by at least some of the children. This participant noted positive developments at the policy level including the adoption of the national quality and curriculum frameworks Aistear and Síolta as well as the development of revised Diversity, *Equality and Inclusion Charter and Guidelines for early childhood education and care* by the Department of Children and Youth Affairs (DCYA, 2016). While a training programme has been developed by DCYA to support implementation of these guidelines this participant reported that not all services were availing of available equality and diversity training:

> **We have tried to encourage everyone that has taken refugee children, you know, onto the diversity and equality training programme, because it is a very good training programme .... but not everyone availed of it and it's not mandatory** ...

While this represents the experience within one resettlement county, it is a potential cause for concern, especially as cultural differences around parenting have been previously identified as a source of tension between providers and parents by some County Childcare Committees (CCI, 2018). The issue of intercultural awareness is an important aspect of the broader family support role of early years services, a role which the early years stakeholder noted had increased in significance in recent years. While some services were seen as having the requisite experience and resources to work effectively with refugee children and families, this participant reported that some services "*have struggled*". It was noted that the sector as a whole was "*under-resourced, overworked, underpaid*" and that it was not always possible to place refugee children in services which are best equipped to meet their needs. As a support to services it was recommended that specific training and an information pack on the needs of refugee children be offered to those providing places to refugee children.[28]

5.4 Provision for Primary School-aged Children

As of 19 March 2018, when this research began, there were 429 accompanied children under the IRPP between the ages of five and 12 years; 111 of these were living in EROCs while 318 had been resettled in communities with their families. It should be noted that some of the younger children may have been enrolled in pre-school services rather than primary school.

5.4.1 Reception/Transition Primary School Provision

In three out of the four EROCs primary schooling was provided on-site at the time of data collection. The schools broadly follow the primary curriculum although instruction in English is a key focus. From the perspective of relevant stakeholders interviewed (officials from the Departments of Justice and Equality and Education and Skills as well as an EROC education coordinator employed by the relevant ETB), EROC schools provide children with an opportunity to become accustomed to the structure of the school day and to acquire proficiency in English.

Various participants in this study raised concerns in relation to EROC schools. Stakeholders and parents expressed concerns about the lack of opportunities for integration while children were in the EROC. Parents felt children would acquire English language skills quicker in a mainstream school. An educator with experience of working with Syrian refugee children in an EROC setting (on a volunteer basis) noted the EROC school was not taken as seriously as 'real' school by children and young people. A young person who participated in the focus group consultation commented that the uncertainty experienced during the stay in the EROC impacted on engagement with education, particularly acquisition of English:

> **...when I arrived in the camp [EROC] I didn't know when I was going to get out of the camp so I didn't learn English much or I didn't care much about learning English.**

At the time the research was conducted, the school day was shorter in EROC schools and some children attended school four days a week. An EROC-based stakeholder was critical of the reduced provision offered, arguing that the schedule should mirror mainstream provision. This was seen not just as an educational issue, but also in relation to children being kept occupied while in the EROC:

> **Every primary school in Ireland, or every primary child in Ireland, is getting five-day school. They start at 9. They start up till 1. And then it's 9 till 3. The kids need that kind of—because like I know if it's a rainy day and there's only so much activity they can do here on a rainy day, you know— .**

In interviews, participants raised issues which were impacting on education provision in EROC schools. Limited information is available on educational needs and backgrounds. In addition, class groupings contain a much wider age range than in mainstream schools.[29] Teachers are therefore managing very diverse groups in terms of age as well as level of education. An EROC education coordinator recommended that there should be two teachers in each classroom. This participant also noted that because EROC schools are not 'recognised schools' supports such as Special Needs Assistants (SNAs) are not available. Another participant recommended that at least for the first few weeks after children arrive there should be an Arabic speaker assisting in the EROC classroom, something which had also been raised in the consultations with young people:

> **... if they can bring a teacher who can speak both Arabic and English, so that these children can learn better because when we came and they started teaching us, speaking in English all the time, we didn't understand anything, it was difficult.**

Behavioural issues were noted as an issue by some participants, including such behaviours as *"fighting, biting, spitting, bad language"*, which an EROC educational coordinator viewed as a consequence of trauma. Another stakeholder noted the relatively large class sizes in the EROC and the language barriers between teachers and pupils which made it more difficult to identify and address bullying behaviour. An interview carried out in an EROC setting with a primary-school aged pupil provides a child's perspective on disciplinary practices in one EROC classroom:

> **... One time she punished me, she gave me this punishment, and I had to sit by the window and look out for 20 minutes. ... whenever we talk too much she punishes us, and tell my father about it. And when we talk too much she starts to be angry and scream at us.**

Based on our research and the recent report on EROC on-site schools (DES Inspectorate and NEPS, 2018) it appears that teachers in EROC schools have not necessarily received any specialised training to prepare them for their role, one which differs considerably from teaching in a mainstream setting. However, some teachers may be experienced in working with migrant children and/or have accessed CPD courses on issues such as trauma awareness. In June 2018, the *Findings of Joint Inspectorate and NEPS Visits to Education Settings in Emergency Reception and Orientation Centres (EROCs)* (DES, 2018) was published and since our research was conducted, the Department of Education and Skills has responded to the recommendations made in the Joint Inspectorate and NEPS report.30 Important reforms in train include provision of support to EROC schools through NEPS, as noted above, as well as provision for inspections and for appropriate

28. The CCI (2018) report recommends both families and service providers receive a 'resettlement support pack'

29. Two class groups which cater for all primary school-aged pupils appears to be usual in EROC settings.

30 Department Of Education And Skills response to the findings of Joint Inspectorate And National Educational Psychological Services (NEPS) visits to education settings in Emergency Reception And Orientation Centres (EROCS) https://www.education.ie/en/Publications/Education-Reports/response-findings-erocs.pdf.

CPD provision for staff. Perhaps the most significant change is that the Department of Education and Skills and the IRPP are putting in place provision to ensure that children attend on-site EROCs schools for no longer than three months at which point they will transfer to local schools. NEPS will have a role in working with staff in EROCs and local receiving schools in supporting pupils in managing the transition. The addition of a further transition for a group who have already undergone multiple upheavals in their young lives needs to be managed very carefully and receiving schools will need to be appropriately resourced. The overriding priority should be to minimise stays in EROCs and that resettlement in local communities occurs in a timely manner.

5.4.2 Primary School Provision for Refugee Young People Post-Resettlement

In terms of accessing places at primary school level we did not hear of any cases in which children admitted under the IRPP were unable to access a school place post-resettlement, although stakeholders recounted cases where it was felt that children had been placed in a primary school not adequately equipped to meet their needs. Pressure on school places means refugee children resettled in the same locality could be attending different schools. An Educational Welfare Officer (EWO) who served on an interagency committee and been tasked with accessing school places noted that while desirable it was not always possible to place refugee children in the same school:

> **In general, when they came in, if it was at all possible... to try and ensure that some children went to the same school, so there wasn't one child going in brand new, ... there's maybe another child under the programme went with that child, you know, just so that they had kind of a pal. ... but that wasn't always possible because of the capacity issue within the schools and where they were housed.**

Education professionals interviewed for this study were optimistic about the educational prospects of primary-school aged children, although there was recognition that the process of settling into a new school and 'catching up' takes time and is not without challenges. Findings from interviews with children, parents and professionals provide insight into some of the challenges. Reflecting on her initial experience of primary school in Ireland one child said:

> **It's hard for me when I came to Ireland...I only speak little English...it was hard to ask for help. ... If you come from Syria or Lebanon you need lots of help. ... need extra help in school because I don't speak English good.**

An education professional spoke of the challenges refugee children faced when they first started primary school in the community. This professional felt the challenges were particularly acute for the older primary school children:

> **... You know, you can see the oldest children it's harder for them, I suppose because the younger children there is so much emphasis on play. And so those children can get right involved there in play and get on with it and there isn't a huge gap between them and some of the other children. ... As they got older it was more difficult, probably more difficult for them to grasp the language maybe. And then because their peers are just working at a higher academic level, you know, with the subjects of history, geography, science, there's so much reading involved it's just difficult for them to catch up or to be working at the level that their peers are working at in the classrooms.**

Two examples of good practice identified during our study provide an insight into how some primary schools are responding to the needs – including socio-emotional needs – of refugee children. As the principal of one school recounted:

> **.... they were coming into a whole new environment, a whole new culture, and our focus for those initial weeks and months — and I would have met with the class teachers beforehand — was that the children would feel safe here and they would feel happy here and that they would gradually feel part of the school community. And the academic really, obviously we're constantly trying to ensure children reach their potential, but in their situation we felt the other needs were greater at that point.**

