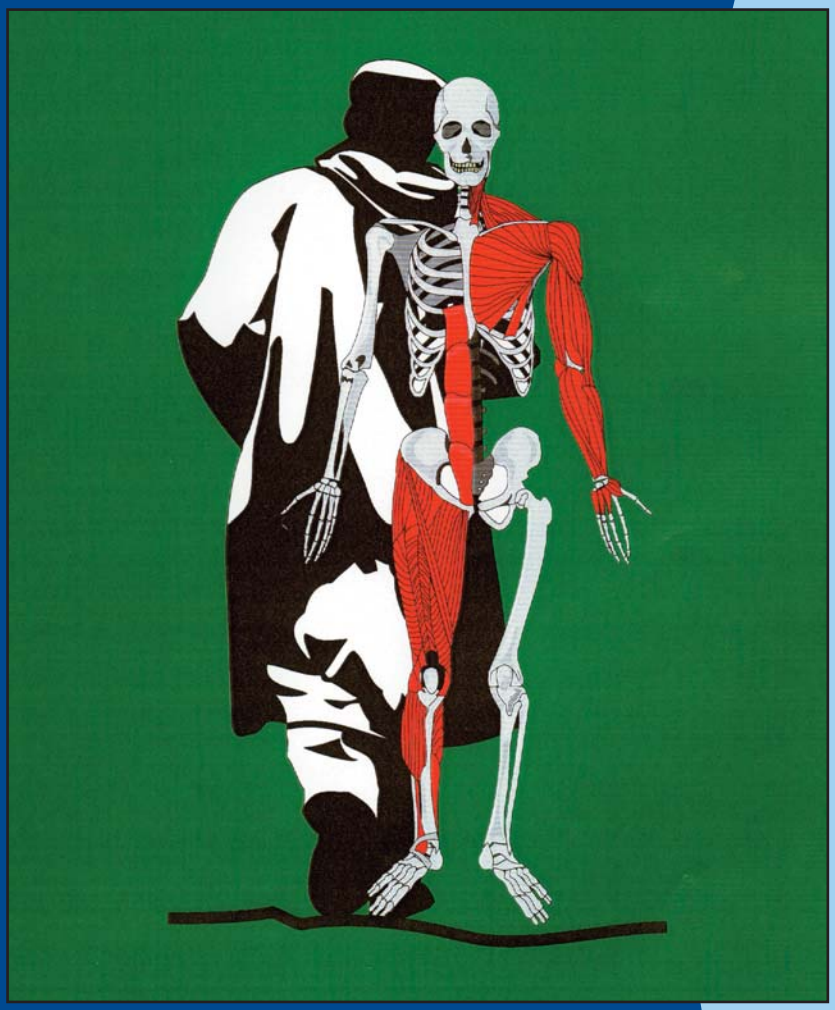
Asylum in Ireland



A Public Health Perspective

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Asylum in Ireland: A Public Health Perspective

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INTRODUCTION

Apart from intermittent groups of program refugees, officially invited as part of a government response to United Nations High Commissioner for Refugees (UNHCR) requests, Ireland was not, until 1994, a chosen country of destination for asylum-seekers. Throughout the 1980's and up to the early part of the 1990's, this country, in contrast to its EU counterparts, received less than 100 applications annually for political asylum. Consequently, asylum issues were seldom the subject of public debate and did not arouse any great deal of socio-political concern. Service delivery was limited to addressing the relatively more manageable needs of culturally homogeneous communities of Bosnian and Vietnamese program refugees.

In 1994, a significant change was signalled. The majority of new applicants came on an individual basis from a larger variety of refugee producing countries. For instance, during 1998, most (72%) came from the continent of Africa and from Eastern Europe (Table 1).

Table 1: Asylum Applications 1998: Top Five Countries of Nationality.

COUNTRY	NUMBER
Nigeria	*1,729 (37.38%)*
Romania	*998 (21.57%)*
Dem.Rep.Congo	*246 (5.32%)*
Libya	*181 (3.91%)*
Algeria	*178 (3.84%)*
Others	*1,294 (27.97%)*

For the first time in the history of the Irish State a very heterogeneous and more culturally diverse population of individuals presented themselves in search of Convention refugee status.

These new arrivals from distant lands issued the first serious test of our self-proclaimed collective identity as a welcoming people. Public opinion, initially silent, now voiced uneasiness. Alongside an administrative sense of being overwhelmed, and a lack of legislative preparedness, public judgement began to question the motivational authenticity of our newly arrived asylum seekers. Despite our own substantial historical background as a nation of emigrants, those here in search of asylum were accused of being '*economic migrants*'.

This perception was, at least in part, media-mediated. Media comment during 1996, 1997, and the early part of 1998, often negative and accusatory in tone, resulted in the generation of demoralising social stereotyping. Sensational and exaggerated newspaper headlines condemned the inferred exploitation of our welfare services by immigrants seeking refuge. Alarmist articles defining asylum immigrants as *'deviant', 'bogus'* and *'flooding Ireland'* cultivated a social climate of suspicion and growing hostility (Collins, 1997; Watt, 1997; Leen, 1998; Pollak, 1998). This kind of unbalanced reporting mirrors a similar coverage of ethnic minorities in the British press (Van Dijk, 1995; Fawcett, 1998).

Only in the latter half of 1998 did the media, most notably television coverage, begin to divert its attention to more balanced accounts. RTE documentaries and current affairs programs such as *Prime Time* and *Questions and Answers* gave more emphasis to historical, contextual and human rights issues.

The personal and social predicaments faced by those forced to search for political refuge outside their ancestral homelands were now discussed against current economic circumstances and our history as a nation of emigrants. In spite of qualitative deficiencies in tabloid accounts, the wider media coverage had one notable positive outcome. It did stimulate a much needed and broadly based public debate on asylum issues.

This has most recently centered on the theme of integration in the context of an extended determination process, often a period of two to three years. During this time, applicants are not permitted to work or study and are not allowed to undergo any State sponsored job skills or language training.

Our analysis occurs against the inescapable background that the legal position of asylum seekers does not confer the same level of entitlements afforded to those given Convention or Program refugee status. Only after an extended determination process and when recognised as a refugee have adults a right to education, external travel, and work possibilities.

For those ultimately given Convention refugee status and Exceptional Leave to Remain status, neither language training nor statutory assistance in the process of integrating into Irish society, are guaranteed. Furthermore, these groups face the task of integrating into Irish society without the benefit of a dedicated supportive agency as the terms of reference for the Refugee Agency are currently confined to program refugees. In contrast, the quality and inclusiveness of our reception process for asylum seekers is operated with far fewer entitlements and no State Agency has a defined responsibility for co-ordinating the delivery of services.

Only recently, in 1999, has the Minister of Justice, Equality & Law Reform established an interdepartmental working group to examine the best ways of integrating refugees into Irish society and to identify barriers to successful integration. A positive aspect of this initiative is that the National Consultative Committee on Racism and Interculturalism has been invited to make a submission to the interdepartmental group. One of the contributions of this study is that it highlights some of the barriers identified by asylum seekers themselves.

The focus of this report therefore is on the range of public health consequences surrounding the prolonged asylum determination process and especially the prohibition of work and other rights for those seeking refugee status. We examine some of the obstacles to integration from the perspective of the lived experience of asylum seekers and explore the relationship between current social, legal and healthcare service delivery (what is supplied) and the felt but unmet needs (what is required) of the asylum seeking population. Theoretical contributions from Maslow (1968, 1970), Berry (1986, 1989; 1991), Stevens & Gabbay (1990), and Max-Neef (1991) provide the necessary investigative framework against which findings are evaluated.

In the absence of any previous research on the asylum seeking population in Ireland, we surveyed the international literature as a source for identifying issues that have emerged in other countries with a longer history of processing applications for political asylum.

We also examined the literature to isolate previously tested methods for investigating the needs of our target population. Although an emphasis is given in this report to the legal and social context of asylum practice, the primary focus is on an assessment of current policies and procedures from a public health vantage-point.

An inaugural investigation of this kind, presented as a pilot study, with a combined sample size of 80 participants, does not claim to be definitive nor without limitations. It does, however, have the capacity to extend the quality of our knowledge about the lived experience of asylum seekers and generate hypotheses for further and more detailed examination. What is unique about this inquiry is that it is the first formal and scientifically based attempt to do so in Ireland. Moreover, the methods employed, although catering for a normative assessment of needs by service providers, primarily focus on the views of 'consumers'; those for whom protection and integration is potentially a matter of life and death.

Qualitative and quantitative methods were used to map some of the more important issues and identify the felt but unmet needs of the sampled asylum seeking population. The fusion of both methods (Rawaf & Bahl, 1998) has the advantage of yielding a more complete and less truncated picture of the asylum experience than is currently the case. The pilot nature of our investigation equally affords the opportunity to test instruments and isolate procedural and methodological limitations prior to a larger scale investigation.

We begin with a survey of the main statistical trends and identify key features in Irish asylum determination practice. The emphasis here is on an assessment of Ireland's contribution to burden sharing at EU level and an evaluation of current procedural impediments that constrict a comprehensive delivery of the right to protection from persecution. A short section on legislative developments also deals with statutory entitlements that asylum seekers enjoy in Ireland.

The main arguments for and against allowing asylum seekers the right to work are then reviewed. This is followed by a review of literature on the relationship between unemployment and psychosocial and physical health. This discussion is situated in the context of enforced occupational inactivity as required by current legislative mandate and administrative practice.

After an account of the adopted research methods and the limitations of the study, our main findings are presented under the umbrella technique of triangulation encompassing the results of two independent pilot studies. A separate section is devoted to the interpretative framework adopted giving stress to the primacy of an assessment of unmet needs in any public health evaluation. The concluding section draws the main findings together and links these with identified needs that are either not or insufficiently supplied in current service delivery. The report ends with a number of recommendations that are offered in a spirit of multidisciplinary dialogue and professional concern.

Box 1: Summary Points:

- *Those seeking refugee status in Ireland remain a vulnerable and culturally diverse minority population.*
- *They come from a large variety of refugee generating countries, most notably from the Continent of Africa and Eastern Europe.*
- *Processing of new applications has been hampered by a lack of legislative and administrative preparedness.*
- *Unbalanced and sensational media coverage has contributed to a climate of increasing racial hostility.*
- *Important themes in recent public debate concern the identification of obstacles to integration for refugees and the denial of the right to work during a protracted asylum determination process.*
- *A key issue to be examined is the relationship between prohibition of work and training rights and the consequences in terms of public health outcomes and integration prospects.*
- *After a review of the international literature, the first pilot study in Ireland, was completed using both quantitative and qualitative methods*
- *This inaugural study explores the experience of the asylum seeking population with a view to identifying felt but unmet needs & obstacles to integration in the contexts of current healthcare, social and legal service delivery.*

Chapter 1
Statistical Overview

1.1 Introduction

Since 1994, the numerical profile has ushered in a new era for asylum practice in Ireland. There were more applications for political asylum registered in 1994 (362) than during the entire seven years between 1987 and 1993 when 358 claims were received. Between 1994 and 1998, 10,474 new applications were made to the Department of Justice, Equality & Law Reform.

The assertion that Ireland is being '*flooded with refugees*' is frequently associated with a parochial portrayal of these statistics. To correctly interpret statistical trends of this kind, three analytical tasks are required.

The first is an assessment of the proportionality of asylum seekers to the total number of immigrants into Ireland. The second involves an evaluation of our relative contribution to EU asylum burden sharing and finally, Irish statistics can be compared to universal refugee figures.

1.2 The Global Picture

People of concern to the United Nations High Commissioner for Refugees (i.e. returnees, internally displaced people, refugees, war-affected populations & stateless persons) on January 1, 1997 numbered 22.7 million people (UNHCR, 1997). 13 million (58%) of these were refugees. Translated, this means that one out of every 255 people on our planet faced life as a refugee in 1996. The United Nations Development Programme (1997) has estimated that 80% of these were women and children. Other sources also confirm the universal magnitude of refugee enforced displacement. According to the *World Disasters Report* compiled by the International Federation of Red Cross and Red Crescent Societies (1998), the combined number of refugees/asylum seekers and internally displaced people during 1997 numbered 30,219,000.

These figures are conservative but gigantic in scale and although they capture little of the suffering endured by those uprooted from their homes, they do communicate the enormous scale of this universal problem. Moreover, they diminish Irish concerns as a small drop in a large pool of inhumanity.

The consequence of failing to prevent refugee-generating conflicts impacts on nearly all countries. The impact is, however, unequally distributed as the overwhelming majority originate from and are housed in the poorest countries of the world. The practice of burden sharing and co-responsibility is far from generous in countries that have the greatest resources. Ireland's recent record gives us little reason to distinguish ourselves as any different.

1.3 Recent Irish Immigration Trends

Asylum statistical trends can be taken at face value without an explicit reference to wider immigration figures. This tendency can lead to the misleading and inaccurate perception that asylum seekers account for the majority of newly arrived inbound migrants.

In contrast to the past, Ireland is now a country of destination for returning Irish emigrants and for EU and non-EU economic immigrants. These are welcomed on the basis of our commitment to freedom of movement, opportunity within the EU and the present requirements of the Irish economy. The pattern of all-category immigration into Ireland displays an upward trend since 1994 (Table 2). This table cited by Thesing (1999) and based on Central Statistics Office (CSO) estimates reveal that in 1998, asylum seekers accounted for only 10.5% of all immigrants.

Table 2: Immigration into Ireland 1993-1998

YEAR	NUMBER
1993	*34,700*
1994	*30,100*
1995	*31,200*
1996	*39,200*
1997	*44,000*
1998	*44,000*

The proportion of asylum seekers to the total population of immigrants, the majority of whom have been returning Irish emigrants, has grown from 0.3% in 1993 to 10.5% in 1998. This means that nine out of every ten newly arrived immigrants during 1998 did not enter Ireland on the basis of a fear of persecution.

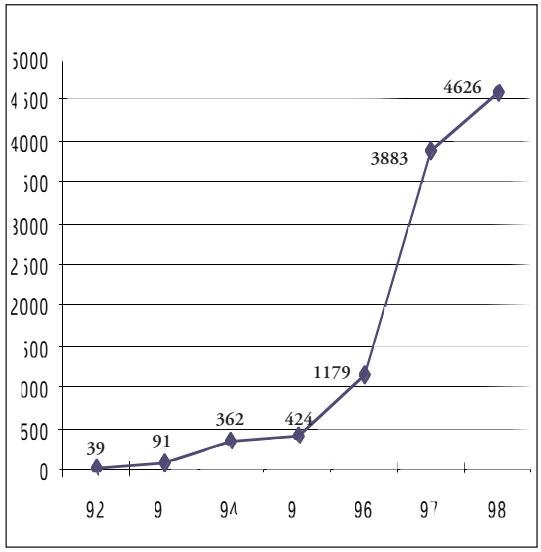
Since the 1980's, the increase of the numbers of asylum seekers in Europe has blurred the distinction between economic migrant and political refugee. Greater public awareness is needed to highlight the difference between those, the vast majority, who come to Ireland for economic or personal advancement reasons and those, the minority, who seek protection from persecution.

Equally important is the necessity of accepting asylum seekers as a permanent reality in Irish society who can positively contribute to our economic, social and cultural life. What is now required is a comprehensive immigration policy that that takes account of the needs of various categories of immigrants.

1.4 ASYLUM APPLICATIONS IN IRELAND

The growth in asylum requests officially lodged between 1992 and 1998 (Figure 1) shows a continuous upward progression. The rate of increase during this period was greater than a hundred-fold. However, this comparison is made from a uniquely low baseline figure of 39 applications received in 1992. A more objective comparison (see next section) is to compare these figures with those of our EU partners.

Figure 1: Asylum Applications 1992- 1998

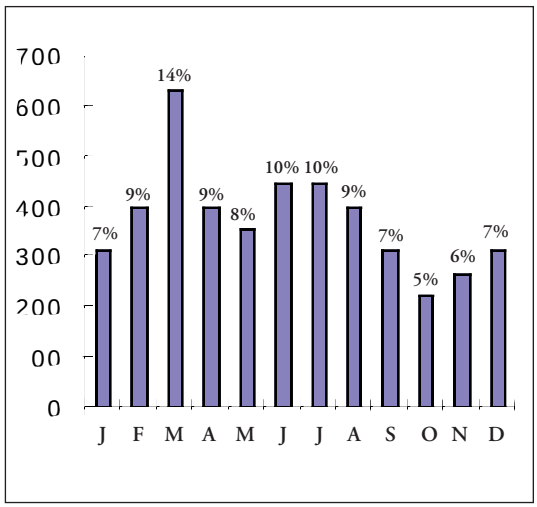


It can also be seen from figure 1 that the annual rate of increase has varied with the highest rise of 229% observed in 1997. During 1997, 3,883 asylum applications were made to the Department of Justice, Equality & Law Reform. In 1998, new applications numbered 4,626. This indicates a slower rate of increase of 19% in 1998 when compared to 1997.

Few of these remain in Ireland in the long term as approximately one-third of all applications are withdrawn and only 10% are given refugee status. The is, sadly, consistent with wider European practice as only 11% (Kumin, 1998) of European applications were recognised as refugees in 1997. Although the number of asylum applications has increased, relatively few are admitted to Ireland as refugees. In this respect, it can hardly be claimed that Ireland is flooded with refugees.

An examination of the monthly asylum applications lodged during 1998 reveals a predominantly stable pattern (Figure 2).

Figure 2: Monthly Distribution of Irish Asylum Applications Received During 1998.



Apart from March, when 14% of all new applications were made, the monthly range was steadily between 5% and 10% of total applications. When these figures are examined on a quarterly basis, it can be seen that the overall trend is one of a downward slope.

The main feature is that asylum seekers are now a permanent but statistically minor reality in Irish immigration trends accounting for just one out of every 10 new arrivals. Many factors have been offered to explain the patterns of distribution of asylum applications throughout Europe and within the EU (Joly, 1996; UNHCR, 1997; & UNHCR, 1999) as well as the recent increases observed in Ireland (Trócaire, 1998; Toner, 1998; & Thesing, 1999).

Whatever the particular reasons, a substantial decrease in new applications for asylum during 1999 and in the future is unlikely as conflicts, which generate refugees (Jones & Gill, 1998), continue to occur world-wide. The challenge is to develop inclusive policies and reception procedures that match our stated commitments to international human rights obligations in a spirit of co-responsibility and burden sharing.

1.5 THE EUROPEAN UNION PICTURE

A small number, 449,460 in 1998 of the worldwide refugee population reached the 29 industrialised nations to make an application for asylum. Of these, 299,430 made applications for asylum within the 15 EU member States (UNHCR, 1999). Far less find their way to this country although our proportional share in EU terms has grown since 1994.

For example, in 1996, 266,300 applications for political asylum were lodged within EU countries. Only 1,179 (0.4%) were made in Ireland. Our share of the EU burden, which had just risen to 1.2% (3,883 out of a total of 299,100 EU applications) in 1997, was far from overwhelming. In this context, the Refugee Working Group of the Irish Section of Amnesty International (1997) has claimed that: *"Arguably, Ireland does have an unfair share of the world's refugees, a share which is small, not unfairly large".* This assessment cannot remain static and current figures are instructive (Table 3).

Table 3: Number of Asylum Applications Received in 15 EU Member States during 1998 Compared with the Total National Populations.

Country	*National Population*[1]	*Applications Received*[2] *& % of EU Total*	*Ratio of Asylum Seekers to Inhabitants*	*Density Rank Order*
Austria	8,084,000	13,800 (4.6%)	1:580	4
Belgium	10,127,000	22,000 (7.4%)	1:460	3
Denmark	5,223,000	5,700 (2.0%)	1:920	8
Finland	5,107,000	1,200 (0.4%)	1:4,250	12
France	58,104,000	21,800 (7.2%)	1:2,670	10
Germany	81,594,000	98,700 (33.0%)	1:830	7
Greece	10,454,000	2,600 (0.8%)	1:4,020	11
Italy	57,204,000	4,700 (1.6%)	1:12,170	14
Ireland	3,546,000	4,600 (1.5%)	1:770	6
Netherlands	15,482,000	45,200 (15.1%)	1:340	2
Luxembourg	407,000	1,600 (0.5%)	1:250	1
Portugal	9,815,000	330 (0.1%)	1:29,740	15
Spain	39,627,000	6,500 (2.25)	1:6,100	13
Sweden	8,788,000	13,000 (4.3%)	1:680	5
U.K	58,079,000	57,700 (19.3%)	1:1,1010	9
Total	451,651,000	299,430 (100%)	1:1510	

Source: Abstracted from UNHCR (1999).

[1] Population figures are based on1995 estimates published by UN (1996).

[2] Rounded and provisional figures are used.

Table 3 shows that although Ireland hosted just 1.5% of all asylum applications lodged within the 15 member EU States in 1998, our share of the EU burden is above average when compared to the ratio of asylum seekers to population. The Irish ratio is 1:770, which is twice the EU average of 1:1510. In fact, Ireland now ranks sixth in density order, ahead of Germany, Denmark and the United Kingdom for the number of asylum seekers it currently accepts. Some of the general reasons considered influential in determining a country of destination are summarised in Table 4.

Table 4: Some Factors Influencing a Country of Destination

- *WEALTH AND EXPECTED WORK OPPORTUNITIES*
- *GEOGRAPHICAL LOCATION AND PHYSICAL ACCESSIBILITY*
- *INTERNATIONAL PROFILE OF A COUNTRY*
- *SOCIAL WELFARE, HEALTH CARE AND OTHER BENEFITS*
- *QUALITY AND FAIRNESS OF RECEPTION AND DETERMINATION PROCEDURES*
- *INTERNATIONAL FLIGHTS AND SHIPPING ROUTES*
- *PERCEIVED TOLERANCE AND SENSE OF WELCOME*
- *THE JUDGMENT OF TRAFFICKING AGENTS*
- *THE PRESENCE OF FAMILY AND FRIENDS*
- *PAST COLONIAL HISTORY*

1.6 CONCLUSION

Refugees and asylum seekers leave their country because the choice is stark, flee or stay and risk your life or that of your family. The numbers of people fleeing and seeking refuge in other countries has risen dramatically in the last decade globally. When the United Nations High Commission for Refugees was founded in 1951, there were an estimated 1.5 million refugee's worldwide. In 1980, the number rose to 8.2 million and today it is estimated that there are between 14.4 and 22 million refugees.

There are few countries in the world today which remain untouched by the arrival of refugees and asylum seekers and it is impossible to exaggerate the harshness of life they endure. Violations of human rights, repression, conflicts and brutal political persecution all continue to contribute to mass migration and the flight of millions of people every year.

The search for security and protection make sudden and large-scale migration to areas of greater security an ever-present necessity. The number of asylum applications received in Ireland has steadily grown since 1992 while current statistics show a lesser annual rate of increase (19%) when compared to 1997. Crude numbers cannot be correctly interpreted without reference to our international commitments to human rights protection, the proportion of asylum seekers to all inbound migrants and especially our relative share of the EU burden.

The trends reviewed teach us that asylum seekers must now be accepted as a permanent reality in Irish society. If allowed, they have much to contribute to our social, cultural and economic life.

Box 2: Summary Points

- ***The majority of refugees come from, and are hosted in many of the poorest countries in the world.***
- ***The 15 Member EU States received 299,430 applications for asylum during 1998 and Ireland's share of these was comparatively low in terms of crude numbers accounting for just 1.5% of the total.***
- ***Ireland now ranks in 6th position ahead of Germany, Denmark and the UK with a ratio of 1 new asylum seeker for every 770 local inhabitants.***
- ***Ireland's contribution is comparatively high at twice the EU average of 1:1510.***
- ***The number of asylum applications has grown from 39 in 1992 to 4626 in 1998 with a 19% annual rate of increase recorded between 1997 and 1998.***
- ***Those seeking refugee status (10%), unlike the majority of immigrants into Ireland (90%), have had to flee their homelands to escape persecution.***
- ***When the number of withdrawn applications and the low rate of granting refugee status (10%) are considered, it cannot be claimed that Ireland is being flooded with refugees.***
- ***Refugees and asylum seekers are now a permanent reality in Ireland and the challenge is to offer a fair determination procedure and to develop comprehensive reception services based on our human rights obligations.***

CHAPTER 2
LEGISLATION AND ENTITLEMENTS

2.1 INTRODUCTION

Prior to 1996, explicit Irish legislation covering principles and procedures relating to refugees and asylum seekers did not exist. Legal protection depended on the following instruments:

a) Aliens Act (1935);

b) Constitution of Ireland (1937);

c) Aliens Order (1946) as amended by Aliens (Amendment) Order (1975);

d) Letter of Instruction on Procedures from the Dept. of Justice (1985) to the London based UNHCR Irish Representative.

e) Case Law

The UN Convention relating to the status of Refugees (1951) and its Protocol (1967) offered an operational framework for procedures but these were not on a statutory footing. Legal instruments, historically outdated, not designed to cater for the rights of increasing numbers of refugees and asylum seekers dominated the legal map. Some of these were subsequently challenged in the courts and in one recent case deemed to be unconstitutional.

This example is found in the High Court ruling by Justice Geoghegan on January 22, 1999 in the case of Laurentiu vs The Minister of Justice, Equality and Law Reform and the Attorney General. The ruling found section 5(1)(e) of the Aliens Act (1935) relating to deportation orders to be unconstitutional in that it was too wide in its remit. This ruling is considered the primary stimulus that resulted in the Immigration Bill (Government of Ireland, 1999). A general political failure to study and monitor EU trends meant that legislative unpreparedness prevailed.

Only with the passing of the Refugee Act in 1996, albeit with a lack of adequate contingency planning, did the Oireachtas pass overdue legislation focused on refugees. Other legislation proposed by the opposition in the form of Asylum Seekers (Regularisation of Status) (No.2) Bill, 1998 was rejected by the government. Section 3 of this Bill had liberally proposed that an admitted asylum seeker shall be entitled to all of the rights and privileges accorded by the State to a person recognised as a refugee.

2.2 THE REFUGEE ACT (1996) AND CURRENT ASYLUM DETERMINATION PROCEDURES

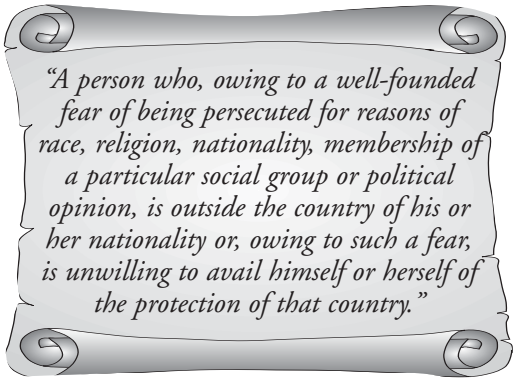
The Refugee Act (1996), generally considered an example of progressive legislation in its formulation, incorporated with some amendments into Irish law the UN Convention Relating to the Status of Refugees (1951).

Three years later, only selected parts of the Refugee Act have been implemented. Of its 30 sections, five have been introduced into Irish law by the required ministerial order. These include section 1 (interpretation) and section 2 (adopted definition of a refugee), section 5 (centrality of the prohibition of

refoulement), section 22 (incorporation of the Dublin Convention procedure), and section 25 (affirmation of primacy to the Extradition Acts 1965 to 1994). Section 2 of this Act defines a refugee on a statutory basis. This definition, although catering for trade union membership as a basis for recognition, is nevertheless animated by a narrow gate formula.

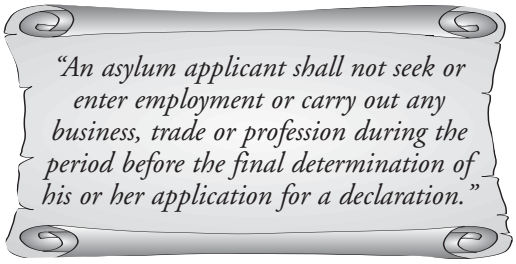
It excludes, for example, victims of general insecurity or economic neglect as in cases where a State is unable to provide subsistence needs. Wider definitions are found in the Organisation of African Unity Convention Governing the Specific Aspects of Refugee Problems in Africa (OAU, 1969) and the Cartagena Declaration on Refugees (OAS, 1984).

The Irish legal definition of a refugee is as follows:



Upon recognition as a refugee [see: Section 3 of Refugee Act (Government of Ireland, 1996)], entitlements to seek and enter employment, access training and education, travel, medical and social welfare benefits on the same basis as those of an Irish citizen are applicable.

One of the deficits of this Act, it is suggested, is found in the explicit prohibition of work rights for those awaiting a final decision of their application for refugee status. Section 9(4)(b) unambiguously declares:

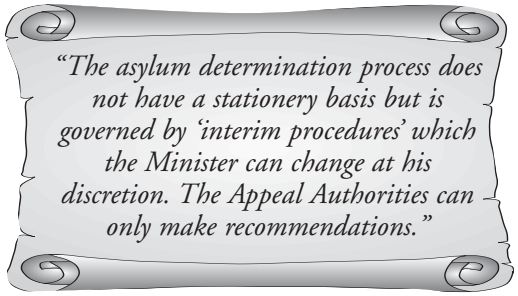


Although there is no mention of whether provision for study or vocational training merit the same exclusionary attention, this is also the case in practice. Human rights and developmental organisations such as Trade Unions, the Irish National Organisation of the Unemployed, the Irish Refugee Council, Trócaire, Comhlamh, Amnesty International, religious leaders and opposition politicians have persistently expressed concern regarding the failure to fully implement the Refugee Act. They and more recently, the Progressive Democrats have also challenged the denial of work rights to asylum seekers.

An outcome of this failure is that current practice remains on an interim administrative footing. These procedures have been described by Heffernan (1993), Costello (1994), and Amnesty International (1998), as essentially "ad-hoc" in character. More recently, Trócaire (1998) in a document entitled *'Current Asylum Procedures in Ireland –Analysis and Recommendations'* concluded that basic human rights are being denied to asylum seekers in Ireland.

They have pointed out that to be consistent with international covenants both aliens and citizens are entitled to a fair and public hearing by a competent, independent, and impartial tribunal established by law. This is currently not the case as the asylum determination process occurs without the benefit of an independent refugee applications commissioner and an independent appeals

board. The Trócaire document offers this summary:



In 1998, new protocols of an informal variety were formulated to replace those elaborated in a previous letter of instruction (Department of Justice, 1985). The details of these arrangements were communicated to the UNHCR representative for Ireland & United Kingdom on December 10, 1997 (Department of Justice, Equality & Law Reform, 1997). These have most recently been amended in a further letter dated 13th March 1998.

