



Department of Social,  
Community and Family Affairs,  
Áras Mhic Dhiarmada,  
Store Street,  
Dublin 1.



☎ : (01) 8748444

An Roinn Gnóthaí Sóisialacha,  
Poball agus Teaghlaigh,  
Áras Mhic Dhiarmada,  
Sráid Stórais,  
Baile Átha Cliath 1.

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Mr Pat Wylie,  
Principal,  
Directorate for Asylum Support Services,  
94 St. Stephen's Green,  
Dublin 2.

18<sup>th</sup> July 2000

Dear Pat,

Re: **Asylum Seekers who are not in Direct Provision**

Further to our telephone conversation, I wish to set out some of the information that I gave at last Wednesday's meeting at the Department of Health and Children.

On 29<sup>th</sup> June last, your Department provided details of 900 asylum seekers who had arrived in the State on or after 10<sup>th</sup> April 2000 but who were not in Direct Provision. Up to the beginning of last week, we had examined 600 of these cases, with the following results:

Total ASYLUM SEEKERS	600
Adult and Child Dependents	131
 Total HOUSEHOLDS	 469

All of the remaining data relates to households, as this is the basis on which social welfare entitlements are determined. In any event, a decision to make an exception will of course be applied to their spouse and children, if they have dependents.

In Direct Provision now	33
Not in Direct Provision	436

No trace	101
Registered but SWA never paid	112
Left Direct Provision but SWA not paid	126
<b>Total where SWA is not in payment</b>	<b>339</b>

Never in Direct Provision, SWA paid	15
Left Direct Provision, SWA now paid	82
<b>Total where SWA is in payment</b>	<b>97</b>

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Given that these are the results from an examination of two thirds of the cases, the final outcome could be that the standard rate of SWA may be in payment to some 150 households. As the average household size among the 600 cases examined so far is 1.28, the final outcome may be that some 190 asylum seekers (men, women and children) in the total of 900 are being supported on SWA.

I understand that some 1400 of the 2600 or so asylum seekers who arrived on or after 10<sup>th</sup> April are not now in Direct Provision. If the 600 cases examined by this Department are representative of that total, then 21% or almost 300 may be in receipt of the standard rate of SWA, while the remainder – 1100 people – are either supporting themselves in some other manner or have left the State. These are estimates based on the assumption that the 600 cases examined so far are representative.

In a separate exercise, the Department examined 64 cases where the standard rate of SWA is in payment to asylum seekers who arrived on or after the 10<sup>th</sup> April. This involved consulting with Health Boards in each individual case. In 41 of those cases, the main factor in the Health Board's decision to grant SWA Rent Supplement was that the applicant was 30 or more weeks pregnant or had given birth while in Direct Provision. Some of those who were pregnant when the decision was made would have given birth since then and are therefore parents of Irish born children. Some of the background detail provided includes:

- (i) "Applicant has a dependent spouse and a dependent child aged 12 months. His wife is expecting a second child shortly".
- (ii) "Applicant has three dependent children aged 3 years, 2 years and 12 months. She is sharing accommodation with another asylum seeker who is expecting a baby shortly".
- (iii) "Applicant has a dependent child aged 2 months who was born when this family resided in (Direct Provision)".
- (iv) "Applicant has a dependent child aged 3 months who was born when this family resided in (Direct Provision)".
- (v) "Applicant has a dependent spouse and a dependent child aged 2 months who was born when this family resided in (Direct Provision)".
- (vi) "Applicant has a dependent spouse and a dependent child aged 3 months who was born when this family resided in (Direct Provision)".
- (vii) "Applicant has two dependent children, one aged 6 years and the other aged 3 months who was born when this family resided in (Direct Provision)".

#ExploringDP

Medical reasons were cited in a further 8 cases, as follows:

- (i) Eight months pregnant with medical complications
- (ii) Doctor certified that the person was unfit to travel
- (iii) Narcolepsy
- (iv) Psychiatric problems
- (v) Physical debilities consistent with having experienced torture
- (vi) Diabetic attending hospital
- (vii) Psychological problems
- (viii) Psychological problems

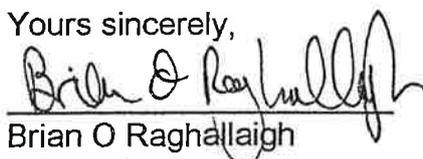
Family re-unification was cited in 4 cases (i.e. the new arrival was joining a close family member who had arrived prior to the introduction of Direct Provision). A variety of other reasons were cited in the remaining 11 cases. One involved a separated person, another was looking after an ill parent. In a third case, the applicant has a dependent spouse and a dependent child aged 4 years (grand-daughter) - the child's mother got separated from the rest of the family en route to Ireland.

The flexibility of the SWA system in responding to the relatively small number of exceptions is itself a positive factor in ensuring that the system of Direct Provision works well for the majority. The exercise of discretion by Community Welfare Officers and their managers in individual cases where this is justified is an essential part of ensuring that the Government's Direct Provision policy will be a success. If the number of exceptions were large, then it would indicate that the Direct Provision policy was not being implemented in an effective manner. However, that is not the case at present.

The Health Boards are satisfied that there are reasonable grounds for making these exceptions. The detail provided, coupled with the fact that the overall totals are small - perhaps 300 within a total of some 2600 arrivals since 10<sup>th</sup> April - supports this. In addition, I have seen no pattern in the distribution of exceptions that would suggest that any individual Health Board officials are behaving unreasonably with regard to exceptions.

We will, of course, continue to monitor the situation carefully. I will write to you again when the final results of the examination of all 900 cases are available.

