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The social care needs of unaccompanied minors: The Irish experience

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Abstract

The article examines forms of care which can be used by social workers to best respond to UAM's given their complex needs and particular vulnerability combined with their agency and resilience. The vulnerabilities and agency/resilience of UAMs are examined in the context of multiple borders (cultural, political and physical) being negotiated by these young people. While it focuses on Ireland as an example of a country where care provision for UAMs has improved considerably in recent years, it draws on both Irish and international literature. The article critically analyses the shift from hostel to foster care provision for UAM's in Ireland and explores benefits and difficulties associated with using foster care, while also discussing the use of alternative forms of care, such as residential care. We argue that social workers must always give consideration to a range of care options, to the needs of the individual child and to both their vulnerability and their resilience/agency. This is especially true given the diversity within the population of UAMs. Given the increasing numbers of refugees entering Europe and the mix of provision for unaccompanied minors

across the continent, the Irish situation may represent a useful site for examination of their care.

Keywords

Unaccompanied minors; vulnerability; resilience; foster care; residential care.

Introduction

This article presents a discussion of Irish policy and practice in relation to the care of unaccompanied minors (UAMs) set in the context of international literature pertaining to discourses of vulnerability and resilience, and different systems of care. The article documents the significant rise in UAMs arriving in Ireland from the late 1990s and the inadequate hostel system which developed as an emergency response, followed by a sharp decline in numbers arriving and the development of foster and residential care for UAMs.. It critically analyses this shift in care provision and explores the benefits and challenges associated with foster care and discusses residential care as an alternative care arrangement. The authors argue that UAMs have a range of complex needs and vulnerabilities, yet their agency and resilience is also evident. Ultimately, they are a diverse group of young people who need individualised care. Care planning for them needs to take this diversity into account and needs to ensure that their resilience and agency is appropriately considered, rather than primarily focusing on their vulnerability.

Perspectives on Unaccompanied Minors – complexity, vulnerability and resilience.

Given the complex problems faced by unaccompanied minors (UAMs) it is not surprising that there are problems of definition. The UAM has been defined by the UN (UNHCR, 1994: 121) as:

> [A] person who is under the age of eighteen . . . and who is separated from both parents and is not being cared for by an adult who by law or custom has responsibility to do so.

Despite this attempt at a generic definition, the literature is more ambiguous. The term 'separated children' (SCEP, 2009) highlights how these children may not be 'unaccompanied', often making their journey in the company of another adult, trafficker, agent, sibling or other minor (Hopkins and Hill, 2008). One problem with this term, however, is that the notion of separation can imply passivity and overlook children's agency, when in fact it is often the case that some children may have chosen to embark on these journeys. Bhabha (2014) contends that, with the expansion of independent child migration associated with complex reasons often unconnected to persecution, new terms such as 'children on the move' and 'lone' or 'independent child migrant' seem more relevant for policy makers and child advocates. Whichever term we use, we must avoid limited constructions and instead aim for terms reflecting the changing realities with regard to child migration.

UAMs are a diverse group in terms of culture, ethnicity and religion. In addition they differ in terms of reasons for travelling (family related, exploitation related, survival related or independent child migration), how the journey is made (travelling entirely alone, with an adult who abandons them shortly after arrival or with an adult who may be caring for them or exploiting them), and their present life situation (; Wernesjö, 2012; Bhabha, 2014). These

heterogeneous experiences suggest that policy makers, social workers and other practitioners should avoid the tendency towards generalisation and focus attention on the response to individual need of UAMs.

