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FOCUS TOPIC ARTICLE

Transcending borders: Social support and resilience, the case of separated children

B. Smyth\textsuperscript{a*}, M. Shannon\textsuperscript{b} and P. Dolan\textsuperscript{c}

\textsuperscript{a}CRFC, Life Course Institute, NUI Galway, Newcastle Rd, Galway, Ireland; \textsuperscript{b}School of Social Work, University of Salford, Allerton Building, Manchester, UK; \textsuperscript{c}Child and Family Research Centre, the Life Course Institute, NUI Galway, Galway, Ireland

The specific support needs of separated children are widely documented, with the additional risks and care concerns making this a particularly complex and vulnerable group. More recently, researchers have also turned their attention to the strength and resilience evident within this group. This paper presents a summary of the findings from a small-scale qualitative study undertaken to better understand the perceived social support networks of such young people in the Irish context. The issues of their particular needs and vulnerability along with information about their social support and resilience as key findings from the study are discussed, and tentative recommendations for practice set out. This discussion is informed and contextualized by reference to social support and resilience theory, which is used as a lens to explore issues for this group.

Keywords: separated children; social support; resilience

Introduction

The rights of unaccompanied refugee minors and children seeking asylum are established in international agreements, in particular the United Nations Convention on the Rights of the Child (UNCRC) 1989 which is internationally ratified. Separated children are defined as young people under the age of 18, who are separated from their customary care giver or legal guardian (Smith 2009\textsuperscript{1}). In most industrialized countries there is a clear policy response to the arrival of separated children with a mandate for provision of care for those under 16 and accommodation with support in some form for those in the 16–18 age bracket, varying from residential, foster care, or supported lodgings. Similarly, in the Irish context, whilst the state provided response for asylum seeking families continues to be “Direct Provision” hostel accommodation, for separated children the system has come a long way, evolving from hostel-type accommodation to mainly foster, residential, or supported lodgings. Although the issue of separated children is framed within a child protective/welfare approach, the issue of age assessments is the main exception to this largely supportive stance taken by most western countries. It has been argued, however, that in the past, the particular context in Ireland has been less focused on support. As will be discussed later, this may be due to the precedence of immigration concerns over children’s rights.

\*Corresponding author. Email: bernismyth@patsuam.ie

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It is internationally recognized that refugee and asylum seeking children are a particularly vulnerable group. It is also widely documented that, within this cohort, separated or unaccompanied children have additional risk and care concerns (UNHCR). Increasingly, however, attention is being drawn to the resilience of these young people (Ní Raghallaigh, 2013). The context of the numbers of separated children that have arrived in each country is against the backdrop of increasing globalization and movement of people. The picture for children and young people is even more complex, with cultural norms in some countries of origin of sending children away either to escape from violence/conflict and persecution or to seek educational/economic benefits. Deveci (2012) emphasizes the often violent and deeply traumatic experiences of separated children both in home countries and during migration, particularly where trafficking is a feature. Kohli (2006) points to the frequently encountered “silence” of young people, with their reasons for migration often remaining largely undiscovered. This silence has in some ways rendered them defenseless in the face of the “culture of disbelief” that they may encounter on arrival at a host country.

There has been an increasing focus on this group of children/young people, with dominant themes emerging from studies and literature stemming from an overall concern from OECD countries about this group. There has been a focus on their economic and emotional wellbeing (Kohli, 2006) and often their vulnerability (Ní Raghallaigh & Gilligan, 2010). Eide and Hjern (2013) point out that much of the emphasis has been on psychological and emotional wellbeing or on the mental health of such young people. Here, the focus of research has been on young people’s pre-asylum experiences of war, conflict, trauma, loss, or bereavement, in addition to exposure to harm and disorientation during flight, and resultant emotional/psychological distress.

Key issues for separated children have been identified in the literature as firstly trauma, bereavement from experiencing conflict, war, losing family, and separation from family and friends. Secondly, a dominant issue is dealing with immigration: bureaucracy, the law, and the uncertainty that this involves (Söderqvist, Sjöblom & Bülow, 2014). Furthermore, adaptation to language and culture in a new nation are often issues for the young people (Ní Raghallaigh, 2013). Chronological age and development is a potentially complicating factor, as this may vary in children who have experienced trauma (Kohli & Mather, 2003), resulting in different psychosocial responses to expected norms for their age group.

