

Child Links



Barnardos

Children, their rights
and their needs

Spring/Summer 2000

ISSUE NO. 1

Editorial

EQUALITY AND DIVERSITY

Much of the current debate around refugees and asylum seekers in Ireland has been based on emotions and political point scoring rather than evidence and the experience of those most closely involved. Racist agendas and the lack of a coherent government policy have not helped. Furthermore, throughout this debate very little attention has been paid to the needs and rights of children.

Welcome to this double issue of ChildLinks! Much of the current debate around refugees and asylum seekers in Ireland has been based on emotions and political point-scoring rather than evidence and the experience of those most closely involved. Furthermore, throughout this debate, very little attention has been paid to the needs and rights of children. We know that usually more than

half of any refugee population are children and refugee children are children first and foremost. They share with other children special vulnerability and dependency on adult carers. They also share needs and rights. Most of the articles in this edition of "ChildLinks" refer to the United Nations Convention on the Rights of the Child signed by Ireland in 1990 and subsequently

ratified in 1992. The Convention has remained a seminal document developing the traditional view of children's needs and conferring human and legal rights to children. These rights apply equally to all children within the jurisdiction of signatory states. The most significant set of rights in the Convention are probably the so-called "triangle of rights": the "best interests rule" (art. 3), "non-discrimination" (art. 2) and "participation" (art. 12 and others). The "best interests" rule applies equally to government policy-making and decisions made about individual children. The non-discrimination article requires states to "respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind ..."

Participation is a theme running throughout the Convention and nearly every article concerns some aspect of children's participation in society.

Clearly, the UN Convention on the Rights of the Child impacts on our response to refugee children and children of asylum seekers and as parents, child care practitioners and citizens we are all responsible to ensure that the provisions of the Convention are upheld. I believe that the

contributions to this edition of ChildLinks reflect that responsibility from a variety of perspectives.

Max Cannon describes the challenges faced by a primary school and how this particular school has also recognised the opportunities of working with children of diverse cultural backgrounds. Miranda Cooke reports preliminary findings from her research into changing training needs as a response to increased diversity in childcare.

Laura Almirall presents a summary of her report on separated children who arrive in Ireland without adult carers.

Rosemary Walsh offers very valuable conclusions from her practice as a psychotherapist with refugee children and I am certain that these insights will benefit a wide range of practitioners.

Heino Schonfeld
Editor

INSIDE ... INSIDE ...

- **Separated Children Seeking Asylum in Ireland**
- **Child Refugees and Asylum Seekers and Their Families**
- **The Impact of Immigration on a Primary School Programme**
- **Diversity: The Training of Early Years Professionals**

CHILDLINKS – Newsletter of Barnardos National Children's Resource Centre
Christchurch Square, Dublin 8

Tel: (01) 4549699 Fax: (01) 4530300 Email: ncrc@barnardos.ie ; www.barnardos.ie

Editor: Heino Schonfeld

Letters and contributions are welcome and should be sent to the Editor at the above address.

Views expressed in this publication are those of the authors and do not necessarily reflect Barnardos' Policies.

Separated Children Seeking Asylum in Ireland

A Report on Legal and Social Conditions

Laura Almirall
Irish Refugee Council

In March 1999 the Irish Refugee Council became the Irish partner for the Separated Children in Europe Programme. The Programme is a joint initiative of Save the Children and the United Nations High Commissioner for Refugees and involves 27 countries across Europe. The Programme liaised with these European partners who were responsible for drafting the national assessments on the conditions for separated children in their states. For the purposes of the assessment and the national report a separated child or young person is a person under 18 years of age, outside his/her country of origin and separated from both parents, or their legal/customary primary care-givers.

On the 26th of January 2000 the Irish Refugee Council launched its report on legal and social conditions for separated children seeking asylum in Ireland. The report is the result of a one-year project in which the Irish Refugee Council, with the support of the United Nations High Commissioner for Refugees in Dublin and the Separated Children in Europe Programme has been providing legal advice and representation to separated children seeking asylum in the State.

The Irish Refugee Council provides a specialised service for separated children seeking asylum in Ireland. This service includes asylum interview preparation and attendance, written information and referral services. In the course of our work we have become increasingly aware of the difficulties that separated children encounter as asylum seekers in Ireland. The Irish Refugee Council aims to increase awareness and understanding of these difficulties and stresses the need to address them to ensure the full protection of this vulnerable group.

According to government records the first unaccompanied minor arrived in Ireland in 1996. The numbers have since then increased from 32 at the beginning of 1999 to 87 at the end of January 2000. The following are the main issues of concern to the Irish Refugee Council:

Social conditions

The majority of separated children entering the State are not allocated a social worker or care giver to ensure that their needs are adequately met. Some separated

children are not provided with suitable accommodation and are often forced to share their rooms with adults.

