

**Submission to the Working Group on the Protection Process**

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**This submission has been endorsed by the Irish Association of Social Workers**

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## Summary

This submission is based on research conducted with social workers about their experiences of working with people living in the Direct Provision system, particularly their experiences of working with children and families. The online survey was completed by 149 social workers. Fifteen social workers participated in interviews or in a focus group, most of whom had also completed the survey. The social workers were employed throughout the country in a range of services including mental health, child protection and welfare, and hospitals. The single most common reason cited for referral of people living within the Direct Provision system to social workers in our study was mental health difficulties. This was followed by child welfare, child protection, and financial problems (see Table 1 in Appendix 1).

Many of the findings of the research may be relevant to the deliberations of the working group. In particular, the social workers drew on their experiences of working with asylum seeking clients to raise the following **concerns**:

- The short and long term impacts that the very nature of Direct Provision has on child development and child welfare, particularly in relation to childhood socialisation and family relationships
- The effect of Direct Provision on family life, and on the capacity of parents to parent to their fullest potential; the intergenerational impact that this might have in years to come on the lives of children and families
- The added difficulties faced by families coping with physical or mental illness or with intellectual disabilities within the Direct Provision system, especially in relation to children
- The difficulties that social workers encountered attempting to deliver an equitable service to asylum seekers, even when, in theory, their service was available to this client group

From their practice experience social workers also **provided examples of good practice and highlighted key changes** that they thought could be put in place by a combination of RIA, Direct Provision centres, HSE and TUSLA working together. These changes would improve social workers' ability to provide a good service, and improve the quality of life for those living within the Direct Provision system. These included:

- Improve interagency and interdepartmental collaboration to best meet the needs of asylum seekers.
- Employ a professional qualified social worker at principal social work level to work in RIA's Child and Family Services Unit and develop their support services in collaboration with existing agencies.
- Allocation of resources to HSE & TUSLA to target proactive and preventative work
- Provision of onsite supports within Direct Provision centres that could focus on support, prevention and referral to community resources/supports. Need for RIA, HSE and TUSLA to work together in relation to this.
- Allocate staff members within existing mental health, and child and family **welfare teams, to take responsibility for their agency's service provision to asylum seekers**

- Ensure both HSE and TUSLA employed social workers have access to necessary resources to enable them to work in a culturally sensitive manner (e.g. extra time, suitably qualified interpreters, transport costs). Ensure that all staff working with asylum seekers receive cultural diversity training. This should include all staff working within Direct Provision centres. When recruiting staff to work in Direct Provision centres the capacity of applicants to work in a fair, respectful and compassionate manner should be considered.
- Make efforts to ensure that asylum seekers have more choice in their lives. Increasing the Direct Provision allowance is key to this.
- Ideally end the Direct Provision system and develop a more humane short-term reception system for newly arrived asylum seekers.
- If Direct Provision remains, ensure that Direct Provision is time limited.
- Ensure that all agencies (HSE; TUSLA etc) gather appropriate data regarding the number of asylum seekers availing of their services.

## **Introduction and Rationale for the Research**

This submission is based on research conducted throughout January and February 2015 with professionally qualified social workers on their experience of working with asylum seekers. In 2014 UNHCR Ireland published a report on refugee integration. Amongst many other things this report identified a lack of research on the experiences of healthcare professionals when engaging with refugees. Our research has gone some way towards addressing this gap. Social workers in Ireland work in a range of settings, including child protection and welfare, mental health, disability services, primary care, hospitals and probation and thus encounter asylum seekers in a variety of contexts. As such, their professional insights are important to include in discussions of the Direct Provision system.

### **Methodology and participants**

Our research sought to explore social workers' experiences of working with people living in the Direct Provision system, particularly their experiences of working with children and families. The research involved a survey as well as a focus group and interviews. The online survey was completed by 149 social workers. The survey participants worked throughout Ireland with every county in the Republic being represented in their catchment areas. Of those who specified their area of work, the majority worked in child welfare and protection services followed by adult mental health and medical social work. Other areas in which respondents worked included fostering services, disability services, the separated children's team, child and adolescent mental health, older people's services and primary care. The majority of respondents had a Direct Provision centre in their catchment area

In addition, 15 individuals took part in either a focus group or an interview, most of whom had also completed the survey. These comprised of social workers working in a range of settings including community mental health service, child protection and welfare, medical social work and voluntary organisations. They were experienced social workers, many with extensive experience of working with asylum seekers and refugees.

While one of the strengths of the study is the fact that it captured the views of a diverse range of participants, one of its limitations is the fact that the sample was not a representative one. In addition, asylum seeking clients of social workers may not be representative of asylum seekers in general.