These letters give emphasis to the statutory definition of a refugee, the ratification of the Dublin Convention, the basic rules of scrutiny to be observed by the Irish State in dealing with asylum applications, the accelerated procedure for cases deemed to be manifestly unfounded, and how abandoned cases are to be treated.

Although based on the thinking found in the Refugee Act (1996), the serious limitations of such an informal arrangement were previously and critically reviewed by the Interdepartmental Committee on Non-Irish Nationals in their 1993 report. Six years later, their recommendations have not been fully implemented despite the All-Party consensus, which the Refugee Act gained.

This means that historical instruments such as the Aliens Act (1935) and the Aliens Order (1946) as amended by the Aliens (Amendment) Order (1975) together with the above mentioned informal procedures regulate the entry and conditions of stay for refugees and asylum seekers. These are largely restrictive in stance and prior to the full implementation of the Refugee Act, the Immigration Bill (Government of Ireland, 1999) will further amend them.

The main contribution of the Immigration Bill is that it will clarify the law in relation to deportation although Comhlamh (1999) have properly noted the essential emphasis in this Bill is on controls and deterrence rather than on rights and safeguards.

Ultimately, the current denial of the right to work for the asylum seekers dates back to an era when legislation was primarily concerned with confronting episodic movements of illegal immigrants other than refugees. The statistical overview that was provided in Chapter 1 has clearly shown that the reality is very different today.

2.3 THE FACE OF RESTRICTIONISM: A CULTURE OF EXCLUSION

Refugee and asylum policy within the EU has been strongly influenced by national interests. Policy makers have invested much time and energy into measures aimed at reducing the numbers of asylum seekers reaching Europe (Bocker & Havinga, 1998). In their evaluation of how asylum policies impinge on national interests, the participants of a UNHCR organised (1997) workshop concluded:

'Political, economical, social considerations more so than humanitarian factors are examined and weighted by decision makers in determining their State's asylum policy, often to the detriment of protection'.

It is also important to ask whether EU countries like Ireland implement general level policies that might inhibit the right to access or fully benefit from the asylum process. Such policies will now be reviewed with a focus on pre- and post-migratory instruments of restrictionism.

These include a) obstacles relating to external deterrence measures, b) obstacles relating to internal deterrence measures.

2.3.1 Obstacles Relating to External Deterrence Measures

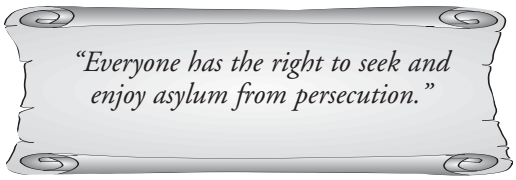
A battery of pre-migratory (Table 5) and post-migratory (Table 6) instruments have been developed throughout the EU to implement policies described by Joly (1997) as inspired by a tendency towards '*harmonised restrictionism*'.

These are measures of external deterrence designed to prevent asylum seekers leaving their countries of origin or alternatively reducing the likelihood of arrival in a host country. Prof. Carens (1998) has recently described such instruments as inexpensive and easy to operate but unethical at their core.

Table 5: Pre-Migratory Instruments of Restrictionism

- ***Introduction of new visa requirements for nationals arriving from a conflict ridden country***
- ***Enforcement of stringent pre-boarding documentation checks prior to departure from countries of origin***
- ***Use of interdiction at sea prior to arrival and enforcement of non-voluntary return without an attempt to consider the merits of individual cases***
- ***Incorporation into law of carrier liability fines and sanctions imposed on shipping and airline carriers deemed to be responsible for arrival of passengers without the necessary papers***

More fundamentally, they fly in the face of article 14.1 of the Universal Declaration of Human Rights (1948) which states:



This right of access is deliberately denied by such procedures that transform the 'language of protection to the reality of rejection' (Landgren, 1998).

Using these indicators, Ireland's past performance has been in the spirit of article 14.1 of the United Nations Declaration of Human Rights. However, a press statement released by the Department of Justice, Equality and Law Reform on June 16, 1998 announcing a new Illegal Immigrants (Trafficking and Employment) Bill may, if introduced into law, blemish this record. The thrust of this Bill which has been sent to the Parliamentary Draftsman's Office is to curb illegal trafficking by the imposition of unlimited fines, confiscation of any means of transport used for this purpose, and jail sentences of up to 10 years for those involved.

In the same text, the additional measures of new fingerprinting regulations and carrier liability sanctions are mentioned as an integral part of this proposed legislation. These are very worrying proposals.

The danger with this kind of restrictive legislation, if slipped through without a full and democratic debate, is that it may cultivate greater risks for those 'in transit' and desperate to gain asylum. Once incorporated into Irish law, carrier liability legislation would drive Ireland's policies more firmly into alignment with other EU

countries as already mandated by signatories of the Schengen Convention (1990).

The potential health consequences of such measures have not been discussed in any detail. According to Mundo (1995), and the report by UNHCR (1997) on *The State of the World's Refugees*, there is now an emerging consensus that carrier liability sanctions only increase covert movements of 'irregular migrants' under the supervision of professional traffickers.

The most obvious health hazard is that stiffer penalties for traffickers and imposition of heavy fines for travel companies may result in greater risks been taken by those most vulnerable in search of protection.

The recent experience in this country with respect to Romanian arrivals through France in containers only confirms the dangers those escaping persecution face. Moreover, in March 1998, the body of an unknown asylum seeker was found in the sealed hold of a ship when it arrived from West Africa. Furthermore, it has already been estimated by UNHCR that between 1993 and 1998, 1,000 people have died trying to enter Europe.

In summary, carrier liability legislation, if introduced in Ireland, will have many negative consequences for the principle of refugee protection and human rights standards in general. Some of those highlighted by UNHCR (1997) include a further increase in human trafficking and a greater use of forged documents. We add the prospect of negative health outcomes to these.

2.3.2 Obstacles Relating to Internal Deterrence Measures

Even after arrival in a country of expected safety, asylum seekers may face a further battery of ëpreventive' obstacles in the form of policies of internal deterrence. These, we describe as post-migratory instruments of restrictionism (Table 6) and share the common characteristic of imposing restrictive conditions once asylum seekers have arrived in the host country.

All of these are examples of how a host country can dissolve the opportunity for an asylum seeker to enjoy full protection. Some provide for the removal of a person seeking protection to another country without adequate safeguards and circumvent the principle of non-refoulement. Others make life in asylum difficult over an extended period making it more likely that an application is withdrawn. Still others involve using the 'detention deterrent' as a measure to control and restrict the freedom of movement of asylum seekers.

In Austria, 10% of all asylum seekers are routinely detained while the practice also occurs in the UK (Wilkinson, 1998). Germany and France detain arrivals at international airports. In Belgium, asylum seekers without valid documents can be detained at a special 'extra territorial' centre where they are deemed to be legally outside the country.

Using these indicators, Ireland's performance is far from satisfactory. Some specific examples are briefly highlighted. The failure to fully implement the Refugee Act (1996) means that asylum seekers do not have access to an independent and transparent determination process in this country.

Table 6: Post-Migratory Instruments of Restrictionism

- ***Withholding a right to work during the asylum determination process***
- ***Granting only temporary protection to specified groups of asylum seekers or an extensive use of ELR as a determination outcome***
- ***Use of detention centres located in army barracks or more typically constructed near international airports***
- ***Withholding social welfare or other support services (e.g. legal support) and introducing coupon systems for food and clothing***
- ***Adoption of a restrictive concept of agents of persecution for the purpose of defining a refugee***
- ***Maintaining a lengthy and protracted asylum determination procedure significantly beyond 6 months***
- ***Failing to take adequate steps to tackle racial discrimination and housing problems faced by asylum seekers***
- ***Adoption into law of instruments such as the Dublin Convention with its emphasis on the ësafe third country' principle***
- ***The introduction of procedures based on the arbitrary construction of ësafe countries of origin' list***
- ***The use of 'fast track' procedures with limited or non-existent rights of appeal to speedily remove 'manifestly unfounded' cases***
- ***The failure to provide an independent asylum determination procedure.***

The process is also unduly protracted, often 2-3 years in length while asylum seekers are not allowed to work during this time. This is a stressful and unnecessary restriction of, amongst others, Article 23 of the Universal Declaration of Human Rights (UN, 1948) which states that *"everyone has the right to work"*. Although asylum seekers in Ireland receive the same weekly Supplementary Welfare Allowances as Irish citizens, these merely fulfil subsistence needs at a level below the poverty line.

The prohibition of occupational participation will receive further legislative teeth if the proposed measures in a new Immigrants Trafficking and Employment Bill, are approved and adopted into law.

The background to this is that, at present, a person employing an immigrant working illegally is not under current law committing an offense, although the immigrant who would accept such work is liable to a small fine. Animated by the philosophy underlying the Employment Equality Act (1998), it is likely that the burden of compliance will be shifted from the potential employee to the employer.

The 'safe third country' at the heart of the Dublin Convention (1990) procedure was incorporated into Irish law on 1st September 1997. This stipulates that asylum seekers, who have entered Ireland through another EU country, in principle the majority, can be transferred back to that country. 15 asylum seekers were transferred under this instrument during 1998.

For a detailed analysis of 10 reasons why this threatens basic principles of refugee protection, see the Trócaire (1998) text. Some of the main dangers include (a) the decision to deal with an application under the Dublin Convention rules is not made

by an independent authority, (b) the principle of non-refoulement may be violated by the receiving State, (c) the Irish government does not have a guarantee that a transferred asylum seeker will be granted a substantive hearing in another EU country. Since basic safeguards are not guaranteed, this can is the most blatant operational instrument of internal deterrence in Ireland.

Ireland introduced in 1997 new 'fast-track' procedures to speedily remove cases judged to be 'manifestly unfounded' during any stage of the asylum determination process. Sadly, as pointed by others, this occurred on World Human Rights Day! Such decisions, 45 during the first stage of the determination process in 1998, are not taken by an independent body but by Department of Justice officials without considering cases substantively. The manifestly unfounded procedure as specified but not yet implemented by the Refugee Act (1996) guarantees a fairer process. The most disturbing feature of the current procedure is that cases treated in this manner have no access to legal assistance.

Exposure to episodes of racial discrimination is extremely destructive for asylum seekers. Ireland has yet to ratify the UN Convention on the Elimination of all Forms of Racial Discrimination. A substantial and well-resourced programme of public awareness on racial discrimination and general rights of refugees in Irish society has yet to be initiated.

In summary, several substantial obstacles for asylum seekers mark the post-migratory environment. These instruments of internal deterrence compromise the basic principle of protection by imposing restrictive conditions for those in search of freedom from persecution.

2.4 Legal Entitlements

Table 7: Legal Entitlements of Asylum Seekers in Ireland

- ***In the absence of the full implementation of the Refugee Act (Government of Ireland, 1996), they currently only have an entitlement for their applications to be judged by the interim procedures as last modified on March 1998.***
- ***Asylum seekers have an entitlement to appeal a decision to be transferred under the Dublin Convention but only within 5 working days***
- ***As of February 22, 1999 asylum seekers have access to legal assistance during both the initial and appeals stages. This is provided by the newly established Refugee Legal Service and is subject to a once-off payment of £4.***
- ***Asylum seekers are entitled to appeal a negative 'first instance' decision within 14 days and access legal aid. A fee of £23 is required by the Refugee Legal Service for representation while those referred to private practitioners receive £120 towards the costs of an appeal. This is paid directly to the solicitor.***
- ***A right to appeal a 'manifestly unfounded' decision within 7 working days is granted***
- ***A limited entitlement to be interviewed with the assistance of an interpreter is exceptionally offered only when this is considered necessary and possible***

2.5 Work Entitlements

Given that other EU countries including Sweden, Germany, Finland, Belgium and Spain allow asylum applicants to work, and in the case of the United Kingdom, to avail of training opportunities, it can be stated that the current procedural impediment is certainly not immutable. Ireland stands alongside Denmark, France, Italy and the Netherlands in exercising a restrictive policy. This need not be the case.

Furthermore, as Toner (1998) observes, apart from Italy and Austria, the majority of countries process applications rapidly. Including both initial and appeal stages, these countries manage to process applications on average within a year. The determination period in Ireland is frequently two to three years.

Apart from fiscal considerations, other and more primary reasons exist why this prohibition should be dissolved. Our view is that all those applications not processed within 6 months should for psychosocial and humanitarian reasons be given a special temporary work permit.

Current practice is not only enforced and sustained against the tide of public opinion and the needs of the economy but also expert advice. This is hardly compatible with the spirit of our international human rights obligations, which requires a fair but speedy determination conducted in a humane manner.

2.6 Welfare Entitlements

The heart of current practice is that only when an asylum seeker has been officially accepted as a refugee or given exceptional (temporary) leave to remain status can he/she be legally granted, upon application to the Department of Enterprise and Employment, a work permit.

Like the Irish unemployed, they currently have no choice but to live in a milieu of dependency on the State-provided weekly Supplementary Welfare Allowance (SWA) of £68.40 per adult.

Table 8 outlines the social welfare entitlements and discretionary payments as provided for under the Social Welfare and Housing Acts that currently apply to asylum seekers. The Health Boards on behalf of the Department of Social, Community and Family Affairs operate the supplementary welfare allowance and rental allowance schemes.

The Community Welfare Officer plays a pivotal role in ensuring that asylum seekers know and access their entitlements. They also make daily judgements on the limits or extent of discretionary payments. As our research results will later show, asylum seekers generally find this system works well although they would prefer to work in order to earn their own living.

We have been unable to obtain an exact breakdown of the costs associated with each of these entitlements and discretionary payments for 1998. The most obvious fiscal consequence of the current legislative prohibition on the right to work for asylum seekers is that SWA and housing payments represent a considerable cost to the State.

The single item of temporary accommodation costs for asylum seekers rose from £1,563,585 in 1994, to £2,639,682 in 1996 and to £6,813,608 in 1997. The Eastern Health Board where 90% of asylum seekers reside estimated that approximately £18 million in SWA payments and £14 million for

accommodation payments would be paid out in 1998. We do not have formal confirmation of these figures (£32 million) but even if a little less or more, they are substantial.

Table 8: Welfare Entitlements and Discretionary Payments for Asylum Seekers in Ireland

REVENUE & SOCIAL INSURANCE NUMBER
An RSI number obtained through a Community Welfare Officer is given
SUPPLEMENTARY WELFARE ALLOWANCE
SWA Single Adult £68.40 weekly ***SWA Dependents: Adult £41.20 weekly*** ***SWA Dependents: Child £13.20 weekly***
RENT ALLOWANCE
Total costs of initial emergency accommodation are covered but long-term rent allowance only partially covers total costs as Asylum Seeker pays minimum of £6 weekly.
EXCEPTIONAL NEEDS PAYMENTS
E.N.P's. are discretionary and may include:
£50 towards costs of maternity/baby clothes
£90 towards cost of cot and/or buggy
Discretionary clothing and footwear grant for school children paid annually
Discretionary payments for bed clothes and other exceptional needs for adults depending on their circumstances

The imposed denial of work rights has clear financial consequences for taxpayers. Sadly, asylum seekers are not able to contribute to their own upkeep or to Irish economic life due to this legal impediment.

2.7 HEALTH CARE ENTITLEMENTS

Asylum seekers are eligible for Category One services (Table 9) and detailed information on these services is provided in *'Information Guide to Our Health Services'* (Department of Health & Children, 1996). These, as in the United Kingdom, are offered to asylum seekers on the same basis as any Irish citizen. Additionally, the Department of Public Health offers a special refugee/asylum seeker health service at the Refugee Applications Centre, Mount Street, Dublin.

The principle of equal access on the basis of need is an example of good international practice but key utilisation problems previously documented in the United Kingdom also confront us in Ireland.

These problems include: communication barriers (Ramsey & Turner, 1993), inadequate interpreter services (Hicks & Hayes, 1991; Jones & Gill, 1998b), lack of attention to psychological problems including torture (Gorst-Unsworth & Goldenburg, 1998), and difficulties in registering with general practitioners (Islington Refugee Working Party, 1992).

In Ireland, specialist services for torture survivors have yet to be established while provision of psychological services adjusted for asylum seekers are at an infancy stage of development.

Table 9: Health Care Entitlements

Medical Card with choice of General Practitioner
Free access to full range of General Medical Scheme services (GMS)
Prescribed drugs and medicines
All in-patient hospital services in public wards
All outpatient public hospital services
Dental, ophthalmic and aural services
Full maternity infant and child care services
Referral to mental health services
Access to a voluntary Tuberculosis and Hepatitis B medical screening service operated by the Eastern Health Board at the Refugee Health Centre, Mount Street, Dublin

2.8 HEALTH CARE ENTITLEMENTS WITHIN OTHER EU COUNTRIES

Access to health care as stated in article 25(1) of the United Nations Declaration on Human Rights (UN, 1948) is a basic human right but for many asylum seekers within the EU, the full realisation of this entitlement is selectively withheld. All EU countries recognise the right of asylum seekers to be treated free of charge in case of an emergency. This is, of course, a minimalist standard. If a condition necessitates medical follow-up or long term care, policies are less uniform and generous.

Only Ireland, the United Kingdom, Netherlands, Luxembourg, Italy and Spain currently give immediate and full access to NHS services for asylum seekers. A recent change in Greek law by way of a presidential decree on social and health rights means full access of asylum seekers to NHS services in Greece will be given. France grants access to emergency treatment at hospital level after the first month and full access after 2 months. In the United Kingdom, although as a result of the entry in to force on July 24th 1996 of the Asylum and Immigration Act, the majority of asylum seekers have lost their right to social assistance, free access to the full range of NHS continues to be guaranteed.

In contrast, Austria, Belgium, Denmark, Finland, Germany, Portugal and Sweden only provide access to emergency treatment in their respective NHS systems. A number of these countries, however, impose less restrictions on pregnant women and children (Denmark, Finland, Germany and Sweden). In Portugal, the social protection system is guaranteed only when the claim is judged to be well founded but in practice the majority of asylum seekers are excluded. However, a new asylum law in Portugal is expected to change this in 1999. In other countries, the provision of medical care is dependent on the type of accommodation provided and the reception system in place. For instance, in Denmark, the Danish Red Cross takes responsibility for the health care needs of asylum seekers.

A complete list of medical care entitlements for asylum seekers within each European country is not available, but entitlements are generally based on two policy considerations:

(1) Reception & Accommodation Policies
(2) National Medical Entitlements

Those countries providing reception centres (Table 10) provide medical care within the centre but in certain countries access to care is difficult, even impossible for asylum seekers living outside reception centres. In Austria, the possibility of benefiting from medical care is only accorded to the asylum seeker who has temporary authorisation to remain. In Belgium, many problems of a practical nature arise from carrying out registration in the districts that have to issue medical assistance.

The research evidence (France Terre d'Asile Organisation, 1997) indicates that:

"Medical follow-up in the centres is insufficient and that outside of the centres, the asylum seeker comes up against difficulties of administrative order. Even if in principle a system of access to free care is formally guaranteed, many asylum seekers are excluded from hospitalisation and medical consultations. They have to appeal to associations. Moreover, the majority of countries report significant deficiencies concerning the possibility of an appropriate psychological follow-up when it is at the States' expense".

Table 10 outlines the policies existing within European Union countries and gives an indication of the medical care available to asylum seekers. Precise details of entitlements are not listed because each country operates very diverse National Health Policies. The pattern that is evident is that reception policies and health care entitlements are very varied without the benefit of best practice standardisation.

Within the early period of arrival to a country of asylum, health and social needs are greatest. Proper assessment of these needs would result in an early resolution of urgent problems before they affect the health and social well-being irreversibly.

While emergency medical care is available to all asylum seekers in their country of reception, long term care and follow-up care for chronic illness or newly diagnosed illness or diseases poses greater difficulties for the asylum seeker in many European Union countries.

Table 10: Health Care Entitlements Available to Asylum Seekers Within the 15 European Union Countries:

COUNTRIES WITH RECEPTION CENTRES OFFERING MEDICAL BENEFITS AND EXAMINATION
Denmark
Netherlands
Germany
COUNTRIES WITH MIXED RECEPTION CENTRES OFFERING MEDICAL BENEFITS AND EXAMINATION
Austria
Belgium
Spain
Finland
France
Luxembourg
Sweden
United Kingdom
COUNTRIES WITH NO RECEPTION CENTRES BUT OFFERING ALL MEDICAL BENEFITS
Ireland
Italy
Greece
COUNTRIES WITH NO RECEPTION CENTRES OFFERING ONLY EMERGENCY MEDICAL CARE
Portugal

The decision of when a pre-existing condition requires treatment often rests with immigration officials or managing staff of a reception centre rather than with the medical professional. Asylum seekers should have access to health care both for urgent and chronic needs irrespective of where they are accommodated but currently a standardised policy for the European Union countries do not exist. In such circumstances, the burdens of acculturation and adjustment are further accentuated. Incomplete access to the full range of NHS facilities has a negative influence on the physical and psychological state of an asylum seeker.

Moreover, this access is severely curtailed in Spain and Greece where rejected applicants for refugee status lose all rights to medical care. Only in three countries are full rights given to rejected applicants (Luxembourg, Netherlands and United Kingdom). In the majority of countries, the practise is to extend only emergency medical care and limited rights to treatment for those in this category.

A detailed report by the France Terre d'Asile Organisation (1997) on the medical reception of asylum seekers in European countries concluded:

'Certain medical problems could be avoided if, at the initial stages of reception, notably from the time of entry on the territory, a thorough medical visit with the necessary analysis and x-rays are conducted. This should be done with a view to detecting contagious diseases and granting certificates attesting to possible blows and wounds. General advice should also be given on diet and information on certain kinds of diseases (TB, AIDS, contraception, etc.) and treatments'.

Throughout the European Union mandatory screening at International borders is not demanded although Italy implements a compulsory medical screening for infectious diseases in the case of mass arrivals. In France, compulsory screening is only exercised on an individual basis if an asylum seeker is severely ill upon arrival. For countries which operate centres, including Belgium, France, Germany, Luxembourg, Netherlands and Spain, mandatory screening for infectious diseases is required. In the near future, Portugal is expected to adopt a similar policy. Voluntary screening at reception centres is offered in Denmark, Finland and Sweden, with high uptake rates in excess of 90% (ECRE Task Force on Integration, 1999). Ireland offers voluntary screening at a designated centre while Austria, Greece and Italy make no provisions for screening. It can be seen that there is no standardised policy for the medical screening of newly arrived asylum seekers.

Finally, timely access to appropriate mental health services is a significant deficiency throughout the EU. Psychosocial problems have not been prioritised as part of initial reception and integration policies except in the cases of Spain, France, Luxembourg and to a lesser extent the Netherlands.

Counselling and various forms of psychosocial assistance are more typically offered by NGOs in countries as diverse as Austria, Finland, France, Netherlands, Portugal and Spain. In the case of Ireland complementary counselling services in a cross-culturally sensitive manner could

also be provided by NGOs if resourced to do so.

In Austria, access to psychotherapists is not given to asylum seekers while recognised refugees in this country have also to cover 50% of costs incurred. In Denmark, direct access to NHS mental health services is not extended to asylum seekers and is only available in the private sector or through the Danish Red Cross. In France and Spain, psychologists and social workers are available at reception centres or through the NHS respectively. In Ireland, psychological services are extended to asylum seekers but the comprehensives of such a service is far from adequate.

Crisis prevention centres for traumatised asylum seekers and refugees as well as rehabilitation structures for torture survivors are only available in seven EU countries (Austria, Finland, France, Greece, Netherlands, Sweden and United Kingdom). Like Luxembourg, Portugal and Spain, Ireland does not offer such specialised services.

In summary, access of asylum seekers to general medical and hospital care including screening and psychological services throughout the EU is uneven. Ireland fares well in comparison to other EU countries but linguistic, cultural and information barriers in the delivery of health services remain a constant threat to the physical and psychosocial well-being of the majority of asylum seekers.

Psychological problems often relate to experiences in the country of origin or arising from the hardships of flight, uprooting and exile. A specialist organisation to advise doctors in general on the health needs of asylum seekers and refugees is a fundamental requirement and it would include training on cross-cultural health issues. This important demand seems to be under-estimated in most reception countries.

Every asylum seeker is entitled to the use of health services under Article 33(1) of the 1951 Geneva Convention, which would seem to require governments to provide for the well-being of refugee applicants. If a country acknowledges its responsibilities for the well-being of asylum seekers, it needs also to be accepted that the nature of needs will vary. The ECRE Task Force and Integration 1999 has observed that *"health providers should seek to develop culturally-sensitive services and shift from a diagnostic-orientated framework to an integrated approach to health; listening, asking questions, and taking time seem to be very simple practices that are seldom implemented".*

This demands a sense of service delivery adjustment that is frequently lacking. An asylum seeker is *a priori*, someone who may have suffered persecution, physical neglect and psychological torture. The challenge is to translate an appreciation of this reality into a generous and comprehensive service delivery system. Seen from this angle, the assessment of most European countries is not positive: mental health services are not sufficiently accessible for asylum seekers and appropriate treatment, notably long-term, is rarely guaranteed within mainstream NHS systems.

2.9 CONCLUSION

It would be naive and dangerous to forget that refugees remain human beings with their own aspirations and past heritage of trauma. The fairness, quality and independence of the asylum determination process offered in a host country largely shape their plans for the future. The failure to fully implement the Refugee Act (Government of Ireland, 1996) places Irish asylum determination practice on an interim rather than statutory footing.

The constricted profile of legal entitlements available to asylum seekers together with a catalogue of post-migratory deterrence measures serves to reduce the right of asylum seekers to enjoy freedom from persecution, and prohibition of work entitlements denies access to a primary pathway for psychosocial integration while also imposing substantial SWA and accommodation costs on the tax payer.

In some respects, health care entitlements in Ireland compare favourably to those operational in some other EU countries. A number of utilisation barriers remain and these include communication problems, staff training and the inadequate provision of interpreter and specialised services for those traumatised and survivors of torture.

The overall picture is that asylum seekers survive in an ethos of legislative inadequacy, social welfare dependency, and psychosocial restrictionism. As Raper (1998) has argued, *'Restrictive measures only serve to intensify the experience of rejection. Rejection, is after all, a primary refugee experience'.*

Box 3: Summary Points

- *The Irish asylum determination process is primarily governed by 'interim procedures' as only five of the 30 sections of the Refugee Act (Government of Ireland, 1996) have been implemented into domestic legislation*
- *Legal instruments, historically outdated and not in the spirit of the UN Convention relating to the Status of Refugees (UN, 1951) continue to regulate Irish immigration policy*
- *A new Immigration Bill gives primacy of emphasis to controls and deterrence rather than on rights and responsibilities*
- *Measures aimed at reducing the numbers of asylum seekers reaching Ireland include proposed external deterrence measures, a substantial list of internal, post-migratory deterrence measures that compromise an asylum seekerís right to protection*
- *Non-statutory based legal entitlements although improved since 1994, remain seriously inadequate*
- *A denial of an entitlement to work imposes an unhealthy dependency on costly SWA and housing allowances. This restriction is neither immutable nor in conformity to best international practice*
- *Asylum seekers have access to the full range of health care entitlements that an Irish citizen enjoys but specialist services for torture survivors and asylum seekers otherwise traumatised have yet to be developed while culturally sensitive adjustments and communication barriers remain substantial challenges*

CHAPTER 3
ADMINISTRATIVE TRENDS

3.1 INTRODUCTION

An analysis conducted by UNHCR, (1997) probes at the heart of how industrialised nations have responded to the plight of refugees and offers a sobering assessment:

> *"The international community's declining commitment to asylum and growing interest in policies of confinement and containment is a retrograde development which flies in the face of international refugee law, human rights principles and humanitarian norms".*

The question here is whether Ireland's response has conformed to this gloomy assessment or does administrative practice indicate otherwise? We examine administrative practice in this section and distinguish eight administrative trends that help to answer this question.

3.2 EIGHT ADMINISTRATIVE TRENDS

3.2.1 Legal Advice in making an Application

The first trend is that prior to February 22nd, 1999 and during the most vulnerable period of the application process, generally termed the first stage, state funded legal assistance was not made available to asylum applicants. This means that all applications received between 1992 and 1998, a total of 10,604, would have completed their application for refugee status without the benefit of legal advice. Additionally, many would have done so with a poor command of English, making it very difficult to express the required details with the accuracy and comprehensiveness demanded.

It is hardly fair to expect a newly arrived asylum seeker to be able to make a credible and coherent formal application without such assistance. This is because very few new arrivals can be expected to have knowledge of the technical requirements necessary to make their application upon which a decision is ultimately based. In recognition of this deficiency, the Department of Justice, Equality & Law Reform has now agreed to fund the Legal Aid Board to provide such independent advice.

This new service has become operational on February 22, 1999, as part of a more comprehensive Refugee Legal Service. It is envisaged that all new asylum seekers will be referred to the Refugee Legal Service once they have been issued with a questionnaire. They will be given advice from a panel of paralegal staff and solicitors before completing their application form. Once completed, RLS staff will review the primary application. A once-off payment of £4 will be applied. In cases involving minors and those with mental health problems, RLS staff will also accompany them during interviews.

This new service represents a significant and welcome advance in protection practice. In our opinion, the former failure to provide this service has implications. For instance, the 6,559 outstanding applications awaiting a decision carried forward at the end of December 1998,

whether at the initial or appeals stage should not be adversely penalised. In practice, this should mean that the range of common inconsistencies in detail should not be interpreted without the benefit of legal help. Additionally, those suspected of enduring psychological trauma and mental illness should not be required to make an application without the benefit of expert assessment and necessary therapeutic intervention, if indicated. In such circumstances, the validity and reliability of an application may be seriously compromised.

Likewise, procedures surrounding asylum applications made by separated children and young people less than 18 years of age are far from ideal. We believe that the principles and code of good practice recommended by UNHCR & Save the Children Alliance (1998) should be adopted on a statutory basis in Ireland to ensure protective procedures based on international best practice.

3.2.2 Financial Support for an Appeal

The second trend is that only at the appeal stage has a fee of £120 been made payable to a solicitor on behalf of a claimant. This was the situation for the 776 appeals lodged between 1992 and 1998.

This fee has not always been adequate to cover the costs of legal representation, especially since 1997. Toner (1998) has previously suggested that the actual cost of legal representation offered by private practitioners is more often in the region of £360. More recently, we have had contact with an asylum seeker making an appeal who was faced with a bill of £1,080; nearly ten times that of the official payment.