Health

All separated children seeking asylum in the State are entitled to free medical care. The Eastern Health Board provides a specialised psychological service for those in need. Unfortunately many of the separated children are not aware of the existence of the service.

Education

Many separated children are not aware of their entitlement to education in the State. Most of the separated children enrolling in school have found the school themselves. This is even more difficult for those whose native language is not English.

Legal

The Refugee Legal Service offers legal advice and representation at all stages of the asylum procedure. The majority of separated children however do not avail of the service because of lack of information. The vast majority of separated children go through the asylum determination procedure

without being appointed a legal representative and legal guardian responsible for protecting the best interest of the child.

Recommendations

The Irish Refugee Council's main recommendations on separated children seeking asylum in the State are as follows:

1. Separated children should be identified and have a legal guardian or care-giver appointed to protect their best interest. They should be provided with legal advice and representation throughout the asylum determination procedure and during the determination of their legal status in the State. The asylum applications of separated children should be identified and prioritised.
2. Separated children should be placed in suitable accommodation with people of a similar cultural background and age. Their views and opinions should be sought and taken into consideration when possible.

Separated children should have a social worker appointed. This person should be responsible for assessing the child's needs and ensuring that these are met when possible.

3. Separated children in Ireland should always be informed of their rights including the right to education and training. There is a need to create mechanisms to ensure that separated children are informed of their entitlements and services available to them.

The Irish Refugee Council continues to work for the rights of separated children seeking asylum in Ireland. We call on the Irish Government to adopt legislation, policy and practices in line with the UN Convention on the Rights of the Child ratified by Ireland in 1992. The issue of separated children seeking the protection of the Irish Government is one which must be acknowledged and addressed in a positive, proactive and transparent manner. It is with this approach that Ireland can uphold its legal obligations and ensure that separated children who seek refuge are granted the protection they require.

Copies of the report are available from the Irish Refugee Council, 40 Dominic Street, Dublin 1. Tel. (01) 8730042

Laura Almirall
Irish Refugee Council

Child Refugees and Asylum Seekers and Their Families *a Psychological Perspective*

Dr. Rosemary Walsh

Clinical Psychologist with the Eastern Health Board Psychological Service for Refugees and Asylum Seekers

Introduction

Refugees are people who have fled from their homes in fear (Rutter, 1996). According to international statistics collated by the United Nations and other bodies, there are in excess of 18 million refugees world-wide. There are recent indications that this figure is increasing with growing global unrest and conflict affecting civilian lives. For the children of these refugee families, this is a devastating prediction.

The disruption to a child's life of war, civil unrest, persecution and discrimination, marginalisation, exposure to violence or murder, multiple losses, traumatic separation from parents or family, displacement and exile to name but a few characteristic experiences, have obvious risk implications for child development, social and psychological welfare, quality of life and in particular to the refugee family itself. The Medical Foundation for Victims of Torture in Britain have outlined seven issues for refugee children (Melzack, 1995): developmental, repression, violence, secrecy, scapegoating, loss, trauma and change. It is within the context of these therapeutic issues that mental health professionals attempt to understand, work with and help child refugees and their families.

The aim of this article is to raise awareness of several child issues which came to my attention while working as a Clinical Psychologist with the Eastern Health Board Psychological Service for Refugees and Asylum Seekers. After describing my work with this service I will raise several issues relating to refugee children and their families. The purpose of the Clinical Psychology service is to provide appropriate and culturally sensitive support/ interventions to those who encounter difficulties arising while in exile in Ireland.

The Psychology service has particular relevance to people who have been traumatised whether by torture, war or other critical life experience. Over the past year and a half, I have had an opportunity to provide as part of a Psychology team a multifaceted service to refugees and asylum seekers, both adults and children, from several different countries ranging from Russia, Bosnia and Eastern Europe to the African continent including Algeria, Nigeria and Sierra Leone. The service I provide is mainly psychotherapeutic offering psychotherapy and psychosocial counselling support to individuals, couples, groups and families through interpreters if necessary. The refugee psychology team aims through a confidential and trusting therapeutic relationship with clients to help support refugees and asylum seekers take an active role in coping with and resolving their difficulties.

Several categories of people exist under the umbrella term 'refugee' including programme refugee, convention status refugee, asylum seeker and humanitarian leave to remain refugee (See glossary). This delineation refers to the stage of legal and civil process in attaining full rights and security in Ireland but can be confusing to professionals new to the refugee work. Currently, there are in excess of approximately 10,000 refugees and asylum seekers in Ireland but this

figure is not exact and it continually changes. The Psychology service is available to all types of refugees. As it is a specialist service based in North Dublin it is available from several settings across catchment community care areas within the EHB region.

