Parenting in Direct Provision:

Parents Perspectives Regarding

Stresses and Supports

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'My Love, My Sunshine, You Live on in our Hearts Forever'

Nze Sunny Ignatius Ogbu (1965-2010)

SECTION 1: INTRODUCTION & METHODOLOGY

Introduction

Whilst the topic of asylum seekers in Ireland has been the subject of much research, very little work has been done specifically on parenting and the challenges associated with rearing children in a Direct Provision environment. This report outlines the findings of qualitative research undertaken with sixteen asylum seeking parents regarding their experiences of raising their children in a Direct Provision hostel setting. The study focuses on the participants' experiences of parenting and outlines the challenges reported by them in relation to the various tasks associated with parenting. It also explores their views regarding the supports available to them from various sources, including the state, community and voluntary groups and family and friends. Based on the key findings, the report makes a series of recommendations for policy and practice.

The research on which this report is based was undertaken early in 2011 by the author for her dissertation for the MA in Family Support Studies at NUI, Galway. The objectives of the study are:

➢ To explore the experiences of parents in raising children in Direct Provision centres;
➢ To explore their perceptions regarding the factors that challenge and support their parenting role;
➢ To make recommendations for policy and practice arising from this research.

The purpose of the report is to bring the findings to the attention of a as wide an audience as possible with a view to encouraging a response to the issues raised.

Overview of the Report

This introductory section firstly describes the study design and methodology. A brief overview of the theoretical framework underpinning the study is then provided, followed by an overview of the Irish policy context relating to refugees and asylum seekers. Key themes from the research literature regarding the impact of Direct Provision policy are then summarised.

In Section Two of the report, the findings of the research are presented, focusing firstly on the challenges identified by parents and secondly on their views regarding the supports available to them. Section Three summarises and discusses the findings and makes a series of recommendations.

Study Design and Methodology

This report is based on qualitative research, involving focus groups and interviews with sixteen families in two different Direct Provision centres in the West of Ireland. The author recruited the participants through convenience and snowball sampling, whereby people known personally to the author informed other parents and they in turn informed parents known to them. It had initially been intended to conduct the research in the Direct Provision centres where the study participants live. However, the researcher encountered some difficulty in gaining access to the Direct Provision centres so alternative venues were used, including a room at the local church. Provision was made for transport and childcare where required. Attempts were made to include a range of nationalities, which was achieved to some extent, but it was not possible in the end to recruit participants of Asian origin. The total number of respondents was 14 comprising of nationals from Eastern Europe (Albania); Africans (Liberia, Nigeria, Kenya, Uganda, Zimbabwe & Cameroon).

Potential participants were given verbal and written information about the objectives of the study, including time commitment, the topics that would be covered and all physical and emotional risks involved. The researcher also assured the participants of utmost consideration for their emotions and willingness to stop the interview to avoid further distress. All participants gave written consent (see consent form in Appendix A).

Three focus group sessions and two individual interviews were held over a period of eight weeks. Parents were asked about the challenges experienced in raising their children in Direct Provision centres; the supports they receive in this regard; their experiences of parent support services if any; their subjective well-being and their understanding of stress within the family, general well-being and that of their children. Interview and focus group schedules are provided in Appendix B. All interviews and focus groups were recorded and later transcribed by the researcher. The findings were analysed and coded according to themes which emerged and were relevant to the objectives of the study. Whilst the data was coded and linked to individual participants, these are not included in this report in order to preserve participant anonymity.

Limitations of the Research

Whilst the research attempts to capture the perspectives of parents parenting in a Direct Provision in environment, there are a number of limitations to the research. These include the following:

➢ The sample size was relatively small and cannot necessarily be used for large-scale generalisation of the findings. Despite the small sample size however, many of the findings are corroborated by those of other research reports. The environment of Direct Provision, whilst not always exactly the same is replicated in many other areas across Ireland.

➢ The experiences of children growing up in such an environment are not captured directly through the research as it was not feasible to interview children. The report is therefore based solely on the perspectives of parents and their experiences of parenting. Further research on the perspectives of children would be useful.

Theoretical Framework

This study was underpinned by a number of key concepts and theories, outlined below.

Parenting: Parenting refers to the practices that are associated with the care of children and is seen as 'a fluid set of social practices and expectations that are historically and culturally situated…its meaning is contingent upon broader social,

political and economic exigencies' (Bainham, Day Sclater et al. 1999, cite by Becher & Husain, 2003). The main tasks of parenting as outlined by a Council of Europe (COE) (2006) report include:

- To provide basic care and to protect and nurture the child until an agreed age
- To ensure the safety of the child
- To provide guidance and boundaries
- To provide the child with stability
- To provide the conditions for the child's intellectual, emotional and social development, including the passing on of certain agreed skills and the modelling of desired behaviours
- To abide by the law and contribute to society's security and safety
- To contribute to the economic prosperity of the nation (p.16)

The COE (2006) report further highlighted that 'positive parenting' involves multiple parties which includes parents, children, local and national service providers and the State; with each of them endowed with resources to fulfil their obligations and realise the rights and responsibilities involved in parenting. The ultimate goal in parenting is to enhance the quality of children's lives and that of their parents and society itself. However, there may be a need to support parents in this process due to reasons such as low income, environmental factors, lone parenting and other psychological and emotional reasons. Ghate and Hazel (2002) argue that poverty, social exclusion, stress (unstable mental health); difficult children, lone-parenting as well as the environment are risk factors in parenting and highlight the importance of social support to families parenting in poor environments.

Ecological Model: The 'ecological model' (Bronfenbrenner, 1979) is a useful framework for understanding the challenges people experience in a particular settings and it can help to identify risk and protective factors at various levels of human ecology, such as in community settings and family units (Bogenschneider, 1996). In this study, the ecological approach assisted in providing a framework for data collection and analysis, through the identification of three broad areas, namely:

(i)   individual, strengthening problem-solving and coping mechanisms (risk and protective factors).

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the dynamics between coping and support at the informal, semi-formal and formal levels
ways in which the systems can be improved or modified in order to meet the needs of the individual (interventions and service delivery).

***Family Support*:** Family support is a term used to refer to supports for all families facing the ordinary challenges of day-to-day living, but has a particular relevance to those that are coping with a stressful environment (Commission on the Family, 1998, p.16). The goal of family support strategies is to strengthen the capacity of communities to identify priorities and opportunities, effectively support and provide for the individuals and families who live there, and work to foster and sustain positive community change (Chaskin, 2001; Chaskin et al. 2001 cite by Dolan et al. 2006). Family support practice aims to reinforce positive informal social networks through integrated programmes that are needs-led and combine with statutory, voluntary, community and private/public sectors.

