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Beyond the Pale:

Asylum-Seeking Children and Social Exclusion in Ireland

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Research on behalf of the Irish Refugee Council
Funded by the Combat Poverty Agency

Dublin, July 2001

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The views expressed in this document do not necessarily reflect the views of the Combat Poverty Agency.

Endorsed by:

- Barnardos
- Children's Rights Alliance
- Focus Ireland
- National Youth Council of Ireland
- Pavee Point
- People with Disabilities in Ireland
- The Society of St. Vincent de Paul

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Beyond the Pale: Asylum-Seeking Children and Social Exclusion in Ireland: Executive Summary

Background

This report examines experiences of child poverty and social exclusion amongst dispersed asylum seekers in Ireland. The research was undertaken in three locations; Cork, Ennis and Limerick. Interviews were conducted with 43 households. In addition a number of group interviews were held with asylum-seeking children and asylum seeker parents. The research sought to examine the impact of 'direct provision' upon asylum seeker child poverty and social exclusion. The experiences of children in 'direct provision' were compared to those in households in receipt of the full supplementary welfare allowance. The research examined the nature and extent of social exclusion experienced by asylum-seeking children.

The title of the report refers, in the first instance, to the dispersal of asylum seekers outside of Dublin. In bygone times those parts of Ireland outside the vicinity of Dublin were referred to as 'beyond the pale'. The term is sometimes used in everyday speech to describe something which is unacceptable. The Oxford English Dictionary defines a 'pale' as a barrier or fence. The experiences of asylum seekers of life without many of the rights and social protections enjoyed by others living in Irish society might aptly be described as 'beyond the pale'.

Many of the respondents were part of the dispersal programme. These lived or had lived in hostel accommodation under 'direct provision'. A number of respondents had received 'leave to remain' as the result of the birth of an Irish-born child. These were entitled to supplementary assistance and rent allowances. Most lived in the private rented sector. The overwhelming majority of respondents were dependent upon social welfare.

Direct Provision

Following the introduction of 'direct provision' in April 2000[1] newly arrived asylum seekers ceased to be entitled to full rates of supplementary assistance. Adults dispersed into hotels, hostels and other reception centres received a weekly benefit of just £15.00 per week. Children ordinarily received just £7.50 per week plus child benefit. Some, under three years of age, receive slightly higher rates at the discretion of community welfare officers. These typically live in hostels which make no provision for the needs of babies. Asylum-seeking children were found to experience extreme material deprivation despite the best efforts of their parents who used their own cash allowances to buy necessities such as baby formula, nappies, clothes and non-prescription medicines.

The welfare discriminations experienced by asylum-seeking children on 'direct provision' are unambiguously contrary to Ireland's obligations under the *UN Convention on the Rights of the Child (CRC)* (1989). They are contrary to a range of existing commitments addressing child social exclusion as set out in the *National Children's Strategy (2001), the Programme for Prosperity and*

[1] 'Direct provision' was introduced on a pilot basis in Countiess Cork, Donegal and Galway in November 1999 and was implemented on a nationwide basis in April 2000.

Fairness (2000) and the *National Anti-Poverty Strategy*.

Asylum-seeking families under 'direct provision' in Ireland face extreme levels of income poverty which typically place them well below the 20 percent poverty line. To place this in context, children living in households below the 60 percent poverty line are regarded as vulnerable and relatively deprived within mainstream policies on social exclusion.

On their arrival in Ireland, and in the subsequent period prior to dispersal, a number of respondents received little or no information about the communities to where they were to be sent. The absence of information and advice at this initial stage resulted in stress and fear. Asylum seekers, in this information vacuum, relied upon rumours and were affected by each other's anxieties. They received no information about the communities of origin of asylum seekers in the places to which they were to be sent. They were not consulted about whether or not they wished to be accommodated with others who were from the same community of origin, with others who spoke the same language or those with the same religion.

A lack of planning and consultation about the needs and preferences of asylum seekers has created many unnecessary difficulties for asylum seekers in the dispersal programme. For example, without translation facilities, the needs of many communities cannot be determined and addressed, be they dietary, cultural or religious concerns. In particular, the needs of Muslim asylum seekers and children were unmet.

Generally, the food provided in hostels was inadequate and unsuitable for the needs of parents and those of their children. The lack of choice and control experienced by respondents in the preparation of food contributed significantly to the financial hardships they experienced. In the face of competing demands - e.g. non-prescription medicines not covered by the medical card, clothes for children, nappies - they had to purchase extra food from their cash allowances to supplement the hostel diet provided for their children. A number of children had special dietary needs which could only be met at considerable hardship to other members of the household.

Asylum seekers in direct provision may experience extreme deprivation as a result of inadequate diet and inability to afford the purchase of sufficient and appropriate food from their incomes. Some respondents reported experiences of extreme deprivation. These included:

- malnutrition amongst expectant mothers
- ill-health related to diet amongst babies
- weight loss amongst children
- worries about health of children
- hunger amongst adults as a result of 'within household rationing' of available resources in an effort to provide for the needs of children and babies.
- The inadequacy of hostel food to meet the needs of respondents, especially pregnant women and babies.

Direct provision places extreme hardships upon pregnant women. In some cases the absence of an adequate diet for pregnant women and mothers with young babies caused difficulties in breastfeeding. Women in hostels tended to give up breastfeeding within a few weeks of the birth of their

babies. They were compelled to switch to expensive baby formula which they could ill-afford on direct provision. The result might be described as a vicious circle which further undermined their ability to care for their own needs.

An overwhelming majority of respondents on direct provision (92 percent) stated that they considered it necessary to buy extra food to supplement the food provided in the hostels for themselves and their children.

Most respondents on 'direct provision' (69 percent) stated that they were unable to afford to purchase extra food.

Families on direct provision were incapable of providing the sorts of items, such as toys and outings on special occasions, identified as child necessities in the *Living in Ireland Survey* (1999) and other studies of child poverty and deprivation. They were compelled to prioritise necessities such as food and toiletries for babies.

Asylum seeker families experienced chronic overcrowding in hostels. Families living in hostel accommodation generally shared a single room irrespective of the age of children. Overcrowding posed health and safety risks to parents and children who were often unable to place dangerous items such as kettles and utensils out of the reach of children.

Severe housing deprivation produced a range of day-to-day tensions and pressures that affected the psychological well being of parents and children in hostels. The lack of privacy made family life extremely difficult for parents and children alike. There was a lack of appropriate space to play for children in hostel accommodation. Communal areas were described by some parents as unsafe for children. Leisure activities inappropriate for children, such as watching over-18 videos and smoking took place in crowded communal areas. Tensions within hostels detrimentally impacted on family life. Children reported becoming very upset as a result of conflict or being shouted at or abused by non-parental adults. Parents described the psychological impact of these factors on children, such as children becoming withdrawn.

Hostel life was found to have a detrimental impact upon the developmental well being of children in a number of ways. Toilet training of small children was impeded by overcrowding. Adolescent boys and girls experienced enforced dependence and a lack of private space. Generally they had to share rooms with their parents. Children living in hostels found it hard to make friendships with children they met at school. Their parents could not reciprocate invitations to birthday parties or even to come over and play. Children in the interviews were all too aware of their marginal status within Irish society.

Children living in 'direct provision' experienced stress related illnesses. Health problems for children included asthma, stomach problems, constipation, eye problems and babies' ill health.

Parenting was undermined by the constraints of hostel life. Parents had little control or influence over matters which affected the day-to-day lives of their children. They discussed how their children perceived them as unable to protect them anymore.

The deprivation experienced by asylum seekers in direct provision was,

in part, a result of administrative inflexibilities within 'direct provision'. A number of respondents reported the imposition of arbitrary restrictions by hostel staff which made their day-to-day lives more difficult. A picture emerges, in some cases, of needless repression and even intimidation of asylum seekers by hostel staff.

This has arguably been fostered by the guidelines provided to private sector hostel managers by the Department of Justice, Equality and Law Reform. These place no emphasis upon the rights of asylum seekers to redress in the case of complaints, nor make clear any form of accountability by hostel management to residents.

The experiences of poverty and social exclusion by asylum-seeking children and families in Ireland are to a considerable extent akin to those of many children from indigenous communities in a number of respects. However, asylum-seeking children are more likely to experience poverty and social exclusion than many other groups in Irish society due to higher levels of dependence on social welfare, lower levels of welfare payments and higher levels of housing deprivation.

Asylum seekers not in 'Direct Provision'

Asylum seekers experience a number of difficulties in making the transition from direct provision hostel accommodation to private rented accommodation once they were entitled to do so.

The main obstacles were having to save a contribution for a deposit for an apartment/ house whilst on direct provision, racism from landlords and difficulties in getting advice and support in making the transition from 'direct provision' to community living.

Respondents overwhelmingly favoured living in private rented accommodation to living in hostels. They described a 'sense of freedom' and improved quality of life.

The dispersal programme provides no support to help asylum seekers make the transition from living in hostels to rented accommodation. Asylum seekers granted 'leave to remain' receive no support in resettling. Efforts to integrate asylum seekers within host communities are almost exclusively restricted to the voluntary sector.

Asylum seekers in Ennis, Limerick and Cork depend upon voluntary groups to a considerable extent. The resources available to these groups were extremely limited, though a number of positive initiatives and support services have been developed.

However, the limited scale of voluntary sector support has meant that many asylum seekers were unable to access information and advice they needed about their statutory rights and entitlements.

Child poverty and social exclusion

It has long been recognised that measures to support children through social welfare are central to efforts to tackle child poverty. Such measures include adequate support for child dependants of social welfare recipients. 'Direct provision' flies in the face of all best practice in addressing child poverty and social exclusion. Children dependant upon 'direct provision' experience extreme income poverty as a matter of public policy. Goals of discouraging applications for asylum

have been allowed to supersede goals of addressing asylum seeker child poverty and social exclusion.

Asylum-seeking children not in 'direct provision' are at 'high risk' in terms of vulnerability to relative income poverty and social exclusion. They predominantly live in households experiencing unemployment and thus experience comparatively high rates of welfare dependency. They encounter similar forms of marginalisation to other welfare-dependant groups including children in Irish society.

This group includes:

- Irish-born children born into asylum seeker households between 1996 and 2000, as well as their siblings[2],
- the children of asylum seekers permitted to leave direct provision on health or other grounds,
- and the children of those who arrived in Ireland prior to the introduction of direct provision.

Asylum seekers potentially experience greater degrees of social exclusion than many other vulnerable groups in Irish society because of language difficulties, racism and institutional barriers caused by having fewer rights and entitlements. In particular, the absence of a right to work and barriers to training and support were factors in the social exclusion of asylum seekers and their children.

Respondents also identified the loss of support networks they had in their communities of origin and separation from family members as contributing factors to their marginalisation in Irish society. Many respondents stated that they were separated from children and partners who were still in their countries of origin or had travelled to other countries as asylum seekers. Some were separated from dependent children. Others, such as separated children, women who had arrived with children but without their partners or families who had arrived without older children or relatives considered part of their household, experienced a breakdown of networks of support.

The vast majority of respondents stated that they had experienced some form of racism since arriving in Ireland. Some experienced racism from landlords. Some of those who managed to obtain private rented sector accommodation experienced racism from neighbours. Some discussed experiences of racism in accessing support in the communities where they lived and in accessing services. Children were direct and indirect victims of racism.

Some respondents discussed how their children were restricted in Ireland in ways which they were not in their communities of origin because of fears that they would encounter racism. Respondents discussed feeling unsafe themselves because of racism and worried about their children.

Asylum-seeker children experienced relative income poverty as a barrier to integration. Difficulties in being able to afford participation in clubs or after-school activities were reported by a number of respondents. Such activities were seen by parents as important for

[2] In our sample, a number of families with Irish-born children were still in direct provision pending 'leave to remain' and permission to move to private rented accommodation.

the development of their children and their integration.

A number of respondents identified education as vital to overcoming the marginalisation of their children within Irish society. Respondents with small children spoke of the importance of access to pre-school education both for the development of their children and their integration and participation in Irish society, particularly where English was not spoken at home.

Some respondents reported that schools were unresponsive to their concerns and the needs of their children. In particular, Muslim parents were marginalised within the dominant ethos of schools. Some children did not have access to adequate or appropriate forms of language support; particularly at secondary level. Factors such as educational disruption, language barriers, trauma and stressful living conditions impeded children's educational progress. Children in classes appropriate to their ability, rather than their age, found this difficult and needed special educational support.

Children of parents who did not speak English encountered a number of distinct educational barriers. Parents received no support or inadequate support in English language acquisition in most cases. As such they were unable to help their children with homework. Respondents identified an urgent need to access pre-school provision so that their children might learn English before attending school. Many parents on supplementary assistance were unable to access crèches due to cost.

Summary of Recommendations

- Direct Provision should be abolished. It fosters extreme child poverty and social exclusion within Irish communities. In the interim, benefit levels for those on 'direct provision' must be reinstated to match those of other groups dependent on welfare.

- The accommodation needs of asylum seekers must be properly evaluated during the initial reception period. Decisions should take account of, among other things; expressed language, religious, and cultural needs of asylum seekers.

- In any event, hostels and hotels are unsuitable for children, pregnant women and families. Families in such accommodation should be allowed and helped to obtain suitable rented accommodation.

- The requirement to live in hostel and other forms of reception centres should be time limited for all asylum seekers.

- It is strongly recommended that accommodation in communal centres during the reception phase for asylum-seeking parents and children should only be on a short-term basis. All reception accommodation provision should be designed to provide a stepping-stone to independent living.

- Hostels and other reception centres should be managed in accordance with international best practice. There is an urgent need for a culture of responsiveness to the needs of asylum seeker families and children.

- A strategic approach to dispersal is needed which includes assisting the resettlement of those who obtain 'leave to remain' or refugee status. The dispersal programme needs to build upon existing Irish good practice and experience such as the rapid and successful response to dispersed Kosovar refugees.

- A coherent reception policy must be developed, which includes the provision of staged accommodation designed to cater for the different levels of support needed after arrival and during resettlement. The integration process requires the provision of homes which meet the needs of asylum seeker families and children.

- Strategic planning necessitates partnership between public and voluntary bodies. Both statutory and voluntary services for asylum seekers need to be properly resourced.

- A strategic approach to the needs of asylum seekers is incompatible with the imposition of punitive or discriminatory welfare restrictions. There is an urgent need for integration between asylum seeker policy and policies aimed at addressing social exclusion and child poverty in Irish society.

- There is an urgent need for an independent complaints procedure to resolve disputes in reception centres. Such a procedure should clearly set out both the rights and obligations of asylum seekers. This should be overseen by an independent office outside the Reception and Integration Agency.

- 'One stop shops' should be established around the country to provide impartial support and advice to asylum seekers. These should be located and funded so that they are accessible to dispersed asylum seekers. They should include a specific focus on the needs of child and adolescent asylum seekers and in particular of separated children.

- All responses to asylum seekers should be informed by best practices on interculturalism and integration. Equal rights and access to welfare, training, education and health care are preconditions of interculturalism and integration.

- In accordance with the National Children's Strategy, interventions should be child-centred and family oriented. Policies and interventions which develop parents' capacity, impact directly on children's well-being.

- As part of the integration process asylum seekers who have yet to receive a definitive response on their application for asylum should be granted the right to work after 6 months.

- All schools with asylum-seeking children must be in a position to fully meet their language, cultural and religious needs. There is a need to examine how denominational schools can address the needs of a multi-religious student body.

- The Adult Education White Paper (2000) acknowledged the needs of asylum seeker parents for support in meeting the educational needs of their children. All asylum seekers should be entitled to state-funded employment training and community employment schemes. Comprehensive state funded

language tuition that is flexible and responsive to the needs of asylum seeker adults and children needs to be widely available.

- The principle of family unity should be central to the reception process both in the allocation of accommodation and through measures to reunify asylum seekers with their families.

- The National Children's Strategy has an important role to play in ensuring that a culture of respect for children's rights develops within Irish responses to asylum seekers and other black and ethnic minority groups. All policies and programmes which emanate from the Strategy should have a clear remit for asylum-seeking children.

- At present asylum-seeking children are excluded from social inclusion. Children of asylum seekers should be identified as a priority group within all policies and programmes aimed at addressing child poverty, well being and social exclusion.

Chapter 1: Asylum seeker child poverty, social inclusion and children's rights'

Introduction

A considerable proportion of the 10,938 individuals who applied for asylum in Ireland last year (2000) were children.[3] A small percentage were separated children[4]. The majority came with family members. All have a right to come to Ireland.[5] Approximately half of the world's 13.2 million refugees are children yet consideration of the needs and rights of refugee and asylum-seeking children is frequently absent from the national social and political agenda. UNICEF regards the conditions of refugee and asylum-seeking children's lives as 'especially difficult' and advocates for special support to ensure children's developmental needs are not compromised as a result of uprooting, interrupted education, loss of support networks, language and culture. Under Article 22 of the UN Convention on the Rights of the Child (1989), ratified by Ireland in 1992, refugee children and children seeking refugee status are entitled to special protection. This applies to all children, 'whether unaccompanied or accompanied by his or her parents'.

The period of seeking asylum can be particularly stressful and difficult for children as it is a transient status, with an uncertain outcome and an unforeseeable future. Whether or not the outcome of an asylum case result is positive, the months, or more frequently years, that a child lives during the asylum process are foundation years in his/her development. For many children, it will be the first step of integration into Irish society. The resources and support that children and their families receive will either assist them to move to full participation in Irish communities or will be the first step to marginalisation and social exclusion. One report has argued that irrespective of the determination of asylum applications, there is a need to plan for the integration of asylum seekers and their children from arrival if long-term marginalisation within Irish society is to be prevented. As noted in that report:

The policy of regional reception is likely to result over time in permanent communities of African and other minorities throughout Ireland. Regional reception policy needs to be linked to a strategic approach to their needs and the needs of the host communities.[6]

[3] No precise figures are available but some indication might be gauged from a study of asylum seekers in the Eastern Health Board Area which identified some 24 percent as children. See Faughnan and Woods (2000), p.19

[4] Separated children are "children under 18-years-old who are outside their country of origin and separated from both parents, or their legal/ customary primary caregiver… " See Separated Children in Europe Programme (1999) Statement of Good Practice, Save the Children/ UNHCR: Brussels, p 1.

[5] The 1951 UN Convention relating to the Status of Refugees requires the Government to offer refuge to a person who '…owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion is outside the country of his nationality and is unable, or owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it': Source UN Convention relating to the Status of Refugees.

[6] Fanning and Mac Éinrí (1999) p.4

Between 1996 and 2000, 1,533 individuals were recognised as refugees.[7] In addition, some 2385 individuals are entitled to 'leave to remain' through their constitutional rights as a result of the birth of an Irish born child. As such, the asylum process is contributing to the development of Ireland as a multi-cultural society.

Placing asylum-seeking children in the national debate: Child poverty and social inclusion

Child poverty in Irish society is increasingly becoming the focus of debate and scrutiny. In an era of unprecedented economic prosperity children in Ireland are more likely to live in income poverty than in many other western countries. In 1997, 13 percent of Irish children lived in households where income levels fell below the 40 percent poverty line.[8] The ratification by Ireland of the *UN Convention on the Rights of the Child* conferred a number of important social rights upon all children. These include a right to an adequate standard of living, with a duty on the state to assist parents, where necessary, in fulfilling that right. To date there has been little specific focus on child poverty within mainstream public policy debates. Asylum-seeking children living in poverty and experiencing social exclusion are part of larger marginalised group of children in Irish society.

This report locates the experiences of poverty and social exclusion of asylum-seeking children in Ireland within existing conceptualisations of poverty and social exclusion in Irish policy debates and within emerging responses to child poverty and social exclusion under the *National Children's Strategy* (2001). These debates identify income poverty as but one aspect of social exclusion. The *Partnership 2000 Agreement* (1996) defined social exclusion in terms of 'cumulative marginalisation: from production (employment), from consumption (income poverty), from social networks (community, family and neighbours), from decision making and from an adequate quality of life'. Socially excluded children are those who experience income poverty and social marginalisation as a result of relative deprivation and disadvantage. Asylum-seeking children experience specific forms of social exclusion which impacts upon their health, well-being, education and development. Their specific needs fall within the remit of the goals of the National Children's Strategy (2001). These include:

Addressing particular needs and promoting equality to build social inclusion in Irish society are issues to be addressed in the Strategy. Children with disabilities, Traveller children and children from ethnic minority communities, such as refugees and other immigrants, have special needs which have to be considered and addressed collectively and individually, as required.