Within this school, children were placed in mainstream classes but withdrawn from class each day to work with a support teacher in small groups:

> **... they were very quiet and reserved in the mainstream setting, which was understandable... But when they came out to the small group setting with the teacher who had them they were bursting to communicate .... And you could see the excitement in them and the way they could engage when they were in that smaller group setting. And I think to give them a chance that's what you would need in a school.**

While it was felt that the model adopted had worked fairly well, the time spent in the small group each day was limited due to demands on the time of the resource teacher. The principal identified a significant gap between the ideal provision and what could be made available:

> **...ideally, I mean, they would have spent a lot of time with a support teacher when they came first and ideally it would have been lovely to have assigned one teacher to these children and said immerse them in the language for the year. You know, when you've a small group as well you're more aware of their social, their emotional needs and all of that. We didn't have that luxury, unfortunately.**

In another school there was a similar emphasis on helping children feel safe as they settled into the school and use of small groups, in this case a *"social group"*:

> **"In the first few days it must have been very overwhelming for them. So as a school we just tried to organise just giving them time out from the classroom, letting the children themselves meet with themselves, because they would have all known each other ... So we would have organised like a little social group for them. In the very early days we would have organised that they would go out on a little excursion down the town maybe just to see the playground, visit the library, things like that as a group, but the refugee children together, because we just felt that maybe they would have the security of the group.**

Similarly in this school, due to the absence of specific resources to meet the needs of refugee children, it was a matter of being creative with existing allocations:

> **It was hard to find the resources to make the resources available within the school structure as it was because they didn't come with any extra resource hours. So each child they really needed intensive English classes and they were difficult to organise. So it was really just the teachers would say, look, I'll squeeze this boy into this group and we'll put this boy into this group, and they tried their best to accommodate them that way.**

The two schools referred to here are to be commended for the care and attention given to meeting the needs of the refugee pupils enrolled, but it is evident that doing so presented challenges for staff and potentially reduced resources available for other activities in the schools. Neither school felt that the best possible approach was being taken. In some other countries, such as the United Kingdom, schools are allocated additional resources under resettlement programmes, something raised by a participant in this study.

5.5 Post-Primary

As of 19 March 2018, there were 129 accompanied children under the IRPP between the ages of 13 and 17 years; 37 of these were living in EROCs while 92 had been resettled in communities. It should be noted that children in this age group may not all be attending post-primary schools: some of the 13-year-olds may be enrolled in primary schools, while some of those over 16 may be enrolled in second-chance education or some other form of provision or waiting to take up an educational placement. By April 2018, 47 unaccompanied young people in the 13-17 age group were admitted under the IRPP/CSP.

5.5.1 Reception/Transition Post-Primary Provision

Reception/transition education for unaccompanied children and young people arriving under the CSP is provided through the Migrant Access Programme based in Dublin. Young people taking part in this programme receive support with English language acquisition and preparation for mainstream education via a competency-based programme. Youth workers attached to the service also deliver a programme of instruction in life skills/Irish life and culture and IT. In general, young people can remain in the service as long as deemed necessary, with an estimated average stay of four months, with few using the service for more than a year. On completion of the transition programme (or on moving outside of Dublin or turning 18) the majority of young people transfer to mainstream services. Follow-on support is provided by youth-workers and through a homework club operated by the service. There is a perception in the service that young people admitted under the CSP have quite complex needs due to difficult journeys, significant gaps in formal education and particularly long periods spent in 'limbo' before arriving in Ireland. The service has recently developed a follow-on 'stepping-stone' programme for those who need additional support before transferring to a mainstream service.

Regarding accompanied children, due to the small number of young people in the relevant age-groups in one EROC, there is a single post-primary class. The main focus is on English language and mathematics rather than the standard post-primary curriculum as it is felt that until young people have had an opportunity to acquire English it is not possible to offer much by way of instruction in other subjects.

In the other three EROCs, students attend mainstream post-primary schools in nearby towns. There can be issues in accessing post-primary school places due to the timing of young people's arrival which can result in young people being temporarily out of school. In one EROC at the time of the study, six young people were temporarily out of school for this reason. In this situation conversational English classes were available, but on a weekly rather than daily basis.

Mainstream post-primary schools are adapting to the needs of refugee young people by offering

a shorter school day, providing small-group support classes and young people spending part of their time (depending upon proficiency in English) in mainstream classes.

Some stakeholders working with families resettled in the community under the IRPP programme expressed the view that a transition programme of up to a year long should be provided for those of post-primary school age following resettlement in the community. This suggests that the transition education provided in EROC settings is not viewed as sufficient preparation for at least some of the young people. One school principal felt strongly that the transition programme in the EROC, provided to young people in his school, had not met their needs or adequately prepared them for mainstream school. An EROC education coordinator felt while three months in reception/transition education was sufficient, many of the young people – especially those with significant gaps in their education - required intensive support in order to manage the transition to the mainstream post-primary curriculum.

> **Now, you could have a 14-year-old here and basically he's down at, you know, the middle primary level maths. So when he goes into like the secondary and they're dealing with difficult maths he's going to be way behind, you know. … It's like the only thing that you could really do there is very intensive education for two or three months. You're talking very intensive with some of the kids there. Individually if possible, yeah, but in very small group settings. Students at the same level as well.**

5.5.2 Post-Primary Provision Post-Resettlement

Interviews with stakeholders suggest a greater reluctance to enrol students at post-primary level than at primary level late in the school year. Depending upon timing of resettlement, young people may have a significant wait to start school. As one education professional recounted this may not necessarily be completely detrimental to the students, as she put it, *"there were pros and cons":*

> **…some children came [late in school year} and we couldn't get school placements for those children until the new academic year. … So we got home tuition for those kids, which actually worked out quite well, because they were able to focus then on English language. … But they weren't in the educational setting and it meant then, too, … you know, they weren't afforded the opportunity to engage in socialisation, meet other young people their own age, that kind of thing.**

A key theme in interviews with stakeholders (particularly resettlement support workers) was that young people who were of post-primary school age when they arrived in Ireland under the IRPP would find it difficult to flourish in mainstream post-primary education in Ireland:

> **It's an horrendous experience for the teenagers … like a child in one family he's five and his written English is the same as a particular young person who's …doing the Leaving Cert curriculum. So she's trying to tackle Shakespeare and she doesn't know how to put a full stop in a sentence, like. You know, it's not good enough for that age category. They're really struggling.**

Recounting her personal experience in post-primary school one young person (in Junior Cycle at the time we carried out the fieldwork) spoke of not being able to follow lessons:

> **Because there's sometimes I go into class and when we finish the class and I have no idea what was the class about.**

Whilst this young person had sufficient social English to participate in the interview without an interpreter, she could not follow lessons at school. She felt that the school support offered (an English language class three times per week) was not adequately meeting her needs and offered suggestions as to how those in her situation could be better supported:

> **I think they need a teacher with them. ….It's like teacher with extra help. And we need a teacher like to talk to my teachers and to explain for them and get from them some support for me or something like that—**

Inadequate resources in post-primary schools for English language support has resulted in some resettlement teams organising additional language classes outside of school but this raised concerns regarding the workload expected of young people:

> **They do 40 hours of school. Then on a Monday and Tuesday evening they were doing extra English classes, which was great, on a Wednesday and Thursday and Friday they were doing extra …subject classes, and then on a Saturday they did homework club. …that's a huge amount of effort for any young person to put in,… it's a huge expectation … to have that level of work to do each week.**

Refugee children who arrived in Ireland at an age where they had an opportunity to attend primary school also face particular challenges in transitioning to second-level education. One child (in sixth class at the time of our field work) spoke unprompted of his fears around starting secondary school:

> **But I go next year to [secondary school] but I am scared…. All the children said it's hard and all body said 'I don't want to go'. I listen and, you know…. It's like it's hard work and big school. I don't like. I will go in it but I don't know, it worries me. …It's a lot of classes and lot of work.**

For this child his anxieties related not only to the workload but also to fears around making friends. By contrast another child (also in sixth-class at the time) was looking forward to starting secondary school. This child (who reported receiving language support for 15 minutes per day at school) spoke about how challenging school was for those for whom English was not their first language. Knowing there would be other Arabic speakers in secondary school was a key factor in the positive attitude expressed towards the transition:

> **… It's good if you have friends who speak Arabic in the school. In the day you can see eight teacher so it's good if you have help from an Arabic speaker who knows what to do …**

Children like these who have spent a couple of years or more in primary school in Ireland, will not be able to access additional supports from resettlement budgets when they move to secondary school as the resettlement support programme is planned to run for 18 months.