Social Support: Social support has been defined as the *emotional, physical informational, instrumental and material aid and assistance provided by others to maintain health and well-being, promote adaptations of life events and foster development in an adaptive manner* (Dunst et al, 1998:28). It functions as a protective factor in parenting and its absence is a definite risk factor for parenting difficulties of all sorts, including child maltreatment. It can act as a stress-buffering factor by actively providing help or support at moments of particular need and as an indirect factor by bolstering parents' self esteem and sense of efficacy, and generally enhancing healthy functioning (Ghate & Hazel, 2002, p. 17 &106). There are two categories of social support; informal and formal support. Informal support includes networks of family, friends and neighbours, while formal support applies to help sourced from any person or service that is paid (Dolan & McGrath, 2006).

Resilience: Resilience refers to a dynamic process encompassing positive adaptation within the context of significant adversity (Luthar et al, 2000). It refers to a person's ability to recover from very challenging life events. It is the ability of some individuals to maintain healthy functioning in spite of a background of disadvantage commonly associated with poor outcomes (Ghate & Hazel, 2002). Factors within the ecology of the family that boost resilience includes competent parenting, the

availability of supportive partner, close social support, better educational experience and a higher sense of self worth. It has been argued that resilience can be promoted and developed within individuals if risk factors are addressed and protective factors such as family, community and environmental factors are put in place (Rutter, 1993; Gilligan, 2001, Exploring Good Practice, 2003).

Resilient children have parents who are able to model resilience for them (Godfrey, 2005) and they do this by providing children with reassurance and encouragement in times of adversity, helping them to understand and process stress and trauma (Anthony and Cohler, 1987). Religious bodies can also offer such support services. Asylum seekers are not a homogenous group of people and as such have differing expectations needs. There is therefore a need to work with parents, in ensuring that children and families have access to social and community support; adopting different coping strategies for individual children (families) (Rutter, 2001).

The following part of this section outlines the policy context of asylum seekers in Ireland, with particular reference to the Direct Provision system.

Policy Context

Ireland in the past was generally not a primary destination for asylum seekers, in comparison with many other European countries. This was partly due to geographic, political and economic isolation (Prutz Phiri, 2003) and the fact that Ireland was a small island and not traditionally an access point for people fleeing conflict. Ireland was traditionally seen as having a weak economy and was not considered a country of net immigration until the economic boom of the 1990s. During the 1990s immigration to Ireland in general increased rapidly and for the first time Ireland became a country where net immigration exceeded emigration. In the 1990s Ireland began to experience a new phenomenon of larger numbers of people arriving spontaneously in the country to seek asylum. In 1992, only 39 people arrived spontaneously to seek asylum in Ireland, which then rose dramatically and peaked at over 11,000 applicants in 2002. Since 2003, there has been a steady decrease in the numbers seeking asylum, with current levels similar to those in 1996 (Reception and Integration Agency, 2011).

An asylum seeker is someone who is seeking refugee status, which is defined under the 1951 Geneva Convention as a person who has left his/her or country of origin and

is unable to or unwilling to return to it owing to 'a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a social group or political opinion'.

Before 2000, asylum seekers were catered for within the traditional welfare state and entitlement was based on need, just like the average Irish citizen. In April 2000 Ministerial Circular 04/00 was issued by the then Department of Social and Family Affairs, which effectively created the system of Dispersal and Direct Provision. This system was introduced just a few weeks after a similar system was established in the UK (Thornton, 2007). According to O'Mahony (2003), it was officially introduced to address the shortage of accommodation in Dublin and enabled Ireland to fall in line with other EU states that had introduced similar policies.

In addition to dispersing asylum seekers throughout the country and away from Dublin, the policy of 'Direct Provision' was also introduced, whereby asylum seekers were no longer entitled to regular welfare payments, but were provided with basic food and shelter and an allowance of €19.60 per adult and €9.60 per child per week. The rates have not changed since the introduction of the system in 2000. The policy removed future asylum seekers from mainstream social and welfare benefits, introducing a residualised system of 'no choice', dispersed accommodation (Cunningham & Tomlinson, 2005). Initially some other supplementary allowances were still available such as child benefit, disability allowance and other family support payments. These were gradually all withdrawn and in Budget 2010, asylum seekers were denied the right to receive any support other than Direct Provision under any circumstance.

Asylum seekers have no choice regarding the part of the country they are 'dispersed to' neither are they informed or given an opportunity to gather information about the location of their transfer. Residents are not allowed to cook their own food while living in Direct Provision centres and are mostly required to share their bedroom and bathroom facilities with other residents. The policy has been criticised as a barbaric system aimed at socially excluding asylum seekers from society (Thornton 2007) and as 'a rights violation contributing to material deprivation and social exclusion among children who are seeking protection (Children's Rights Alliance, 2006; UNCRC Concluding Observation, 2006).

The Direct Provision scheme is administered by the Reception and Integration Agency (RIA), which operates as a division within the Department of Justice Equality and Law Reform. RIA has responsibility for contracts with hotels, guesthouses and hostels throughout Ireland that provide full board accommodation for asylum seekers; health-care, education and other ancillary services.

Impact of Policy on Refugees and Asylum Seekers

This sub-section summarises some of the key themes in research literature regarding the impact of this policy on the lives of refugee and asylum seeker families and children. Research evidence regarding poverty and social exclusion, mental health, children's well-being and parenting are reviewed.

Poverty/Social Exclusion among Asylum Seekers
The Irish government's National Action Plan for Social Inclusion 2007-2016 defined people as living in poverty if 'their income and resources (material, cultural and social) are so inadequate as to preclude them from having a standard of living which is regarded as acceptable by Irish society generally. As a result of inadequate income and other resources people may be excluded and marginalised from participating in activities which are considered the norm for other people in society' (Office for Social Inclusion, 2007). Social exclusion and poverty is an underlying feature of the lives of asylum seeking families in Ireland and they fall into this category outlined above due to the very low levels of financial support they receive in addition to the accommodation and food provided in the hostels. Fanning (2002) argues that successive Irish governments have advocated the exclusion of asylum seekers from participation in Irish society under the guise of 'administrative purposes'. The practices towards asylum seekers have been criticised as the creation of a "new apartheid" (Mynott, 2002) and a system aimed at socially excluding asylum seekers and enforcing abject poverty and an abuse of basic human dignity (Thornton, 2007). Being confined to a 'space' and dependent on hostel staff has a clear impact on the self-sufficiency of asylum seekers and their ability to regain their independence, privacy and autonomy.

Mental Health Issues among Asylum Seekers

Mental health is an integral and essential component of health and represents more than the absence of mental disorders or disabilities. It is defined by the WHO (1999) as 'a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community'.