There seems little doubt that UAMs are subject to risks and vulnerabilities (Wernesjö, 2012). Many UAMs have experienced the multiple effects of social and political conflict and are at risk of post-traumatic stress (Barrie and Mendes, 2011; Carlson et al. 2012). The UNCRC (2005) has identified a number of protection gaps in the treatment of such children, including sexual exploitation and abuse; military recruitment; child labour; and detention. These children and young people often suffer structural discrimination in terms of access to food, shelter, housing, health services and education, with girls at particular risk of gender-based violence (Horgan et al., 2012). Enenajor (2008) contends that much research and policy in this field attends to past experiences, and often ignores the challenges and risks that are faced in the country of destination. Some research has looked at this and suggests a range of practical, emotional, legal and social issues, including trauma and loss, lack of cultural competence and language skills experienced by UAMs on arrival (Martin et al., 2011; Horgan et al. 2011a; Cemlyn and Nye, 2012).

Interestingly, however, a new set of discourses has emerged that contradicts sometimes ‘static’ assumptions about UAMs’ vulnerability. As we alluded to earlier, they are not just passive subjects, but individuals possessing agency and independence in terms of their ability to negotiate their, often complex, journeys and deal with immigration, police and other authorities (Boyden and Hart, 2007; Wells, 2011). Their engagement with the migration process ‘normally entails crossing of cultural as well as political boundaries, requiring a range of accommodations and dealing with complex networks of power, different social and

cultural systems and diverse populations' (Hopkins and Hill, 2008, p. 257). There is growing evidence that UAMs can traverse these difficulties by creating systems of peer support and building social networks (Denov and Akesson, 2013) despite the overwhelming tendency for them to be seen, by child-saving institutions in particular, as dependent and socially isolated (Wells, 2011). Increasingly, attention is being paid to the resilience of UAMs and to their capacity to cope and do well in the face of adversity (Lustig et al. 2004; Ní Raghallaigh & Gilligan, 2010; Smyth et al., 2015). Denov and Akesson (2013) examine the ways in which UAMs "made place" in contexts of violence and insecurity through social networks, reliance on language and cultural traditions, and through place attachment and identity. In Kohli's (2006) study of social work practice with separated children in the UK practitioners found UAMs 'elastic in their capacity to survive and do well at times of great vicissitude' (p.7). In the Irish context, Smyth et al (2015, p.284) state that UAMs demonstrated resilience and 'were positive about their lives in their host country … considering themselves independent and able to cope'. Boyden and Hart (2007) have pointed out, however, that such children often need to 'display incapacity and immaturity' in order to fit with the expectations practitioners have of their physical appearance or behaviour and to access the full child protection framework. This more nuanced understanding of the capacities of the migrant child complicates decision-making about their best interests. As Bhabha (2014, p.6) puts it, 'protective policies rub up against [UAMs] autonomous desires and plans that reflect an increasing capability for self-reflection and decision-making'.

Unaccompanied Minors: the European context

Recent years have seen a stark upward trajectory in the numbers of UAMs entering the 28 EU Member States. Since 2008, about 198,500 unaccompanied minors have entered Europe

seeking asylum. In 2014, the number of UAMs seeking asylum (23,150) almost doubled compared with 2013. A year later, in 2015, the total quadrupled to 88,700 representing almost 29% of all asylum applicants in the EU that year, the highest share since data on accompanied minors became available (Eurostat, 2016). European nations are trying to react to this phenomenon and devising child migrant policies, as thousands of UAMs wait on Europe's borders to enter or are already in Europe. The response has been to impose quotas under refugee relocation and resettlement programmes that many member states strenuously oppose, forcing refugees to take up residence in countries where they are not welcome and do not want to go, and returning to Turkey those who reached Europe by irregular means. Many UAMs are in camps which have been deemed unsafe by humanitarian organisations with reports of sexual assault, violence, children going missing and absence of basic amenities including medical care (UNICEF, 2016; Human Rights Watch, 2016).