5.6 Second-chance Education

For older teenagers (16+ years) gaps in their education are such that sometimes post-primary school may be inappropriate for their needs. While young people aged 18 years or over can access adult educational courses, finding appropriate services for 16 and 17 year olds was identified as problematic by some stakeholders. Second-chance and vocational training opportunities for refugee young people was identified as a significant gap by one participant:

> **… there's been a lot of talk about access to third level but I haven't heard that same conversation about access into apprenticeships and vocational training, and I think we need to have that.**

There are two main forms of second-chance education for the 16 to 18 age group in Ireland – Community Training Centres and Youthreach. A number of stakeholders interviewed did not see these as necessarily suitable for refugee young people. Stakeholders had concerns that students were being referred to these services because of their lack of English proficiency rather than their academic ability and expressed concerns about implications for educational outcomes and integration into Irish society. A school principal recounted a case where due to financial concerns a young person was considering leaving post-primary education to take up a place in Youthreach which provides a weekly payment to participants.

Participants also expressed concerns that mainstream second-chance services may be ill-equipped to meet the needs of refugee young people:

> **… for those that have never been to school before or have only had primary schooling … where can they go on to and what alternative education provisions are there already — and those are Youthreach and CTCs as far as I can see — and how are they able to support the EAL students to move on to a more vocational sort of progression route and then, you know, might want an apprenticeship or whatever it might be? Because they're not set up to do that—they never were meant to.**

Second-chance services typically are based at QQI Level 3 (Junior Certificate level of attainment). A participant in a second-chance education setting reported that this level would not be appropriate for young people with limited English and/or who have limited literacy in any language. A participant based in a Youthreach service which is successfully supporting young people resettled under the IRPP described how the service had developed programmes at QQI Level 1 and 2 to meet the needs of young refugees. These young people were not literate in any language and had never received any kind of formal education. In addition to developing an educational programme tailored to the young people's needs, this service put in place intensive, flexible, wrap-around supports which, support young people with language and academic skills, offered mentoring and counselling supports and liaise with other health and welfare agencies. This service benefited from funding under the Special Educational Needs Initiative (SENI) which provides SENI Youthreach centres with additional resources including additional staffing hours and access to counselling supports for staff. The Youthreach participant noted that without this additional support that "there's no way we could have taken these students".

5.7 Transitioning to Further and Higher Education

International research has highlighted the high educational aspirations of refugee young people. The young people who took part in this research were no different. In general refugees[31] are entitled to access further and higher education on the same basis as Irish/EU citizens only after they have been resident in Ireland for three years. The three-year waiting period was

31. Scholarships/bursaries such as those under University of Sanctuary schemes are available on a limited basis.

a cause of concern for some young people who participated in the study as was the issue of financial resources to attend college. As one young EROC resident recounted:

> **Somebody's told me that you must wait for three years to go to the college if you want. But then here is two people that they want to go the college also. They spoke with a lot of people. And they told me that for to go to college that you need money and if you don't have money you can't go to the college and finish your university, and if you want to be doctor or teacher or something you can't be if you don't have money. … So maybe I should work.**

Ensuring young people progress to third level education requires not only access to college and university places, the importance of intensive, ongoing supports was articulated by one stakeholder:

> **… for some of them absolutely … they will do well in school and they will go on to higher education but they'll do well in higher education obviously if they're allowed access but also if they have the language inputs that they need at a very, very early stage. And ongoing and not just for six months or whatever it is, or not even just for a year or two. I mean, there's something about seven years, is there, to reach some sort of — from going from not having any language or having zero level of language to reaching a level where you can — where you can be in a third level environment.**

As discussed above it is not clear that refugee young people are receiving this level of language and educational support in Irish schools. Refugee young people also need support in understanding and accessing the educational pathways available to them. Guidance in mapping out appropriate and achievable educational and career goals and accessing the necessary supports would appear to be a particular need for refugee young people, especially those with significant gaps in their education.

5.8 Summary of Key Points

Supporting the right to education for all and recognition of the broader significance of schools and educational services in the lives of children and young people are key themes within BOBF and the *Migrant Integration Strategy*. BOBF identifies 'migrant children' as one of the groups to which the government has committed to increasing efforts to boost educational outcomes.

Provision of education in Ireland is grounded in the principle of partnership with parents, children's primary educators. However, this research highlights the challenges faced by refugee parents in overseeing and supporting their children's education, despite evident commitment and concern.

Earlier intervention and prevention are predicated on timely identification of needs. The findings from this research suggest that schools and educational services need more support in assessing the academic abilities and needs of young refugees independently from language. Educational settings are also important sites for identifying and responding to socio-emotional and psychological needs and the importance of access to trauma-awareness training for education professionals was raised by participants.

Key to ensuring refugee children and young people's right to education is the provision of EAL and learning supports. Issues in relation to access to EAL supports and apparent disparities across services raise serious concerns in terms of equality of opportunity. Disparities in EAL provision also create barriers to young refugees' participation in the educational system and in the wider society.

Refugee children and young people are likely to face considerably more transitions over the course of their education than the general child population. Strengthening transitions for refugee children and young people requires effective systems to share information between services which is an area for improvement, particularly in relation to the transition from EROC provision to mainstream school. The provision of more comprehensive information and support to schools and educational services, through toolkits or information packs and access to interpreters, would be of benefit in promoting best practice, creating inclusive educational environments and easing the transition to mainstream school for young refugees.

As with other services provided to resettled refugees, schools and educational services are engaged in practices of 'reinventing the wheel'; greater guidance and support would be of benefit both in promoting consistency and enhancing the capacity of schools and educational services to meet the learning, language and socio-emotional needs of young refugees and in enhancing resource-efficiency.

The findings from this research suggest that schools and educational services need more support in assessing the academic abilities and needs of young refugees independently from language.

6

Integration and Inclusion

6.1. Introduction

Irish policy conceives of integration as a process through which migrants participate in the community while retaining their own cultural identity. The process is *two-way*, involving adjustment in cultural and institutional practices in the receiving community (Department of Justice and Equality, 2017). Outcome five in BOBF intends for all children living in Ireland to be "connected, respected and contributing to their world" (DCYA, 2014: xiv). It is intended that under this outcome all children will have: a sense of their own identity free from discrimination; positive networks of friends, family and community; are civically engaged, socially and environmentally conscious; are aware of their rights, responsible and respectful of the law. The main focus of this section is integration, however there is also a brief discussion about the related issue of social inclusion, which broadly refers to having sufficient resources to participate fully in society. BOBF outcome four concerns 'economic security and opportunity' which relates both to material circumstances during childhood and adolescence and access to the services and supports which lay the foundations for economic security in adulthood. This section relates to integration/inclusion issues in relation to EROC settings followed by a discussion of issues for families resettled in the community and issues in relation to integration/inclusion of unaccompanied children and young people.

6.2 Integrating while Living in EROCs

6.2.1 Friendships and Connections within the EROCs

Children and young people create and develop friendships within EROCs, reflecting the findings of both Archambault (2012) in the Norwegian context and White (2011) in the Irish context. White's (2011:319) research, conducted in a direct provision centre, found important peer friendships were encouraged and fostered by the "spatial proximity of children's lives" in such contexts. This was the case in our study also. For example, one young person, now living in the community and struggling to make friends, referred to their time in the EROC as having *"lots of friends and lots of people like in my age"*. Other young people, still living in an EROC at the time of interview stated:

> **I like outside when it's sunny and we play outside .... And we enjoy because here I find my friend—I find friends.**

> **So the hotel is good. People are good. And everybody—I'm friends with everybody. But there are some kids like sometimes we have a problem but then we come and talk again.**

Activities within EROCs, organised either by EROC staff or by external organisations, provide opportunities for children and young people to form and strengthen connections. However, as discussed in section 3, there appears to be disparities across EROCs in the availability of recreational facilities and activities. Attempts to engage in youth work in one particular centre proved difficult. Time and resource constraints meant that it was necessary to limit the activities to specific age cohorts, something which proved problematic for those who were left out, resulting in tensions. Ultimately, the youth service reluctantly decided to pull the service in one centre as it simply was not working.

6.2.2 Connections with the Broader Community

Parents, children and stakeholders raised the lack of connection between EROC residents and local communities. The opportunities for children and young people to meet peers from surrounding communities varied between EROCs. Parents and children were eager to meet Irish people and connect with local communities but for some residents there were few, if any, opportunities to meet members of the local community. Many parents raised concerns about their children attending school within the EROC and therefore having no opportunity to meet local children: *"our children have been here for five months – they never mixed with Irish children"*.