This paper has utilized the principles of social support theory in the design of the study. A pivotal part of the findings was focused on the young people’s perception of support, with the discussion drawing pertinent lessons from this for separated youth in the Irish context. Social support and resilience are fundamental concepts in the family support literature and are of significance in relation to the resilience and coping mechanisms of this group of children and youth. Social support is a complex system and is defined by Cutrona (2000, p. 7) as “acts that demonstrate responsivity to another’s need.” Exploring the perceived social networks of the young people in this qualitative study provided a valuable insight into their experiences. Social support for adolescents is important in terms of it being a key ingredient of psychosocial wellbeing (Dolan & McGrath, 2006). Emotional support is identified as one of the four forms of social support (Cutrona, 2000) along with practical, esteem, and advice. In particular, the availability of social support, both formal (through services) and informal (family and friends) assists the development of self-esteem and self-efficacy. Crucially, it also serves as a “buffer” for stress when children experience adverse circumstances (McGrath, Brennan, Dolan, & Barnett, 2009). Some of the implications of social support systems
for this group will be discussed later in this paper in relation to the findings, with particular reference to research that suggests that social support provided by parents is recognized as vitally important during adolescence (Dolan & McGrath, 2006) and what this absence meant for the separated children who took part in this study.

Along with this, resilience has emerged as a core concept in the field, defined by Gilligan (2008) as the ability to “bounce back” after adversity, or to thrive despite facing adverse or difficult circumstances. Increasingly, attention is being drawn to the resilience of these young people (Ni Raghallaigh, 2013). The internal and external factors that contribute to resilience are a feature of the literature on separated children. Examining the balance between resilience in the face of difficult experiences and continued risk and vulnerability, Ni Raghallaigh (2013) suggests a more nuanced approach is required. This concept will also be explored further as a feature both of the findings and as a critical point of discussion in this paper.

The Irish context

The particular legal and socio-economic context in Ireland in relation to separated children largely shaped service response, which has changed markedly in the last decade. The late 1990s heralded the first social work referrals in relation to separated children. Dublin, the capital city, was the main port of entry for the vast majority of separated children arriving in Ireland. In 2000, the number of referrals increased from a handful to 502, resulting in a dedicated social work team being established in Dublin (Team for Separated Children Seeking Asylum, TSCSA) to cater for the growing demand for services for these young people (Dunning, 2014). Following this, the peak of referrals was in 2001, with a steady decline in numbers since. Generally, foster care was provided for children under the age of 12 and emergency privately run hostel accommodation was provided for children over 12 who were accepted through age assessment as being minors.

This system, although widely criticized, remained in place until 2012. Outside the Dublin area, provision was on a more ad hoc basis, with both statutory and voluntary providers involved. This study refers to one area where alongside statutory social work referrals, a project was set up primarily to facilitate and support a growing number of separated children and to address needs within the wider teenage asylum seeker and refugee population living in the area. Various care arrangements were put in place for separated children including foster or residential care and supported lodgings. In the intervening years, the national figures of separated children have dropped and services have become more centralized. One positive development is that there are now closer links between the dedicated TSCSA and local social work teams “in order to ensure a seamless transition from intake units to local placements” (TUSLA, 2015).

The study

The lead author was a project worker in a newly established support service for asylum seeking, refugee, and migrant adolescents, as outlined above. The need for this research was in part identified by the experience of direct work with the population. Additionally, the literature suggested that the social support networks of refugee children are an important area for exploration (Williamson, 1998). At the time of the original study, little had been written about the social support networks of adolescent refugees living in Ireland (Cotter, 2004). The findings from this study were subsequently used to inform service provision in the setting.
This paper is informed by a small-scale qualitative research study which sought to identify the types, sources, and quality of social support available to refugee, asylum seeking, and migrant children living in an area of Ireland in 2004. For the purposes of this paper, the authors are solely concerned with the findings relating to the separated children within the sample. A further follow-up study was conducted in 2014–2015, with a particular focus on the experiences and subsequent views of the nine separated children who took part in the original study, from their perspective as young adults. The lead author, who was the main researcher on both occasions, used focused sampling to access participants for the study from the adolescent support project. Ethical approval was granted from the associated University initially as part of a postgraduate research project. Given the particular vulnerabilities of this group, care was taken to ensure that confidentiality and anonymity were retained. Consent was sought from the social worker appointed to each child in loco parentis. Informed consent was given by participants. Personal details, quotations, and case studies have been altered to prevent individual identification of participants. Conducting research with children is a sensitive process, particularly children with additional needs and vulnerabilities such as those experienced by separated children. The rationale for undertaking this piece of research was to provide separated children with a platform to comment on their perceived social support, collectively and as individuals. The relationship of the lead author with participants proved to be both a strength and a potential limitation in that the established relationship encouraged meaningful participation, however, the young people may also have been reluctant to discuss certain information given that the project supported these young people through the asylum process due to fear of the asylum process itself.