### **Relevant Findings**

The research explored a large range of issues relating to both social work practice and the Direct Provision system, so only some of the relevant findings are highlighted here. Within the survey, the focus group and the interviews practitioners drew on their experiences within their professional practice to evidence their views.

#### ***1. Concerns of Social Workers***

Four of the core concerns that social workers highlighted were as follows:

- 1. The short and long term impact of Direct Provision on child development and child welfare**

While at times child protection concerns can arise in Direct Provision contexts, partly as a result of the environment in which people are living, the majority of our participants placed more emphasis on the child development and welfare implications of the system. Their experiences suggested concern about children's development and welfare over time with one participant describing Direct Provision as '*a recipe for disaster*'. Drawing on their experiences in practice, it was the view of social workers that Direct Provision was not a healthy environment for children to grow up in and was not conducive to normal family life, particularly when used for protracted periods. Their experience showed them that child development and child welfare suffered within the Direct Provision system. They witnessed how children grew up without seeing their parents cooking for them or working outside the home. Children's development and self esteem was impacted by the effect that Direct Provision had on socialisation: not being able to invite classmates to play, not being able to attend birthday parties as invitations could not be reciprocated, not being able to engage in extra curricular activities, not having sufficient finances to join normal activities such as school trips, or local sports clubs and being viewed as different by virtue of living in Direct Provision. In the words of one participant:

*"In Direct Provision they face daily challenges; they are frustrated with having less than their friends in school; they are bullied or maltreated by classmates because they come from an accommodation centre. They develop anger issues out of this frustration and more often than not they take it out on their parents, as they are cooped up in small houses"*

In addition, parents' self-esteem was impacted by the fact that they had limited choices regarding how they could provide for their children, by the stress associated with living in often cramped conditions. Described by one respondent as 'learned helplessness', their experiences reflected the findings of numerous reports and research studies on Direct Provision which have highlighted its detrimental impact on family life and on child development and child welfare (e.g. Arnold, 2012). One respondent stated:

*"Racism is a regular feature in children's lives. Poverty, as the allowances are so small that anything needed for school can put a huge financial burden on the family and often has to be done without. School books/school uniforms are not provided for within the payments - this is a huge problem faced by families and therefore children. The children do not have any kind of a 'normal' upbringing. They are watched by security guards as they queue and get their meals three times a day!"*

Given the significance of early years for later developmental outcomes, social workers were particularly concerned about the long-term impact of living in Direct Provision as these children entered adolescence and adulthood.

## **II. The impact of Direct Provision on the capacity of parents to parent to their fullest potential and the intergenerational impact that this was likely have**

In keeping with previous research (e.g. Uchechukwu et al, 2014; Nwachukwu et al, 2009) there was recognition of the impact of Direct Provision on the emotional and

mental health of parents. This had an adverse effect on parenting capacity, which in turn impacted negatively on children. As one respondent stated:

*“Parents often become depressed and despondent living in Direct Provision and this is a major challenge to being able to parent well.”*

Social workers repeatedly mentioned the word ‘lack’ as they spoke about the absence of many things that indigenous families take for granted. Factors that generally act as resources for parents and which serve to facilitate their parenting were often absent for asylum seeking parents, often due to the nature of the Direct Provision system e.g. lack of finance, lack of personal and physical space, lack of social support, lack of language competency, lack of employment, lack of education and lack of child friendly spaces within DP centres. Crucially social workers highlighted the lack of connections with the wider community that many asylum seekers had, something that made it difficult to learn about Irish norms, mores and expectations around childcare and child rearing:

*“Lack of appropriate accommodation, low level of social supports, lack of autonomy in their daily lives in Direct Provision around food choices, accommodation etc. High level of isolation and separation from the wider Irish community, racism, adjustment to 'Irish' norms re family life, lack of income.... frustration around process re status. All of the above impact upon someone's ability to parent”.*

Additionally, it was perceived that there was a lack of information on services, schools, crèches, child care, supports; lack of transport to and from school, lack of social/emotional support for past traumas, lack of culturally appropriate food, and a lack of cooking facilities. All of these ultimately lead to an inability to parent as one would like, a sense of dependency on the system for basic needs, and an ensuing lack of confidence and hope. For example, in response to a question about the challenges faced by asylum seeking parents, respondents listed many issues:

*“Financially, they struggle daily as their children want the same as their friends in school but they can't provide it. Their children want the Christmas presents, nice clothes, outings, but they cannot be provided. Many of the parents I work with are stuck indoors; their only activities are going to the laundry or dining area. They have complete lack of stimulation and the cabin fever effect impacts their parenting and frustration levels”*