Recreational activities organised outside of EROCs sometimes involved children and young people from local communities but this was not always the case. In one EROC, local AstroTurf pitches were booked for weekly football games but this did not involve opportunities for refugee children and young people to meet young people from the community, although some young people from this EROC did join local teams.

One EROC manager outlined the activities available to children and young people, including playing football on local pitches, attending a local youth group and participating in the local Community Games. In this manager's view, *"there's lots happening. They're not left there to, you know, be bored or, you know, there's lots of activities put on for them."* However, two external stakeholders in regular contact with this particular EROC pointed out there were limited opportunities for adults or children/young people to mix with the local community:

> **... they thought they were coming to Ireland, that they'd be able to integrate quicker into society, but they're kind of — they're on the outskirts looking in and that the children don't really have an opportunity to mix with peers in the community, that everything is happening onsite. ... In [the EROC] they're in a bubble, let's say. They have no real idea of what Ireland is like. They're very isolated there.**

6.2.3 Youth Work as a Bridge to the Community

It was clear from the research that opportunities for refugee children to connect with local young people were really valued and enjoyed. The experience in one EROC where young refugees were facilitated to attend a local youth service run by professionally trained youth workers, provides an instructive example of how to support integration. Providing a service for young people outside of the EROC was prioritised and initially young people attended a dedicated group (only for the young people from the EROC) in the local youth centre. At this initial stage a structured programme was followed, however requests from the young people to do *"fun or creative things"*, led the youth workers to adopt a more responsive approach. Similar to the mental health professional quoted earlier, the youth workers found building relationships was better approached without the use of an interpreter:

> **Now, it wasn't perfect at all, but I definitely think our relationships were stronger for young people seeing us struggle and make an effort and for them to struggle and make an effort. ...We supported them as much as we could to speak Arabic and we would try and learn a little bit that we could and we started writing out Arabic words. .... When most other services ... were relying on an interpreter to speak it was kind of a surprise for them to see us not doing that and making a fool of ourselves and going red and getting embarrassed and getting it wrong. Then they'd laugh and then we'd move on.**

Over time, as trust developed, the young people requested opportunities to meet Irish young people and to attend the 'mainstream' local youth group rather than the dedicated group which had been established for them. A stakeholder involved in this work described the challenges involved in enabling this to happen. He recalled how local Irish young people were resistant to having the Syrian young people join the group and held very stereotypical views on Syrian young people:

> You know, young people from Irish communities were speaking about the young people who'd come over from Syria or whatever as nearly less than, or certainly needy or traumatised. They were very much using stereotypical words that you might associate with kind of the civil war and that kind of migration issue.... a lot of it was 'poor', 'poverty', 'war'. There was trust issues. And a lot of young lads would certainly have spoken about 'Islam' and 'Muslim' and 'ISIS' and 'war' and 'fighting' and 'killing' and all that ...

However, with time and by undertaking parallel work with local young people, the attitudes and the power dynamic shifted. The youth worker described the *"massive transformation"* that occurred:

> But always there's the thing instantaneously when they met each other and got to know each other a bit, all that was gone. And it continued to stay like that. Those young people would still speak about the positive experience of having those ideas being challenged and those words have never kind of come out of their mouths since.

In turn, while the Syrian young people wanted to meet their Irish peers, the reality sometimes proved challenging for them:

> They started to identify real frustration with how young people in Ireland were behaving, how they were speaking to each other, how they were smoking, how they were talking about drinking, how they were speaking to us as leaders at times. ... 'Is this accepted? Is it appropriate? This is not what I want or what I accept.' You could start to see that kind of internal argument going on. It was a very interesting dynamic to see kind of unravelling.

Participants noted sometimes the creation of relationships between Irish young people and Syrian young people was easier for boys than for girls. A stakeholder referred to the fact that barriers broke down when boys went out for cigarettes together or played pool together. In contrast, Syrian girls and Irish girls seemed to have less in common, at least on a surface level. For example, the same professional recalled how Syrian teenage girls did not approve of the behaviours of their Irish female peers, particularly as regards smoking and kissing boys. In addition, as they practiced Hijab, their sense of dress was very different.

> The differences seem an awful lot more heightened I think between young women than they do between young men. .... But it was very hard to talk about that never mind kind of challenge that in either group because there was just a real reluctance to — the only time there was engagement would be when a couple of older Irish young women would nearly come over out of pity and kind of approach it from that sense. We were equally uncomfortable about that as we were about it not happening at all, you know.

In addition, at times parents were reluctant for girls to participate in activities involving Irish young people and wanted them to be chaperoned by an older brother or a family member, highlighting the importance of engaging with parents in relation to their concerns.

Young people who participated in this study and had attended the youth service described above spoke very positively about it. One young person stated that meeting Irish young people made them *"really happy"*. Others lamented the fact that opportunities to meet local young people in similar contexts were no longer available to them in their new towns. Overall, this example reflects international evidence regarding good practice in youth work with asylum seeking and refugee young people (e.g. Ribeiro and Palhares, n.d.). It highlights the importance of adopting an empowering approach in youth work, one which responds flexibly to the needs and wishes that are articulated by the young people themselves and puts relationships at the heart of practice.

6.2.4 Financial and Material Well-being

The basic material needs of refugee families are catered for while they are in an EROC. EROC residents receive a Daily Expenses Allowance per person (adult or child).[32] Families admitted under the resettlement scheme (from Lebanon) arrived with refugee status and had additional entitlements to those admitted (from Greece) under the relocation scheme, who did not have refugee status when they arrived in Ireland. In addition to the weekly allowance, resettled families were entitled to Child Benefit (€140 per month per child). As resettled and relocated families were accommodated together in EROCs, families were very aware of the differences in entitlements. One parent who had come from Greece stated that "*there is a big problem with Syrians arriving from Lebanon as they get Child Benefit which we don't*".

Parents recounted the challenges of meeting their children's needs from their €21.60 weekly payment. This money was sometimes used to buy basic necessities such as nappies and food:

> Sometimes the kids do not eat the food they cook here in the hotel so we are obliged to take the money that we're supposed to use to buy clothes for the kids and buy them some food.

One parent reported going without certain items such as phone credit in order to meet the needs of children for clothing and other basics and suggested that greater support in provision of clothing and other items for children could be provided to EROC residents.

6.2.5 Waiting and Wondering

Reflecting research by Sleijpen et al. (2017) which identified one of the life stages of young refugees as a 'waiting period', life in the EROC was characterised as a time where children and families were waiting and wondering while stakeholders tried to *"manage expectations"*. While waiting for confirmation of refugee status was generally not an issue, the children, young people and parents in this study waited to be told where they would be resettled and wondered what the resettlement town would be like, where they would go to school, and how they would make friends. The need for information came through strongly in interviews with parents and young people resident in EROCs. Individuals wanted information about the counties they were moving to and about services such as health and education. Children, parents and stakeholders alike all wanted the period of waiting to end so that they could finally – often after years of precarious living between Syria, Lebanon or Greece and Ireland – 'resettle' and make concrete plans for the future. One EROC staff member said that wanting to know when they would be permanently resettled was "*the only thing that is on their mind*". Refugee parents emphasised the need for stability and a permanent home:

> People need stability. Then they would know they have a house, a school. They can take care of their children and their upbringing. One can go to their children's school in person to follow things. ... When parents are happy, this is reflected on the family. ... So settlement in one place is good.

Stakeholders made frequent reference to Ireland's housing crisis as the reason why there were delays in resettlement. The delays led to frustration among residents, including children. The IRPP representative was very conscious of this and particularly the fact that different county councils sourced housing more quickly than others:

> If you've travelled all the way across the world you just want to settle in your own home and it is very frustrating. And what's also very frustrating is that some people have been allocated houses in a county and they're waiting forever and then the next county actually comes up with the houses very fast and you can see somebody who's been in the EROC a lot less time than you have and they're suddenly gone off to their new home.

In response to these issues and in the interests of equity, the IRPP representative noted there are plans to start allocating houses on a first come first served basis, rather than allocating families to particular counties prior to houses being made available. This approach is welcome but may pose challenges for counties in relation to planning for other services, such as health and education.

At times delays in relation to housing led residents to question why they were being brought to Ireland if there was no housing available. Many of the parents and children who were interviewed felt that the time spent in EROCs should be much shorter. One parent suggested that EROCs should not be used at all:

> The most important thing is that we don't come to a hotel .... And [being in the EROC] is not good for the kids, because they stay with the kids of their country and they form relationships but then they're separated.