The researcher chose to use three validated quantitative tools suitable for adolescents (Dolan, 2006). The tools were designed to provide an overall score but also to elicit specific qualitative information relating to social support and wellbeing. Participants were asked to complete the Social Network Questionnaire, Adolescent Specific Version, Social Provision Scale, Child and Adolescent Specific Version and the General Health Questionnaire. The Social Network Questionnaire establishes who is in the network and the quality of those relationships while the Social Provision Scale identifies types and gives more in-depth information about sources. The General Health Questionnaire was used to access additional self-reported information about mental health. The tools were administered by the project worker or a volunteer who had established a relationship of trust with the young person. The young people were asked additional open-ended questions, with field notes taken. Ten years on, it proved possible to trace and conduct interviews with all nine participants, who discussed their experiences and perceptions of that time retrospectively. The nine separated children who participated were from a variety of countries; they ranged in age from 13 to 17 but were mostly aged between 16 and 17 at the time of the first study. The objectives of the initial study were to identify the perceived social supports available to the group by source, type, and quality, to explore gaps in support, and to determine possible links between perceived social support and wellbeing. The objective of the follow-up interviews was to examine these themes again with a retrospective element and to give these separated children the opportunity to reflect on their experience of state-provided care as adults. Their combined lived experience and reflections enabled the authors to make recommendations for the future care of separated children.
Findings

The findings from the study are presented here in terms of the two main themes that emerged from the initial phase: risk and protective factors. Firstly, with regard to risk factors, it was evident that the separated children had significantly smaller social support networks than the broader cohort of asylum seeking and refugee young people interviewed, coinciding with higher levels of emotional distress. Self-reported mental health concerns were also high. Secondly, in terms of protective factors, other forms of social support had developed for the young people, along with evidence of resilience.

Risk factors

(a) Smaller networks – loss of immediate and extended family networks and social exclusion

Utilizing the Social Network Questionnaire, the findings showed that, with the exception of one participant, the separated children who took part in the study had very small perceived social networks. Eight out of the 9 separated children had 4 or fewer members in their network, with one participant identifying 27 members. In contrast, the mean network size of the overall group was ten members. This finding would suggest that separated children are at a distinct disadvantage and need formal/semi-formal scaffolding in order to access and forge robust social networks. The Social Provision Scale identifies types of support (emotional, practical, esteem, and advice) by source: parent/carer, friend, sibling, and other adult. None of the respondents felt they had optimal support from each of their sources. However, the majority reported that they experienced good support from each source. Advice and concrete (practical) support was the strongest type of perceived support received from parent/carer. Siblings were nominated by three separated children; the remaining six children did not include siblings in their networks, with none reporting having contact with siblings left behind in their home country. Again in the category of “other relative,” none of the children included other relatives apart from three who included a child care worker in the “other relative” category. Friends were considered a good source of all types of support but again, the children scored low for close friends and it was not rated as highly as “other adult” as a reliable source of support. While all could name at least one friend, only five indicated that they had friends they considered “close.” Discussion about friendship indicated that many of the children missed their friends and family and did not value the support they received from friendship relationships in the host country in the same way.

I would not trust friends here in the same way. They say things carelessly. (Participant, 2004)

All of the children in this sample could identify an alternative adult as their carer. In all cases this was their youth worker who was also the strongest source of all types of support. While this finding appears positive and would indicate that each of the separated children felt cared for, it is worthy of note that individual contact with their youth worker was limited to an hour a week and sometimes less. All participants could name a second supportive adult, again provided through formal services (youth work, teachers, and one social worker). Professional help was seen as more accessible and
acceptable in Ireland than their countries of origin. Some cited distrust and corruption as barriers to seeking formal help at home, and in some countries formal support did not exist.

At first, I didn’t know if it was ok to speak to you (laughs). My family was poor, we couldn’t pay for help, if you need help you have to pay, that’s how it works in my country. (Participant, 2004)

As a particular issue, age disputed minors, living alone in adult accommodation centers, reported being largely unsupervised and did not have a designated adult to ensure that their physical and emotional needs were met. Two young people could identify an adult also living in Direct Provision who “looked out” for them, but having no one to be responsible for their general welfare was identified as a huge gap. In the follow-up interviews, some of the young people referred to the tension that existed between seeking out close, compensatory familial type relationships, and the fear of not being believed, leading to distancing, secretive behavior. One young adult noted:

I never asked ... what was going on for him at the time and I never told him what was happening to me (application process). It seemed to be going so badly, I was too afraid so I said nothing. (Participant, 2014)

I don’t ask about people’s families or why they came here. (Participant, 2014)

Family was and remains very important to the separated children who participated in this study.

