

**The Challenges Experienced
By Social-care Workers Working with
Separated Migrant Children in Residential Care Settings**

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Table of Contents

Contents.....	2
Acknowledgements.....	3
Abstract.....	4
Introduction.....	5
Literature Review.....	9
Methodology.....	20
Result.....	25
Discussion.....	35
References.....	40
Appendix	44

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Abstract

This study examined and analysed social care workers' account of their work with separated migrant children in a residential care setting. The dramatic changes in the composition of Irish society and the unprecedented increase in numbers of migrant children posed a major challenge to the government in general and the social care profession, that struggles to cope with multi-ethnicity, in particular. Studies suggest that there is a lack in the social services provided to separated migrant children while they face the challenge of integrating into the Irish culture. Irish social care professionals are confronted with new ordeals linked with disruption, control and prejudice. The professional skills, level of awareness, experience, and outcome of social care work with migrant children are part of what this research aims to explore. The objective of this study is to promoting better awareness of cross-cultural values and beliefs. With the use of qualitative research method for this study, the procedure consists of face to face and email interviews, which sought to explore the experiences, understanding and perspectives of social care practitioners in their roles. The findings in the study have emerged with three main themes: cultural differences, language difficulties, and lack of resources. These cover a variety of issues including lack of cultural foods, lack of support for religious beliefs, lack of facilities and inadequate provision of interpretation services. Support has been found to be inadequate, an absence of a legal framework for the provision of care to migrant children in residential care Ireland has been revealed. Separated migrant children are expected to adapt to the existing system in place, rather than the social care services be responsive to their multi-ethnic needs. The findings also reflect the views and personal experiences of the social care workers in their roles. Cultural experiences have been found to be more of self-learning through working with these children, rather than developed through institutionally provided trainings and workshops.

1. INTRODUCTION

Quite recently Ireland has become visibly diverse in a comparatively short period of time (Smyth et al, 2009), as a result of the remarkable boost of inward migration. This increase was due to not just returning emigrants, but also asylum seekers, refugees and a significant number of people from the new European Union member states. It was a result of the “Celtic Tiger” boom, which coincided with the lifting of control on people’s movement within the European Union. Amongst the new settlers in Ireland, there were ‘unaccompanied minors’ or ‘separated children’ seeking asylum, as per the following definition by Smith (2010) is as follows:

“Separated children are under 18 years of age, outside their country of origin and separated from both parents, and their previous legal, or customary primary caregiver. Some children are totally alone while others, who are also the concern of the SCEP, may be living with extended family members who are not necessarily their customary or primary caregivers. All such children are separated children and entitled to international protection under a broad range of international and regional instruments. The SCEP uses the word ‘separated’ rather than ‘unaccompanied’ because it more accurately defines the essential problem that such children face. Namely, that they lack the care and protections of their parents or primary caregiver and as a consequence suffer socially and psychologically from this separation” (Smith, 2010).

These migrant children in Ireland were “mostly accommodated in specially designated hostels, by the Health Service Executive, whose statutory duty it is, to officially care for unaccompanied children” (Smyth et al, 2009, p. 8). According to Mooten (2006) majority of these children in Europe are adolescent, most of them are

under the age of 16.

The number of separated children seeking asylum in the state rose suddenly and rapidly in such a way that neither the government nor non-statutory agencies ever anticipated it. "Therefore, administrative procedures and care services have had to be responsive to emergent needs rather than having developed thought advance planning" (Veale et al, 2003, p. 13). By March 2003 there were one thousand, three hundred and sixteen separated minors under the care of Health Boards, now the Health Service Executives (HSE, 2011).

Under the Child Care Act, 1991 and the Refugee Act, 1996 the HSE is responsible for the care needs, the provision of care placement, and the social, medical and psychological services, to separated children. However the care provided was found inadequate and different from those provided to Irish children. In other words, a two-tier care system existed: the Irish children in similar circumstances received better quality care services than the migrant children, who were treated as though they had no voices (Ombudsman for Children's Office, 2009a, p. 14).

In 1999 the Irish Refugee Council (IRC) published a report on the legal and social conditions of separated children seeking asylum in Ireland, which found that the State was providing inadequate support to separated migrant children, their legal, social, and cultural needs were not met (Irish Refugee Council, 2001). A subsequent report by the Irish Refugee Council in 2003, which updated the 1999 report, found that there was a critical need for the migration and integration policies to recognize children's views (Veale & Gibbons, 2003).

According to the figures from the Department of Justice Equality and Law Reform, between 2004 and June 2009, there were six hundred and three applications for asylum sought by separated children (Ombudsman for Children's Office, 2009a). These separated children were placed in residential care by the HSE, although the care provision was found to be

inadequate.

According to the Ombudsman for Children's Office (2009) these migrant children, experience severe poverty, social exclusion, language difficulties, racism, and institutional barriers, were placing them at "risk of multiple breaches of their rights". Social care workers, working with these children or young adults from varying ethnic, religious, social and cultural backgrounds, continue to face immense difficulty focusing on their needs. Furthermore, the key legislation significant to the care of these unaccompanied migrant children: The Child Care Act, 1991 "makes no specific reference" to them (Joyce & Quinn, 2009, p. 28).

Aim and Objectives of the Study

This study aims to explore social care practice with migrant children focusing on separated children in residential care settings in Ireland. It looks at the social changes: immigration and diversity as underpinning the existence of separated children today's Irish society. Social care professionals are confronted with new ordeals linked with disruption, control, prejudice and problems of plurality for the Irish social policy, particularly in response to the care needs of migrant children. The study explores the professional skills, levels of awareness, cultural experience, and the outcome of social care work with separated children. The author would also aim to promoting better awareness of cross cultural values and beliefs.

The primary focus of this study is to explore the level of care services available to all migrant separated children within the framework of the Child Care Act of 1991, United Nations Convention on the Rights of the Child and the Separated Children in Europe Programme (Ombudsman for Children's Office, 2009a, p. 43). It examines social care professionals' level

of cultural awareness and their effectiveness in a culturally diverse context using the following framework as adapted by Torode, et al. (2001): Anti-Operation/Anti-discrimination practice, Anti-racism Interculturalism/Multiculturalism, Human rights and Social inclusion.