A number of pre- and post-arrival factors contribute to the mental health difficulties experienced by asylum seekers living in Direct Provision, including feelings of isolation and loneliness caused by forced migration. These are further compounded by other factors, such as:

- Social exclusion
- Loss of extended family and that of their significant social networks
- Long periods of time spent in an institutional setting
- Stress associated with the asylum process un uncertainty surrounding their status
- Lack of employment possibilities
- Cultural shock
- Loss of autonomy
- Lack of cohesive social support
- (Dutch Refugee Council, 1997; Rutter & Jones 1998; Birnett & Peel, 2001; Dwivedi, 2002; Okitikpi and Aymer, 2003; FLAC, 2009; Toar et al 2009; HSE 2008).

The ability of asylum seekers to overcome the often traumatic experiences they have undergone before and during their journey from their country of origin and to deal with the multiple losses they have experienced is less likely to be reduced if reception conditions in the host society continue to be stressful and insecure (Free Legal Aid Centres, 2003). Studies have found a link between mental health problems and long period of inactivity in communal accommodation suggesting that long periods of inactivity and loss of control over normal daily life makes people institutionalised and unable to cope with independent living (Irish Refugee Council, 2001). Other studies

have found associations between living in Direct Provision centres and increased stress (Fitzpatrick, 2004).

Effects on Children's Well-being

Research indicates that the effect of dispersal and Direct Provision on the well-being of asylum seekers has largely been negative and has had a detrimental effect on family functioning and child development (Fanning, 2001; Irish Refugee Council; North West Health Board 2004; Veale and O'Connor, 2001; Akidwa 2009). Fanning (2001) documents how living in overcrowded and confined space with little or no access to study and recreational space, lack of control in relation to meals, inappropriate diet coupled with the lack of resources to supplement their diet and rationing in an effort to provide for the needs of their children has had a negative impact on the well-being of asylum-seeking children.

The right of all children to play and recreational facilities, guaranteed under the UN Convention on the Rights of the Child (UN CRC), has been identified as a priority issue by the *National Children's Strategy* and the Children's Rights Alliance urges that attention be paid to the specific needs of asylum seeking children in the development of the *National Play and Recreation Policy* (Fanning, 2001; IRC, 2001). This lack of study space and recreational facilities, forcing children to be confined indoors permanently and restricting their interactions with local children may be in breach of articles 28(1) and 31 of the UN CRC (right to education, and the right to participate in leisure, recreational and cultural activities respectively).

Parenting in Direct Provision

Research has emphasised that there is a lack of privacy in Direct Provision for both children and adults, and it has been argued that children cannot have a normal childhood living for prolonged period of time in institutional settings (IRC, 2001; Integrating Ireland & Children's Rights Alliance 2009). Parents in Direct Provision live in a communal setting with a range of other adults and children, with no previous connections to each other. Boundaries and roles can become blurred for children, who are at risk of attaching to a range of different adults. Research has shown there is a need to for early intervention to support parents in this setting who may be having difficulty in forming an early attachment with their children, as the quality of

parenting is a crucial factor which makes most 'difference to a child's outcome' (Child Poverty in the UK, 2004).

Furthermore, most parenting problems experienced by families are compounded by poverty as noted by Ghate and Hazel (2002), that most parents do not perceive themselves as having problem with parenting, but see poverty as the root of their problems. Similarly in research carried out by Quinton (2004, p.210) parents reported that over all, tackling material poverty and deficits in family resources was their prime concern and that poverty was the cause of their many problems.

SECTION 2: RESEARCH FINDINGS

Introduction

This section presents some of the key findings from the focus groups and interviews conducted with parents as part of this research. Quotations or sources are not linked to particular participants in order to preserve their anonymity, which was paramount in reporting the findings. Asked about the challenges they faced in parenting, participants identified Direct Provision as the main factor which gives rise to the other challenges they face as parents. The challenges identified by parents were grouped into a range of themes, as illustrated in Figure 1 below. The challenges identified by parents included basic care and nurturing of children, ensuring the protection and moral guidance of their children, coping with financial stress, impact of Direct Provision on family dynamics, their psychological well-being and the educational / social development of children. Each of these challenges will be discussed in turn. Participating parents view Direct Provision as the root cause of these challenges. The section then proceeds to a review of findings in relation to the supports that were identified by respondents as helping them to cope with the challenges identified.

Figure1. Depicting the Direct Provision Environment and its Impact on Parenting

Basic Care and Nurturing of Children

One of the most obvious parenting tasks relates to the provision of food and shelter for children. The respondents in this study describe how they lack control over their most basic tasks due to the nature of the Direct Provision system. The study found that the regimented feeding times and not being allowed to cook was a major challenge for the parents and was linked to an inability to provide basic care and nurture for their children. The respondents complained about not being allowed to cook for their children and being required to force their children to come down to the dining room at set times. The parents described that even when they were unwell or sleeping and unable to accompany their children to the dining room, the children were not permitted to eat without them, thus causing them to miss their meals. This was of particular concern to lone parents. Respondents also referred to instances where they had been prevented from taking food to their room, which canteen staff threw out in the presence of their children. As a result, parents said that children may go to bed without having their evening meal. Parents feel that they cannot meet their children's dietary, nutritional and cultural meal needs and believe that the food is not necessarily age appropriate. This was summarised by respondent as:

> *'my child goes in and comes out and says mummy, it's the same thing, I don't want to eat, when he requests for a particular meal, I cannot provide it because there is no money. Its always rice and potatoes, they don't think about nutrients, anyway the food is not for growing, but so that we will not die, whether you are healthy or not, it is not their business...'*

> *'for the weekdays it is okay, but for weekends, the children want to stay in bed and maybe watch television for a while, but they will be forced to go to the canteen otherwise they will miss their breakfast which is the most important meal of the day. And sometimes, as a parent I am too tired to go down with the children, but if we are in the house they would go to the kitchen and fix themselves breakfast, even if it's a bowl of cereal'.*

Comments were also made about the attitude of the canteen staff towards residents and meals*:*

'They always use the word 'I don't care', the other day I was helping out in the kitchen and one of the staff included rotten food in the pot and I told him, that is spoilt and he told me, 'I don't care', this is just what we see, not caring whether we eat poison or not, that is why we are always getting sick, the way they even serve you the food as if we are animals, it is terrible, only God will keep us going'.