This quotation does not identify asylum-seeking children specifically. This report emphasises the need to identify asylum-seeking children as a priority group within the Strategy. Most children with refugee status commence their lives in Ireland as asylum seekers. This report will argue

[7] Family members of such individuals, living outside Ireland, may have a right to come to live in Ireland under the Family Reunification Programme.

[8] *Op cit* Nolan B (2000)

that asylum-seeking children are one of the most marginalised and excluded group in Ireland.

Differential welfare entitlements of asylum seekers

The experiences of child poverty and social exclusion amongst asylum seekers are not homogenous. They are shaped by different levels of rights and welfare entitlements amongst different groups of asylum seekers in Ireland. Those without refugee status fall into a number of distinct categories:

- **Asylum seekers families in 'Direct Provision'**

Asylum seekers who arrived in Ireland following April 2000 have not been entitled to the full supplementary welfare allowance, employment training, state-funded language training. Their welfare needs have been met within a system of direct provision. Adults receive cash payments of £15 and children received cash payments of £7.50 per week in addition to accommodation and meals. Children under three years of age **may** receive payments of £20 per week. Overall, children in direct provision experience a greater degree of income poverty than any other children dependant on social welfare in Ireland. The research examined the impact of this income poverty and their experiences of social exclusion.

- **Asylum seeker families in receipt of social welfare**

This group includes asylum seekers who arrived in Ireland prior to April 2000 but who have not been granted refugee status. It also includes more recently arrived asylum seeker families who have been allowed to leave direct provision. This includes those families with an Irish-born child who have obtained 'leave to remain' on that basis. It also includes those families containing a woman who is more than 32 weeks pregnant. Many others have been allowed to leave 'direct provision' on health or special needs grounds. The extent to which this occurs differs from place to place; depending upon the practices of Health Boards and the actions of Community Welfare Officers. Children in this group may experience a greater degree of income poverty than other children similarly dependent on social welfare in Ireland due to lesser entitlements to forms of support aimed at tackling social exclusion. The research examined these issues.

- **Asylum seeker families in employment**

On the 26th July 1999 the Irish Government permitted asylum seekers who had made their applications for asylum in Ireland 12 months prior to the 27th of July 1999, to work. It was also agreed that this right would be extended to those who had applied for asylum in Ireland, on or before the 27th July 1999, and who would subsequently have been in the state for twelve months. Asylum seekers who have received 'leave to remain' are also allowed to work. Yet unemployment rates amongst asylum seekers with a right to work are inordinately high. Those working are likely to be in low paid employment. Research has found that asylum seekers in employment are vulnerable to income poverty because of racism, non-recognition of qualifications and because of barriers to education, training and support.[9]

Those families with refugee status or leave to remain are entitled to the same welfare entitlements as Irish citizens.

[9] Fanning, Loyal and Staunton (2000), p5

The respondents in this study fell mostly within the first two categories. Interviews were conducted with a total of 43 respondent families in Cork, Ennis and Limerick. Of these 14 were living in hostels, with 13 on 'direct provision' and 1 with ‘leave to remain’ in receipt of full social welfare allowance. Many other respondents had previously lived in direct provision. 17 respondents lived in households with 'leave to remain'. All were in receipt of social welfare. Four households included in the study had refugee status. All but three of the 43 households were either dependant upon 'direct provision or social welfare for their entire family income. The respondents were drawn from 17 communities of origin.

The households which were interviewed contained a total of 75 children. 49 percent were one-child households, 30 percent had 2 children, 12 percent had 3 children and 9 percent had 4 or more children. A total of 23 children lived within 'direct provision' households. Six of these households had one child. Five had two children. One household had three children and one household had four children. There were 16 children in households on social welfare, 26 children in households with leave to remain and 10 children in households with refugee status.

The rights of children

The UN Convention on the Rights of the Child (CRC) obliges states to address the needs of all children within their jurisdiction. Article 2 of the Convention states the obligation of the state to:

respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.

The principles upon which the implementation of agreed obligations to asylum seeker and refugee children within the UN Convention on the Rights of the Children (1989) has been set out in the following terms by the European Council on Refugees and Exiles (ECRE) in the following terms:[10]

A refugee child should have the same social, economic, cultural, civil and political rights as other children living within the host state. There should also be special provisions to meet the needs of refugee children, for example in the areas of education and health care.

A number of Articles of the CRC emphasise the rights of refugee and asylum-seeking children. These include rights to family reunification (Article 10), and rehabilitative care and social (re)integration (Article 39).

Article 3 of the CRC emphasises a duty upon states to ensure that the best interests of the child shall be a primary consideration in all actions concerning children whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies. While the CRC protects the individual rights of children, it recognises the need to support the systems in which children

[10] ECRE's Position Paper on Refugee Children, November 1996

develop, in particular the family. The state is therefore obliged to use 'their best effort' to assist parents in the upbringing and development of their child (Article 18). This obligation has been acknowledged by the National Children's Strategy which takes a 'whole child' perspective recognising 'the relationship between children and family, community and the wider society'.[11] For asylum-seeking and refugee children and families, who have experienced the fragmentation of familiar social and cultural relationships and networks, this has particular relevance.

A core principle of the CRC is the participation of children, in accordance with their age and maturity, in defining and addressing the issues which confront them. This is part of recognising and empowering children's capacity, of examining how children and their families contribute to their own welfare, and to work in consultation to reinforce resiliency and coping mechanisms. The obligation is on state parties to ensure that the institutions, services, and facilities of the state take all appropriate measures to support children and their families in this.

The UN Convention on the Rights of the Child
In 1992 Ireland ratified the United Nations Convention on the Rights of the Child. The guiding principles of the convention are:

- all children should be entitled to basic rights without discrimination (Article 2);
- the best interests of children should be the primary concern of decision making (Article 3.1);
- children have the right to life, survival and development (Article 6);
- the views of children must be given weight in accordance with the age ad maturity of the child (Article 12.1).

The convention contains a number of important social rights for all children in Irish society:

- (Article 27) a right to an adequate standard of living (with a duty on the state to assist parents, where necessary, in fulfilling this right):
- (Article 26) a right to benefit from social security;
- (Article 24) a right to the highest attainable standard of health and to have access to health and medical services (with particular emphasis on primary health care);
- (Article 28.1) a right to education and access to appropriate secondary education;
- (Article 31) a right to participate in leisure, recreational and cultural activities.

The Convention's underlying principles have been summarised as the three 'P's, protection from harm, provision of adequate standards for children's survival and development, and participation in matters affecting their lives.[12]

[11] National Children's Strategy, p 32.

[12] Cantwell (1992)

Child rights, child poverty and social exclusion

In addition to socio-political rights, children have economic rights. Article. 27.1 of the CRC states 'Every child has the right to a standard of living adequate for his or her physical, mental, moral and social development'.

The Convention imposes a specific obligation upon states not to impose lesser welfare entitlements upon any one group of children, such as the children of asylum seekers. Article 26.1 requires that states:

> shall recognise for every child the right to benefit from social security, including social insurance and shall take the necessary measures to achieve the full realisation of this right in accordance with national law'

The *National Children's Strategy (2001)* marks the beginning of a response to Ireland's obligations to children under the UN Convention on the Rights of the Child and specifically emphasises the promotion of equality and social inclusion amongst groups such as refugees and immigrants.

At present asylum-seeking children do not enjoy such rights. They face a range of barriers to participation in Irish society which can be grouped under the following headings:

Economic and social exclusion:
Asylum-seeking children live within households which are not included in the remit of policies and programmes aimed at addressing social exclusion in Irish society. Many asylum-seeking children live in households which are explicitly excluded from social inclusion insofar as their parents do not have a right to work.

Institutional barriers:
All asylum-seeking children live in households with lesser welfare entitlements than other socially excluded children in Ireland. Children of asylum seekers in direct provision often receive lower levels of income maintenance than any other group in Irish society. Children of other categories of asylum seekers often live in households where adults are prohibited from undertaking state funded language training or employment training. The detrimental impact of these barriers on the education of asylum-seeking children have been noted in the Adult Education White Paper (2000)

Cultural exclusion:
This includes a range of barriers to integration faced by black and ethnic minority children. These include the consequences of racism and institutional racism. Integration has been defined in terms of ability to participate fully in society without having to relinquish cultural identity; *'The emphasis of integration policy should be on supporting initiatives which enable the preservation of ethnic, cultural and religious identity of the individual'*.[13]

[13] Department of Justice, Equality and Law Reform (2000) *Integration: A Two Way Process*, p.9

Pushing an agenda of inclusion: The National Children's Strategy

National Children's Strategy: Vision and Values

The National Children's Strategy is grounded in six operational principles which reflect the UN Convention on the Rights of the Child.[14] All actions taken are to be:

- Child centred: the best interests of the child shall be a primary consideration;
- Family oriented: the family generally affords the best environment for raising children and external intervention should be to support and empower families within the community;
- Equitable: all children should have equality of opportunity in relation to access, participation in and derive benefit from the services delivered and have the necessary levels of quality support to achieve this;
- Inclusive: the diversity of children's experiences and lifestyles must be recognised and given expression.;
- Action Oriented: service delivery needs to clearly focused on achieving specified results to agreed standards in a targeted and cost effective manner;
- Integrated; measures should be taken in partnership, within and between relevant players be it the State, the voluntary/community sector and families; services for children should be delivered in a co-ordinated, coherent and effective manner through integrated needs analysis, policy planning and service delivery.

The National Children's Strategy sets out a set of principles as a basis for policy and practice with respect to children. These provide an excellent basis as an organising framework in which to situate thinking about and responses to the well-being of asylum-seeking children. These principles stress that all actions taken must be:

Child-centred:
'This means that the needs of children should determine responses to asylum seekers'. Welfare measures and reception policies for asylum seekers should be proofed from a children's rights perspective.

Inclusive:
'This means that it's for all the children, including those who sometimes get left out'. Welfare measures and reception policies should seek to ensure that asylum-seeking children are 'not left out' of Irish society. Children should be enabled to participate fully in Irish society from the outset. This should be the focus of specific measures to ensure their integration and social inclusion. Asylum-seeking children should be the focus of policies and programmes aimed at promoting interculturalism. Asylum-seeking children should have the right to social inclusion, including inclusion in the future development of the National Children's Strategy.

Family-orientated:
'*This means thinking about families too*'. The relationship between the rights and welfare of asylum-seeking children and that of their families has to be acknowledged. While the parents and families of Irish born babies within asylum seeker families receive 'leave to remain, enabling them to become entitled to the same rates of social welfare as other groups in Irish society, asylum-seeking children not of Irish birth and their families remain locked in direct provision. The welfare of parents and children are integrally related.

[14] The National Children's Strategy: Our Children - Their Lives, P10

Equitable:
'*This means that it's fair'*. Welfare and reception responses to asylum-seeking children should be non-discriminatory. All asylum-seeking children should have the same rights. Asylum-seeking children should not have lesser welfare rights than other groups in Irish society.

Action-Orientated:
'This means work gets done' Any identification of barriers to asylum seeker child rights and social inclusion must be followed up with action to remove such barriers by all parties responsible for and concerned with children's welfare.

Integrated:
'This means it is all working together'. This advocates a multi-sectorial, integrated and strategic approach be adopted, in working with and for asylum-seeking children, utilising the goals, policies and programmes of existing child rights initiatives such as the National Children's Strategy, the National Anti-Poverty Strategy and others.

Asylum-seeking children remain marginalised within the current emphasis upon children's rights and well-being in public policy. This study examines experiences of poverty and social exclusion by asylum-seeking children and their families. It examines the impact of current differential welfare entitlements upon child poverty among asylum seekers and compare their needs with others experiencing child poverty in Ireland. It examines the child poverty implications of current asylum seeker dispersal policies and practices. Finally, it considers the impact of poverty on asylum-seeking children's access to their survival, development, protection and participation rights.

Chapter 2: The context of asylum seeker child poverty in Ireland

Introduction

Child poverty in Irish society is increasingly becoming the focus of debate and scrutiny. In an era of unprecedented economic prosperity children in Ireland are more likely to live in income poverty than in many other western countries. In 1997, 13 percent of Irish children lived in households where income levels fell below the 40 percent poverty line.[15] In 1992 Ireland ratified the *United Nations Convention on the Rights of the Child* which conferred a number of important social rights upon children. These include a right to an adequate standard of living (with a duty on the state to assist parents, where necessary, in fulfilling that right). To date there has been little specific focus on child poverty within mainstream public policy debates. Asylum-seeking children living in poverty and experiencing social exclusion are part of larger marginalised group of children in Irish society.

This chapter locates the experiences of poverty and social exclusion of asylum-seeking children within existing conceptualisations of poverty and social exclusion in Irish policy debates and within emerging responses to child poverty and social exclusion under the *National Children's Strategy* (2001). These debates identify income poverty as but one aspect of social exclusion. The *Partnership 2000 Agreement* (1996) defined social exclusion in terms of 'cumulative marginalisation: from production (employment), from consumption (income poverty), from social networks (community, family and neighbours), from decision-making and from an adequate quality of life'. Socially excluded children are those who experience income poverty and social marginalisation as a result of relative deprivation and disadvantage. Children experience specific forms of social exclusion which impacts upon their health, well-being, education and development.

Refugee and asylum seeker child poverty

The experiences of poverty and social exclusion by refugee and asylum-seeking children in Ireland are to a considerable extent akin to those of many children from indigenous communities in a number of respects. However, refugee and asylum-seeking children are more likely to experience poverty and social exclusion than many other groups in Irish society due to higher levels of dependence on social welfare, lower levels of welfare and higher levels of housing deprivation.

Most asylum seeker families in Ireland with children are currently dependant upon social welfare. Many face similar forms of social exclusion to indigenous communities suffering multiple deprivation as well as additional exclusion resulting from lesser entitlements to support and racism. Many additionally face isolation due to separation from family members and communities of origin (some are separated children), language barriers and religious and cultural differences.

Refugee/asylum-seeking children are more likely to be living in poverty than other groups in Irish society but are not

[15] *Op cit* Nolan B (2000), p.16

yet the focus of any measures to combat such poverty. Instead, all new arrivals are excluded from mainstream welfare provision and forms of support.

Conceptualising child poverty

The debate on how child poverty in Ireland might be measured and addressed is at an early stage. There has been considerable debate on social exclusion in Irish society. In the past there has been little specific emphasis upon child poverty within policies to address poverty and social exclusion. Within the context of the *National Children's Strategy* (2001) there is an urgent need to focus upon child poverty and social exclusion within public policy. It is important to note that all experiences of child poverty in Irish society are not homogenous. The experiences of children range from forms of extreme deprivation to less extreme forms of relative deprivation of the kind that contributes to social exclusion amongst large numbers of children in Irish society.

Research shows that in Ireland children are more likely to experience poverty than adults and that households with children, especially single parent families and those with three or more children are susceptible to a relatively high risk of poverty. These conclusions are drawn from quantitative studies of child poverty, generally based on the income levels of households with children.

However, income indicators of child poverty are not sufficient in themselves to capture a true appreciation of levels and extent of child poverty and deprivation in Ireland. In the last decade a number of studies have sought to focus on specific forms of relative deprivation experienced by children which impact on their education, personal development and health.

Extreme deprivation

Children experience poverty and social exclusion in different ways and to different extents. Child poverty can take the form of extreme deprivation which might be understood as the consequences of a combination of high levels of income poverty and high levels of social exclusion. A submission to the *National Children's Strategy (2001)* identified the following goals in addressing extreme deprivation in Ireland:[16]

- no child sleeping rough
- no child living regularly in a hostel or bed and breakfast
- no child suffering malnutrition
- no child going to bed hungry without a main meal
- no child begging on the streets
- no child dropping out of school before transfer to post-primary level
- no child dropping out of school before Leaving Certificate because of financial pressures
- no child addicted to drugs and alcohol
- no child in prostitution

Income poverty

Past studies of child poverty in Ireland have focused upon the extensive problem of relative income poverty resulting from welfare dependency or from low-paid employment. High risks of child poverty in Ireland have been mainly attributed to:[17]

- the lack of parental employment. Children from families where the

[16]Open your Eyes to Child Poverty Initiative (2000) *Submission to the National Children's Strategy,* p. 16.
[17]Plumb and Walsh (2000), p57

head of the household is unemployed, ill or disabled or engaged in home duties account for two thirds of all poor children.

However, working families account for approximately 30 percent of child poverty, and lone parents and very large families experience higher rates of child poverty than other family forms.

The persistence of high levels of child poverty even though unemployment has declined in recent years can, in part, be explained by the fact that Ireland has the largest percentage of families in Europe with no working adult.[18]

An emphasis upon income poverty predominates within Irish policy debates notably through the use of the concept of poverty lines to operationalise relative income poverty.

Poverty lines

Measurements of relative income poverty offer the advantage of tangible comparisons between groups. The *Living in Ireland Survey* (1999) classified children living in households below the 60 percent relative income poverty line as 'consistently poor' and as experiencing basic deprivation. In 1998 12 percent of Irish children lived in households which fell below the 60 percent poverty line.

Budget standard approaches

This emphasis upon income poverty has been reflected in the use of budget standard approaches to conceptualising the needs of children. A report by the United Nations Children's Fund (2000) stated that 21.4 percent of Irish children were living in households with an annual income less than that required to purchase below the adjusted equivalent of the predominant United States budget standard.[19] This budget standard was based upon a figure three times the cost of an adequate diet (food was identified as accounting for one third of average household expenditure).

The 1994 study *The Cost of a Child*[20] examined the direct costs of rearing a child by pricing, across a range of commodities, a typical basket of goods and services required for a minimum standard of living. *The Cost of a Child* budget standard allowed for a basic diet, a modest wardrobe, basic schooling costs and for limited spending on recreation. A 'modest-but adequate' budget standard was also devised which cost-estimated a more varied diet, some additional education related expenses, toys and presents.

These included costs emanating from the purchase of food, clothing, education. A range of indirect costs relating to childcare, or income forgone to provide childcare were not included.[21] Such studies are shaped by decisions about what constitutes necessities and non-necessities in compiling the shopping basket deemed to represent a minimum. The 'modest but adequate' budget standard does not address a range of costs which are encountered by families.

The findings of the study demonstrated that social welfare provision at that

[18] *Op cit* Nolan B (2000), pxiv

[19] Innocenti Research Center (2000) *A League Table of Child Poverty in Rich Nations, p.7*. This budget standard represents the annual income required to allow a family of a given size to purchase the range of goods and services that were seen as constituting the minimum acceptable way of live in America.

[20] Carey, Fitzgerald, Keily and Quinn (1994)

[21] *Ibid* -p. xvi.

time fell far short of the actual cost of rearing a child. This has been an ongoing problem within Irish social policy. The Commission on Social Welfare (1986) emphasised the prevention of child poverty amongst families dependent upon welfare as a core objective of child income support policy. It established the principle that the full cost of rearing children in families dependent on social welfare should be met by the state. Simply put overall benefits to welfare-dependent families, including refugees and asylum seekers, should be sufficient to prevent child poverty.

The key policy issue was the overall adequacy of welfare entitlements (social welfare payments, child benefits and other means-tested benefits in relation) to address child poverty. Recently there has been an emphasis upon raising child benefits as distinct from other welfare/tax measures.

The *Cost of a Child* Study estimates for a 'modest-but-adequate' budget standard for 1992 ranged from £27.40 for a child under 6 years to £48.30 for a child between 13 and 18 years.[22] Adjusted for inflation this suggested an average minimum cost of a child of almost £34.00 (ranging from £20.00 to £46.00) depending on age.[23]

The target of the *Programme for Prosperity and Fairness* of a £100 child benefit (£23.07 per week) for the higher family size rate is a significant departure from pervious policy aspirations. Although child benefit has more than doubled between 1993 from £15.80 to £42.50 (per month) it falls far short of a 'modest but adequate' child income. The most recent increase (budget 2001) to £67.50 per month per child, £86.00 for the third and subsequent children, i.e. £16.87 - £21.50 per week still falls far below that 'modest but adequate' standard even at prices for 2000.

A Budget Standard Approach This is a way of measuring poverty through considering the needs of people, adding these together by drawing up household budgets and coming up with some level of income which is needed to cover a fixed basket of goods and services which are believed to represent the necessities of life. The budget standard method underestimates child poverty.[24] It defines necessities in terms of food, clothing and accommodation and thus ignores a range of social needs. It is based on some optimum pattern of consumption. It does not take into account how people really live their lives. People do not just purchase necessities. Parents may buy items deemed as non-necessities for their children The budget standard method does not recognise how people's consumption patterns are social as well as functional.

Asylum seekers: Family income and poverty lines

Asylum seekers experience differential economic circumstances.