Research Questions

This research aims to gather information on the basis of these three fundamental questions:

1. What are the experiences of social care professionals in their work with separated migrant children? What are the specific problems they face?
2. Do social care professionals feel culturally competent in their work with the children from diverse ethnic minority backgrounds, within frameworks such as anti-racism, interculturalism, anti-oppressive /anti-discriminatory practice, Human Rights, and social exclusion? Do they get any special training with regard to those issues?

2. LITERATURE REVIEW

Ireland has experienced a huge inflow of migrants since the 1990s; as a result of this its demography has changed. Between the years 2000 and 2010, about 5,984 migrant children came to the attention of the government as having arrived without the company of any parent or adult to seek asylum in Ireland (Barnardos, 2010). Those children are referred to as separated children or migrant children.

The increase of separated children in Ireland is only a recent phenomenon, and has posed a new challenge to services in general, and to social care practice in particular, mainly as a result of the significant changes in the fabric of the Irish society from a traditional white homogenous society to a multicultural one. This literature review explores social care practice with those migrant children who are separated from their families and have experienced various traumatic events such as violence, war, and human trafficking. It reviews the synopsis of services provided for separated children in Ireland, bringing into light different problems and gaps in practice. The access to literature identified in the area of study within the Irish context was very patchy, with only a small number of studies. This huge limitation illuminates the fact that research is required to understand the complexities and dynamics that involves working with migrant children from diverse backgrounds in the residential care settings. Nonetheless references are drawn from UK literature and journals on the challenges of care provision for separated children.

Separated Children and New Irish Social Challenges

Immigration into Ireland in the mid-1990s transformed the country from a traditionally monoculture society (Quinn, et al., 2005) into a multicultural society. During this period,

there was an unprecedented influx of refugees and asylum seeking children. According to the latest census (2011) there are 544,357 non-Irish living in Ireland (CSO, 2012). Between the year 2000 and 2009, there were 64,740 applications for refugee status and 15,448 applications of those identified as separated children (Barnardos, 2010). The term 'separated child', as defined by the United Nations, is any child under eighteen years of age, outside their own country of origin and separated from their parents or care-givers (Kohli, 2006a and Barnardos, 2010). Subsequently, any person within this category in any country seeking asylum will need the care and protection of that country (United Nations High Commission For Refugees, 1994).

It is nearly impossible to summarize how and why separated children leave their countries of origin to seek asylum in Ireland or any other country, because every child has a different story (Kohli, 2009a and Barnardos, 2009). But several studies have found that separated children who seek asylum have experienced various traumatic events such as: "the death or persecution of family members; the persecution of the young person themselves; forced recruitment; trafficking; rape sexual violence" (Ayotte, 2000, Lynch & Cunningham 2000, Gracey, 2003, Bhabha & Finch, 2006, Hart & Tyrer, 2006, Hopkins & Hill, 2006 as cited in Hopkins, 2008, p. 38). At the points of entry, the one thing that is apparent according to Kohli (2006a) is that these minors appear to not have a clue why they have been sent to another country. This notwithstanding, it remains as a fact that these children are seen as desperately in need of continued care and protection (Joyce & Quinn, 2009), but instead of this they often experience marginalization within societies. Being a child and living alone in a foreign country is enough trauma for anyone to bear. Amongst refugee children in general, there are the separated children that are the most at risk "because of the interplay between traumatic experiences and separation from significant emotional relationship" (Goodman,

2004, as cited in Hopkins, 2008, p. 38).

Separated children come from diverse ethnic origins (Crawley, 2004, as cited in Hopkins, 2008) and from a wide range of countries. In Ireland, the majority of them come from Nigeria, Pakistan, China, Democratic Republic of Congo, Zimbabwe and Georgia etc (ORAC). These children come in with numerous needs resulting from separation, loss and social disruption. Some are believed to have come because of poor health and chronic illnesses, such as, “sickle-cell anaemia or Hepatitis B” whilst others come either for a better education or to be reunited with their families (Joyce & Quinn, 2009, p. 9). But irrespective of their reasons, when they arrive in Ireland, they are deprived of the same quality of care as the indigenous children in need, with the same rights (Kohli, 2006b). For example, the majority of separated children are accommodated in hostels, instead of mainstream residential care settings like the indigenous children, which signal their lack of inclusion in the Irish society (Joyce & Quinn, 2009).

Barnardos’ study looks at the social change of immigration and diversity, which underpin the existence of separated children in today’s Irish society. It reviews the current policies, legislation and international law on the Rights of the Child. Under the United Nations Convention on the Rights of the Child, children, irrespective of their legal status, ought to be cared for and must be protected (United Nations High Commission for Refugees, 1994).

Separated Children and New Legal Rules

Ireland has an obligation of an equal treatment and opportunity for both Irish citizens and non-Irish residents in accordance with national legislation, including the Childcare Act

(1991) and international law, particularly the “1951 Refugee Convention, the 1996-7 Protocol Relating to the Status of Refugees, and the 1989 UN Convention on the Rights of the Child” ratified in 1992 (Corbett, 2008, p. 18).

Furthermore, Articles 12 and 20 of the UNCRC requires that asylum seeking children have the right to a say on issues concerning them (Ombudsman for Children, 2009), and they should be protected and assisted with substitute family care or accommodation with due consideration to their diverse cultures (Corbett, 2008). But the present Immigration, Residence and Protection Bill (2008) does not include the “principle of best interests of the child as an overarching principal”, neither does it clarify the services for separated or trafficked children; nor does it include a definition of ‘separated children’ (Barnardos, 2009).

The outlining of the legislation, that became neither Criminal Law (Human Trafficking) Act nor IRP Bill, did not create any mechanism for improving the care and protection of separated children in Ireland (Corbett, 2008 and Barnardos, 2011). Despite Ireland’s national and international obligations towards asylum seeking children, it has not passed on some general rights or any legislation on the rights of the asylum children.