Family is everything.

was said in three individual interviews in 2004. This sentiment was echoed in the follow-up interviews in 2014. Participants talked about family as people who love you, ... there for each other: (Participant, 2014)

One young person reported,

Even by the age of ten my parents had laid the foundations for the person I am today. (Participant, 2014)

(b) Mental health – trauma, fear, and insecurity both as a result of pre-flight experiences and the asylum process

The mental health of these young people also emerged as a self-reported issue. All of the separated children when interviewed in 2004 expressed self-reported mental health concerns including depression, anxiety, bereavement, and feelings of loss in relation to attachment figures, particularly mothers. Contributing factors, in line with international trends, included trauma experienced in their home country, the “flight,” loss of attachment figures, lack of support, poverty, racism, post-traumatic stress disorder, and anxiety associated with asylum policies and procedures:
There is not much I can do to change things. I have no one to take care of me in the hostel. Physically, I am fine, I can manage. Psychologically, I am not well. Not as healthy as I should be. At night, I have bad dreams. I still meet the psychiatrist in the hospital and I’m on medication. It helps me. I miss my mother most. I don’t like it there [the hostel]. Sometimes, I feel very lonely. (Participant, 2004)

In particular, their application for refugee status was flagged as the greatest challenge to wellbeing.

It is difficult to keep going, what’s the point trying if they going to send me back anyway? (Participant, 2004)

You saw me at my lowest, do you remember the interviews? It was really tough, really tough.” (Participant, 2014)

Participants also referred to the number of times they were compelled to repeat their story as service engagement increased, welcoming the support but pointing to a lack of coordination across services. One young person, who had considerable contact with service providers, expressed frustration at how the child welfare system worked in Ireland, particularly in relation to the delineation of professional roles and responsibilities, and a lack of continuity.

You people confuse me, why can’t I just deal with one person? It’s not good to keep changing. (Participant, 2004)

Being believed was something that emerged as an important theme in both studies. The stress of an adversarial asylum application process, speaking about painful memories, and the feeling of being mistrusted was cited:

You believed me and you believed in me, that was so important to me. (Participant, 2014)

If you haven’t gone through it you can’t imagine what it’s like. At the time you are trying to survive, you try to block it out. It’s really only now, [that] I’m not a kid anymore, I realize how sick [with worry] I was. I don’t think I would be strong [enough] to do it again. (Participant, 2014)

Protective factors

(a) Formal and semi-formal support – caring adults – school and spare time experiences

Overall, respondents saw school as a valuable arena for developing social support networks, creating a sense of belonging, accessing information, and providing recreational outlets. All of the young people in this study had been attending secondary school in 2004. This was considered an extremely positive factor and for some a privilege, as education had been disrupted, of a low standard, or too costly in their country of origin. In the follow-up study, all the children mentioned school as an important means of integrating, and described how key people in school fostered a sense of belonging. Some included teachers who had a positive influence on them in their social networks; teachers who had taken an interest in their development were remembered with fondness and gratitude.
All of the children spoke about school as a positive experience, where they met other young people, participated in extra-curricular activities, and improved knowledge and skills. A difference in cultural value placed on education was reflected in comments made about the poor behavior of some Irish students in school, lack of attention in class, and disrespectful attitude towards teachers. Some mentioned difficulties in adapting to the Irish education system, particularly those who had little or no English on arrival. Stress caused by the application process was also referred to as a barrier, both educationally and socially.

*I was in secondary school and I was unable to concentrate on my studies. There were opportunities for me to travel with my soccer team mates at the time but I was unable. This was a big worry for me. I would skip training for a few weeks coming up to those trips so that they wouldn’t ask me about my passport. They must have thought I was really unreliable.* (Participant, 2014)

All of the participants in the later interviews attributed education as the singularly most important factor in enabling ongoing access to social support and enhancing resilience. Since leaving school, all have continued their education at third level, however, this has proved difficult for some, particularly due to the government policy of international fees for asylum seekers. In the follow-up study, it became apparent that children who had been taken into the care of the state had received after-care and fared far better educationally than disputed minors who, despite being committed to further education, have progressed more slowly, largely due to financial barriers. This in turn has impacted on employment status.

They had hope despite difficulties. Their ability to acknowledge the positives demonstrated the development of resilience.