Psychological assessment, crisis intervention, consultation, staff training, and asylum reports are other aspects to my work. I have provided Psychological interventions from a range of settings, at the Psychology out-patient service base, in the community in existing services and schools, in reception centres for programme refugees, in their houses and temporary accommodation. While individual and family therapeutic and assessment work predominated, school and community-based interventions were often carried out in terms of mental health promotion, advice for teachers and other staff, a mother's support group and nursery child work, non-government organisation working group participation and advice, cultural issues liaison and advocacy work. Additionally, as clients would often be referred by Solicitors and NGO's in advance of being linked in with primary care (i.e., General Practitioners), some of the work centred around facilitating clients access to other professional services.

Issues

Resilience

In the context of the multiple adversities to which refugees and asylum seekers can be exposed, the survival and resilience of refugee children is significant.

International perspectives on child refugee work advocates the following four principles which guides my professional practice in relation to resilience: children viewed as active copers not passive victims, indigenous culturally defined coping mechanisms valued (e.g., sometimes helpful to ask child what he/she would normally do to comfort self), resilience acknowledged and rewarded, and time spent establishing trust. This latter point about taking time I consider important given that there is frequently a sense of urgency and crises about this work fuelled possibly by a combination of factors such as media attention, political and legal processes, and one's own sense of being overwhelmed by the enormity of client needs and a concurrent urge to help or rescue which can be a characteristic dynamic among care workers in this field.

Child trauma & loss

In general terms, trauma can be expressed in multiple domains such as emotional, behavioural, cognitive, psychosomatic, social and developmental.

My experience with refugee children is that their suffering is best understood within a developmental context. The age at which the trauma occurred can be useful information as a yard-stick to determine the relative disruption to a child's life. I found this particularly important as when working within cultural diversity one is

often initially unsure of cultural norms. This uncertainty born out of a lack of previous exposure to and experiential knowledge of different cultures can lead to misinterpretation or insensitivity not to mention undermine one's own confidence and professional certainty. Also, an awareness of current developmental issues is important (e.g., an adolescent political refugee, an unaccompanied child without parental attachments), as is exploring the age-related developmental tasks accomplished pre-trauma, and the parental and cultural expectations/beliefs about development and child rearing practices.

The psychological manifestations of refugee childhood trauma that I have encountered are similar to what we know already about children responding to adverse experiences (i.e., depression, anxiety/ phobias, posttraumatic stress reactions, low self-esteem, grief and loss responses, & adjustment difficulties). However, the context is different in terms of usually prolonged, pervasive, repeated and diverse exposure to a range of different co-occurring traumatic experiences often spanning several years of a refugee child's life. Compounding problems include the concomitant destruction of family, friendship, community/home and cultural networks that are generally understood to have a buffering protective function to trauma stress consequences.

While I have learnt that not all refugee children who experience trauma are traumatised, the evidence from both research and therapeutic work is that children's responses to adversity such as war are extremely varied and cannot be predicted with any certainty. This would also be my observation. Children I have worked with frequently suffered substantial difficulties such as psychological trauma and loss. In the context of refugee children and their families, I viewed trauma often as a normal response to extremely abnormal experiences outside the range of usual life experiences such as war, witnessing parental murder and loss of home and school by fire. Children so traumatised often present with features such as nightmares, sleep problems and commonly psychosomatic complaints, headaches and pain.

Regarding refugee child work, there is a lot to learn and a lot to do. Besides direct work with children themselves referred for psychological difficulties, I also value early intervention, preventative and indirect work such as providing an ongoing long-term service to distressed parents throughout the asylum seeking process, follow-up reviews and establishing trust, getting to know families and engaging them around child issues, working therapeutically with traumatised and bereft parents, doing parenting work, supporting NGO staff regarding refugee activities, offering consultation, advice, and training, developing health promotion literature and good practice and service provision policy, staff self-care work and keeping up-to-date with training and information which informs my work with refugees and heightens my cultural sensitivity.

War trauma

Refugee children and families have sometimes experienced war from which they fled. This is particularly true for the Irish Programme Refugees from Vietnam, Bosnia and Kosovo.

The experience of children during the recent Bosnian War (1992-1997) was that of being repeatedly exposed to a wide variety of adverse events/conditions over a prolonged period of time. For example, bombing, bombardment and shelling, sniper attacks, destruction of property, enforced expulsion from their homes and schools, traumatic separations from mother/father/extended family members, displacement, and nutritional deficits, exposure to climatic elements, sudden poverty and lack of shelter, and constant threat to life and safety. Obviously, refugee experiences can be very frightening for children and I have found that families often have

extreme difficulties telling their stories.