Some mothers who participated in the research said that they are unable to provide sufficiently for their babies in terms of nappies and baby food/formula. They are provided with nappies without wipes, which are often insufficient for their children. Similarly they are provided with just one type of formula and cannot request a particular type, even when the child is reacting to the formula or refuses to take it. A medical report is required for any changes and once a child reaches 12 months old, they are weaned off formula and forced to take the food provided by the hostels. One parent remarked that:

'I don't know if the €19.10 is for the pampers or the milk, it is never enough what they give and we end up buying more or if we cannot afford it, we beg from people who are doing exclusive breast feeding'.

This restriction of nappies was linked to increased nappy rash due to rationing of nappies. Parents were also concerned about the malnourishment of infants who refused to take a particular formula.

Child Protection and Moral Guidance

One of the responsibilities of parents is to provide guidance and boundaries; provide basic care and to protect and nurture the child until an agreed age and also ensure the safety of the child (COE, 2006). The respondents in this study highlighted that the environment posed a significant challenge which prevented them from carrying out these duties. The major issue which arose from all group discussions and interviews was the lack of space and confinement of large families into one room, which could not fit in any other furniture apart from the required number of beds and bunk-beds. One parent explained that

'the room is not adequate at all for my family; we are five in one room and have to share one toilet and bathroom. My daughter is a big girl and the boys are growing, and when we want to change we go into the bathroom to change, because we cannot chase them out; God forbid that my male children should see my nakedness, all because of Direct Provision life. I have not ceased in praying to Allah to grant me my residency and I know he will answer me'.

The parents said that they feel unable to communicate openly with each other because the children might pretend to be sleeping and they are actually awake. Parents expressed the view that young children staying in one room with either their mother or with their parents are being exposed to things that are inappropriate for their age. The respondents referred to some incidents to illustrate this.

'at times when I am having some discussions or some intimate moments with my wife, my son comes and says leave mummy alone, we are not allowed to have relationship as married partners and we are constantly afraid for fear of the children seeing us'.

'the other day, my daughter went to school and reported that the dad is always beating me, because she always hears me cry, screaming at night. And I was summoned to the school, and told them that there is no such thing, because the teacher was worried about the effect on my daughter, I later realised that it must be while we are having intimate relationship at night, because my husband has never laid his hands on me. I later asked my daughter and she said it is always at night that she hears me scream, can you imagine the undue exposure and trauma on these children, because I know it does not only apply to me, but to other couples with children in Direct Provision, we are all stuffed into one room and the fact is I don't know if they are intentionally doing this to punish us and our children, because which government would leave a family with children such condition for 5 years, it is impossible'.

A number of participants described an incident whereby a four year old child was observed imitating sexual acts on some children in one of their facilities, which they linked to what he may have witnessed in his parent's bedroom. The case was

investigated with the relevant authorities and the family were subsequently transferred to a family-friendly Direct Provision centre. The respondents highlighted how sharing one room makes parenting difficult and believe that it leads to difficulties between children and parents. All respondents, regardless of family composition suggested it should be mandatory for all families with children to have at least a two-bed room facility.

In the case of one respondent, the family had been allocated two rooms, but not close to each other, which carried its own problems as the respondent explained:

> '*my husband is in one room with two boys and me in a separate room with my daughter and even on different floors, not in rooms next to each other... We cannot have any meaningful discussion or relate as husband and wife or as a family, because whether you like it or not, the separation had been placed and if it continues for a long time, we will not see ourselves as couple, but as two different individual parenting alone, even now I say my daughter and your boys*'.

For some respondents who have one child, having to share one room with another family was identified as a major challenge of being a parent in Direct Provision centre. One respondent described her experience as follows:

> '(she) *has mental problem or so depressed, and is always screaming at her child and your child. My baby cannot sleep, because she is playing loud music and cannot even mind her child; she may even have post-natal depression but no one cares, and I and my baby are suffering, When I complain to the management, they do nothing. It is affecting me and I am becoming paranoid and this is not making me a good parent*'.

Security and safety issues were also highlighted, mainly due to the lack of play and recreational facilities for the children in the centres. This was a common challenge reported from the two centres. This factor, as the parents pointed out led to security issues and fear over the friends and lifestyles their children were being exposed to. They talked about having no control over the friends their children associated with and the rooms they went in to play due the communal setting of these centres. They further explained that some children are left on their own in their rooms without any

moral support or discipline from their parents. They believed that these children can watch any programme, view inappropriate materials on the Internet and watch adult movies. The limited space, which means that children are confined to either the corridor or other residents' rooms is seen as contributing to bullying, abuse and undue influence by older children. Some parents recalled instances in which there was concern for the safety and concerns of particular children. Under the appropriate Children First Guidelines, such incidents were reported by the researchers to the relevant social work authorities.

In addition, the residents in Direct Provision 2 expressed concern about the inclusion of single males in a family accommodation centre, which created a sense of fear for the safety of their children. Concern was also raised about young female residents becoming pregnant.

> '*keeping young men and women together without doing anything, no work, no school, staying in the cold, they are forced to do something and children are growing up seeing all these. As they say, loneliness can bring the beast out of a man.*'

> '*There is little or nothing we can do, rather than talk, advise and pray for our daughters. We fear for the unknown, we don't know who our next door neighbour is, if the person is a paedophile, an ex-convict or even grooming your child for prostitution and you are living in direct proximity with the person and your children. It is un-ethical, not proper to bring up children that way. It creates so much stress and your blood pressure rises. This also puts the children at risk; there is no recreation ground for the children to play, the only place is the corridor, your room or other residents' room and you don't know whose room they are entering and what is happening to them. The space is small and you cannot hold your children in one room for 24 hours, you will explode*'.

Respondents of the other hostel however did not report such concerns as it did not house any single males.

Parents also expressed concern about the access to the public space and proximity to pubs and other adult amenities in Direct Provision 1, the respondents described incidents whereby their children were caught wandering on the main roads and again child safety concerns were raised in relation to non-residents interactions with children. Such incidents have made them acutely aware of their environment and thus they have adopted their own measures of watching over their children and ensuring that they are either in the room or in the corridor playing, which also has its own effects in terms of the impact on space and rest of parents and other children.

The different styles of parenting between the different nationalities in the centres and the Irish people were also identified as a challenge. Some respondents felt that children were given too much freedom and more room to disrespect their parents and they find it difficult to control their children. Different cultural values surrounding child-rearing sometimes caused friction and difficulty within families where children became more aware of differences in parenting styles. Some parents felt that the freedom in Ireland gives the children the feeling that they are in control and can have whatever they want. This was then coupled with the severe limitations of Direct Provision where parents cannot meet these needs. As one respondent commented:

> '*Not because we don't want to, but because our condition deprives us of the opportunity to provide for them, yet we are portrayed by the system of parenting here, that we don't love them*'.