One young person emphasised the need to make the time in the EROC shorter:

> If some people come from Greece or Lebanon or somewhere else to Ireland they can, like, but then after a short time, like one month or one-and-a-half, to go to home. Yeah, because they will stay there and they know it's better than living in a hotel for six months or nine months. Yeah, we have been here three-and-a-half months and so—yeah. And we hope to go to home because we'll be friends with the neighbours, you know ....

The period of waiting had significant implications for children and young people, not only regarding their integration in the community, but also their education and mental health. To a great extent, the process of settling and integrating was effectively postponed during this period.

6.3 Community Resettlement

Officials from the IRPP team travel with families to their new homes once allocated and remain in the locality for a number of days to assist with the initial adjustment and handover to the local resettlement support team.

The move to a new home, while eagerly awaited, is associated with disruption to existing connections. Families are resettled in small clusters

32. At the time the fieldwork for this research was undertaken the weekly Daily Expenses Allowance (formerly known as the Direct Provision Payment) for children and adults was €21.60. This was increased to €29.80 per child and €38.80 per adult following Budget 2019.

so there may be only one or two families known to them nearby. Children and parents expressed eagerness to make friends and settle into life in Ireland whilst simultaneously wanting to keep their own cultural traditions and values and maintain connections with family and friends made before and after their arrival in Ireland.

6.3.1 Maintaining Existing Connections and Culture

The importance of maintaining connections with country of origin arose during interviews with children, parents and stakeholders. Young people spoke of their love of their home country (Syria) and of relatives who remained. As one young girl noted:

> **...we all love Syria so many people think of going back to Syria. Probably if ... For example, I would like to become a political investigator so I can go back ... and benefit Syria.**

Young people also spoke of their connections to countries they had lived in after leaving Syria. For some of the children and young people interviewed leaving behind the connections made while in the EROC (either in the EROC itself or in the school attended while living in the EROC) was also difficult. Two of the young people in particular expressed a sense of loss in relation to the companionship they had enjoyed among peers who spoke the same language, compared to the sense of isolation following their move to a community setting. One stated:

> **[In the EROC] there was a few people, like Syrian people with me, so we were like families together. That was really perfect for me. Then when I moved to here it's like — I'm just like I spend lots of times alone —with nobody like with me, no. So it was like a little bit difficult for me.**

Interviewees were explicitly asked about the issue of holding on to valued aspects of culture of origin while adjusting to a new culture. Child and parent participants who addressed the issue noted that their religion was important to them but would not prevent them from embracing aspects of Irish culture. In interviews with professionals some expressed concern about whether there was sufficient sensitivity to Islamic religious norms and practices within Irish educational and youth services. For instance, one youth worker recounted an incident where young people had been provided with crisps without prior consideration of whether the food contained pork products. An education professional spoke of activities such as sports days being held during Ramadan when young Muslims might find participation difficult, as well as lack of facilities in schools for rest and prayer.

Some of the young people emphasised the importance of having connections with Arabic speaking peers. Young people were also very eager to make friends with Irish children/young people and those of other nationalities: having a mix of friends from similar cultural and linguistic backgrounds and from Ireland appeared to be the ideal.

6.3.2 Adjusting to a New Home, Community and Culture

Home is central to the resettlement process, the location, size and facilities, are all important factors in how comfortable resettled families feel in their new surroundings (Spicer, 2008). A resettlement support worker noted a return to the rhythm of normal family life within a home environment is a priority for families:

> **So when the children arrived really what the need of the family was to have that family home, to have their own space, and to make it their own home, and to cook their own meals. I think just to have that family life, I think that was the initial need really.**

Resettlement support workers play an important role in preparing homes and helping families adjust to their new accommodation. One participant spoke of the efforts made to ensure houses met the cultural preferences of Syrian families, for example ensuring windows were fitted with blinds providing Muslim women who practice hijab necessary privacy. This participant noted that receiving informal guidance from an experienced resettlement professional in another county had proved invaluable.

Issues in relation to housing were reported by some stakeholders. All of the parents, children and young people that participated in this research expressed satisfaction with the size and quality of their accommodation. However, a number of parents and young people raised location as an issue:

> **...everything is good, but everything is far away from us ... There is like about two kilometres until we get to places where they can buy things.**

In some locations, limited availability of transport services reinforced isolation. One stakeholder recounted the challenges faced by families resettled in small rural towns:

> **There were struggles. There were absolute struggles there. The rural isolation. ... You know, that rural isolation has been apparent...**

For many refugee families, language represents the most significant obstacle to accessing services and making connections and friendships. The *Migrant Integration Strategy* identifies having sufficient language skills as key to facilitating participation in society (DJE, 2017).

Titley's (2012) evaluation at the end of the three-year resettlement programme in Carlow found that language was still a barrier for refugees, including parents, many of whom viewed their children as a considerable source of support for them in terms of language. An issue raised by some stakeholders in the current study was the potential burden placed on younger members of families in the integration process due to children/people often acquiring fluency in English faster than parents.

> **So there's high expectations on the children to first of all take it all in and be able to be strong to take it all and then to obviously do the English role — or the translation — but also, yeah, go with the parents shopping, to, you know, do all these tasks, because the parents don't really know how to do it themselves and the children learn faster.**

Some stakeholders expressed concern about lack of engagement by parents in the English classes provided. As mentioned previously, access to childcare was identified as a barrier for some parents, something which particularly impacts on mothers (CCI, 2018).

6.3.3 Making Friends

Almost all of the young people we spoke to identified 'friends' as one of the most important needs of refugee children and young people. Parents and stakeholders interviewed reported for the most part younger children were settling in well and making friends, although it was noted by some that this process takes time:

> **... when they arrived here, in terms of language like they couldn't mix very well. But then they learned the language. And they feel stable. They have neighbours. They go to school and things are okay now.**

Older children/young people who had resettled in communities described the challenges they had faced in settling in and making friends. Some spoke of feelings of isolation in school and in the community and the negative impact this was having on their well-being. For one young person, although members of the community had been initially welcoming, it proved difficult to forge meaningful connections and friendships in her neighbourhood or at school.

> **... it's like I have no friends at all ....I think because the girls are so close and because, you know, like new one, new girl in the school, and nobody have like idea about me.**

Language was also identified by young people as a major barrier to forming friendships:

> **...but there is nobody around like a friend. I can go outside and talk like in hotel because I am little bit speak English, and it's like I will want to say but nobody can understand me.**

A mental health professional identified the experience of trauma as another potential barrier to establishing friendships:

> **If something kind of really triggered that trauma, ... it's almost like a defence mechanism where they will disassociate .... They're not focusing on what someone is saying; they're just going off into their own world. So I can imagine that, you know, when this is happening with Irish kids at school or wherever it might be that it is definitely going to impact on their ability to make and sustain friendships.**

Some stakeholders expressed the view that integration and making friends might pose particular challenges for adolescent girls, a view reflected by some of the young people who participated. In one of the focus groups, young people expressed concern that visible markers of the Islamic religion, in particular the hijab, might be judged negatively in Ireland. One adolescent girl who does not practice hijab expressed the view that by *not* conforming to preconceived ideas about Muslim women she was also judged negatively by peers:

> **...there might be some difficulties because when I arrived here people wouldn't befriend me because they will say, because some girls, they have head scarf, hijab, and they would tell me how come you are Muslim and you don't have a hijab on your head.**

Adolescent girls who participated in the focus groups and interviews identified aspects of living in an Irish community that they found challenging such as engaging in activities, especially swimming, in mixed gender groups. The findings in this study and others (Titley, 2012) point to the need for greater understanding and support for the gendered dimensions of negotiating life in a new culture. Information and supports should deal with preconceptions and how these intersect with other equality grounds such as ethnicity and religion.

6.3.4 Attitudes in Receiving Communities

Stakeholders referred to the goodwill of service providers and the wider community towards Syrian refugees and the importance of harnessing this effectively. Examples were provided of community members who had gone out of their way to support new arrivals. In some parts of the country local groups were formed specifically to welcome refugees to the community. Less positively, members of some resettlement teams recounted instances of local hostility directed at service providers involved

in resettlement, predominantly linked to the perception that refugee families were being unfairly prioritised for social housing allocations.

For the most part refugee parents and young people who were interviewed described Ireland as a safe and welcoming country. A number of participants contrasted Ireland favourably with transition countries in which they had lived as regards the attitudes of Irish people towards refugees and what they perceived as the absence of racism. However, a few incidents of perceived racism were recounted including bullying and name-calling (such as 'ISIS') in school settings. One resettlement worker reported:

> **...there have been issues, particularly with teenagers, in the few of the schools, the issue of racist comments or anti-Islamic comments as well. That has caused some problems, some tensions, you know.**

This participant noted that while the schools concerned "*have been very supportive*" racism was "*quite new*" for some of them and resources, training and supports were required to help schools in dealing with these issues.