Unaccompanied Minors: the Irish context

The independent arrival of UAMs is a relatively recent occurrence in Ireland, with official records suggesting the first young person arrived in 1996. Of particular note is the way that numbers have fluctuated considerably, with asylum applications peaking at 1,085 in 2001 and falling steeply to 35 in 2015 (Horgan et al., 2012; Eurostat, 2016). The pattern is likely to have been influenced by a combination of factors including Ireland's economic success during the late 1990s and early 2000s and subsequent economic downturn, and the development of a more intensive child protection risk assessment deterring adults wishing to circumvent the immigration process (Quinn et al., 2014: 15). It would appear that in Ireland, as elsewhere, there are a variety of reasons for independent child migration, including poverty, armed conflict and the loss of parents Other UAMs have been trafficked for prostitution and domestic servitude, while others are seeking reunification with family

members already living in Ireland or the UK (Abunimah and Blower 2010; Horgan et al., 2012; Quinn et al., 2014).

The history of care provision for unaccompanied minors in Ireland

As numbers of UAMs began to accelerate rapidly in the late 1990s the Irish state's response was to provide emergency care in the form of a system of hostel provision. A total of nine privately operated hostels were established in Dublin, while smaller numbers of UAMs were placed in residential care, foster care and supported lodgings throughout the country. The latter involves young people living with families but with less support than foster care and with an emphasis on promoting independence. UAMs were generally not the subject of a care order and most did not benefit from the support of an allocated social worker or care plan (Horgan et al. 2011a and 2011b).

The use of hostels was essentially an emergency solution in the context of the relatively high numbers of UAMs presenting within a short period of time. However, it was in line with the Irish government's overall migration policy, which has resulted in asylum seekers (including children in families) becoming a marginalised and isolated group (Martin et al. 2016). The hostels were not registered as children's residential homes although project workers and social workers visited (Horgan et al., 2012). There was strong criticism of the practice of accommodating UAMs in largely unsupervised hostels (Christie, 2002; UNCRC, 2006; Horgan et al., 2011b). This type of 'care' was directly linked to instances of children going missing and being trafficked for exploitation (Children's Rights Alliance, 2008; Horgan et al, 2012). The State was frequently accused of operating a two-tier system of care, as pointed out by Christie (2002, p. 194): 'social workers are placed in the position of providing services that would be judged as grossly inadequate for Irish children'.

The Irish government fast tracked the closure of these hostels (McHugh, 2009) following the Report of the Commission to Inquire into Child Abuse (OMCYA, 2009), which detailed historic abuse of children in institutional care during the twentieth century. While this abuse did not relate to UAMs, the report gave an increased impetus to ensure that all alternative care settings for children were fit for purpose. This coincided with mounting pressure from critics and an internal acknowledgement by the state that services for UAMs were inadequate. The hostels were closed by December 2010 and the government implemented an 'Equity of Care' principle whereby UAMs were provided with the full range of care options offered to Irish born children, including fostering, supported lodging and residential care. As a result, all newly arrived UAMs who are under 12 years old are now placed directly into foster care. Those over 12 are usually placed in short-medium term children's residential facilities each catering for 6 children with 24-hour care staff, registered with the Child and Family Agency (TUSLA) and subject to inspections. A social work risk and needs assessment is carried out before most young people are then moved to family care. One medium-long term residential unit for cases of young people with particular needs or vulnerability is also available (Quinn et al., 2014). In recent years all UAMs have had an allocated social worker.

However, the ability of the Irish state to continue to provide UAMs with family based care with social workers assigned to each child is likely to be tested in the coming months because of an anticipated rise in the number of UAMs arriving. Opting in to the EU refugee resettlement programme in September 2015, the Irish Government stated that 'special priority would be given to the plight of UAMs' (Department of Justice and Equality, 2015). While by the end of 2016 only 4 unaccompanied child refugees had arrived into Ireland under the scheme (Children's Rights Alliance, 2017), it is likely that more will arrive (Dáil Éireann Debate, 2017). In addition, following pressure from the public, in late 2016 the government committed

to bringing to Ireland up to 200 UAMs who had previously lived in the makeshift refugee camp in Calais (Dáil Eireann Debate, 2016). These developments are very welcome especially considering that Ireland is on the periphery of Europe and has been relatively unaffected by the refugee crisis. However, it remains unclear whether the focus on foster care provision will remain in place in the context of increasing numbers of UAMs. It is worth exploring, then, the benefits and challenges of foster care along with other care arrangements such as residential care.