Lack of Unified Policy Concerning Separated Children

Presently in Ireland, there are an estimated 4700 separated children under the care of the HSE which is legally obligated to provide separated children with accommodation, medical and social needs (Barnardos, 2010). The Child Care Act 1991, as broad as it is, does not contain the term ‘separated child’, but places an “obligation on the HSE to have regard to the principle that is generally in the child’s best interest” (Joyce & Ouinn, 2009, p. 28). There is

evidently a gap between legislation enacted to protect children in Ireland and professional practice (Dunkerley et al., 2005) because different professionals employ different sections of the Child Care Act 1991 in their practice (Barnardos, 2009). For example, separated children who are signed into care are sometimes signed to voluntary care under section 4 or a full care order under section 18. Some HSE areas use section 5, which offers accommodation for homeless children and other times the section which permit authorities to request for an emergency care order are, used (Barnardos, 2009).

Additionally, there are gross irregularities in the way care is provided to separated children in Ireland (Corbett, 2008). For example, outside Dublin, there is no after office hours service available, so separated children are dealt with differently according to the application of the Childcare Act, 1991 (Joyce & Quinn, 2009).

Cultural Differences

Cultural diversity is now a part of the fabric of Irish society and a huge challenge for social care workers and separated children (McCann-James et al., 2009). For these children, who have been separated from their family members, in order to develop a sense of belonging, it is critical to be able to find their places within their communities and learn to cope with the issues affecting them (Allot & Robb, 1998). The social care practitioners are additionally faced with the challenge of meeting their cultural needs. Cultural barriers affect care provision and according to McCann-James (as cited in Share & Mc Elwee, 2005) multicultural practices are hardly a part of social care training, even though professionals are faced with the challenges of providing adequate quality care for children with different cultural characteristics from the dominant Irish culture.

Conversely, the educational system through which migrant children can actively participate in intercultural education inhibits them through structural barriers (O’Loingsigh, 2001, as cited in Share & McElwee, 2005). Many of these children cannot access their own cultural foods, and/or religious practices. Previous studies found that whereas some migrant children prefer cook their own cultural food they are not able to do it because the hostels lack the facilities required (Vekie, 2003, as cited in Veale et al. 2003). Some of these children fled from their countries as a result of religious persecution and are experiencing difficulties practising their religion (Veale et al., 2003). Generally, the services for minority culture within the Irish society are neglected as those which are available are structured for the majority culture (Fanning, 2007).

According to McCann-James, cultural competency in Ireland is based on the knowledge of inter-culturalism underpinned by the National Action Plan against Racism (NPAR) framework of protection, inclusion, recognition, participation and provision (Share & McElwee, 2005). But most separated children are accommodated in unregistered private hostels with staff that have no knowledge of their “cultural, linguistic and religious needs”, and they are excluded from the mainstream Irish society (Veale et al., 2003, p. 41 and Corbett, 2008). The ratio of separated children to care staff is higher than that for the Irish children in care. For example, one project worker per a hostel of more than fifteen separated children compared to about five qualified staff per a registered residential centre of six Irish youths (Ombudsman for Children’s Office, 2010). Social care practitioners are also faced with huge increases in their workloads coupled with the scale of meeting the complex and diverse needs of these children, resulting in “frustration and eventually burn-out” (Veale et al., 2003, p. 48).

Separated children do not have individualised care plan which would enable social care workers to adequately support their needs (Veale et al., 2003). This sort of practice falls below the standard required for Irish children in care and is described as a lack of equity in service provision. Emily Logan of the Ombudsman for Children's Office asserts that this sort of double standard of care given to the 'separated children' is a discriminatory practice; stating that Ireland is in breach of its duty under the Convention on the Rights of the Child (Mooten, 2006).

Language as a Barrier

In Ireland spoken English is essential for effective communication between social care workers and migrant children and good communication is central in providing good care (Allon & Robb, 1998). It has been pointed out that language is not necessarily about words only, but as well as the "meaning attributed to the use of particular words within a cultural and experiential framework" (Allon & Robb, 1998, p. 97). Language is not used just for communication, it is important for freedom of expression; it is a way of releasing emotions, cultural identity and shared values (Allon & Robb, 1998). As well as cultural barriers facing both social care professionals and migrant children, there is also the challenge of language barriers. Many migrant children arrived in the state without the knowledge of English language, which made them feeling isolated and lonely (McCann-James et al., 2009).

According to Lyons et al., (2008, p. 270) "communication difficulties also impact on service providers' perceptions of non-compliance or non-conformation" with the provision of law on

the Child Acts 1999. In providing care for migrant children from a multi-lingual background, language difficulty arises. McCann-James (as cited in Share & McElwee, 2005) points out that there are difficulties in cultural understanding when client and worker do not speak the same language. In that case there is a need to access the use of round the clock interpreter's services (Allot & Robb, 1998). According to Veale et al. (2003, p. 98) "separated children must be provided with suitable interpreters who speak their preferred language when they require access to services". The language barrier is a huge problem for social care workers who are overstretched and under-resourced and faced with an increased challenge of implementing practical and effective care services for separated children. Separated children lack sufficient support and supervision and this, as Mooten (2006) notices, has a damaging effect on their emotional and physical well-being, and their educational advancement. It is said that, majority of the adolescent separated children "are at risk of engaging in unsafe sexual behaviour, drug and alcohol abuse" (Mooten, 2006, p. 43). Between the year 2000 and 2009, about 502 separated children went missing from State care, with 44 still unaccounted for (Ombudsman for Children's Office, Corbett, 2008 and Barnardos, 2010). It is believed that the missing children might have been involved in trafficking for sexual exploitation, because two of them were eventually found in brothels (Barnardos, 2009).

Review of Social Care Training

Social care is a profession that is "committed to planning and delivery of quality care and other support services for individual with identified needs" (IASCE, 2005, cited in McCann-James et al., 2009, p. 15). The recent increase in the number of separated children from different countries has posed yet another challenge for the social care profession and many Irish people who were only familiar with one dominant culture (McCann-James et al., 2009).

As essential as it is in providing quality care for these separated migrant children, other needs, such as their cultural needs, are yet to be met (McCann-James, cited in Share & McElwee, 2005). In order to focus on the needs of these children from varying ethnic backgrounds, social care practitioners require the knowledge of cultural awareness training. Since multicultural practises are not often part of a care professionals training, they are faced with the duty of informing their practice with theoretical and skill-based experience in cultural diversity by themselves.