6.3.5 Integration of Refugee Children and Families in the Community: Supports and Services

Resettlement support workers and intercultural support workers provided vital support to families in getting oriented and settled and in accessing services. It is clear from interviews with members of resettlement support teams that many went above and beyond the remit of their roles to support families. The research found evidence of tension between refugees and the resettlement team in one county. In a focus group with parents, participants expressed dissatisfaction around the information and support received from the resettlement support team. Parents in this group felt they had been given incomplete or inaccurate information on certain issues and did not view the resettlement support team as a reliable source of support.

As noted in Section 3 the initial phase of resettlement is a particularly busy and demanding time for resettlement workers. Resettlement workers noted time for longer-term integration tasks was limited:

> **...if you're kind of constantly firefighting you can't step back and look at it and say, okay, what do these families actually need?**

This challenge was echoed by other participants in the study. One youth-worker who had worked with resettled young people argued it was impossible for the local resettlement support worker to carry out integration work due to the pressures of the role. One resettlement stakeholder felt having a support worker specifically for children/young people on resettlement teams would be beneficial, others suggested that the most pressing need was for a dedicated health worker.

Previous Irish research by Kinlen (2008) has highlighted the merit of introducing befriending programmes at an early stage of resettlement as a means of fostering integration. In some counties resettlement support workers have put in place formal befriending or volunteer schemes to help support integration of refugee families. However, some resettlement support workers said they lacked the resources to put such programmes in place and there were mixed views in relation to their effectiveness. One participant noted, unless properly managed and coordinated, volunteer activity could result in inappropriate practices and the initial enthusiasm in local areas at the beginning of a resettlement programme could peter out relatively quickly. A resettlement support worker commented on the time required to properly support volunteers:

> **... I feel like at the moment there's so much firefighting with families and dealing with emergencies that that side of it has been a bit neglected ... there isn't a lot of time to even support the access volunteers and to make sure that they feel supported and assisted. ... I think once volunteers are up to a certain standard and trained well they really can be an asset to like our organisation but to the families massively, but it's just so important to have that time.**

Stakeholders referred to the support received from Arabic-speakers who had volunteered or helped out informally in different parts of the country. One school in which refugee children were enrolled would call on an Arabic-speaking parent for assistance when the resettlement support worker was not available. A member of a resettlement team noted how helpful an Arabic-speaking volunteer had been with interpreting, but the help had been short-lived as the volunteer moved out of the area. It should be noted that in this county an intercultural support worker had not been in post at the start of the resettlement programme.

The provision for activities for children and young people in resettlement budgets represents an important resource for supporting integration. Resettlement support workers reported facilitating participation in a wide range of activities, including after-school clubs, summer camps, art classes and sporting activities. The focus groups with parents revealed disparities between counties in relation to activities for children. Parents in one focus group expressed unhappiness at lack of provision for their children during school holidays:

> **It's the holiday now. Our children are staying at home. There are no activities. We go to school to learn the language, but they stay at home. So we wish that they would offer some English classes for the next term.**

Parents in this focus group had been provided with information about summer camps but considered them unaffordable.

Sporting activities are often viewed as a useful way to help young migrants to settle in and make friends. Participants raised concerns that refugee children may not have had the opportunity to access coaching prior to arriving in Ireland and therefore may not have the requisite skills to play with their peers. One stakeholder (a youth worker) raised questions about efforts to include refugee children in Irish sports such as Gaelic football and hurling, which they felt was viewed as a means of fostering an 'instant' sense of Irish identity. In this participant's experience there had been little consultation with children and parents about the activities provided.

It was clear from interviews with young people that they enjoyed participating in the various sporting and recreational activities available to them and that some at least had been provided with an opportunity to select activities of interest. Young people did not necessarily make friends through these activities. In the focus group consultation, young people who had experience of engaging in youth work provision highlighted the value of youth work services as a means of making connections with other young people.

In our interviews with two different youth workers the importance of conceptualising integration as a 'two-way process' was an important theme. These participants emphasised the need to work with young people from receiving communities and expressed concerns about the current model of integration:

> **I think the follow-on services and supports needs to be improved. .... on paper the resettlement process would have been going well ... But I question and I struggle with to what extent do we really care about the integration process. Is it on a surface level and are we happy with that, or are we really looking for meaningful integration on both parts? And that's not just on the young people having to adapt to Irish communities but also the other way around.**

> **Integration doesn't work [if] you don't work with the population. ....you have to work with the young people that are not Syrian refugees. You have to work with the indigenous people.**

Schools and existing youth services were identified as key sites for engaging in youth work to support integration of young refugees. Barriers to carrying out such work in schools included the perceived rigidity of the schooling system and the demands on school staff which prevents them from engaging with youth work services. Establishing relationships with time-pressed resettlement support workers, who may have limited knowledge of available youth work services, was also seen as a challenge. Ensuring a representative from youth work services sits on each county's Interagency Working Group might assist in identifying and addressing these barriers. An education stakeholder recommended that a representative from the local Children and Young Persons Service Committee (CYPSC) sit on each Interagency Working Group.

6.3.6 Social Inclusion and Integration

Initially most refugees depend upon social protection payments to support themselves and their children, until they have secured employment. None of the adult refugees who participated in this study were in employment at the time the fieldwork was carried out. Parents and some young people mentioned the high cost of living in Ireland. The challenges of making ends meet on a limited income were discussed in focus groups with parents:

> **We have to pay the rent. ...we have to buy food. So the money that they give us is barely enough for a living. We have to also pay taxes for refuse.**

While expressing gratitude for the financial support received, participants in another focus group noted that their spending was restricted as the parents were not in employment (participants referred specifically to men's unemployment in this focus group). Work was seen as the key to "*a better life*", but unfortunately it appears that the employment prospects for these refugee parents, in the short-term at least, are not necessarily bright. Stakeholders identified language as a significant barrier while for others lack of educational qualifications proved challenging. Compounding the challenges is the issue that employment opportunities may be limited in some of the locations where refugees have been resettled:

> **Employment's a huge challenge. I have a couple of dads who didn't finish primary school ... they never attended secondary school, and now they're on social welfare payments in Ireland. In order for them to get employment that's going to be better than the social welfare payment they have college degrees and they have to have a couple of years' experience to get a valuable job, like, and they know that. ... In the towns we're in as well ... They don't exactly have loads of jobs available.**

One resettlement support worker noted that it was hard for some refugees to engage fully with the group activation meetings put on by the Department of Employment Affairs

and Social Protection (a condition of receiving benefits). Those who came to Ireland with high levels of qualifications were considered to require specialised support and guidance on education and training options. Some resettlement support workers recommended a longer programme of resettlement support to allow for more tailored support around employment to be put in place.

6.4 Integration of Unaccompanied Children and Young People

Many of the issues regarding integration and inclusion pertaining to accompanied children were relevant to unaccompanied children and young people too but there were some ways in which the issues differed. This was primarily due to their separation from parents and other family members and by virtue of their care arrangements.

6.4.1 Maintaining Existing Connections and Culture

For unaccompanied children and young people, the primary familial relationships that usually exist in a young person's life were physically absent. Professionals attempt to address this gap in a number of ways. Efforts are made to facilitate young people to have contact with parents and family members, either through phones, online or through international access visits. Care settings also take young people's culture into account for example through welcome signs in different languages, allowing young people to cook food from their own countries, facilitating access to cultural and religious resources and building links with religious groups/centres.

As evident in the international literature (Bartlett et al., 2017; Beirens, 2007; Maegusuku-Hewett et al., 2007), peers were acknowledged as playing a very important role as regards cultural continuity and creating a sense of belonging. Professionals highlighted young people's preference to live with young people from their own cultural backgrounds, some of whom they had lived with during their journeys to Ireland, others whom they met upon arrival in Ireland. In some instances, groups like this were kept together depending on bed availability in the residential homes. In one case a group of young people from the same country who had been in Calais together were placed together in a new residential home. However, as previously mentioned, this posed difficulties for Tusla regarding aftercare provision as the young people were turning 18 at different times but wanted to remain together.

6.4.2 Adjusting to a New Home, Community and Culture

Stakeholders referred to the huge differences faced by unaccompanied young people as regarding culture and way of life in Europe compared with their country of origin. Unaccompanied children and young people are also coping with the impact of pre-migration and transit experiences, as well as separation from family and friends. The resilience and resourcefulness of these young people was recognised by stakeholders, who also considered it important to ensure each young person had a key supportive individual. Social workers, residential care workers, foster carers and after-care workers often played a significant role in this regard, acting as people who provide practical and emotional support, as well as orientation to the new society.