Participants in the recent interviews reflected on their experience of loss of wider community relationships, but also expressed relief at the personal freedom that life in a community at peace has afforded them. One young person looking back on his childhood, ten years on, talked about the brutality of his home country, curfews, and how the fear of violence still affects him today. He expressed gratitude for the opportunities that coming to Ireland have afforded him.

In discussion, opinions varied in terms of the type of care respondents felt was most suitable for separated children arriving in Ireland. Two participants spoke about the experience of moving from Direct Provision to residential care to foster care.

*If they are 15 or 16 I think they should have their own house, together, but with everything they need. Security, social workers, someone to come in and teach them how to mind themselves, and of course education. But you don’t give them hope and then snatch it away.* (referring to return to direct provision at 18 years of age) (Participant, 2014)

Participants reflected that the experience of foster care can be mixed, in common with other literature. They noted:

*Of course a family is best, but only if they like the child, some people, you just know they are doing it for the money.* (Participant, 2014)

*Me and my foster mom, we are so close, you know, I would never want to lose her.* (Participant, 2014)
In the absence of familial support, discussion indicated that these young people sought and accessed compensatory relationships. One young person described his closest friend as his “brother.” Equally, the perceived support provided by their youth worker, albeit in the form of very limited individual contact, points to the capacity to identify and engage with compensatory support and indicates high levels of resilience and adaptation. Despite experiencing adversity, participants retained hope and determination. This was evidenced by their responsiveness to opportunities to engage in activities and to avail of the support offered:

“You [project worker] gave me the reason to live and believe in myself. You took complete charge of the situation. You kept me busy with events such as Dancing classes, Maths Grinds for Junior Certificate, etc. The events you organized was a great stress relief at the time. Doing what I enjoyed doing was very encouraging and gave me confidence to believe there’s a better tomorrow.” (Participant, 2014)

Discussion
Consistent with the existing body of research, the study revealed that this group of separated children were particularly vulnerable. The key findings that emerged were that the young people’s social support networks were restricted and that they experienced difficulties particular to the condition of being a separated child. Many had experienced loss of immediate and extended family support, through previous bereavement or through the process of separation and migration, which was a key factor in the reduced relationship network. Within this context however, resilience did also emerge as a core element amongst the group.

Establishing relationships of trust since arriving in Ireland had been a difficulty for many of the participants. This is a common issue for separated children in many host countries, particularly where young people are reluctant to disclose information about themselves (Kohli, 2006) or may be dealing with complex emotional issues. Ni Raghallaigh and Gilligan (2010) also refer to a withdrawal from emotional issues as an important coping strategy. As Charles (2009) points out, separated children are faced with many barriers to forming new relationships, with basic factors such as language and cultural issues being compounded by social and emotional factors and uncertainty associated with the asylum process itself. This lack of close supportive relationships can have an effect on emotional-social functioning, therefore it could be suggested that this aspect of the findings indicates a potential risk factor of vulnerability among this group.

Mels, Derluyn, and Broekaert (2013), in examining the social support networks of a group of unaccompanied asylum seeking boys in Belgium concluded that bolstering the amount of social support could indirectly enhance wellbeing through buffering effects (i.e. increased ability to cope). Furthermore, additional social support at a direct level increased social contact and self-esteem, thereby improving psychosocial functioning. Similarly, the findings from this study in the Irish context suggest that a focus on social support networks is crucial and could be directed at points of timely intervention for this group.

Although these factors led to an absence of caring relationships with adults for many, it also coincided with a more limited access to services due to patterns of integration into mainstream Irish society. The context of the integration of migrants as a whole in Ireland was a dimension of this, with poorly developed strategies for support and intervention for refugees and asylum seeking persons. Breen (2008) points out the
minimal intervention strategy pursued by the Irish Government in providing services. It has been argued that the overall rationale of the Irish system was to limit immigration, rather than attend to the needs of migrant groups (Mullally, 2011), and children were no exception. In fact the key pillar of policy response to refugees and asylum seekers was the Direct Provision model, providing basic shelter and food in hostel settings run privately, with no entitlement to welfare provision or housing, now widely recognized as a discriminatory practice, undermining family life and a violation of human rights (Breen, 2008). In the separation of this group from the services and social spaces of the general population, integration was not encouraged and it is within this overall policy context that services to separated children were located. Although some valued support could be derived from living in proximity to others with shared experiences in such settings (Ni Raghallaigh, 2013), it mostly promoted social exclusion.