The majority of the respondents felt that there is interference and influence from other parents in the centres and they expressed difficulty in bringing children up the way they see fit. Direct Provision by its nature is made up of people from diverse cultures and nationalities, thus carrying a range of parenting practices, which sometimes causes clashes amongst parents. Children can become confused due to the mixed messages they receive from a range of individuals. As one mother commented:

> '*for me I am an African woman, and we have good values with the way we bring up our children, in my culture the way a girl is brought up is different from a boy. I cannot imagine my children greeting me without doing it the proper way, or my child telling me come on mummy, that is an insult I cannot accept that*'.

Some parents reported that when they try to correct their children in line with their culture and religion, other parents sometimes interfere and may ask 'why' in the presence of the child, thus confusing the child and posing a difficult situation for the parent in his/her parenting role. One of the interviewees said his son always tell him and his wife when he's corrected that:

> '*Mummy J says that it is not the right way'. As small as he is, he has been influenced by his friend's mother and believes that what that parent says is the right thing and that we are wrong. He also likes staying with this particular parent, because for some reasons this single parent is able to provide toys for her children and gives them treats with my son, so he feels comfortable, freer and more attached with this particular parent and feels that whatever she says supersedes and is correct. I cannot be alive and some other person is influencing my son at this tender age and trying to steal his affection and love, so I have stopped him from going to that particular parent's room and playing with them*'.

For some parents, the input of other parents was seen in a positive way and helped them with their roles as parents, for these parents they believe that there are some things which they learn from other parents and one parent said:

> '*In Africa, there is a saying that one person does not train up a child, but the whole community. So the presence of other parents to correct your child when they are wrong or /misbehaving is appreciated*'.

The consensus however, was that if they were outside the Direct Provision system and living in their own homes they would have direct responsibility for their children and could parent in the way they wanted. The parents who were interviewed made a number of recommendations to counteract these challenges. These included:

> ➢ Family-friendly accommodation with sufficient space for families to be housed together, with separate bedrooms for parents and children and the provision of single rooms for adolescents and single adults.

- The separation of families from single people and particularly to house single males separately.
- The provision of recreational facilities and calm study spaces in order to meet the developmental needs of children.
- The provision of kitchenettes in each space so that families could cook for themselves.
- Some of this they felt could be achieved through transferring families to existing family-friendly accommodation.

The parents suggested that such measures would make their lives and the task of parenting easier until they could move into mainstream accommodation.

Education and Social Development

Another important role for parents is the promotion of their children's education and social development and encouraging them to realise their potential. The interviewees all agreed that the lack of conducive study and play space impacted on their children's educational and social development. This was seen as incompatible with the vision articulated in the National Children's Strategy and the right to survival and development, as enshrined in the UNCRC. One of the responsibilities of parents is to provide the conditions for the child's intellectual, emotional and social development, including the passing on of certain agreed skills and the modelling of desired behaviours. The respondents said that their children either sit on the floor or lie on the bed to do their homework due to being confined to one room and must try to concentrate in spite of noise and distraction from other family members sharing the same confined space. The respondents expressed the view that the absence of proper study space and furniture prevented their children from studying for their exams or doing their homework, which they felt in turn limited their ability to reach their full educational potential.

For some of the parents, an after-school homework club in the city was found to enable their children to mix with other children in the community in addition to completing homework in a more conducive environment and participating in free extra-curricular activities. However, the lack of available transport was seen as a barrier to attendance at this facility as parents struggled to find the money for bus fares. The respondents with pre-school children expressed satisfaction with the ECCE scheme, which allows children over 3 years to attend pre-school, unlike previous

schemes, which excluded asylum seekers. They were also happy to now have a choice of pre-school facility, unlike previously where some were restricted to only using a facility exclusively for asylum seekers. The opportunity to mix with other children at this age was highlighted as an advantage.

Some parents in the study were very aware of the impact of Direct Provision on the ability of children to reach their potential and one parent recited the vision of the National Children's Strategy by heart during the interview:

> *'an Ireland where children are respected as young citizens with a valued contribution to make and a voice of their own; where all children are cherished and supported by family and the wider society; where they enjoy a fulfilling childhood and realise their potential.*

This was seen to be in direct contradiction to the lives the children led in Direct Provision and some parents also referred to the French riots of 2005 and 2007 which was as a result of youth unemployment and lack of opportunities in France's poorest immigrant communities, which they envisaged happening in Ireland, if proper measures were not taken.

Parents were also very concerned about their adolescent and young adult children who were deeply affected and isolated by Government policy that did not allow them to further their education or seek employment. The pain of seeing their class mates and friends continuing their education while they cannot was seen to affect their mental health. The inability to help their children also affected the parents. This was summarised by one young person as:

> '*we cannot work; we cannot continue our education; we cannot have any allowance; we don't have any privacy for our friends to visit and we cannot even stay with our friends, what do you want me to do at my age. I have no rights at all, I am just a common vessel, and everything human has been taken from me, only Allah knows*'.

Most parents accepted however that their younger children were happy in Direct Provision, because they were still young and had no idea of what was happening and

the high concentration of children gave them the opportunity to play happily. As children became older however, they became more aware and felt more restricted. School was generally perceived as a very positive influence in children's lives that allows them to play and to mix with other children, but differences become apparent once they make friends and realise that they do not have a 'home' in the same sense. Play dates, sleepovers or birthday parties are impossible for parents in Direct Provision to organise and some parents felt they were depicted as bad parents by their children's friends at school.

All residents agreed that the Direct Provision was the root cause of their challenges and the major cause of unhappiness for their children especially those who were of an age of understanding. Recommendations made by the respondents in relation to children reaching their potential included:

- Provision of play and study areas and/or provision of homework clubs in close proximity;
- Provision of school transport for children or bus passes;
- Choice of pre-schools.

Financial Support

A fundamental role for parents in society is the financial support of their children. All respondents who took part in this study highlighted the lack of money as a key factor in their parenting difficulties. Financial resources were linked to a wide range of factors and particularly social inclusion through being able to meet children's needs to help them develop socially. The children were aware of the advantages other children had and found it difficult to have a comparable lifestyle, thus leading to further social exclusion. This included not being able to participate in school activities and tours, wearing worn out uniforms, not having the correct school materials and no choice of food for the school lunches. Luxuries like visiting the cinema or travelling to places of interest were impossible and the provision of basic items such as body care essentials and underwear were also unaffordable.