The international literature frequently highlights that parenting difficulties can transfer from one generation to the next. Social workers expressed concern that the impact of Direct Provision on parenting would be intergenerational in nature, with future generations struggling as well. This is a very pertinent point given the overrepresentation of ethnic minority children in care in many jurisdictions. The evidence from Carol Coulter's work suggests that African children may be overrepresented in care proceedings in Ireland (e.g. Coulter, 2013; 2014; Child Care Law Reporting Project, 2014). Clearly not all African children are asylum seekers or former asylum seekers but given the multiple challenges faced in direct provision one is left with the question of whether asylum seeking children are even more



overrepresented compared with other ethnic minority children, or that they may be in the future.

### **III. The added difficulties faced by families coping with physical and mental illness or with intellectual disabilities**

Social workers spoke about families where parents were suffering from severe mental health problems or families where children had particular needs relating to physical illness or physical or intellectual disability. Families have no access to Domiciliary Care Allowances, which it was felt could help enormously in some situations. Social workers spoke time and time again about the impact that the Direct Provision system had on these families and while it was recognised that Direct Provision was not necessarily the cause of their difficulties, it was the experience of the social workers that the system certainly did nothing to improve their circumstances and often lead to the stress of coping with illness/disability being more pronounced. One social worker stated the following:

*“Management in hostels (did) their best and tried to do what they could. The main barrier was the unsuitability of the accommodation for a child with particular needs, for example autism. A child with autism finds limited space and the nature of communal living very difficult, the lack of an outside or inside play area for the children. Lack of privacy.”*

For example, in relation to mental health, one social worker pointed to the importance of choice:

*“In mental health it is important not to underestimate the importance of choice in a person’s recovery. Asylum seekers have no choices.”*

This point resonates with the international literature that clearly highlights the importance of the recovery model in the mental health field, with its emphasis on choice, opportunities to exercise that choice and client self determination (Mental Health Commission 2005)

### **IV. Impact of Direct Provision on social workers’ ability to deliver an equitable service:**

The majority of social workers cited difficulties offering services to clients in Direct Provision.

*“Within Direct Provision families who are often already traumatised are caring for children in cramped conditions, often with little control over access of inappropriate adults to their children. Where parents are stressed by mental illness, this further challenges their ability to provide appropriately emotionally responsive parenting. These children are experiencing institutional abuse by virtue of being denied the right to ‘normal family life’, but we are not resourced to respond to this, and it is not even recorded as such.”*



In particular, they talked about the need for more time when working with asylum seekers because of language or cultural differences, challenges that were aggravated by the severely restricted context of life in Direct Provision. When asylum seekers were attending social work or multidisciplinary teams in the community it was not possible to give this time, thus pointing to the need for specialist provision or on site services in the first instance, in order to facilitate equity of access to community resources.

*“Families arriving into Ireland from cultures with different views on child rearing need additional support in understanding Child Protection and Welfare expectations, this requires additional time and sensitivity, and is not always available within duty social work system.”*

Concern was also expressed about the capacity of those living within Direct Provision to access social work teams, community based mental health and other support services. The research demonstrated numerous barriers that asylum seekers faced in accessing services, with 77% of survey respondents stating that financial barriers were sometimes, often, or always faced by asylum seekers in accessing or availing of their service. Respondents also said that it was impossible to follow up referrals if they had moved address, as there was no facility for mail forwarding. Other barriers included lack of childcare, and language and transport barriers. For example, these respondents wrote:

*“Interpreters only available with advanced booking. Some clients may rely on friends or children to interpret.*

*“One very needed service is located across the city and must be accessed by bus for which there is no financial support”*

Respondents also raised the lack of understanding among service providers of what life was like for those living with the asylum system:

*“Staff are apathetic sometimes. No specific targeting of this specifically marginalized group, they wait on the general waiting list like all other children, despite their needs and experiences being very much unique to themselves”*

Previous research has suggested that asylum seekers often assume that community services are not available to them because they are excluded from so many other aspects of society (Foreman, 2009). From our research with social workers it was evident that in some centres managers and centre staff did their utmost to refer asylum seekers to appropriate services while in other centres staff did not take this approach. Indeed, participants were of the view that some managers were benevolent and caring while others were ‘oppressive’.

## **2. Examples of Good Practice – what made a positive difference?**

Despite the challenges of providing an equitable service to asylum seekers under these conditions, our research highlighted some examples of good practice.