In addition to the financial shortfall, those at the appeal stage have often found it difficult to access one of the solicitors listed for this kind of specialist and time consuming work. These examples demonstrate that entitlement to legal protection within the determination process was compromised by inadequate financial support.

Recent developments have signalled an important change in this respect. After February 22nd 1999, all applicants for refugee status now have access to legal representation through the Legal Aid Board with offices at Mount Street, Dublin at the Appeals stage. The new Refugee Legal Service will operate the same charges as the Irish Law Centre. In addition to a once-off payment of £4 for advice, £23 will be applied for representation at an appeal.

However, due to staffing shortages and the large demand expected on the RLS, it is still expected that approximately 25% of all cases will be referred to private practitioners. If those who are making an appeal must rely on such an arrangement, then the payment of £120 will remain inadequate.

Moreover, the new arrangements should be formerly expanded so that asylum seekers rejected under the terms of the Dublin Convention and manifestly unfounded procedures and who appeal the decision will now be guaranteed legal representation under the new scheme.

3.2.3 Decision Making Output

The third trend is that although promised infrastructural developments have been put in place in the form of a centralized Refugee Application Centre, the decision making output remains unconvincing. For example, in 1998, only 1,370 decisions were made despite the fact that a large

number of additional staff was recruited. Of these, only 128 were granted refugee status at the first stage of determination and a further 40 were recognised as refugees following a successful appeal.

The plan to clear the large backlog of applicants by the year 2000 is unlikely to be fulfiled given that 6,699 cases remained on hand at the beginning of January 1999. In short, relatively few decisions are made with the overwhelming majority receiving a negative first instance decision.

3.2.4 Interviews Scheduled

The fourth trend is not unrelated. It reveals that there is an increase in scheduled interviews with asylum applicants. For instance, between May and October 1998, 2296 interviews were arranged by staff in the asylum administration section of the Refugee Applications Centre.

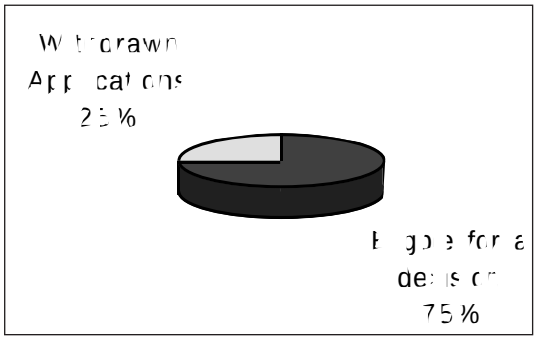
This is a positive development and if this continues, progress towards achieving the goal of reducing the current lengthy waiting period to six months or less, can be made. However, it needs to be understood that the backlog remains substantial and it is not clear what the average length of time between an initial interview and a decision is likely to be.

3.2.5 Withdrawn Applications

The fifth trend revolves around the number of applications withdrawn from the system before even an initial decision is taken. Of the 10,604 applications received between January 1st 1992 and December 31st 1998, 2,664 (25%) fell into this category. Over this eight-year period, one in four of all applications made to the Department of Justice has been withdrawn.

It can been seen from Figure 3 that only 75% of all applications are advanced to the first stage of the determination process. It is not clear what proportion of people who have withdrawn applications remain in the country 'underground' but it is thought that the majority have departed from this island. Given that the proportion of withdrawn cases is large, it is necessary to ask what accounts for this remarkable statistic.

Figure 3: Withdrawn Applications and Applications Eligible for a Decision, 1992-1998.

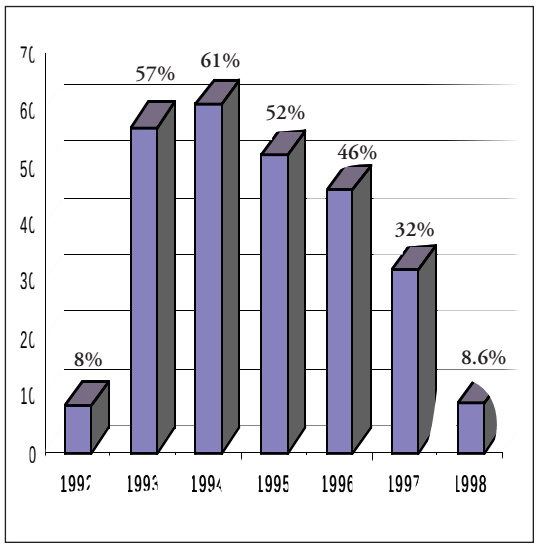


This is not an easy question to answer, as figures are difficult to interpret accurately for many reasons. Firstly, no official analysis has been published making it difficult for commentators to explain this phenomena in the absence of all the required information. Secondly, there are considerable variations from year to year as figure 4 shows. For instance, only 3 (8%) out of 39 applications received were withdrawn in 1992.

In contrast, 222 out of 362 (61%) were withdrawn in 1994. Although a peak was reached in 1994, 1,241 (32%) applications were officially recorded as withdrawn from a total number of 3,883 received in 1997. In parallel with the recruitment of additional staff and a speedier interview schedule in 1998, the number of withdrawn applications has been drastically reduced.

Official figures show that 384 (8.3%) applications were withdrawn from a total of 4,626. It is not unreasonable to suggest that one factor related to this trend is the expectation that an applicant's case will be heard within a reasonable time frame.

Figure 4: Percentage of Applications Withdrawn Annually, 1992-1998.



In the absence of a definitive scrutiny of the reasons why so many applications are withdrawn or abandoned a number of reasons are presented as likely to be contributing influences. It is impossible, however, to state with any degree of confidence the relative influence of each. These include:

- *They have moved address and are not easily contactable. Consequently, they are officially classified as withdrawn although they probably remain within the jurisdiction.*

- *They have left the jurisdiction because they felt their application would not be given a favourable consideration under the Irish legal definition of a refugee.*

- *They have left the country because they could no longer cope with an extended period of waiting for an official decision with all the associated problems of boredom, dependency, depression and uncertainty.*

- *They withdrew their initial application because of a change in circumstances such as a newly established eligibility for exceptional leave to remain status following the birth of an Irish born child.*

- *They may have deliberately decided to go 'underground' in order to seek work in the black market economy in a manner similar to the illegal Irish emigrants in the United States of America.*

In summary, our concern is that a certain but undefined proportion of legitimate asylum seekers may feel compelled to withdraw their application because they have faced an unnecessarily long determination period without the possibility of work and training entitlements and all their associated benefits.

If so, this is clearly inconsistent with our international obligations to provide a fair and speedy procedure to determine who is a refugee.

3.2.6 Temporary Leave to Remain

The sixth trend has to do with the use of temporary leave to remain (TLR) as a determination outcome. Official statistics indicate that 139 persons were given this status at the initial stage with an additional 21 at the appeals stage in the period between 1994 and 1998. There are three problems associated with this status.

The first problem is its infrequent use. Last year, for instance, only 1.74% of those refused recognition as a refugee were given TLR status following an appeal. It now

appears that in the present procedures the Minister gives such leave after all stages have been exhausted and the decision of the appeals authority is not favorable. If so, this contrasts with previous practice when such a decision was also given during the earlier stage of the process.

The second problem relates to the fact that those given this status receive little official help in the process of integrating into Irish society such as help in getting a job or securing relevant training. The mandate of the Refugee Agency does not extend to those granted TLR status.

The third is its relative vulnerability when compared to refugee status. Although this vehicle offers additional scope for humanitarian considerations for those who do not fully fulfill the legal definition of a refugee, this status is temporary and more vulnerable. TLR is codified but not yet implemented into law in section 17(6) of the Refugee Act (1996) in the following manner:

"The Minister may, at his or her discretion, grant permission in writing to a person who has withdrawn his or her asylum application or to whom the Minister has refused to give a declaration to remain in the state for such a period and subject to such conditions as the Minister may specify in writing".

This definition highlights a discretionary rather than a criterion based nature for the granting of exceptional leave to remain. Moreover, the Refugee Act (Government of Ireland, 1996) does not specify associated rights or the criteria for granting this status. There should be some specified criteria but these should not be exclusive, as each case needs to be taken on its individual merits.

Finally, although recipients are afforded renewable rights to work, study and travel, and the possibility of making an application for citizenship after five years, they may be withdrawn at any time following ministerial review. Further legislative strengthening of temporary leave to remain is clearly needed.

3.2.7 Refugee Status as an Outcome

The seventh trend is that relatively few applicants are actually granted refugee status. Of the 7,910 who entered the first stage of determination since 1992, 383 were granted convention refugee status and an additional 44 following an appeal. This gives a total of 427 (5.4%). Of course, there are an enormous number of cases still pending and decisions made in 1998 may refer to an application made in 1996, therefore it is not possible to translate decisions into meaningful rates.

During 1998, a total of 168 people were given refugee status. This amounts to 12.2% of all decisions made and is in keeping with prior predictions made by the Minister. The majority (87.8%) were refused status while just 21 of these (1.74%) were granted temporary leave to remain following an appeal. What can be said with certainty is that refugee status is currently granted to very few asylum seekers.

3.2.8 The Majority Continue to Wait

The final and most persistent trend is the large number of those who remain awaiting a decision. Of a total of 7,910 applications entered into the decision making process, 6,699 (85%) remained pending on December 31, 1998. Some progress in clearing this enormous backlog is being made. The primary concern here is that leaving applicants for long periods in an environment of uncertainty, prolonged

stress, and enforced unemployment has manifold public health consequences.

3.3 Conclusion

It is concluded that although infrastructural (opening of the Refugee Applications Centre), legal (the new Refugee Legal Service operated by the Legal Aid Board) and staffing (120 new staff) developments have clearly occurred since 1994, much remains to be done if our asylum determination process is to be judged fair, speedy and efficient. The kind of improvements that are required include:

- *With some amendments the Refugee Act (1996) should be implemented to establish Irish asylum practice on a statutory basis with the associated guarantee of independent applications commissioners and appeals board. Until this is achieved, all deportations should be halted (see Trócaire, 1998).*

- *A review and subsequent increase of the £120 currently payable to those who require the services of a private solicitor during an appeals application.*

- *A statutory clarification of the basic criteria to be fulfiled when TLR status is granted as well as the criteria to be used if this status is to be withdrawn.*

- *The designation of a specific agency, existing or new, to assist those given refugee or TLR status in adjusting to their new circumstances and further integrating into Irish society.*

- *A formal and independent review group needs to be established to examine why applications are withdrawn from the asylum process and what happens to those involved.*

- *The practice of denying Dublin Convention Appeal cases no possibility to an oral hearing needs to be reconsidered.*

- *Access to suitable interpreters in the preferred language of an asylum applicant should be accorded greater procedural importance in the determination process.*

- *The guidelines for Good Practice for dealing with children under 18 years of age (Separated Children in European Programme) as recommended by the joint Save the Children Alliance and the UNHCR (November, 1998) should be adopted in Ireland.*

- *Similar guidelines are required for those mentally ill or severely traumatized applicants so that their vulnerability does not result in a process disadvantage.*

- *Those awaiting a decision should receive the special support only possible through a dedicated statutory agency with a coordinating function for asylum seekers.*

Box 4 Summary Points:

- *Eight trends can be identified in current asylum administrative practice*
- *Infrastructural developments and the commitment of additional financial and staff resources have led to an increase in scheduled interviews with a view to clearing a substantial backlog but only 1,370 decisions were made during 1998*
- *An overdue Refugee Legal Service was established on February 22, 1999 providing legal assistance at both the initial and appeal stages for a modest fee but 10,604 applications made between 1992- 1998 did so without this benefit*
- *Financial support of £120 towards the cost of an appeal remains inadequate for those referred to private practitioners*
- *The percentage of withdrawn applications has varied from year to year but accounted for 25% of all applications received during the 1992-1998 period. This fact has received little official or public comment*
- *Few asylum applicants, just 160 between 1994-1997, and none in 1998 were granted the discretionary but non-criterion based Temporary Leave to Remain status.*
- *During 1998, only 168 applicants were granted refugee status (12.2% of all decisions made). Of 7,910 applications entered, 6,699 (85%) remained pending on December 31, 1998.*

Chapter 4
A Right to Work in Asylum?

4.1 Arguments in Support of Allowing the Right to Work

4.1.1 The Demands of the Universal Declaration of Human Rights

In 1948, at its third session, the General Assembly of the UN adopted resolution 217A. This pivotal resolution, generally known as the Universal Declaration of Human Rights (UDHR), contains in its 30 articles a list of political, civil, economic, social, and cultural rights. Every individual has entitlement to these rights in all signatory countries.

They are not only widely considered the building blocks for global peace and justice but also inalienable, immutable and inherent to fostering a common humanity. Article 2 provides that everyone is entitled to all these rights without distinction of any kind. It should be noted, however, that this Declaration does not generate legally binding obligations but these are rather embraced as sound aspirations for policy formulation.

The central demand is one of generosity of attitude. If our general attitude towards asylum seekers is generous and based on the moral and humanitarian principles recommended in this Universal Declaration, then legislative and procedural obstacles can be overcome.

It is now fifty years since the right to asylum (article 14.1) and the related but specified right to work (article 23), were formally declared by the international community as basic human rights. These are at the heart of the 'mother' of all declarations. If we are to honour our role as signatories, then it would seem that policy changes are required in contemporary Irish asylum practice.

Articles 1 to 21 of UDHR deal with civil and political rights, and Articles 22 to 30 with economic, social and cultural rights. In asserting the right to asylum, article 25 defends the necessity for a standard of living adequate for their well-being. Ultimately, the key issue is whether a minimalist or broader approach is adopted.

Article 23(1) is most explicit and it states that

> *"Everyone has the right to work, to free choice of employment, to just and favorable conditions of work and to protection against unemployment."*

It would seem that this article has been conveniently excluded from the lexicon of contemporary Irish asylum practice. Consequently, this formulation constitutes a challenge for the Irish government if they are to seriously embrace the spirit expressed in the declaration.

It is concluded that the first reason to reconsider the impediment against allowing asylum claimants work rights, albeit temporary, is based on our international obligations of fairness, equality and social justice.

To remove the current prohibition to the right to work would be a fitting way for Ireland to authentically commemorate the 50th anniversary of UNDHR.

4.1.2 Obligations Deriving from Related International Covenants

International covenants and other treaties are the main way in which the international community consciously generates international law. Treaties frequently require legislative action at national level. For instance, Article 29.6 of the Irish Constitution states that no treaty can give rise to rights or obligations in Irish law except where it has been passed into legislation. It is therefore *"the Oireachtas by statute, and not the Executive by treaty, or otherwise, who make international agreements enforceable by individuals in Irish law"* (Costello, 1994).

It was only with the passing of the Prohibition of Incitement to Hatred Act (Government of Ireland, 1990) that enabled Ireland to ratify two International Covenants on civil and political rights and economic, social and cultural rights (UN, 1996a; 1996b). Both Covenants entered into force in 1976 and by January 1, 1996, there were 133 parties to these treaties, including Ireland.

Whereas the Universal Declaration of Human Rights (1948) is a statement of general rights without legally binding obligations, these two Covenants define specific rights and their limitations in the context of internationally binding legal commitments. Taken together, these three documents make up the International Bill of Rights and form an evaluative framework to test human rights performance.

The International Covenant on Economic, Social and Cultural Rights (UN, 1966b) is particularly relevant. Dixon (1996) explains that participating States, including Ireland, are expected to progressively guarantee economic rights for both nationals and non-nationals within their territories.

Article 6 obliges parties to:

> *"Recognise the right to work, which includes the right of everyone to the opportunity to gain his living by work which he freely chooses or accepts, and will take appropriate steps to safeguard this right".*

Furthermore, article 11 of ICESCR also recognises the right of everyone to an adequate standard of living for himself/herself and their family, including adequate food, clothing and housing. Likewise, and equally significant, in the context of this discussion, article 12 mentions the right of everyone to the enjoyment of the highest standard of physical and mental health. Current practice in Ireland is far from the realisation of these commitments, as we will demonstrate later.

4.1.3 The Church Position

The first Christian family started their life together as exiles and so the essence of Christian social theology can be summarised in the scriptural statement:

> *"I was a stranger and you took me in".*

(Mt: 25:35).

Given that the majority of Irish people are Christian by way of religion, it is reasonable to state that theological reasoning has a contribution to make to the debate. Additionally, there is a remarkable similarity between church views and those formulated in the UDHR by the wider international community.

The main difference is whether primacy is given to a faith or humanitarian perspective.

All the Christian denominations in Ireland have supported the call for a fair and speedy asylum process and in the event of an extended process, a right to work. Trócaire and the Irish Commission for Justice & Peace (1997) have made the clearest example of a public statement in a jointly issued policy document .

This was given the apt title: *'Refugees and Asylum Seekers, 'A Challenge to Solidarity'.* Solidarity as an operating value challenges our attitude towards the 'other' and calls for a transformation based on true equality. If we are to recognise in those in distress a common humanity, then the dimensions of our welcome can be easily extended beyond narrow legalistic norms. Social justice for the excluded, the impoverished, and especially the stranger, is at the heart of Christianity. Only when the stranger is treated as neighbour and equal rights extended can we enter into solidarity with the refugees on our soil.

The Irish section of Amnesty held an inter-religious service for refugees/asylum seekers in December 1997. Apart from Christian church leaders, others have also called for a just response. The kind of social justice and solidarity envisaged is hampered by a lengthy processing period and the related denial of work rights during this time. It is against this context that a call for a change in governmental practice on the basis of its moral unacceptability was made in *'Refugees and Asylum Seekers: A Challenge to Solidarity'.*

In our study, of the 43 participants who completed the questionnaire, 72% mentioned that Ireland was selected as a destination by fate while 28% opted for this country as a destination by choice. These figures show that the sampled majority arrived without selecting our country deliberately. Refugees choose safety rather than a particular country. But for the 28% who did select Ireland by choice, over half (55%) of these cited the Christian ethos of this country as the principal propelling factor.

In the absence of a formal opinion survey of Irish church attenders, it can be concluded that the Church centred reflection as expressed by Baum (1982), Doheny (1997), Toner (1998), Hannon (1998) & Raper (1998) gives primacy to the dignity which labour brings as an integral aspect of the moral context. If a sense of social justice and inclusiveness inspired by religious beliefs is to inform Irish asylum practice, then the theological viewpoint also merits administrative attention.

4.1.4 The Position of Representative Organisations

To date, the largest and most influential social voice of dissent expressed itself in the emergence of a coalition of over 100 Irish based organisations, including the Irish Congress of Trade Unions (ICTU), the Irish National Organisation for the Unemployed (INOU) and various other church and non-governmental organisations (NGO's). At a press conference on July 9, 1998 they agreed that forcing asylum seekers to live on

welfare was unacceptable (O'Sullivan, 1998).

Earlier in 1998, representatives of a large number of non-governmental organisations providing services to asylum seekers and refugees drew up a Charter on Asylum Rights in Ireland (1998). In calling upon the Irish Government to establish and protect basic rights for all asylum-seekers they included the following sentence:

"If an asylum case has not been declared within six months, the applicant must be permitted to take up work and to study with the same rights as Irish citizens".

This is consistent with a positive application of the Universal Declaration of Human Rights. More importantly, it represents the professional viewpoint of experienced workers with a long history of dealing with refugee issues.

4.1.5 The Perspective of Public Opinion

Public opinion, although not unanimous, has been shown in three different surveys to favour allowing asylum applicants a right to engage in paid employment during their determination period. O'Leary, Leahy, Finnegan and Carvajal (1998) reported that 81% of a randomly selected sample of 250 respondents agreed that asylum-seekers should be allowed to work. This finding is consistent with a previous survey commissioned by the Irish Times and cited by O'Connor (1998).

Here it was found that 80% of 200 interviewees supported asylum-seekers in their demand for the right to work.

A more recent survey of public opinion was conducted on behalf of the Sunday Independent on August 7, 1998. Despite a perception by 65% of 200 respondents that refugees were primarily seeking better economic conditions rather than fleeing political persecution, 61% of the sample said that those claiming refugee status should be allowed to work (Dodd, 1998).

Taken together with the views of opposition politicians, these findings firmly question the assumption that public opinion is opposed to giving asylum seekers a right to paid employment in this State. Our assessment is that there is sufficient public support to exercise a direct democratic challenge to the current prohibition.

4.1.6 Inconsistency between Foreign Policy and Domestic Practice

The denial of work to asylum seekers also undermines the credibility of the Irish government's foreign policy. The noble aspirations outlined in the strategy plan published by the Department of Foreign Affairs in July 1993, and the human rights driven White Paper on foreign policy (Department of Foreign Affairs, 1996) stand in stark contrast to domestic procedures.

For instance, the main conclusion of the human rights and democratisation program review commissioned by Irish Aid was that 'support for human rights' should be 'fully implemented into country programs' (Dept. Foreign Affairs, 1996). More recently, in introducing the current strategy statement of the Department of Foreign Affairs (Dept. of Foreign Affairs, 1998), Liz O'Donnell remarked:

'I will be working to ensure human rights concerns are given full and effective expression in our foreign policy and that Ireland is in full compliance with our international obligations pursuant to UN covenants'.

The clear message that human rights in all its dimensions should be the anchor for Irish foreign policy is less often advocated in domestic policy.

This inconsistency extends more broadly. A form of collective ambiguity is reflected in the difference between our willingness to offer generous financial support for refugees and internally displaced persons abroad in the form of donations to Third World charities and our domestic reluctance to replicate the same measure of generosity to asylum seekers.

The failure to harmonise Irish domestic procedures for asylum seekers with foreign policy ideals grounded in human rights advocacy and best international practice, is a notable example of internal inconsistency. Not allowing asylum seekers a right to work during a lengthy determination process is hardly the kind of keynote theme that the above mentioned foreign policy documents wish to emphasise.

The kind of inconsistency that is evident between foreign policy ideals and domestic asylum determination practice is well summarised by Andy Storey (1996):

> *"It can be argued that how the government deals with those third world nationals who attempt to enter Ireland is equally an indicator of the ideals underlying foreign policy, and the willingness to implement them. If we are to be consistent and promote the exercise of inter-departmental policy consonance, then impediments like the suppression of the right to work in asylum must be reconsidered. Otherwise, our moral authority to speak the language of human rights and promote the practice of justice abroad will be greatly diluted.""*

4.1.7 The Standard of Best International Practice

Prohibition of the right to work does not conform to the standard of best European practice. In this respect, Ireland is out of step with many other EU countries. According to the latest UNHCR (1997) report, it is a fact that asylum seekers in the industrialised world receive widely differing standards of treatment with regard to social welfare benefits, access to public benefits, housing entitlements and the right to work.

It is not just the willingness to provide asylum but also the manner in which it is provided that forms the litmus test to gauge the extent of an authentic commitment to human rights.

It is widely accepted that suspicion and hostility to refugees and asylum seekers is promoted by the public perception that they willingly remain dependent on welfare payments. This destructive perception is not supported by our evidence and can only be diminished if asylum claimants are entitled to earn their living. The situation throughout Europe is varied but a number of countries have adopted a more proactive and humane approach.

In the United Kingdom, for example, asylum applicants who have to wait more than six months for an official determination may seek permission from the Home Office to work. This permission is normally granted while they are also allowed to participate in government sponsored training programs.

In Sweden, asylum seekers whose applications are expected to take longer than four months to process are allowed to work. The situation in Germany allows

asylum seekers after three months and once they are assigned to a designated asylum centre, to apply for a permit for a specific job. If an EU citizen or German national has not taken an advertised job, the job may be given to an asylum claimant.

In Finland, a country with a high unemployment problem, those seeking refugee status may also apply for a work permit for a specific job after three months if a job cannot be filled by a national or someone else with a valid resident permit.

Finally, the Belgian authorities exercise the most generous policy and allow those requesting refugee status to be granted a work permit valid until the final decision is made.

Apart from Belgium, most of these countries grant the right to work during the determination period, albeit with some qualifications, after a stay of 3-6 months. Like Ireland, other countries such as the Netherlands, France and Denmark are more restrictive but these typically process applications on average within a year. This is the key difference. It can be concluded that the Irish prohibition is neither immutable nor an example of best international practice.

If the standard of best practice is to be taken as a working yardstick then arguably, the approach of the Irish government is best described as minimalist.

4.1.8 Loss of Skills to the Economy

Few attempts have been made to examine the skills pool within the asylum seeker community. It has yet to be formally recognised that asylum seekers offer an untapped reservoir of well educated, skilled and talented people who not only want to work but also possess skills relevant to the requirements of the Irish economy.

The issue of skills has perhaps been better discussed in the United Kingdom. Over the years, refugees have made an enormous contribution to medicine and science in Britain (Merriman, 1994; Esmail & Carnall, 1997; Esmail & Everington, 1997). A key problem is one of recognition of qualifications gained. This is also a major issue here for those given refugee or TLR status. Apart from medical qualifications, overseas-trained doctors have much to contribute to fellow immigrants. The same is true for teachers and others.

The professional skills which new refugees bring and their ability to satisfy workplace needs is currently the subject of debate in the UK (Berlin, Gill, Eversley, 1997) and now Ireland (Toner, 1998).

The issue of formal recognition of these skills, especially for those with medical training or other technical training is a central problem in the UK (Carey-Wood, 1995, Esmail & Everington, 1997). In Ireland, similar difficulties face those from diverse professional backgrounds that achieve refugee status (Refugee Agency, 1998).

Many industries here throughout 1997 and 1998 have claimed that there is a chronic shortage of workers. This is especially true in the teleservices, catering, transport, agricultural, fishing and hotel sectors of our growing economy. The inability to fill vacant positions is especially damaging to small and medium sized businesses. According to Denis Moylan, (managing director of CRC international, a recruitment agency), staff shortage problems in the hotel/catering industry are now reaching crisis proportions.

Not allowing suitably qualified and willing asylum seekers, often with linguistic skills required by teleservice industries, to fill these positions is a loss of potential productivity in the form of an opportunity cost lost to the economy. It also leads to a general sense of demoralisation.

The results of this study show that asylum seekers are willing to upgrade their skills in order to join the Irish workforce. Additionally, those who would eventually be granted status will find themselves at an extra disadvantage as atrophy of skills due to disuse is enhanced by prolonged unemployment. A potentially permanent loss of motivation and goodwill might also be indirectly cultivated.

For those refused status and eventually deported, their experience in this country will have been far from positive. Finally, it needs to be stressed that asylum seekers do not necessarily compete with the indigenous homeless or unemployed in Ireland; a view endorsed by Kennedy (1998), President of Focus Ireland.

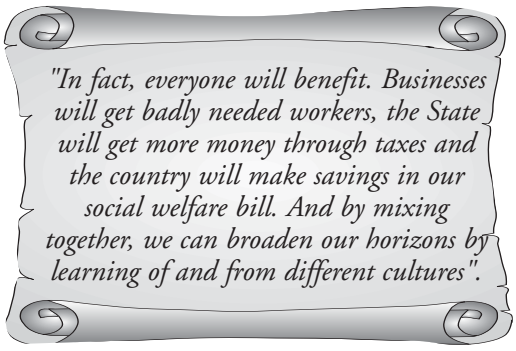
4.1.9 Fiscal Justification

Giving asylum seekers a chance to work not only enables them to provide for their own needs in a spirit of self-sufficiency but also frees them from dependency on the State. The fiscal benefits to the economy are twofold. Firstly, payments in the form of the Supplementary Welfare Allowances and other related payments (rent and clothing allowances) would be greatly reduced. Such saving could be easily quantified.

Apart from administrative costs incurred by the Department of Justice, Equality & Law Reform, welfare payments are considerable. A 16% increase in the 1998 welfare budget is largely due to extra supplementary benefit for asylum seekers. In 1997, it had been variously estimated that asylum seekers would cost the State between £45- 50 million in welfare payments during 1998.

The financial officer of the Eastern Health Board, where 90% of asylum seekers reside, has said that the bill for 1998 will probably be £18 million for SWA and £14 million for accommodation giving an estimated total of £32 million. Figures made available to us by the Department of Justice state the temporary accommodation costs for asylum seekers during 1997 amounted to £6,813,608.

Allowing claimants a temporary work permit would substantially reduce these costs. Additionally, receipts in the form of income tax and increased spending would further contribute to economic growth. In a statement last year, Bishop Kirby (1998) of Trócaire offered the following summary:



4.1.10 Irish Born Children of Asylum Seekers

The number of non-EU nationals giving birth in Ireland during the first quarter of 1998 was six times what it was in 1996. Asylum seekers are just one group that contribute to this. During the period November 1997 to June 1998, 380 asylum seekers delivered children in Ireland.

It appears that 200 of these withdrew their applications for asylum on the basis that babies automatically become Irish citizens and their parents are entitled to live and work here until the child has reached 18 years of age.

The background to this is that Ireland is the only EU country that grants automatic citizenship to children born here. A 1990 Supreme Court ruling affirmed that children have a constitutional right to the company of their parents.

Thus parents of a child born in Ireland have a right to residency and consequently to work. According to Mc Caughren (1998), it is likely that the government may bring forward legislative proposals designed to limit access to Irish citizenship in this manner.

There are clearly many reasons that could account for the recent increase in births to non-EU citizens. One worrying suggestion, not formally validated, is that this legal loophole could be used to circumvent a burdensome process.

4.2 Arguments in Support of Prohibiting the Right to Work

Ironically, the arguments in support of prohibiting the right to work during the determination process have not been publicly documented in any detail. This observation is, of itself, significant. Apart from the statutory prohibition, these arguments are earthed in a protectionist outlook. Such an outlook assumes that Irish citizens will suffer if asylum seekers are allowed to work by limiting their employment opportunities. Four arguments that are frequently made are now reviewed.

4.2.1 Legislative Requirement

The most obvious argument cited is that the right to work is prohibited in section 9 of the Refugee Act (1996) and consequently demanded by current administrative practice. The question now is whether there is sufficient justification to question this legislative prohibition. It has already been noted that this legislation was drafted without adequate political contingency planning.

The provisions were designed for smaller numbers of asylum applicants than is currently the case and insufficient attention was given to a debate on the merits of offering a temporary work permit to applicants if their cases were not processed within a given time frame. Models of good practice in other EU countries were not adopted. We believe that it is now time to review this aspect of the Refugee Act.