Yours sincerely,



Brian O Raghallaigh  
Principal  
Planning Unit



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25<sup>th</sup> July 2000

Mr. Noel Waters,  
Director,  
Directorate for Asylum Support Services,  
Department of Justice, Equality and Law Reform,  
94 St. Stephen's Green,  
Dublin 2.

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Dear Noel,

**Re: Asylum Seekers supported outside Direct Provision**

You will recall that we discussed, at our meeting at the Department of Health and Children on 12<sup>th</sup> July, the background to decisions made by Health Boards to pay Supplementary Welfare Allowance Rent Supplement in cases where asylum seekers had been allocated Direct Provision accommodation.

It was stated at the meeting that some 2600 asylum seekers had arrived in Ireland since the introduction of Direct Provision on 10<sup>th</sup> April 2000 but only 1200 or so were in Direct Provision, leaving some 1400 unaccounted for. Details of about 900 of these 1400 had been referred to this Department and we had examined 600 of these by the time the meeting took place. In fact there were 890 cases in all referred to us, comprising 670 heads of household with 220 adult dependents (spouses) and child dependents.

All of these have now been examined and the results are set out in the appended Table. In summary, a total of 137 households are receiving Supplementary Welfare Allowance (SWA) and 472 are not. The remaining 61 households are in Direct Provision. Maternity was a factor in about half of the 137 exceptions, while a variety of medical and social considerations were taken into account in the other half.

If the 890 cases referred to this Department are representative of the 1400 asylum seekers who arrived since 10<sup>th</sup> April and who are unaccounted for, then some 286 asylum seekers (men, women and children) within this 1400 may be receiving supports through the mainstream social welfare system. These would represent 11% of those who arrived since 10<sup>th</sup> April. The other 89% fall into two groups of roughly equal size: asylum seekers who are in Direct Provision and asylum seekers who are not getting any social welfare supports and who are not in Direct Provision. (The latter category includes asylum seekers who have left the State).

#ExploringNDP

You will recall that we felt at the meeting that better alignment of the processes for allocating asylum seekers to Direct Provision accommodation with the processes leading Health Boards to decide to support asylum seekers outside Direct Provision could result in a better outcome for all concerned, including asylum seekers, Health Boards and the Directorate. Specifically, if we can maximise the numbers of asylum seekers who are allocated to Direct Provision accommodation that is suited to their overall needs, then the numbers being supported outside Direct Provision will of course be minimised. The fact that the numbers of new asylum seekers arriving have fallen somewhat in recent weeks, coupled with the increased experience now being built up at the Reception Centres means that we have the opportunity as well as the desire to do this.

In that regard, I would like to bring to your attention a letter that I received today from an Appeals Officer. As you may know, people who apply for Supplementary Welfare Allowance and who are dissatisfied with the determination made by their local Community Welfare staff may lodge an appeal with their Health Board. The Minister for Social, Community and Family Affairs appoints an Appeals Officer or Appeals Officers in each Health Board to deal with such Appeals. In most instances, there is a further appeal to the independent Social Welfare Appeals Office (SWAO), if the appellant is still not satisfied with the outcome of their appeal at Health Board level.

The Appeals Officer states in his letter that *"there are occasions where I am not happy with the standard of accommodation provided, particularly for family units. It is my view that some of the family room sizes are totally inadequate to meet the needs of three to four people. I have had occasion recently on viewing such accommodation to overturn the decision of the (Community Welfare staff to refuse Rent Supplement) and grant the Appeal. .... I would urge that, prior to families being dispersed to particular locations, a thorough, in-depth examination of the standard of accommodation, together with the capacity of the particular accommodation to meet family needs should be fully investigated. I feel if this approach were taken, then perhaps many of the appeals that come before me may not be sustained"*.

While it may seem perfectly reasonable to suggest that such cases be referred back to the Directorate for re-allocation to alternative accommodation, rather than providing support outside the scope of Direct Provision, this may not be possible in practice. If the applicant has established their entitlement to SWA at that point in time on the basis that their accommodation is unsuitable in the context of their accommodation needs or other needs, then the Health Board may not have a basis for refusing payment in such cases. This underlines the importance of allocating appropriate accommodation in the first instance when the newly arrived asylum seeker is in the Reception Centre. It also points to the importance of identifying and responding to all other relevant needs, such as the medical requirements, as was mentioned at our meeting by the Chief Medical Officer, Dr. Jim Kiely.

The Working Group, which will now be established to set out guidelines in these matters, should lead to an improvement in these aspects of the current procedures. As a consequence, Health Boards may find it is necessary to make exceptions to Direct Provision in fewer cases in the future and the exception rate may fall below the current 11%.

In relation to the bulk of the cases that are not accounted for, where no social welfare payment is being made, this Department will, of course, provide any assistance we can.

Yours sincerely,



Brian O Raghallaigh  
Principal  
Planning Unit

CC. Department of Health and Children  
Mr. Michael Kelly, Secretary-General  
Dr. Jim Kiely, Chief Medical Officer  
Mr. Joe Cregan, Principal  
Ms. Dora Hennessy, Principal  
Mr. Fergal Goodman, Assistant Principal

Department of Justice, Equality and Law Reform  
Mr. Tim Dalton, Secretary-General  
Mr. Pat Folan, Assistant Secretary  
Ms. Berenice O Neill, Refugee Applications Commissioner

Department of the Environment and Local Government  
Mr. Jimmy Farrelly, Secretary-General  
Mr. Peter McCann, Principal

Department of Social, Community and Family Affairs  
Mr. Eddie Sullivan, Secretary-General  
Ms. Deirdre Carroll, Assistant Secretary.