Asylum seekers who arrived prior to April 2000 were entitled to social assistance and rent allowances. However, some asylum seekers with these entitlements continue to live in hostels for reasons including the unavailability of private rented accommodation or racism in the letting of such accommodation.

Asylum seekers arriving in Ireland since April 2000 are normally treated differently to indigenous welfare recipients under the system of direct provision. Adults usually receive £15 per week and children receive £7.50 in

[22] *Ibid* xix

[23] *Op cit* Plumb and Walsh (2000), p62

[24] Piachaud (1987), p.147-164.

addition to meals and accommodation. In addition, asylum-seeking children are entitled to child benefit. Furthermore, they may receive a higher rate of 'direct provision' at the discretion of the Community Welfare Officer. At the time of research, asylum-seeking children under three years of age received higher 'direct provision' payments of £20 per week in some hostels.

Many families with children are forced to live in hostel accommodation on a long term basis. The *Open Your Eyes to Child Poverty Initiative (2000)* identified having to live regularly in a hostel or a Bed and breakfast as an indicator of extreme deprivation.

Asylum seekers who have obtained leave to remain from the Minister of Justice, Equality and Law Reform are permitted to leave direct provision and are deemed entitled to social assistance. As such they may join a population of asylum seekers living on supplementary assistance whose arrival in Ireland predates the introduction of direct provision.

Asylum seekers dependent upon social welfare, like other marginal groups in Irish society, live in relative income poverty. For example, 93 percent of respondent households had a net income less than £200 per week. 81 percent were within households which earned less than £150 per week (Appendix Two: Fig 4). Such average earnings placed most asylum seeker households, irrespective of size, below the 60 percent poverty line and many households below the 40 percent poverty line. This can be seen when average asylum seeker earnings (for households ranging from one parent and one child in size to two parents and four children in size) are compared to 40 percent and 60 percent poverty line calculations for some of these household sizes.

Figure One: Poverty lines at time of research

Household	40 percent	60 percent
One parent one child (19 percent of respondents)	£128.34	£192.58
Two parents one child (30 percent of respondents)	£160.43	£240.95

Asylum-seeking children under 'direct provision'

Asylum seekers under direct provision in Ireland face extreme levels of income poverty which typically place them well below the 20 percent poverty line. Respondents on 'direct provision' estimated a net family income of less than £100 per week. In general, children living in households below the 60 percent poverty line are regarded as experiencing relative income poverty.

The following table compares total income levels, including child benefits, for asylum seeker families in direct provision in Ireland with average income levels for 2000 and takes account of child benefit rates at the time of research.[25]

[25] Income poverty lines are calculated in relation to an average household equivalent level of income for 2000 of £241.33 for the first adult, 66% for each subsequent adult and 33% of this figure for each child under 14 years of age. See ERSI working paper (2000) *Monitoring Poverty Trends: Results of the 1998 Living in Ireland Survey*

Figure Two: Direct Provision and Poverty Lines

Family Type	Total Family Income	Poverty Line
Lone parent and one child over 3 years of age.	£33.12	Below 11 percent
Lone parent and one child under 3 years of age	£45.62	Below 15 percent
Two parents and one child over three years	£48.12	Below 12 percent
Two parents and one child under 3 years	£60.62	Below 16 percent
Two parents and three children, one child under 3 years of age	£102.50	Below 15 percent
Lone parent and two children over 3 years of age	£51.24	Below 8 percent
Lone parent and two children, one under three years.	£63.74	Below 16 percent

This comparison is indirect insofar as it does not take into account hostel accommodation and meals provided for asylum seekers. On the other hand free hostel accommodation compares poorly to private rented accommodation funded by rent allowances (also not taken into account in calculation of poverty lines). Furthermore asylum seekers in direct provision often have to supplement the meals they obtain in hostels. This is illustrated by the fact that 92% of respondents on 'direct provision' considered that it was necessary by buy extra food to supplement the food provided by the hostels for themselves and their children.

Lone parents living in 'direct provision' are entitled to lone parent allowance without any deductions for food or lodging. However, none of the lone parents living in direct provision was aware of this entitlement.

Child poverty, social exclusion and psychosocial well-being

Child poverty studies increasingly emphasise a focus upon dynamic ways of conceptualising poverty in terms of relative deprivation and social exclusion rather than just upon income poverty. Asylum seekers may experience the erosion of existing material, intellectual, social, and cultural resources that parents and children possess upon arrival in Ireland. This is somewhat distinct from the forms of social exclusion encountered by indigenous people living in poverty. Parental competencies such as education, skills, and experience may be devalued in a new society while new competencies such as language, training, opportunities to participate in community networks, identity and legal status may be difficult to acquire. Children may experience a similar 'de-skilling' in the absence of familiar peers, educational settings, language and social status while grappling to survive in a new society. The development of new competencies for participation is integrally linked to access to income, resources and adequate opportunities. These may give rise to tensions not normally encountered in child poverty studies in Ireland and will be central to analysis here. This section defines what is meant by social exclusion and briefly explores the challenges of an analysis from a child-centred, non-dominant cultural perspective.

Social exclusion

Responses to poverty must be shaped by understandings of how poverty is actually experienced. The concept of social exclusion draws upon such an idea. Understandings of need and definitions of relative poverty are linked to prevailing social standards. A

behaviourist approach acknowledges, unlike budget standard perspectives, that people spend money on items which might not be regarded as necessities e.g.; a special meal at Christmas, toys and outings for children or other family members.

From this perspective children can be said to be in poverty when they lack the resources to participate in the activities and have the living conditions and amenities which are customary, or at least widely encouraged, or approved, in the societies to which they belong. If their resources are so seriously below those commanded by the average individual or family, they are in effect, excluded from ordinary living patterns, customs and activities.[26]

Relative poverty therefore concerns not just levels of resources above subsistence but some social definition of acceptable levels of resources within a given society. Child poverty is therefore to be understood as encompassing social exclusion as well as material deprivation and low income.

Low income alone may not be a reliable indicator of child poverty because it often fails to distinguish households experiencing deprivation and exclusion.[27] The resources of a household are affected by factors other than current income. It is possible to measure standards of living through non-monetary indicators. A number of basic deprivation indicators can be identified.[28]

1. *Basic Life-style indicator* - enforced absence of basic items such as food or clothing, considered by most people to be necessities;

2. *Secondary life-style deprivation* - enforced absence of items such as cars, telephone and holidays commonly possessed by a majority of people and thought to be necessities;

3. *Housing deprivation* - enforced absence of items relating to housing such as bathroom facilities;

More specifically a number of child-specific non-monetary deprivation indicators can be identified. Some questions relating to child-specific indicators of deprivation were included in the 1999 Living in Ireland Survey. An expanded list of qualitative indicators could include indicators such as participation in after-school classes (drama, swimming, music), an occasional family outing to the zoo, cinema or similar special event, fruit and vegetables four times a day, regular pocket money, new toys on birthdays, Christmas or other special occasions, school-related items (books, clothing, footwear, lunches, outings), separate-sex bedrooms for older children (10 plus), attendance at a doctor when a child is ill, special needs equipment, e.g. for a child with a disability, a safe area in which to play with friends.[29]

[26] Callan and Nolan (1994), p.11

[27] *Op cit* Nolan B (2000), p.71

[28] Nolan and Whelan (1996) cited in Nolan B (2000), p52

[29] List derived from Nolan B (2000), p. xxiii

Expanding child poverty models

The rights of diverse communities

The need for a dynamic approach which involves asylum-seeking parents and children in defining the core elements of their experiences of income levels and of Irish society is important as it is not possible to define from the perspective of the dominant culture, the needs, priorities, and values of the diverse asylum seeker communities. An experience of poverty may encompass not being able to keep in contact with family members in country of origin, the costs of following through on an application for refugee status, or the indirect result of experiences of racism and exclusion.

The forms of discrimination faced by minorities are complex. These include those resulting from institutional racism. The concept of institutional racism has been employed to discuss experience of minorities within monocultural societies. Institutional racism is a term which describes the way black and ethnic and minorities suffer from discrimination when racism within society becomes reflected in organisations and institutions. The discriminations experienced by minorities may be unintentional but they are often profound. They emanate from the inability or unwillingness of organisations and institutions to take into account the diversity of the community in providing services. Minorities face discrimination as the square pegs rejected by the round holes of policies and practices oriented towards dominant understandings of community needs. It is difficult to know how these experiences relate to a debate on child poverty but there is an intuitive sense that they may be central to the debate.

Incorporating a child-centred, psychosocial perspective

Many conceptualisations of child poverty refer to situations rather than processes. These fail to recognise the impact of income poverty on what the National Children's Strategy refers to as 'the whole child'; the child in his or her family and community. Some research suggests that income poverty can impact negatively on children's well being through the impact of stress on parenting.[30] This poverty/stress relationship is mediated by many factors in the familial environment. Factors include the presence or absence of supportive social and familial networks. The absence of such networks might be considered a form of 'social' poverty. These factors have been found to be highly significant in studies of the well being of asylum seeker and refugee children in other contexts. Research on Central American refugee parents and children in Washington found that parental distress impacted negatively upon the emotional functioning of children. Parental stress resulting from worries about health and financial matters was found to compound pre-migratory trauma.[31] The study found, in the case of mothers who experienced such trauma, that; "*the effects of a mother's experience of trauma is certainly compounded by her experience of daily life stressors"*. Daily stressors of poverty and deprivation, in a country of asylum, can have a negative cumulative effect on well-being.

Children play a very active role in contributing to the overall family resources but, at the same time, children often take on very significant responsibilities in asylum seeker

[30] McLoyd, (1990), p311-346.
[31] McCallin (1991)

families. They become directly vulnerable to the stress factors affecting parents as well as indirectly affected by these. A 'whole child' perspective is crucial in a context where poverty and exclusion impact on the child's social and cultural well being.

Methodology

The literature on child poverty and social exclusion increasingly emphasises the need for qualitative research. The predominant emphasis of previous research upon quantitative comparative data on levels of income - for example, calculation of poverty lines - needs to be augmented by a qualitative emphasis upon the lived experiences of income poverty and other forms of exclusion. It can be stated that asylum-seeking children have many of the same needs and therefore requirements of other children in Irish society. As such, data on the material well being of asylum children can usefully be compared to other marginal groups and the population as a whole. However, their experiences as asylum seekers include a range of specific barriers which must also be addressed to overcome poverty and social exclusion. Here, qualitative methods are vital to understand the nature and extent of the exclusion experienced by asylum-seeking children.

The approach taken in this study consists of the triangulation of qualitative data on the experiences of exclusion and income poverty of a sample population with quantitative income poverty indicators. It combines methods utilised in participatory action research (PAR) with semi-structured interviews and a questionnaire administered to 43 asylum seeker parents/households with children in Ireland.

Research with children

A workshop methodology was employed to undertake non-directive research with children to explore their everyday lives and their integration in Irish society. Two workshops were held in Ennis with a total of 16 participants aged 7-9 years and 10-12 years. A number of exercises were used such as social mapping, story games and thematic discussions. Social mapping involves child participants drawing a map of their 'community'. The aim of the exercise is to investigate strengths and weaknesses of social support within the community, the nature of social relations and activities children participate in. Thematic discussions focused, for example, on school life. Workshops proved difficult to organise with children in 'direct provision'. Individual open-ended interviews were conducted with four adolescents in direct provision. In addition, in Ennis, a group interview was carried out with two separated children, both aged 17 years.

Research with parents

PAR methods were also used with adults. Three workshops were carried out in Cork with asylum seeker parents, with between 3-6 participants in each workshop. Two workshops were carried out in Ennis. Workshops used a timeline exercise to explore different issues facing parents and children from reception to direct provision and in moving to private rented accommodation. However workshops were difficult to organise and found to be inappropriate for researching with parents in direct provision (see Appendix One). The

main methodology employed with parents was a core questionnaire alongside qualitative interviews. The questionnaire contained indicators of child material well being (income, deprivation, housing), health, education and participation and quality of life. Qualitative interviews with adult respondents explored barriers to participation in Irish society amongst asylum-seeking children and experiences of poverty and exclusion amongst their families.

A total of 43 asylum seeker adult respondents in asylum seeker households with children were interviewed. Of these, 14 respondents were in hostel accommodation with 13 on direct provision and 1 in receipt of full social welfare allowance, and 29 were living in private rented accommodation. Asylum seekers accounted for 39 families of which 16 were entitled to 'leave to remain'; 4 households had refugee status.

Chapter 3: Dispersal, child poverty and children's rights

This chapter considers the impact of direct provision on the well-being of children of asylum seekers, based on semi-structured interviews with 43 asylum seeker parents and families and workshops with groups of parents and children. It focuses particularly on the impact of income poverty and barriers to children's social inclusion, which impinge directly on children's physical and mental health. As a result of leaving their home and culture, asylum-seeking children often experience the disintegration of familiar social networks of extended family, friends, language and community. In addition, a number of child participants in this study have experienced traumatic stressors, such as a fear of being injured or killed, a fear that family members may be injured or killed, the violent death of relatives, a parent in jail, or acute poverty as a result of ethnic discrimination and economic loss.

This chapter explores qualitatively the impact of 'direct provision' on asylum-seeking children and families. It highlights the impact of powerlessness and dependency, created by this restrictive system which removes an expression of choice over basic aspects of people's lives, on child stress and family dynamics. Children were found to experience extreme deprivation and exclusion due to household income poverty and inappropriate accommodation. This chapter examines some of these issues and explores children's first experiences of being an asylum seeker in Irish society.

Regional reception policy and direct provision

Direct provision has been described as a punitive system aimed at discouraging asylum seekers from coming to Ireland.[32] It was introduced alongside the dispersal programme following the introduction of a similar system in Britain. The dispersal of asylum seekers was a response to a perceived accommodation and infrastructure crisis in Dublin where, up to then, most asylum seekers were located. However, asylum seekers were dispersed from the capital, where infrastructure was insufficient, to locations where infrastructure for asylum seekers was usually non-existent. In Britain, dispersed asylum seekers became the responsibility of statutory services that could provide accommodation and trained staff. They were dispersed to a number of 'cluster areas' chosen for their proximity to areas which already had a diverse ethnic make-up, translators and appropriately trained social workers.[33]

However, dispersed asylum seekers in Ireland received far lesser levels of support. The introduction of direct provision in this context has resulted in much hardship for asylum-seeking children and their families. A lack of planning (engendered by a perception of crisis) combined with punitive benefit levels far less than those received by other groups in Irish society creates conditions of extreme income poverty and social exclusion for asylum-seeking children and their families. The following sections explore children's and families' experiences of arrival and dispersal, and experiences of living under direct provision.

[32] B Fanning (2001) p.97
[33] Observer (13 May 2001)

Parents and children's experiences of arrival and dispersal

Generally the families in this study arrived in Ireland through Dublin. On arrival they spend a short period in Dublin, in a hostel, hotel or bed and breakfast, until decisions were made about their dispersal. Some parents found the anxiety they experienced on arrival was increased by poor accommodation conditions, inadequate diet and even hunger. One family, who arrived on a Friday evening, when the Department of Justice, Equality and Law Reform was closed for the weekend, were accommodated in a bed and breakfast which they described as 'very dark and dirty'. The mother lay out her clothes to sleep on, to avoid contact with the bedding. No meals were provided in this accommodation, so the family had to rely on the small sum of money, $100 or so, they had with them to sustain themselves until Monday.

Other women respondents, who were pregnant at the time, gave accounts of similar accommodation and dietary difficulties during this initial reception period. As stated by one respondent:

It was hell .. The kind of bed you have in the room. ... 6 in a room ...doesn't matter whether you are pregnant or not, they make you climb the ... bunk beds ... the worst of all you can't even sit up in the bed, always stooping.

A second respondent explained:

... you couldn't make tea or coffee between meals, the kitchen was closed to you ... you weren't allowed to take any food out of the dining room ... my husband was hungry all the time.

A pregnant Nigerian woman experienced the denial of food, even water, as a form of harassment and racism:

If you take an apple or an orange from the dining room to eat later on in your room ... the workers in the hostel, they wouldn't let you take anything, if they see it, they will snatch it ... the food was nothing to write home about ... the only thing I like is rice ... when I asked for a little bit more they told me I should pass on for somebody else ... I thank God the treatment we had there wasn't the same here, because if it was the same, a lot of us you know, we would have died ... the kind of problems we had back home and coming to this place and being treated like slaves ... they were hostile ... you know the way they talk to you, you can't have two glasses of water ... they rationed everything ... I am not lying, I am not exaggerating, they seem to ration everything ... on one particular occasion I went up to ask for more water, they said "no, it's finished" ... I mean, I felt they were trying to frustrate us.

Asylum seekers experienced anxiety about dispersal during this initial stage. One respondent explained the fears and anxiety of other asylum seekers in the hostel where she was initially accommodated in Dublin, about moving out of the capital:

I wasn't happy because of the stories they tell ... why is it they want to send me to Limerick, I don't want to go. I tried everything I could ... like others they would go to a G.P. and stop their transfer ... They say that the people in Limerick, they don't welcome asylum seekers, that it was miles and miles away from Dublin ... too much tales.

These fears were often based on a lack of information about the places to which they were being sent. Asylum seekers, in this information vacuum, relied upon rumours and were affected by each other's anxieties. The absence of information and advice at this initial stage resulted in stress and fear. They had no information about the communities of origin of asylum seekers in the places to which they were to be sent.

Their experience of dispersal for families resembled, to a degree, their experience of flight from their country of origin. The perception of impending dispersal was sometimes of a journey into the unknown and to a place of uncertain safety, creating more stress and uncertainty for children.

A number of parents expressed concern about the lack of consultation about where they were to be accommodated. They were not asked if they or their children wished to be accommodated with others from their community of origin or religion nor were they asked their preferred form of accommodation, from the alternatives available.

In summary, the dislocation experienced by asylum-seeking families in Ireland by their arrival in Ireland was often followed by an initial period of fear and discomfort during initial reception. The uncertainties resulting from a lack of information and a lack of consultation during this period left them ill-prepared for dispersal outside Dublin. The lack of planning (resulting from a lack of consultation) negatively impacted upon their experiences of dispersal in a number of ways.

Experiences of living in direct provision: Poverty and social exclusion

Families are dispersed to hotels, hostels and sites around the country to live under the system of Direct Provision. The accommodation provided for asylum seekers in direct provision can vary. In February 2001 a total of 813 children were accommodated within direct provision in Ireland in a number of different forms of accommodation. The vast majority of these (751) were dispersed outside Dublin. Almost half (46%) were accommodated in either hostels or Bed and breakfast accommodation.

Fig 1: Children in Direct Provision (February 2001)

Hostel/Hotel/Bed and breakfast (outside Dublin)	373
Mobile Home (Kerry, Kildare, Westmeath)	293
Mosney (chalets)	85
Reception Centres (in Dublin)	62
Total no children	813

Under the system of 'direct provision' introduced in April 2000, asylum seekers are treated differently to indigenous welfare recipients. Direct provision consists of three principal elements; accommodation, three daily meals and small cash allowances. Each adult receives £15 per week and parents receive £7.50 for each child. The system of direct provision was introduced in response to the introduction of a similar system in the United Kingdom, where a single adult (over 25 years) received £36.54 and £26.29 for each child. Although those on direct provision incur no costs for heating, their situation remains

analogous to others receiving rent allowances in many respects. They are liable for most of the costs which are faced by other welfare recipients including food (to supplement their hostel diet), clothes, transport, toiletries and to meet the cost requirements of their babies and children.

Direct provision is very restrictive and in effect excludes asylum seekers from participation in host communities. Direct provision imposes economic and social barriers to participation in society upon asylum seekers which are likely to foster social exclusion.

The combination of 'direct provision' with existing restrictions upon asylum seekers to employment and English training amount to very formidable barriers to asylum seekers participating in Irish society. These barriers are likely to make it more difficult for asylum seekers to obtain employment subsequently if and when they receive the right to work.

Many issues arise for families and for children especially when living under this system. Under this system, in hotels and hostels, parents and children are generally allocated one bedroom for the family. All other space is communal. The following sections explore how conditions of living under direct provision impinge on children's rights and well being. This will be examined under a number of sub-headings; physical health and child stress, nutrition and diet, overcrowding and confinement, impact on children's socialisation and developmental needs, education, and the impact on children and families of restrictive living conditions and enforced dependency.

Physical health and child stress

In semi-structured interviews, participants were asked about their concerns for their children's and family's health.