4.2.2 The Necessity of Social Protection

It has also been suggested that this impediment is inspired by a need to provide protection for the Irish unemployed. According to the Central Statistics Office (CSO) quarterly National Household Survey (November, 1998), the total number unemployed in Ireland (on the dole) has shrunk to 126,000 giving a figure of 7.8%. Those on the live register (cruder measure) numbered 207,000 but this figure is expected to drop below 200,000 during 1999.

Importantly, it is believed that only 85% of those on the live register are actively seeking employment as calculations also include those who are signing on for credits and over 20,000 people working on a part-time basis.

The truth is that Ireland has one of the lowest jobless figures in Europe (Vahou, 1998) and government sources believe that the goal of reducing unemployment to 5% by the year 2,000 is attainable. The real problem is one of a tightening of labour supply and a shortage of skills in certain sectors. To maintain economic growth we need to augment our labour force with migrant workers (Thesing, 1998) and develop a new and more open immigration policy (Toner, 1998).

If the policies of social inclusion as advocated in the White Paper on Human Resource Development (Department of Enterprise and Employment, 1997) and Green Paper on the Community and Voluntary Sector and its Relationship to the State (Department of Social Welfare, 1998) are to be consistently applied, then strategies to address the long term unemployed should not exclude asylum seekers. As we have stated elsewhere in this text, a right to work is an essential aspect in integrating asylum seekers into our country.

It just doesn't make sense when we consider that many asylum seekers possess skills and a willingness to work in areas where labour shortages are now a recurrent problem. To take just one example, those who originate from countries where the national language is French, Portuguese or Arabic could provide invaluable linguistic skills for the rapidly expanding needs of the teleservices industry. Would this be a loss or a gain?

4.2.3 Deportation Would Be More Difficult To Execute

This argument is based on the premise that employment of asylum seekers would promote integration making it more delicate to deport unsuccessful applicants. Deportation could become more difficult if the interest of employers, especially in an economy, which has a shortage of workers in specified sectors, is added to the equation. On June 25, 1998, the Minister of Justice stated in the Dail:

> *"I do not think that it would be appropriate to allow people with only a temporary permission to remain in the State to be allowed to work and put down roots in this country".*

The unquestioned assumption is that it is harder to deport someone if they are putting down roots, becoming self-reliant, earning their own living, needed by their employer, mixing well with the Irish workforce and positively interacting with their local community.

As will be noted later in this report, integration is healthy and should be considered a priority at all stages in the applicant's history. Conversely, marginalisation results in psychosocial ill-health, which may become permanent.

If deportation is to be the final outcome of an application, then should it not be possible that such an outcome follows a positive experience of Ireland?

4.2.4 The Pull Factor

The so-called pull factor states that a lenient policy will attract further inflows and especially economic migrants. Denial of the right to work is therefore considered to serve as a deterrent function.

The argument most frequently mentioned by the current Minister of Justice, Equality & Law Reform is that a claim for asylum will become an ordinary pathway to obtain a work permit and residency for economic

migrants. It is the Minister's view that giving asylum seekers early access to employment is treating them as economic migrants and this will serve as a pull factor and encourage further abuse of the asylum process.

It is suggested that persons who would otherwise be refused permission to enter the State to work could bypass the regulatory regime by claiming asylum.

Evidence of supposed abuse is adduced from the fact that between May 5 and August 31, 1998, 1,620 interviews were arranged but 641 (40%) of the asylum seekers failed to turn up.

It is reasonable to ask what accounts for this discrepancy. Some could be abusers. Equally others could have moved on elsewhere because of frustration by an extended stay in administrative limbo. A change of address could also account for such a discrepancy where appointments for interview are never received.

It is impossible to make an accurate distinction between an economic migrant and a 'genuine' asylum seeker until the asylum determination process is completed. Furthermore, although Ireland is a signatory to the United Nations Convention Governing the Status of Refugees (1951), this does not impose an obligation to provide sanctuary to illegal immigrants seeking economic improvement.

Control of illegal immigrants is a primary concern for all EU governments and is often cited as a reason for exercising more stringent controls of a blanket nature. Irish immigration policy should rest uneasily with such a tendency as efforts to cultivate a harsh immigration policy unfolds a collective amnesia, ambiguous in rationale, concerning our own substantial history of illegal emigration. It is difficult to justify an institutional amnesia that seems to uncritically distinguish between our own historical necessity for economic refuge in the USA, United Kingdom and Australia and the current plight of modest numbers of asylum-seekers at our doorsteps.

For example, the Irish accounted for 50% (6 million) of all applications processed at Ellis Island, New York in the six decades between 1892 and 1954. It would appear that our self-defining *'Céad Míle Fáilte'* is less than wholesome if 10,000 political immigrants are subjected to a large package of restrictive social and political conditions.

It is also seldom mentioned that those seeking asylum only constitute a small proportion of the annual total of inward bound migrants into Ireland. In 1997, we had a net inward migration of approximately 40,000 people. Less than 4,000(10%) of these were asylum-seekers.

Our suggestion is that only those admitted to the asylum process should be given a temporary work permit after a reasonable period of six months. Furthermore, even if some people violate the integrity of the asylum system to circumvent normal and legitimate immigration controls this should not be a reason to deny rights to those deserving of protection.

4.2.5 New Staff will solve the Problem

The Minister of Justice, Equality & Law Reform has acknowledged that one of the reasons put forward for allowing asylum seekers to work is the length of time taken to process their applications. On October 31st, 1998, the accumulated number of people awaiting a decision was 6,364 people.

A large recruitment of additional staff has now taken place and the new one-stop-shop at Mount Street in Dublin was opened in October 1998. These are welcome developments and the administrative expectation is that the processing of applications should be considerably speeded up and that the backlog can be eliminated by July 2000.

A stated objective of Departmental policy is to reduce the processing time to six months or less and so it is reasoned that the prohibition of the right to work will no longer be of concern.

Despite these genuine aspirations associated with increased staff and infrastructural developments, an enormous backlog remains. The decision-making output remains limited when compared to the substantial backlog. New arrivals also have to be factored into the overall picture.

Our assessment is that the targets set will be difficult to achieve. It is difficult for any administrative system to gather country of origin information and study individual applications with the required comprehensiveness. This naturally takes time and it is better to have a slower and fair rather than a faster but unfair process. Our point is that if the process requires time then other considerations also warrant attention.

4.3 Conclusion

This chapter has sought to examine the arguments for and against allowing asylum seekers the right to work. It has been argued that the reasons commonly offered to support the current prohibition are neither consistent with our international human rights obligations, foreign policy aspirations, declared public opinion, political support (all opposition parties and the PDs), historical experience of emigration, religious tradition, nor the standard of best international practice.

Although the needs of the economy and fiscal considerations are presented as additional factors, the core reasons why asylum seekers should be given the right to work are ultimately justified by human rights, humanitarian and psychosocial considerations. For such reasons, we conclude that the current prohibition should be reversed, as it is not immutable.

Such a reversal is not enough in itself. The State should foster a proactive policy in ensuring that asylum seekers can exercise this right in practice. This would include recognition of qualifications gained overseas, language training, additional, new or skills re-training programs as required and specific targeting of female asylum seekers as a vulnerable group.

In the event of not getting work, the social welfare and other entitlements of asylum seekers should not be reduced. The recent Dail debate of March 1999 on the possibility of extending work permits to asylum seekers is a very welcome political development.

Box 5: Summary Points

- ***The removal of current obstacles that prohibit asylum seekers from working would be an authentic way to commemorate the 50th anniversary of the UNDHR (1948) consistent with Ireland's obligations to various international covenants.***
- ***Our historical experience as a nation of emigrants and our religious ethos that calls for social justice for the 'stranger' are substantial reasons in support of a change of administrative attitude***
- ***Public opinion as reflected in surveys and through a variety of national organisations have supported the call for the right to work for asylum seekers***
- ***The current domestic practice of suppressing the right to work for asylum seekers is inconsistent with previous and present foreign policy aspirations***
- ***Ireland is out of step with many other EU countries which already allow asylum seekers to work***
- ***Asylum seekers have much to contribute to the Irish economy and our socio-cultural life while work is a key pathway to tapping their talents and promoting their integration.***

CHAPTER 5
UNEMPLOYMENT AND PUBLIC HEALTH

5.1 INTRODUCTION

The period from arrival to the recognition of refugee status is a crucial one for the asylum seeker. As a foreigner in an alien country where s/he has been compelled to seek protection, the asylum seeker often remains without any point of reference, without the necessary linguistic and practical tools to facilitate integration in the country of reception, enabling him to accept responsibility for himself. It is a veritable uprooting. Once a claim for asylum has been made, s/he lives from one day to the next in anticipation of a response that can take months or even years.

"This uncertainty contributes towards increasing the precariousness of his situation, which is further heightened by the lack of even minimal stability. Any investment in life plans, work, studies or long term commitments are rendered impossible. Uncertainty, aggravated by the procedures and irksome officialdom, both administrative and legal, strongly characterise the nature of an asylum seekers life regardless of the country and the consequences, both psychological and moral, are important".
(France Terre d'Asile, 1997).

In Europe, the tendency to prohibit working, with the exceptions of Germany, Austria, Belgium, Spain, Finland, United Kingdom, Sweden and Switzerland is a result of the reasons previously discussed. While prohibition is accompanied by a complete acceptance of financial responsibility for social, medical assistance and accommodation, consistent with entitlements to nationals, asylum seekers remain excluded from the possibility of earning their own living.

Unemployment and under-employment seriously affect the psychological and social well-being of its victims and their general health. An extensive international literature, including some Irish studies, has persistently described a large array of detrimental health effects associated with unemployment. For instance, a recent comprehensive literature review conducted by Mathers & Scholfield (1998) on the adverse health effects of unemployment reaffirmed that it has a negative impact on a range of health outcomes including increasing mortality rates, physical and mental ill-health and greater use of the health services.

There are also latent, non-economic, consequences of unemployment, involving the loss of social contact, reduced activity levels and increased boredom, decrease in social status and erosion of a sense of purposefulness.

We discuss these under three general headings:

(1) Psychological health effects;

(2) Mental Health Effects;

(3) Physical health effects.

5.2 Psychological Health Effects Of Unemployment

Psychological health effects of unemployment were recognised as far back as 1938 when Eisenberg & Lazarfeld concluded;

"We find that all writers who have described the course of unemployment seem to agree on the following points:
First, there is shock, which is followed by an active hunt for a job, during which the individual is still optimistic and unresigned; he still maintains an unbroken attitude. Second, when all efforts fail, the individual becomes pessimistic, anxious and suffers active distress: this is the most crucial state of all. Third, the individual becomes fatalistic and adapts himself to his new state but with a narrower scope. He now has a broken attitude".

Since then, numerous studies have confirmed these and other adverse consequences of joblessness, while others have demonstrated the positive effects of employment. For example, Warr (1987) showed that the vast majority of people, irrespective of their position in the social hierarchy, gain considerable satisfaction from their work. With the exception of a very small minority of unemployed people who feel liberated from an oppressive work situation, the vast majority of the jobless are gravely affected by the experience, with a diminution of their psychosocial identity.

Unemployment and related financial problems are formally correlated with a variety of markers of psychological vulnerability. Studies also show that many of these effects are reduced following re-employment (Kessler, Turner & House, 1987; Jones, 1992) and that employment is, in general, protective of health (Rushing, Riter & Burton, 1992).

Unemployment has without doubt a substantial and damaging effect on the psychological health of the unemployed individual. This is also the case even when factors like income, life style deprivation and financial strain are taken into consideration in the study design.

The most important of these negative psychological effects include:

- *learned helplessness, demoralisation and resignation (Blauner, 1964; Seligman, 1975; Dooley & Prause, 1995; Garcia, 1997; Hammarstrom & Janlert, 1997);*
- *lowered psychological health and loss of self-esteem (Dew, Penlower & Bromet, 1991; Whelan, Hannan & Creighton, 1991; Fryer, 1992; 1995);*
- *a sense of social anomie and alienation (Kelleher & Daly, 1990; Mac Greil, 1996).*

The impact of being unemployed can be likened to a bereavement and, after bereavement, unemployment is one of the most stressful events that can happen to a person (Rahe & Holmes, 1980). It is also linked to marital disharmony, divorce, truancy, delinquency, drug and alcohol misuse, crime, child abuse and neglect, and, at the extreme, deliberate self-harm and suicide (Platt, 1984; Platt & Kreitman, 1985; Pritchard, 1990, 1991, 1992, 1995). These are clearly undesirable in any population.

An international body of research argues that male unemployment may have implications for spouses who assume the heavy family managerial role and due to financial difficulties are 'forced to live on their wits' (Phal, 1980, 1983; McGhee & Fryer, 1989; McKee & Bell, 1986). These findings are echoed in Irish studies (Whelan, 1992).

5.3 Mental Health Effects of Unemployment

Common mental disorders are most prevalent among those with a poor standard of living, (Goldberg, 1992; Meltzer, Gill & Petticrew, 1995; Blaxter, 1990; Rodgers, 1991) independent of occupational social class (Weich & Lewis, 1998).

Recent studies by Weich & Lewis (1998) concluded that financial strain was strongly associated with both the onset and maintenance of common mental disorders.

A variety of psychiatric effects of unemployment have also been documented including:

- *alcohol abuse (Catalano, Dooley, Wilson et al.,1993),*
- *depression (Argyle 1989; Warr, 1987; Eales, 1988; Whelan, Hannan & Creighton, 1991; Whelan, 1992; Lavik, Hauff, Skrondel et al; 1996; Kelleher, 1997; Rodriguez, Lasch & Mead, 1997),*
- *suicide and parasuicide (Platt, 1984; Hawton, 1992; McCrea, 1996; Kelleher, 1997; Interim Report of National Task Force on Suicide, 1997; National Task Force on Suicide, 1998).*

5.4 Physical Health Effects of Unemployment

Evidence from research dealing with the relationship between mortality rates and unemployment present a similar profile. They show that non-employment is associated with increased mortality rates, especially in men experiencing a loss of employment.

Overall, this suggests that non-employment, even in apparently healthy men is linked with increased mortality (Sorlie & Rogot, 1990; Stefansson, 1991; Morris, Cook & Shaper, 1994; Jin, Shah, & Svoboda, 1995; Martikainen & Valkonen, 1996; Sundquist & Johansson, 1997).

Other evidence has revealed elevated disease-specific mortality rates like cancer (Lynge, 1997) and cardiovascular disease (Brenner, 1997). Cross-sectional studies have shown that jobless people have poorer health than those who are in jobs (Whitehead, 1990) and that long-term unemployment induces a feeling of hopelessness, reminiscent of Beck's criteria associated with suicidal behaviour (Beck, Steer & Newman, 1993).

Unemployment may not directly cause any of these activities, but the psycho-social impact of unemployment, especially in the long term, exposes the individual and family to enormous pressure, undermines their morale and destabilises the vulnerable (Lawson, 1994; Warr & Jackson, 1988).

Unemployment is often the first link in a chain of events that leads to personal and family disruption, social disharmony and, at the extreme, suicide. All of these consequences of unemployment do not necessarily result from a direct cause-effect relationship but it can be confidently stated that there is a relationship between unemployment and multiple adverse psychological, mental and physical health effects. The exact nature of this relationship remains the subject of continuing study.

5.5 Unemployment and the Asylum Seeker Population

The picture for asylum seekers and refugees who endure unemployment in their host countries also confirm a negative health heritage.

Two Irish based studies have examined mental health in relation to refugees and asylum seekers. The first study examined the Vietnamese and Bosnian program refugees population using the Global Assessment of Function Scale and found that those unemployed were more likely to experience isolation and greater mental health problems (Refugee Agency, 1998). The second focused on asylum seekers and using the Hopkins Symptom Checklist-25 reported that 47% of interviewees scored greater than the indicator threshold for depression while 58% were above the threshold for anxiety (Begley, 1998).

More globally, clinic based studies have reported rates of depressive disorders among displaced populations ranging from 42% to 89% (Mollica, Wyshak & Lavelle, 1987; Kroll, Habenicht, MacKenzie, 1989; Moore & Boehnlein, 1991; Ramsay, Gorst-Unsworth & Turner, 1993; Mghir, Freed, Raskin et al, 1995; Van Belsen, Gorst-Unsworth & Turner, 1996; Silove, Sinnerbrink, Field et al, 1997; Fawzi, Pham, Lin et al, 1997; Ferrada-Noli, Asberg, Ormstad et al, 1998).

Likewise, numerous clinic based studies have shown varying rates of post-traumatic stress disorder, (PTSD) generally 50% or higher (Moore & Boehlnein, 1991; Ramsay, Gorst-Unsworth & Turner, 1991; Silove, Tarn & Bowles, 1995; Van Velsen, 1996) and anxiety ranging from 24% to 94% (Goldfield, Mollica & Pesavento et al, 1998).

Population based studies, generally using self-report instruments, have also revealed a similar range of results (35%-86%) for depression amongst asylum seekers and refugees (Westermeyer, 1998; Carlson & Rosser-Hogan, 1991; Pernice & Brook, 1994; Hauff & Vaglum, 1995; Silove, Sinnerbrink, Field et al, 1997).

5.6 Conclusion

Within the early period of arrival to a country of asylum, health and social needs are greatest. Proper assessment of these needs would result in an early resolution of urgent problems before they affect the health and social well-being irreversibly. A period of uncertainty compounded by unemployment has serious implications for the already susceptible health of the asylum seeker. Physical and mental health issues are inextricably bound to social and economic ones. Rebuilding lives is not just about therapy. There is a need for financial and social security. Asylum seekers suffer the stress of insecurity and the effects of persecution, encountering multiple difficulties and the health consequences of unemployment and poverty.

The issue of prohibition of access to work is considered very important, as unemployment is a determinant of health status. For many asylum seekers especially men, finding work is quite important in retaining social status and the traditional values of men as breadwinners. The possibility of work represents the essential means for establishing autonomy. Unemployment for long periods lends to the risk of being unsettled and may result in increased difficulties encouraging enthusiasm and participation. Anxiety brought on by waiting is further aggravated by a state of inaction, which provokes psychological behavioural problems and depression.

The literature overwhelmingly supports the argument that unemployment has an adverse impact on health by reducing family income and so the material standard of living. The individual loses a sense of meaning and purpose and a fear for the future. Restrictions in granting work permits can have outcomes of destitution and/or illegal employment which can result in exploitation.

It is clear that the many factors in the post-migratory environment contribute to elevated rates of depression, anxiety, feelings of self-devaluation, powerlessness and anomie. The end result is additional psychological and psychiatric vulnerability. In the context of such findings it would be ethically and professionally inappropriate for the Public Health profession to remain silent while an additional but avoidable major risk factor to health is imposed. We conclude that unemployment and inactivity in a host country, far from the exile's homeland, is an extremely destructive context for psychosocial and physical health reasons.

Box 6: Summary Points:

- ***Multiple factors in the post-migratory environment contribute to elevated rates of depression, anxiety anomie, and feelings of self-devaluation***
- ***Unemployment seriously affects the psychological, social and general well-being of its victims***
- ***Psychological effects include learned helplessness, demoralisation, resignation, loss of self-esteem, social anomie and alienation***
- ***Mental health effects include alcohol abuse, depression, suicide and parasuicide***
- ***Physical health effects include increased mortality and increased disease specific rates***
- ***Work binds people to reality and eases an eventual integration of the asylum seeker in the reception country***
- ***Unemployment is an avoidable stressor***
- ***Unemployment and its consequences is a major Public Health concern***
- ***Public Health Professionals have a responsibility to advocate, particularly for vulnerable, minority groups of people.***

Chapter 6
Interpretative Framework

6.1 Introduction

Three theoretical contributions provide the general interpretative framework for this study. First, the work of the American psychologist, Abraham Maslow (1954, 1968, 1970), offers a useful model to evaluate the levels of human needs targeted by current service provision. Second, the classification and approach of Max-Neef (1991) provides a yardstick to assess whether needs are satisfied in a predominantly singular or syngeristic manner. Third, Berry's (1986; 1987; 1988; 1989; 1991) acculturation model supplies a way to relate needs and their satisfaction to the wider inter-group dynamics between asylum seekers and the host community.

For the asylum seeking population, integration into the Irish population is the healthiest option as it has the most positive effects on both the asylum seeking population and the host population. Integration is the state in which universal human needs can be met, which offers the most potential for the person to achieve complete physical, mental and social well-being.

6.2 Berry's Model of Acculturation & Social Health

The intergroup dynamics between minority populations such as asylum seekers, and their new host communities form the wider socio-cultural background to a discussion on social health. This interaction, dynamic in character, and generally discussed under the umbrella term 'acculturation' (McLachlan 1997) is fraught with the new demands and adjustments which immigrants, numerically in the minority, typically encounter in meeting a new culture.

These adjustments are also associated with acculturative stress that occurs at both individual and group levels. Acculturative stress is a severe form of stress that confronts refugees and asylum seekers in a more intense manner than that faced by economic migrants (Berry, 1989; Williams and Berry, 1991; Rogler, Cores & Malgady, 1991).

Although acculturative stress is considered to be a normal adaptive response to the migration experience, it can be enhanced by features in the post-migratory environment (Silove, Sinnerbrink, Field et al., 1997). Classically, it is commonly revealed in a varied catalogue of symptoms such as anxiety, uncertainty, loneliness, depression, conflicts about ethnic and cultural identity, alcohol abuse, feelings of alienation and psychosomatic manifestations (Berry, Beiser, Barwick et al., 1988; Karmi, 1998).

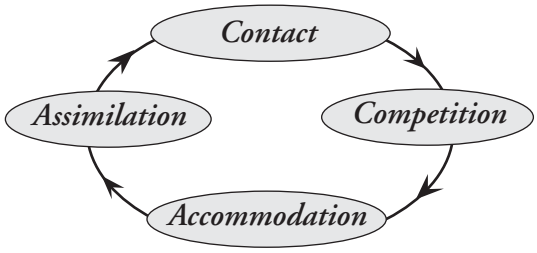
An acculturation process marked by added obstacles such as prejudice, discrimination and other impediments to inter-cultural integration can seriously affect health. For example, the possibility of employment and the opportunities its affords for social interaction are considered to be two of the most important gateways to successful adaptation. Their inhibitions are significant obstacles.

In Ireland, like members of the traveller community, asylum seekers form a minority community statistically and culturally dwarfed by the dominant Celtic settled population. Unless initiatives based on social inclusion are to the forefront of social policy, then separation or marginalisation are likely but undesirable outcomes. Unlike travellers, but in common with other immigrant groups, they face the additional challenge of coping with the demands of acculturation. These demands are known to be difficult and stressful for all migrants (Berry, Kim & Minde, 1987). In contrast to the challenges faced by economic migrants and other voluntary migrants, those seeking political asylum present themselves from a background of traumatic disinheritance.

This heritage of insecurity can make normal adjustments more difficult especially in the face of a new range of post-migratory stressors. The nature, tone, shape, and outcome of the acculturation process has consequences of special concern for public health practitioners.

An early theoretical contribution to the dominant-minority intergroup relations dynamic can be traced to Park & Burgess (1921) and Park (1950). They outlined a four-stage cycle of interaction (figure 5). However, a major weakness of this scheme was that neither cultural pluralism nor integration were considered as likely possibilities.

Figure 5 : Parke's Cycle Intergroup Relations.



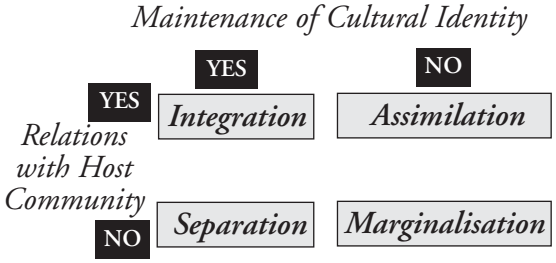
A leading Irish contributor, Michael Mac Greil (1980 &1996), has formulated a very detailed dominant posture-minority response paradigm. This paradigm interprets the interaction between the dominant and minority groups in a more comprehensive manner. In *Prejudice and Tolerance in Ireland Revisited (1996)*, he proposed an interpretative paradigm based on seven typical dominant posture, (annihilation, exclusion, segregation, stratification, assimilation, amalgamation and pluralism).

The minority responses proposed were avoidance, aggression, accommodation, assimilation, amalgamation and pluralism. This model yields an impressive matrix of 27 outcome possibilities ranging from avoidance of withdrawal to pluralist co-existence.

All of these depend on the particular nature of the interaction while special importance is accorded to the orientation of the dominant group's posture towards minorities. This is a key insight, which has social policy implications.

A simple taxonomy, frequently used with respect to refugees is adopted in this report. Known as Berry's Model of Acculturation (Berry, 1986; Berry & Williams, 1991), its simplicity is intuitively appealing and yet captures the essence of the minority-majority relationship (figure 6).

Figure 6: Berry's Acculturation Model



His model, using two key variables as a framework, postulates four outcomes: integration, assimilation, separation and marginalisation. The details of these have been described by Berry and others (Young, 1996; Refugee Agency, 1998).

A key insight is that the outcome of integration is only made possible when the social environment allows the maintenance of cultural identity and positive relations are established with the host community. If positive relations are not established and cultural diversity is discouraged, then marginalisation results.

The two negative outcomes highlighted in Figure 6 are closely correlated with a range of social health problems. These are potentially avoidable. Two pathways for establishing positive relations and desirable outcomes are work and acceptance of racial diversity. Other factors are equally important, as it is the cumulative climate that is of central concern. Some of these are now listed in Table 11.

Our results indicate that movement towards integration is hampered by growing episodes of racial discrimination, the lack of a speedy determination process, the growing emergence of restrictive policy proposals, negative media coverage of asylum seekers, and a lack of employment and study opportunities with an accompanying diminishment in social status.

Table 11: Factors that promote or inhibit Acculturation

The presence or absence of:

- *public hostility and discrimination*
- *media generated stereotypes*
- *government supported inter-sectoral reception and integration policies*
- *social contact opportunities*
- *initial orientation and language training support*
- *effective self-help groups and social networks*
- *adequate legal assistance*

The loss or maintenance of:

- *traditional support structures*
- *socio-economic status*
- *occupational skills*
- *mental and /or physical health*

Additionally, support structures for asylum seekers are less than adequate, as self-help groups such as African Refugee Network (ARN), Nigerian Asylum Seekers of Ireland (NASI) and the Association of Refugee and Asylum Seekers in Ireland (ARASI) are at their infancy stage of development. They have received little by the way of State funded resource allocation. This is a major weakness in the sensitivity of our reception policy.

Their ability to perform vital social support and advocacy roles are consequently marginal. Joly (1996) has classified some of the common purposes that self-help organisations can provide as either: a) affectedly orientated, b) functionally orientated, c) influence oriented and d) culturally orientated. These organisations and umbrella groups like the Irish Refugee Council should, in our view, be given generous core funding and capacity building support from the State.

The symptoms of alienation and social anomie and the findings of post-migratory stressors such as discrimination, and lack of paid employment, later explored in this report, are the fruits of this wider intragroup dynamic. It is our view that the process of acculturation is made additionally stressful by forcing asylum seekers into a life of boredom, inactivity and helplessness reinforced by an official denial of work rights.

This is an insight which Sigmund Freud, the father of psycho-analysis alluded to as far back as 1933 when he declared:

"Work binds people to reality".

In contrast to many other factors in the minority-majority interaction, the possibility of work is the best example of an avoidable stressor. Nearly half a century after Park's contribution, it is regrettable that the climate to promote social health remains far from ideal.

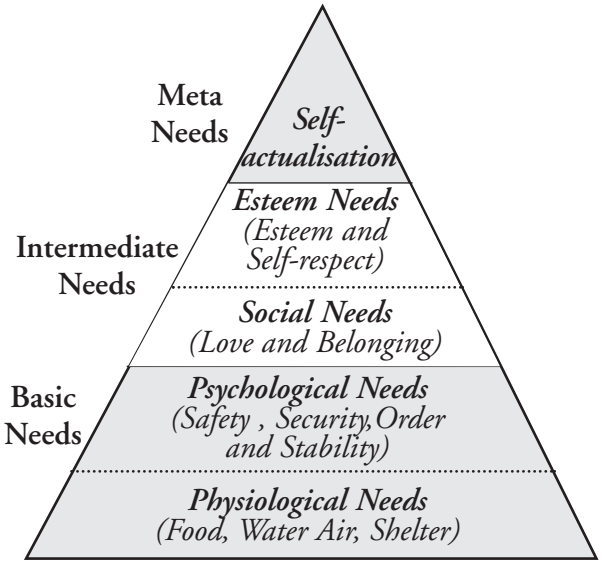
Inter-culturation is perhaps a better term as it implies that both the hosts and the new arrivals have to make adaptations and accommodations if integration is to be achieved. If this is to be promoted, then a comprehensive inter-sectoral approach, currently lacking in Irish asylum practice, would need to be implemented.

6.3 MASLOW'S HIERARCHY OF HUMAN NEEDS

The sector of psychology particularly concerned with the factors that influence the arousal, direction, and persistence of behaviour is called the psychology of motivation. This is a field that has special relevance to a public-health analysis as it provides a framework to evaluate which needs current service provision addresses.

Although imperfect, Maslow's contribution was that he was the first to map out in hierarchical form three categories of needs (basic, intermediate and higher) that commonly motivate behaviour. A pivotal idea is that when basic needs are met, then the next level in the hierarchy of prepotency strives for satisfaction.

Figure 7: Maslow's Hierarchy of Human Needs



It can be seen from figure 7, that the provision of a Supplementary Welfare Allowance and accommodation merely addresses basic physiological needs. These are, of course, vital but it can equally be noticed that such provisions do not necessarily meet basic psychological needs for safety and security.

When intermediate level needs remain unsatisfied, then identifiable metapathologies such as anguish, alienation, and apathy emerge. This is an observation well expressed a quarter of a century ago by Pfister-Ammende (1973) who observed that:

"A responsible refugee policy, in addition to providing food and shelter takes measures which will prevent additional traumata and assist the refugee in overcoming the injuries sustained".

Our analysis is that current policy orientations neither adequately encompass basic psychological needs for safety nor intermediate level needs for self-esteem, acceptance, belongingness, participation and love. The focus is skewed in favour of subsistence needs.

6.4 MAX-NEEF'S THEORY OF NEEDS

Using a different taxonomy of human needs, a third theoretical contribution is provided by the Chilean economist, Max-Neef (1991). He has described nine universal needs (Table 12) and made a necessary distinction between singular and synergistic satisfiers.