There was a general agreement that their income is insufficient to meet the needs of their children and family. Moreover, they complained about measures by the Community Welfare Officers not to pay their allowances citing various reasons,

including not being able to provide bank statements. Many said that they were forced to beg or rely on charitable donations of clothes and other items. Some respondents said that the financial situation has pushed some parents into prostitution in order to provide for their children. Whilst such a practice was not condoned or encouraged understood that some mothers felt they had to take such extreme measures in order to provide for their children. They were also concerned about the impact this was having both on children, some of whom were becoming aware of it. It was also a concern that some men from the wider community were encouraging the practice by coming to the centre to solicit sex from vulnerable parents. This practice was again linked to the extreme lack of financial resources and the inability of parents to work and provide for their families, which is possible in all other countries in the EU and a condition of the EU Asylum Reception Directive, which Ireland has not adopted.

Psychological Well-being

The psychological well-being of parents is an important factor in carrying out and fulfilling parental responsibilities. The respondents when asked about the psychological impact of the Direct Provision on their parenting skills and all agreed parenting in Direct Provision was affected by the regimented lifestyle and the lack of control and ownership of their lives and that of their family. The feeling amongst all the parents was that their lives were in the hands of the hostel management. For the children, the parents said the regiments and restrictions in the centres also make them feel marginalised and different from other children and since they know they are different, it affects their self esteem and progress in life. As a result, they feel unable to provide their children with stability and emotional development. One of the parents commented that:

> '*It is mental torture for one to leave his country and family, then coming here to face all these restrictions and emotional torment is worse. You have to sign in everyday...All these restrictions and regimented lifestyle have knock-on effects on our children, it tends to build up, and when the brain explodes, you are like a moron, you have no direction, like a zombie, waiting for the next instruction from the management or the Justice people. How can you be a good parent, when you don't have control over y*our life, *and cannot control your children's life, you have everything, power, control taken over from you; who is parenting who*?'

Their inability to stand up for their children when they are being bullied or insulted by hostel management was also highlighted as a challenge. Parents often felt helpless and unable to offer protection to their children, as summarised by one parent:

'When the children are called monkeys by hostel management and you as a parent cannot challenge, because of fear of being punished. Your children are being insulted, dehumanised in your presence and you can't stop it; you are worthless and seen as a weakling by that child. What is the duty of a parent when you cannot defend your child, when you loose your dignity and self respect? The child will not respect you and will look down on you, how can you correct the child or direct the child, if the child continuously sees you being insulted and talked down on by people without any reaction'.

Another parent complained that his son persisted in asking him:

'What are we doing here, lets go back home, I don't want to be here'. If a child of 8 years can be saying this, you know what that means, but there is nothing I can do; I don't have anywhere to go, neither do I have the money to take them out of this place and the government for how many years now, does not want to decide on our case'.

The psychological effect of not knowing what the future holds for them and their children was also identified as a challenge. They said they are hugely affected by this due to its mental torture and see it as '*intentional and planned punishment*' to make them and their children lose their minds. Their fear is that their children are growing up from toddlers to teenagers in this condition, knowing full well that they are different and that something is wrong. Such children were perceived as growing up insecure, non-assertive and developing an inferiority complex, which in turn affects their self confidence and makes them unable to relate to other people. The medium and long-term impacts of growing up in such an environment presented a worry to the parents, who had concerns about gangs or violence in the future. This was further compounded by a sense of fear and uncertainty about the future and the constant risk of deportation.

Parents were also affected by their children's responses to the situation and the blame they sometimes put on their parents for inflicting such a situation on them. Some of the parents remarked that their older children actually call it 'prison' and are constantly asking their parents when they will be leaving the centres to a 'proper home'. This has actually made the parents stop taking their children to their friends or relatives homes because they find it difficult to leave when they get there. The concept of 'home' was a difficult one and parents had concerns that children born in Direct Provision had no experience of the concept.

The psychological stress of parenting was expressed as slightly greater for the lone parents than those parenting in a couple who had the support of each other, although all experienced stress in their parenting roles. This led to increased conflict within the family and had led to break-ups between partners in some cases. The inability to be a proper role model for their children was a considerable concern, as one parent remarked:

> '...the children are growing up never to see their parent going to work and each time they make a demand, you cannot meet it, they see their parents as being irresponsible. If you are able to provide for them and have a job, you will be their hero and they aspire to be like you and they respect you. At least there are basic things a man should provide in a home, but you are powerless, everything is taken off you by the government, you are reduced to nothing and worthless. Your wife looks down on you, you don't have a say in the family anymore. What can you do, after destroying your family, it takes years to build ones self esteem and respect, children are growing up knowing that food is provided by the hostel and money is collected on a particular day from the post office'.

The perspectives of stakeholders suggest that the exclusionary measures of the asylum and Direct Provision policy has prevented them from carrying out their responsibilities and duties, such as providing emotional development, passing on of certain skills, modelling of desired behaviours and contributing to the economic prosperity of the nation. All these contribute to their poor mental health, which affects both the parents and children.

Parents Perceptions of the Supports Available to Them

This section, drawn from the findings of the research, highlights the protective factors within the parent's ecological network; respondent's perceptions of support and the nature of their present support. The respondents all agreed that the only way out and the only thing that could improve their parenting is 'freedom'. One parent summarised the situation as:

> 'Option 1 is freedom, option 2 is freedom, option 3 is freedom, everything is just freedom'.

The sense of freedom was linked to everything and many believed that once they had a positive outcome of their application, all other factors would fall into place.

However, while still in Direct Provision and awaiting the outcome of their applications, the protective factors for the respondents were the supports both informal and formal that are available to them. It was also identified that acts of volunteering and involvement in certain groups acted as buffers for these parents.

Informal Support Networks

The informal support available to couples was perceived as greater than those parenting alone as the presence of a partner made coping easier for the parents. The couples in the study all highlighted the benefits of being and parenting together on the basis that they can act as a source of support for one another and have someone to talk to, someone to seek advice from and when challenges arise they brainstorm together for solutions. One of the partners said:

> 'I don't know how it would have been without my husband here, he is my best friend and we can talk about our problems and share it, no matter how difficult this our position is, having someone to discuss it and cry to is better than being alone with these children, I would not have coped'.

All those parenting alone in the study complained that being alone and parenting alone is a big issue and that they miss that extra support from their partners:

'my husband's absence is affecting me, you know children always have fears for the fathers more, but there is no father figure and no role model for my boys, I am doing everything myself. When I have any problem with the children, there is no one to talk to immediately, I have to look for money to top-up and call and cannot even talk for long, its just not the same thing as being together, his absence is making it difficult to cope'.

When asked about their informal support networks, there was a mixed response. About half of the respondents felt that they had good networks within and outside the hostels and that they would depend on each other if they needed time to go outside the hostel. The other half felt that though they had friends in the centre, the supports were not entirely based on reciprocity, but often involved monetary compensation for supports such as child-minding. However, the respondents complained that this support has been threatened by the hostel managements' warning statement that no parent should leave their children in the care of other parents, except in extreme or emergency situations, and if they do so, the management should be notified for approval.