As already mentioned, the support and continuity provided by peers within residential settings was well recognised. However, national and international literature references the disadvantages associated with residential care for unaccompanied children and young people (Horgan and Ní Raghallaigh, 2019), one of which is that young people are cared for by 'staff' rather than families. The 'keyworking system', utilised in residential care "for providing individualised social care through named persons" (Byrne and McHugh, 2005:318) aims to provide continuity of care, but difficulties in implementing the system in practice were identified as a source of frustration for unaccompanied children and young people by one professional:

> **I think it's really, really important that they have a keyworker. And this is something that doesn't seem to work very well because, you know, people have to have time off ….I know that this comes up a lot when they're talking to me that, you know, if you've got one person here for two days, next week then they're on holiday for three, so you've a different keyworker, they find that very frustrating. … the ones I've been working with do recognise the importance of building up a good relationship with a kind of nurturing person in the group setting. I've only heard good things about, you know, the people working in these houses, but I think it's just there's a lack of continuity, you know … and it's funny, it's very telling that some of them refer to those workers as 'staff'. ….Oh, 'staff rang me, staff'—they don't refer to them with their first names.**

Stakeholders were also conscious that unaccompanied young people in residential care had fewer opportunities to meet peers in the wider community. Efforts to enable integration included volunteering in projects providing food to people experiencing homelessness, joining a local football club, and taking part in 'park runs'. One stakeholder noted the young people were in a *"closed community"* with other asylum seekers until they moved to mainstream school or other educational projects. In some cases, this transition might not happen until after the young people turned 18. Foster care and supported lodgings were viewed as particularly important in helping young people to transition and integrate:

> **The supported lodging is an easier transition. Like it's a no-brainer from that point of view. If you haven't come from Ireland and you're coming from somewhere like Calais you know, and then lived all your life in Eritrea and you come to Ireland it's a shock. You know, the system is a shock, the weather's a shock, the food is a shock, people can be quite a shock. You know, like it takes time for most of our young people to integrate.**

A stakeholder referred to the need for young people to have a sense of 'security', which foster care could provide:

> **Security, I'm talking about having a safe base in terms of accommodation, accommodation in a supportive family.**

Foster care was seen as providing more flexibility than residential care, but was not without its difficulties. One professional gave an example of a foster placement that had worked well, largely because there were younger children in the family which suited the young person in question. She also gave an example of a placement that didn't work well, because, in her view, the family had a very rigid style which did not suit the needs of the young person. In terms of the wishes of the young people themselves, professionals reported that some were eager to be placed with a family while others wanted to remain with their peers in a residential home.

6.4.3 Reuniting with Family

For unaccompanied children and young people, being able to reunite with family members is obviously of immense significance. According to Groarke and Arnold (2018) much of the work of the Tusla's Social Work Team for Separated Children Seeking Asylum is about reuniting unaccompanied children and young people with their families, either with family members already in Ireland, through voluntary return of young people to countries of origin, through reunification with family members in third countries or through young people with protection status applying for family members who are in other countries to be reunited with them in Ireland. The latter was the subject of discussion with participants in this study.

Under the International Protection Act 2015, unaccompanied children under the age of 18 who have protection status are entitled to reunite with parents and with siblings who are also under the age of 18. Tusla professionals who participated in this study cited examples of cases where this law was too restrictive for young people in their care. In one case a mother declined the opportunity to reunite with her son in Ireland as it would have meant leaving her 19 year old daughter alone in Syria. In another case, a young person was not entitled to family reunification as his only surviving relative was a sibling who was over 18. Participants acknowledged that the Department of Justice and Equality had recognised these difficulties and had implemented schemes to allow reunification to occur in such situations (e.g. the IRPP Humanitarian Admission Programme (IHAP)). Such schemes are generally time-limited.

Family reunification can be stressful for all involved. In Ireland there is no coordinated, interagency response available to facilitate adjustment to life in Ireland and re-adjustment to life as a family (Daly, 2018) following reunification. This can be problematic when family members are reunited with a child who has been living in Ireland. One professional expressed concern that educational pathways of unaccompanied minors might be negatively affected by family reunification because of the need to work to support their family members. Another professional highlighted the practical needs of family members who arrive:

> **…a family gets their visas, mum, dad, and younger sibling come to join the young person here in Ireland. They land at the airport and they don't have a PPS Number, they don't have social welfare, they don't have money in their pocket for a hotel. There's no mechanism in place to help them.**

As discussed in Section 3, the practical support required in relation to family reunification generally became the concern of Tusla's team for separated children, who provided support in completing family reunification applications, which were described as "lengthy, complicated and time consuming". In June 2019, the SWTSCSA's aftercare team had 31 applications for family reunification in progress, though it was not clear whether all of these related to young people who arrived via the IRPP & CSP.[33] The team also provided support when families arrived, for example, in relation to accessing social welfare payments and finding school places for siblings. The biggest challenge mentioned by stakeholders in this context was access to accommodation:

> **But, you know, we've had families arrive here on family**

33 This data was provided by email by the Tusla SWTSCSA. It was also unclear as to whether additional social workers (rather than the aftercare team) had additional applications in process.

reunification that have to go to homeless services. We had one where the father went back home to Afghanistan because he didn't want to be walking around the streets of Dublin with his luggage. And that's outrageously sad.

6.5 Summary of Key Points

A key transformational goal in BOBF is strengthening transitions: children and young people face multiple transitions – arriving in a new country, starting a new school, moving to a new community and making new friends. The findings of this study highlight the need to plan for and provide coordinated interagency supports – as advocated by the BOBF framework – in relation to these transitions. These supports should focus on early intervention, supporting children, young people and their families to manage transitions but also supporting service providers, local communities and schools to facilitate integration and inclusion from the outset. In supporting parents, emphasis needs to be placed on enabling parents to access the labour market, something which will facilitate their integration and inclusion and the integration and inclusion of their children.

The evidence presented here suggests that quality youth work services have an important role to play in supporting the integration of young people in a manner which is empowering, participatory and rights-based. Youth work services have the potential to enable newcomers to adjust to life in Ireland, while retaining their cultural identity. They can also serve to provide a space for young people from different backgrounds to engage in intercultural dialogue. Youth work services should engage with the whole refugee family rather than only focusing on the young people.

In order to provide quality services which effectively support the integration and inclusion of children, young people and their families, mechanisms must be put in place to evaluate outcomes in the short, medium and long term, taking into account key factors such as gender, age and ethnicity. The findings of this study provide some insight into gender as a factor in the experience of integration, with girls highlighting examples of prejudice based on cultural and gender stereotypes and this needs further investigation. Services and practices have been rolled out in the absence of an established evidence base, with few previous evaluations available to inform practice, and no provision for evaluation of the current programme. Related to this, limited opportunities for resettlement programmes to learn from one another appears to be associated with a considerable level of inefficiency and reinventing the wheel as well as disparities between the services provided in different counties.

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The evidence presented here suggests that quality youth work services have an important role to play in supporting the integration of young people in a manner which is empowering, participatory and rights-based.

Recommendations

Since the completion of this study, a number of initiatives have been undertaken across areas relevant to this report that have informed the development of the report's recommendations set out below. This includes the publication of the Findings of Joint Inspectorate and NEPS Visits to Education Settings in Emergency Reception and Orientation Centres (EROCs) in relation to education. The Second National Intercultural Health Strategy, published in 2018, seeks to improve issues related to the health of ethnic minorities living in Ireland including refugees. In August 2019, the Department of Justice and Equality published National Standards for accommodation offered to people in the protection process which set out minimum standards that are also intended to be applied to EROCs.

- Develop a framework and strategy for the implementation of the Irish Refugee Protection Programme: An implementation framework would ensure that resettlement in a local community is implemented in a consistent and sustainable way. This framework and strategy should include proposed guidelines for implementation in local areas, timelines, indicators and associated budget lines. It should also outline roles and responsibilities and signpost follow on supports.

- Develop and implement a monitoring and evaluation tool for resettlement support programmes: A monitoring and evaluation tool would support the development of an evidence base and inform best practice for resettlement support programmes. This would ensure that outcomes are monitored, best practice collated, and the experience and expertise of resettlement support workers is not lost when programmes end.

- Develop a toolkit and training for community resettlement support staff: Training conducted on a national basis would ensure implementing partners are not 'reinventing the wheel' in their implementation of the programme as well as provide consistency for children and families availing of their services. A toolkit could provide guidance, examples of good practice and methodologies for consulting with refugee children and young people about how best to meet their needs through the programme.