According to McCann-James “this is not a challenge that will be easily met, but it can be addressed purposefully and systematically” (Share & McElwee, 2005, p. 325). He asserts that social care professionals lacked the skill of engaging, planning and the cultural awareness necessary to promote plurality of cultures, required to meet the needs of these children, therefore concerns have been raised in Ireland over the quality of care provision for separated children.

Social Care in UK Contest

In order to better understand the situation of separated children in Ireland a short description of their situation in UK could be beneficial. According to the UK Home Office statistic (2004a), there were 41,475 separated children living in UK by the end September 2004 (Dunkerley, et al. 2005). They live semi-independently in private hostels without supervision and adequate supports services. Similar to Ireland, the authorities responsible for the well – being of these children are seen to fail the legal duties towards them. According to Kohli (2006b) the existing legislation the Child Care Act (1989) is restrictive and often wrongly interpreted and employed by care providers. There is disparity in the support for separated

children. Their needs are either “ignored or misunderstood by service providers who act defensively in creating restrictions in the way resources can be accessed to help them resettle” (Kohli, 2006b, p. 1).

The challenges discussed above as experienced by social care practitioners in Ireland are also visible in the practice of care providers in the UK. However, a UK study by Kohli (2006) on the subject showed that there is a shift from being guards, to being guardians to these children. In order to achieve effective practice, social workers had to work through the domains of cohesion, coherence, and connection, recognizing that “resettlement mean bringing order, peace and the rhythm of ordinary life back into refugee lives” (Kohli, 2006b, p. 9).

Social Care and Good Practice

Social work professionals are more “constructively critical and reflective in their work and learning” (Kidd-Keating 2009, p. 89). The on-going routine improvement of social care profession and social theory has given rise to a more open and enquiring professional, with a duty to provide quality care to children and youth in need of care outside their direct families. This change in residential care and other substitute care have been spearheaded by national and international movements. The Ombudsman for Children’s Office has recently reported progress on the standard of care for separated asylum seeking children. The proportions of children in hostel rooms have been reduced, there are social care staffs in hostels, and there is a move toward placing all separated children in mainstream care settings (Ombudsman for Children’s Office, 2009b). While there has been some slight improvement in the care provided for these vulnerable groups of children, the Ombudsman for Children’s Office

reiterates that it still cannot be compared to that given to the Irish children in care (Ombudsman for Children's Office, 2009b).

Conclusion

This review has looked at the new trend in the arrival of separated children into Ireland and the grim challenges it presents to the HSE, as a result of the unanticipated, large-scale increase in the numbers referred to them for care provision. This review tried to cover the enormous challenges social care professionals' face, when meeting the diverse needs of these separated children within a complex legislative framework. Services provided for separated children are noted to be discriminatory and below the standard required for Irish children in care. This lack of equity in service provision for separated children is not only an issue in Ireland, but also in UK as per the literature reviewed. Although a slight improvement in the care provided for separated children was noted, nevertheless it still cannot be compared to that given to the Irish children in care.

3. METHODOLOGY

This part focuses on the explanation on how the study was carried out, the design, the description of the study population, sample used and the sample technique. The survey instruments, validity and reliability of the instrument, the administration of the instrument as well as method of data analysis of the study are also stated.

Research Design

The research focuses on the experiences of social care workers working with children from ethnically diverse background. The path to finding answers to one's research questions depends on the research methodology (Kumar, 2005). This study used a qualitative approach. Qualitative research method best suited the purpose and objective of this research bearing in mind the motivating factors underpinning this investigation (Denscombe, 2003). The researcher believes that people's experiences can be captured and tested through this method. According to Mark (1996, p. 211), qualitative research approaches “study phenomena using general description to describe and explain”. Qualitative research is the exploration of phenomena, using a comprehensive and holistic methodology through the gathering of rich narrative materials (Parahoo, 1997).

Despite the fact that a qualitative method is an unstructured approach, its procedures, methods and techniques have been tested for validity and reliability. Mark (1996, p. 31) indicated that "the results are complex and rich...more than quantitative research; the results of qualitative research closely for the reality of person or cases studied" More so, Alston & Bowles (2003, p. 10) identifies that qualitative research methods studies and interprets social phenomenon with an aim to understanding the relationship between cause and effects leading to how people experience life. This study adopted an 'exploratory research' approach which is

focused on exploring a new phenomenon (Blaxter et al., 2001) as the research aims to explore the level of awareness and effectiveness of social care work practice with ethnically diverse children within a social context, so as to informed best practice.

The research design used for this study requires primary and secondary data collection. Primary data collection involves the researcher collecting first hand data in the form of interviews utilizing a semi-structured interview technique with open-ended questions to gather in-depth information, because it is easy and may lead to context-rich answers in order to provide a clearer understanding of issues that could arise during the process. The questions for the interview were prepared explicitly and located within the research aims to help keep the study focused. One of the strengths of in-depth interviews according to Thyre (2009, P. 309) is its flexibility which provides an opportunity to capture the dynamics of individuals' feelings through their perception of lived experiences.

The secondary data was gathered from research and literature that have already been carried out by other researchers and authors, in the form of books, journals, internet websites, newspapers and government reports, to highlight the challenges experienced by social-care workers, working with separated migrant children in residential care settings. The secondary source of data collection that was used was allowing historical research for comparative analysis.

Materials

The data were collected with a digital recorder; pen and paper, all of the interviews were subsequently transcribed and transmitted into Nvivo 9 for analysis. Nvivo 9 is a qualitative

data analysis which allows the researcher to conduct a thematic analysis of each question. NVivo is a 'computer – based qualitative data analyses' soft-ware. This method used to analyze the data collected is considered appropriate to get a very rich outcome. Thematic analysis allows the researcher to be able to interpret the participant's respond to the research questions, identifies some common themes and issues that arises in the interview. Using thematic analysis for analysing qualitative data takes a step-by-step process. This is discussed in the procedures section.

Participants

This research adopts a purposeful sampling with a criteria sampling and a small snowball sampling techniques which came unanticipated. Because the researcher was unable to get the total amount of participant needed for the study at the first attempt, so she ask the first respondent to direct her to other people who could meet up with the study criteria (Pitney & Parker, 2009). The first two respondents for this research were approached physically and subsequent respondents (five) through emails. The sample size was 7 social care workers working with separated migrant children in residential care setting. The respondents were both male and female, one male and 6 female, aged 18 and above, including Irish and non-Irish (2 Irish, 3 EU's and 3 Africans) to gain wider experiences and for different opinion. The respondents were specially selected for the study based on their direct work with separated migrant children in residential care setting, they were full time as well as part-time workers.