One classic and sometimes healthy strategy can be denial and avoidance so parents are often not willing or able to talk with children about their experiences or worries. The impact of silence and keeping secrets is well known to have sometimes adverse consequences. Much has been written elsewhere (cf. Bowlby) about the double bind effect of knowing what you are not supposed to know and feeling what you are not supposed to feel and if there is no conversation there is no way to integrate experiences. However, as professionals working in the area we need to be careful when extrapolating our western notion of healing for use with different cultures. In my experience it is often not helpful for children and their families to 'talk about it' prematurely before trust and security has at least been built. I value simple listening, visiting isolated families and giving practical psychosocial help as important. In my experience, home-sickness, missing siblings and grandparents, worrying about missing fathers, coping with racism in school and disliking the Irish climate are prominent child concerns.

On the other hand, professionals can sometimes unknowingly collude with denial, hide the facts indirectly by not persisting with exploration of issues or being too tentative with their questioning. By responding sensitively to the interpersonal and environmental clues as to when the time for the refugee story to unfold is appropriate one can allow or facilitate the 'forum for conversation'. While we all know that children manifest their distress either by withdrawing or presenting with disruptive behaviour we need to be aware that children from different cultures vary in this regard. For example, more internalising behaviour have been reported in Eastern cultures where family integrity is key to survival. In some parts of Africa expression of difficulties related to sexual abuse/assault may be unwise as community knowledge of same can effect ostracisation.

Loss

Refugee and Asylum seeking children and their families have often experienced multiple losses such as family and cultural bereavements, loss of community, school, home, pets, possessions, way and quality of life, and future certainty. They are usually separated from extended family members, siblings, peers and grandparents with whom they may have close confiding relationships or attachment.

The continuity of their psychological development in social, emotional, educational and health terms is often disturbed. Medical records, examination reports and even basic Birth Certificate evidence as to their identity and existence are often lost or inaccessible.

Parental trauma issues

A further issue for professionals to be concerned with is the impact of parental traumas and refugee status on the second generation (Major, 1998).

The concept of 'transmission of traumas' affecting children not directly exposed to trauma has been raised internationally particular within countries that have a longer tradition of refugees than Ireland. Early intervention and primary prevention (parenting, cultural integration & identity, psycho-education e.t.c.) work appears to be important in mobilising indigenous coping strategies and promoting the resilience of children whose family lives have been profoundly altered by community displacement, cultural change and life in exile. In terms of the psycho-social implications for health promotion for refugee children and families, the focus of refugee work is to 'protect persons fleeing their country for fear of persecution, restore human dignity, encourage and enable self-help, and self-respect,

rebuild trust and confidence, maintain hope in the future and work towards long-term durable solution' (United Nations: UNHCR, 1995).

Also, although a child may have no direct exposure they may develop so-called 'secondary traumatised' as a victim to the impact of parental experiences of violence, persecution, and exile involving, traumatic separation from significant attachments, maternal depression over the death, imprisonment and detention of father, exposure to parental extreme emotional and coping difficulties.

School & integration

Refugee and asylum seeking children and their families can constitute a major challenge to schools.

Several suggestions for integrating refugee children into schools were made at a United Nations Psychosocial Training Workshop which I attended back in 1995 including the following ideas: at the induction stage allocate a key worker, mobilise a peer buddy system, meet with parents with an interpreter if necessary and develop and provide an induction pack. I have found it important to communicate in the families language through mental health and child friendly interpreters who also provide a translation services for the purpose of appointment letters, psycho-educational information e.t.c. My experience is that although it requires time and effort to adopt this approach it yields benefits of respectful and trusting open relationships with families.

Secondly, some curriculum changes may be warranted to include broadened history and geography coverage, new subjects on conflict resolution and politics (particularly for older children), bereavement and loss, art, music and drama to create space for discussion and emotional expression, school-based individual or group counselling to address issues of loss, trauma and cultural transition. English is often a second language and children may need support around bilingualism. Parent involvement within the school has to be encouraged and facilitated. Policy issues need to be addressed, anticipated or developed such as anti-racist, anti-bullying and special needs policy. A well prepared school, Children's hospital, public health centre or therapist can go a long way to lessen the negative experiences encountered by refugee children.

Language & acculturation

A common finding among refugee communities is that the children can learn the English or local language and communicate earlier than parents. Let alone the challenges inherent in bilingual acculturation straddling two cultural systems (i.e., their own and Ireland as a host society) children can often be used as informal interpreters for their parents, adult family members and indeed professionals. While child interpreting may provide a temporary solution to pragmatic and financial difficulties accessing interpreting services, it is not ideal nor a model of good practice. International writing on this issue refers to the role reversal between parents and children that can be fostered which can have a negative consequence for children upon whom the family becomes increasingly dependent. Also, children may be privy and exposed to adult information which may not be developmentally appropriate. The dual role within the family can create dilemmas for children who acculturate faster and may exhibit some behaviours and attitudes unacceptable for parents yet perceived necessary for peer integration purposes. There may be substantial consequent change with which children have to cope in terms of their own community participation: the bilingual aspect, interpreting for parents, elders, status and role change within family, and triangulated relationships.