Associated with this, poverty was a key feature of life for the majority of refugees and asylum seekers. Abunimah and Blower (2010) provide an analysis of the growth in numbers of separated children who arrived in Ireland, with a peak in 2001 resulting in a rapid but very restrictive policy response. The lack of material resources afforded to this group further restricted the possibilities for accessing social and other services, as indicated by the participants. Pursuits such as hobbies or after-school activities could be out of reach due to costs and transport, restricting access to a resource that can enhance resilience and social support (Gilligan, 2000).

The context in Ireland also contributed to one of the weighty concerns for the young people; namely their legal status and the progress of their application for refugee status. The perceived adversarial legal procedures and lengthy timescales led to uncertainty about the future and were identified as the greatest source of stress across the group. In terms of the emotional and psychological issues faced by this group, this aspect appeared to particularly exacerbate the situation, as has been reported elsewhere in Europe for the estimated 100,000 separated children who have sought protection (Arnold, 2011). This raises the issue of place and belonging which is delayed for these children (Denov & Akesson, 2013). The length of time it takes to achieve a determination has been flagged as a risk factor for separated children (UNHCR).

In summarizing the Irish situation, Mulally (2011, p. 1) points out:

the treatment and care of separated children in Ireland has been the subject of continuing controversy, attracting criticism from international and European human rights bodies.

From the time of the original study, there have been some changes in legislation and policy, such as children’s rights being included in the Irish Constitution in 2012, the introduction of the Equity of Care Principle in 2010, and the Immigration Residence and Protection Bill 2010, which sought to reform the immigration system. The closure of hostel-type accommodation for separated children in Ireland in 2012 and a move to foster care as a priority for this group of young people has impacted positively on the number of children who have been reported as missing, many suspected of being the victims of trafficking (Barnardos, 2014 http://www.barnardos.ie/what-we-do/campaign-and-lobby/separated-children.html). A particular issue in Ireland has been the lack of an independent guardian system with an allocated social worker for separated children resulting in a dual service providing care and legal representation. This is out of step with other European countries and has been highlighted by Martin Christie, Horgan, and O’Riordan (2011) and the Irish Refugee Council (Arnold, 2013). Ireland is currently the lead partner on the “Durable Solutions for Separated Children in Project Europe” to
address this and other shortfalls identified in ensuring separated children have full access to their rights under the UCRC.

Returning to the findings of the study, resilience was certainly evident amongst the cohort. The young people were positive about their lives in their host country despite experiencing disadvantages and barriers, expressing gratitude for opportunities and considering themselves independent and able to cope. This showed a good sense of self efficacy, again a vital ingredient of social support and resilience. Eide and Hjern (2013) found good outcomes in the long term with the young people in their study showing a clear sense of agency, having their own hopes for the future and vision looking ahead. This kind of positive outlook and healthy coping mechanisms were similarly evident here. In the absence of family support discussed above, separated children in this study had sought out compensatory/alternative support. This could be seen as a positive outcome and also as evidence of the development of coping strategies and resilience. The ability to form meaningful close attachments to adult figures that could provide support in the absence of close familial relationships could be regarded as a key source of emotional wellbeing.

Ní Raghallaigh (2013), however, points out that vulnerability and risk co-exist for many separated children:

The varied research findings suggest that creating a dichotomy whereby refugee children are seen as either ‘vulnerable’ or ‘resilient’ is over-simplistic. Instead, for many, both vulnerability and resilience may be evident.

This was apparent in the exploration of the children’s social and relational worlds with evidence of poor support networks and associated difficulties running parallel to examples of resilience and self-efficacy.

One of the useful aspects of this study was the consideration of a young person-centered perspective. Social network tools place the young person at the center, with their sources of support, including service provision, situated around them. This type of tool also enables the young person to consider their own sources of support and perhaps to develop reflexivity (Dolan, 2006). It could be suggested that social mapping tools are a strong and highly effective resource for focusing on the child’s perspective. They also clearly identify areas where more support might be needed, therefore providing a platform for services. More significantly, this approach allows the young person to be the “expert” in terms of their personal social support strengths and needs and is therefore an empowerment model for young people who report feeling powerless over their future outcomes.

In considering the focus of support for such young people in the Irish context and beyond, we would argue that the development of mentoring and advocacy programs is crucial. Mentoring has been shown to play a key role in providing informal social ties for young people within a formal program (Dolan & Brady, 2012). They further suggest evidence of its usefulness across a wide spectrum of need and its particular applicability to refugee and asylum seeking children as they attempt to put down roots in new communities. As an example, the SMILE service was introduced by the Refugee Council in the UK in 2008 to provide mentoring support to access education, befriending to increase social networks, and awareness raising to reduce racism and prejudice within the wider population. This program made the distinction between practical support and emotional/esteem support to provide a tailored individual program matched to need (Walker, 2011). Mels et al. (2013), in the Danish context, recommend as a message for
practice from their small-scale study that the development of relationships with host community peers could be an important resource for the young people and could be fostered by intervention. Dolan & Brady (2012) concluded that ideally, mentoring should be “part of” not “apart from” every aspect of their lives. This type of relationship might be best defined as semi-formal.