Care Provision for UAMs

International guidance from the UNHCR (1997) the SCEP (2009) views foster care as preferable to residential care, although the best interests of the child must be taken into account. The European Commission's priority actions for children in migration, published in April 2017, state that a range of care options for unaccompanied minors should be provided, including foster care (European Commission, 2017). Despite this, there are widely varying levels of usage of foster care in relation to UAMs across Europe (de Ruijter de Wildt et al., 2015), with the European Commission stating that this form of care is "underutilised" (European Commission, 2017: 9). Wade et al., (2012) voice concern over the finding from their census of over 2000 UAMs in the UK that only a minority were afforded access to foster care and most who were over 16 were in private sector shared housing with varying degrees of support. In research by de Ruijter de Wildt et al (2015) many countries were not using foster care at all for UAMs (e.g. Greece, Romania, and Czech Republic among others) while others (e.g Austria, France, Germany and Italy) had fragmented practices where family care was used to some extent, in some regions, within these countries. Structured systems of foster care were found in Ireland, Norway, the Netherlands, Sweden and the UK.

In Ireland, the move towards providing foster placements for the majority of UAMs is in line with Irish policy on mainstream care for Irish citizen children who are out of home. Legislation obliges the State to consider fostering for all children in its care and, for a variety of cultural and historical reasons, Ireland has one of the lowest rates of usage of residential care for children internationally (Ainsworth and Thorburn, 2014) at less than 6% of all children currently in the care system (DCYA, 2017). Foster care is well established, then, as the main form of alternative care for children in Ireland, with residential care often used as a last resort. The question arises as to what the benefits and challenges are regarding foster care for UAMs.

Foster care

Benefits of Foster Care Provision

The closure of hostels for UAMs in Ireland has been largely welcomed by professionals working with and advocating for this group of young people (Arnold, 2010; Horgan et al., 2012). Foster care is viewed to be more appropriate to the needs of UAMs who are living with many social and personal problems in an unfamiliar society without the support and guidance of their parents or carers (Derluyn and Broekaert, 2007; Hodes et al., 2008). In these situations, it is argued, UAMs require the care of appropriate adults to help them manage their life situation (Wernesjö, 2012). The SCEP (2009) suggests that every separated child should have the opportunity to be placed within a family, if it is in their best interests, pointing to the need for consistent adults in their lives. Fostering, it is argued, can bring continuity and facilitate opportunities for the development of close relationships within

families (Abunimah and Blower, 2010) and, in providing a safe space, can enhance the resilience and sense of agency of UAMs (de Ruijter de Wildt et al., 2015).

There is limited research on the relationship between overall well-being and the types of accommodation and support that are provided to UAMs. Kalverboer et al (2016) compared the experiences of UAMs living in different types of care arrangements in the Netherlands and found that those in foster care fared best. They found the quality of child rearing to be 'significantly better' in foster care compared with small living groups and small living units. However, one needs to be cautious in applying this finding to other jurisdictions as the contexts in which care settings are based might differ considerably. .

Research by Stanley (2001); Hollins et al. (2003); and Hodes et al, (2008) suggests that foster care provides a high level of individual support and a better level of overall care and that UAMs in foster care experienced lower levels of stress and psychological difficulties than those who were in less supportive accommodation such as hostels or bed and breakfasts. The literature indicates that, where appropriately placed in foster care, UAMs may be provided with protection, emotional and practical support, stability, love, consistent parent figures, advice, guidance and advocacy (Wade et al., 2012; Luster et al., 2009; Smyth et al., 2015). Ní Raghallaigh's (2013) findings echo other studies where practical, everyday family experiences can create bonds and enhance the lives of UAMs (Sinclair, 2005; Chase et al., 2008; Kohli et al. 2010; Ní Raghallaigh, 2013; Sirriyeh, 2013). In this regard, Carlson et al (2012) discuss foster family as a key source of resilience allowing UAMs to adapt and even thrive in a vastly different cultural environment, in this case the US, despite the extreme adversity they have experienced.