The Refugee Experience Model

A four stage model of the refugee experience exists in the literature which I have found useful in my work.

This model is particularly important for needs assessment given that most of the usual psychometric measures used by mental health professionals are not applicable or valid for use with non-western people. The four stages include the following upon which I have elaborated to highlight the child's needs within this developmental refugee process:

1. Pre-departure

Experience in the home country of origin

For children this can mean exposure to war, cultural conflicts and violence as mentioned above.

2. Departure

Actual flight or fleeing from home country

The fleeing or 'flight' stage can be extremely frightening and arduous for children. They may be under constant threat of being caught and killed, parents may experience extreme anxiety during this period or frightening emotional reactions which may need to be processed and understood when safety has been reached. They may have to travel or walk long distances without basic needs met, exposure to climatic conditions, extreme cold, heat, often starving.

3. Transition

Time in Refugee Camps or Processing Centres

Time spent in refugee camps can be very stressful for families. Problems such as overcrowding, limited supplies and food can exist creating competition and insecurity.

4. Arrival in host country

Initial and subsequent experiences after arrival in Ireland

Notably, because integration is a two way process, it requires a long-term and multidimensional willingness on behalf of the host society to accept and help refugees to integrate. Access to health, language, work and education is often mentioned as part of determining refugee integration.

Seeking Asylum in Ireland

In order to become a refugee (i.e., for the right to live, work and develop in Ireland) one has to apply for refugee status, and through a series of asylum interviews recount a story of persecution that fulfils some basic criteria composed during the post World War II Geneva Convention (1951).

What this means from a child's perspective is that they and/ or their family have been persecuted within their country of origin (i.e., their homes) or suffered extreme fear-evoking discrimination because of their race, religion, nationality, social group or parental political opinion.

The process by which an asylum seeker becomes a refugee can be long and stressful. Children's parents and family members can be under an immense amount of stress, feeling insecure, unwanted and frustrated and furthermore can sometimes be traumatised. What this can mean for children is that parents may emotionally unavailable, depressed or grieving, anxious and traumatised.

Professional Issues

Implications for child protection

In my own clinical experience and from professional liaison with a variety of child workers, several implications for child protection can

be identified including the following inexhaustible list:

A lack of clarity regarding the current legal position for refugees in relation to child protection may give rise to professional confusion and delays in issues being raised, also refugees themselves not necessarily informed early on about Irish laws and policy regarding for example, physical punishment and sexual abuse reporting.

Under-reporting may be an issue when the suspected or observed abuse is perceived as 'part of the culture'.

Over-reporting may be an issue when normal indigenous child rearing practices are perceived as abuse.

Discontinuity of services can arise when temporarily accommodated refugee families change area, school or community care catchment area which can mean suspicions remain unexplored or are not followed up. Also, given that a trusting relationship is believed to facilitate disclosures more readily, continuous service changes may truncate this process.

The consequences of a disclosure may be substantial in terms of family and community reactions and thus become a deterrent.

The issue of providing appropriate culturally sensitive residential and other care arrangements has yet to be formally addressed.

Language barriers, semantic misunderstandings and cultural misinterpretation for both refugee families and Irish child protection workers are further challenges to be dealt with sensitively.

Religious or ethnic customs, for example female genital mutilation and child marriage need to be explored and own and international views discerned in advance. The UNHCR have developed literature and guidelines on these and related topics as have the Irish Refugee Council. Being aware and up-to-date with available humanitarian thinking in relation to child protection issues helps counteract subjective emotive and experiential biases that can exist when working with refugees. This raises the issue of staff training and organisational resources.

Racism is reported universally as a problem for children and families as minority cultures moving into new societies. A clear communicated anti-racism policy is essential to inform our own work, for community workers and schools, and to empower refugees themselves. The Eastern Health Board and Dublin City Corporation joint Lord Mayor's 'One City-One Peoples' campaign with translated information, policy and staff training I consider a model of good practice and a point from which to address the racism-related child protection issues.

Understanding in a holistic way the stresses that exist within refugee families and may give rise to child protection issues is needed. It may be helpful to consider what supports are required that could be put in place to prevent child abuse and help families cope.

Occupational Hazards of Refugee Work

Several specific issues in working with refugees have been documented which relate to the nature of our response to the work itself namely burnout, countertransference and vicarious traumatisation (Guus van der Veer, 1998).