Table 12: Max-Neef's Universal Human Needs

SUBSISTENCE
PROTECTION
AFFECTION
UNDERSTANDING
PARTICIPATION
IDLENESS
CREATION
IDENTITY
FREEDOM

Singular satisfiers are those which aim to satisfy a single need but are considered neutral as regards the satisfaction of other needs. For example, the provision of a SWA or a medical card can be considered to satisfy in a singular fashion the need for subsistence.

In contrast, synergistic satisfiers are those which, by the way they satisfy a given need, stimulate and contribute to the simultaneous satisfaction of other needs. Max-Neef cites breast feeding as a generic example as it not only satisfies the need for subsistence but also simultaneously the needs for bonding, identity and affection. Likewise, preventative medicine is a synergistic satisfier while curative medicine can be classified as a singular satisfier.

In the context of the asylum process, adequate legal aid would not only satisfy the need for protection but also simultaneously satisfy other needs such as security, identity, and freedom. Other syngeristic satisfiers, not adequately represented in contemporary Irish asylum practice include support for self-help organisations and the provision of an initial orientation to Irish society.

These interventions would address the needs for timely information and participation respectively but also a variety of other intermediate level needs like understanding, integration, affection, and identity.

6.5 CONCLUSION

Berry's Model of Acculturation captures the essence of the minority-majority relationship and postulates four outcomes of the migration and post-migration experience: integration, assimilation, separation and marginalisation. The two

negative outcomes are associated with a range of social health problems.

Maslow's Hierarchy of Human Needs provides another framework to evaluate needs and unmet needs. Current policy orientations focus mainly on basic subsistence needs of asylum seekers and do not adequately address psychological or social needs. The current arrangement of supplying Supplementary Welfare Allowance only satisfies one universal need – that of subsistence. It can appear to be generous but in reality it is stultifying and inhibits development of human potential.

Max-Neef's taxonomy of needs describes singular satisfiers or single needs and synergistic satisfiers which may contribute to the satisfaction of other needs. In the context of the asylum process, particular interventions may satisfy a number of needs simultaneously. Work is one of the best examples of a synergistic or multiple satisfier. It encourages participation, but also creativity and independence, which assist with meeting most or all other universal needs. It is obvious that the loss of social status associated with unemployment cannot be easily borne by those who previously had status because of their occupation. This unmet need is probably the most modifiable and therefore one that is most important to address urgently.

Box 7: Summary Points:

- ***The theories of Berry, Maslow and Max-Neef provide a useful interpretative framework for considering needs and the asylum seeking process***
- ***It is evident that current policies and entitlements partially address basic subsistence needs but not the social or psychological needs of asylum seekers***
- ***Allowing asylum seekers the right to work would address the hierarchy of human need, promote integration, and offer the potential for physical, psychological and social well being.***
- ***Current policy is skewed in favour of meeting subsistence needs with neglect of higher needs such as belongingness, self-esteem and safety***
- ***There is a need to provide syngerestic satisfiers in the form of self-help organisations and an initial orientation course.***

Chapter 7
Research Methodology

7.1 Introduction

The research group carried out two independent pilot projects simultaneously in Dublin and Ennis between November 1997 and March 1998.

The first study *'A Health Needs Assessment of Asylum Seekers in Ireland'* conducted under the auspices of the Public Health Department, University College Dublin used exclusively qualitative methods. This study will hereafter be referred to as the Public Health (PH) qualitative study.

The second study *'Back to the Road: A Needs Assessment of Asylum Seekers in Ireland'* completed under the auspices of Spiritan Asylum Services Ireland (SASI), Congregation of the Holy Spirit, Dublin, used both qualitative and quantitative methods under the umbrella technique of triangulation. This involved data collection from a variety of sources including key informant interviews, documentary research, and a structured questionnaire. To distinguish this component from the former, it will hereafter be termed the Psychosocial (PS) quantitative study. Only the quantitative aspects of this research are included in this report.

Both investigations were considered exploratory in nature, designed to elicit themes and hypotheses that could be subjected to closer scrutiny in a later inquiry with a larger sample size and greater methodological sophistication.

With the exceptions of work done by Murphy, Lynch and Bury (1994), Gannon (1998) and the Refugee Agency (1998) on programme refugees, no previous studies have reported on the psychosocial or health needs of the asylum seeking population in Ireland. Although guidelines for the health assessment of refugees and asylum seekers in Ireland have been produced by the Department of Public Health Medicine, Eastern Health Board (1997), a needs assessment study has yet to be published by any of the statutory agencies.

Given the current dearth of information on the asylum seeking population in this country we have taken the step of sharing our pilot study findings in a spirit of dialogue and exchange. It is hoped that these findings may propel others to isolate key issues that await closer scrutiny.

We are aware that the ability to make generalisations with statistical confidence on the basis of our findings is limited. This, of course, is not the primary focus of exploratory studies of this kind. Nevertheless, a combined sample size of 80 community drawn participants, approximately 2% of the total asylum seeking population during the study period, can be considered relatively large for research primarily designed to test instruments, procedures and elucidate themes.

The Public Health study was an exploratory qualitative inquiry into the health needs of refugees and asylum seekers in Ireland. The aim of the project was to gain an insight into the health needs of this new minority group, and to make tentative recommendations for the provision of services.

Two distinct groups of people were approached. The first group was composed of a sample of asylum seekers, the second of service providers, both statutory and voluntary.

Among the issues raised by those seeking refugee status were: psychological adjustment problems, lack of easily available and relevant information, language and communication difficulties, cultural issues, the desire to work, specific problems in the health care setting and expressions of hostility from the Irish population.

The themes identified by service providers included: communication /language difficulties, lack of information on health care services, cultural issues, psychological health and social support. Although similar to those themes identified by asylum seekers, the priorities were different. Health care professionals expressed concern about the communication/language difficulties and lack of information while others were especially concerned with the psychological well being of and social support for asylum claimants.

The Psychosocial study was also exploratory in nature but in addition, quantitative methods were used. The principle purpose of this work was to assemble initial information relevant to a broader psychosocial assessment of the needs of asylum seekers with a view to programme planning for *Spiritan Asylum Services Ireland* (SASI). Key informants selected from the service providing community offered a profile of what was currently offered. Asylum seekers were interviewed to gain an understanding of their experience while previously validated scales were also administered. This was facilitated by a graduate from the asylum seeking community.

This study examined the socio-demographic characteristics, the educational training and skills background and issues surrounding the current living environment of asylum applicants such as media reporting, the perception of public hostility, accommodation and financial problems. The purpose of administering previously tested scales was to measure levels of depression, anxiety, alienation, anomie and a variety of post-migratory stressors.

It is our view that the fusion of both qualitative and quantitative methods result in a rich and complementary database (Pickin & St. Leger, 1993) allowing for a more complete picture (Rawaf & Bahl, 1998) than could otherwise be achieved by one method alone. The two methods compliment each other and in sustaining triangulation, limitations of one method can be compensated for by the strengths of another (Marshall & Rossman, 1995). In particular, qualitative data can illuminate the raw aspects of a numerical presentation. It can add additional depth to the bare statistical bones of numerical information especially when issues are not amenable to quantification.

7.2 METHODOLOGY

7.2.1 Public Health (PH) Qualitative Study

Qualitative methods were chosen as very little is known about the health needs of the asylum seeking population in Ireland. This methodological option is an appropriate tool to initially explore the health needs of newly arrived immigrants (Rawaf 1998). Although non-numerical information is yielded, key informant and focus group interviews are considered valuable methods to access the lived

experience of immigrant groups and identify key concerns. In this manner, emphasis is given to description, meaning, context and reality as viewed through the eyes of participants. Streubert & Carpenter (1995) put it well when they state that:

"The purpose of qualitative research is not prediction and control but rather description and understanding".

Thirty-seven applicants for refugee status participated. Four focus groups with an average of eight adults in each designed to identify felt needs supplemented material gathered from four one-to one in-depth interviews. Those interviewed individually had expressed a reluctance to involve themselves in a group discussion.

A snowball sampling technique with the help of gatekeepers was used to recruit the asylum seekers. The choice of participants was largely dictated by access to pre-existing groups and their willingness to offer their time. Although they were unfamiliar with each other, they shared certain characteristics in common. In Dublin, the sample were all enrolled in English language classes run by the Irish Refugee Council and had achieved, at least, conversational level English. In Ennis, the group was more heterogeneous and was identified entirely through contacts.

16 key informants from the service providing community in Dublin and Ennis were selected on the basis of their involvement with services for refugees and asylum seekers. Their involvement allowed for an exploration of normative needs using one-to-one in-depth interviews at their places of work. In contrast to the focus group interviews, the gender balance was almost equal in the distribution of the sixteen service providers interviewed. These were drawn from voluntary and statutory organisations (Table 13).

Table 13: Key Informants

General Practitioner	*3*
Obstetrician/Gynaecologist	*2*
Pediatrician	*1*
Psychiatrist	*1*
Psychologist	*1*
Nurse/Midwives	*2*
Social Worker	*1*
Community Welfare Officer	*1*
Irish Refugee Council Staff	*2*
Other NGO Representatives	*2*

A topic guide was developed after researching the literature. This guide allowed consistency during interviews, but also enabled participants to expand on subjects of particular concern to them. The topics covered have been previously mentioned in section 6.1. One of the advantages of using a topic guide is that the agenda is not static but rather shaped by the participants. For example, additional physical, mental and social health concerns may be introduced by those interviewed.

A topic guide is best understood as a stimulus to initiate group interaction. Topics were phrased in an open- ended manner. It can be noted that physical health needs were not identified by participants to be a major concern and so few findings are reported in this respect.

Two researchers attended each focus group and where possible for each key informant interview. One researcher introduced the

questions from the topic guide and acted as the group facilitator. The second acted as notetaker. Interviews took place through the medium of English while on some occasions in Dublin, interviews were conducted in French.

Data was collected in the prescribed form of written notes to record what was said verbatim. Audiotaping was only used in Ennis as the gatekeeper facilitator had built up sufficient trust to allow its use. In contrast, the situation was different in Dublin as opportunities for us to establish contact prior to the interviews was not possible. It was felt that an intrusion such as audiotaping would be deemed suspicious and threatening, and would have an inhibitory effect on the participants. This highlighted the importance of trust in any dialogue of such a sensitive nature.

The data was analysed using Dey's (1993) approach to content analysis where themes and sub-themes are identified and commonalties and differences recognised and described.

A number of limitations can be highlighted. The first revolved around the fact that great difficulty was experienced in recruiting women for this study. The male-female ratio was 11 Male: 1 Female. One of the benefits of doing a pilot study is precisely to identify limitations like this before a full-scale study is initiated. We acknowledge that the qualitative findings presented are gender biased. Some of the reasons for this might include the priority given to men to gain language skills as potential primary workers for the family, the culturally ascribed role of women to look after children in the home, and the burden of transport costs. The views recorded are predominantly those of male applicants.

The second limitation in terms of a source of potential bias was that the Dublin sample was identified from those attending English language classes. Those who participated in the focus groups were motivated to study English to enhance their communication abilities. This means that those who were perhaps more fluent in English and those who could not access such a facility were not represented. One of the principle lessons learnt was the need to gain participants from the wider community of asylum seekers and this might best be achieved by training facilitators from the target community in the necessary skills as they already have a variety of the required languages.

The third limitation was that no attempt was made to select interviewees according to their length of stay in Ireland and consequently, an important sub-group, the recently arrived, may have been under-represented. It is likely that the experience and views of those here for a longer period would be different on a number of important issues.

Finally, the combination of limited financial resources and a lack of opportunity to foster a relationship of trust over time may also have impacted on the quality of data obtained.

Despite these limitations, important insights have been gained while the pattern of results gained from both studies demonstrates considerable consistency.

7.2.2 Psychosocial Quantitative Study

A structured questionnaire with some open-ended questions, administered in English, was completed by a sample of forty-three community based asylum seekers drawn from locations in Ennis and Dublin. In the absence of a register of

asylum applicants, this sample was selected using the 'gate-keeper' and 'snowballing' techniques. Contact agencies like ARASI, ARN and IRC provided the necessary entry point. Unlike other research populations, asylum seekers are particularly difficult to access using the more preferred system of a random sample.

Eighty-six percent of respondents were asylum seekers while the remaining 14% had been recently given exceptional leave to remain status. Of the 43 interviewees, eighty-four percent stated that their grounds for an application related to political persecution. The remaining cited social or religious persecution as their reason for seeking protection.

Three hundred and thirty six months (28 years) of accumulated experience of asylum in this country was drawn upon. A shared experience of this extent is not insignificant.

The average length of stay was 7.8 months with a range of 1-46 months. Five percent of interviewees required translation assistance. This suggests that the views represented are those of the recently arrived and those with a good command of English. The views of those with less proficiency in English could be obtained in the future by translating the instruments into a larger variety of languages. Of course, this task is not without technical and financial constraints.

Of forty-five asylum seekers approached, forty-three agreed to participate giving a response rate of 95.5% (n=43/45). This compares favorably with a similar Australian based investigation reported by Silove, Sinnerbrink, Field et al, (1997) who achieved a 70% response rate (n=40/57).

The participation rates for the Refugee Agency (1998) study of the Bosnian (76/87) and Vietnamese (29/50) communities were 87% and 41% respectively.

The questionnaire was divided into four thematic sections:

Section 1 :
Socio-demographic information;

Section 2 :
Education, Training and Skills;

Section 3 :
Living Environment circumstances;

Section 4:
Administration of Validated Scales.

The first three sections were predominantly presented in the form of forced choice questions in a manner amenable to statistical analysis. In section 4, five scales were administered while the results of the last four are presented in this report.

The first part of the Harvard Trauma Questionnaire, specifically developed for use with refugee populations by Mollica, Capsi-Yavin & Bollini (1992) was used. The purpose of this instrument was to systematically explore pre-migratory exposure to traumatic experiences such as torture and violence. These findings will be reported in a later paper.

An Ad Hoc post-migratory problem checklist, originally and imaginatively developed by Silove et al., (1997) for use with a population of asylum seekers in Australia, was administered. This was included to assess levels of post-migratory stressors typically reported by asylum seekers and allows for a comparison of

findings between two similar studies. The checklist included eleven items representing a range of typical problems and is completed on a self-report basis. Respondents were asked to indicate whether any of the listed items were of concern to them. Responses were rated on a four-point ordinal scale ranging from 'not at all' to 'extremely'. For analytical purposes these were further categorised into 'a very serious/serious concern' or 'not a very serious/serious concern'.

The English version of the Hopkins-Symptom Checklist (HSCL-25), considered a transculturally robust and reliable instrument to measure symptoms of depression and anxiety (Parloff, Kelman & Frank, 1954; Winokur, Winokur & Richels, 1984; Butcher, 1991; Silove et al., 1997) was also used.

It was chosen because it is easy to use and uses everyday rather than technical language. The HSCL-25 includes 10 anxiety and 15 depression items scored on a four-point severity scale ('not at all', 'a little', 'quite a bit' and 'extremely'). It is also completed on a self-report basis and yields three measures: anxiety, depression and a total score. This is frequently used as a screening instrument while a definitive diagnosis would require clinical evaluation. Scores above a threshold of 1.75 indicate significant distress.

Two scales previously used in an Irish national sample by MacGreil (1996) were administered, albeit with some modifications, to assess perceived levels of alienation and social anomie.

The Alienation Scale is a measure of powerlessness and included six statements scored by asking interviewees to indicate their reaction using three pre-determined categories of response ('agree', 'disagree' and 'don't know').

The Anomie Scale is a general measure of normlessness (confusion about values) and personal insecurity and included seven items. Likewise, participants were asked to state their reaction using three global categories of response ('agree', 'disagree' and 'don't know').

The results of all these scales were analysed using the recommended protocols while data presentation was limited to descriptive rather than inferential statistical analysis. Using the data gained, a summary psychosocial profile was obtained and is given in figure 18.

Even though structured questionnaires have many advantages in terms of quantification, information gathering on a large variety of variables, risk factor identification, and hypothesis generation capability, they are not without limitations. Four such limitations can now be identified.

- The first related to measurement error. Language and cultural barriers clearly increase the risk of measurement error and this is more pronounced in a linguistically and culturally heterogeneous population.

- One of the lessons learned from this pilot study was that questionnaires ideally should be translated into a wider range of languages. Given the varied linguistic backgrounds of the asylum seeking population, it would prove very difficult and costly to translate and administer all the instruments in every language. A compromise needs to be reached between translation into languages like Arabic, French and Portuguese and using translator services in a larger scale study.

- The second revolved around the time required for an interview. The average

length of interview was 95 minutes. Some interviewees found this demanding making it difficult to sustain concentration towards the end. The balance between a leisurely pace and completing the questionnaire might have been better achieved by arranging two shorter interviews even though this would add to costs and time.

- The third limitation could be called data contamination bias. This might have occurred in one of two directions or indeed simultaneously in both directions at different stages. A tendency to exaggerate some details or indeed underestimate others cannot be excluded as an identifiable form of potential bias. To address this risk, participants were informed that the data could not be used to identify individuals nor to advance an individual case with respect to a determination outcome. Respondents were also told that their confidentiality would be respected. Additionally, some questions were repeated but asked in a slightly different manner and served as a control. Analysis of these showed internal consistency. Also, the general inter-study consistency of findings suggests that the views reported could be interpreted to suggest that this was not a serious difficulty.

- The fourth and perhaps most serious limitation hinged on the relatively small sample size and the non-random manner in which it was achieved. Although acceptable for a pilot-phase study, findings cannot be generalised with any degree of statistical confidence to the general population of asylum seekers. It must be noted that Romanians, a numerically significant group, were not included in this phase, primarily because they were difficult to access. However, the obtained sample did replicate the hierarchy of representation as reported for the other countries of origin.

- Finally, the required gender balance as suggested by the indicator sample of 127 asylum seekers in Ennis was difficult to fully realise. The desired ratio was 1.3 Male: 1 Female while the achieved ratio was 2.8 Male: 1 Female. The reasons for this discrepancy were the same as those already described for the qualitative study. It can be concluded that the views obtained were biased in favour of male respondents, as only 26% of the sample were women.

Chapter 8
Study Results

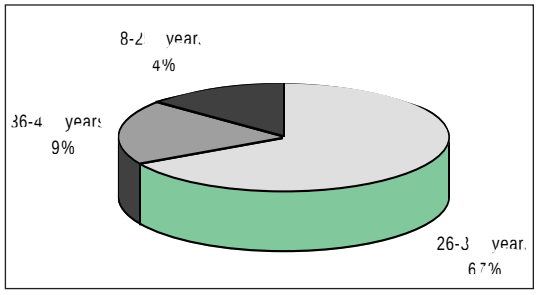
8.1 Psychosocial Quantitative Study

8.1.1 Socio-Demographic Profile

Age Profile

All respondents were adults, operationally defined as 18 years or older. Figure 8 shows that the majority (67%) were in the 26-35 year age group. The range was 21-41 years indicating that all interviewees were young adults in the active working and reproductive cycle.

Figure 8: Age Profile of Respondents



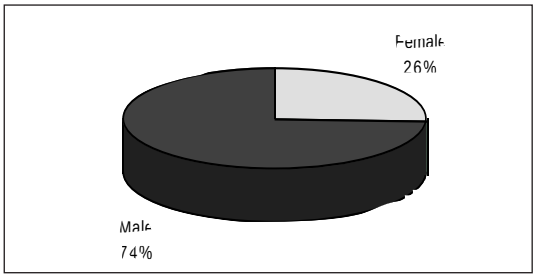
Gender Profile

In the absence of detailed national statistics on the gender distribution of asylum seekers an indicator sample of 127 asylum immigrants resident in Ennis during October 1997 was examined. This was obtained from a list of all those receiving SWA payments and was used to estimate the gender and age distributions. This revealed that when all ages, including children, were considered the gender breakdown included 51% males and 49% females. When those under than 18 years were selected out, there was a preponderance of males who accounted for 56% and females 44% of the population. This was taken as the ideal balance to be achieved in the study.

Figure 9 gives the gender distribution of the surveyed population and shows that the views of women were not matched proportionately as might be suggested by this Ennis indicator sample. It can be seen that 74% of those surveyed were male with 26% female. This gives a male/female ratio of 2.8 Male: 1 Female while the desired ratio was 1.3M: 1F.

In general, it was more difficult to identify women, and their relative reluctance to participate might in part be accounted for by self-perceived communication difficulties as well as the cultural priority ascribed to men from African countries.

Figure 9: Gender Distribution of Survey Sample > 18 Years



Country of Origin

The percentage of respondents according to countries of origin is given in Figure 10. With the exception of Romanians who were not included for practical reasons, the investigated sample mirrors the statistical hierarchy of asylum applicants during the study period.

Figure 10: Countries of Origin of Respondents

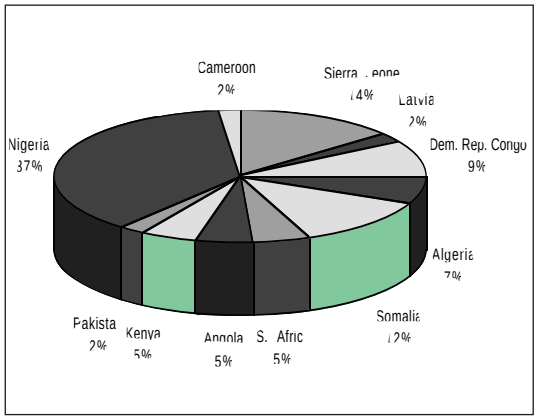


Table 14 gives a breakdown of the asylum applicant figures in rank order according to countries of origin for the relevant time frame (Department of Justice, Equality & Law Reform, 1998). It may be noted that the same five African countries have provided the majority of applications for both years. The list of the top five countries of origin for the entire 1998 period was as follows: Nigeria (1,634), Romania (955), Democratic Republic of Congo (225), Libya (174), and Algeria (192). Needless to remark, this profile continually changes.

Table 14: Asylum Applications in Rank Order According to Countries of Origin 1997-1998.

1997	*1998**
ROMANIA	NIGERIA
DEM.REP.CONGO	ROMANIA
NIGERIA	DEM.REP.CONGO
ALGERIA	ALGERIA
SOMALIA	ANGOLA
ANGOLA	SOMALIA

**1998 figures refer only to the profile during the study period*

Parenting Status

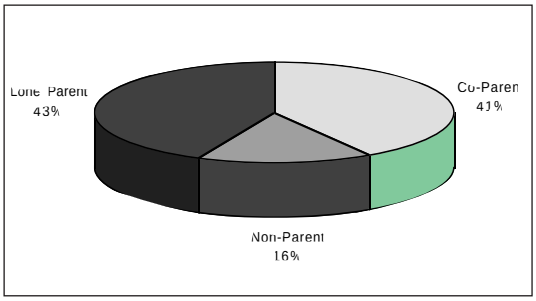
Marital status rather than parenting status was taken as a variable in the questionnaire. Fifty-one percent (51%) of the sample were married, forty-four percent (44%) single and five percent (5%) were either separated or divorced.

An analysis of the Ennis indicator sample proved more revealing. The most striking finding was that only 16% of women did not have parenting responsibility while significantly, 43% of women asylum claimants exercised parental responsibility as lone parents (figure 11).

Of 127 files examined, lone parenthood was almost exclusively the burden of female asylum seekers. More than three-quarters of all females (84%) were either co-parents or lone parents. It is the high proportion of lone parents that singles out female asylum applicants from their male counterparts. Only 4% of males were defined as lone parents, 33% were co-parents and 63% were non-parents.

The particular set of problems faced by lone parents seeking asylum in Ireland has yet to be examined.

Figure 11: Parenting Status of Ennis Female Asylum Seekers, November 1997.



Religious Affiliation

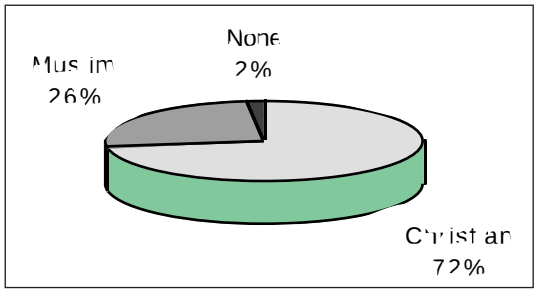
Almost two-thirds (72%) share Christianity as their religion while a little over a quarter (26%) are Muslim (Figure 12). Seventy percent of the sample attends a place of worship in Ireland on a weekly basis. This can be considered a supportive influence.

In a recently published autobiography, Cardinal Daly (1998) has reviewed the various Irish surveys of church attendance conducted between 1974 and 1998 (Breslin & Weafer, 1984; Whelan, 1994; Mac Greil, 1991,1996; IMS, 1997) These surveys of religious practice show that church attendance by Irish people and especially those under 34 years is steadily declining. An Irish Marketing Survey conducted during 1997, for instance, found that only 50% of those in the 15-34 year group were churchgoers.

Our findings show a relatively high level of participation in formal worship for the 18-45 year old group surveyed. These findings might suggest those high levels of religious practice found among Muslims and Christians from developing countries are initially maintained in the asylum environment. Religious and social support may be gained in this manner. Church organisations are therefore well placed to offer various forms of support structures.

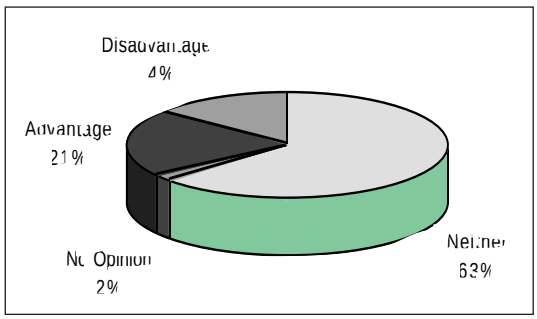
Interviewees were also asked whether they considered their religion to be an advantage or disadvantage in getting a positive asylum outcome. This question was used to probe the perceived fairness, neutrality and independence of the asylum procedure. The majority, 84%, felt that religious affiliation was neither an advantage nor disadvantage. 14% said that it was a disadvantage but the overwhelming majority of these admitted that it was only a slight disadvantage (Figure 13).

Figure 12: Religious Affiliation of Interviewees



A closer examination of replies revealed that there was almost universal agreement by Christian respondents that religious affiliation did not constitute a disadvantage to a determination outcome. Islamic participants were less sure as nearly half (46%) felt that it was a slight disadvantage. The reasons for this perception deserve to be explored in greater detail as members of the Muslim community are in a minority position in Ireland.

Figure 13: Perceived Outcome Advantage of Membership of Particular Religion



8.1.2 Education, Training and Skills

Social Class and Occupational Background

Using the standardised system of coding based on the Irish Social Class Scale

(O'Hare, Whelan & Commins, 1991) 44% of interviewees belonged to social classes 1 or 2. Only 2% were defined as "unskilled manual" (social class 6) while there was insufficient information to classify 19%. Most of these were students in full-time second level education at the time of departing from their countries and data was not collected on the occupations of their parents. For this reason, they were assigned to the residual category in the scale.

Table 15 summarises these results revealing that the studied sample unfolds a picture of a predominantly skilled population with 58% belonging to the top three social scale categories. These reflect their previous social status and occupational standing in their homelands. If such findings were replicated in a larger scale study, then a reservoir of skilled people would be demonstrated.

Table 15: Asylum Seekers and Social Class Category

Category	*Description*	*%*
Social Class 1	*Higher Professional Higher Managerial Farmers >200 acres*	*14%*
Social Class 2	*Lower Professional Lower Managerial Farmers 100-199 acres*	*30%*
Social Class 3	*Other Non-manual Farmers 50-99 acres*	*14%*
Social Class 4	*Skilled Manual Farmers 30-49 acres*	*14%*
Social Class 5	*Semi-skilled Manual Farmers <30 acres*	*7%*
Social Class 6	*Unskilled Manual*	*2%*
Residual Class 7	*Unknown Insufficient information to classify*	*19%*

Willingness to Work and Study

Most participants (95%) said that they would be willing to study or otherwise engage in training in order to upgrade their skills and join the Irish workforce. This is one expression of positive intent to integrate and a forward-looking outlook. Even in the event of a positive determination outcome, many respondents expressed concern that their qualifications, gained overseas in developing countries, may not be recognised in Ireland. This has previously been mentioned as an important issue in the literature reviewed earlier in this report.

These findings shed light on why asylum seekers feel so frustrated and socially isolated. They are people with skills and because they are now not allowed to work they endure prolonged inactivity as well as a loss in social status.

Computer and Other Skills

Over half (56%) said that they had 'at least basic computer skills'. 72% could type. No attempt was made to assess proficiency and these findings are based on self-report. Some, however, did possess graduate or post-graduate university qualifications in computer programming.

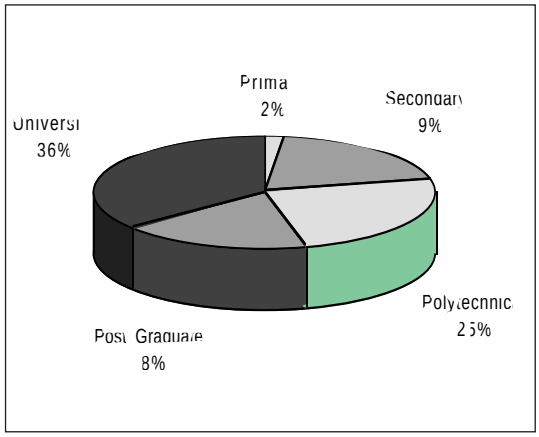
It was also found that 28% had obtained provisional Irish drivers licence with 5% having obtained a full Irish licence. A further 7% had an international drivers licence. The majority, sixty percent, had no licence. This discovery demonstrates a willingness to embrace opportunity, take initiative and adjust skills to the Irish environment.

Educational Background

Seventy nine percent of the group had received some form of third level education. Of these, 28% completed certified polytechnic or teacher-training courses, 40% gained university qualifications and 11% had followed post-graduate degree courses at university. Only 2% had received primary education alone (figure 14).

The occupational background of this population included, for example, computer programmers, engineers, teachers and health care professionals. This is all the more notable in the light of current revelations that it is difficult in some sectors to find workers.

Figure 14: Highest Level of Formal Education



Voluntary Work Experience

Over three-fifths (63%) reported previous voluntary work experience in their countries of origin. This is a good global indicator of a public sense of duty and social responsibility and perhaps partly explains why so many self-help organisations are emerging in Ireland (e.g., ARN, ARASI, NASI & Congo Solidarity group). Evidence like this expands our perception of asylum seekers showing them to be people who have generously offered their time, often in very difficult circumstances, for no financial reward.