Fig 2: Self assessment of family health: households on direct provision

Q: Has a member of your family experienced illness in last six months in Ireland?		
Yes	10	83%
No	2	17%

Of those on direct provision who responded, 83% of direct provision households had one or more member who experienced illness in the past six months. With respect to their concerns about health, lack of choice of GP, poor accommodation, inadequate support of the health services, inability to obtain medicines and the poor health of an infant were among parents' main concerns. Parents' health problems included asthma, an ulcer, gastro-enteritis and health difficulties with pregnancy. Health problems for children included asthma, stomach problems, constipation, eye problems and babies ill health. A recent study has found that mortality rates for newborn babies of asylum and refugee mothers is significantly higher than among infants born to Irish mothers.[34]

Physical ill health is complicated by income poverty. Children's illnesses can initiate a family crisis in cash-restricted households;

My son has asthma. Three weeks after arrival, he had an asthma attack. He had to be rushed to hospital by ambulance. The medicines which were

[34] Lalchandani, MacQuillar and Sheil (2001)

prescribed by the doctor were very expensive. Without a medical card at the time, we had to purchase these ourselves, costing £45, while we received only £37.50 per week to live on.

Income poverty removes from parents the ability to take initiative to address and maintain their families' health. For children with special dietary needs, parents experience a lack of control over their children's nutrition and diet. An Eastern European mother who was advised by a doctor to supplement her son's diet on health grounds - he had a deficiency in iron - found this difficult to afford. As she was pregnant also, she needed to buy extra vitamins and supplements for herself. None of the required items was covered by the medical card.

Sometimes, medical cards do not cover the cost of the prescription;

We went to the chemist twice with a prescription from the doctor. When the pharmacist told us that our medical card doesn't entitle us to this medicine, we must pay extra if we want to get it ... we couldn't pay extra so the pharmacist filled the prescription with a cheaper medicine.

Delay in receiving a medical card was cited as a major concern by some parents, especially for children with medical conditions that can worsen if not treated. One mother explained, "I am worried about my two daughters. We have been here for 3 months and have not received a medical card". She explained how both her daughters had problems with their eyes, and could not visit an optician without a medical card:

They are having difficulty seeing the blackboard in school, and without treatment, I worry that their eyesight is deteriorating by the day. They get headaches and pains in their eyes.

The involuntary conditions of direct provision and lack of money induced a sense of powerlessness over health, a basic aspect of their families' lives. In situations of physical ill health, the money sometimes termed as 'comfort money' was used to cover survival needs of food and medicine.

Language difficulties can make the doctor-patient relationship more difficult to negotiate. Where possible, hospitals try to identify translators who can intercede for the patient, but often children take on the responsibility of translating for their parents. People in direct provision report very mixed experiences of doctors, from being satisfied with the standard of care to feeling that doctors are uninterested. One 13-year-old boy explained a predicament he experienced:

The doctor? He's O.K but once, when my Mum tried to explain to him what was wrong with her, I tried to translate, and he said 'please, I don't have time for this'.

Hospitalisation presents particular problems and expenses. The physical location of family asylum centres are out of main areas and this means getting to and from hospital presents significant transport difficulties. One mother explained: *"The children were poisoned ... they were sick, they had diarrhoea ... we had to go to the hospital a couple of times ... the hospital was 1.5 hours away and we had to go by taxi"*. The cost of buses and taxis is an extra, if not impossible, burden for families on direct provision. This mother also told how she had no one to help to mind the other children in times of illness.

Undoubtedly, many of the health-related stresses experienced by asylum seekers on direct provision are shared by many Irish people in poverty. However asylum seekers lack the social supports that families mobilise in times of crisis. Where costs emerge as a result of a crisis, strategies utilised by Irish people, such as borrowing from family and friends, utilising support networks etc. are not available to asylum seekers, thus significantly compounding the experience of crisis.

For adults and children, parents' own reports linked many of the health problems experienced to stress exasperated by living under the conditions of direct provision.

Child stress and physical health

(Boy aged 13 years) *''I was very sick from all the changes. I was cold. It was wet. I couldn't breathe. My father tried to rub my back but it didn't help. So he got on to reception and they called emergency. I never had this before, they said it was asthma. It just struck. I was in hospital for 1 night."*

(Kazachstani father) *''My younger child is nervous, it now affects her health and she suffers constipation"*

(Angolan mother) "*Our son has stomach problems. He arrived here after suffering big nervous stress, that's why even the smallest negative reaction makes him very vulnerable, and his reaction is very strong…During the past eight months, he has passed through stressful situations (in the hotel) that were difficult for him and even affected his health. The problems with his stomach are actually problems with his nerves. To be specific, he just can't eat and throws up the food always. He needs special medical treatment and a special diet".*

Children frequently express stress psychosomatically. In many non-Western cultures, psychosomatic presentations are an alternative to the psychological discourses that are common in Western cultures.

Nutrition and diet

Asylum seekers in direct provision may experience extreme deprivation as a result of inadequate diet and inability to afford the purchase of sufficient and appropriate food from their incomes. Some respondents reported experiences of extreme deprivation. These included:

- malnutrition amongst expectant mothers
- ill health related to diet amongst babies
- weight loss amongst children
- worry about health of children
- hunger amongst adults as a result of 'within household rationing' of available resources in an effort to provide for the needs of children and babies.
- the inadequacy of hostel food to meet the needs of respondents, especially pregnant women and babies

The lack of choice and control experienced by respondents in the preparation of food and the provision of necessities for their families contributes significantly to the financial hardships experienced by such households.

Families living under direct provision frequently have no access to kitchen facilities. Food is generally prepared in the hotel by the staff and parents have little or no say as to what they or their children would like to eat. The result is that parents feel children often do not eat properly. This necessitates the purchase of other foodstuffs. Some respondents in direct provision complained that the hostels in which they are living did not cater adequately for the dietary needs of their children. They described hostel food as food

cooked for adult needs. This corroborates the finding of another recent study which examined the impact of a hostel diet in Dublin on pregnant women, new mothers and infants and found meals in hostel settings typically consisting of processed cereal in the mornings and chips, beans and sausages in the evenings.[35] This was echoed by respondents in this study. One explained:

For children, food in the hotel it's like in a restaurant, not very good quality. It doesn't include children's needs, they cook for adult people. Children, if they don't like it, they will not eat it.

In this environment some parents found it difficult to wean their children off milk. Parents kept their children on bottle feeds because of concerns about hostel food. As put by one respondent:

A--'s son is two and a half, is still drinking milk ... he should have stopped drinking it by now, but he doesn't like the food. If you have your own house, you can buy African food.

Another described how her three-year-old son, who had only recently been weaned, would only eat chips from what was provided. This had impacted detrimentally upon his health.:

I only threw his bottle away at 3 years and two months…he lost a lot of weight and he wasn't happy"

Another mother similarly described how her six year old son lost considerable weight; *'5 kilos in 6 months'*, because of the inflexibility of the hostel regime. The system, she explained, was designed to meet the needs of adults not children. *"In …... we eat 3 times daily ... children need food 5 or 6 times daily"*. One spoke at length about the sort of difficulties encountered by another one of the families:

B--'s son needs a lot of iron ... the food for children were chips ... sometimes at the beginning fish fingers once a week or sausages ... there wasn't special food for (the) health (of) children ... wasn't special food for children with any kind of diet problems.

In this particular case, the management of the hotel, after some time supplied a small hob for the family. They were fortunate to live in a building which adjoined the main hostel which contained a small kitchen. Other families in the hostel had no such access to cooking facilities. The family purchased food for the boy out their weekly allowances. No food for him was supplied by the hostel. Children with special dietary needs also experience problems. One mother explained *"Because of his stomach problems, our son needs a special diet and all of the money for this comes out of the family's weekly money"* Another family described bad experiences with the food in one hostel to which they were sent:

We had problems with the food there ... both children were poisoned they were sick, they had diarrhoea and we had to take them to the hospital.

Parents with babies experienced extreme difficulties because, in a number of cases, hostels provided no baby food or baby formula. As put by one parent '…they cook for us, but the babies, they don't take care of the babies'. One respondent who had moved to a hostel which provided

[35] Kennedy and Murphy-Lawless (2001: forthcoming)

some necessities for babies, such as baby formula, shampoo and soap, recounted the difficulties she faced in a previous hostel:

You have to be very cautious about how much and when ... if he's nagging ... I just give him water ... you're helpless…that's the way I felt ... I had to buy nappies for my baby - £14, £6 for food, no money for wipes.

Another explained the fundamental problems of providing infant formula:

When you don't have money, everything is expensive. SMA (infant formula) is £8.50. You have to buy 3 in two weeks. We never use one penny out of (the money) except to buy for the baby, sometimes it is not enough. You have to borrow money, and then the next week, first you must pay off your debt'.

One respondent recounted the difficulties in providing an adequate diet for twin babies in a hostel which made no dietary provision for babies. This family, consisting of two adults and twin babies, received a total income of £70.00 per week. They were not yet in receipt of child benefit (which, at the time of the research would raise their income by a further £21.24 per week). From this they had to purchase baby formula, nappies and other baby toiletries, clothes as well as meeting the needs of the parents. This father explained how he and his wife had to ration the powdered milk for the babies to ensure that he did not run out and that their other needs could be met:

Sometimes if I know they are hungry I will not give them food because if I begin to give them food each time they are hungry. I will have to buy two tins per week …and one is £13.50..so how can I afford this….if I gave them each time they were hungry …then when will I have money for pampers, wipes, and all the rest.

He explained, during the course of a lengthy interview, how he was compelled to ration bottle feeds to the twins as a result:

The two of them are crying now ... I give them half and half, ... I am supposed to give them one and one (one bottle each), but I will not. If I give them like that I will die, because I will not have anything to think of ... no money ... let them have just a little ... then later again I will give them half again, it is not easy ... it's terrible"

Two and a half hours later during the interview he stated:

Look at them now. They will not sleep now because they are not well fed.

The case of this family illustrates the extreme deprivation potentially encountered by babies under direct provision. Kennedy and Murphy-Lawless, in their study of the maternity care needs of refugee and asylum-seeking women found that the inadequately nutritious diet available for women in direct provision caused difficulties in breastfeeding. Women in hostels tended to give up breastfeeding within a few weeks of the birth of their babies.[36] As a result they had to switch to expensive baby formula which they could ill afford on direct provision. The result might be described as a vicious circle which further undermined their ability to care for their own needs.

[36] *Op cit* Kennedy and Murphy-Lawless (2001: forthcoming), p.94

Experiences of pregnancy by asylum seeker mothers

Direct provision places particular hardships on pregnant women, and women feel their health is threatened by the privations experienced. While pregnant, a lack of control over diet means mothers are concerned they are not getting the food they want or need. Any extra need such as vitamin supplements becomes a crisis. Transport for check-ups presents enormous difficulties:

"The Social will not give you money for transportation. The winter was just coming up and I had to go (to the hospital) with my big belly…so it was really stressful anyway. It's a long way to walk from the train station to hospital for a pregnant woman. When my pregnancy was due I went by cab…going to the hospital on your own with your £15 allowance and when you call a cab they tell you it will be £10 to go…it was really stressful... .you have to use your weekly allowance …to go and come back, it was £20. I had to borrow £5 from my friend".

Some mothers reported they were transferred from one town to another, with their other children for different reasons. Isolated, knowing few people and worried about who would care for their children while they were hospitalised, both women found the experience enormously stressful. One woman told her story as follows:

There was no hospital in Kenmare, so my doctor advised me to ask to be transferred to Cork to be near a hospital. There was no accommodation in Cork. The place they wanted to send me was not fit for children. The manager rang the Justice Dept. said they should not send me there. Justice said I should go to Tralee. I had all my tests done here in Cork. I think it was the stress that I had the baby early. They took me to Tralee on Tuesday…I was so dizzy with the Journey. I was told the hospital is 15 minutes walk, I was walking with my 3 year old son. I was more than an hour walking...on the way my waters broke…I didn't have anything with me so I still had to walk all the way… they took me into labour and took my son outside. My child was meant to be taken into care. My child could have been taken away from me. In the end, one of the other asylum seekers said she would mind my child. I didn't really know her, only two weeks. They rang that lady… I had the baby. After 2 days I begged them to let me out so I could look after my other son but the baby had jaundice. It was a week before I get out.

Post-natal check-ups for mother and baby presented more problems.

" I used to walk an hour there and an hour back … things like that for me was too much … when I need anything, I had to go out and there was no transport, it was all walking all the time … the stress psychologically was too much for me to take in … it really dawned on me for the first time; yes, you are out of your country, you are in the wrong place, … a feeling of knowing that you don't belong and people don't care.

In summary, children in direct provision live lives of extreme income and material deprivation. In this context parents find it extremely difficult to ensure that the basic dietary needs of their children were met. Respondents who had moved hostels or were otherwise aware of conditions in more than one hostel spoke of inconsistencies and unfairness in terms of the level of support provided to families with babies. Families with babies living in direct provision experience inconsistent levels of support. One respondent praised the management of one hostel which purchased pampers at a cash and carry and sold them at cost price to the mothers of babies in the hostel. Other hostels provided no such support. Direct provision does not ensure adequate or consistent levels of resource to families with babies.

'No place to raise a child'

Many aspects of direct provision accommodation impinge on children's rights.

Overcrowding and confinement

Life for asylum seekers in hostel accommodation is, for the most part, a life within the confines of one room. Respondent families living in hostel accommodation generally shared a single room irrespective of the age of children. Respondents described their living conditions in the following terms:

… one room for three, four or five person.

This overcrowded existence posed safety hazards to parents and children who, confined to a small space, were often unable to place dangerous items such as kettles and utensils out of the reach of children.

Room 18
It is not a very big room, the two single beds are pushed together to make a double, I can't really see where a cot would have fit with any ease, but both said that this room was bigger than the one they had been in. Both were sitting on the bed when I entered the room, both the television and their little radio were on. I sat on a chair under the television, facing them, while they came and sat at the end of the bed. There were a number of boxes and suitcases around the walls of the room. The room was quite small. There was just enough space to walk around the beds. I was sitting in front of a dressing table with some food and other items on top. The kettle was on the floor plugged into an extension lead with four sockets on it. *Description by researcher of a room in a Cork hostel which had been designated for a couple and their baby.*

One respondent, who has since moved out of direct provision, had lived in a single room with her husband, baby and six year old child. She described how confinement within the room caused conflicts and tensions; '*if the baby's sleeping and my son is talking I tell him shut-up. We get on each other's nerves…in a small space it's hard*'. Her six year old son found it difficult to sleep properly in this context as when the baby woke, everybody was woken:

He was always tired and cranky ... sometimes he couldn't go to school the next day.

Another respondent who shared one hostel room with her husband, baby and toddler described how the lack of space contributed to behavioural problems in her older child; *'When the baby would start crying, he would say '... mummy get rid of him ... if he's crying ... mummy beat him.'* The older child's, resentment of the baby was exasperated by life in close quarters. He found it more difficult to cope with confinement than did adults:

You get irritated easily ... this effects the older more as she gets offended if we are irritated and we can be unjust to her ... at home she had her own room ... more space.

Over-crowding and confinement result in a range of day-to-day tensions and pressures which affect the psychological well-being of parents and children. The lack of privacy in family life made it difficult for parents and children alike.

Disrupted socialisation and parenting

In moving from their country of origin to Ireland as a country of asylum, children have experienced significant disruption to their socialisation. Socialisation is the process by which adults within a family or community transmit to children the values, traditions, role expectations and competencies of their culture. The family is the primary agent of socialisation, involved in teaching the child about 'the way the world is'. In the face of overwhelming events children can be affected by events themselves or through its influence on family functioning.[37] As one parent commented:

... when you put a child in normal conditions that child will be normal, when you put a child in crazy conditions that child may be crazy

Outside the confines of the bedroom in many direct provision hotels or hostels, space is communal and this can be a

[37] Ager A. (1996), p.162-172.

source of frustration, anger and anxiety within and between families who share little in common - such as language or community of origin - except the experience of seeking asylum. One father explained how this feels. *"Sometimes you become nervous, maybe you become angry. You don't know who you'll be angry with ...*'. Another explains, *"You see some people ... their behaviour (is not of them) ... but out of frustration ... when you are not settled in mind, your behaviour changes"*.

A hostel common room on a winter's evening
On arrival in …, the place was very busy, with many people coming and going, both children and adults. It was very, very noisy. English classes (volunteers) started at about 7.30. These classes are held in the common room so there is little privacy. Children are running in and out at all times, and the television remains on with people watching it. One mother was handed tissues by the manageress and told to wipe her 2 year old son's nose. While the English classes were going on, (the boy of mother being interviewed, 2.5 years), along with another girl of the same age, started playing the piano. When another woman tried to stop them because of the English classes, they shouted 'Go away' a number of times. This scene continued for a good 5 minutes. The woman, finally, asked the mother to intervene and she got the children to stop playing the piano. The boy of a respondent, was crying on a number of occasions during the half hour, claiming that other children had hit him. I asked why the English classes were being taught in this room and was told it was the only warm room available. One of the residents was using the television to watch an over 18s video. There was much violence and cursing, completely unsuited to young children, but children were watching and enjoying it. None of the adults intervened to stop them from watching it. The children all seemed to be other people's children and so nobody cared that the film was not suitable.' The mother talked of how it stressed her learning bad things .... *Observation notes, Cork Researcher.*

There is a lack of appropriate space to play for children in hostel accommodation. In some cases children can only play in the family room. Communal areas were described by some parents as unsafe for children: *Children are not protected…for example; an adult can shout at the child ... he is not protected ... because people are nervous here. Sometimes adult people don't pay attention that (my son) is a teenager, only a teenager …*

Parents described how the tensions within hostels detrimentally impacted on family life. One stated; *"…it is very difficult to control children here, ... there is much fighting between them"*. This fighting then carries up to the adults when a parent accuses someone else's child of doing something to their child. *"... one of us always had to be with the children to protect them from other people ..."*. Conflicts between families frequently last beyond the time period of the argument adding to the tension of hostel life.

Children reported becoming very upset as a result of conflict or being shouted at or verbally abused by non-parental adults. One 13-year-old boy said he coped with such situations by withdrawing and ignoring families that caused his distress. Stress had a negative impact on children's health. One mother told of how, for her son *'... there were several families here that were cruel to him ... because of the stress he had some problems with his stomach. It was very difficult ... he stayed in his room for several days, could even be for weeks ... didn't go out…it was a very difficult problem'*. Another parent explained *'This place is too noisy for my daughter. She can't pass the dining room for if someone moves too sharply, especially if adults shout at children, she is nervous'*. She tried keeping her in the room. One parent explained, *"Adult people can cope with such stressful situations, but for children, less'*

Parenting is extremely difficult in such circumstances. One parent stated:

I'm not in control, I'm not bringing my child the way I want, there's so many people interfering ...

Parents and children struggle with the task of acculturation in this environment. Acculturation is a term that refers to psychological adaptation for collective groups and individuals as a result of living in a new culture, with political, economic, social, and lifestyle changes. It involves cultural exchange, such as in behaviour, identity, language and values, and most changes occur in the non-dominant group as a result of influence from the dominant group.[38] Within the restrictive confines of hotel life, where parents compete for their children's attention, this acculturation process is particularly stressful. One mother talked about how her six-year-old son's exposure to Irish culture was through the lens of older children in the hotel, which he then brought to the school classroom. This mother describes the extreme difficulty she faces as a parent, 'without tools', in this context.

There was a situation, the word 'fuck' ... very popular in ... Hotel. My son, he brought this word to school ... the teacher ask me if he bring this word from Lithuania ... but the older children in ... Hotel, they think it's alright...good to say this ... 16 year old ... teach younger children how they should be Irish people ... so I just stopped to let David play with the other children, I just keep him in the room. ... I knew it was not the solution to keep the boy in the room ... I try to make home for him in this one room ...do something for him ... I tried to be more authority for him than these children, tried to organise something in this small room ... 'this is your home where you should look for examples to how you should behave yourself...' ... It was very big competition, there you have children, running, free, screaming, doing whatever they want and then you have your mother who wants you to be a nice boy and sit with her...if I will have possibilities to do something extra ... cinema ... buy him a bicycle to take his mind away, to show him look I am your mother I can do cool things better than these children and I can do it right without these words and we can be a family and love each other and play together ... but how long can you talk, (do). drawing ... reading the books ... you need a place where you can go, interesting things which you can show them ... but you need money for this also ... he wants something more, I couldn't give him the more ... I felt hopeless, with no more tools to do this ..."

Eventually she was compelled to allow her son go back and play with the children in the hotel.

