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Department of Social , Community and Family Affairs



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Implications of Direct Provision for the Department of Social, Community and Family Affairs

At its meeting of 21st October 1999, the inter-Departmental Committee on Immigration, Asylum and Related Issues decided that each Department should prepare a report "*detailing all of the issues in relation to Direct Provision that affect its area of work*". This document addresses that matter for the Department of Social, Community and Family Affairs.

Current Services provided by the DSCFA to asylum seekers

The primary function of DSCFA in relation to asylum seekers is income maintenance. "Every person in the State whose means are insufficient to meet his needs and the needs of any adult or child dependant of his shall be entitled to Supplementary Welfare Allowance (SWA)". The scheme is administered by the Health Boards as part of the community welfare service on behalf of the Minister for Social, Community and Family Affairs. Asylum seekers are entitled to SWA on the same basis as every other person in the State whose means are insufficient to meet their needs.

In addition, an asylum seeker may also qualify for a weekly supplement under the SWA scheme to meet certain special needs including assistance towards the cost of private rented accommodation, a diet or heating supplement or an Exceptional Needs Payment (ENP) to help with the cost of any exceptional needs. Nothing in the legislation stipulates that an individual must receive a cash payment. If his/her needs are being provided for directly by the State there would be no entitlement to any SWA payment.

Implications of Direct Provision

The implications of direct provision for DSCFA depends on what type of policies are introduced, who takes overall responsibility to ensure needs are provided for, and whether cash payments are eliminated. Under Direct Provision:

social welfare income maintenance cash payments will be substantially reduced or eliminated;

there will be no entitlement to SWA rent supplement payments if accommodation needs are met in a different manner and provided for directly;

the inference that social welfare payments here are acting as a pull factor will no longer be applicable.

The implications for this Department arise under the following headings:

- (i) Expenditure and funding
- (ii) the nature and extent of any residual role played by the social welfare system while individuals' needs are being met through direct provision
- (iii) the extent to which it will be necessary to disbar asylum seekers from applying for social welfare payments when direct provision is in place
- (iv) access by former asylum seekers to the social welfare system.

These are considered in turn, below.

Expenditure and funding

The most significant impact that Direct Provision will have on this Department will be to reduce the extent to which asylum seekers need to have recourse to the social welfare system in order to meet their basic needs. At present, these needs are met through the Supplementary Welfare Allowance (SWA) scheme operated on behalf of the Department by the Health Boards. Depending on how Direct Provision is implemented, it could eliminate recourse to SWA on the part of asylum seekers.

In broad terms, Social Welfare Vote programme expenditure would fall by £1m. per annum for each 10,000 person/ weeks of Direct Provision delivered, if cash payments were entirely eliminated. Reductions in Health Board Community Welfare Officer staffing levels should also be realisable, in theory, at the rate of one post for each £1m. to £2m. in reduced expenditure. This would depend on the nature and extent of any residual role assigned to the social welfare system under the Direct Provision arrangements.

Residual role in respect of individuals in Direct Provision

Some people in long-term institutional care who have no social welfare or other income are paid between £10 and £15 per week under the SWA system so that they can purchase personal effects such as newspapers, toiletries and so on. The need for such "comfort payments" to asylum seekers could arise under Direct Provision. The Eastern Health Board has recommended that any such payments should be made directly by the Department of Social, Community and Family Affairs through a new social welfare scheme ("Asylum Seekers Allowance"). This would require legislation and the question of mainstreaming "comfort payments" currently made to people other than asylum seekers would have to be considered.

Access by asylum seekers to the social welfare system

The SWA scheme caters for people whose means are insufficient to meet their needs. To the extent that these needs are met through Direct Provision, they will have no entitlement to SWA – no legislative action is required in that regard. For example, an asylum seeker who leaves a reception centre and claims SWA at a Health Centre on the basis that they have no means will be refused SWA on the grounds that they have unnecessarily deprived themselves of the means of meeting their needs.

Asylum seekers can qualify at present for payments other than SWA if they satisfy the conditions for receipt of those payments. For example, single people with child dependants can qualify for One-Parent Family Payment (OFP) – being an asylum seeker does not debar such people from receiving OFP. Consideration will have to be given to how to deal with such asylum seekers within the wider social welfare system when they first present and perhaps also with asylum seekers in Direct Provision whose circumstances change e.g. if they give birth to a child (at present, in effect they cease to be asylum seekers).

Only in 2004

Access by former asylum seekers to the social welfare

Appropriate arrangements will also have to be put in place to deal with asylum seekers who are granted status, granted humanitarian leave to remain in the State or whose circumstances change in other respects.

The Department's views on how Direct Provision might be administered will be provided in a separate paper.


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