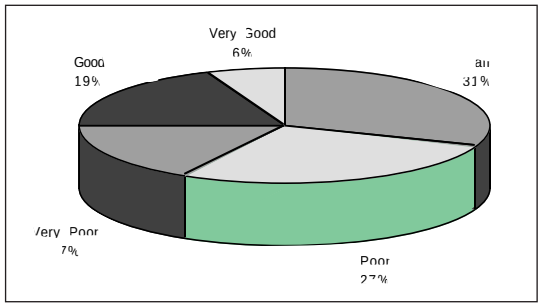
8.1.3 Living Environment Circumstances

Perceived Atmosphere of Racial Integration

The perception of racial integration and peaceful co-existence was explored and the results are summarised in Figure 15 Disappointingly, only 9% described the general atmosphere as good or very good while 37% agreed that it was fair in the sense that it was tolerable. Over half (51%) offered the dismal assessment that it was either poor or very poor. 75% considered the general ethos of racial tolerance ranging from 'fair' to 'very poor'.

This feedback must be a source of concern and not very promising for the fostering of a multi-racial society on the eve of a new millennium. Later findings also confirm the consistency of this assessment.

Figure 15: Perceived Atmosphere of Racial Integration and Peaceful co-existence



Financial Situation

It has been claimed that many asylum seekers are happy to remain on social welfare payments. It is often assumed that this represents an improvement on their previous living circumstances. While

noting the limitations of comparisons, the results given in Table 6 do not confirm the general view that life in asylum represents a financial improvement.

Not surprisingly, 14% of respondents found it difficult to make a comparison between their current and past financial circumstances. Nobody agreed that life on social welfare represented a big improvement while only 10% found it a small improvement. The majority (76%) agreed that they were now financially worse off, all things considered (Table 16).

Table 16: Perception of Financial Situation in Asylum as opposed to Previous Circumstances

BIG IMPROVEMENT	0%
SMALL IMPROVEMENT	10%
NEITHER BETTER NOR WORSE	0%
SLIGHTLY WORSE	14%
MUCH WORSE	62%
DIFFICULT TO COMPARE	14%

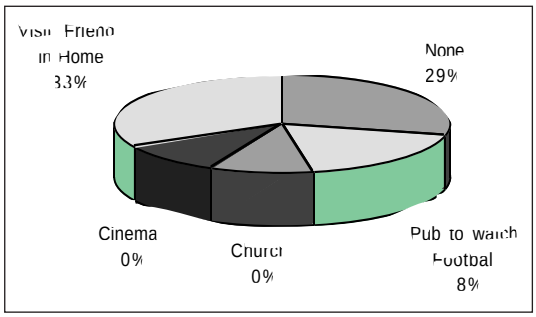
Three-quarters of those surveyed (86%) also stated that the weekly social welfare allowance was inadequate in meeting their basic living needs. This is also the experience of many Irish people. Financial hardship is a proven post-migratory source of stress. Respondents typically remarked that they would prefer to work in order to pay their way and earn a living. Apart from the loss of social status and the boredom conferred by occupational inactivity, interviewees felt that their self-esteem was being damaged by dependency on handouts.

Socialisation Patterns

Informal association with Irish people is a vital pathway to fostering integration, satisfying social needs and breaking down barriers like prejudice. Nearly one-third socialised at least on a weekly basis with Irish people (23%), 43% only sometimes and about one-third (34%) rarely or never. The overall picture is one of limited social interaction as opportunities stimulated by work contacts are denied while budgetary constraints are an equally significant impediment.

Figure 16 gives a list of common social outlets availed by asylum seekers revealing cost-effective choices. Significantly 29% do not have regular social outlets. Limited opportunities for social interaction with Irish people work against later integration. This is an area not addressed by current reception policies.

Figure 16: Socialisation Preferences of Asylum Seekers



Accommodation

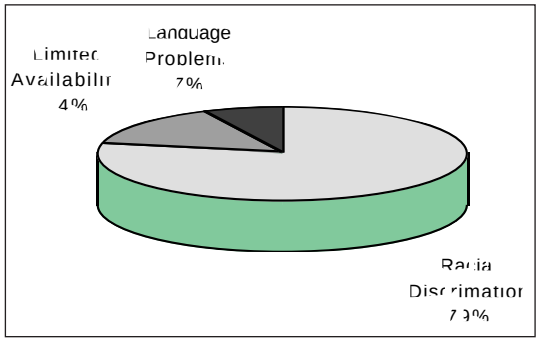
Nearly half of those interviewed (49%) were staying in a rented flat while slightly less than a third (30%) were in rented houses. Fourteen percent were in either a Bed & Breakfast/Guest House or Hotel while 7% were accommodated in a hostel.

Of more importance is the fact that 70% found it difficult to secure accommodation

and the majority cited racial discrimination as the key problem (figure 17). The belief is that landlords tend to discriminate against asylum seekers.

This exposes a recurrent theme in these findings. There was also an acknowledgment by 14% that limited availability was a factor. A comprehensive analysis of housing issues can be found in O'Sullivan's (1997) report.

Figure 17: Reasons for Difficulty in Securing Accommodation

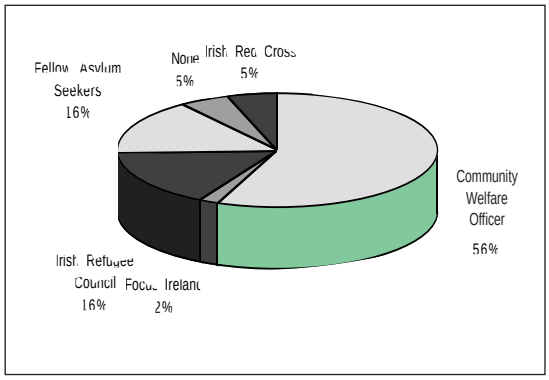


The work done by community welfare officers often goes unrecognised but asylum seekers rate their efforts very highly. When asked who was of most help to them in initially finding accommodation 56% highlighted community welfare officers.

Unexpectedly, the same vote of confidence was not given to NGO's, endorsed by just 23% of interviewees. Others valued the help offered by a fellow asylum seeker (figure 18). Of equal interest, self-help organisations like ARASI and AFN did not feature in this assessment.

There was nearly universal agreement that securing medium to long-term accommodation was especially difficult and here additional support is required.

Figure 18: Sources of Help in Finding Accommodation



8.1.4 Psychosocial Scale Results

Post-Migratory Living Problem Checklist

The post-migratory Living Problem Checklist examined sources of distress, some of which are potentially modifiable. The results are summarised in table 17.

Table 17: Frequency of Post-migratory Sources of Stress Causing Serious or Very Serious Concern for Asylum Seekers

Difficulty visiting home in an emergency	91%
Worry about safety of family members	90%
Delays in processing applications	89%
Not being allowed to work	89%
Serious fear of being sent home	82%
Loneliness and boredom	76%
Racial discrimination	76%
Current housing conditions	63%
Difficulty in getting traditional foods	56%
Worried about not getting treatment for health problems	25%
Fear of interview with immigration officials	16%

Three items concerned with the administration of the asylum process aroused a significant concern for over 80% of respondents. These included:

a) Delays in processing applications (89%),

b) Not being allowed to work (89%),

c) Serious fear of being sent home (82%).

The first two of these could be greatly reduced by providing a fair but speedier determination process and by introducing legislative changes to allow applicants to work and/or study. The final item dealing with the asylum process, fear of interview with immigration officials was only endorsed by 16% of the group.

Two items related to the prohibition of external travel and the prevailing conditions in their countries of origin. There was almost universal agreement that:

a) Difficulties visiting home in an emergency (91%),
and
b) Worry about the safety of family members (90%) aroused equally great levels of distress.

These are very human concerns, which any emigrant well understands. The protracted nature of the determination procedure in this country extends rather than dissolves these worries. It was also remarked by some that even in the face of an emergency, they could not return for reasons of their own personal safety. This is the kind of contextual information that is frequently neglected in media accounts.

Two final items were endorsed by over 70% of respondents. Both related to potentially modifiable factors in the post-migratory landscape. These included:

a) Loneliness and boredom (76%),

b) Racial discrimination (76%).

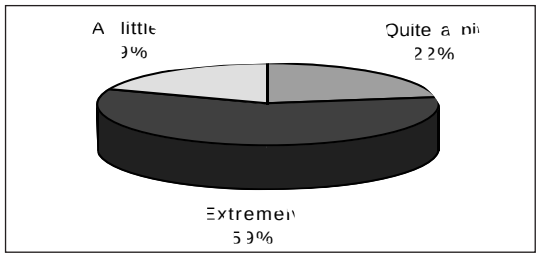
In another question, interviewees were also asked whether racial discrimination was of concern to them. This was designed to get an indication of its perceived impact. The findings are reproduced in figure 20. Significantly, only 5% stated that racial discrimination did not concern them at all. Almost all (95%) stated that racial discrimination was a problem.

Consistent with the ad hoc checklist, 77% agreed that racial discrimination either concerned them 'extremely' or 'quite a bit'. Spontaneous public expressions mentioned included threatening or abusive letters, verbal insults on the streets, unnecessary monitoring while in shops or public places, a lack of common courtesy by some and physical attacks. Institutional expressions included lack of courtesy by some officials and especially the differential treatment they received at ports of entry.

Previous studies (Gannon, 1998 and Refugee Agency, 1998) on programme refugees also reveal discrimination as a significant source of stress. The latter found that 32% (7/22) of Vietnamese and 10% (7/74) Bosnians had experienced racism. Half of these described this experience as either 'quite' or 'very distressing'.

More recently, in a study of 48 Non-EU University students commissioned by the Irish Council for Overseas Students, it was reported that 89% had experienced 120 incidents of racial discrimination, both spontaneous and institutional.

Figure 19: Racial Discrimination as a Concern



Taken together, these studies unveil disturbing findings suggesting that new social and legislative measures are necessary. Of the three groups mentioned, it might reasonably be suggested that those whose status remains pending are perhaps the most vulnerable to the distressing effects of racism.

Hopkins Symptoms Checklist -25

Checklists capable of assessing symptoms of anxiety and depression in culturally diverse populations can offer valuable indications although they do not prove any cause-effect relationship. The mean score was 3.04 for anxiety and 3.28 for depression, both falling significantly above the normative threshold of 1.75 on the Hopkins Symptoms Checklist-25.

Over half (58%) of participants were defined as anxious while the corresponding rate for depression was 47% (slightly under half). As Silove (1997) and colleagues have argued, it is difficult to interpret such results accurately as they may mean that asylum seekers who already suffer high levels of pre-existing anxiety and depression, perhaps due to pre-migratory trauma, are more likely to experience similar levels after migration.

In their study, 23% scored greater than the HSCL-25 threshold for anxiety. 33% were designated above the threshold for depression.

Our results might possibly be interpreted to reflect higher levels of post-migratory stress and the burden of multiple and new acculturative demands in this country. Neither of these conclusions can be firmly made from the available data but it is likely that the cumulative impact of multiple stresses faced by asylum seekers over a long time frame play an important role. If replicated in a larger study and confirmed by clinical evaluation, such levels of anxiety and depression would be considered disturbingly high.

Alienation Scale

The results of this scale presented in Table 18 yielded some very interesting results. Approximately half (48%) felt insecure while most (95%) had a feeling of general uncertainty as indicated by the level of support for the statement that *"With everything so uncertain these days it seems as though anything could happen".*

This represents a very high degree of uncertainty and suggests a strong sense of contextual powerlessness amongst asylum seekers.

A majority (62%) agreed with the statement that *"Most people don't care what happens to the next fellow"* – a sub-measure of perceived social concern. 38% disagreed. A little over half (57%) agreed that *"Most people in this country can still be depended on to offer help"* – another sub-measure of perceived social support.

However a little under a third of the sample defined most people as uncaring. In contrast, a significant majority (63%) felt that *"If you try hard enough you usually get what you want".* This can be taken as a measure of determination and reliance on personal effort. Only 19% disagreed with this view suggesting a sense of personal

hopefulness to overcome obstacles in a climate of uncertainty. Three sub-measures of alienation were endorsed by over 60% of interviewees while uncertainty was particularly notable. Overall, a moderate sense of alienation was revealed.

Table 18: Alienation Scale results

Item	*Measure*	*Agree*	*Disagree*	*Don't Know*
With everything so uncertain these days it seems as though anything could happen	Uncertainty	95%	0%	5%
Nowadays, more and more people in this country are interfering into matters that should remain personal and private	Insecurity	47.6%	28.6%	23.8%
If you try hard enough you usually get what you want	Self-reliance	62%	19%	14%
Most people in this country can still be depended on to offer help	Mutual Support	57%	29%	14%
Most people don't care what happens to the next fellow	Perceived concern	62%	38%	0%
What asylum seekers need most are a few courageous, fearless, devoted leaders in whom they can put their trust	Leadership	86%	4.5%	9.5%
Parents in this country are not strict enough with their children	Discipline	48%	38%	14%

**Answers underlined refer to indicators of Alienation.*

Anomie Scale

A clearer sense of frustration, social mistrust, pessimism and normlessness emerged from the results of this scale highlighting the dominance of personal insecurity (Table 19).

Three quarters expressed social and public mistrust with 76% agreeing with the statement *"In Ireland, it is difficult to know who you can really trust"*, and 71.5% agreed that *"There is little use in writing to public officials for anything".*

The most severe test of despondency surrounding the future is found in the statement *"It is hardly fair to have children with the way things look for the future of asylum seekers".*

A majority of 62% agreed with this pessimistic outlook. A large majority was confused about the norms of Irish society with 81% supporting the view that *" We were better off in our own country when everyone knew how he/she was expected to act".*

The lack of orientation services offering guidance on Irish values, customs and norms was evident. 57% of respondents were classified as enduring some degree of anomie in all the sub-measures.

Applying these findings to Berry's model of acculturation, it could be said that reception policies are far from promoting a sense of integration.

Table 19: Anomie Scale Results

Item	*Measure*	*Agree*	*Disagree*	*Don't Know*
In Ireland it is difficult to know who you can trust	Social Mistrust	76%	14.5%	9.5%
There is little use in writing to public officials for anything	Public Mistrust	71.5%	19%	9.5%
You sometimes can't help wondering whether any effort is worthwhile	General Pessimism	71.5%	19%	9.5%
Things have changed so quickly that I often have trouble deciding what are the right rules to follow	Normelessness	57.2%	33.3%	9.5%
The circumstances of the average asylum seeker are getting worse not better in Ireland today	Pessimism (Future)	81%	14%	5%
It is hardly fair to have children with the way things look for the future of asylum seekers	Pessimism (Future)	86%	4.5%	9.5%
Parents in this country are not strict enough with their children	Discipline	62%	28.5%	9.5%

**Responses indicating anomie are underlined*

8.1.5 Conclusion: (Psychosocial Study)

The results are presented as initial findings and need to be interpreted with a measure of caution, as the survey conducted was part of a pilot project with a small sample size for exploratory purposes. Other limitations have also been mentioned. The ability to generalise these findings to the total population of asylum seekers is therefore limited.

Important issues have been identified and hypotheses for further investigation have been generated. A psychosocial profile of 43 asylum seekers with a cumulative experience of 28 years in Ireland has emerged. The context of this experience is especially important in that it has occurred at a time when services for asylum seekers were at an infancy stage of development.

They come from conflict-ridden countries and have escaped their homelands to seek safety and protection from persecution. They face the task of inculturation and all its stressful adjustments in a radically their new living environment characterised by an ethos of protracted uncertainty about their future.

Identified barriers to integration are manifold as indicated in the post-migratory living problem checklist but many of these could be removed by policy developments. They face discrimination and endure the budgetary restrictions that SWA payments necessitate. They suffer from loneliness, boredom, anxiety and depression. They want to work and are willing to study and upgrade their skills to enter the Irish work force. This is a particular source of distress as the majority are educated people who were used to earning their own living.

Asylum seekers are also resilient and want to stay with us and contribute to and enrich our economy and society. Not allowing them the right to work is a destructive and inhuman prohibition that generates unnecessary social and mental health consequences.

Box 10: Summary Points

- ***There is a failure to provide a fair and independent asylum determination process.***
- ***There is an absence of legal assistance during the first stage of the determination process.***
- ***There is a protracted period of waiting and uncertainty endured by asylum seekers before even an initial decision is delivered.***
- ***There is a social ethos of hostility, reflected in hurtful media stereotyping towards asylum seekers.***
- ***There is a lack of provision for language training and a formal introduction to Irish life, including comprehensive information on the structure and functioning of relevant services.***
- ***There is an administrative failure to deliver a co-ordinated reception policy with an emphasis on integration and felt needs of asylum seekers.***
- ***The Irish refugee Council and self-help organisations are unable to fulfill their support and service delivery potential due to lack of financial and strategic resources.***
- ***Against this general background, the pattern of findings is not surprising. Asylum seekers feel isolated, vulnerable and powerless.***

Summary Profile Psychosocial Study

African	*Now Unemployed*
Male	*Social Welfare Dependent*
30 Years	*Cannot Work/Study/Pay Tax*
Single	*Considered Economic Migrant*
Non-Parent	*Little Access to Legal Aid*
Lives in inner city flat	*Unprotected by Refugee Act*
Faces Long Wait	*Prone to media stereotypes*
<1 Year in Ireland	*Experienced Public Hostility & Racism*
Arrived by plane	*Faces Social isolation*
Paid trafficking agent	*Must confront many lifestyle changes*
Victim of political persecution	*Received no orientation*
Christian	*Weekly Church Attender*
Third Level Educated	*Feels insecure*
Non-manual occupation	*Feels powerless & Marginalised*
Social Class 1-111	*Moderate Alienation*
Skilled	*High Anomie*
Survived multiple pre-migratory trauma	*Endures manifold post-migratory stresses*
Cannot afford to socialise	*Wishes to contribute*
Physically healthy	*Willing to learn*
Psychologically vulnerable	*Wants to work*
Proneness to anxiety/depression	*Hopeful of positive outcome*
Endures boredom	*Friendly & affable*
Suffers loneliness	*Resourceful & resilient*

8.2 Public Health Qualitative Study

8.2.1 Focus Group/One-to-One Interview Findings

The majority of those who participated in the one-to-one and focus group interviews were men in the 21-41 year age group. Only three women participated, also in the same age range.

The themes identified were classified using the following headings:

A ***Psychological ill-health***

B ***Hostility from Irish people***

C ***Lack of information***

D ***Lack of occupational activity***

E ***Language and communication difficulties***

Psychological Ill-health

The majority of those interviewed complained of psychological health problems that either they or their friends were experiencing. Stress and anxiety predominated.

A male African participant who had been in Ireland for more than a year stated *"Our physical health is good, but we are worried stressed and anxious"*. A more recently arrived asylum seeker expressed his anxiety with the phrase *"Sometimes I feel I have lost control"*. Another interviewee described the stress of his friend as *"Worse than a physical disease, and more painful"*. In this case the friend's stress was caused by the fact that his mother was dying in his home country, and because of travel restrictions imposed upon him, he was unable to leave Ireland to visit her. The man had physical manifestations of stress, had lost weight and according to his friend he had *"taken to his bed"*.

One participant who had reached Ireland after a period in a refugee camp confided that he was sad about leaving his mother and family. In his own words *"I don't know where they are, I don't know about my mum"*.

In the course of the focus group interviews the topic of anxiety was a recurrent theme. Of importance, it was stated by a number of participants in all focus group interviews that anxiety was highest in the period shortly after arrival. One applicant for political asylum captured this idea well *"The first couple of nights are awful."*

Another participant spoke about the issue of trust as a central aspect of early acculturative stress. He stated that *"People in their first days, they are so frightened. I've noticed it with a couple of people, they don't know whom they can trust, to whom they can turn to"*. A sensitive reception policy would assist on offering emotional support to those who have just arrived. Sadly, this is not the case.

The experience of the majority of our interviewees was that this critical period is not just limited to the first few days. Typically, it lasted for a few months. An applicant from former Zaire, illustrated that adjustment to a radically new environment takes time *"It was one month before I felt secure, and I think the fact I liked it here helped"*.

Another describing his feelings of anxiety and stress on arrival said *"When I arrived my mind was racing, I was so confused"*. The time required will vary from person to person while the quality of reception services provided can either enhance or diminish the ability of an applicant to

establish trust. If integration is to be achieved, trust is of the essence.

Depression and sadness are common experiences during asylum. Further confirmatory evidence of a qualitative nature emerged from our focus group interviews. A female informant expressed such a sense of sadness in the following statement *"Is this the life we are going to lead? We are really depressed".* The context of this statement is important. Here the young woman related her feelings of depression to the long and boredom-filled wait that asylum seekers typically face.

One male interviewee spoke about the difficulties in adjusting to a new socio-cultural world where former social supports were now removed. For him, the required adaptations, often made without adequate support structures in the host environment, were accompanied by depression. His own words capture this need well *"It was depressing the first couple of months being away from family and being away from all the people that I know and suddenly finding myself in totally different surroundings trying to make new friends".*

The necessity for emotional support was highlighted in all the focus group interviews. Some interviewees gave emphasis to the various impediments to social interaction that would normally provide some of this social support. The majority stressed that the most accessible and helpful medium of such support is derived from fellow asylum seekers. This involves no costs and has all the advantages that empathy derived from a shared experience brings.

One young participant explained that many of his fellow asylum seekers had little money to socialise but *"I can talk to my friends".* A number of the interviewees in Ennis, who shared an overcrowded hostel, revealed that living together helped them to talk out their common experience. One of this group put it simply and said *"Sharing can be good".*

Others mentioned that networks such as self-help organisations could provide a valuable source of advice and support that may not be as acceptably provided by statutory services. Thus one can conclude, that informal support networks provide an invaluable source of befriending.

A felt need for specialist psychological or counselling services did not emerge. When groups were asked whether such services would help to alleviate their self-reported stress, the replies unfolded cultural differences. Most interviewees felt that statutory services would be stigmatising while others had difficulty in comprehending the necessity of such services.

One participant tried to explain the work of a psychologist to his fellow interviewees as *"Physiotherapy for the mind".* Another participant explained that the Western model of health is different to that found in more traditional societies. In doing so he observed that *"The African man looks inward first".*

The context was to show that people in other cultures may be reluctant to 'talk out' their problems with someone they do not know. In stating that *"The white man has no secrets"*, another group member highlighted cultural differences with respect to tackling psychological stress.

In summary, three sub-themes were identified under the umbrella of psychological ill health. The first related to an acknowledgement of substantial feeling of anxiety and depression. The second

revolved around the idea that informal networks of friends and self-help groups can offer an invaluable source of psychosocial support. The third was that professional counselling and psychological services were deemed to be culturally unacceptable. Although interviewees stated that life in asylum is filled with anxiety and depression, it would seem that the preferred interventions are best delivered by addressing the core issues. If counselling is to be provided then it is best mediated through training helpers from amongst the refugee community.

Hostility from Irish People

A Middle Eastern born participant explained that when he first came to Dublin in 1991 *"Life was easy and good"*. Six years later, he perceived a great change in social tolerance. He went on to say that in recent months (June-December 1997) there had been an increase in both verbal and physical attacks on refugees and asylum seekers. The majority feeling was summarised in the phrase *"The hostility is getting worse"*. The interviews showed that increasing hostility was most evident in Dublin and it was generally related to the increasing numbers of new arrivals. Those based in Ennis did not have the same degree of concern with regard to racial discrimination.

Dublin based interviewees spoke about the various kinds of racial discrimination they experienced. For example one man said *"I get unnecessary attention. I go into a shop and see the body language of the shop assistants. It's because of my skin colour. This makes me anxious"*. It can be noted that this informant was upset by such experiences. Racial discrimination is a very hurtful experience. This same theme was also recounted by another interviewee who said *"The verbal abuse here (in Ireland) is a form of torture. My problem is about my skin. They say they are not racist, but it is obvious"*.

Some asylum seekers expressed dismay at the attitude of Irish people towards them. This is all the more shocking when they learn about our own substantial history of emigration. Our respondents believed that there is a lack of public information on the difference between an economic migrant and a refugee escaping political persecution. This led one person to exclaim *"They do not know what a refugee is"*.

Two other expressions of the same thought included *"Irish people are not aware of refugees' needs"* and *"The government and the Irish people do not welcome refugees"*. The latter of these statements extends the lack of understanding to the Government.

The feeling that there is insufficient attention given in social policy to the need for accurate contextual information on the reasons why people are forced to leave their homelands in search of refuge is well summarised in the following statement *"I understand the (Irish) people. The people are probably not informed. What the refugees are here about. They can't even understand how it is to lose family to lose home. I don't blame the Irish people. They feel threatened you know. Foreign people coming here"* .

In short, racial discrimination was judged to be a growing and additional source of post-migratory stress. In citing examples of public hostility, interviewees also clearly communicated the hurtful nature of this potentially modifiable source of distress. The general feeling was that the Irish public are blissfully uninformed about the difference between economic migration and political persecution.

Lack of Information

There was almost universal agreement in all interviews that reception services were characterised by two significant inadequacies. The first was the perceived failure to offer an orientation to Irish life and culture.

The second was the general lack of easily available and accessible information on entitlements and services available. *"Si, il faut que quelqu'un nous explique" (Yes, it is necessary that someone explains to us).*

These are very basic and minimal requirements for any reception service that aspires to welcome strangers who have had little opportunity to prepare themselves to enter a radically different living environment. Many admitted to having no idea at all about what Ireland was like before coming here *"On est mal informé" (We are badly informed).*

A common request was for the provision of better information on Irish norms and customs. One statement is offered to illustrate this *"We don't know how to behave in your culture".*

The second inadequacy in the reception process that was highlighted referred to the general lack of timely and easily accessible information. Some examples included *"We need information on health services "* and *"I don't know where to go about my teeth".* Referring to newly arrived asylum claimants, it was noted by another interviewee that *"They really don't know nothing. They are not aware of what are their rights. There should be someone to tell them or to talk to them about it".*

None of the respondents were aware of the Refugee Medical Unit and the screening services provided at the time of the interviews by the Eastern Health Board at St. James's Hospital and indeed were suspicious that they may in some way be linked to the Department of Justice. Another important finding was that none of the respondents knew about the 999-telephone number in case of an accident or fire emergency.

The kind of information required is not currently available at ports of entry. In practice, interviewees agreed that most of their initial information was obtained through word of mouth from fellow asylum seekers. Those who did receive information from statutory and voluntary service providers remarked that information in their own language would make a big difference.

In summary, it can be concluded that current service provision could be enhanced through the provision of a well-designed orientation programme for recent arrivals. Since these interviews were conducted, the new Refugee Applications Center has been opened. This will go some way toward meeting the requirement for better and more accessible information. This centre primarily meets the needs of those in Dublin. However, the lack of timely information and other support services at ports of entry remains a significant deficiency.

Language/Communication Difficulties

Three of the focus group interviews were conducted through the medium of English while one individual interview and the final focus group interview required the use of French. This highlighted the importance of a common vehicle for everyday communication. For those who only spoke French, an opportunity to learn English was seen as a major priority *"Je ne peux pas exprimer mon probl'me en Anglais"*

(I am not able to explain my problem in English).

All of the participants in the Dublin based focus group interviews were attending English classes organised by the Irish Refugee Council. They all shared in common a wish to improve their English language proficiency in recognition that survival in Ireland depends very much on this. Without a working knowledge of English, everyday interactions become stressful. A good example of these difficulties that may be experienced in the context of a doctor-patient relationship is summarised in the following statement *"She tried to understand, but it was not satisfactory".*

Although English is essential in Ireland for everyday communication, those who share a different mother tongue are disadvantaged by the fact that the state does not provide asylum seekers with a language training programme. The only option currently available, albeit with limited places, is to access one of the voluntary schemes run by such organisations as the Irish Refugee Council. A voluntary system like this is obviously better than nothing but in the words of one interviewee *"The quality" of the teaching was not good".*

In conclusion, language proficiency in English is an important avenue to gaining employment and engaging in everyday social interaction, which eases integration. We do not know the proportion of the total asylum seeking population who require language assistance but it is thought that the numbers are considerable. In contrast to the situation of programme refugees, the Government offers no assistance in this key area for those awaiting a decision on their asylum application.

Lack of Occupation

Practically all interviewees expressed a desire to be allowed to work. Most said that lack of occupation and work made life extremely difficult. The relationship between occupational inactivity and boredom was equally stressed. Expressing his frustration with the protracted waiting period, one man remarked *"Two to three years of life standing around waiting".*

Social welfare dependency is an enforced condition but our interviewees were most unhappy with such a regulation. This sentiment was reflected as follows *"Maybe some people are fine with it (welfare payments) but I know a lot of people are not".* Asylum seekers do not want to be seen as spongers on the State as they frequently have been portrayed in the media. Rather, a repeated antiphon was *"Refugees want to work and integrate".* There was also the concern that a long period of unemployment would lead to a loss of skills.

The majority of the respondents agreed that their health was good at the moment but their standard of living on welfare could possibly cause ill health. Heating was expensive, and in certain sheltered accommodation cost up to £5 a night! *"So, it's money for heating or eating, I usually hang around the cafes in O'Connell Street until late and then go home to bed".* In one hostel there was no heating and no hot water, conditions the asylum seekers found difficult to understand *"M****, meme pendant la guerre en Yugoslavia, on avait le chauffage" (S***, even during the war in Yugoslavia, we had heating).*

The majority of participants had been employed prior to their arrival in Ireland and expressed their dismay at the inability to seek gainful employment. All the benefits of working are taken away.

This has a devastating impact as revealed in the frustration communicated by a former teacher *"I was complaining yesterday night how long will we have to do this for, fed up, because I'm not used to sitting, my husband to complain, it's not just the two of us, everybody, all the refugees, we're not used to this kind of life. In the mornings at times, I leave at 5 a.m.* (in her home country) *in the mornings, with my husband, when he's around* (he worked away sometimes) *so I'm used to all the time,* (she indicates 'busyness' with her hands and body language) *If we could get anything to study but we can't do anything we just sit and sit and sit waiting, it's terrible. it's terrible".*

This same sense of frustration was also communicated by a young man who said *"On craque, parce-que on a rien a faire"(We are cracking up because we have nothing to do).*

It was also mentioned that recognition of their own qualifications is a problem that has to be faced even if a positive decision is eventually given.

Additionally, others stated that the task of finding work in Ireland will be all the more difficult as skill updating programmes are not currently offered to those granted exceptional leave to remain or Convention Refugee status. Once again, this draws attention to the difference between support structures offered to programme refugees and asylum seekers.