Fostering also allows for the possibility of meeting the child's cultural, religious and language needs. UNHCR (1992, p. 92) guidance in this respect states that 'every effort must

be made to place children in foster families or groups of similar ethnic, cultural, linguistic, and religious background'. Generally, according to Ní Raghallaigh and Sirriyeh (2015), young people in studies in England and Ireland considered it to be important to maintain continuity in relation to their cultures of origin. However, 'matching' with foster carers was not the only means for achieving this. Many young people felt that foster carers of a different culture were well able to attend to their cultural identity needs. It is therefore critical that the views of UAMs are sought (Stanley, 2001) and that social workers are mindful of other expressions of identity, not just culture, religion or ethnicity.

A further advantage of fostering as a care option is that it can contribute to building and sustaining relationships with other adults and prosocial institutions in the community which have been found to be protective and promote resilience (Carlson et al. 2012). In Ireland, the practice of fostering UAMs throughout the country since 2010 has resulted in larger numbers of these young people living in smaller towns and cities. This may have led to a dissipation of the professional expertise and support which had developed in Dublin for these UAMs (Horgan et al., 2012). It would appear, however, that a strategy of clustering of UAMs in particular areas can help to build their capacity and social networks (Linowitz and Boothby, 1988). Clustering enables UAMs to have contact with other young people of a similar background as a supportive practice which militates against placement breakdown; and community venues, schools, churches, or mosques become important locations for the formation of networks (Valentine et al., 2009; Ní Raghallaigh, 2011). In conclusion, evidence points to the potential benefits of foster placements for UAMs, particularly when clustered in these ways, leading to enhanced opportunities for social integration and well-being (Wade et al., 2005; Hek, 2007; Wells, 2011).

Challenges of Foster Care Provision for Unaccompanied Minors

While the new care arrangements in the Irish context are primarily viewed as positive (Horgan et al., 2012; Ní Raghallaigh, 2013), it cannot be suggested that the shift towards fostering provision was without its problems. Many of the challenges encountered reflect international experiences. There are well documented problems relating to the recruitment and vetting of appropriate foster carers from new immigrant communities and the matching of young people's needs with appropriate carers, both within Ireland and elsewhere (Ní Raghallaigh, 2013; Selwyn et al., 2010; de Ruijter de Wildt et al., 2015). In the context of placement breakdown some concern has been expressed about overly simplistic cultural matching of UAMs in Ireland (Arnold, 2010; Horgan et al., 2012).

Aside from recruiting carers and matching carers with young people, there are challenges that arise within the placements themselves. Within the general population of children in care challenges relating to behavioural problems, family composition, placement location, personalities, and foster carers' capacity to respond to need often arise particularly in relation to adolescents Regarding UAMs specifically, in Ní Raghallaigh's (2013) study some carers reported that it was difficult for young people to make the transition from residential care to foster care given the very different nature of the care environments (including the younger age of residential staff versus foster carers and the busy residential home environment versus the relative quiet of a private house). Also, the stress associated with the asylum process and its inherent uncertainty, particularly the fear of deportation, poses difficulties for young people (Ni Raghallaigh, 2013; Ramel et al., 2015) and this can play out in the relationship between UAMs and foster carers. Issues of silence and secrecy in particular pose challenges for relationship building within the context of foster care (Ní Raghallaigh, 2013). Perceptions of unaccompanied minors as vulnerable, despite having shown huge resilience and

independence in their lives, can result in their agency being curtailed in foster care settings. Related to this, Bhabha (2014) indicates that advocates need to take account of the autonomy and adolescent aspirations of many child migrants.