Procedure

Blaxter et al. (2006) state that interviews can either take a form of face-to-face meetings, or can be conducted by phone, or by e-mail and both of methods were utilized in this study. As said earlier, the interview took two forms: first one was a semi-structured face to face interview and second one email interview. The questionnaire consisted of 10 open-ended questions. The interviews were conducted with seven social care workers from different ethnic background in order to get more in-depth and rounded view of their beliefs and opinions in relation to cultural diversity and the needs of ethnic minority children in residential care settings. The first interview was conducted face-to-face with two respondents and was carried out in one of the respondent home for 45mins-long in form of a discussion, which allows the respondents to talk at length. On a few occasions we experienced interruptions from the respondent's children, who accommodated us, but the overall situation was manageable, since the interruption was minimal. The second interviews with 5 respondents were carried out by email. Copies of the interview questions were sent to the participants through email and questions were answered and send back to the researcher. The research was conducted over two week's period, and all participants voluntarily participated without any financial gratification.

Ethical consideration

When doing a research it is essential that ethical consideration is taken into account.

With regards to the social care code of ethics, there were no ethical issues raised throughout the research process, as the research aimed to be conscious of such issues. Access to secondary sources was gained from the college library resources. Also, access to the sample population and data collection raised no concerns as identities of participant were protected

and presented anonymously without altering the data collection by pertaining confidentiality. Having explicitly outlined the purpose and relevance of the research, written consent was obtained, bearing in mind issues of consent that might rise about protecting the identities of the respondents because of presumed repercussions. According to Blaxter et al. (2006, p. 158) the researcher ought to “exercise responsibilities in the process of data collection, analysis and dissemination”. Therefore, the researcher aimed at gaining trust and focussed on the group which has been studied, assuring the participants that the main objective of the study was to inform best practice, by exploring their levels of awareness. A pilot on the interview question was conducted, and numbers of the semi structured interview questions were adjusted because they were perceived as questions that could cause unease among the respondents.

Data analysis

The last part of the procedure was the analysis part which was thematic analysis and thematic analysis usually takes a step by step process. The first step that was taken by the researcher was familiarizing herself with the transmitted data in the Nvivo, by reading the data over and over to get a sense of what is being said by all the respondents. The researcher then took the next step by interpreting the data to her understanding and make notes. The next step is coding the data, finding out interesting data and naming them with words that trigger thinking. Moreover, the analysis continued as seeing that some of the themes are similar to each other. The next step was forming a tree node by organising similar themes into a category, and finally arrived at some themes. Three themes with sub-headings were identified at the end of this process, which the full report will be given in the result sections.

4. RESULTS

This research explored the challenges facing social care workers in their work with separated migrant children in residential care settings. The findings which arose from the analysed interviews emerged with three major themes. Data are analysed under this three main themes and they are discussed with reference to the purpose of the aims and objectives of the study.

The three major themes that emerged from the data gathered are:

- Cultural differences
- Language barrier
- Lack of resources

In the analysis, quotes from the respondents are used to illustrate the contents of the themes.

Cultural differences

As it has been discussed in the literature review of this study, cultural difference is a major challenge to social care professionals in their work with children from ethnic background (McCann-James, 2005, as cited in Share & McElwee, 2005). It is not surprising that the findings proved cultural differences being the highest challenges to social care workers in relation to their work with migrant children. In the analysis of the data offered, most of the respondents said that cultural differences were the biggest challenge they face in their work with separated migrant children. Some of the cultural issues mentioned were eye contact, cultural food, and religious beliefs.

Eye contact

Eye contact was one of the examples of cultural differences mentioned by most of the respondents. Eye contact provides important social and emotional information during verbal conversation. Eye contact is very important in every verbal conversation, and the use of it

read different meanings in different culture. Respondent 1(from Nigeria) confirmed that

Nigerian for example, when one's parent or someone in a top position, such as, one's manager in work place or a rich person in the community or even an elderly person is talking to you, you do not look straight into that person's face, you either look down or bow your head, this shows a sign of respect. (Respondent No. 1)

But it is interpreted differently in western culture; such act could be understood as an example of so called "shifty eyes". Another respondent (Resp. No.2) noticed that simple things like 'eye contact for example can be misunderstood'.

'For example, when an Irish person is talking to you, you need to look straight to each other's eyes but members of another culture may not share that same belief' (Respondent No.4)

One of the respondent interviewed through email noted, that, people generally do not have the same way of expression as he state that:

'In fact working with immigrant children is complex; for example, we all have different expressions, behaviors are deferent, the way i see thing as an African may be different to an Irish man and may be interpreted differently to an English man' (Respondent No. 6)

Cultural food

It is known from previous studies that some migrant children prefer to eat their own cultural food; in this research all of the respondents agreed that the migrant children in their care in the hostel love to eat their cultural food. Respondents observed that migrant children from different nationalities have different cultural food from the Irish people which they were not able to cook due to lack of facilities:

'Working with African migrants gave me the awareness that food was a major part of their culture as drink is part of Irish people. To prepare food is very important but they didn't have the opportunity in the hostels to prepare food for themselves. That opportunity is denial when in direct provision'. (Respondent No.4, an Irish lady)

Respondent No.4 further said:

'some of these children that are above 10 sometimes use to complained about the food prepared for them, some do say the food is all about Irish, some said they missed their home town food...' (Respondent No.4)

Religious Beliefs

Some children fled countries of origin due to religious persecution. According to article 30 of the Convention on the Right of the Child they are entitled to practice their religion (Veale et al. 2003.) Young people experience difficulties in having their religious practices accommodated (Ombudsman for Children's Office, 2009a). As earlier discussed in chapter two, the lack of provision for religious diversity in the hostels is a challenge to many of the respondents. Respondent No .2 stated that *'many of these children expressed their devotion of religious beliefs and the need to understand and support customs'*.