8.2.2 Interviews with Service Providers

Sixteen service providers, both voluntary and statutory, from Dublin and Ennis, acted as key informants and participated in a series of one-to-one interviews (Table 13). These were conducted at their normal places of work. The gender distribution was almost equal.

Respondents were not audiotaped and the data presented is in reportage form.

The themes identified by service providers were:

Communication/language difficulties

Lack of information on health care services

Cultural issues,

Psychological health

Lack of occupation

Although similar to those themes identified by asylum seekers, the priorities were different, with health care professionals being extremely concerned about communication and language difficulties and lack of information. Other service providers emphasised concerns about the psychological well-being of, and social support for, applicants for political asylum.

Communication/Language Difficulties

All service providers considered communication difficulties and the lack of easy access to translator services a major problem. One general practitioner explained how he had to resort on occasions to getting his daughter to translate French for him over the 'phone'. This took the form of a three-way consultation!

Hazards imposed by communication difficulties were also outlined by obstetricians and gynaecologists. They reported that they could not always satisfactorily elicit a refugee's/asylum seeker's past medical history, and also to obtain informed consent for procedures. This was due to language barriers and the difficulty in getting immediate access to a translator. In one paediatric unit, the pediatrician was concerned about the

inappropriateness of a young child translating for his parents. All called for the establishment of an easily accessible panel of translators or interpreters to be made available on an on-call basis to assist in these situations.

Special difficulties exist for some health professionals. A psychiatrist pointed out how difficult a mental health consultation might be if a third party, who may not be trusted by the refugee/asylum seeker, was employed as interpreter. The essence of psychological medicine is the establishment of a relationship of absolute trust. If this is not established or compromised, then the efficacy of therapy is equally damaged. In his experience; it was *"A real problem to work through translators".*

From a health practitioner's perspective, it would seem logical and necessary to empower newly arrived asylum seekers with the required English language skills as soon as possible. This would have multiple benefits, not least, a greater capacity to satisfactorily communicate confidentially their own health needs.

Additionally, we believe that a national translation service is required while perhaps some of that given formal status could be employed in this manner. Obviously, the benefits of such an initiative would extend beyond the requirements of the health sector area.

Lack of Information on Health Care Services

A number of informants mentioned that a lack of sufficiently detailed information on health care services led to inappropriate use of services. Examples cited included the Accident and Emergency Department of a children's hospital being used as a GP service, and a tendency for pregnant women, presenting very late for antenatal care.

This latter scenario presented particular problems for staff as they typically had to make important clinical decisions without the benefit of key information on previous antenatal care history, infectious disease status, etc. A labour ward superintendent stated that staff tended *"Just to get on with it"*, and that *"Asylum seekers get no special treatment"*. It was also revealed that some staff were aggrieved by what they considered to be *"The abuse of services".*

Most of the above mentioned problems cannot be blamed on members of the asylum seeking community. They also endure the consequences of an inadequate and less than detailed information flow about the structure, organisation and functioning of our health services. It is not unreasonable to expect them to mentally operate from the circumstances and norms that prevailed in their countries of origin. If asylum seekers had more information about our health services, then inappropriate use of services would be reduced. Such issues would ideally be addressed in a comprehensive orientation course. In addition, appropriate material written in various languages also needs to be more widely available.

Cultural Issues

Gender and religious issues were represented, especially in the maternity care settings. Obstetricians found that they often had to communicate with the partner of their patient, rather than the woman herself. This is culturally unacceptable for most people originating from developing countries as traditionally the immediate experience of childbirth is reserved for women only. The underlying problem is that of language.

A psychologist explained that one of the most common western approaches to mental ill-health treatment, individual psychotherapy, was quite inappropriate for most of the refugee group she encountered. These were mainly Bosnians admitted to Ireland under the programme refugee scheme. This informant explained that in their country of origin there was a great stigma attached to mental illness, and in addition, people were less inclined to express themselves in psychological or emotional terms. Mental illness was typically somatised. The key point is that health care professionals now have to adjust their practice by giving due consideration and respect to cross-cultural differences.

Education of service providers for cross-cultural practice is now a new training requirement. Moreover, it also makes sense to give greater emphasis to tapping into the resource capabilities of political refugees.

Psychological Health

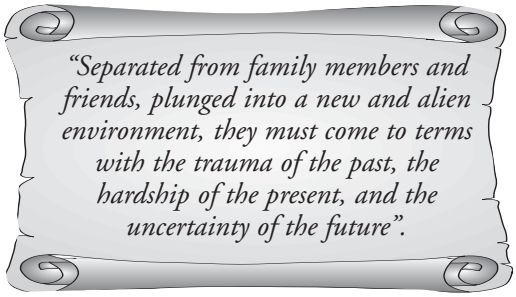
The three general practitioners interviewed agreed that psychological disturbance could be a problem for patients awaiting a determination of their asylum application. However, only one of these systematically inquired about previous traumatic experiences such as violence or torture. Following an audit he found that approximately 40% of his asylum clients presented with evidence of torture. He had no doubt that these and others experienced a variety of psychological problems. In his own words *"Psychological needs are there, without a doubt', but specialised services are not in place for asylum seekers".*

In contrast, the other two GPs, one in a rural and one in an urban setting found themselves with little time to devote to psychological issues. One of these acknowledged that *"Nobody has ever asked me about treatment for torture".* However, it was stated that this was an area that merited investigation.

The literature consistently emphasises that mental health problems are a primary concern for refugees, it would seem that a greater range of easily accessible specialist services is needed in Ireland.

A psychologist working with programme refugees found that symptoms of anxiety and depression were common amongst the clients. She explained that *"Because there were so many traumas in the life histories of clients, it was difficult to separate them out and treat them individually".* Her approach was to accept the reality of multiple losses and address these giving emphasis to social and emotional support in the home environment.

Where indicated, group therapy was also provided while the primary emphasis in therapy was a facilitation of existing coping skills. It can only be assumed that a similar profile of depression and anxiety in the context of multiple losses would also be found amongst the asylum seeking community. Hear, (1990) has previously stated the case well:



Other service providers, especially those working with voluntary organisations, also mentioned that they are frequently called upon to provide socio-emotional support.

Many of these remarked that they felt poorly qualified to offer such an important service but equally stated their dissatisfaction with existing services.

The literature reviewed in the earlier part of this report, the psychosocial research findings and the above described interviews with service providers all confirm that culturally appropriate counselling and psychological services need to be accorded greater prominence.

It is not just a matter of service availability but there are also questions surrounding the cultural acceptability, the ease of accessibility and the necessity for gender and cross-cultural sensitivity.

Lack of Occupation

The health consequences of unemployment have been reviewed in Chapter 5. Approximately half of the health care providers interviewed and nearly all those working with voluntary organisations affirmed that lack of occupation is a particularly destructive way to interact with a new culture. Three reasons were offered by informants to justify this position.

Firstly, the majority of service providers stated that in their view, asylum seekers clearly wanted to work. This opinion was largely shaped by remarks about the predicament of joblessness that asylum seekers would have made to them in the course of their everyday work interactions.

Secondly, it was agreed that health consequences such as depression and lowered self-esteem were undesirable. The psychologist working with programme refugees explained that joblessness and dependency on social welfare payments was a new and traumatic experience for the majority of her clients. In fact, a job, no matter how menial, was considered integral to the promotion and maintenance of self-esteem.

Thirdly, it was suggested that the prohibition of work rights tended to cultivate a culture of dependency and a loss of skills. A Red Cross worker, with many years of experience with refugee groups, expressed particular concern about the futility of not allowing asylum applicants to constructively contribute to the Irish economy. His reasoning went beyond potential economic benefits to emphasise the mental health gain that work brings.

The asylum seeker/refugee phenomomen is not new but presents us with a challenge, which require response and action particularly in the health and social services sectors.

8.2.3 Conclusion

This study is a first step in understanding the experiences and difficulties facing asylum seekers in Ireland as they struggle to rebuild their lives. Asylum seekers arrive tired, disorientated, and frightened but yet the ordeal may not be over. A wide range of issues were raised in the study, all very important to at least some of the respondents but there were many issues, which were universally important. The highest priority by far was the right to work and integrate and all expressed a need for information. It must be seen as a vital need.

Psychological ill health was one of the main themes elicited in this qualitative study. Respondents complained of depression, anxiety and sadness.

Hostility from Irish people was an issue, social isolation compounded by the

inability to work were recognised as contributing factors to ill health.

Service providers reported language barriers, and these imposed problems in getting informed consent for medical procedures. The increase in numbers along with a failure to provide sufficient resources was a contributor to strain and stress for staff.

Box 9: Summary Points:

- *Psychological ill -health is a major concern for asylum seekers*
- *Anxiety, depression and sadness were recurrent themes compounded by lengthy waiting periods and unemployment*
- *Racism and public hostility exist in Ireland fueled by increasing numbers of applications and negative media coverage*
- *There was universal agreement among asylum seekers that current reception policies are inadequate*
- *The lack of co-ordinated translation services impedes integration into Irish society and intensifies the existing stress*
- *Service providers require information and training in refugee culture, background and pertaining issues*
- *Prohibition of the right to work ensures welfare dependency, boredom and loss of existing skills.*

Summary Profile Public Health Study:

African	*Culturally diverse*
Male	*Social Welfare Dependent*
22-44 Years	*Cannot Work/Study/or Pay Tax*
Single	*Considered Economic Migrant*
Non-Parent	*Unprotected by Refugee Act*
Previously employed	*Now Unemployed*
Faces Long Wait	*Prone to media stereotypes*
<1 Year in Ireland	*Experiences Public Hostility & Racism*
Arrives by plane	*Language/communication difficulties*
Victim of political Persecution	*Psycholigically stressed*
Must confront many lifestyle changes	*Receives no orientation to Irish culture & lifestyle*
Feels insecure	*Marginalised*
Arrives disorientated, confused and afraid	*Feels powerless/insecure*
Survived multiple pre-migratory trauma	*Endures manifold post-migratory stresses*
Cannot afford to socialise	*Wishes to contribute*
Physically healthy	*Psychological health suffering*
Psychologically vulnerable	*Suffers depression, anxiety and sadness*
Wants to work	*No entitlement to do so*
Willing to learn	*Hopeful of positive Outcome*
Endures boredom	*Friendly & affable*
Suffers homesickness	*Freedom of movement restricted*

CHAPTER 9
DISCUSSION AND RECOMMENDATIONS

9.1 DISCUSSION

9.1.1 Introduction

Behind every new story of refugees arriving at a border post lies a human rights tragedy. There are very few countries in the world today which remain untouched by those forced to flee their homelands in search of protection from persecution. Of the estimated 23 million refugees worldwide in 1997, less than 300,000 sought refuge within European Union member states. The international burden of care is firmly in the hands of countries with the least resources. This situation is unlikely to change in the near future. The sad truth is that while internal conflicts and gross violations of human rights, including torture and political repression, continue to exist, mass migration of millions of people every year will continue.

We have self-imposed duties, both under international and moral law, towards the relatively small numbers of asylum seekers who reach our country. The Universal Declaration of Human Rights states that every human being has entitlements to defined political, civil, economic, social and cultural rights. People flee their own countries because these rights are disregarded but often in their adopted countries of supposed safety, entitlements are also denied. Article 23 includes the right to work. Although Ireland is a signatory to this Declaration , it has yet to extend this right to asylum seekers. This imposes an additional and unnecessary burden for those who have already experienced the humiliation of rejection.

In the face of steady but internationally insignificant numbers of new arrivals of people seeking political protection throughout Europe, most EU countries have implemented restrictive policies as described in Chapter 2. Ireland stands alongside its partners in presenting asylum seekers with numerous obstacles that prevent full protection of basic entitlements in the form of a battery of internal deterrence measures. These and other measures designed to prevent asylum seekers reaching Europe in the first place form the broader context in which Irish asylum practice must be examined. If Ireland is to be a strong moral and humanitarian voice within the EU, then it has to relinquish an uncritical copycat role in terms of national procedures.

Our survey of statistical trends with an emphasis on Ireland's contribution to burden sharing at EU level revealed that we hosted just 1.5% of all asylum applicants during 1997 but ranked in 6th position when the ratio of asylum seekers to population is calculated. Recent Irish trends suggest that refugees and asylum seekers are now a permanent part of an expanding multicultural society. The challenge is not so much the numbers but rather how should we respond to this new opportunity for solidarity brought to our doorsteps.

9.1.2 Consistencies Between Both Studies

This report has sought to explain the predicament in which applicants for refugee status in Ireland now live, and to

explore their perceptions of life here. Using two different types of studies, the Public Health Qualitative study and the Psychosocial Quantitative study, what was found was that they have problems very similar to those reported in other countries.

Our report adopted the method of triangulation in order to compile a broader picture than would otherwise be possible using one method alone. We have unhesitantly acknowledged that our work is exploratory with a sample size applicable to the pilot nature of our investigation. Against the background of the literature reviewed and the procedural trends observed, the consistency in the reported findings between both studies adds force to the conclusions made. Three examples highlight this feature.

In the Psychosocial study it was found that *"Difficulty visiting home in an emergency"* was a serious source of post-migratory stress. Likewise, this same stressor was expressed, albeit differently, in the Public Health component when it was observed by an interviewee how he was upset by not being able to visit his dying mother.

Ninty percent of those interviewed in the Psychosocial study agreed that worries about the safety of family members was either a serious or very serious source of stress to them. A similar consensus was confirmed in the Public Health study. A representative expression of this feeling was found in the statement *"I don't know where they are, I don't know about my Mum".*

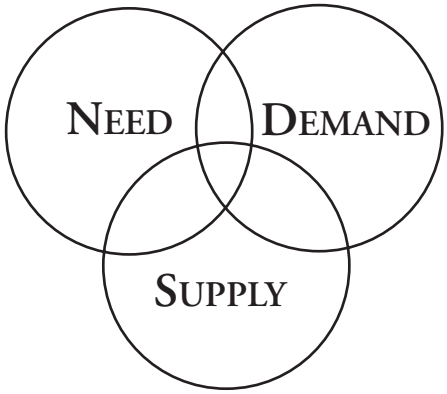
Another example of inter study consistency was revealed in the finding that over half of the interviewees (58%) who completed the HSCL-25 had elevated levels of anxiety with 57% defined as having high levels of depressive symptoms. The themes of anxiety and depression were confirmed in the course of the focus group interviews, and felt most acutely in the period shortly after arrival.

The anxiety of initial adjustment was well captured in the following acknowledgment *"The first couple of nights are awful".* Feelings of sadness and depression were also commonly communicated by focus group interviewees. One participant conveyed this sense of depression in the form of a lingering question *"Is this the life we are going to lead ? We are really depressed".*

9.1.3 Interpretation of Findings

"Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease and infirmity"(WHO, 1994). This definition adopted by the World Health Organization represents a broad spectrum understanding of health and challenges public health practitioners not to merely focus on physical health but also to adopt a holistic perspective. This has been our approach. Conscious of a broad understanding of health, we discuss our findings with specific reference to the interpretative framework presented in Chapter 6 and the model (see Figure 20) for assessing the needs of a defined population by Stevens and Gabbay (1990).

Figure 20: Model for a Needs Assessment



In this model, needs are described as what people would benefit from, generally determined by the perception of the provider during the initial stage of service development. Demand is what is requested by the consumer and other representative groups. In our study, this element correlates with the felt needs as represented by the sampled population of asylum seekers. Finally, supply is what is being provided but may not necessarily address what is needed nor demanded.

Our findings have exposed important gaps that should be addressed as a more comprehensive policy of reception is assembled. Moreover, we found a strong similarity between normative needs, as defined by the service providers interviewed, and felt needs, as elicited from asylum seekers themselves. This consensus, we believe, adds strength to the recommendations made.

The endpoint of our study has been to list important needs that are either not or inadequately supplied in current reception practice and general service delivery. The conclusion is made that current services are primarily singular rather than synergistic in the manner in which needs are satisfied. It is also suggested that there is an excessive emphasis on physiological needs to the relative neglect of psychosocial needs such as psychological security, identity, affection, understanding and participation. This reflects itself in a primarily subsistence orientated reception practice. Such an imbalance inhibits the desired and positive acculturative outcome of integration .

Ultimately, it is the total picture that we wish to highlight and this is sadly, one characterised by multiple burdens. Asylum seekers face a long period in a state of uncertainty without the benefit of statutory procedures. Feelings of loss of control, normlessness and anxiety are common. There are problems of endless boredom, frustration with restrictions, and the lack of opportunities for employment, education and training. The cumulative impact of these is enormous. This highly educated but vulnerable group of people (40% have degrees, and another 39% have other types of third level training) find their social marginalisation intensely frustrating. Much of this frustration and process centered burden can be dissolved.

The need for subsistence is relatively well addressed through the provision of a Supplementary Social Welfare Allowance (SWA), other discretionary payments and accommodation. However, this need is supplied in the form of singular satisfiers. We suggest that to give asylum seekers the right to work would be a better and synergistic way to satisfy the basic need for subsistence. In this way, other related needs for participation, identity, and creation would also be simultaneously satisfied. A monetary benefit to the State would be a consequent reduction in weekly SWA and other payments. Tax receipts would also increase.

We have reviewed the arguments for and against allowing asylum seekers the right to work. We conclude that not only do they want to work but they have much to offer. The current prohibition is not immutable and in our opinion, should be changed as reflected in recommendation 9.2.1. Underneath our position is the core fact that integration and therefore social health cannot be achieved until members of the asylum seeking and refugee community enter the workforce.

The need for protection is only partially satisfied and although recent improvements are welcome, particularly

the extension of legal assistance throughout all stages of the asylum determination process, the failure to fully implement the Refugee Act (1996) is a substantial limitation. This failure not only means that legislative protection remains incomplete and on an interim rather than statutory basis but also increases the sense of harmful insecurity. We have a social and moral responsibility to take necessary steps to ensure that a fair and speedy determination of all applications for asylum are implemented. If these are taken, then the need for protection would be greatly enhanced while simultaneously satisfying related needs for identity and freedom.

Finally, we point out that the need for protection is also compromised by giving insufficient attention within the context of the asylum procedure to the adverse influence of trauma on an applicant's ability to properly represent their case. Recommendations made in 9.2.2 address the need for protection.

Racial discrimination and host community hostility towards asylum seekers is another barrier to meeting the need for protection and also those of identity and affection. It is an ugly example of a serious but synergistic violator of these needs. An evening in any port will confirm that as long as your skin is white, you can enter Ireland with relative ease. As Valarasan-Toomey (1998) has explained, if you skin is dark, you can expect to be stopped and to be treated differentially.

Discrimination and prejudice in all their forms pose a major threat to integration and social harmony. Nourished by insensitive media reporting, racial discrimination is a significant stressor for those who come from visible minority groups. In exposing the latent xenophobia of many Irish people, treatment once reserved for travellers is now extended to newly arrived foreigners but especially to asylum seekers. In both studies, racial discrimination was a key theme and was particularly evident in Dublin based participants. This is why the 3rd recommendation in 9.2.2 and those in 9.2.5 are so urgent.

Most asylum seekers felt their physical health to be good but were more concerned about their psychological well-being. As previously mentioned, anxiety and depression were found in both studies. Asylum seekers related these to their current life situation. Self-help associations and NGOs can fulfill important roles in providing social and emotional support through befriending schemes and collaborating in the identification and training of health care facilitators. The specific health and social needs of vulnerable groups such as separated children, female asylum seekers, lone parents, and torture survivors have yet to be studied in this country. The recommendations made in 9.2.7, 9.2.8, 9.29, 9.2.10, 9.2.12 are broad in scope and suggest measures that would address group-specific needs as well as generic needs common to the general body of asylum seekers.

Even though the information available at the Refugee Applications Centre and that provided by various NGOs partly addresses the need for understanding, this could be greatly improved. Such an improvement would best be achieved if consumer views on what they require were incorporated into the delivery of information services. Issues like the relevance, timeliness, and accessibility of information merit further scrutiny.

The anomie scale results showed that more

than three-quarters (81%) supported the view that *"We were better off in our own country where everyone knew how he or she was expected to behave".* This same feeling was endorsed on a number of occasions by those who participated in the focus group interviews. A common request was for the provision of better information on Irish norms, customs and how to access services. One statement that captures this need was *"We don't know how to behave in your culture".*

For those who are non-English speakers, meeting of the need for understanding is severely curtailed by the failure to provide English training courses and adequate access to interpreter and translation services for a wide range of service providers. The linguistic requirements of people coming from culturally diverse geographical regions of the world must be given much greater priority as language is the central gateway to communicating other needs. The recommendations made in 9.2.3, 9.2.4, 9.2.11 and 9.2.12 deal with interventions that would take greater account of 'consumer' views under the umbrella of the need for information and understanding.

Integration is a dynamic process that best begins when an asylum seeker reaches a chosen country of safety. Even if an application is ultimately rejected, it is not unreasonable to expect that strangers from afar, should be treated with the dignity that a policy of inclusion gives. Integration necessitates changes and adaptations that must be made by both host and new arrivals. However, the possibilities for initiatives are clearly weighted in favour of the dominant receiving community. The kinds of supportive structures necessary to move in this direction are the subject of recommendations made in 9.2.11 and 9.2.13.

9.1.4 Conclusion

Our results confirm the hypothesis that asylum seekers are a minority population who do not perceive themselves to carry an abnormal burden of physical ill health. They are, however, very vulnerable to a wide range of psychological and social problems. The two summary profiles given in Chapter 8 highlight the manifold adverse life circumstances that asylum seekers face in Ireland. They also give emphasis to their positive attributes and potential to contribute to our life and culture.

We have argued that many of the stressors endured by asylum seekers are modifiable. But the will to modify and dissolve harmful obstacles demands a reorientation of current reception practice. One specific obstacle that we have explored in some detail is the denial of the right to work during the asylum determination process. We can only conclude that spending long periods of occupational inactivity in a host country , far from an exiles homeland, is an extremely destructive context for psychosocial and physical health reasons. This kind of enforced unemployment is an avoidable risk factor to ill health, and importantly, is responsive to policy change.

We should welcome asylum seekers and refugees as people like ourselves with human needs who have much to contribute. Aware of our own substantial past history of enforced exile and economic emigration, a co-ordinated reception policy grounded in principles of protection, integration, and participation would be a honest way to move into the new millennium with those whose main reason for reaching Ireland is to secure freedom from persecution.

9.2 RECOMMENDATIONS

9.2.1 Participation through work

A central theme in this report is that the prohibition of the right to work for asylum seekers in the context of an extended asylum determination process is destructive. Access to work is not only a key pathway to fulfiling the needs for participation, status, financial self- reliance and integration, but also physical, mental and social health.

As this is a modifiable impediment to integration inconsistent with our human rights obligations, **we recommend that the Department of Justice, Equality & Law Reform take the necessary steps to ensure that all asylum seekers be afforded the right to work after 6 months.**

We also recommend that a working party be established by the Departments of Education & Science and Enterprise, Trade & Employment to examine the issues surrounding the acceptance of qualifications gained in non-EU countries. This group in consultation with various professional and accrediting bodies would also define the type of assistance that could be offered to those who do not meet Irish requirements.

Another recommendation is that asylum seekers should be eligible for the same assistance and incentives available to other social welfare recipients. These would include access to job training or re-training schemes (e.g. FÁS courses) on the same basis as Irish citizens. Special provision will be required for vulnerable groups including lone parents, unaccompanied minors and traumatised asylum seekers.

In the event of not finding work, social welfare and other entitlements should not be reduced, as it is likely that not all asylum seekers will be in the position to take up the offer of work.

9.2.2 Legislative Protection

The need for legal protection would be substantially enhanced with the implementation of the Refugee Act (1996), the ratification of international covenants and the introduction of other protective instruments. The asylum determination process does not have a statutory basis and remains shaped by 'interim' procedures. Apart from the prohibition of the right to work in Section 9, and the non-criterion based standing of 'Temporary Leave to Remain' status (section 17), **we recommend that the Refugee Act (1996) be fully implemented as a matter of urgency by the Department of Justice, Equality & Law Reform.**

The Department of Justice, Equality & Law Reform should ensure that it engages expertise in identifying traumatised and otherwise psychologically disturbed asylum seekers prior to the completion of their application for refugee status. If the expert medical and psychological evidence suggests that present trauma would compromise the ability of an applicant to reliably complete an initial application then, a mechanism of postponement of the written application should be introduced.

It is also recommended that the Irish Government should speedily progress the Equal Status Bill and ratify the UN Convention on the Elimination of all forms of Racial Discrimination, and the UN Convention against Torture and all forms of Inhuman or Degrading Treatment or Punishment.

9.2.3 Information and Understanding

A comprehensive and user friendly reception process necessarily includes the provision of needed information in a phased, timely, appropriate, acceptable, accessible and sensitively delivered manner. This is also clearly linked to the ability of an asylum seeker to understand the language in which communication occurs. **We recommend that an information and advisory service be established at ports of entry starting at Dublin airport on a pilot basis.**

We also recommend that a formal orientation course should be offered to all asylum seekers shortly after their arrival to Ireland. This course should cover an overview on Irish life, values and culture, as well as information on entitlements, responsibilities, accommodation and welfare services. Full details on the structure and functioning of health services should also be covered.

Both the orientation course and the advisory service at ports of entry could be spearheaded by NGO's in partnership with statutory service providers. These initiatives would offer an early opportunity for asylum seekers to share their stories in a non-threatening atmosphere.

9.2.4 Language and Communication

An indispensable aspect of a reception policy inspired by the agenda of integration is the necessity to address language and communication needs. The majority of asylum seekers form an untapped reservoir of linguistic skills (e.g. Arabic, Portuguese and French) of great potential to the Irish economy. Others however, especially non-English speaking asylum seekers, may live their lives in a communication vacuum. People who have rare languages in Ireland could be a valuable asset.

Given the importance of language proficiency in English for future job security and for ease of access to current services, **it is recommended that the Department of Education and Science establish level-specific and occupationally linked language programmes in English to cater for the linguistic needs of asylum seekers.**

A professionally run interpreting and translation service in a range of languages that could easily be accessed by service providers (GP's, hospital staff, community care workers, etc.) and the wider business community could be of unmeasurable benefits.

We recommended that the Department of Enterprise, Trade and Employment give consideration to this proposal for the creation of a national telephone interpreting and translation service.

9.2.5 Public Education

This study has highlighted racial discrimination as a serious concern for asylum seekers. Racial tension cannot be overlooked and racial discrimination must be confronted if the integration of refugees on the basis of mutual and beneficial co-existence is to be achieved in Ireland. Public education also has the capacity to defuse fear of the unknown which is most probably the major motivating force for discrimination.

Given the complexity of the host community and asylum seeker dynamic, and against the background of the suggestions made by the National Consultative Committee on Racism and Interculturalism (February 1999), **we**

recommend that a task force, broad in composition, be established to thoroughly examine all aspects of integration. The task force approach to formulating policy and developing strategic action plans has previously been used with profit in other areas: Report of the Task Force on the Travelling People, (1995); Report of the Working Party on Tuberculosis, (1996); Report of the Commission on the Status of People with Disabilities, (1997), & Report of the National Task Force on Suicide, (1998).

Informed by core human rights principles, **we recommend that Governmental, Church, Media and NGO authorities draft together and implement a programme of public education with consistent messages on the rights and responsibilities of refugees and host communities.**

9.2.6 Media Guidelines

The media is a potent source of social influence in Irish society and has a pivotal role in dissipating prejudice and arousing in public opinion a deeper concern for the human rights of asylum seekers and refugees. In order to avoid emotive sensationalism, harmful stereotyping, unfair generalisations, and factual distortions, **it is recommended that the media in general, and journalists in particular, establish and publish a code of good practice beyond current anti-racist guidelines, applicable to reporting matters relating to asylum seekers and refugees.**

9.2.7 Health Care Needs

Communication barriers at front-line General Medical Service delivery level could be reduced if a list of General Practitioners who speak foreign languages common to asylum seekers was made available. **We recommend that the Irish College of General Practitioners should compile an inventory of general practitioners who are bi-lingual or multi-lingual and to communicate this to the appropriate authorities, such as Health Boards and CWOs.**

We recommend that the expertise of specialists (e.g. RCSI) in the areas of tropical medicine and international health should be harnessed in the drafting of more explicit guidelines for screening and the care of people presenting with unusual conditions from unfamiliar countries.

In recognition of the permanent presence of refugees in Ireland and the current annual expectation of approximately 4,000 new asylum seekers every year, from very diverse cultural and ethnic backgrounds, **we recommend that trans-cultural training be incorporated at under-graduate, post-graduate and continuing education courses for all health care professionals.**

In recognition of the importance of trans-cultural communication, **we recommend that health care facilitators be recruited from amongst the various ethnic/national groups within the refugee community and trained to engage in health promotion.**

Given that the majority of asylum seekers currently reside in Dublin and Ennis, **we recommend the appointment of a designated psychologist with relevant training and experience to the Eastern and Mid-Western Health Board areas as an interim measure. We also recommend that further research needs to be conducted by an expert working group to determine the range of psychological and**

counselling needs of asylum seekers, with a view to making specific recommendations.

9.2.8 Torture Survivors

Torture was not explored in this study but international research has consistently shown that between 30% and 60% of all refugees settled in Europe have experienced torture and other forms of serious violence. In Ireland, Dr. O' Connell, a Dublin based General Practitioner, found that 44% of his asylum seeker patients were survivors of torture. If only 20% of the 6,855 asylum seekers currently awaiting a decision are torture survivors, then approximately 1,270 of these require specialist services beyond what is currently available.

Studies have also shown that the revelation of torture is often reluctantly volunteered as survivors endure huge psychic trauma in evoking memories of such painful experiences. However, the medical and psychological confirmation of torture can be an important support in the context of an application for refugee status.

Since survivors of torture are one group that have received little attention in this country, **we recommend that the Department of Health & Children identify a multi-disciplinary team to study the prevalence and special needs of torture survivors amongst Irish based asylum seekers and refugees.**

In the light of this study, protocols for the assessment and treatment of torture survivors should be elaborated with the provision of a designated multi-disciplinary team to offer the required specialist services. These services should include the expertise previously mentioned in recommendation 9.2.2.

We recommend that the Directors of Public Health in Health Board areas where significant populations of refugees and asylum seekers reside promote research to tackle unmet health care needs and to develop quality services.