Parents struggled to explain to their children why they found themselves in such circumstances. A mother living with three children in one room stated:

Sometimes you have to explain to your children things that other children don't have to be sorry about...why we came here ... why we left our home country ... when we move to our own house, when will they have their own room ... and you have to explain and it is very difficult'. ... children dream about that ... when they can have their own rooms.

[38] Berry, (1991), p 20-38

Developmental impact on children

The conditions of living on direct provision impact on children's developmental tasks. As was seen in the discussion on diet and nutrition, lack of appropriate food in the hotel and lack of money to buy sufficient alternative food impacts on tasks of weaning. Infant's vaccinations present a crisis for some families. One father said angrily; *'To bring the twins for vaccination, a taxi is £7 ... ok you are paying me £15, and I am paying £7 to bring them for vaccination, how much do I have left…?*

Parents experienced difficulties in toilet training young children. One mother explained her son was still wearing Pampers *'because he won't use the potty'*. It was difficult to imagine where in the available space of the bedroom this mother could make a consistent place for potty training, and it is impossible outside the confines of the family room. Another parent told how her 3-year-old had been toilet trained since she was 1 year 2 months, except for wearing nappies at night. As a result of having to change rooms a number of times in the hotel, her toddler had regressed and was now back in nappies fulltime. Another parent told how her daughter had constipation, a health problem the mother attributes to stress. In particular, she says the toilet is very close and her daughter, aged 8, "*is ashamed to go to the toilet because it is very audible in the room"*.

Language development is complicated for pre-school aged children in a multi-lingual environment. In 'direct provision' hotels and hostels, languages range from African to East European, Arabic and English. One parent expressed concern that *"It is hard for them to distinguish what is English and what is not*". Difficulties with language can have a long term impact on the ability of minority language children to successfully negotiate school and although colloquial English is learnt quickly, some research indicates it takes children 4-5 years to master the language skills needed for academic success, and this necessitates special support.[39] There is controversy whether minority language children are best supported academically by being immersed in the English language exclusively[40] or whether children should be provided with a firm grounding in basic literacy and numerical skills in the child's home language promotes later academic achievement.[41] Given that asylum seeker pre-school children can be one year or more (at present) in direct provision, this has developmental and educational implications.

For older children and adolescents, one of the greatest difficulties they report is living in the same room with their parents. One 11-year-old girl told how she shares a room with her mother and her two brothers aged 8 and 5 years. She explained:

Children my age, we live in one room with my parents. I don't have my own room, you can't sit in your room and do what you want, it's very difficult.

A 13-year-old boy who shared a room with his mother and father expressed his frustrations about accommodation:

At the start, there was plenty of rooms but with more people coming, you have to be parents and children in the room … you need your own room, to listen to music ... you get tired from small

[39] Wong-Fillmore (1985)
[40] Krashen. (1996)
[41] Rossell & Baker (1996), Hakuta, (1998)

places; a table there, chair there; your can't walk, you need more space. Back home, we had a large house, I had my own room. Three people can't live in one room for three months. It is a crazy house.

The enforced dependence and lack of private space for adolescents at an important time in their psychological and sexual development is experienced as stressful. It also makes it difficult for children and adolescents to develop friendships with peers. One 13-year-old girl explained:

I have two friends in Glanmire, but I can't invite them here, it is a hotel, ... I'm not sure you would be allowed, but you can't sit in one room ... everybody else has their own house, they invite you for birthday party but here ... I feel sad.

Adolescents felt that they had a lesser status than other children. They discussed perceptions that 'asylum seeker' was a negative label. One mother talked of the internal difficulties she felt her adolescent son was experiencing with respect to this:

Maybe there is a problem because he feels his status is low because his parents are refugees, his father does not work. He feels a bit of a complex about it e.g. he doesn't live in a house, he lives in a hotel. Children invite him to their house and he can't invite them back in return. ... He understands that from the point of talents he is not worse than those people but he still feels bad and depressed about it ...

Children's developmental status has been recognised by the UN Convention on the Rights of the Child as one of the pillars necessitating special rights legislation for children; the Preamble states "Bearing in mind that, the child, by reason of his physical and mental immaturity, needs special safeguards and care". This obliges state parties to support children's developmental needs.

Education

For parents and children on direct provision, the problems they experienced with respect to education were:

- Difficult or impossible to get pre-school facilities for children.
- Lack of parental involvement with school due to the distance of the hotel from the school and parents inability to meet transport costs.
- Lack of participation in after-school clubs or activities because of cost and transport difficulties;
- Difficulty making friends.
- No space to do homework in the bedroom
- Language difficulties

If families had to move from one direct provision centre to another, children had to move schools and settle in again.

Some children found that they had to negotiate relationships with teachers and principals without parental support because of the physical distance from their hostel/hotel. One 13-year-old girl who was in a class with 11 year olds found this difficult and upsetting. She negotiated directly with the principal herself because her parents could not afford transport to get to the school. Another girl told how:

(*My mother) missed the parent-teacher meeting because we had no car. A taxi is too expensive and that's how she missed it. There was a music festival in*

school and we couldn't go to that either because of transport.

Children demonstrated considerable resilience on a day to day basis - in negotiating with teachers, translating for parents, working to make friends and trying hard to settle in school - in the face of future uncertainty. Where any support was forthcoming they found these tasks easier. In environments lacking such support, the ability of children to participate in communities was impeded.

The construction of dependency

The deprivation experienced by asylum seekers in direct provision is, in part, a result of administrative inflexibility within direct provision. A number of respondents reported the imposition of arbitrary restrictions by hostel staff which made their day to day lives more difficult.

Some respondents, who had lived in more than one hostel pointed to inconsistencies in terms of what was provided. These were seen to lead to inequalities and inconsistencies about the level of resources made available to asylum seekers. Such inconsistencies were most prevalent in the case of responses to children. Depending on what was or was not provided by the hostel - examples of good practice included the provision of pampers at cost price to residents, the availability of milk for babies' bottles - families experienced different levels of deprivation.

Institutionalisation and dependency

Asylum seeker parents in direct provision have little sense of control and autonomy over their daily existence and future. They must ask permission for everything. Their lives in hostels are ones of enforced dependency upon others. Such dependency may be unfamiliar and unsettling to a person who hitherto exercised considerable power and initiative.[42]

Enforced idleness and boredom are experienced as a 'disease' by asylum seekers. Such conditions contributed to lethargy, tiredness and depression, and contribute to the tense psychological atmosphere in hotels. One parent explained; *"People just wake up, eat, sleep, go do bed, do the same thing everyday.. You have no idea how long you will be there, no idea how long you can handle the situation ... sometimes it's depressing'.*

In this environment, respondents feel they become de-skilled. They are frustrated that the education, skills, and expertise they possess, their competence and knowledge has no value and they are deprived of the opportunity to participate in and contribute to Irish society:

You feel you are really part of the system. You are indoors all day so you don't develop yourself. You don't do anything, so you are a non-entity. You cannot contribute to this society. How can you meet people? The work environment makes you meet people, different people with different behaviours. 'Oh, that's the way to behave'. You need that education and knowledge before you can blend, so that you don't look like a non-entity'

***

'It is very good for adaptation period, then you adapt, it interferes rather than helps; you need more freedom ... We are grateful to Irish people for all

[42] Bracken et al (1996).

their support and help to start life anew but we are able to do more for ourselves. I have the ability to help myself. With time, this type of help starts to press on you and you feel handicapped.

The 'infantalisation' of parents

Parents in 'direct provision' must ask permission for everything. Respondents discussed how this lack of autonomy detrimentally impacted on their relationships with their children. Some discussed how their parental authority was undermined by their lack of control or influence over matters which affected the day to day lives of their children. They discussed how their children perceived them as unable to protect them anymore. Some discussed being blamed by their children who identified hostel staff as authority figures in the lives of the family. One respondent described her son shouting at his father who lit a fire in a fireplace at the hostel:

Our son, he ask us what have you done, now S-- or someone from the hotel they will come here and THEN they will TELL you what have you done and they will yell at you ... punish you ...' ... and then we realise, we thought he doesn't understand what is going on, what is this feelings we talked about and then we realise- he can understand everything and he really knows that he is not the person who is welcome here….that he is the person that has to be afraid and that he will do something wrong he can be punished by S__, by the management of the hotel. People who are in charge here ... so children realise that, they feel that, they feel this from you and from other people that are in the same situation.

Some respondents described how their own loss of independence in day-to-day life in hostels meant that that they could not provide positive role models for their children:

"... usually parents are an example to fall on, and they (children) see here we can't set a good example for them. Children feel their parents are weak, they are in trouble, they don't have a good social status and so on, and they have worries. They compare them with other children's parents; 'If you are so nice and so clever, why don't you have other nice things like those parents'. Children become very critical to their parents ...

They described how parental authority and respect for parents was undermined by hostel life:

… your children need something and you have to beg ... it really makes you feel like the worst kind of person ... and you can't be a good example for your children, they will ask you 'why this woman yell on you, why you let her do this? You are my mother, you are my father, you shouldn't do this, I want you to be strong'. You know what I mean ... this is what sometimes makes you look at your children and go 'do I want this for my family?' ... and they will feel it also too, when they go to school, they will feel like worst children ... because they are different ... because they don't speak English so well, because they live in ... Hotel and everybody knows that.

In some cases, the parents became dependent upon their children within hostels where their children acted as translators and therefore intermediaries between the parents and the hostel authorities. In such cases, parents felt that could not protect their children from adult worries and anxieties. One

respondent explained that it was inappropriate for children to have to act as translators on an everyday basis:

Maybe in an emergency situation this is O.K., such as, going to the hospital and having to translate, but not for everything ... they should be allowed to be children..."

Insecurity and displacement

Respondents living in hostels reported feelings of insecurity because of a constant fear of being moved from room to room within hostels at 'the whim of management'. Families reported being displaced from their rooms to make way for new arrivals often at, one or two days notice. Sometimes families were displaced to smaller rooms to make way for newly arrived larger families. The problems experienced by asylum seekers were sometimes the result of real pressures to provide hostel accommodation. For instance when one hostel[43] in Cork was closed after a fire inspection about 100 residents had to immediately be re-housed.

Yet one of the families, which consisted of two parents and their two daughters affected by this incident stated that this was the fifth time they had been moved. Both girls, aged nine and fourteen years of age respectively, once again had to share a room with their parents. The hostel which had been closed had been designated for use by families. The families who had been relocated expressed anxieties about moving to hostels which were of mixed single person and family occupancy and which were therefore less equipped for the needs of children. Some were concerned about the safety of their children as a result of having to share facilities with strangers.

The circumstances in one of the hostels where respondents lived were described by the Gardaí in a report to the Department of Justice, Equality and Law Reform as volatile, and dangerous. A Garda source described difficulties resulting from overcrowding, religious tension between groups and frustrations at restrictions on residents at North Quay Place in Cork, in the following terms:[44]

We feel the situation has become quite explosive - a time bomb, you might say - and there is a danger that someone will be hurt or injured unless the numbers in the complex are reduced.

Respondents reported fears of displacement undermined their sense of control and belonging and safety within the hostel. Such experiences reinforced a sense that everything about their lives was impermanent and unstable. They undermined the ability of parents to provide a sense of security and safety for their children:

I don't want to mess the head of my boy ... I want to protect him, make a kind of home for this room.

The threat of relocation within the hostel caused tensions in their day-to-day lives. Parents spoke frequently and at length about how such issues detrimentally affected their children's well being. As explained by one respondent:

When we first came here, we were moved into a really nice room, then after a time, we were moved to an even nicer, more spacious room, it was a room for five people and we were only

[43] Morrison's Island Hotel

[44] Irish Times (13 March 2001)

three, we were really happy, ... there was a lot more space for J. to play ... after some time we were moved again to a smaller room ... when we first came, J. only used nappies at night…as we moved around this got worse and worse ... we had to use nappies all the time..."

Powerlessness and intimidation

Many respondents described feelings of powerlessness as a result of the instability of hostel life. One respondent described such feelings in terms of an inability to protect her child. She described these feelings in her account of a discussion with a staff member about the needs of her son:

"You should think about protecting your boy before you choose asylum seeker life ... you know if you come into the machine you have to play with the rules that you are nobody and if we want to move you, you should move ... it wasn't exactly the words…the meaning of the words ... it's too late to protect your son now…you are already living in the hotel ... it isn't safe ... you are intruder ... you are depend on managers' idea ... if they have the idea to mix the rooms because we can fit more people"

Some respondents complained of intimidation by hostel staff. This included threats of removal from their room. For example, one respondent who complained to hostel staff when told she and her family must move from an outbuilding they shared with other asylum seekers to another part of the premises was threatened in the following terms:

If you do not move by yourself ... maybe we will give you a black family you will not like or a gypsy family ... it was like threat.

Other respondents discussed how staff went into the rooms of asylum seekers and removed personal belongings such as heaters. One respondent described how another hostel resident was shouted at by a hostel staff member, in front of other residents, for using electricity in her room. In this case the staff member had entered the room of the asylum seeker without permission and removed an electric heater, which was the property of the asylum seeker, while she was at dinner. Such experiences were described by respondents as humiliating:

While D-- was at dinner, the management of the hotel went in to her room and took her private heater. They told her that it was using too much electricity (privacy - the management can walk in at any time) "... the hotel is B--'s property, so B--- can do whatever she wants, it doesn't matter if it's your private thing or not ... she is yelling at D-- 'you bad person' ... every person around they could hear it ... (the manager) was screaming at D-- ... and then the talk 'Oh what has D-- done?' everybody hear ... it's not nice when people treat you like this.

Other respondents discussed expectations of being punished by hostel staff. This climate is, to a degree a product of the manner in which hostels are regulated. The contract document prepared by the Department of Justice, Equality and Law Reform fosters an expectation that asylum seekers are to be subordinate to hostel managers and staff.[45] It contains a procedure for disciplining hostel residents without any corresponding emphasis on a procedure for dealing with the grievances of asylum seekers.

[45] Memorandum of Understanding (sample contract document) prepared by Directorate for Refugee and Asylum Support Services.

It allows hostel managers and staff to define what might be deemed unacceptable behaviour. It encourages the use of verbal warnings to asylum seekers who are deemed by managers and staff to misbehave. The language used to describe asylum seekers within this document - 'perpetrator' and 'offending party' - contributes to an expectation that asylum seekers have no rights to be heard. Nowhere is it mentioned that asylum seekers have a right to redress in the case of mistreatment in hostels.

Extract from sample contract document prepared by Directorate for Refugee and Asylum Support Services

It is proposed that the proprietor, or nominated agent, when dealing with any complaints or incidents of misbehaviour from asylum seekers resident at the centre should adhere to the following procedures.

1. The person/persons responsible for the unacceptable behaviour will be given one official verbal warning and advised to modify their behaviour.

2. If the situation is not resolved following the unofficial verbal warning the perpetrator will be given an official verbal warning of which a record should be kept

3. If the matter remains unresolved an official written warning will be given to those person/persons responsible for the disturbance. A copy will be forwarded by fax to the DRASS at fax number (01) 418 3220 and a further copy will be retained by the proprietor.

4. If further action is warranted the proprietor will forward a report on the matter to DRASS by fax and the DRASS will set a suitable course of action in progress.

5. If the DRASS is unable to rectify the situation and if they deem it necessary they will remove and rehouse the offending party.

Chapter 4: Rebuilding lives: Asylum-seeking children and barriers to inclusion

This chapter examines the experiences of asylum-seeking children and families in Irish communities outside Dublin. Ireland is becoming an increasingly diverse society, to a considerable extent through the asylum process. In part, this is due to the absence of coherent immigration policies. It is also due to the constitutional rights of all persons born on the island of Ireland to Irish citizenship. Asylum seeker families form the nucleus of emergent diverse communities throughout Ireland.

This chapter draws upon 25 interviews with parents in Cork and Ennis, two 3 hour workshops with 18 children in Ennis, a workshop with 6 African parents in Cork and a workshop with 7 African parents in Limerick. It examines the experiences of families moving from 'direct provision' to living in the private rented sector. It compares these experiences with those of asylum-seeking families who came to Ireland before direct provision was introduced who live in the community and with those with leave to remain. The experiences of children and families reveal significant barriers to social inclusion. This chapter examines those barriers and argues for a redefinition of social exclusion, in the case of asylum-seeking children and other black and ethnic minority groups, which acknowledges racism and institutional racism alongside income poverty, unemployment and marginalisation from support networks as forms of social exclusion.

Asylum-seeking children in the community

There are three main groups of asylum seekers living in communities around Ireland, other than in 'direct provision'. These are:

- Asylum seekers who arrived pre-'direct provision':
- Asylum seekers granted 'leave to remain'
- Asylum seekers given permission to leave 'direct provision', e.g. on health grounds:

The numbers of asylum-seeking children living in community settings are now considerable. It is not easy to ascertain the number of asylum-seeking children who live in families who have received 'leave to remain' as the result of the birth of an Irish born child into their family due to inconsistent levels of recording. However, from the beginning of 1996 to the end of 2000, it is estimated a total of 2,385 individuals were granted 'leave to remain' in Ireland as the result of the constitutional rights of their Irish born children.[46] Of these families, 51 percent had more than one child and 19 percent had more than two children.

Fig 1: Number of asylum seeker applicants who have been granted 'leave to remain' due to the birth of an Irish born child

Year	*Number*
1996	142
1997	107
1998	Applications not processed during 1998 as a review in policy was taking place at that time.
1999	1227
2000	909

[46] Department of Justice, Equality and Law Reform (March 2001)

The Department of Justice, Equality and Law Reform does not consistently maintain statistics on people with 'leave to remain' detailing countries and communities of origin. However, the Department conducted an internal exercise which examined the origins of persons granted leave to remain from August to December 2000. This found that almost half the Irish-born children were born to Nigerian families and nearly one quarter were born to Romanian families.

Fig 2: Country of origin of asylum seekers granted leave to remain as the result of an Irish born child between August and December 2000

Nigeria	46%
Romania	23%
Angola	3%
Bulgaria	1%
Somalia	1%
All other countries	26%

Perceptions of asylum seekers of poverty and exclusion

Self-perceptions of poverty

Almost all respondents, including those not in 'direct provision' discussed difficulties in meeting basic needs. A number of respondents resisted being labelled as poor. Some referred to the stigma associated with poverty in their communities of origin and discussed a desire not to be perceived as a dependant group in Ireland. Some discussed how they did not want to be perceived as a burden on Irish society. They wished to be allowed to contribute to Irish society.

Respondents tended not to use the word poverty without being prompted, though clearly a number of them were struggling to make ends meet. As stated by two respondents in a workshop in Ennis:

We don't know what poverty means here, so how can we say what we want and know that we are not asking for too much or too little? First we need to find out what poverty is in Ireland.'

'Why are you doing this research? I read about it in the newspapers. The government only need to look at our social welfare books to see how much money we have.

They tended not to make comparisons between their material circumstances and those of other groups in Irish society. To some extent this was because anxieties about their asylum claims or separation from family members overshadowed such concerns. To some extent the degree of isolation which many experienced from mainstream Irish society made it difficult for them to make direct comparisons.

Experiences of deprivation

Many respondents experienced an enforced absence or shortage of basic items such as food and clothes, considered by most people to be necessities. These difficulties were met by 'within household' processes of rationing where parents often had to forgo their own basic needs to ensure that those of their children were met to the greatest possible extent.

For example, one respondent described how the benefits they received did not cover the costs that they incurred. They had to make up the full cost of school uniforms from their benefits although they received the Back to school, uniform and footwear, Allowance. They were in receipt of the schoolbook scheme in the school but copybooks and pencils were not covered by this.

They had to pay for milk for their child at school. When they arrived they got a grant of £100 for winter clothes from the community welfare officer but struggled to cope with the cost of clothes on a weekly basis. They had received money for a pushchair for their three-year-old son on arrival but had been refused a grant from the community welfare officer to meet the cost of a pram for their newborn baby, now 8 months old. The pushchair did not meet the needs of their baby. They received a weekly fuel allowance of £8.00 but the coal they used cost more than £9.00 per week. They had to pay £6 per week to top up their rent allowance. The family estimated that the cost of the baby was £50 per week; far in excess of child benefit payments.

Asylum-seeking children living with their families in the private rented sector live in households where difficult choices about expenditure and rationing of necessities are an everyday occurrence. Parents expressed concern about the health of babies due to inadequate heating in accommodation in some cases. One respondent described rationing coal and electricity. Another described her inability to affords heating for her baby:

My house is very cold, it is old, it is too cold for the baby. The Health Board say I have to stay there, they won't do anything.

A number of respondents entitled to the medical card described having to pay for medicines not on the community drugs scheme list. This list excludes items such as many cough remedies and vitamin supplements. One respondent described how on two occasions she had been prescribed medicines by her doctor not covered by the scheme.

