

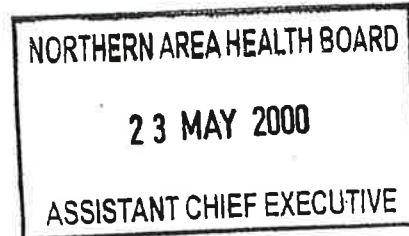


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* NORTHERN AREA HEALTH BOARD

Bord Sláinte an Limistéir Thuaidh

Mr. Michael Walsh,
Assistant CEO,
Northern Area Health Board,
Dr. Steeven's Hospital,
Dublin 8.



18th May 2000.

Re: Asylum Seekers – Direct Provision.

Dear Mr. Walsh,

Further to my previous correspondence in relation to the above, I met with Mr. Frank Mills, General Manager, and we have formulated the following proposals for consideration.

1) It was agreed that the cost of making the “residual” payment of £15 per adult and £7.50 per child through the SWA system by CWO, was very cost prohibitive. (It is estimated that it cost approximately £7,000 in administration costs to process payment of £4,000 - £5,000).

2) Consideration should be given as to whether this “residual” income payment should be made through the SWA or DSCFA system. Difficulties arise due to the McLoughlin case, where the Supreme Court ruled that an individual assessment of need and means must be carried out in respect of each application under the SWA scheme. It is therefore proposed that an alternative administration scheme to process these fixed payments to Asylum Seekers be set in place. It was recognised however, that if an administrative scheme is to be set up under DSCFA, using ISTS to make payments there will be no reduction in staffing costs as only CWO's and DSCFA officials have access to the ISTS system.

It is therefore proposed that payment of the “residual” income to Asylum Seekers in direct provision be administered by DASS staff. DASS currently have responsibility to meet Asylum Seekers needs, i.e. accommodation and food so it is logical that they should also have responsibility for making these residual payments.

It is proposed that an initial cash payment to cover the Asylum Seekers stay in the short stay reception centre (max 2 weeks) could be made by staff in the DASS and the payment could be made to the Asylum Seeker once they have arrived at the reception centre.

Once persons are dispersed to long stay reception centres throughout the country, arrangements could be made with the proprietors of the premises to make the payments in return for an administration fee (perhaps a % of the amount paid out).

It is further proposed that contracts negotiated with the owners of establishments providing accommodation for Asylum Seekers would include for the provision of special diets to appropriate residents, and that a rate could be negotiated with the owners to include the provision of baby food and nappies to under 2 year olds.

This would considerably reduce the need for CWO's to administer Exceptional Needs Payments. However, ENP's for other than diets, nappies and baby food should continue to be the responsibility of the Community Welfare Officer.

I am available to discuss these proposals at your convenience.

Yours sincerely,

Maria Mulheal

Jim Murphy.
A/Senior Administrative Officer.

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