While positive aspects of hostel provision for UAMs were rarely mentioned when the system existed, the new system of foster care has now highlighted some. In particular, hostel provision provided young people with a naturally occurring network of peer support. The international literature points to the importance of such peer support for UAMs in terms of acculturation and providing a sense of 'place' (e.g. Luster et al., 2009; Denov and Akesson, 2013; Oppedal and Idsoe, 2015). In Ireland, previous research suggested that peers within the hostels facilitated coping and helped young people to adjust to their new environment whilst holding on to aspects of their culture of origin (Ní Raghallaigh & Gilligan, 2010). It is clear that the move from hostel to foster family care means that there are fewer unaccompanied peers available to UAMs. This is not to say that they are less supported but, rather, that the type of support they have available to them is different. Thus networking with other young people needs to be facilitated. A strategy of 'clustering' UAMs may prove successful if social workers were able to recruit pools of foster families in particular locations. The importance of peer support also points to the need to consider whether residential care might be more appropriate for some young people instead of foster care.

Alternatives to foster care

Given the individuality of each UAM and that foster care is not without its challenges, it is worth considering the alternative care arrangements available, particularly residential care. The literature on the use of residential care for the general population points to a range of

benefits and challenges (Ainsworth and Thoburn, 2014). Of particular note is the fact that residential care is much more costly than foster care, something that needs to be considered especially when care provision for large numbers of children is being planned, as is the case in the current refugee 'crisis'.

Despite the extensive use of residential care for UAMs in the European context (de Ruijter de Wildt et al., 2015), it is surprising that there is little research about the experiences of UAMs in these care arrangements. A UK study by Chase et al. (2008) highlighted that young people valued the time they spent in residential settings and drew attention to the importance of the quality of the relationships between staff members and young people, particularly in helping them to settle. Similarly, research by Wade et al. (2005), found that initial short term placements in residential settings provided a bridge to facilitate adjustment upon arrival. It highlighted the comfort and solidarity that can be provided by other young people from similar backgrounds but cautioned that 'this needs to be set against a recognition of the heterogeneity within this population and the potential for tensions to arise' (p. 81). In more recent work, Wade, et al. (2012) emphasise how problems can arise when UAMs are placed in non-specialist provision, causing confusion for existing non-UAM residents. Furthermore, a Swedish study by Söderqvist et al (2016) highlighted the challenges for residential staff in creating an 'ordinary home' for UAMs given their surveillance role and the use of legal mandates that were not designed with this population in mind.

In Ireland, Ní Raghallaigh (2013)'s research found that UAMs were mainly positive about their prior experiences of residential care; they felt safe and well looked after and enjoyed being in the company of other young people. Stakeholders pointed to the fact that UAMs benefit from the expertise of professional staff in residential settings, particularly upon

arrival, whereas their experiences of trauma might overwhelm a foster familyunless they are given intensive, specialised training and ongoing intensive support. Also, older and more independent UAMs may fare better in a residential context, especially if they have lived in cultures where 'childhood' ends at an earlier age or if they have spent a number of years travelling independently or living in transit. Within the Irish study, residential care was not, however, without its challenges. Young people often struggled with house rules, the level of monitoring by staff and being cared for by multiple staff members. Such care might be considered particularly problematic given the difficulties that UAM's often have in trusting, although if distrust is to be viewed as a coping strategy and as an example of exercising ones sense of agency, having multiple care givers could be beneficial (Ní Raghallaigh, 2014).

For some UAMs, a more independent accommodation option such as supported lodgings may be appropriate, particularly due to their past experiences and when they may be used to making decisions and acting autonomously. Indeed, it is acknowledged that the development of such care options is necessary for some UAMs (Horgan et al. 2012) and actively promotes their resilience. While Kalverboer et al's (2016) study found that UAMs who were largely looking after themselves in 'small living units' missed affectionate bonds, support and stability in their lives and did not fare as well as those in foster care, the authors concluded that there are minors who "are better off in a type of care facility in which they can be more independent" (Kalverboer et al., 2016: 9). Similarly, the European Commission (2017) has referred to the need to provide 'small scale independent living arrangements for older children' (p. 8).

