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DEPARTMENT
OF HEALTH AND
CHILDREN
AN POINTE
SLAINTE AGUS LEANA

Shaping a
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| TO | <i>Ms Mary Lally</i> <i>Dept of Social</i> <i>Community & Family</i> <i>affairs</i> |
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| FROM: | <i>Mr Joseph Cragan</i> |
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Remarks: Urgent For your review Reply ASAP Please comment

Other comments

Ms Mary Lally / Mr Brian O'Riaghallaigh
Please note attached for your
information

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OF HEALTH AND
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2 November 1999

Ms Berenice O'Neill
Principal Officer
Asylum Division (Policy)
Department of Justice, Equality and Law Reform
Dublin 2

Dear Berenice

I attach a preliminary response from this Department on the issue of direct provision which I would like to have circulated at the meeting of the Interdepartmental Committee today (I will bring copies).

Yours sincerely

J Cregan
Principal Officer
Health Insurance Unit
and International Unit

INTERDEPARTMENTAL COMMITTEE ON IMMIGRATION, ASYLUM AND RELATED ISSUES (IDC)

Preliminary response of the Department of Health and Children on the issue of Direct Provision

The Committee has been asked to report to Government urgently on the issue of Direct Provision. The Department of Health and Children have, therefore, considered the material supplied at the recent meeting of the IDC, in particular the papers relating to UK proposals. The views of the health boards have been sought on a number of issues, including the issues arising from the recent Government Decision, S180/20/10/122A (further responses expected).

Our comments are framed by reference to a summary of the UK system of provision provided to the IDC meeting of 21 October 1999.

It is considered that as a matter of policy we require the development of an integrated system in which the respective roles of the key Departments and agencies need to be spelt out. The 1996 Guidelines for the Procedures for the Reception of Asylum Applicants require revision. The development of policy will also probably require amendments to the Housing Act, 1988, the Health Act, 1954, and possibly additions/amendments to asylum/ refugee legislation.

It should be recalled that the experience in dealing with the Kosovo crisis has been very useful. It is generally agreed that considerable benefits accrued from the multi-agency approach. However, the situation, being of an emergency nature, was assisted by a positive humanitarian response from the general public. The question of longer term accommodation for asylum seekers is a more complex issue, requiring, we would suggest, a more strategic and planned approach. This does not imply that a long period of time is required to agree the necessary structures, bearing in mind the Government's request that a report be furnished by mid November.

Structures required

It is clear from the UK and the review of literature, that whatever immediate steps are taken vis a vis the accommodation difficulties in the Eastern Health Board area, dispersal of asylum seekers and direct provision are inextricably linked and require an integrated response.

The Department of Health and Children supports the retention of the Interdepartmental Committee as the overall forum in which to provide liaison on policy issues. However, the lead role in implementation should be primarily be a matter for the Department of Justice, Equality and Law Reform, and any arrangements with other agencies should be contractual in nature. This Department supports the development of an Asylum Support Directorate within the Department of Justice, Equality and Law Reform. As in the UK, dispersal should not be accommodation-led but should be limited to a number of cluster areas in order to provide the necessary supports (it is noteworthy that the same support infrastructure as the UK, particularly for ethnic minorities, does not exist in this country).

The establishment of a Central Processing Centre should be explored in order to provide temporary accommodation until asylum seekers applications are initially processed. This could also enhance the take-up of health screening.

Matters for Clarification

Accommodation for asylum seekers can no longer be regarded as a temporary problem. While individual asylum seekers may be regarded as transient, there is an ongoing and probably permanent need for [xxxx] units of accommodation. This is therefore not an "emergency shelter" need. It is a basic housing/accommodation requirement which should clearly be a matter for the local authorities in the first instance. If this responsibility is taken seriously by the local authorities, the health boards would not have a difficulty in responding to short term emergency shelter needs on an agency basis, although this should only be undertaken in close co-operation with the relevant local authority.

It is important from the point of view of civic leadership that local authorities should be fully involved in any local arrangements to be put in place. In particular, in assessing the suitability of particular accommodation, a clear role exists for the local authorities which possess the necessary expertise with regard to fire regulations, possible issues re change of use, planning permissions etc.

It would also seem that much more clarity is required within the Interdepartmental Committee in relation to the administration of subsistence arrangements. Despite a decision in principle that arrangements may include direct provision, it would still seem to be the case that a range of entitlements, including cash payments, will be provided.

Role of the health boards

Health boards, in exercise of their duties and responsibilities already undertake a wide range of services in respect of asylumseekers, including provision of medical entitlements under the General Medical Services Scheme, health screening services, general hospital and community health services, as well as acting on an agency basis to ensure that all persons eligible receive their legal entitlements, including income maintenance, rent supplements and other entitlements under the provisions of the Supplementary Welfare Allowance Scheme

The provision of medical and welfare services has been described by the Chief Executive Officer of the Eastern Health Board, in his submission to the Interdepartmental Committee, as "the core business" of the Board. He has also outlined the unplanned nature of the current arrangements in the Eastern region which derive from the Health Board acting on an agency basis for the local authorities, and expenditure in respect of which is recouped from the Department of the Environment by the local authorities. The CEO has also indicated that in the longer term the Board does not see itself continuing to provide accommodation for asylum seekers. The problems arising from the Eastern Health Board taking on the agency responsibility for local authorities, and also to a certain extent for the Department of Justice, Equality and Law Reform, points to the need for a more structured response.

Summary of suggested approach.

Attention must be given by the Committee to designing, and gaining commitment to, an overall framework which would include processes, securing of premises, identifying areas of necessary expertise and a timeframe, as well as the nature of the arrangements to be put in place. This framework should also make clear the respective roles of the various Departments and local agencies and address the means by which co-ordination and integration is to be achieved at local level. Such arrangements may ultimately require legislative force.

This Department will fully support the efforts of the Committee in quickly responding to the tasks set by Government, including the commitment of staff from the health system if appropriate and necessary.

International Unit
Department of Health and Children
2 November, 1999.