'Another respondent noted: 'Taking religion as an example, we have different belief system and mode of worshipping for Muslims are different and there is no facility available for that... I mean facility for the Muslims to perform their ways of worshipping' (Respondent No.1)

Language barrier

English language is crucial for effective communication between social care workers and separated migrant children in the residential care. Good communication is vital to providing good care (Allon & Robb, 1998). There was a strong link between the literature reviewed and the respondents' expressed opinions. As these children are from a multi-lingual background there were numerous cases of lack of communication, and misrepresentation. Lyons et al. (2008, p. 270) assert that "Communication difficulties also impact on service providers' perceptions of non-compliance or non-conformation". Language barrier is a huge problem for social care workers who are overstretched and under-resourced (McCann-James, 2005, as

cited in Share & McElwee, 2005). Most of the respondents noted that they may not have provided the appropriate services to migrant children because of their inability to communicate effectively in order to the accurate history or information required. They also said that the lack of English language proficiency on the part of the migrant children often led to misrepresentation. Similar comment where made by most of the respondent, as they mention that:

'...language barrier is one of the biggest challenges that Social care workers face when serving migrant children (Respondent No. 2)

'...some examples of this are language barriers and different interpretations of body language. Such as, misunderstanding which may occur because the received meaning of the various unusual behaviors' messages which is often found to be offensive, even if they were not meant to be so (Respondent No. 6).

'...often we would speak to the girls on the phone, staff or may not be able to understand each other. Miscommunication happened on several occasions... (Resp. No.2)

'Sometime you could get them offended due to misinterpretations and misunderstanding' (Respondent No. 3)

'Language... barriers prevent effective interaction between social care workers and separated migrant children we serve'. (Respondent No. 4)

'Sometime these children may misinterpret what is said to them. Or they may seem to switch off and not listen due to their difficulty in making sense of what they hear. This in turn will affect how they communicate'. (Respondent No. 4)

Respondents declared that language difficulties and poor communication impacted heavily on their work with some of these children who either had limited or no English at all or had heavily accented diction. Another communication issue raised by to some respondents is

'...not language but content i.e. expression/comments indicating different meanings' (Respondent No. 7)

One of the respondent admitted that *second language acquisition is a problem to these children* as it is to anyone who do not acquired them in family, during their primary

socialization (*Respondent No.1*). A respondent state that *some do not understand nor speak English at all (Respondent No. 2)* Another said that *reading, writing, and English speaking (Respondent No. 5)* is difficult for some of this children and is a big issue of concern to them as the rest of the respondent agreed.

Language difficulties, mostly led to the absence of communication between service providers and these children, led to word misinterpretations (Respondent No.7)

Lack of resources

This study find out that some of the residential care centres lack resources such as cultural training for social care workers, facilities to meet the cultural needs of these separated migrant children in care and social support for migrant children.

Lack of training

This research found out that separated children are placed in hostels with staff that have no knowledge of their cultural needs. As the interviews of social care professionals show, the skills of cultural awareness is required for plurality of cultural needs of theses separated migrant children. All of the respondents assert that they want to see cultural awareness training as a support service in their organisations. The entire interviewed group admitted that they received no form of cultural awareness training before working with these groups of children.

Some of the respondent highlighted:

'There should be training for us, relating to multiculturalism but unfortunately we did not receive any training. Anything that we learn was from conferences that we went to ourselves. We also learnt about some of the African tribes from the girls themselves so I guess you could say we learnt on our feet as we went along' (Respondent No. 4).

Requirement for training and education on cultural awareness give typical response:

'I will like to see that there is training for staff such as interculturalism, anti-racism and so on, so we can have the knowledge about migrant children, so that communication issue will not be a barrier. This in turn will give migrant children more opportunity to relate with their social workers, if they know they can be understood better' (Respondent No. 2)

'More intercultural training for staff to give them awareness about migrant children, probably staff to be encouraged to go on holidays to developing countries, adequate communication between staff and migrant children, and give migrant children more opportunity to integrate with their new community' (Respondent No.1).

'I will want to see that employers make different multicultural courses available for social care workers; i mean there should be access to appropriate training, technical assistance and resources related to immigrant culture' (Respondent No.5).

Awareness and education

Most of the respondents (6 of them) admitted that the only cultural learning available for them over the years they have been working with migrant has been self-learning. One of the respondents said that:

'...cultural awareness was a lot of self education on top of what we would have learnt in collage. So when I was in college there wasn't a lot done around separated children because they were still accessing the units that Irish young people can access. So in relation to the education I received it was very, very little'. (Respondent No.2)

Another respondent's state,

'Although, I'm traditionally trained in social care, but my cultural learning is fundamentally gained through on-going self-directed and experienced based learning (Respondent No.5)

'...dealing with a migrant is a very difficult thing because they all come from different ethnic back ground and religion (Respondent No.3)

'I am not aware of much deferent culture nor understand the language many of those who do not speak English speak. But i' trying my best' (Respondent No.7).

'Social workers should be provided with cultural competency trainings, which will develop their knowledge and skills to interact effectively with

people of different cultures. (Respondent No.6)

'...all social care workers need basic training, a forum in which to discuss issues of culture and language diversity... for migrant children and support in developing anti-racism and intercultural policies (Respondent No.7)

Lack of facilities

This research finds out that residential care centres are not provided with the necessary facilities that will enable the social workers to meet up with the cultural needs of these separated migrant children, as many of the respondents comment on the

'...lack of facilities and resources is an issue of concern; therefore it is important that social care workers access resources to ensure that they are assessing children for appropriate cultural services. (Respondent No.6)

'... the center where I work lack of facilities for cultural provision for migrant children' (Respondent No.3)

Another respondent says that:

'I understand that there is no one culture that is exactly alike, for example... some of this children that are Muslims, will say they are forbidden from eating pork yet we serve them pork due to lack of facilities to provide for their cultural food' (Respondent No.2).

Nearly all of the respondents commented on this issue:

'...residential centres need the necessary resources to meet the needs and to support separated migrant children effectively in terms of their cultural needs' (Respondent No.7)

'...there is a need for more resources and funding to provide worthwhile facilities to residential centers, such facilities to prepare food from their own culture', (Respondent No.1)

'...lack of facilities for different cultural provision, such as, provide for the children's food from their own culture...' (Respondent No. 7)

There is need for specialized training for interpreters, facilities and cooks that that can prepare food difference types of food to suit this separated children other than just Irish food (Respondent No5.).