Respondents dependant upon supplementary assistance shared many of the preoccupations of those dependant upon 'direct provision' about meeting the basic needs of their children. When asked what would they do if they had an extra £100 most of those who replied that they would buy essentials for their children. A number of respondents stated they would buy toys.

Fig 3: Immediate needs of respondents in receipt of social assistance

Q. If you were given a hundred pounds what would you spend it on?
Buy something for my baby or a rug for the sitting room. Cold floor, baby cannot crawl around
Present for my son for his birthday in one week
Food and clothes for the baby, nappies.
Clothes and shoes for the baby, something for the kitchen
Food, clothes and toys
Food shopping
Clothes and toys for children
Clothes for myself and the baby
Food processor
Baby food, clothes for baby and then buggy

The experiences of such asylum seeker families are not very different from those of many low-income indigenous families dependant upon social welfare. However, asylum seekers experience a number of specific additional forms of exclusion as a result of racism and institutional barriers to the forms of support available to other marginal groups. Many are not permitted to take up employment. Asylum seekers with the right to work are not deemed entitled to state-funded employment and language training.

Moving from Direct Provision to the community

Moving from 'direct provision' to a community environment involves another transition for asylum-seeking

children and families. While all families welcomed the chance to leave hotel accommodation, the move to the private rented sector brought its own difficulties. Single mothers with newborn babies who had received 'leave to remain' experienced this as most stressful in the context of few supports. In a workshop exercise, parents identified the changing difficulties in the move from hotel to private rented accommodation as follows:

Fig 4: Timeline exercise

Direct Provision	Private Rented Sector
'Don't know how long we must wait', boredom, some sense of community, apply for a house; rejection, depressed, discouraged, appeal refusal to move, granted permission to leave 'direct provision'	
	Exploitation by landlords, No 'right to work' Possible change of schools, stress about bills, "ration" electric light, 'begging" from social welfare', difficult to make friends with Irish people, ongoing uncertainty about legal status.

Accommodation

Asylum seekers allowed to leave direct provision predominantly live in private rented accommodation which they obtained by themselves, or more rarely, with the help of voluntary groups. Respondents encountered a number of barriers in obtaining such accommodation and it took many families months before they were able to obtain somewhere to live. Many experienced racism from prospective landlords. The forms of racism experienced by asylum seekers in the unregulated private rented sector have been well documented.[47] As put by one respondent:

'There are so many difficulties getting a place to live ... If landlords are not going to give us houses because they don't want a black person ... then the government should give houses to refugees.

For many respondents the extremely low levels of income they received in 'direct provision' made it difficult to save up for a deposit on rented accommodation. For example, one respondent living with his wife and two year old stepson in a hotel in Cork discussed his hopes of moving eventually to private rented accommodation. His wife was due to have a baby. The family had a total weekly income of £48.12, including child benefit. He explained that he would not be able to move out of the hostel unless he saved a sum amounting to one month's total income:

You must pay £600 (average rent) ... The social will give £400 ... you have to find £200.

Respondents discussed having to set aside money urgently needed for children so as to be able to provide them with a home. One woman who received leave to remain described how it took several months to save up the contribution which she was expected to make by the health board to the deposit for a house for herself and her family. She accumulated the £156 she needed to add to the £400 maximum, which the health board was willing to provide by putting aside her child benefit. She faced the monthly

[47] e.g.; Fanning, Loyal and Staunton (2000), p.26

task of trying to make up this shortfall between rent allowance received and the actual rent, from the families' total allocated social welfare.

Asylum-seeking families with 'leave to remain' received no help or support in resettlement and integration. Mothers with babies felt particularly vulnerable. One respondent described how she was compelled to move back into hostel after the birth of her baby because she could not cope. She was one of a number whose efforts to move out of direct provision ended in failure because of a lack of support:

It is a problem to find a private house ... you must find the house by yourself ... there is no Organisation ... the Social Welfare ... give you a permit and they just tell you how much money you can have ... everything else you find yourself.

Some mothers with babies talked of the severe isolation they felt, living in an area with no family, no friends, and the stress of meeting baby costs, rent, bills and transport from their social welfare allowance.

In summary, respondents cited a number of difficulties in finding accommodation. These included financial difficulties in raising the contribution they were expected to pay by the health board as a deposit, fears that they would not be able to pay their rents because of the discrepancies between rents and rent allowances, difficulties in accessing information, advice and support, language difficulties and racism from landlords. However, all respondents reported an improved quality of life as a result of moving from 'direct provision'. For example, 76 percent of households living in one bedroom accommodation were living in 'direct provision'. Almost 89 percent of households with living in accommodation with more than one bedroom were not living in 'direct provision' (Appendix Two: *Figure 5)*

Economic stress

All families in this study that had moved from 'direct provision' were still dependent on social welfare as their income source as they had not obtained the right to work. Economic stress as a result of making up rent payments and budgeting for bills was cited as the most significant stressor by parents, particularly those with young babies. Months or a year of living in 'direct provision' exasperated the stress of meeting these demands as a result of institutionalisation.

Child well being

Parents reported an improvement in their children's physical and psychological well being on movement from 'direct provision'. One adolescent summed it up in the simple word '*Freedom*!'. This was echoed by a parent, who said **'***The sense of freedom, and being able to cook your own food is immense'*. Compared to parents in 'direct provision', respondents who lived in the private rented sector had fewer concerns about the children's diet. Of those living in 'direct provision' who answered a question about their concerns about their children's diet 85 percent expressed concerns about this. This compared with just 37 percent of those not living in 'direct provision' (*Appendix Two: Figure 6)*. For parents, the biggest relief was a restoration of power over the environment and daily decisions that affect their children's lives.

Social relations
Many families lose contact with the social networks they had built up in hotels once they move into private rented accommodation. They have to start again. There is a positive side to this; the possibility to forge a new, positive identity in the community of settlement. The negative side can be overwhelming isolation, in other cases, racism and hostility.

Respondents spoke of new possibilities of participation in Irish society. One Lithuanian mother stated that now that people did not automatically assume that she was an asylum seeker - as they did when she lived in a hostel - she felt safer and more accepted:

The neighbours don't know who you are. In Glounthaune, everybody in the shop, in the church, in school, in play school, everybody knows you are asylum seeker ... now because a lot of foreigners are living here, they don't ask if you are asylum seeker.

Another spoke of her relief of no longer being identified with the hostel for asylum seekers:

Those people don't know I am asylum seeker ... they know I am a stranger but they don't know I am asylum seeker ... it's the better way for me and for them, and they don't ask.

However, another woman still experienced integrating in the community as difficult.

There are always questions when we tell them we are asylum seekers ... what happened to you ... it is a very personal question ... everybody must realise if you leave your country, everything you know, and you start a completely new life, you don't know what will happen to you, so you have to have some reason.

Parents and children overwhelmingly favoured living in private rented accommodation over living in hostels. They described a 'sense of freedom', of empowerment and even euphoria on leaving direct provision. For one 'it was like moving from hell to heaven'. Qualitative accounts of the differences between life in 'direct provision' and life on supplementary assistance in the private rented sector repeatedly emphasised the restoration of freedom over day-to-day life. As put by one respondent; *'nobody can tell you to move rooms'.*

Rebuilding lives

Rights and access to employment
A number of respondents identified dependence on social welfare as a barrier to integration in Irish society. Some respondents described welfare dependency as a barrier to parents having a respected position in the community and to having the respect of their children. One 14-year-old girl commented **'***It's easy for us children, we go to school five days a week. For parents, its not easy…you have to go to work.*' Barriers to employment were perceived as undermining rights to a positive identity and as well as impeding acculturation and integration.

Parents without the right to work reported that they felt frustrated. Asylum seekers potentially experience greater degrees of social exclusion than many other vulnerable groups in Irish society because of language difficulties, racism and institutional barriers caused by having fewer rights and entitlements.

A number of respondents described the lack of rights to education and training as barriers to employment. One respondents stated; '*I am an economist and I worked with computers. I would like to work but first I must learn English'*. Another respondent in a household with 'leave to remain' described how her husband was *'not being allowed to work'*. Asylum seekers with 'leave to remain' do become entitled to work but only after they receive official confirmation of their status and are issued their 'green book'. All respondents with 'leave to remain' were unemployed. Unemployment was identified as a stress factor on asylum seeker men by a number of respondents. Many respondents came from countries of origin where there are no social welfare systems and experienced welfare dependency in Ireland as a stigma.

Female-headed families experienced additional barriers to employment because of the absence of childcare. One mother, with two young children, argued:

There is a big need for childcare so mothers can go to school and so they can manage for themselves. They are very stuck otherwise. More childcare is needed. It would change the lives of the women.

Respondents spoke about how unemployment undermined their self-esteem and undermined their parenting. One respondent described her husband's feelings about being unable to provide for his children saying; *'it pains him very much'*. One father explained such feelings in the following terms:

If your child asks you for something and you cannot give - the child will tell you are not a good father, he will not understand. When your child needs something, or ... sees other children playing with something and says 'please Daddy, I need that' and you are begging your child; 'Please don't cry. With time things will get better'. When you say that the first time, the second time your child will never believe you again. That is the time when the child is thinking (he) ... cannot respect their elder.

Some respondents described the exclusionary consequences of unemployment:

Not working cuts you off from the community you are living in, how are you expected to meet people?

Economic exclusion as experienced by parents impacts directly on the lives of their children.

Children, integration and barriers to inclusion

Children face social exclusion, in terms of an inability to participate fully in society, as a result of parental unemployment and income poverty. Children face distinct forms of social exclusion which impact upon their education, individual development and well-being. A number of qualitative indicators of child deprivation focus on barriers to participation in play, leisure, educational and cultural activities ordinarily enjoyed by other children. Others focus upon specific experiences of material deprivation by children.[48] Children also face social exclusion where they are part of a disempowered group.

[48] *Op cit* Nolan B (2000), p. xxiii

Asylum-seeking children experienced income poverty as a barrier to integration. One respondent, dependent upon social welfare explained that there was not enough money to allow their children to get involved in activities that Irish children participate in. She spoke of how the school sent her eight-year-old daughter home with details of clubs and after school activities but they could not afford to allow her child to join.

Another respondent, living on supplementary assistance with her husband and three children, described how she paid £22 every three months for her eight year old daughter to take music lessons. She described these lessons as very important to the development of the child.

One teenager discussed the obstacles he faced in participating in sport. The cost of a year's membership in the football team he played for was £28 pounds. A separated child discussed difficulties he faced in developing his musical talents:

I want to do music. Rap. Singing. Can you fix it for me? I knocked on the door of the music studio across the road from school – but no – one was there. Can they help? I went to Music Makers, they asked me what kind of music I liked, I said rap, but they don't do my music and don't know anything about it. I can do music in school – but I don't play – I'm into rap, singing.

Cultural differences were reflected on by some parents. Some respondents discussed how their children were restricted in Ireland in ways which they were not in their communities of origin:

Parents in Ireland are more worried about their children. They always need to be in control of them. In Somalia, children play outside and the mother is not worried. An eight year old can look after a four year old. Irish parents are very protective. Sometimes people look at me like I'm crazy because I let my children outside. My children are more independent. When I go to the pool I let my children dress themselves. I see other mothers with older children and they are still dressing them ... I find it odd and feel sorry for the mothers.

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The main difference (in childcare) is that here, there are more toys and stuff. Perhaps it is important because children can't play outside ... The bad weather means they need toys ... That is the only explanation I can think of.

In some cases parents felt they had to restrict their children because of fears that they would encounter racism. Respondents discussed feeling unsafe themselves because of racism and worried about their children.

Integration and education

Education was identified by parents as vital to overcoming the marginalisation of their children within Irish society. In some cases schools have played an important role in the integration of asylum-seeking children. For example, asylum-seeking children attending a school in Ennis participated in a social mapping exercise which indicated that they had developed friendships outside their community of origin. When asked to name their three best friends the children did not distinguish between Irish and other children as friends. All but one of the group, which included African and East European children, could name three friends. When asked about places that were important for children, they named school clubs, the judo hall and the sports field where after-school activities were held. In

this case the school clearly acknowledged and celebrated cultural diversity. The main corridor of the school had a map of the world, indicating the countries of origin of pupils and a number of images depicting their communities of origin.

At the same time respondents also identified education as a site of exclusion. A few respondents described difficulties in having their children accepted into schools near where they lived. One respondent described how the involvement of a voluntary organisation was necessary to convince the head teacher to allow her children to attend the school. The head teacher had initially refused access to the children because they arrived mid-year. Language difficulties were cited as a significant barrier for children to participate fully in school. One mother talked of her 6 year old son's experience of sitting in class as '*What he say, What she say'*? She said her son had not received English classes and on at least one occasion when she visited the school, she found her son segregated from the main activity of the classroom.

There were three (asylum seeker) boys in Junior infants. The teacher was sitting with the Irish children reading letters. The three boys were in another corner playing with blocks because they couldn't understand. How will they come to understand if they don't do the same as other children? I thought school shouldn't be like this for my son, he should sit with other children.

Most parents reported their child did receive some language support but resource implications for schools determine the quality of support children receive. It is Department of Education policy that a school is supplied with a special English teacher if there are 15 or more asylum-seeking children attending the school. A grant of £7,000 is given to the school to supply a part-time English teacher if the numbers are more than 7 children. If there are less than 7 children, the school receives no extra support and any extra support to children is up to the goodwill of individual teachers. Language ability affects all aspects of school life. One 13-year-old boy said:

I am finding it difficult in school ... Making friends is ok but talking to people is difficult. I just stay on my own. I get left alone in school because I don't have good English. I can't talk fast.

One 16-year-old adolescent in secondary school could speak colloquial English but his written English was very poor. He was extremely marginalized at school:

I don't understand homework, and the teacher doesn't ask me for it, knowing I can't do it.

Some parents and children described how older children had much more negative experiences at school than younger children as a result of racism. A 10-year-old West African girl in Ennis *said; 'most people are nice. Some people are not nice. S…'s big brother shouts the 'n…' word after me when I call to her house* (said shyly).

Some parents with older children expressed anxieties about peer pressures at school. For example, one respondent from Angola discussed pressures on her 14-year-old sister to smoke and drink. Cultural differences were also raised as a difficulty that parents experienced in communicating their concerns with the school. A number of respondents felt that their

children should be included in classes most appropriate to their ability rather than their age. A Muslim respondent expressed concerns that her child 'was coming home with Christian prayers'. A few respondents stated that they found it difficult to talk to teachers and that they feared, in the words of one respondent, that in any dispute between immigrant and Irish cultures the 'native ethos would win hands down'.

Pre-school facilities and language support

Respondents with small children spoke of their frustration with the lack of pre-school facilities, which they saw as important both for children's development and language acquisition and their integration in Irish society. Cross-ethnic friendships, acceptance and belonging occur easily at a pre-school stage and are negotiated easily by children in the dominant group compared to later in the school system. Diverse group pre-school education could benefit both communities of children[49].

One respondent found free pre-school places but faced difficulties in availing of these because of transport costs. She described how her husband walked forty minutes each way with their four-year-old son to the only preschool place available at no cost. One Southern African respondent, living on supplementary assistance, described how she paid £27 per week so that her 3-year-old child would learn to speak English. She said it was important that her son attended a crèche with Irish children; *'If he stay at home all the time he can't talk English'*. The respondent was not in a position to support the English language acquisition of her child because she did not have access to sufficient language support for herself. As an asylum seeker she was not entitled to state funded intensive language classes (20 hours per week) which were being provided by the local Vocational Educational Committee and the Refugee Language Support Unit (RLSU).

Another respondent, with refugee status, discussed how language classes provided on a voluntary basis for a few hours per week compared unfavourably with the RLSU classes she was now receiving.

Psychological support

Acculturation can be stressful for children and can impact negatively on their mental health. The majority of parents outside 'direct provision' did not express direct concerns about their children's psychological well being. There were some concerns about psychosomatic heath problems or reported behavioural difficulties in school. In such cases, parents attributed these to the family's situation, the uncertainty of their socio-political status, experiences of upheaval, transitions and adapting to a new environment. Only one respondent sought specialised psychological intervention for a child. Her eight-year-old daughter had suffered considerable pre-migration trauma, and had become very shy and withdrawn in school. She emphasised the importance of therapeutic support her daughter now received through weekly meetings with a psychologist.

Parents reported low levels of child distress. However in workshops with children, it was evident that some children were experiencing enormous difficulty in making sense of their

[49] Howes and Wu, (1990), p. 537-541.

social world, and children had to struggle with losses of family and culture. In one social mapping exercise, in which children were asked to list 'people that are important to you/places that are important', children named the local school and church. They then mentioned London, Manchester and Africa as important places because these were places where cousins and relatives lived. Some children had witnessed traumatic events in their country of origin and these were mentioned spontaneously in conversations about people left behind. Punamaki (1997) argues that the meaning attributed to stressful experience can be critical in determining its impact on psychological adjustment.[50] A specialised, therapeutic relationship is not always necessary or even desirable. Interpretative support may come from the family and community. Ager (1996) argues that appropriate interventions for asylum-seeking and refugee children include strengthening the systems which support them, such as family networks, programmes to restore social relations, and facilitating asylum seekers to strengthen their own support systems.[51] For children in school, teachers can play a pivotal role in helping asylum-seeking and host children bridge their two cultural worlds, thereby supporting the re-emergence of trust and social confidence. One mother suggested '*There should be a NASC for children'*, that is, a place where children can meet other children and be given information and help to access activities for children in the host community.

Integration is important for the long-term mental health of asylum-seeking children. Successful integration involves developing and maintaining social relations with the host community while valuing one's own cultural identity and characteristics.[52] Integration implies a high positive identification with both cultures. The socio-political environment of the host country is a key factor in facilitating children towards integration. Berry notes the consequences of a lack of emphasis upon the integration of asylum seekers:

In some cases, settlement policies have been clearly inappropriate; scattering or dispersal of families or communities during settlement wipes out needed social support and induces assimilation; ... health and social services are frequently culturally inappropriate; service providers are culturally ignorant or insensitive, and services may be much too short-lived to be of value. For children, attempts should be made to maintain their relationships with other family members, or, if this is not possible, with those who share their language, culture and identity.[53]

He argues that in countries without a well-formulated approach to meeting the needs of multicultural communities strong assimilative pressures can be imposed on children and families, which can lead to identity loss and marginalisation.

Asylum-seeking children in Ireland are experiencing a host culture that is unsure how to respond to this issue of integration. Arguably, strong political exclusionary forces operate towards asylum seeking parents with respect to the right to work; children experience social exclusion in the form of racism.

[50] Punamaki, (1997), p.718
[51] *Op cit* Ager, A (1996)
[52] *Op cit* Berry (1991)
[53] *Op cit* Berry (1991), p. 33.

Respondents identified that adolescent boys in particular can be subjected to abusive remarks or attacks, and that it can be stressful growing up between two cultures.

The 'whole' child: child-family-society

This section examines the broader context in which asylum-seeking children live, by focusing on social networks and family reunification, exclusion from participation in Irish society, racism and social exclusion and community support structures.

Loss of support networks

Respondents made comparisons between experiences of isolation and marginalisation in Ireland to the norms of their communities of origin. Some respondents discussed the loss of rich community life, support from families and extended families and a safer environment for children. Some respondents contrasted day-to-day experiences of isolation and exclusion they experienced with past experiences of family networks. As put by two respondents:

You have no friends, you have no neighbours, you have nothing here (14-year-old girl).

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The neighbours don't say hello even though we have been here a while.

Family reunification

Concerns about separation from other members of their families were raised again and again by respondents as causes of marginalisation and exclusion. One respondent, who had been separated from his wife and some of his children linked his inability to cope with the trauma of separation to feelings of powerlessness within the asylum process. He stated that he could not even contemplate trying to address his children's needs until his case had been determined. The trauma caused by separation from children undermined the ability of respondents to cope with life in Ireland. For example, one respondent described how she found it difficult to care for her baby and deal with the stress of contesting her application for asylum without the support of her husband and the presence of her other child:

I love my country but I do not like the system. I left one and a half years ago very suddenly. I did not even have time to speak to my husband and son. My husband and seven-year-old are in my own country. I am horribly homesick … Ireland is a very nice country. But I have depression so much. I am a little better now'. ' In May I closed my asylum case. I did not want to go over my story again. For half a year I had depression so much.