Similarly, advocacy can develop as a source of social support, with advocates/mentors often being included in social support circles by young people as valued sources of support. The Irish Refugee Council undertook a pilot project, the Independent Advocacy Project, to establish advocacy services for separated children in Ireland with an evaluation suggesting positive feedback, both from the volunteer advocates and the young people. The advocates in this instance were recruited to act in the young persons’ best interests and to familiarize them with Irish asylum proceedings. The advocate helped the young persons set short and longer term goals and also liaised with relevant services to ensure that the young persons’ primary care needs were being met (Smith, 2009). The “Separated Children in Europe” Guidance (2009) also suggests that advocacy go beyond the befriending/mentoring relationship, providing a key adult to work with the young person to help meet personal goals.

**Conclusion**

Consistent with the existing body of research, this study revealed that separated children were particularly vulnerable. Their perceived social support networks were small and this could be linked to loss of immediate and extended family support, an absence of caring relationships with adults, limited access to services, and to poverty. However, resilience was evident within the cohort.

This research enabled exploration of the perceptions of available social support and also identified additional support needs as experienced by separated children at a difficult transitioning period of their lives. Ten years later, their reflections as adults provide a valuable insight into the type and sources of support they would like to see available to other adolescent separated children at this challenging life stage. The research tools used extracted both qualitative and quantitative data; an approach that identified smaller networks across the group but also allowed personal circumstances, responses, and opinions to be expressed. In line with other key literature, this study indicated that separated children have both vulnerabilities and resilience that need to be responded to on an individual basis. Smaller social support networks and the absence of parental and wider family support are characteristic of this group and need to be compensated for by a range of formal and semi-formal support scaffolds. These scaffolds include access to education, good quality legal representation, spare time activities, and care arrangements.

All the participants felt that the presence of a supportive adult who ensured their primary care needs were being met was essential to general wellbeing and had a particularly stress buffering effect on mental health. As in other jurisdictions, these young people acknowledged the particular benefits of semi-formal support provided by a mentor/advocate, serving both as a link to more formal services and enabling access to informal support opportunities. Interestingly, this relationship offered all four types of social support: emotional, practical, advice, and esteem.

A key message from this study is that a hopeful approach to building on strengths, but also an acknowledgement of the risks, along with the identification of supports, could be a particularly effective intervention approach. Thus, the study affirms the value
of social support and resilience as core concepts in relation to separated children in this context and demonstrates that, despite the challenges and limitations these young people experience, resilience and the capacity to make meaningful connections with others transcends borders and has no frontiers.

Disclosure statement
No potential conflict of interest was reported by the authors.

Note
1. For the purposes of this article, we will utilize the term “separated children” as this is the preferred term in the Irish context currently, although other terms will be referred to from the literature.

ORCID
B. Smyth http://orcid.org/0000-0003-4457-6119

References


Appendix 1

Social Provision Scale, Child and Adolescent Specific Version

In answering the next 4 questions, please think about your current relationships with your friends. If you feel a question accurately describes your relationships with your friends, you would say “yes.” If the question does not describe your relationships, you would say “no.” If you cannot decide whether the question describes your relationships with your friends, you may say “sometimes.”

1. Are there friends you can depend on to help you, if you really need it?

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<th>NO</th>
<th>SOMEBE TIMES</th>
<th>YES</th>
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2. Do your relationships with your friends provide you with a sense of acceptance and happiness?

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<th>NO</th>
<th>SOMEBE TIMES</th>
<th>YES</th>
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3. Do you feel your talents and abilities are recognised by your friends?

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<th>NO</th>
<th>SOMEBE TIMES</th>
<th>YES</th>
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4. Is there a friend you could trust to turn to for advice, if you were having problems?

| NO | SOMETIMES | YES |

In answering the next set of questions, please think about your current relationships with your parent(s)/carer.