These terms may appear at first to be too technical and hence not applicable to oneself but in my experience having a language for these processes was an essential buffer to the sometimes overwhelming nature of my work. The latter, vicarious traumatisation is a global concept describing the process by which people working with traumatised clients become traumatised themselves. The sources of this can stem from either a re-awakening of ones own trauma story, a profound empathy with clients, and/ or an anxiety arising out

of client and literature accounts ('stories from the trenches') of human misery, cruelty, brutality, torture and murder that can shatter or challenge ones own 'good world' view making the world appear incredibly unsafe and bleak.

Understanding of this type of stress process can be a vital clue to understanding the impact of trauma on children and their psychological suffering. There are several signs to look out for including increased cynicism, pessimism, feelings of systemic powerlessness/ vulnerability, anger, mistrust, conflictual work relationships, catastrophic thinking regarding outcomes, a sense of danger/ lack of safety or protection, being ostracised or scapegoated, apathy and fatigue. I have found the following coping strategies helpful; identify, admit and accept that it is a normal and valuable learning process, read and talk about it, raise awareness among team members offer and seek appropriate support, reality check with colleagues particular when in an advocate role and watch for excessive subjectivity, learn the 'good-enough' limit and that you are neither invincible nor indispensable, nip sicknesses in the bud so to speak and take sick leave when sick (you need all your strength and defences to function well in this work).

Conclusions

Refugee children and adolescents typically have to cope with the consequences of traumatisation and uprooting (Guus van der Veer, 1998).

They may have been directly exposed to traumatic experiences being the victims or enforced perpetrators of violence themselves, or have witnessed violence in which parents, friends or family were involved.

In terms of engagement, flexibility is essential offering both service-based and domiciliary input, vigilantly follow-up 'did not attend's' (sometimes the timing of service offered is incorrect), anticipate crises and mobilise supports, accept crisis drop-in's (attendance without appointment) as this may be an engagement touchpoint, and be prepared to offer indirect intervention through community and other professional networks by offering staff support, consultation, training and so on.

Most importantly, it is my impression that sometimes the needs of the child can get lost in the midst of the Asylum procedure, the family and broader community needs.

It is therefore crucial for anybody who is in a caring or therapeutic role vis-à-vis the child to re-focus on the child's needs throughout the caring or therapeutic process.

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Useful Terms

The normal usage term 'refugee' is an umbrella term for essentially four different categories (The Refugee Agency, 1996)

Programme Refugee

A person who has been invited to Ireland on foot of a Government decision in response to humanitarian requests from such bodies as the UNHCR (e.g., the Bosnian and Vietnamese programme refugees in Ireland).

Asylum Seeker

A person who seeks to be recognised as a refugee in accordance with the terms of the 1951 Convention relating to the Status of Refugees.

Refugee/Convention Refugee

a person who fulfils the requirements of the definition of a refugee under the 1951 Convention relating to the Status of Refugees, has attended interviews and maybe Appeal Hearings, and is recognised as a refugee.

Humanitarian Leave to Remain

Permission granted to a person to remain in the State. This is granted at the discretion of the Minister for Justice and may be granted, for example, to a person who does not fully meet the requirements of the definition of a refugee under the 1951 Convention relating to the Status of Refugees, but who the Minister decides should be allowed to remain in the State for humanitarian reasons.

Useful Contacts

- Medical Foundation for the Care of Victims of Torture
96 Grafton Road, London NW5 3EJ
(Tel: 0171-813-7777)
- Save the Children Fund
Mary Datchelor House
17 Grove Lane
London SE5 8RD
UNHCR (Dublin Branch, Ireland)
- United Nations High Commission for Refugees
The Refugee Application Centre
79-83 Lr. Mount Street, Dublin 2
(Tel: 01- 6028000)
- The Refugee Legal Service
Timberlay House, 79-83 Lr. Mount Street, Dublin 2
(01-6310800)
- The Irish Refugee Council
40 Dominique Street, Dublin 1
(Tel: 01-8730042)
- The Irish Refugee Agency
Marlborough Court, 15 Marlborough Street, Dublin 1
(Tel: 01-8787200)

The Impact of Immigration on a Primary School Programme

Max Cannon, Principal, Holy Rosary N. S., Tallaght, Dublin 24.

Holy Rosary N.S. in Ballycragh is a primary school with just under three hundred pupils in a developing area near Ballycullen/Boharnabreena in Tallaght. There are seventeen teachers on the staff. Three of these are resource teachers who assist children with learning difficulties. There is also a home/school/community/liason teacher and a resource teacher for traveller children (both shared with nearby schools). The school was built in 1985 initially to serve the pupils from a Local Authority scheme. In the past three years, over a thousand private houses have been constructed in the area and more houses are continuing to be built. The school community reflects the blend of children who are attending the school from various social strata.