Many respondents stated that they were separated from children and partners who were still in their countries of origin or who had travelled to other countries as asylum seekers. Some were separated from dependent children. Others, such as separated children, women who had arrived with children but without their partners or families who had arrived without older children or relatives considered part of their household, had experienced a breakdown of networks of support. One respondent discussed separation from three of her children in terms of an inability to care for them:

I stay in contact by phone, but (it is) very expensive. I would split my money and send half to them, but how can I? It is not very much and how would I

know that it would get there? I don't know many people going to my country from Ireland so I can't ask them to take things with them.

Separation from family or household members was experienced as a breakdown in care relationships as well as a form of trauma. For example, another respondent discussed difficulties in managing day to day life in Ireland without the support of her family:

My main problem is not having my family with me. If my family join me I'll be happy.

Separated children were separated from parents and family. The circumstances of respondents who were separated children vary but in this study, both separated children interviewed were in foster care. They were 17 years of age. On reaching 18 years of age, their status as minors changes and they were unsure how this would affect them. Separated children are a particularly vulnerable group. They have needs arising from pre-migratory trauma, separation from family, loneliness and isolation. These stress factors may impact upon their lives in Ireland even when they are receiving support.

Exclusion from participation in Irish society

Respondents discussed experiences of social exclusion in terms of exclusion from participation in Irish society. For example, one respondent described this isolation in terms of not having even a single Irish friend:

Ireland … It is not easy for you to have a friend here. To be close to them is difficult.

Respondents described how children tended to fare better at establishing relationships outside the home. Some became proficient in English without difficulty through school. Children acquired cultural knowledge through regular contact with other children. Parents spoke about being left behind by their children and about difficulties in providing support for their children in their lives outside the home.

However, children also experienced difficulties in adapting to life in Ireland, learning the customs and fitting in. Children spoke about not knowing the customs of Halloween. When all the other children dressed up at school, they didn't know what was going on and felt upset and excluded. In another example, children described about not knowing that they should have brought sports uniforms to school and how they were left out of school activities as a result.

Racism and social exclusion

The vast majority of respondents stated that they had experienced some form of racism since arriving in Ireland. Some of those who managed to obtain private rented sector accommodation experienced racism from neighbours. For example, one respondent described being threatened by a neighbour:

My family was offered a house in certain area. The residents had an emergency meeting and asked the landlord not to let us live there. The landlord ignored the residents. When we were first there a resident came to the door and said that the children had walked on their grass and threatened to hit me. I just stood there calmly. It is very hard to live there and we fear to go in the garden.

Another respondent described having to move from private rented accommodation because of a lack of support in addressing racism from a neighbour:

The first house was for a short time. We had to leave because of the neighbours. There were problems. The Health Board said either they would have to move or us. I said we would go.

Some respondents discussed fears about going out and about in the areas where they lived. A separated child stated:

It's getting better now. Before, anytime we have to go in a group of 4 or 5. People call you niggers, calling you names, people call down from buildings nigger … It's always nigger. Now it is OK. At certain times of the day you can walk on your own.

Some discussed experiences of racism in accessing support in the communities where they lived. One woman who attended a training course described how the other trainees kept away from her 'like I have a virus'. Some described racism in accessing services. A few respondents described how doctors would talk to them as if they did not understand English. One described the body language of some health workers as hostile. A number described being spoken to harshly rather than sympathetically by health workers.

The racism encountered by parents impacted upon children. In some cases the fear of racism from neighbours resulted in parents not allowing their children out to play. Children were also direct victims of racism. Some black parents described how their children were called 'niggers' on the streets. Parents described having to discuss and explain racism to their children. A few described how they had intervened to address racism experienced by their children. One parent describes taking the following actions:

When my eldest daughter first went to (name of school) some students called her names – one girl in particular. I went to the teacher and the teacher talked generally to the whole school to address the problem. Then everything was fine. The same students threatened me – one day I saw this girl with her friends and they all joined hands in line along the road to stop me going by, and laughed at me. I know the girl. I told the girl that what she was doing was wrong. The girls went into a shop. I followed and told the girl what I thought of her. A woman witnessed the whole thing and also told the girl off. I told the school principal – the principal felt very bad about it'.

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'Very small children settle in quickly. My second daughter was bullied at a different school. I went to the school and they took it very seriously and it hasn't happened again.

A number of respondents stated that more should be done to address racism in education. As stated by a number of respondents in a group discussion:

Children at school should be lectured on how to deal with children from other countries. They are the same it is only the colour that is different.

Teachers need awareness of cultural difference.

Irish parents teach their children words like 'nigger' – the children take it up. Parents need awareness training.

African people should be employed to help in schools. This would mean someone on staff knows the issues and can help children and raise awareness of teachers.

Community support structures

Asylum seekers in the three locations where research was undertaken - Ennis, Limerick and Cork, depended upon the voluntary sector for day-to-day support. In each of these locations small voluntary organisations have developed to respond to the needs of asylum seekers. To a considerable extent their work in accessing support for asylum seekers can be characterised as 'filling the gaps' created by a minimalist approach to dispersal and working to ameliorate the income poverty caused by 'direct provision'.

Ennis has a long-established field office of the Irish Refugee Council which has supported asylum seekers in the town for a number of years prior to the dispersal programme. At the time the dispersal programme was introduced Ennis had a community of about 400 asylum seekers who had either arrived through Shannon Airport or, had moved from Dublin of their own accord. Dispersed asylum seekers only comprised a small proportion of asylum seekers in Ennis. However, from the introduction of 'direct provision' they have accounted for most of the work undertaken by the office. Simply put, asylum seekers in 'direct provision' have greater needs and are thus harder to help than asylum seekers in receipt of mainstream welfare entitlements. In this sense 'direct provision' placed a considerable burden upon existing voluntary services for asylum seekers. The role of the voluntary sector is, to an extent, one of redressing the exclusions resulting from direct provision and the absence of an emphasis on integration within the dispersal programme.

Asylum seekers in Ennis, Limerick and Cork depend upon voluntary groups to a considerable extent. Such groups play a vital role within the dispersal programme. They often take a leadership role in seeking to co-ordinate statutory and voluntary providers. They play an advocacy role in helping asylum seekers obtain benefits, such as exceptional needs payments, to which they are entitled. In some cases they provide a limited drop-in service for mothers and children: A women's group organised by Doras Luimní in Limerick met each week. In Ennis a similar group was described as follows:

The group is organised by Clare Women's Network. The group is for all nationalities, including Irish ... We talk while the children are playing. We ask questions and get information from each other. It gives mothers a break for two hours. We advertise the group by flyers in schools and shops – in places where we think they will go. If we see someone new, we will tell them about it. There is one other Mother and Toddler Group in Ennis. You have to pay to go to it.'

One respondent described the help she had received from the Irish Refugee Council in Ennis and discussed the pressures on the office to help a large number of asylum seekers:

At the beginning I found out (information) from other refugees – spread the word. Now there is a sheet with information. It needs to be expanded. After a while you can go to individual institutions – but the first step is the IRC. The IRC have so many

new people to deal with and it is not their job anyway to tell you about these things – I don't go there anymore so they can help others.

Voluntary organisations help families enrol their children in schools. They play a welfare role in supplementing 'direct provision' through the provision of second hand clothes and other necessities. Some asylum seekers who have moved from 'direct provision' received financial support from voluntary sector organisations in the communities where they lived. For example, one respondent living in Shannon with her baby described how St. Vincent de Paul filled up her central heating tank with oil and provided her with some furniture for her home. Where possible the asylum seeker support groups in Limerick, Cork and Ennis help asylum seekers obtain rented accommodation. They phone landlords on behalf of asylum seekers who cannot speak English or who fear being refused by landlords because they are black.

However, the limited scale of voluntary sector support has meant that many asylum seekers were unable to access information and advice they needed about their rights and entitlements. One respondent described the difficulties she faced in accessing support from statutory agencies:

W*hen I first came, the man from the Red Cross told me about entitlements. I heard about other things by word of mouth through friends, like Back to School Allowance. No one tells you these things. What you get depends on who you talk to in the agencies – some people have had benefits backdated others haven't.*

Some respondents depended upon their doctor and the health services to a considerable extent in the absence of alternative support networks. The high use and dependency upon doctors in one research location was indicative of post-migratory stress resulting from social exclusion as well as other factors.

The level of voluntary support available to asylum seekers in the different research locations was dependant upon the numbers of asylum seekers. Doras Luimní in Limerick was able to provide more support for asylum seekers than Cork where the numbers were much bigger. As a result families who obtained permission to leave hostel accommodation found it harder in Cork where there were considerably more asylum seekers and thus less support.

The response of voluntary sector groups, such as those in Ennis, Limerick and Cork, is frequently cited as examples of the welcome and support for asylum seekers which is to be found in Irish communities. At the same time, small poorly resourced asylum seeker support groups cannot be expected to take responsibility for much of the needs of asylum seekers in their communities.

Although some asylum seekers have obtained support from local churches and mainstream voluntary organisations such as St. Vincent de Paul, asylum seekers are often marginalized from many forms of voluntary sector support in their communities. For example, in Ennis, both statutory and voluntary bodies have in the past tended to expect that the Irish Refugee Council, with three voluntary workers, should take most of the responsibility for meeting the needs of several hundred asylum seekers. The barriers faced by asylum seekers in accessing services in the community

included the perception amongst service providers that asylum seekers were not their responsibility. As explained by one voluntary sector manager, services were publicised through parish newsletters, on local radio and in the local media. Such information was unlikely to reach refugees and asylum seekers.[54]

Good Practice in Action: Supporting families to move to the community Doras is an organisation in Limerick working with Asylum seekers and refugees and supports their integration to the community. Doras assists families in getting accommodation in the difficult private-rented market. The organisation contacts landlords, inspects the quality of the accommodation, and finalises the rent with the landlord. They make efforts to find accommodation that costs no more than the total rent allowance from social welfare, ensuring families do not have to struggle monthly to make up a shortfall. They work with other voluntary organisations such as St Vincent de Paul which helps families to furnish accommodation. Doras prioritises support for those families that find it most difficult to secure accommodation, such as mothers with babies and African families.

Religious and cultural links between countries of origin and Ireland can be beneficial to some asylum seekers. For example, many Irish priests and nuns have spent time on the Missions in Nigeria and many Nigerians have met Irish priests. The church provides a culturally familiar niche for some asylum seekers which facilitates integration. Some asylum seekers have found a sense of community and belonging through the Catholic and Protestant churches. This contrasts with the experiences of some Muslim families who experience religious and cultural obstacles to integration. Muslim asylum seekers in Ennis have expressed anxiety about the lack of a local place of worship.[55] Some families with teenage children discussed anxieties about permissiveness in Irish society. Muslim respondents discussed feelings of marginalisation in their dealings with schools.

Many of the supports and coping strategies available to indigenous communities are often not available to asylum seekers and refugees. These include borrowing from families, turning to friends for support, involvement in a church or membership of a credit union, access to banking and borrowing. As put by one respondent:

In this country, things are very expensive, ... you have to survive with what you have ... you can't go to meet people, nobody is ready to help because everyone has got sufficient problems ... of their own.

The dispersal programme provides no support to help asylum seekers make the transition from living in hostels to rented accommodation. Asylum seekers granted 'leave to remain' receive no support in resettling. Efforts to integrate asylum seekers within host communities are restricted to the voluntary sector.

At present, the state does little to support asylum seekers in communities around the country. There is a general expectation that their needs can be met through the voluntary sector, and indeed asylum seeker support groups have been set up in many towns, but such support on its own is unlikely to be able to prevent their ongoing exclusion. There are commonalties between the minimalist scale of voluntary efforts to meet the needs of Travellers, which emerged in the late 1960s, and the minimalist forms of support currently envisaged for asylum seekers in communities around

[54] *Op cit* Fanning B (2000), p.365
[55] *ibid*

Ireland.[56] An infrastructure of support for Travellers developed slowly over a number of decades but this has never been sufficient to overcome the various forms of exclusion and discrimination that they experienced. There is an expectation that support for asylum seekers around the country will emerge within the voluntary sector - as it did for Travellers over thirty years ago. However, the scale of this support is again unlikely to be sufficient to overcome exclusion.

[56] *ibid*

Chapter 5: Conclusions and recommendations

Introduction

There is an urgent need to foster local, regional and national responses to refugee/asylum seeker child poverty in terms of promoting advocacy, fostering capacity building and co-ordinating service provision:

- National: Foster mainstreaming of rights and needs of asylum seeker and refugee children in national approaches to the elimination of child poverty.

- Regional: Foster a focus upon the rights and needs of asylum-seeking children within the dispersal programme. Reception policies for children should be developed in keeping with the duties to asylum-seeking children under the UN Convention on the Rights of the Child and in accordance with the principles of the National Children's Strategy which has been developed to address these duties.

- Local: Foster the development of voluntary and statutory provision for asylum seekers within communities, develop support measures for socially excluded asylum-seeking and refugee children living in poverty and support measures and develop models of good practice for host communities.

Direct provision should be abolished

Direct provision fosters poverty and exclusion within Irish communities. Asylum seekers on direct provision experience poverty to a greater extent than other categories of asylum seeker. Asylum seekers in 'direct provision' had household incomes, which fell below the 20 percent poverty line. The extreme poverty experienced by asylum-seeking children in 'direct provision' is a direct outcome of current asylum seeker policy.

Those who have been accommodated under direct provision are subject to a form of apartheid whereby they are compelled to live apart from the majority community without the social and material support structures to interact with the native population. Under direct provision they are denied access to various forms of accommodation in the community. As a result of the small amount of cash benefit they receive - often referred to as 'comfort money' - they are in effect denied access to the social spaces used by others in the community. They live within Irish communities but live apart. Direct provision has serious detrimental consequences for children.

Trades unions representing community welfare officers (IMPACT and SIPTU) have pointed out that the legislation governing supplementary welfare allowance makes the payment available to 'every person in the State' with insufficient means, and not just citizens. IMPACT has argued that treating asylum seekers differently through direct provision encourages racism.[57] Furthermore, the state is failing in its obligations to asylum-

[57] IMPACT Executive Council (Sept 2000) *Note on Refugees and Asylum Seekers*

seeking children in direct provision under the United Nations Convention on the Rights of the Child, which states that; ‘all children should be entitled to basic rights without discrimination’.

Direct provision was designed as a punitive welfare system to deter asylum seekers from coming to Ireland. It was not designed to meet the needs of asylum-seeking children and their families. Children living in direct provision face extreme and discriminatory levels of income deprivation as a matter of public policy. In summary, children in direct provision live lives of extreme income and material deprivation. In this context parents found it extremely difficult even to ensure that the basic dietary needs of their children were met.

'Direct provision', as a separate and discriminatory system of benefits should be abolished. The entitlements of asylum seekers and asylum-seeking children should be reinstated to the same levels of social assistance as other welfare recipients.

Accommodation for asylum seekers should be appropriate for their needs

The dispersal programme should be needs-based and rights-based from the outset. The accommodation of asylum seekers should be linked to an initial evaluation of individual need. Some forms of accommodation will be unsuitable for families or vulnerable people or for long-term use. Plans need to be drawn up for the resettlement of dispersed asylum seekers who obtain refugee status and 'leave to remain'. Asylum seekers and refugees should themselves be fully involved in these processes.

Dispersal policy should facilitate mutual support amongst asylum seekers. A co-ordinated strategy on the regional resettlement of asylum seekers should be developed and implemented in a manner which locates asylum seekers in proximity to those from the same communities of origin where possible and which is implemented in consultation with asylum seekers themselves. Some asylum seekers may not wish to be accommodated with persons from their own country of origin. They should be given the choice. This would facilitate the efficient targeting of resources such as translators. It would also help meet the cultural and religious needs of some communities, for example, Muslims, and the psychosocial acculturative needs of children.

Hotel and hostel accommodation is emphatically unsuitable for children, pregnant women, and families. If there is no alternative to hostel accommodation, families should be allowed to move immediately into suitable rented accommodation. Asylum seekers experience a number of barriers to obtaining rented accommodation. The main ones are racism and the inadequacy of rent allowance entitlements rather than (other than Dublin) a shortage of rented accommodation. The sourcing of suitable private rented accommodation should be part of the dispersal programme.

The requirement to live in 'hostel accommodation or other forms of reception centre should be time-limited for all asylum seeker families. Housing deprivation and overcrowding within hostels/hotels and other forms of accommodation not designed as long-term family accommodation are likely to have a negative impact upon the

health and development of children. The risk of asylum seekers becoming institutionalised into dependency must be minimised.

The importance of rights and standards

The research findings raise concerns about the regulation and management of hostel accommodation. Respondents described inconstancies in levels of support provided to families with babies in different hostels. The basic needs of babies were not met in some cases. Life for asylum seekers in hostel accommodation is, for the most part, a life within the confines of one room. Respondent families living in hostel accommodation generally shared a single room irrespective of the age of their children. This resulted in a range of day-to-day tensions and pressures, which affected the psychological well-being of parents and children. The lack of privacy made family life difficult for parents and children alike. This overcrowded existence detrimentally affects the well-being and development of children. It also poses health and safety risks. For example, families who are confined to a small space were often unable to place dangerous items, such as kettles and utensils, out of the reach of children.

The deprivation experienced by asylum seeker families in direct provision is, in part, a result of administrative inflexibilities within direct provision. A number of respondents reported bullying and intimidation by hostel staff. A picture emerges of a culture of repression. Guidelines to hostel managers need to emphasise the rights of asylum seekers to redress in the case of complaints.

Article 26.1(3) of the UN Convention on the Rights of the Child obliges states to ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in areas of safety and health, in the number and suitability of their staff, as well as competent supervision.

The concerns by asylum seekers about inadequate accommodation and authoritarian management of the dispersal programme expressed in this report echo those of Hungarian Refugees in Ireland almost half a century ago. A disparaging Department of Defence report in 1958 on conditions at the reception centre at Knocknalisheen in County Clare had likened it to an internment camp. It substantiated the complaints by the refugees about the unsuitability of the accommodation, food, and the lack of medical facilities.[58] That report precipitated reforms in the management of the reception programme which included the closing of the unsuitable centre. A review of the management of the dispersal programme is urgently needed. Hostels and other reception centres should be managed in accordance with international best practice:[59]

- The residents should have a say in managing the material resources and non-material aspects of life in the hostel or reception centre through a representative advisory board or council;
- Facilities should be designed to meet the expressed needs of the residents;
- Professional staff in each centre should be responsible for ensuring good communications with, and

[58] *Op cit* B Fanning (2001), p.86

[59] These draw upon good practices outlined by the ECRE (1996).

information provision to, all residents;

- The personal safety and security of all residents should be guaranteed at all times;
- No unnecessary limitations on freedom of movement should be imposed;
- Privacy (letters, telephone calls, etc.) should be respected and living areas should be treated in conformity with the general laws of private property (i.e. officials or hostel staff not permitted to enter without reasonable grounds). If asylum seekers do not have private rooms, they should at least be provided with private lockers for their possessions;
- Equal treatment of all asylum seekers within the hostel or reception centre should be guaranteed;
- Provision for persons with special needs - such as children, single women, older asylum seekers, and asylum seekers with physically or psychologically disabilities - should be;
- Provision for living in family groups, including extended family should be made;
- Provision for living according to the prescriptions of one's religion or belief should be made;
- Provision, if requested, to prepare one's own food, observing cultural and religious diets, should be made as a matter of both good health and self-reliance;
- Access to an independent/impartial arbitrator (e.g. ombudsperson) who can resolve complaints and disputes should be guaranteed.

Integration, interculturalism and racism

The policy of dispersal has already resulted in permanent communities of asylum seekers and refugees throughout Ireland. The dispersal policy needs to be linked to a strategic approach to responding to their needs and the needs of the host communities. This strategic planning should include the development of regional decision-making processes capable of responding to the needs of refugees and asylum seekers as black and ethnic minorities and to the needs of the host communities so as ensure the integration of refugees and asylum seekers within Irish society. Irrespective of the determination of their asylum applications there is a need to plan for the integration of asylum seekers from arrival if their long term marginalisation within Irish society is to be prevented.

The terms interculturalism and, integration have become the predominant terms employed to depict the ethos behind initiatives by the State and other sectors in Ireland to address the needs of Travellers, refugees and asylum seekers. Integration means the ability to participate to the extent that the person needs and wishes in all the major components of society, without having to relinquish his or her cultural identity.[60] The term integration has been used to refer to the needs of refugees in a report by the Department of Justice, Equality and Law Reform. Asylum seekers and their children need to be a focus of all integration policies. Integration needs to begin upon their arrival not at some later date.