5. Can you depend on your parent(s)/carer to help you, if you really need it?

| NO | SOMETIMES | YES |

6. Do your relationships with your parent(s)/carer provide you with a sense of acceptance and happiness?

| NO | SOMETIMES | YES |

7. Do you feel your talents and abilities are recognised by your parent(s)/carer?

| NO | SOMETIMES | YES |
8. Could you turn to your parent(s)/carer for advice, if you were having problems?

| NO | SOMETIMES | YES |

In answering the next set of questions, please think about your current relationships with your brother(s) and/or sister(s). Again mark either No Sometimes or YES

9. Can you depend on your brother(s)/sister(s) to help you, if you really need it?

| NO | SOMETIMES | YES |

10. Do your relationships with your brother(s)/sister(s) provide you with a sense of acceptance and happiness?

| NO | SOMETIMES | YES |

11. Do you feel your talents and abilities are recognised by your brother(s)/sister(s)?

| NO | SOMETIMES | YES |
12. Could you turn to your brother(s)/sister(s) for advice, if you were having problems?

| NO | SOMETIMES | YES |

In answering the next set of questions, please think about your current relationships with any other adult person in your community for example a teacher, sports coach or other adult who you know and who supports you.

13. Can you depend on other adult(s) you know to help you, if you really need it?

| NO | SOMETIMES | YES |

14. Do your relationships with this adult(s) provide you with a sense of acceptance and happiness?

| NO | SOMETIMES | YES |

15. Do you feel your talents and abilities are recognised by this adult?

| NO | SOMETIMES | YES |

16. Could you turn to another adult for advice, if you were having problems?

| NO | SOMETIMES | YES |
TIME 1
SOCIAL NETWORK QUESTIONNAIRE

INSTRUCTIONS: Please list below under “NAME”:

- First, the people you see and spend time with during a typical week. You only need to write first names of initials of all the people you see and talk to during a normal week. This would include the people you live with.
- Second, any other people whom you consider your close friends (not already listed). A close friend is a person with whom you really communicate and in whom you can confide about feelings and personal problems. The friendship is valued because of the warmth, caring, and emotional sharing it provides.
- Third, the people whom you consider your casual friends (not already listed). These are people with whom you mainly do activities such as shopping, school work, sports activities, etc.
- Fourth, any relative to whom you feel close (not already listed).
- Finally, if there are other important people in your life that have not already been noted, please write them under “NAME” also.

<table>
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<tr>
<th>NAME</th>
<th>A</th>
<th>B</th>
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The following questions should be answered for each person you’ve just listed. Score your response next to each name. The column letters refer to the questions below.

A. Does "NAME" live in your home?

✓ = YES
X = NO

B. What is "NAME"’s relationship to you?

01 = MOTHER
02 = FATHER
03 = CARER/STEP-PARENT OR FOSTER PARENT
04 = BROTHER/SISTER
05 = OTHER RELATIVE
06 = CLOSE FRIEND
07 = OTHER FRIEND
08 = OTHERS IN RESIDENTIAL SETTING (NOT LISTED AS FRIENDS)
09 = PROFESSIONAL PERSON (PLEASE LIST TYPE)
10 = OTHER PERSON, PLEASE STATE

C. Is most of your contact with "NAME" positive (make you feel good), or negative (make you feel bad)?

1 = BAD
2 = HALF AND HALF
3 = GOOD
GENERAL HEALTH QUESTIONNAIRE

We should like to know if you have had any medical complaints and how your health has been in general, over the last few weeks. Please answer ALL questions by crossing the answer which you think most nearly applies to you. Remember that we want to know about present and recent complaints, not those that you had in the past.

Have you recently:

1. Been able to concentrate on whatever you’re doing?
   Better than usual   Same as usual   Less than usual   Much less than usual

2. Lost much sleep over worry?
   Not at all   No more than usual   Rather more than usual   Much more than usual

3. Felt that you are playing a useful part in things?
   More so than usual   Same as usual   Less useful than usual   Much less useful

4. Felt capable of making decisions about things?
   More so than usual   Same as usual   Less so than usual   Much more than usual

5. Felt constantly under strain?
   Not at all   No more than usual   Rather more than usual   Much more than usual
6. Felt you couldn’t overcome your difficulties?
   Not at all No more than usual Rather more than usual Much more than usual

7. Been able to enjoy your normal day to day activities?
   More so than usual Same as usual Less so than usual Much less than usual

8. Been able to face up to your problems?
   More so than usual Same as usual Less so than usual Much less able

9. Been feeling unhappy and depressed?
   Not at all No more than usual Less so than usual Much more than usual

10. Been losing confidence in yourself?
    Not at all No more than usual Rather more than usual Much more than usual

11. Been thinking of yourself as a worthless person?
    Not at all No more than usual Rather more than usual Much more than usual

12. Been feeling reasonably happy, all things considered?
    More so than usual About same as usual Less so than usual Much less than usual