Since September 1998 a marked growth has occurred in the number of non-national children attending the school. So far over eighty students mostly from the African continent have enrolled. Sixty of these are still attending the school. Non-nationals now account for over 25% of the total enrolment. This is an unanticipated sharp increase within a one-year period, for which neither parents, pupils nor staff are in any way prepared. Resource teachers have worked hard with the class teacher to accommodate these children in the school. The approach has been reactive rather than planned since it is impossible to predict when some non-national children will arrive and how long they will stay.

In general however while this development has made great demands on staff, it has also been an exciting and challenging experience. The assimilation of these pupils into the school has been easier than expected. This is a reflection on the welcoming response from pupils and parents as well as the efforts made by teachers to ensure that children are looked after in a caring classroom environment.

The term "non-national" refers to asylum-seekers and refugees. Asylum-seekers are people who seek state protection in another country on the grounds that they are fleeing from persecution.

Their children are entitled to primary education but the parents may not seek work. Once they are granted protection, including the right not to be returned to their home country, they become refugees. People with refugee status are entitled to live in the state permanently, work without a work permit and receive health, education, housing and other public services on the same basis as an Irish national. If an asylum seeker has a child born in Ireland, the child automatically becomes an Irish citizen. The child's parents become eligible for residency status, which is renewable annually. Most of the families who have come to us have been or are asylum-seekers.

Most of the non-national children who have arrived in the school have experienced and survived persecution in their home countries. Some have had to flee without baggage and personal belongings, sometimes leaving siblings behind them. Some of the children's parents (either the mother, father, or even both), have been killed. Some children/parents having witnessed members of their community being tortured. English is not the first language for all of the children and few speak it fluently. Several parents would seem to have held professional positions in their own countries and are keen to

have their children get a good education. However a significant number of non-national students:

- Have had their education interrupted,
- Have suffered trauma;
- Have had to endure a lowering of living standards;
- Are living in temporary and cramped accommodation

The integration of non-national children in the school environment is potentially a difficult and formidable task. The most challenging aspect is the language barrier as it involves communication between parent, pupil and the teacher. It is also fundamental if a pupil is to engage with the school curriculum. Religion, culture and family relationships are also totally different to that experienced by the Irish primary teacher. These obstacles can be a deterrent to developing a trusting relationship between the home and the school. They can also give rise to misunderstandings between home and school.

Most non-national families live in recently constructed private houses, which they rent. The Health Board provides temporary accommodation for newly arrived families in an eight-bedroom hostel near the school. This hostel, which has one shared kitchen and three bathrooms, has been occupied by up to thirty people. At present one family with four teenage daughters share two bedrooms. In the same house a single mother from Nigeria lives in one room with her twelve year old son, five year old daughter and six month old baby daughter. This family has lived in these conditions for over a year.

There are families in this hostel from Nigeria, Latvia, Romania, and Poland whose children are enrolled in our school. How difficult, dangerous and despairing must life be in their country of origin if that house represents a better way of life for them?

The arrival of families from Eastern Europe, Asia and Africa would seem to be a trend, which has no obvious sign of discontinuing. There seems to be no strategy for managing this situation. So far school have been left to formulate their own approach to dealing with a potential difficult challenge. Schools need immediate resources, advice and other assistance to integrate and celebrate the cultural diversity, which will ultimately enrich our society.

The main countries of origin of the families in the school are:

Afghanistan	Algeria	Angola	China	Ethiopia
Gambia	India	Kenya	Nigeria	Pakistan
Mozambique	Poland	Nepal	Sudan	Romania

Diversity: **The Training of** *Early Years Professionals*

Miranda Cooke

Post Graduate Student in the Dublin Institute of Technology,
School of Social Sciences, Rathmines.

Diversity is not a new phenomenon in Irish society although the arrival of asylum seekers and refugees sparked plenty of debate in relation to cultural, religious and racial differences. For the purpose of this article diversity shall refer to differences in terms of class, culture, religion, race, gender identity and ability. In each of these groups people can experience prejudice and discrimination due to being different in some way. Therefore in discussing diversity we must also discuss equality and especially how children in our society are treated and whether they have equal chances to reach their full potential. Children who experience prejudice and discrimination will feel rejected and hurt and from observing such behaviour they may learn to treat others in a similar way. Those who are prejudiced and discriminatory are missing opportunities to learn from the differences in our world.

The Irish government has shown a sign of commitment to caring about equality for children in our society by ratifying the UN Convention on the Rights of the Child in 1992. "All the rights in the Convention apply to all children equally whatever their race, sex, religion, language, disability, opinion, or family background"(Curtis, 1996: 70). If training programmes show their commitment to this area this will encourage early years professionals also to contribute to promoting an equal society for our young children.