[60] Department of Justice, Equality and Law Reform (2000)

Interculturalism is a term used to refer to an ethos and policies which acknowledges cultural diversity and addresses racism. A willingness to exclude asylum seekers from rights to welfare, education and employment training is a fundamental problem for interculturalism in Ireland. The goals of interculturalism can only be achieved through measures which acknowledge and address racism and inequalities within society. Such measures begin, by definition, with rights to equal treatment but also include measures designed to contest the racism and inequalities experienced by minorities. Equal rights and access to welfare, education at pre-school and other levels, training and employment are preconditions of interculturalism and integration.

Adult respondents and their children identified racism as a cause and manifestation of the marginalisation and exclusion they experienced in Ireland. Adults and children experienced racism on a day-to-day level within Irish society. For example, they experienced racist discrimination in seeking to access private rented accommodation. Such experiences of racism were compounded by institutional barriers and discrimination in accessing welfare, education and training. Respondents found it difficult to obtain information about their rights and entitlements. As such, even where they were entitled to services to the same extent as others in Irish society they faced access barriers not faced by other groups.

Asylum seekers, along with other black and ethnic minority groups, are likely to face racism in how services are delivered unless measures to address institutional racism are introduced from the outset. These should include commitments to:

- equal opportunities in the provision of services (access to services);
- transparency and accountability in the provision of services (equal opportunities goals should be subject to monitoring and evaluation); and
- effective access to services (information about rights and entitlements in community languages).

Racism in obtaining goods and services must be understood as a form of social exclusion. The Equal Status Act (2000) prohibits racism in the provision of goods and services on nine grounds; gender, marital status, disability, sexual orientation, age, religion, race and membership of the Traveller community. The use of the Act as a mechanism to contest barriers experienced by asylum seekers must be explored.

Asylum seekers with 'leave to remain' should be supported in settlement

Respondents cited a number of difficulties in finding accommodation. These included financial difficulties in raising the contribution they were expected to pay by the health board as a deposit, fears that they would not be able to pay their rents because of the discrepancies between rents and rent allowances, difficulties in accessing information, advice and support, language difficulties and racism from landlords.

At present, the State does little to support asylum seeker families in communities around the country. There is a general expectation that their needs can be met through the voluntary sector, and indeed asylum seeker support groups have been set up in

many towns, but such support on its own is unlikely to be able to prevent their ongoing exclusion.

The dispersal programme needs to build upon existing Irish good practice and experience. Much can be learned from the resettlement programmes implemented by the Refugee Agency on behalf of Bosnian and Kosovar refugees. The Kosovars were dispersed to a number of locations outside Dublin with considerable success. Their arrival in host communities was preceded by the setting up of networks of statutory and voluntary support and measures to ensure their integration into host communities. This was accomplished with considerable success in a very short time frame. By contrast, the asylum seeker dispersal programme was not accompanied by any effort to strategically co-ordinate voluntary and statutory provision. The asylum seeker dispersal programme has been narrower in scope by comparison to the Kosovar programme.

Much can also be learned from the experience of Ennis which came to host a community of several hundred asylum seekers in the years preceding the introduction of direct provision. Many asylum seekers and their children have settled successfully in Ennis despite the barriers caused by lack of entitlements to work and state funded training. The introduction of 'direct provision' placed new burdens upon those working on behalf of asylum seekers in Ennis. Simply put, asylum seekers in 'direct provision' need more help and more support than other groups of asylum seekers to undo the additional barriers and extreme income poverty which imposed upon them. The lesson of Ennis is that 'direct provision' imposes a considerable burden upon host communities.

The dispersal programme should take full account of and plan for the needs of asylum seeker families with 'leave to remain' and others permitted to leave hostels and reception centres. These needs include access to advice and information, accommodation, language classes, health care, pre-school facilities and educational support.

The importance of strategic planning

The need to plan for the integration of asylum seekers from the outset is signalled by the high proportion who have secured a right to remain for themselves and their families either through determination of their applications for asylum or ‘leave to remain’ as the result of the constitutional rights of their Irish born children.

A number of statutory and voluntary organisations in Dublin have developed responses to asylum seekers and refugees but this infrastructure has been found inadequate. Statutory and voluntary provision of services to asylum seekers and refugees outside of Dublin needs to be adequately resourced. Regional co-ordination of provision for asylum seekers is vital. Until recently most asylum seekers were located in Dublin where provision was co-ordinated. It must be recognised that the impetus for a dispersal policy is, in part, the result of insufficient infrastructure in Dublin.

Strategic planning should be fostered nationally and regionally with the participation of all public and voluntary agencies that have a role to play in the regional reception and resettlement of asylum seekers. A

strategic approach to the needs of asylum seeking families and children and host communities is incompatible with the imposition of punitive welfare restrictions upon asylum seekers. There is an urgent need for integrated thinking between asylum seeker policy and broader social policy concerns with social inclusion and integration:

- A focus on responding to community diversity from the outset. Ireland is no longer a monocultural society. As such intercultural and integration measures must be central to all aspects of policy design and implementation.
- The development of some new regional infrastructure and programmes of support for voluntary and statutory providers at a regional level. It must be recognised that the impetus for dispersal was, in part, the result of insufficient infrastructure in Dublin. It follows that care should be taken to strategically plan for adequate infrastructure on a regional basis.
- Learning from existing best practice in planning for the integration needs of asylum seekers such as the Kosovar reception programme.
- All aspects of dispersal policy be monitored and evaluated from the outset within a strategic perspective of promoting the integration of refugees into Irish society.

Education and participation

The Adult Education White Paper (2000)[61] acknowledges that parental levels of education exert a critical influence on children's participation in education and their school performance. It discusses the need to develop adult education, in this context, as a means to break the cycle of intergenerational poverty through targeted interventions with vulnerable parents. The White Paper acknowledges the need to provide specific tailored programmes and basic literacy and language education for all immigrants as an elementary part of provision.

Asylum-seeking children face barriers to participation in education and are potentially more at risk to intergenerational social exclusion where their parents are unable to support their education as they do not speak English. Present policies of excluding asylum seekers from State-funded English Language Training through the Refugee Language Support Unit potentially contribute to the social and educational exclusion of children. All asylum seekers should be entitled to state-funded English language training.

School is a central part of asylum-seeking children's experience. The school context should ensure strong assimilatory pressure is avoided by demonstrating respect for children's cultural identity while facilitating children to build strong social relations through school activities. Anti-bullying policies in schools should include an explicit consideration of methods of tackling racism.

Respondents identified access to pre-school as vital in helping their children learn English. Welfare-dependant parents who did not speak English in the home in some cases paid for childcare so that their children would have a better chance of learning English. Asylum-seeking children need

[61] Adult Education White Paper (2000), p.50

access to language support at pre-school, primary and secondary levels. Children must be guaranteed access to English language training in a manner appropriate to meet their needs.

Pre-school facilities and early education have proven important in cognitive, and language development and socialisation. Developmental lags at this age have long-term educational and social repercussions. The disruptions experienced by young asylum-seeking children may mean they have a greater need for educational and social support at an early age than some other groups because of the disruptions they have experienced. The needs of asylum-seeking children for pre-school education must be addressed.

The needs of asylum seekers in denominational schools must be addressed. Some respondents, principally Muslims, expressed concerns about religious assimilationism in schools. The integrated nature of primary school curriculum, in particular the fact that religious values may be cross curricular to any subject, mean that although it is theoretically possible, it is not always practicable to withdraw a child from 'religious instruction'. This according to the Children's Rights Alliance and the Constitution Review Group was seen to be in breach of Article 14 of the Constitution (Freedom of Thought, Conscience and Expression).[62] There is then a need to examine how denominational schools address the needs of a multi-religious student body.

[62] Killkelly, (1997), p.24

Health and psychosocial well-being

Asylum seekers have health needs which cannot be met under direct provision. The findings of this study are that the combination of direct provision and the use of hostel accommodation have resulted in a number of health risks to children and pregnant women. These include dietary inadequacy and stress. In some cases, enforced movement of families from one direct provision centre to another resulted in further uprooting for children which caused huge stress. Hostels and hotels are unsuitable, even on a short-term basis, for children and families, women expecting babies or people who have suffered from trauma.

A delay in receiving medical cards has caused significant hardship for many asylum-seeking families. Many asylum-seeking families with health problems are unaware of their full entitlements; for example, adults or children with special dietary needs were unaware of their entitlement to a special dietary allowance, resulting in unnecessary distress.

The psychosocial well-being of asylum-seeking adults and children is threatened by the ongoing uncertainty of their legal status, the ensuing inability to plan for the future, and policies of exclusion, such as denial of the right to work for adults and a lack of integration policies for children. Most children do not require specialised psychological intervention but would benefit from inclusion in existing community programmes of youth clubs, community-based youth groups, through organisations dedicated to children's rights such as ISPCC and Barnardos, and professional child-oriented networks such as teachers, community social workers, church groups and others.

Family reunification

For many asylum seekers, family reunification is an important component of social inclusion. Respondents identified separation from family members as contributing to their marginalisation in Irish society. For parents, separation from children made it difficult for them to cope with life in Ireland. Lone parents were often separated from partners who had been unable to leave their countries of origin or who had sought asylum in another country. Separated children are deprived of the support of parents or other family members.

The principle of family unity should be respected throughout the reception process. All forms of accommodation, whether collective or independent, compulsory or voluntary, dispersed or without restriction, should preserve existing family units, respect privacy, and promote family reunification wherever possible.

It is a violation of the right to family unity that members of one family are sometimes forced to reside in different European countries while they await the outcomes of their asylum claims. The State should fully respect Article 8 of the European Convention on Human Rights and Fundamental Freedoms in the implementation of such agreements.

Article 10.1 of the UN Convention on the Rights of the Child states that applications by a child or his parents to enter or leave the country for the purpose of family reunification should be dealt with in a positive, humane and expeditious manner.

Social inclusion

No society can view without deep concern the prospect of a significant minority of people becoming more removed from the incomes and lifestyles of the majority. It is the tackling of the structural factors that underpin this exclusion which requires the strategic approach set out in this document (National Anti-Poverty Strategy, 1997:4).

At present asylum-seeking children are excluded from social inclusion programmes. Children of asylum seekers should be identified as a priority group within all policies and programmes to address child poverty and social exclusion.

Responses to asylum seekers and refugees need to be poverty proofed. Poverty proofing as defined in Department of Social, Community and Family Affairs is:

> *... the process by which government departments, local authorities and state agencies assess policies and programmes at design and review stages in relation to the likely impact that they will have or have had on poverty and inequalities which are likely to lead to poverty, with a view to poverty reduction.*[63]

Poverty-proofing guidelines should apply to the 'direct provision' and the 'dispersal' programme.

[63] Department of Social Community and Family Affairs (1998), p. 3

The National Children's Strategy

Asylum seeker child have rights. The National Children's Strategy has an important role to play in ensuring that a culture of respect for children develops within Irish responses to asylum-seeking children. Policies and programmes which emanate from the Strategy should have a clear remit for asylum-seeking children. The Strategy advocated a number of proposals, *in italics*, to develop such a culture. Some of these are summarised here with proposals about how these can be developed to ensure that the rights of asylum-seeking children in Ireland are protected:

- A Minister for Children with a much expanded brief: *The Minister should have a remit for the welfare of asylum-seeking children.*
- A National Children's Advisory Council: *This should include representation of organisations representing and working on behalf of asylum-seeking children, especially those from black and ethnic minority communities.*
- A National Children's Office (Ombudsman for Children) *This would require new legislation which should be drafted to include a clear remit to protect the rights and entitlements of asylum-seeking children.*
- A National Children's Research Dissemination Unit: *This research should focus on the needs of asylum-seeking children and participatory evaluation of responses to their need.*
- The establishment of a 'Dáil na nÓg' is proposed as a mechanism for giving children a voice in matters which affect them. *The inclusion of asylum-seeking children in such a forum would serve to emphasise the rights of all children in Ireland; including those who are not citizens.*

Appendix 1: Methodology

The research approach combined an emphasis upon basic child poverty indicators, through the use of a questionnaire issued to an adult member of each participant household, with the use of qualitative methods. Qualitative methods augmented the usual qualitative methods of Irish child poverty research in a number of ways. They facilitated examination of the psychosocial impact of child poverty amongst asylum seekers. They offered scope to examine the felt needs and experiences of asylum seekers in a way which existing poverty indicators based on the needs of an indigenous Irish population might not.

Developing the research approach

The research was conducted over a four-month period from January to April 2001. It was facilitated by a number of organizations which work closely with asylum seekers, such as the Irish Refugee Council in Ennis, NASC in Cork and Doras in Limerick. Much of the research period was spend developing links and relationships with respondents. It took longer to develop the participation of asylum seekers in direct provision, than other less vulnerable groups.

The initial aim was to employ a participatory action research (PAR) framework to research child poverty among asylum-seeking families. Participatory action research employs collective workshop methodologies and draws on the cultural knowledge and resources of the group or community. It aims to be transformative through stimulating reflection by respondents on issues affecting them and on their capacity for action to improve the quality of their lives.

In practice, this approach proved difficult to implement due to the circumstances of asylum seekers in Ireland. PAR approaches evolved through research with communities in non-Western settings.[64] These presuppose established social networks, shared notions of 'community' and shared experiences. However, asylum seekers in Ireland are often cut off from their own community of origin networks. Asylum seekers do not necessarily share a common language, culture or experiences. It proved difficult to find suitable venues for group activities. Some asylum seekers had nowhere to meet within hostels. Parents with babies or young children were often unwilling to travel to other venues because of child-minding difficulties and transportation costs. For some, the psychological stresses of life in 'direct provision' led to an unwillingness to participate in-group activities. More than anything these wished for privacy and personal space. Some experienced depression and apathy. Such research issues reflect those recently outlined by other researchers working with asylum seekers in Ireland.[65]

The research approach shifted from an emphasis on workshops to an emphasis upon individual/household interviews. The research methodology consisted of:

- A questionnaire to measure indicators and the impact of child poverty.

[64] Fals-Borda, O. & Rahman, (1991)
[65] *Op cit* Kennedy & Murphy-Lawless (2001; forthcoming)

- Semi-structured interviews with children and adults.
- Workshops with children and adults.

The questionnaire was divided into 6 thematic sections; family background and characteristics, accommodation, income and social welfare, education, health of family, diet and nutrition. It employed indicators of child poverty and social exclusion derived from a previous study of child poverty in Ireland[66] and from those outlined by Nolan (2000). The purpose of the questionnaire was to allow comparisons with past studies of child poverty in Ireland. The questionnaire was triangulated with responses to semi-structured qualitative interviews with individual respondents and some group interviews. Translators were used where necessary.

A workshop format, employing non-directive exercises, was developed for consulting with children in a manner which would not be upsetting or traumatic. A number of ethnical considerations had to be taken in account. There included not exposing children to stress from having to disclose painful feelings and a right to withdraw at any point if they so wished. Direct questioning was avoided. A series of exercises such as social mapping and story games were employed. Social mapping involved child participants drawing a map of their 'community' and indicating different important components of the community. The aim of the exercise was to investigate strengths and weaknesses of available social supports, the nature of social relations and avenues of participation. Story games involved the group constructing a story as an exploratory analytic tool. For example, drawings of an African/East European boy or girl were used 'to introduce' a new child who has just arrived in the host community. The respondent children were then asked what advice they would give the new arrival and to tell him/her all about life in the host community. Thematic discussions were held around topics such as school and friends. All parents of respondent children gave permission for their children's participation. Child participants also gave informed consent and were told they could withdraw at any time. Exercises were conduced with the researcher and children sitting on the floor to make it informal and fun. Workshops with adults used timeline methods to explore personal priorities, issues and concerns at different stages from their initial arrival onwards.

Research sample

43 asylum seeker households completed the questionnaire and semi-structured interview. Of these households, 30% were on direct provision, 21% were in private rented accommodation, 40% had leave to remain and 9% had refugee status. 23% of respondents were male and 77% were female. They were from 17 countries of origin (see Appendix 2, Table One). Members of the Roma community form a significant proportion of the asylum seeker population in Cork. Initial contact was made with parents in a number of families. Roma families were very hospitable but did not wish to be formally interviewed.

One workshop was held with 6 parents in Limerick, three workshops in Cork with a total 12 participants, and two in Ennis with 6 participants. Two workshops were held

[66] Carney et al (1994)

with children. Ten children aged 7-9 participated in the first workshop in Ennis and 5 children aged 10-12 years in the second one. In total, 56% were girls and 44% were boys. Through the school, letters asking permission for children to participate in the workshops were sent to parents and workshops were held in a school classroom after school hours. In addition, 4 adolescents aged 13-16 were interviewed individually in direct provision hotels. Two separated children were interviewed in Ennis.

Study limitations

This study used a relatively small sample size and respondents were, to a considerable extent, self-selecting. It is possible that the sample accessed consisted of asylum seekers, in both 'direct provision' and living in communities, who had relatively strong networks of support. For example, many respondents were in contact with the aforementioned groups working with asylum seekers. Other respondents were contacted with the help of those in contact with groups. Those most isolated because of language, culture or psychological difficulties may not have been reached in this research. As such, the report may underestimate the barriers experienced by some asylum seekers.

A small number of children were directly consulted in this research. There was insufficient time and resources to undertake the extensive preparatory work required to access asylum-seeking children in a larger number of cases. This work includes extensive consultation with parents, with schools and with children themselves. Consideration of the psychological vulnerability of many children, especially in direct provision, was paramount. The research was undertaken on the principle of ‘do no harm’ so no great pressure was put on children to be involved. Individual interviews with adolescents took place in many cases at the request of the child him/herself after sitting in on the interviews with parents. In these individual interviews, adolescents did become very upset but indicated they wanted to continue the interview and found relief in talking about their situation.

Appendix 2: Tables

Figure One: The respondents were drawn from 17 communities of origin

Community of origin

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	**Albania**	1	2.3	2.3	2.3
	Belarus	1	2.3	2.3	4.7
	Congo	2	4.7	4.7	9.3
	Cuba	1	2.3	2.3	11.6
	Ghana	2	4.7	4.7	16.3
	Iraq	4	9.3	9.3	25.6
	Kazakhstan	2	4.7	4.7	30.2
	Nigeria	17	39.5	39.5	69.8
	Poland	3	7.0	7.0	76.7
	Romania	1	2.3	2.3	79.1
	Roma	2	4.7	4.7	83.7
	Russia	1	2.3	2.3	86.0
	Somalia	1	2.3	2.3	88.4
	Uganda	1	2.3	2.3	90.7
	Zaire	1	2.3	2.3	93.0
	Angola	1	2.3	2.3	95.3
	Ivory Coast	2	4.7	4.7	100.0
	Total	43	100.0	100.0	

Figure Two: Profile of children by household size and country of origin

Community of origin by number of children in household Cross Tabulation

Number of children in household						
Community of origin	One child	Two children	Three children	Four children	Five children	Total
Albania		1				1
Belarus	1					1
Congo	1		1			2
Cuba					1	1
Ghana	2					2
Kazakhstan		2				2
Nigeria	11	5	1			17
Poland	1	1	1			3
Romania	1					1
Roma			1	1		2
Russia	1					1
Somalia		1				1
Uganda	1					1
Zaire			1			1
Angola				1		1
Ivory Coast	2					2
Total	21	13	5	3	1	43

Figure Three: Gender of children by household size

Gender by number of children in household Cross Tabulation

Number of children in household							
		One child	Two children	Three children	Four children	Five children	Total
Gender	Male	4	2	2	2		10
	Female	17	11	3	1	1	33
Total		21	13	5	3	1	43

Figure Four: Respondents' estimates of net household income

Total net family income by Status of respondent Cross Tabulation

		Status of respondent				
		Asylum seeker, Direct Provision	Asylum seeker, Social welfare	Asylum seeker, remain to leave	Refugee status	Total
Total net family income	Less than £50	6		1		
	£50-£100	7		6		13
	£100-£150		6	8	1	15
	£150-£200		2	2		4
	More than £200		1		2	3
Total		13	9	17	3	42

Figure Five: Number of bedrooms per household by type of income

Number of bedrooms by Type of income Cross tabulation

		Type of income				
		Direct provision	Supplementary assistance	Unemployment benefit	Salary/ wages	Total
No. of bedrooms	1	13	3	1		17
	2	2	6	1		9
	3		12		1	13
	4		1	1	2	4
Total		15	22	3	3	43

Figure Six: Respondents' concerns about their children's diet by income type

Concerns about children's diet by Status of respondent Cross Tabulation

		Status of respondent				
		Asylum seeker, Direct Provision	Asylum seeker, Social welfare	Asylum seeker, remain to leave	Refugee status	Total
Concerns about children's diet	No	2	4	6	3	15
	Yes	11	4	7		22
		13	8	13	3	37

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