Discussion and Conclusion

The Irish's states response to UAMs has evolved from hostel 'care' to residential and foster care provision. Contrasts and comparisons can be made between this local experience and what happens elsewhere in Europe. While fostering offers the possibility of individualised care and support in a family environment, it also poses challenges. In turn, residential care is beneficial in some respects but not in others. UAMs are not a homogenous group and so assumptions about the type of care most suited to the group as a whole cannot be made. These young people have often experienced trauma and significant loss whilst also demonstrating agency and resilience, pre and post arrival in the host country. As such, a balance needs to be found between providing them with care and protection whilst simultaneously affording them the opportunity to develop their resilience and act as autonomous young people. It is important, therefore, that different types of care placements are available and that placement decisions are based on the needs of the individual child.

A key goal of any care setting must be supporting UAMs in order to secure more successful durable solutions (Arnold et al., 2015). In doing so, state responses often do not adequately take account of children's agency. In most countries, care systems have been designed with citizen young people in mind. In addition, within social work an ethos of managerialism and a concern for the avoidance of risk has resulted in increased regulation of social work practice and of care provision. While regulations have crucial merits, there is a danger that their focus will be on protecting clients who are deemed vulnerable to the detrminent of promoting the resilience of these individuals. Social work practice, care standards and procedures must be tailored to meet the needs of UAMs from diverse backgrounds. Many unaccompanied minors come from countries where 'childhood' is understood in a more fluid way and where children are providers rather than dependents from an earlier age. They may

have travelled independently half way across the world, as such it is not surprising that they might find the rules of a residential setting or the expectations of a foster family difficult to negotiate. While the UNCRC sees a child as anyone under the age of 18 and while member states have obligations to reflect this in their policies and practices, there is also a duty to meet the individual needs of a child. Doing so must take their past experiences and their own personal desires into account.

While highly problematic, the previous system of hostel care for UAMs in Ireland promoted a sense of agency and resilience for some, by enabling children to be independent and largely self-reliant. Although it would not be acceptable to have a similar system in place again, there is a need for innovative thinking so that foster care and residential care can be better tailored to the needs of UAMs in a way that recognises the co-existence of vulnerability and resilience. In addition, attention needs to be paid not only to the type of care but also to the manner in which care is provided within that environment. To this end, while research in one jurisdiction can be of relevance elsewhere, care needs to be taken in assuming that what is meant by 'foster care' or 'residential care' is the same in different places.

Carers, recruited because of their specific interest in and capacity for working with UAMs need to be given specialist training that equips them to work in a 'culturally conscious' way (Azzopardi & Mc Neill, 2016) and promotes a sense of agency among UAMs. In addition, there is a need for a coherent pathway of care for UAMs which ensures consistency between initial reception arrangements, longer term care and aftercare. We cannot assume that the needs of UAMs end once they turn 18. After care supports must be provided in ways that build on the work done while the young person was under 18 in order to ensure better outcomes in the longer term (Ní Raghallaigh & Thornton, 2017).

To conclude, Ireland has moved rapidly to a more individualised, tailored system of predominantly foster care provision from an emergency system of very inadequate hostel 'care' for UAMs, which was not in line with its international obligations under the UNCRC, was inappropriate for the needs of UAMs and often placed them at further risk. This process raises several important messages for social workers and others working with UAMs throughout Europe and beyond. Firstly, while foster care is often seen as the gold star of care placements, the provision of high quality foster care for UAMs is not without its challenges. In particular, challenges of recruitment and matching, training and ongoing support for foster carers need to be attended to internationally. Secondly, the particular needs and circumstances of individual UAMs and the full range of care options including residential care, foster care and supported lodgings should always be considered for each young person. Finally, a key goal of any care setting must be getting a balance between responding to the vulnerability of UAMs and supporting their resilience in order to secure more successful durable solutions. Social work has a critical role to play in providing caring environments where the needs of UAMs are met, their rights as children are upheld, and their resilience is fostered for the future.

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