9.2.9 Separated Children

Separated children and young people under 18 years of age (unaccompanied minors) seeking asylum in Ireland are a particularly vulnerable group. In conformity with Article 22 of the Convention on the Rights of the Child, and in the spirit of the Irish Child Care Act (1991), **it is recommended that an interdepartmental working group in consultation with non-statutory organisations be established.**

This group should be mandated to examine the current situation with a view to formalising a policy of best practice as advanced in the guidelines drafted by Save the Children Alliance and UNHCR (Nov 1998) in their statement of good practice for "Separated Children in Europe Programme".

9.2.10 Gender Specific Guidelines

The introduction of gender sensitive policies and procedures cannot properly occur without the benefit of a needs assessment study designed to focus on the distinct needs of women and particularly lone parents. In addition to the unavoidable burdens of adjustment that all immigrants typically endure, these sub-populations face extra barriers that inhibit their social and economic integration into Irish society.

Some of the barriers highlighted in this study included social isolation associated with child care demands, lack of access to

language training, culturally related vulnerabilities, and possibly differential coping problems in relation to pre and post- migratory stressors.

We recommend that the Department of Health & Children commission a needs assessment study with a view to outlining the specific problems encountered by women and lone parents, so that the kinds of services required to cater for their needs may be prioritised.

In view of the fact that women may also be victims of racially motivated crimes, we recommend that the Department of Justice, Equality & Law Reform allocate additional resources to the Garda Síochána. This provision would ensure that a female Garda would be specially trained and assigned to all Garda stations where a substantial number of female asylum seekers reside. This would allow for complaints to be dealt with in a culturally sensitive manner.

9.2.11 Establishment of a Co-ordinating Agency

The task of co-ordinating services is an important one and a reception policy driven by a desire for social inclusion and integration cannot be adequately achieved without a designated co-ordinating body. Unlike programme refugees, asylum seekers and those granted Convention Refugee Status or Temporary Leave to Remain Status, do not have the benefit of a dedicated supportive agency. This has imposed difficulties for the co-ordination of services and in some cases has resulted in the duplication of scarce resources.

In the case of Convention Refugees and those granted Temporary Leave to Remain Status, **we recommend that the mandate of the Refugee Agency be formally expanded to include these groups.**

We recommend the creation of a similar but new agency which might best serve the needs of the larger body of asylum seekers. This agency might be mandated to achieve the following functions:

- *Commissioning of required research;*
- *Facilitating an exchange of ideas on best practice;*
- *Promoting standards of training for service providers and codes of best practice;*
- *Monitoring and evaluating service delivery against agreed guidelines;*
- *Ensuring that asylum seekers and refugees have a major input into the planning and operation of services geared for them.*

9.2.12 Capacity Building Support for Self-Help Associations and NGO's

Service providing Non-Governmental Organisations, especially the Irish Refugee Council and emerging self-help associations (e.g. ARASI, NASI, ARN) function in a climate of severe resource restrictions. In view of their increased workload, often-inadequate physical and organisational infrastructures and their developmental vulnerability, **it is recommended that the Department of Social, Community and Family Affairs adopt a policy of capacity building in support of these organisations.**

Capacity building initiatives might include the provision of human resource, financial and logistical supports.

9.2.13 Climate of Co-Operation

In order to avoid duplication and the wasteful use of scarce resources, it is necessary to achieve a greater degree of role designation and division of responsibilities between all those working with and for

refugees. Our discussions with statutory and NGO key informants revealed a stated lack of co-ordination and co-operation. An example of this was reflected in the fact that the need for general information and advice was being addressed by several organisations. In contrast, no organisation currently offers information at ports of entry nor provides the kind of orientation to Ireland that asylum seekers require.

We recommend that the body to be assigned responsibility to co-ordinate asylum services should work with all key players in a spirit of partnership to achieve a better balance in the designation of roles and the capacity to make a specialist contribution.

REFERENCES

Amnesty International Irish Section, (1998). Ireland's refugee crisis: Myth and reality. *Amnesty,* 101, 21-24.

Aryle, M. (1998). *The social psychology of work organisations.* Harmondsworth: Penguin Books.

Baum, G. (1982). *The priority of labour.* New York: Paulist Press.

Beck, A.T., Steer, R.A., Newman, C.F. (1993). Hopelessness, depression, suicidal ideation and clinical diagnosis of depression. *Suicide and Life Threatening Behaviour,* 23(2): 139-45.

Begley, M.G. (1998). *Back to the road: A needs assessment study of asylum seekers in Ireland.* Dublin: Spiritan Asylum Services Ireland (internal report).

Berlin, A., Gill, P., Eversley, J. (1997). Refugee doctors in Britain: a wasted resource. *British Medical Journal,* 315, 264-265.

Berry, J.W. (1986). The acculturation process in refugee behaviour. In: Willians, C.L. & Westermyer, J.(Eds). *Refugee mental health in resettlement camps.* Washington: Hemisphere Publications.

Berry, J.W., Kim. U., Minde, T., et al; (1987). Comparative studies of acculturative stress. *International Migration Review,* 221:491-512.

Berry, J.W., Beiser, M., Barwick, C., et al. (1988). After the door has been opened: Mental health issues affecting immigrants and refugees. Ottawa: *Ministries of Multiculturalism, Citizenship, Health and Welfare.*

Berry, J.W. (1989). Psychology of acculturation. In: J. Berman, ed. *Nebraska symposium on motivation,* vol 37. Lincoln: University of Nebraska Press, 201-234.

Berry, J.W. & Willians, C.L. (1991). Primary prevention of acculturative stress among refugees: Applications of psychological theory and practice. *American Psychologist,* 46(6), 632-641.

Blauner, R. (1964). *Alienation and freedom.* Chicago: University of Chicago Press.

Brenner, M.H. (1997). Heart disease mortality and economic changes; including unemployment; in Western Germany 1951-1989. *Acta Physiologica Scandinavica, Supplementum;* 640:149-52.

Breslin, A. & Weaver, J.A. (1985). *Religious beliefs, practice and moral attitudes: a comparison of two surveys, 1974-1984.* Maynooth: Council for Research and Development, Maynooth University.

Carens, J. (1998). *The growth of forced migration conference report.* London: Wadham College Oxford, p. 11.

Carey-Wood, J. (1995). *The settlement of refugees in Britain.* London: HMSO.

Carlson, E.B & Rosser-Hogan, R. (1991). Trauma experiences, post-traumatic stress dissociation and depression in Cambodian

refugees. *American Journal of Psychiatry,* 148: 1548-1551.

Catalano, R.A., Dooley, D., Wilson, G. & Hough R. (1993). Job loss and alcohol abuse: A test using data from the epidemiological catchment area. *Journal of Health and Social Behaviour,* 31: 123-140.

Collins, A. (1997). Is Ireland meeting its international obligations towards refugees? *Trócaire Development Review* 1997, 93-114.

Comhlamh/Asylum Rights Alliance (1998). *Charter on asylum rights in Ireland.* Dublin: Comhlamh/ARA, 1.

Comhlamh, (1999). *Submission to the Oireachtas Committee on Justice Equality and Women's Rights on the 'Immigration Bill, 1999'.* Dublin: Irish Association of Returned Development Workers, 1-6.

Commission for Racial Equality (1996). *Roots to the future.* London: CRE.

Costello, K. (1994). Some issues in the control of immigration in Irish law. 354-365. In Heffernan, L. (Ed). *Human rights: A European perspective.* Dublin: Round Hall Press, 354-365.

Daly, C.B. (1998). *Steps on my pilgrim journey: memories and reflections.* Dublin: Veritas, 220-223.

Department of Enterprise and Employment (1997). *White paper on human resource development.* Dublin: Stationary Office.

Department of Foreign Affairs (1993). *Irish Aid: consolidation and growth. A strategy plan.* Dublin: DFA.

Department of Foreign Affairs (1996). *Challenges and opportunities abroad-The white paper on foreign policy.* Dublin : Stationary Office.

Department of Foreign Affairs (1998). Promoting Ireland's interests: *Strategy statement of the department of foreign affairs 1998-2000.* Dublin: DFA, 5.

Department of Foreign Affairs/Irish Aid (1996). *Ireland's official developmental assistance 1996.* Dublin: DFA.

Department of Health and Children (1996). Information Guide to Our Health Services. Dublin: Stationary Office.

Department of Health and Children (1996). *Interim report of the national task force on suicide.* Dublin: Stationary Office.

Department of Health and Children (1998). *Report of the national task force on suicide.* Dublin: Stationary Office.

Department of Justice (1985). *Letter of 13 December 1985 to UNHCR representative.* Dublin: Dept. of Justice.

Department of Justice, Equality & Law Reform (1997). *Letter of 10 December 1997 to UNHCR representative.* Dublin: Diarmuid Cole, Dept. of Justice.

Department of Justice, Equality & Law Reform (1998). Meeting of Minister with representatives of P&O European ferries and Irish ferries. *Press Release Statement,* 4 August, 1998.

Department of Justice, Equality & Law Reform (1998). *Asylum Statistics 1998.* Dublin: Refugee Application Centre.

Department of Social Welfare (1998). *Supporting voluntary activity: A Green paper on community and voluntary sector and its*

relationship with the State. Dublin: Stationary Office.

Dew, M.A., Penkower, L., & Bromet, J. (1991). Effects of unemployment on mental health in the contemporary family. *Behaviour Modification,* 15:501-544.

Dey, I. (1993). *Qualitative data analysis.* London: Routledge Publishing.

Dixon, M. (1996). *Textbook in: international law (3rd ed.).* London: Blackstone Press.

Doheny, K. (1997). *No hands but yours.* Dublin : Veritas.

Dooley, D., Prause, J. (1995). Effect of unemployment on school leavers self-esteem. *Journal of Occupational Psychology,* 68: 177-192.

Dodd, S. (1998). Majority wants refugee limit. *Sunday Independent,* August 9 p.4.

Eales, M.J. (1988). Depression and anxiety in unemployed men. *Psychological Medicine,* 18.935-945.

ECRE Task Force on Integration (1999). *Analysis of findings: Refugees and health in the European Union.* Rome: CIR, 19.

Eisenberg, P. & Lazarfeld, P. (1938). The psychological effects of unemployment. *Psychological Bulletin,* 35: 358-90.

Esmail, A., & Everington, S. (1993). Racial discrimination against doctors from ethnic minorities. *British Medical Journal,* 306:691-2.

Esmail, A., & Everington, S. (1997). Asian doctors still being discriminated against. *British Medical Journal,* 314:1619.

Esmail, A., & Carnall, D. (1997). Tackling racism in the NHS: we need action not words. *British Medical Journal,* 314:618-9.

European Communities, (1990). *Convention determining the state responsible for examining applications for asylum lodged in one of the member states of the European communities (Dublin Convention). Article 3(5).* Luxembourg: EC.

Fawcett, L. (1998). Fitting in: Ethnic Minorities and the news media. In: P. Hainsworth, ed. *Divided society: Ethnic minorities and racism in Northern Ireland.* London: Pluto Press, 104-126.

Fawzi, M.C., Pham, T., Lin, L., Nguyen, T.V., Ngo, D., Murphy, E. & Mollica, R.F. (1997). The validity of posttraumatic stress disorder among Vietnamese refugees. *Journal of Traumatic Stress,* 10(1): 101-8.

Ferrada-Noli, M., Asberg, M., Ormstad, K., Lundin, T. & Sundbom, E. (1998). Suicidal behaviour after severe trauma. Part I: PTSD diagnoses, psychiatric co-morbidity, and assessments of suicidal behaviour. *Journal of Traumatic Stress,* 119(1): 103-12.

France Terre d'Asile (1997). *Reception & Accommodation of Asyylum Seekers in Eurpoe; Summary & Analysis.* Paris: France Terre d'Asile, 4/6 Passage Louis-Philippe, 75011 Paris.

Freud, S. (1933). Introductory lectures to psychoanalysis. London. Hogart Press.

Fryer, D. (1992). Signed on at the 'beroo': Mental health and unemployment in Scotland. *The Psychologist,* 5:539-542.

Fryer, D. (1995). Benefit agency? *The Psychologist,* 8:265-272.

Gannon, F. (1998). Vietnamese in Ireland: Grieving on two shores. *Journal of Health Gain,* 1:16-17.

Garcia Rodriguez, Y. (1997). Learned helplessness or expectancy-value? A psychological model for describing the experiences of different categories of unemployed people. *Journal of Adolescence,* 20(3): 321-32.

Gorst-Unsworth, C. & Goldenburg, E. (1998). Psychological sequelae of torture and organised violence suffered by refugees from Iraq: trauma-related factors compared with social factors in exile. *British Journal of Psychiatry,* 172:90-94.

Ghandi, P.R. (1995). *International human rights documents.* London: Blackstone Press.

Goldfeld, A.E., Mollica, R.F., Pesavento, M.S.W., Faraone, S.V. (1988). The Physical and Psychological Sequelae of Torture. *Journal of American Medical Association,* Vol. 259: no. 18. 2725-2729.

Government of Ireland (1990). *Prohibition of Incitement to Hatred Act 1990.* Dublin: Stationary Office.

Government of Ireland (1996a). *Refugee Act 1996.* Dublin: Stationary Office.

Government of Ireland (1998a). *Employment Equality Act 1998.* Dublin: Stationary Office.

Government of Ireland (1998b). *Immigrants (Trafficking and Employment Bill) 1998.* Dublin: Stationary Office.

Grennan, S. (1998). No refuge in the land of the Welcomes. *Sunday Independent,* Sunday July 17, p.17.

Hannon, P. (1998). Ireland in Europe: A new moral context. *Doctrine & Life,* 48(5):291-300.

Hauff, E. & Vaglum, P. (1994). Chronic posttraumatic stress disorder in Vietnamese refugees: a prospective community study of prevalence, course, psychopathology and stressors. *Journal of Nervous and Mental Disease,* 182: 85-90.

Hauff, E. & Vaglum, P. (1995).Organised violence and the stresses of exile. Predictors of mental health in a community cohort of Vietnamese refugees three years after resettlement. *British Journal of Psychiatry,* 166: 366-367.

Hawton, D. (1992). Suicide and attempted suicide. In: E.S.Paykel, ed. *Handbook of affective disorders.* New York: Guilford.

Heffernan, L. (1993). In search of a human rights approach to refugees. In: A.Whelan (Ed). *Law and liberty in Ireland.* Dublin: Oak Tree Press, 184-202.

Hickey, D. (1998). Foreign hotel workers in majority soon as staff storage crisis bites. *The Examiner,* Saturday August 22, 5.

Hicks, C., & Hayes, L. 91991). Linkworkers in antenatal care: Facilitators of equal opportunity in health provision or slaves for the management conscience? *Health Service Management Research,* 4:89-93.

Interdepartmental Committee on Non-Irish Nationals (1993). *Interim report on applications for refugee status.* Dublin: Stationary Office, 9-12.

International Federation of Red Cross and Red Crescent Societies (1998). *World disasters report 1998.* Oxford: Oxford

University Press.

Irish Commission for Justice & Peace and Trócaire (1997). *Refugees and asylum seekers: A challenge to solidarity.* Dublin: ICJ&P/Trócaire.

Islington Refugee Working Party (1992). *Report on questionnaire survey.* London: Islington Voluntary Action Council.

Jin, R.L., Shah, C.P., Svoboda, T.J. (1995). The impact of unemployment on health; a review of the evidence. *Canadian Medical Journal Association,* 153(5): 529-40.

Joly, D. (1996). *Haven or hell? Asylum policies and refugees in Europe.* London: Macmillan Press.

Jones, R.D. (1992). Specifying the temporal relationship between job loss and consequences: Implications for service delivery. *Journal of Applied Social Science,* 16:37-62.

Jones R.D. & Gill, P.S. (1998). Refugees and primary care: Tackling the inequalities. *British Medical Journal,* 317:1444-1446.

Jones, D., & Gill, P. (1998b). Breaking down language barriers. The NHS needs to provide accessible interpreting services for all. *British Medical Journal,* 316: 1476.

Karmi, G. (1998). Refugees. In: S. Rawaf & V. Bahl, eds. *Assessing health needs of people from minority ethnic groups.* London: Royal College of Physicians, 291-306.

Kelleher, M.F., Daly, M. (1990). Suicide in Cork and Ireland. *British Medical Journal,* 157:533-538.

Kelleher, M.J. (1997). *Suicide and the Irish.* Cork: Mercier Press.

Kennedy, S. (1998). Suddenly we've discovered ëour own' homeless. *Irish Times,* Tuesday August 13, 12.

Kesler, R.C., Turner, J.B. & House, J.S. (1987). Intervening processes in the relationship between unemployment and health. *Annual Review of Psychology,* 36: 531-572.

Kirby, J. (1998). *Press release statement of Bishop Kirby.* Dublin: Trócaire, December 1998.

Kroll, J., Habenicht, M., Mackenzie, T. (1989). Depression and post-traumatic stress disorder in Southeast Asian refugees. *American Journal of Psychiatry,* 146: 1592-1597.

Kumin, J. (1998). An uncertain direction. *Refugees,* 2(113):9.

Lavik, N.J., Hauff, E., Skrondal, A. & Solberg, O. (1996). Mental disorder among refugees and the impact of persecution and exile: some findings from an out-patient population. *British Journal of Psychiatry.* 169(6): 726-32.

Lawson, R. (1994). The challenge of the new poverty. Lessons from Europe and America. *Internationale Politik und Gesellschaft,* 2: 162-74.

Leen, M. (1998). Where is the Irish welcome? *The Big Issues,* 86, 12-14.

Lynge, E. (1997). Unemployment and cancer: A literature review. *IARC Scientific Publications,* 138: 343-351.

Mc Crea, P.H. (1996). Trends in suicide in Northern Ireland 1922-1992. *Irish Journal of Psychological Medicine,* 13(1) 9-12.

Mac Greil, M. (1980). *Prejudice and*

tolerance in Ireland. New York: Praeger.

Mac Greil, M. (1991). *Religious practice and attitudes in Ireland.* Maynooth: Survey and Research Unit, Maynooth University.

Mac Greil, M. (1996). *Prejudice in Ireland revisited.* Maynooth; Survey & Research Unit, Maynooth University.

Martikainen, P,T., Valkonen, T. (1996). Excess mortality of unemployed men and women during a period of rapidly increasing unemployment. *Lancet,* 348: 909-912.

Maslow, A.H. (1968). *Toward a psychology of being (2nd ed.).* New York: Harper & Row.

Maslow, A.H. (1970). *Motivation and personality (2nd ed.).* New York: Harper & Row.

Maslow, A. (1970). *Motivation and personality.* New York : Harper & Row.

Mather, C.D., Schofield, D.J. (1998). The health consequences of unemployment: the evidence. *Medical Journal of Australia.* 168(4): 178-82.

Max-Neef, M.A. (1991). *Human scale development: Conception, applications and further reflections.* London: Apex Press, 13-35.

Mc Caughren, S. (1998). Refugee births grant rights to hundreds. *Sunday Independent,* June 22, 2.

McLachlen, M. (1997). *Culture and health.* New York: Wiley Publications.

Merriman, N, ed. (1994). *People of London.* London: Museum of London.

Mghir, R., Freed, W., Raskin, A. & Katon, W. (1995). Depression and post-traumatic stress disorder among a community sample of adolescent and young adult Afghan refugees. *Journal of Nervous & Mental Disease.* 183(1): 24-30.

Mollica, R.F., Wyshak, G. & Lavelle, J. (1987). Psychosocial impact of war trauma and torture on Southeast Asian refugees. *American Journal of Psychiatry,* 144: 1567-1572.

Mollica, R.F., Capsi-Yavin, Y., & Bollini, P. (1992). The Harvard Trauma questionnaire: validating a cross-cultural instrument for measuring torture, trauma and post-traumatic stress disorder in Indo-Chinese refugees. *Journal of Nervous and Mental Disease,* 180: 111-116.

Moore, L.J., & Boehnlein, J.K. (1991). Post traumatic stress disorder, depression and somatic symptoms in US male patients. *Journal of Nervous and Mental Disease,* 179: 728-733.

Morris, J.K., Cook, D.G., Shaper, A.G. (1994). Loss of employment and mortality. *British Medical Journal,* 308: 1135-39.

Mundo, F. (1995). Trafficking in human lives. *Refugees,* 101.

Murphy, A.W., Lunch, M., Bury, G. (1994). ìCead Mile Failteî ñ An assessment of the screening of 178 Bosnian refugees to Ireland. *Irish Medical Journal,* 87(6): 174-175.

Nwadiora. E., McAdoo, H. (1996). Acculturative stress among American and Asian refugees; gender and racial differences. *Adolescence,* 31(122):477-487.

NGO Coalition (1998). *Charter on asylum rights in Ireland.* Dublin: Comhlamh.

O'Connor, B. (1998). Adding flavour to the Irish stew. *Sunday Independent,* July 19, 17.

Organisation of African Unity (1996). *Convention governing specific aspects of refugee problems in Africa.*

Organisation of American States (1984). *The Cartagena declaration of refugees.*

O'Sullivan, E. (1997). *Homelessness, housing need and asylum seekers in Ireland.* Dublin : Homeless Initiative.

O' Donoghue J. (1998). *Reply to PQ from Liz McManus in the Dail on the right to work for asylum seekers in Ireland.* Thursday June 25, 1998.

O' Leary, D., Leahy, N., Finnegan, C. & Carvajal, C. (1998). Asylum Seekers and Prejudice Study. *The Pilgrim,* 4(1), 6-7.

O' Sullivan, K. (1998). Demand for work rights while asylum applications are pending. *Irish Times,* Friday July 10, 1998.

Park, R.E. & Burgess, E.W. (1921). *Introduction to the science of sociology (1969 edition).* Chicago: University of Chicago Press.

Park, R.E. (1950). *Race and Culture.* New York: McGraw-Hill.

Parloff, M.B., Kelman, H.C. & Frank, J.D. (1954). Comfort, effectiveness and self-awareness as criteria of improvement in psychotherapy. *American Journal of Psychiatry,* 3: 343-351.

Pernice, R. & Brook, J. (1994). Relationship of migrant status to mental health. *International Journal of Social Psychiatry*, 40: 177-188.

Pfister-Ammende, M. & Zwingmann, C.A. (1973). *Uprooting and After.* New York. Springer-Berlaq.

Pickin, C., & St. Leger. (1993). *Assessing health needs using the lifecycle framework.* London: Buckingham Open University Press, p.42.

Platt, S., & Kreitman, N. (1985). Parasuicide and unemployment among men in Edinburgh 1968-82. *Psychiatric Medicine,* 15: 113-23.

Platt, S. (1984). Unemployment and suicidal behaviour: a review. *Social Science & Medicine,* 19:93-115.

Pollack, A. (1998). Refugees and racism. *The Irish Times*, Wednesday, February 25, 1998.

Pope John Paul II (1981). *Encyclical letter laborem exercens.* Vatican City.

Pritchard, C. (1990). Suicide, unemployment and gender variations in the Western World 1964-1986: are women in Anglophone countries protected from suicide? *Social Psychiatry and Psychiatric Epidemiology*, 25: 1-8.

Pritchard, C. (1991). Levels of risk and psycho-social problems of families on the ëat risk' register: indicators of outcome two years after case closure. *Research Policy and Planning,* 9(2): 19-26.

Pritchard, C. (1992). Is there a link between suicide in young men and unemployment? A comparsion of the UK with other European Community countries. *British Journal of Psychiatry,* 160: 750-6.

Rahe, R.H., Holmes, D. (1980). Measuring stress; study of illness and

illness patterns. *Journal of Psychosomatic Research,* 13: 355-79.

Ramsay, R., Gorst-Umsworth, C. & Turner, S. (1993). Psychiatric morbidity in survivors of organised state violence including torture. *British Journal of Psychiatry,* 162: 55-59.

Ramsey, R. & Turner, S. (1993).Refugees' health needs. *British Journal of General Practice,* 43: 480-481.

Raper, M. (1998). Understanding the refugee problem. *Doctrine and Life,* 48(7): 388-393.

Rawaf, S., & Bahl, V., eds. (1998). *Assessing health needs of people from minority ethnic groups.* London: Royal College of Physicians.

Refugee Agency (1998). *Report of a survey of the Vietnamese and Bosnian refugee communities in Ireland.* Dublin: Refugee Agency.

Rodriguez, E., Lasch, K., Mead, J.P. (1997). The potential role of unemployment benefits in shaping the mental health impact of unemployment. *International Journal of Health Services,* 27(4): 601-23.

Rogler, L.H., Cortes, D.E., & Malgady, R.G. (1991). Acculturation and mental health status among Hispanics: Convergence and new directions for research. *American Psychologist,* 46:282-292.

Rushing, B., Ritter, C. & Burton, R.P.D. (1992). Race differences in the effects of multiple roles on health: Longitudinal evidence from a national sample of older men. *Journal of Health and Social Behaviour,* 33: 363-377.

Save the Children Alliance & UNHCR (1998). *Separated children in Europe programme: Statement of good practice.* Geneva: SCA & UNHCR.

Seligman, M.E.P. (1975). *Helplessness: On depression, development and death.* San Francisco: W.H. Freeman.

Silove, D., Tarn, R., Bowles, R. (1991). Psychological needs of torture survivors. *Australian NZ Journal of Psychiatry,* 25: 481-490.

Silove, D., Sinnerbrink, I., Manicavasagar, V.L., Steel, Z., Field, A. (1997). Anxiety,depression and PTSD in asylum-seekers: associated with pre-migration trauma and post-migration stressors. *British Journal of Psychiatry,* 170: 351-7

Sorlie, P.D., & Roget, E. (1990). Mortality by employment status in the national mortality study. *American Journal of Epidemiology,* 132:983-992.

Stefansson, C.G. (1991). Long-term unemployment & mortality in Sweden 1980-1986. *Social Science Medicine,*: 32: 419-23.

Stevens, A. & Gabbay, J. (1990). Needs assessment, needs assessment. *Health Trends,* 23: 20-23.

Storey, A. (1996). Sectional interests versus professed ideals: An assessment of the Irish government's white paper on foreign policy. *Trócaire North-South Issues*, Paper number 20, July 1996.

Sundquist, J., Johansson, S.E. (1997). Indicators of socio-ecomomic position and their relation to mortality in Sweden. *Social Science Medicine,* 45(12): 1757-66.

Surtees, P.G., Dean, C., Ingham, J.G., Kreitman, N.B., Miller, P.M. & Sashidharan, S.P. (1983). Psychiatric disorder in women from an Edinburgh community. Associations with demographic factors. *British Journal of Psychiatry;* 142; 238-246.

Thesing, G. (1999). New blood: Ireland needs a proper immigration policy for the good times to continue to roll. *Business and Finance,* 35 (9): 6-7.

Toner, B. (1998). Wanted an immigration policy. Jesuit Centre for Faith & Justice Newsletter. *Working Notes,* 33:1-12.

Trócaire (1998). *Current asylum procedures in Ireland: Analysis and recommendations.* Dublin : Trócaire.

Turner, J.B. (1995). Economic context and the health effects of unemployment. *Journal of Health and Social Behaviour,* 36: 213-29.

United Nations (1948). Universal Declaration of human rights. In: P.R. Ghandhi. *International human rights documents, 1st ed.* London: Blackstone Press, 21-24.

United Nations (1996a). International covenant on civil and political rights. In: P.R. Ghandhi (Ed). *International human rights documents.* London: Blackstone Press, 51-63.

United Nations (1996b). *Universal Declaration of human rights.* New York: United Nations.

United Nations High Commissioner for Refugees (1997). *The state of the world's refugees 1997-1998. A humanitarian agenda.* London: Oxford University Press.

United Nations High Commissioner for Refugees (1998). *Refugees and others of concern to UNHCR: 1997 statistical overview.* Geneva: UNHCR, 89.

United Nations High Commissioner for Refuges and Save the Children Alliance (1998). *Separated children in Europe programme: Statement of good practice.* Geneva: UNHCR/SCA, 1-18.

United Nations High Commissioner for Refugees (1999a). *Asylum seekers in 1998: Patterns and trends in asylum applications lodged in 29 industrialised countries.* Geneva: Statistical Unit, UNHCR, 1-10.

Valarasan-Toomey, M. (1998). *The celtic tiger: from the outside looking in.* Dublin:Blackhall Publishing, 76-118.

Van Dijk, T.A. (1995). *Racism in the press.* London: Routledge.

Van Velsen, C., Gorst-Unsworth, C. & Turner, S. (1996). Survivors of torture and organised violence: demography and diagnosis. *Journal of Traumatic Stress,* 9: 181-93.

Vlahou, T. (1998). Look who's invited to dinner, *Newsweek International Magazine,* Euroland Special Issue: November 1998-February 1999, 14-15.

Warr, P. (1987). *Work, unemployment and mental health.* Oxford Science Publications: Oxford.

Warr, P., & Jackson, P. (1988). Adapting to the unemployed role: a longitudinal investigation. *Social Science & Medicine,* 225(1): 1219-24.

Watt, P. (1997). *Reporting on refugees. Focus on Ireland and the Wider World.* 57/58, 29-30.

Weich, S. Lewis, G. (1998). Poverty, unemployment, and common mental disorders: population based cohort study. *British Medical Journal,* Vol.317: 115-119.

Westermeyer, J. (1988). DSM-III psychiatric disorders among the Hmong refugees in the United States: a post-prevalence study. *American Journal of Psychiatry,* 145: 197-202.

Whelan, C.T., Hannan, D.F., Creighton, S. (1991). *Unemployment, poverty and psychological distress:* Dublin, Economic and Social Research Institute, General Research Series, no. 150.

Whelan, C.T. (1992). The role of income life-style deprivation and financial strain in mediating the impact of unemployment on psychological stress: evidence from the Republic of Ireland. *Journal of Occupationl and Organisational Psychology,* 64: 331-44.

Whelan, C.T, ed. (1994). *Values and social change in Ireland.* Dublin: Macmillan.

Whitehead, M. (1990). *The Health Divide: Inequalities in Health in the 1980s.* Harmondsworth: Penguin.

WHO (1994). *Basic documents, (40th ed.).* Geneva:WHO

Williams, C.D., & Berry, J.W. (1991). Primary prevention of acculturative stress among refugees: Application of psychological theory and practice. *American Psychologist*, 46: 632-641.

Winokur, A., Winokur, D.F. & Richels, K. (1984). Symptoms of emotional distress in a family planning service: stability over a four week period. *British Journal of Psychiatry,* 144: 359-399.

Young, M. (1996). Acculturation, identity and well being: the adjustment of Somalian refugees. Sante Mentale au Quebec; 21(1): 271-90 .

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