Difficulties can arise when people live together from diverse groups and these difficulties start with people's attitudes. Robinson and Diaz (1999) refer to how, "Research demonstrates that young children are capable of constructing and acting on negative attitudes towards diversity and difference"(Palmer,1990; Troyna & Hatcher, 1992; MacNaughton,1994). "By 3 years of age (and sometimes even earlier), children

show signs of being influenced by societal norms and biases and may exhibit 'pre-prejudice' towards others on the basis of gender, or race or being differently abled"(Derman-Sparks,1989) By 4 or 5 years of age children may, "use racial reasons for refusing to interact with children different from themselves and exhibit discomfort and rejection of differently abled people"(Derman-Sparks, 1989).

Young children will learn their attitudes from those around them. Micheal MacGréil(1996) carried out a study in Dublin in 1972-73 which he replicated throughout Ireland in 1988-89 . The findings showed an increase in ethnocentrism, the level of homophobia in the Irish population was still very high and in some cases attitudes had hardened especially towards the Travellers. The position of people with disabilities had disimproved slightly. More recent studies show just as gloomy a picture of the

attitudes which young children may be listening to as they grow up in Irish society.

It is vital that training for early years professionals allows students to explore their own attitudes and feelings about diversity if they are to deal with the attitudes of children and their families. Some students may even reflect the attitudes highlighted in these studies.

I am carrying out a qualitative study exploring this issue using case study methodology in a third level college in Dublin. I have also sent out questionnaires to six colleges which represent the different levels of training in this area in Ireland. The Report of the National Forum on Early Childhood Education noted that, "Research on early childhood education in Ireland has been limited"(The Forum Secretariat, 1999: 113), highlighting the important nature of this study in relation to training in early childhood education.

Diversity: ***The Training of*** ***Early Years Professionals***

Continued

The aim of the research is to address three issues and I will discuss the preliminary findings from the case study under each issue:

- To explore why it is important to address the issue of diversity with students in their training.

Some students and teaching staff suggest incidents of discrimination against children in some Early Years Services. It also appears that some students and lecturers experience negative attitudes towards working with children and families from diverse groups among students in the college. As the college has a strong focus on working with children and families who may be "disadvantaged", some staff and students referred to the possibility of reverse discrimination.

- To explore students' and educators' views as to what is important in training when addressing the issue of diversity.

Some students appear to find it difficult to discuss the issue of diversity and their attitudes in the college setting. Some explanations given were groups being too large, one student felt that only positive comments could be aired possibly based on a fear how the group and the lecturer would react. Recommendations from the staff as to what facilitates students discussing their experiences of diversity and discrimination were (i) having time for the discussion to develop, (ii) the group size, (iii) assignments which bring up the issues, (iv) student's experience, (v) their self awareness, (vi) the role of the lecturer in terms of being confidential, self aware, supportive, open, providing examples, and (vii) feeling free of fear or retribution.

- To explore the issues which need to be addressed by colleges/trainers in order to enhance training in this area.

It would appear the best place to begin for colleges/trainers is discussing how important diversity and equality are as issues to be addressed by the course. This can lead to addressing the key role of the early years professional in contributing to promoting an equal society for young children.

If a college is committed, time can then be spent on discussing the recruitment of students and encouraging applications reflecting the diversity in our society, gathering reading lists and resources as requested by staff, workshops can be organised with experts to address the training needs of staff and finally links could be made with other colleges who have training in the area of diversity.

The findings showed how many factors can influence the level of comfort students experience when facing diversity and discrimination. Some of these factors may be their stage of development as an early years professional and how they view their role. For example, some students said they would feel comfortable dealing with a racism scenario between two children. However, this may be due to the fact that they did not consider addressing the issue of racism with the parent, while others did not consider addressing the issue at all as they only focussed on comforting the child who had been called names. Other factors of influence may be the type of their placement, e.g. values base, level of training and policies, their experience, their training, and the issue of the time they spend on placement in terms of developing relationships. Colleges need to be aware of the difficulties students experience in discussing diversity as already outlined, perhaps if outsiders were brought in to facilitate sensitive discussions or lecturers admitted to having difficulties this may encourage students to be more open.

Finally the importance of practical experience came across very strongly from the data and the importance of providing a wide range of experience of diverse groups while on placements. If students only work with certain groups this may militate against other groups. As practical experience is so vital for students in facing diversity, it is important that colleges assess the links they have with the placements. However, before doing so they must be clear about their own position on diversity and equality.

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Resource List

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Published by: Social Science Research Centre 1999

Shelfmark: Ethnic Minorities 13/ID 9568

Asylum in Ireland: A Public Health Perspective

By: Begley, M et al.

Published by: Department of Public Health Medicine and Epidemiology, UCD 1999

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Homelessness, Housing Need and Asylum Seekers in Ireland:

A Report for the Homeless Initiative

By: O'Sullivan, E

Published by: University of Dublin, Trinity College

Shelfmark: Ethnic Minorities 14/ID 9570