- Review the effectiveness of the information provided to refugee parents and children, both accompanied and unaccompanied, on services available to them: Refugee parents and children should be informed prior to arrival, on arrival and on an ongoing basis about the range of supports and interventions that are available to them. These supports relate to the education system and related supports, the health service including mental health services, family support, childcare, community integration and youth services so that they know what to expect and can make informed decisions. To ensure this information is relayed effectively, it should be updated on a regularly based on feedback from the families themselves.

- Provide all stakeholders working with refugee children with access to appropriate training courses. Training courses should be provided in relation to the impact of war, displacement and trauma on children; the challenges of resettlement; and intercultural and anti-racism awareness. These stakeholders should include staff of EROCs, resettlement support staff and those working with unaccompanied minors. In addition, professionals working in mainstream primary care and education services need to receive this training so that they are sufficiently equipped to be able to identify issues and intervene or make referrals, especially after resettlement programmes have been concluded.

Emergency Reception and Orientation Centres (EROCs)

- The minimum standards outlined in the National Standards for accommodation offered to people in the protection process should apply to EROCs including provision of own-door accommodation for families, which includes private living space and food preparation facilities, access to appropriate indoor and outdoor recreational facilities and activities in the EROC for children and young people. The management team in each EROC should include a Reception Officer with a QQI level 7 (social care background or equivalent) and skills to identify and respond to residents with special reception needs.

- Children and young people should be facilitated to engage in recreational activities with their peers in the local community.

- Staff in EROCs should receive appropriate cultural awareness and anti-racism training prior to commencing their work in the centre and have access to Continuous Professional Development (CPD).

- Consideration should be given to resettling families directly into communities upon arrival rather than spending time in the EROC, as happens under community sponsorship.

Health

- Refugee children should have access to dental assessments upon arrival by a qualified dentist. These assessments should inform the development of a treatment plan.

- The HSE should develop a programme and implementation plan to develop cultural competence in primary care and specialist mental health services that includes guidance and a training programme for staff on appropriate interventions and support for refugee children and families.

- Resource the HSE to fulfil its commitment in the Second National Intercultural Health Strategy 2018 – 2023 to '[p]rovide intercultural awareness training to all relevant staff and take into account the needs of staff who work with a diverse population'.

- The HSE and Safetynet should collect and collate statistics regarding the outcomes of health assessments to inform plans for providing health services for refugee children and young people and their families.

- Primary care and mental health service staff should receive intercultural communication skills training including training on how to work with interpreters. Interpreters should have access to training on the particular issue that is being addressed (for example child welfare and protection or mental health issues).

- Amend the Health Act 2007 to ensure that the Health Information and Quality Authority (HIQA) can inspect supported lodgings where separated children are often placed when they arrive into Ireland.

Education

- Examine possible models for provision of formalised support to accompanied and unaccompanied refugee students as they undergo transitions within the educational system, similar to the Supported Transition model (Scanlon & Doyle, 2018). Under the model, the young refugee is placed at the centre of the transition process, by building natural circles of support within their community supported by external agencies.

- Provide tailored education programmes through Education and Training Boards (ETBs) for refugee young people in need of support, for young people with little or no previous formal education and for young people in need of pre-immersion intensive English as an Additional Language (EAL) support. To achieve this ETBs should be resourced to employ a number of suitably skilled teachers who would be responsible for the development of appropriate language provision and induction

resources and for teaching students both during and after school hours.

- Review existing teacher training and CPD that is available to teachers working with refugees in relation to the specific needs of refugee children – including trauma-sensitive training and the impact of their experiences on their education and learning; equality, diversity and anti-racism training; and how best to support their learning of EAL. High-quality EAL training should be identified and sourced for teachers and education professionals in schools that receive refugee students (including EROC schools). All teachers should be provided with specific training in initial teacher training colleges as well as ongoing issue-based CPD to develop effective EAL provision and practice. While there are some supports available, it is important to build awareness of these resources with teachers. A review of existing resources would identify any gaps.

- The support of EAL students should be considered as a whole-school approach and should be planned for and organised based on students' needs. This should apply to intake/registration procedures, assessment of English language, first language literacy and previous education, class/ year placement, organisation of EAL support in class and on a withdrawal basis, parental and community involvement. There is scope both for EAL on a withdrawal basis - which should be organised in a way that maximises learner progress - as well as in-class support provided by all subject teachers. Resources that support the acquisition of subject specific vocabulary and academic writing skills for EAL learners should be prioritised and provided to all schools. Teachers should be supported with specific, practical and subject-specific resource material and training.

- Where a school is part of the School Completion Programme (SCP), the Home School Community Liaison Officer should play a key role in supporting parents, including support in integrating into the school community, involving refugee parents in school-based activities and organising language and conversation classes for parents. The SCP should also provide supports for students to help them integrate into school and to support them through before and after school activities.

- In cases where mainstream education options are not appropriate for post-16 EAL learners with significant gaps in their formal education, alternative education options (such as Youthreach, Apprenticeships, Community Training Centres) should be explored as possible options and these alternatives should be resourced to work effectively with EAL learners.

- Professional guidance counselling should be made available at various stages so that young people from refugee backgrounds and their families are able to make informed decisions about their education options.

- Ensure that schools with a high concentration of pupils requiring EAL are aware that they can continue to apply for, and are provided with, Additional Allocations for Schools with High Concentrations of Pupils that require Language Support (EAL) in accordance with the procedures set out in the primary school staffing schedule for the 2019/20 school year. Where this might be refused, it is important that schools know that they can make an appeal to the Independent Post Primary Teachers Appeals Board for additional resources where they meet the stated criteria.

- Education information packs translated into the relevant languages should be made available in EROCs to ensure that children, young people and their parents receive sufficient information on the education system, available supports, pathways and progression routes to allow them to make informed decisions.

- Allocate additional resources from Irish Refugee Protection Programme (IRPP) budgets to schools and educational services in which programme refugees/relocated asylum seekers are enrolled and ascertain whether funds allocated in this way are recoupable from the Asylum, Migration and Integration Fund (AMIF).

- Review guidelines and policies on the assessment and intake procedures for refugee, migrant and EAL students to ensure that there is a consistent approach to helping children both academically and socially across educational services at all levels. This should include the *Guidelines on intercultural education in the primary and post-primary settings*, published by the National Council for Curriculum and Assessment and the range of resources by National Educational Psychological Service (NEPS) to support the inclusion of children from all backgrounds in education. Guidance on how to monitor and assess EAL learners' progress in order to review placement, resource allocation and teacher support should also be included.

- Schools should receive funding to enable them to access interpreting support where necessary. Children and young people whose first language is not English should be supported to access mother tongue supports so that they can acquire/maintain oral and written proficiency.

Community Integration and Family Support

- Consult with refugee children and adults following their resettlement in the local community on how the resources allocated to the resettlement programme can best be utilised to meet their needs.

- The IRPP should develop and provide resettlement workers and intercultural workers with additional guidance and support in fulfilling their roles in supporting orientation and integration. Provide additional opportunities to learn from good practice in integration from peers in other counties and in other jurisdictions.

- Provide dedicated resources and supports to child and youth organisations to work with refugee young people to enable them to develop and build friendships in local communities. Ensure that provision is made in resettlement budgets for anti-racism work to be carried out within local communities.

- Facilitate access to youth services for young refugees both during their time in EROCs and following resettlement. Ensure that a representative of youth work services is included on the various Interagency Working Groups/Committees.

- Support language acquisition and integration of parents with young children by introducing ways to support their English-language acquisition alongside their children (such as Parent and Baby/Toddler groups with EAL element).

- Provide tailored supports to parents to access education, training and employment which can foster inclusion and allow them to provide economic security for their children.

- Tailored family support programmes should be developed for refugee parents to support them in adjusting to parenting in a new context. This could be done through the Prevention, Partnership and Family Support Programme or Family Resource Centres that link in with EROCs at a local level.

Future Research

- Longitudinal research should be carried out to examine the experiences of child refugees and their outcomes over time across a range of dimensions including health, education, child welfare, social inclusion and integration.

- A robust evaluation of the Irish reception and resettlement models for refugees should be conducted. This should be conducted in the context of international best practice evidence with a particular focus on the rights and needs of children.

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Founded in 1995, the Children's Rights Alliance unites over 100 members working together to make Ireland one of the best places in the world to be a child. We change the lives of all children in Ireland by making sure that their rights are respected and protected in our laws, policies and services.

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