Most parents felt they had some social support in terms of having someone to talk to, but it was difficult to translate into more concrete supports. Some difficulties were experienced in friendships with people outside the Direct Provision centre and there was sometimes a fear that invitations were issued for underlying reasons such as to do childminding or cleaning for that family. In some cases however, positive friendships had flourished and children who had opportunities to spend time away from the hostel were able express themselves differently and often returned refreshed

Formal Support Networks
The respondents said they have had supports from community based and non-governmental organisations through offering of services, activities and also advocacy representations. These included specialist organisations such as those offering counselling and support, migrant organisations and a volunteer centre. Parents were grateful for the weekly parent and toddler group and youth club, but highlighted the need for parenting support. This was particularly relevant as a clash of parenting practices and cultural norms sometimes caused difficulties. Some parents knew that some of their practices may not be considered acceptable in Ireland, but found it

difficult in the absence of alternatives or parenting training and support. Other sources of semi-formal support included after school services, schools and GPs.

Whilst recognising the important sources of supports and interventions, parents also highlighted the issue of identification of needs before setting up programmes. They expressed a desire for more culturally appropriate parenting supports, which would involve parents (i.e. cultural competence). One parent commented:

> *'The parenting course was designed and we were informed, not asked if we wanted, what we wanted, where we wanted it, because we would like to mix with other people in the community and have an idea to know what their experiences are and what is expected of a parent in Ireland. They cannot just be condemning our parenting practices, because there are many good things about it, so they should borrow ours and keep some of theirs and merge them together'.*

The respondents also stressed the need for a more preventative support measures in the area of support for pregnant and nursing mothers in the hostels. They highlighted the increase in depression and mental health related issues amongst these groups of parents due to the conditions in the Direct Provision, some without the presence and support of their partners. In some cases of severe mental health, children were taken into care. The residents all highlighted the need for more parental support especially in the area around mental health support.

Specialised Support
The one theme which featured most in the responses received from the field research was the prominent factor of religion as a form of social support both informal (church members) and semi formal (the church itself). The importance of faith was a recurring factor during the interviews especially in the provision of concrete and emotional supports and as strength based factor in the lives of both parents and children and a big factor in their coping. There was an element of religious support amongst 90% of the participants, who exhibited high level of involvement in churches and mosques. They all said what helped them and still helping them to continue living was their religious belief, so faith was a big factor in their coping mechanisms.

SECTION 3: DISCUSSIONS, CONCLUSIONS &RECOMMENDATIONS

Introduction

The right to family life is set out in Article 41 of the Irish Constitution, which states that the State recognises the family as 'the natural, primary and fundamental unit group of society... The State, therefore, guarantees to protect the family in its constitution and authority, as the necessary basis of social order and as indispensable to the welfare of the Nation and the State'. Similarly, the *National Children's Strategy* 2000-2010 also recognises that the family generally affords the best environment for raising children (DOHC 2000). The Final Report of the Commission on the Family, *Strengthening Families for Life*, identified the experience of family living, as the single greatest influence on an individual's life and identifies a supportive family environment as the foundation on which children can build the wider network of relationships they need.

The respondents who participated in this study expressed the belief that the policy of Direct Provision has impeded their parenting roles and their right to a 'normal' family life. As parents, they are restricted in performing basic roles that are taken for granted by the vast majority of parents in society, including choosing what their children eat and when, where they go to school and whom they socialise with. The communal nature of accommodation and the lack of privacy have impacted on family life of the respondents in many ways. Respondents believe that their children have diverse adults to listen to and take instructions from, which can lead to confusion for children and conflict between parents and children. These parents also expressed fear about the possibility of their children being attached to other parents in the Direct Provision centres and concern regarding their ability to protect their children from what they perceive to be inappropriate or immoral influences.

The parents also highlighted that their children's educational development was hindered due to the policies governing asylum seekers. Katz (2006) argues that the culture of learning created in the home is a crucial factor in determining how children will approach the task of learning and their attitude towards education and training. The parents in this study spoke of the unavailability of proper study space and play areas which are crucial for the educational, social and psychological development of

children. The Children's Rights Alliance and others have urged that attention be paid to the specific needs of asylum seeking children in the development of the National Play and Recreation Policy (Fanning, 2001; IRC, 2001). The lack of choice over children's school and exclusionary 3rd level educational policy expressed by the parents is contrary to Irish legislation and policies, which considers all children equal in the eyes of the State (Fanning 2001 & 2004; Christie, 2003). The findings highlight that asylum seeking children are not given equal opportunities in line with other children to realise their potential; they are not entitled to progress to third level education, nor are they housed in suitable accommodation that offers them the freedom and space required by every developing child.

Respondents in the study described how the financial constraints arising from their very small income added extra difficulties in family life. Parents said that they could not afford to participate in community or recreational activities which would enrich them and help in developing concrete family ties. The Partnership 2000 Agreement (1996, p.242) defined social exclusion to be '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'. This coupled with the low income and state support given to them affects them in parenting because of their inability to meet the many demands of their children and push further in being socially excluded from the society.

The respondents in this study spoke of how prolonged stays in the centres, the strain of living in over-crowded room, poor/inadequate diets, inadequate/unavailability of recreational and study space and the educational restriction for older children increased their mental health problems and those of their children. Mental health is not only the absence of clinical ailment but 'a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community' (WHO, 1999). There have been many recommendations from expert reports such as 'A Vision for Change' (2006) and HSE Report (2008) to include minority groups including asylum seekers in policies relating to mental health initiatives and the need to implement an intercultural approach towards planning and delivery of care and support services in an equal, accessible, and effective way which acknowledges and values the diversity of all service users and improves social inclusion and integration through multi-disciplinary teams and community based approaches.

These recommendations could help in reducing some stressful life events such as feelings of disempowerment, isolation and loss of self esteem in the lives of these asylum seeking parents and will in turn benefit parenting by freeing up some of their psychological and time resources that can be turned to rearing children.

Whilst they cannot be seen to be a representative sample of asylum seeking parents in Ireland, the participants in this study nevertheless present a case-study narrative of the experiences of particular parents and many of their experiences have been corroborated in other research reports on the experiences of asylum seekers in Direct Provision (Fanning and Veale, 2004, Akidwa, 2010).

How Can Asylum Seeker Parents be Better Supported?