It was evident from research findings that social workers can deliver more effective services when

- There are good multidisciplinary and interagency working relationships
- There is a humane and empathetic manager in their local Direct Provision centre with whom they have a close working relationship, and who makes timely and appropriate referrals. It is of note that some social workers found management and staff in DP centres helpful and thought that they were doing the best that they could in difficult circumstances.
- There are facilities to provide onsite services (for example, designated interview rooms where confidential conversations can appropriately take place)
- They feel adequately trained in relation to the asylum process, the needs and experiences of asylum seekers, cultural diversity issues and culturally competent practice.
- They are adequately resourced, particularly in terms of time, and access to interpreters

In the absence of national policy on service provision to asylum seekers, there were examples of good practice developed by individual practitioners or teams. For example, several social workers gave examples of organising information sessions for newly arrived asylum seekers in relation to child welfare and protection in the Irish context. Some social workers in mental health settings talked about a good interagency relationship between their team and the local Direct Provision centre, which meant that appropriate support could be offered to asylum seekers when needed.

*“Our service is located close to a Direct Provision Centre and good working relations have developed with staff there over the last number of years thus asylum seekers are encouraged to attend our services (adult mental health) if required”*

Another social worker spoke about an onsite multidisciplinary team who worked in a Direct Provision centre:

*“When I worked in the centre I was part of a team with a medical officer, public health nurse and previously, until the HSE removed the post, there was a family support worker on site. This helped greatly the work with the residents as there was early intervention and a large amount of support for the residents who really miss it all now.”*

### Social Workers' suggestions for change

While many of the participants were of the firm view that the Direct Provision system should be abolished outright, many also felt that this was unlikely to happen. Therefore, they had suggestions for improvements that could be made to the system to ensure that the children's development and welfare were protected, thereby ensuring the well being of children now and into the future and ensuring that provision for asylum seekers did not result in child protection issues arising.

The following suggestions for change are based on the suggestions of the practitioners and an analysis of the data:

- Ensure that **interagency and interdepartmental collaboration** occurs to enable the development of onsite services that could focus on prevention and family support. From our research the key state agencies include the HSE, TUSLA and the RIA. Collaboration between them and the NGO sector is crucial.
- Employ a **Principal Social Worker to work in RIA's Child and Family Services Unit** in order to develop their support services in collaboration with existing agencies.
- **Allocate resources to target proactive and preventative work.** Prevention was seen as a key aspect of service provision that needed to be addressed and resourced in order to ensure that child protection issues did not arise unnecessarily now or in the future. This was in line with Goal 2 of *Better Outcomes, Brighter Futures: the National Policy Framework for Children and Young People 2014-2020* (DCYA, 2014). Under this goal it is stated that prevention and early intervention means intervening at a young age, or early in the onset of difficulties, or at points of known increased vulnerability. Furthermore, the document identifies specific groups of children who are 'particularly at risk and so need additional supports and protections'. 'Migrant and asylum-seeking children' are identified as one of the specific groups of 'vulnerable children'. Promoting the child protection and welfare of all children in the asylum system is identified as a Government commitment under section 4.8 of the document. (DCYA, 2014:93).
- Provision of **onsite supports** within Direct Provision centres that could focus on family support, prevention and referral to community resources/supports. There is a need for RIA, HSE and TUSLA to work together in relation to this.
- Ensure that professional social work and multidisciplinary teams - whether child protection, mental health, primary care or disability – **identify a staff members whose responsibility it is to develop links with the local Direct Provision centre and with others working with asylum seekers.** Having one or two staff members with this responsibility (along with other responsibilities of course) would ensure that sufficient expertise in this **complex area of practice is developed. In addition, it will ensure that efforts** can be made to develop trusting relationships both with asylum seekers

themselves and with the management and personnel working in Direct Provision centres. Both Irish and international research indicates that asylum seekers and refugees often find it difficult to trust people in general and that mistrust is an even more pronounced issue in relation to state employees (Dalikeni, 2012; Ní Raghallaigh, 2014). The relevant staff members from different teams and organisations should then meet regularly and work together to provide services to residents of Direct Provision centres. In order to facilitate this interagency work, it would be important to ensure that Direct Provision centre managers are committed to liaising with outside agencies in an appropriate way. This type of commitment could be explored when managers and other Direct Provision staff are being hired.