'...there are not enough bilingual or bicultural staff members or an adequate number of translation services available to ensure clear communication between immigrant children' (Respondent No.2)

Lack of social support

This research found out that these children also experience restrictions. The Child Care Act, 1991, which provides a framework for provision, may not contain a specific restriction on migrant children, but restrictions are evident in fulfilling their a physical, emotional, and psychological needs (Veale, et al., 2003). The comments from respondents suggest that there are significant problems for migrant children accessing social care provision. A respondent noted that

'...if you look at the Child Care Act which states that young person must receive adequate care from the hierarchy of needs. But separated children were not receiving the same services that Irish children receive even though they fall under the same brackets as children who should receive care under the Child Care Act' (Respondent No.1)

According to Veale et al (2003:98) "separated children must be provided with suitable interpreters who speak their preferred language whenever they require...access to services". But this is not the case. One of the respondents narrated her frustration when a young girl was denied an interpreter. She said:

'...on many occasion an interpreters would not be readily available. There was an occasion when one of the girls, say about 9 years old, wanted to speak to somebody. She didn't have good English so she requested an interpreter. She was told that in order for her to get an interpreter they will employ the services for a full day, that is nine hours, but she only needed one for less than two hours. So she was denied and she needed to talk to someone about a pressing problem' (Respondent No.2)

Respondent No. 3 and 7 were among the few interviewees to challenge involvement with child welfare system:

'The unique needs of migrant's children can make involvement with the child welfare system even more challenging. These children not only face language and cultural barriers they also face limited resources. Issues related to language and culture can affect service delivery. In order to fully deliver appropriate services for these children, we as their social care workers should have knowledge and understanding of cultural issues, while government in their own part should make provision for enough resources, for a successfully delivery of cultural needs for separated migrant children' (Respondent No.3)

Respondent No. 7 agreed with respondent NO. 3 on cultural provision and supports, as mentioned that:

'...there should be support in developing anti-racism and intercultural policies...' (Respondent No. 7)

Personal Experiences of Social Care Workers

Overall respondents had positive views about migrant children. But they also agreed that they are faced with many challenges in providing services in the best interest of these groups of children. Some of their experiences are as follows:

'During the course of my work I have enjoyed the opportunities I have had working migrant children. It would have been helpful if training and cultural courses had been provided to staff before the children came into care' (Respondent No. 6)

Respondent No.2 state that her personal experience working with separated migrant children has been a fantastic one, she confessed that, she gets to learn different thing every day, which include differences in different culture as those children came from different cultural background. While, highlighting that, there is need for formal cultural awareness, as she mentioned that:

'...dealing with a migrant is a very difficult thing because they all come from different ethnic back ground and religion... 'It is hard to learn a lot about different Countries and their cultures i find it hard myself, if i must say, there is difficulties accepting certain cultural trait'. (Respondent No.2)

The believe that cultural differences where more of leaning through working with different ethnic minorities and seen as an opportunity for to leaning were also mentioned by respondent No. 3, as she mentioned that:

'Working with migrant children has been a great opportunity for me to learn about different cultures but will be better if there will be provision for cultural awareness training. I believe in my ability to manage challenging behavior effectively, and this rooted in our own self-awareness',

Unanticipated Data/Findings

Racism

Due to the nature of the interview and email technique used in this study, the data collected identified some unanticipated findings. Racism was not a subject studied here, but it surfaced from the discussions. There were different views on the topic, one respondent noted that

'...a racial comment from others is due to lack of knowledge' (Respondent No.5)

Respondent No. 7 state that:

'over the years my work with migrant has made me to see that migrant children do not only face difficulties back in their home countries, but also face racism and rejection even here in Ireland' (Respondent No.7).

Realistically it would have been more surprising if racism did not emerge in this study because it reflects the reality of the present Irish society (Farrell & Watt, 2001). Despite the fact that Ireland is said to be “committed to ensuring that all forms of racism are combated in the most comprehensive manner (Human Rights Council, 2012).

It is surprising that such behaviour still occurs in the residential centres as this study clearly shows, despite the fact that the “existing legislation already provides for prohibition of racial discrimination, and for humanitarian treatment of migrants and persons of non-Irish origin. The reason for this may be just a lack of knowledge, since “comprehensive training in these areas” (Human Rights Council, 2012, p. 5-6), have not to be made available to the social care professional and as not been included as part of the requirements for professional social care workers who want to work with migrants generally.

5. DISCUSSIONS

According to Joyce & Quinn (2009) some of the hostels for separated migrant children are extremely under-resourced. Social care professionals were confronted with new ordeals linked with disruption, control, prejudice and problem of plurality for the Irish social policy, particularly in response to the care needs of migrant children in residential care settings. This research explored the professional skills, levels of awareness, experience, and the outcome of some social care work with these vulnerable groups (separated migrant children), with the objective to identify problematic areas, whilst informing and promoting better awareness of cross-cultural values and beliefs.

The participants for the survey were social care workers working in children's residential care settings. The interviews with the respondents enabled the researcher to explore current practices, and drew attention to cross-cultural awareness as a means to inform best practice when working with separated migrant children from various ethnic origins in care. This importance of this issue cannot be overestimated, because for social care workers to provide "a care service based on best practice, it must have at the core of its policy strategy a regard for cultural diversity and a framework that incorporates into its policy strategy a regard for cultural diversity and a framework that incorporates into its development the inclusion of difference" (McCann-James et al. in Share & McElwee 2005:334).

Separated children are entitled to the same rights as Irish children and should be treated equally. The general findings of this study suggest that social care workers find the level of support provided for them in their role to be insufficient. Migrant children are expected to adapt to the social care services available rather than the services being responsive to their ethnically diverse needs. The sudden boost in the number of ethnic minority children in

Ireland over a short period of time should not be used as a justification by the government for the inadequate provision, as it could be seen from literature review there are countries which underwent the same process before and have already accumulated a number of research which could be used to inform Irish government practice beforehand.