The key protective factor identified by the respondents in this study that would improve their situation is 'their freedom' from Direct Provision. The findings identified supports from partners and from their faith as among the factors that help them to deal with their parenting difficulties. Wiley et al (2002) (2000) argues that, in a buffering model, religiosity protects some people from negative consequences of stressful life events. The majority of the respondents also said that they have increased their social networks through volunteering for different organisations and also through the ethnic minority group networks in the city. Most of the respondents are still involved in volunteering as a way of keeping busy and countering stress in their lives. It also made them active and positive contributors and participants in their community, good role models to their children, improve on their skills, learn new skills and gave them a sense of self worth and respect from their family and associates. These networks have acted as protective factors which supported them through various trainings, empowerment and invites to family functions which gave them the opportunity to mix and interact with other families in the community. Dolan (2006) argues that when people have good support networks, skills acquisition and get engaged in activities which de-stress them and give them a higher sense of self worth they become resilient despite the adversity they are facing.

From their testimonies, parents identified the need for intervention programmes to reflect their needs through a mixture of information, advice and support. It is this choice which is pivotal to parents who after all, know their children better than anyone else and want to be in control of situations when seeking help. Parenting

difficulties are increased by the stress of poverty which these participants expressed cannot simply be addressed by raising their incomes but by offering practical assistance combined with other forms of support. This is because their difficulties are multi-dimensional, therefore more targeted and needs-led interventions which would prevent damage on the family are required (Katz et al. 2007).

Intervention should not only concentrate on meeting the needs of families, but should involve provision of skills to help cope, such as volunteering. It should also be, as identified by the parents in this study needs-led and age appropriate. There is also need for any support programme to be culturally competent embracing the cultures of the asylum seekers and merging it with Irish culture. Samantrai (2004) argues that cultural competence is respect for and acceptance of other cultures and there should be willingness to adapt practices to accommodate difference, so that the services offered will be relevant and appropriate to the client. Child rearing practices have been argued to be in a way the most important manifestations of cultural assumptions (Woodcock, 2002).

The ecological factors which are several inter-connected systems such as family, community and the wider society in the lives of these parents must be understood and their impacts identified. There is therefore a need to adopt an ecological approach in working with asylum seeking parents to identify both the risk and protective factors in their families and communities that is hindering or supporting them in their parenting roles and thereby identify the best and most appropriate interventions. The message here is for practitioners to adopt a holistic approach and identify the risk factors that are causing the challenges in the lives of these asylum seeking parents and thereafter design interventions which would highlight their strengths and make them more resilient. All support should be geared towards optimising strengths based approaches such as social support and maximising strengths in the asylum seekers life as a buffering effect to cope.

Lastly, the respondents testified that services which have been offered to them in the past did not ask them if the programmes were appropriate and (or) met their needs. Practitioners should ensure that any programmes be primarily about informed judgement and action based on evidence and feedback. Services should learn about the views of service users and apply the evidence of service effectiveness to achieve

best practice (Gardner, 2006) because reflective practice has the potential to be the key strategy for consolidating and developing the family support knowledge base (Canavan, 2006).

This study has presented findings based on actual testimonies of couple and lone parents living in the Direct Provision centres in County in Ireland. The study presented the stressors and protective factors of parenting in such environment; they also made suggestions which they assumed would improve their parenting skills. It is based on these suggestions and the findings that the following recommendations are made.

Recommendations

There are a wide range of recommendations following on from both the findings of this study, and supported by the findings and recommendations of secondary literature. It can be concluded that the respondents feel that the system of Direct Provision is having a substantial negative impact on their ability to parent and they feel that their lives and those of their children would be vastly improved if allowed to live independently. Linked to this, respondents expressed a desire to become self-sufficient. For all the reasons highlighted in this report, Direct Provision is an unsuitable environment for children and families, and is detrimental to family life and the best interests of the child. The overarching recommendation is that the policy of Direct Provision as it currently stands should be reviewed in line with the best interests of the child and such communal accommodation should not be used for periods of longer than six months. Other recommendations are made on the basis of how the system could be improved, with greater cognisance of the developmental needs and best interests of the child.

The specific recommendations are broken into wider policy implications and specific practice/professional ones.

Policy Implications

➢ A coherent reception policy should be developed that would identify the needs of families seeking asylum using a multi-disciplinary approach and

would operate in the best interests of the child and based on a model of from a family support.

> The ecological approach adopted in this study shows how the macro-level influences and has an effect on the micro- and meso- systems making it difficult to strengthen protective factors at these levels. The provision of proper family centred accommodation for families with children, with sufficient facilities and space would enhance and optimise the development of children. This would also create space for the parents and give them time to engage in other activities and be able to cook and take proper care of their children. In line with some other EU countries, one option could be to provide family-friendly hostel accommodation for an initial period of six months and then to allow asylum seekers to move to independent accommodation if there is still no decision on their claim.

> The introduction of more supportive services and programmes for asylum seeking families by the government through the provision of concrete and information support and also through funding that would enhance integration and promote mental health. Victims of torture could benefit from the extension of specialised and dedicated trauma service throughout all the regions such as that provided by SPIRASSI in Dublin.

> The faith organisations have been identified as an important protective factor in this study which are strength based and provide an important source of social and spiritual support for these families. In some cases they could also provide additional supports such as parenting and stress management courses.

> Policies and programmes directed specifically towards asylum seekers would benefit from the inclusion of asylum seekers in the planning and implementation stages and on-going feedback should be incorporated into such programmes.

> The low levels of financial support available to asylum seekers should be reviewed and whilst it may involve a slight increase in expenditure initially, the longer-term impacts should also be considered.

➢ Ireland should review its decision not to ratify the EU Reception Conditions Directive, which would allow all asylum seekers to work after a period of 6 months. Ireland and Denmark are currently the only EU countries that do not grant such a right.

➢ Policies which are in place by the State to target and support lone-parents should also be open to asylum seeking parents. Lone parents in Direct Provision accommodation reported living in constant stress due to the burden of childcare, suffering from greater social exclusion due to the lack of support from a partner and are less likely to avail of services and volunteering opportunities.

Practice / Professional Implications

The practice and professional recommendations arising from the study include:

➢ Professionals and practitioners should identify the needs of these families using an ecological approach which identifies the holistic risk factors through which the needs that promotes resilience for these families are identified. Intervention service and programmes which are needs led, age and gender appropriate, culturally compliant and should be delivered in an inclusive environment.

➢ Cultural competence by practitioners should be further developed. Practitioners should also acquaint themselves with the process of asylum, issues relating to their circumstance and finally with their cultures and religion before intervention, this would inform better delivery of services in an emphatic manner.

➢ Practitioners should always reflect on services that have provided because the reaction and feedback of the recipients is the tonic which would help in designing and shaping successful futures services.

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