- Ensuring both HSE and TUSLA employed social workers have **access to necessary resources** to enable them to work in a **culturally sensitive manner** (e.g. extra time, suitably qualified interpreters, transport costs). Ensure that all staff working with asylum seeking receive **cultural diversity training**. This should include all staff working in Direct Provision centres. When recruiting staff, the capacity of applicants to work in a fair, respectful and compassionate manner should be considered.
- Efforts could be made to **ensure that asylum seekers in Direct Provision are given more choice and autonomy** about their lives and the lives of their children. This could include being able to cook for themselves, thus allowing them to choose food for themselves and their children. Substantially increasing the Direct Provision allowance was also viewed as key, as it was felt that the small allowance hindered the exercising of choice, even when hypothetically choice was allowed. For example, with an increased allowance asylum seekers would have the capacity to change to a different GP even if the GP was located further away from the centre as travel costs would not be such a barrier. A different GP might result in a good trusting relationship developing, thereby enhancing an asylum seeker's capacity to confide when difficulties arise which in turn can ensure that appropriate support is provided at an early stage. With an increased allowance asylum seeking parents could also make real choices about what to provide for their children. Such choices would facilitate the enhancement of self-esteem and confidence, give a sense of renewed hope, and as mentioned above would be particularly important in prevention of and recovery from mental ill health (Mental Health Commission, 2005).
- Ideally **end the Direct Provision system** and develop a more humane short-term reception system for newly arrived asylum seekers. If Direct Provision remains it **should only be used for a short length of time such as six months**. If it becomes necessary to use Direct Provision beyond that, permission to work should be granted pending the outcome of the asylum claim, as in other jurisdictions.
- **Ensure that all agencies gather appropriate data** regarding the number of asylum seeking and refugee individuals and families accessing their services **in order to ensure that service development can occur in the context of up-to-date data**.

## **Conclusion**

Social workers encounter asylum seekers in many different areas of practice. As frontline practitioners their views are important to consider at a time when the protection and Direct Provision systems are being examined in detail. Drawing on their professional expertise and experience, social workers in this study identified numerous ways in which the Direct Provision system proves detrimental to child development and child welfare, to family relationships and family life, and to individual mental health and wellbeing. In light of concerns that the system will have consequences for children and individuals for generations to come, social workers were strongly of the view that significant changes needed to be made in order to prevent these problems and ensure that children, families and asylum seekers generally are treated humanely and respectfully by the state and by all involved in providing for them.

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### **Author bios**

Maeve Foreman is an Assistant Professor of Social Work in Trinity College Dublin. She has accumulated over 28 years community work and social work practice experience. She worked as a senior medical social worker in HIV for 15 years, and as a medical social worker in oncology and haematology. She has practised in community work settings in Dublin and London, including homelessness, housing action and community law centres. She previously conducted research with asylum seekers living with HIV in the Direct Provision system.

Dr. Muireann Ní Raghallaigh is a Lecturer in Social Work in University College Dublin. Muireann previously worked as a social worker with separated asylum seeking children, as a family worker in the family centre and as a lecturer in Trinity College Dublin. Her PhD research is on the experiences of separated children, particularly regarding their coping strategies. She has delivered training to social workers in Ireland, Malta and the Netherlands. She is also currently conducting research on the experiences of asylum seekers as they transition from the Direct Provision centre to life in the community.

## Appendix 1

**Table 1: Reasons for Referral in relation to asylum seekers with whom social workers have worked over the past 2 years**

**(Participants were able to choose as many categories as were relevant. 98 respondents answered this question.)**

| <b>Answer Choices</b>           | <b>Responses</b> |    |
|---------------------------------|------------------|----|
| Addiction                       | <b>13.27%</b>    | 13 |
| Child protection                | <b>40.82%</b>    | 40 |
| Child welfare                   | <b>47.96%</b>    | 47 |
| Domestic violence               | <b>25.51%</b>    | 25 |
| Financial problems              | <b>38.78%</b>    | 38 |
| Homelessness                    | <b>18.37%</b>    | 18 |
| Housing                         | <b>32.65%</b>    | 32 |
| Intellectual disability         | <b>11.22%</b>    | 11 |
| Isolation                       | <b>26.53%</b>    | 26 |
| Mental health difficulties      | <b>60.20%</b>    | 59 |
| Pre migration trauma            | <b>16.33%</b>    | 16 |
| Post migration trauma           | <b>26.53%</b>    | 26 |
| Psycho-social impact of illness | <b>26.53%</b>    | 26 |
| Racism and/or prejudice         | <b>12.24%</b>    | 12 |
| Relationship difficulties       | <b>23.47%</b>    | 23 |
| Social welfare advice           | <b>29.59%</b>    | 29 |
| Other (please specify)          | <b>25.51%</b>    | 25 |
| <b>Total Respondents: 98</b>    |                  |    |