The reality is that Ireland is now officially a multi-ethnic society and ethnic minority children will continue to access the residential services. The issues highlighted in this study need to be addressed in order to inform best practice in the care profession to these vulnerable groups. Suffice to say that there is the need to implement the inter-cultural framework outlined in the National Action Plan against Racism, as discussed in the previous chapters, to promote and facilitate social integration. The next section covers some recommendations that should help social care workers become more effectively and separated children more visible and thereby more likely to experience a safe and meaningful childhood (McCann-James et al. 2009, p. 11).

Conclusions

This study outlined and analysed the findings of the research project under three themes. The findings correspond with the findings which emerged in literature review on the challenges facing social care professionals in their work with migrant children. Findings suggest that the respondents recognised the need for resources provision in their residential centres, and the need for cultural awareness training as a means to informing best practice. The findings concluded with a section on racism being the unanticipated data found during the study.

Recommendations

To promote best practice for separated migrant children in residential care centres, this study will suggest that the best interests of these children should be considered first in all child care services and interventions. Mooten, & Rosenstock-Armie (2006, p. 9) assert that:

“All children who come under the remit of Irish state should be treated in a non-discriminatory manner. Their immigration status should not be the priority: separated children are children first and foremost. All state parties to the UN Convention on the Rights of the child, including Ireland, have an obligation to ensure that they treat all children in their jurisdiction without any discrimination of any kind”.

There should be a legal framework for the provision of care specifically to separated migrant children in residential care settings. Adequate information about children should be provided to social care workers to enable them provide adequate services. There should be interpretation services available to separated children when required. All social care workers should be provided with cultural awareness training before working with migrant children for effective care. The term separated children should be included in child policies and practices. This should also incorporate accompanied migrant children who have been neglected by their parents or legal guardians. There should be a clear aims and objectives outlining the services reflecting the supports and needs of migrant children. They should be socially integrated by the introduction of their cultural food, music, and rituals (McCann-James et al. 2009). Children's religious faith should be respected and all necessary plans to fulfil these should be put in place. Effective advocacy on the part of the social care worker to protect the voices, needs, experiences of the children should be in place (McCann-James et al., 2009).

Limitations and Bias

There were a number of limitations anticipated regarding this study which had nothing to do with the chosen research method. Because this is the first study embarked on, there was little familiarity with the used method. Muhall & Chenail (2008, p. 40) assert that

"While we cannot ignore limitations, the usual references to sample size, generalizability, or probability should not be listed at limitations since they do not hold the same meaning for qualitative research methods as they do for quantitative research methods".

Nonetheless the sample collected was not distributed proportionally across gender. There was less representation of male social care professions than females' respondent in this research. Respondent were seven in total, six female and one male. Of course, the small samples used cannot serve for the broad generalizations and cannot represent all social care professionals working in residential care setting, so the outcome of the research cannot be projected onto general population of care workers.

The researcher's lack of experience and time constraints presented some limitations in the whole process. Time allocated for the project was limited due to the fact that the final year is academically demanding. The greatest challenge, which fortunately did not changed into the greatest limitations of the study, came from the fact that the researcher was officially denied access to the social care workers for interview by their organization. The researcher was able to utilize her informal social network and locate individual social care workers who agreed to be interviewed.

According to Jones et al. (2006) qualitative survey entails the researcher to be embedded in the context and responsive to events in the same context. The same author's further stated

that critics often describe this relationship as biased, but argue that it is one of the strengths of qualitative research. Despite the deferent limitations the researcher maintained its focus and tried to be free from biases; guard against personal belief and values from interfering in the entire study. Research was kept focussed in achieving its aims.

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APPENDIX

Appendix A

DEFINITIONS OF TERMS AND CONCEPTS

Separated Child/Unaccompanied Child: Is a child under the age of 18 years of age, who is outside his/her country of origin and separated from both parents, and previous/legal customary primary care giver.

Migrant: One that moves from one region to another by chance, instinct, or plan or an itinerant worker who travels from one area to another in search of work of good quality of life.

Refugee: someone who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, and is unable to or owing to such fear, is unwilling to avail himself of the protection of that country.

Asylum Seeker: is a person who has crossed an international border or borders, and has made an application for refugee status, but whose claim has not yet been decided.

Appendix B

A letter of consent as presented to the respondents:

Dear xx,

My name is Bamidele Azeez, I am a student of Dublin Business School and I am completing my B.A. (Honours) in Social Science. As part of the program I am required to conducting research that explores the challenges experienced by social care workers working with separated migrant children in residential care setting in Ireland.

The title of my research is: The challenges experienced by social-care workers, working with separated migrant children in residential care settings.

You are invited to take part in this study and participation involves an interview that will take roughly 40 minutes.

Participation is completely voluntary and so you are not obliged to take part. If you do take part and any of the questions do raise difficult feelings, you do not have to answer that question, and/or continue with the interview.

Participation is confidential. If, after the interview has been completed, you wish to have your interview removed from the study this can be accommodated up until the research study is published.

The interview, and all associated documentation, will be securely stored and stored on a password protected computer.

It is important that you understand that by completing and submitting the interview that you are consenting to participate in the study.

Should you require any further information about the research, please contact Bamidele Azeez (delaziz100@hotmail.com) or research coordinator Dr. Anna Wolniak (anna.wolniak@dbs.ie)

Thank you for participating in this study.

Yours sincerely,

Participant Signature: _____ Date: _____

Appendix C

RESEARCH QUESTIONS

This question is designed to explore the challenges facing social care workers in their work with migrant children in the residential care setting.

- 1) **What do you think are the challenges facing social care professionals in their work with migrant children in the residential care setting?**
- 2) **a. Are cultural issues a concern in your work with migrant children?
b. If yes, what are the issue of concern?**
- 3) **Do you feel culturally competent when you work with these children?**
- 4) **Have you attended any training on;**
 - Anti-racism
 - Interculturalism
 - Anti-oppressive /anti-discriminatory practice
 - Human Rights
 - Or and social exclusion
- 5) **Is there any other kind of trainings available in you workplace? Please specify.**
- 6) **a. Are there any culturally diverse services available to migrant children in your residential unit?
b. If yes, list them**
- 7) **What support services would you like to see in place?**
- 8) **a. Have you experienced communication/language difficulties in your work?
b. if yes, what are the language difficulties you have experienced? Please specify?**
- 9) **What is your personal experience with working with migrant children in residential centre?**
- 10) **Other in formations**