

16 The Psychosocial Wellbeing of Asylum Seeking Children Living in Direct Provision Centres in Ireland

Introduction

Present-day Ireland is, largely, a multicultural society, which makes it necessary for researchers and other professionals to contend with issues of cultural diversity and their implications on theory and practice. Data from the Central Statistics Office indicates that 11.6 per cent of the Irish population is comprised of non-nationals (535,475 out of a total number of 4,761,865) and that a substantial proportion of the non-Irish population are children (CSO 2016). A significant number of migrant children in Ireland spend a large amount of their lives in direct provision centres.

Direct provision is the phrase used to describe the system Ireland utilizes to provide minimum support to migrants claiming refugee status, subsidiary protection, or leave to remain, under the international protection process. Like all migrant children, irrespective of their migration status, these children have to contend with pre-migration histories such as: experiences of colonialism; exposure to economic and/or social hardship and/or political upheavals; and/or challenges encountered during migration journeys which all shape their experiences. They also have to deal with post-migration stressors such as racial and cultural differences, as well as vulnerabilities resultant from structural factors, mainly associated with migration policies and practices.

Mental health and psychological literature has paid much attention to pre-migration, migration and post-migration stressors and the consequent negative impact on the psychosocial functioning of migrant children

in general (Almqvist and Brandell-Forsberg 1997; Ager and Strang 2008; Fazel and Stein 2003; Halcon et al. 2004; Geltman et al. 2005; Grossman and Liang 2008; Ellis et al. 2010; Sirin et al. 2012).

Empirical evidence highlights an ‘immigration paradox’ whereby, despite exposure to pre-migration, migrating and post-migration stressors, first- and second-generation children across a variety of ethnic minority groups are, in fact, doing about as well as, or better than, their native-born peers, but their psychosocial health deteriorates across generations (Berry et al. 2006; Georgiades et al. 2006; Portes and Rumbaut 2006). No doubt, the ‘immigrant paradox’ does not generalize across the asylum seeking/refugee children population. Nevertheless the ‘immigrant paradox’ implies that there are resilient processes that buffer the stress experienced by migrant children, which might generalize across asylum seeking and/or refugee children and these need to be taken into consideration in conceptualizing responses or interventions for this population.

While acknowledging the psychological vulnerabilities of migrant children, particularly those coming from war-torn countries such as Sudan, Somali, Congo, Sierra Leone, Iraq, Syria, Gaza, etc., a number of scholars and mental health workers worldwide have begun to question the applicability of the Western-theorized trauma paradigm to non-Western populations (see Kleinman 1987; Eisenbruch 1991; Bracken 1998; Wessells 1999; Summerfield 2000; Honwana 2006; IASC 2007). The model is conceptualized within a western understanding of wellbeing and personhood, where distress is located within the individual with little consideration on how socio-cultural factors, such as social inequalities and state policies governing human developmental agendas’ influence the responses to an individual’s psychological distress (Campbell and Burgess 2012; Gaithri 2012; Summerfield 2012; Read 2012). The scholars also posit also that the trauma model does not focus on resilience processes that buffer the stress experienced by an individual. Central to these transcultural scholars’ argument is a call for greater attention to the impact of context, culture and local survival strategies on people’s responses to adversity and stress, greater acknowledgement of the agency and resilience of vulnerable communities, and increased attention to the way in which power inequalities and social injustices frame peoples’ psychosocial wellbeing. Utilizing an ecological

psychosocial model of wellbeing keeps in focus not only individual processes but also social, cultural, economic, state policies, attitudes and ideologies that create developmental vulnerabilities for asylum seeking children living in direct provision centres in Ireland but also resilience processes embedded in these settings that buffer experienced stress.

Bronfenbrenner's (1979) ecological model theorizes human development in the context of the interaction of a changing organism in a changing environment. He identified five levels of environmental influence on the person, ranging from very immediate individual to very broad societal influences, namely: microsystem, mesosystem, exosystem, macrosystem, and chronosystem. According to this theory, the microsystem comprises the everyday environment of home, school, work, and neighbourhood and relates in particular to the face-to-face relationships with parents, siblings, friends and teachers, employers or colleagues. The mesosystem is regarded as presenting the interlocking nature of various microsystems, such as how both school and work environments may impact on a child's experience within the home (i.e. effect of parent's un/happiness in job on parent-child relationship). The exosystem consists of linkages between a microsystem and characteristics of outside systems such as the local community (i.e. impact of infrastructure on job availability or educational availabilities; role of media and religious institutions on the family). The macrosystem pertains to the overarching cultural patterns in the form of dominant beliefs and ideologies as well as political and economic systems. Finally, the chronosystem represents the dimension of time impacting on the individual's development in any specific life cycle or historical era such as informed by changes in family structure, place of residence and education or employment, as well as larger cultural changes influenced by war and economic cycles.

The Psychosocial Working Group (Psychosocial Working Group, 2003), a consortium of academic institutions and humanitarian agencies, has used Bronfenbrenner's socio-ecological theory as a starting point in framing the ecological influence on child development of migrant children. The term 'psychosocial' is used to emphasize the close connection between psychological aspects of our experience (our thoughts, emotions and behaviour, knowledge and skills) and our wider social experience (our

relationships, traditions and culture). This framework defines wellbeing with respect to three core domains of: human capacity, socio-ecology and culture and values.

Human capacity encompasses inherent attributes that affect the ability of individuals and communities to cope and/or function within their context and access resources in their environment. Factors affecting human capacity include: physical health, mental health, age, gender, legal status and social, economic and educational status (Boothby et al. 2006). The second domain, social ecology, refers to a capacity to form relationships with other people such as family members, friends and peers. The third domain, culture and values, refers to cultural construction of experiences and social justice, particularly ways in which cultural values, norms, practices and experiences are linked to vulnerabilities or resilience of at-risk populations. Issues and values associated with this domain include religion and spirituality, traditional healing, human rights, including child rights and international standards for human rights (Boothby, Strang and Wessells 2006). The three domains (human capacity, socio-ecology, culture and values) are theorized to be inter-related with changes in one area affecting the other areas of the overall wellbeing of people.

A recent report by the Irish Refugee Council on Children in direct provision reveals that, vulnerabilities that expose significant risks to asylum seeking children's human capacities, social and cultural ecologies, and which have been raised consistently by earlier studies since the onset of the direct provision centres, are still prevalent (Irish Refugee Council 2018). Consistently reported in these studies are poor physical environment and living conditions, poor diet with high level of fatty foods and a lack of vegetables and fruit, lack of play-related stimulation activities, lack of privacy, insecurity, isolation and poverty among others (Arnold 2013; Beirens et al. 2007; Fanning and Veale 2004; Clarke 2006; Coughlan 2014; DCYA 2016; Ní Shé 2007; Stewart 2006). While these vulnerabilities impact on the development of all children living in direct provision centres in Ireland, the focus here is on issues pertaining to the development of all children living in direct provision centres.

A common thread across the above studies is a poor nutritious diet with cases of malnutrition among children and expectant mothers. Arnold's

(2013: 21) study reports ‘a distinct lack of toddler appropriate foods’ in one of the direct provision study centres. With the limited resources of meagre weekly personal allowances parents are not able to afford healthy food to supplement the poor diet. Even when they have access to healthy food (including ethnic specific diets) in some of the centres, they are not facilitated with adequate cooking facilities. Hunger among adults, malnutrition among expectant mothers, ill health due to diet among babies, and worries about health of children and weight loss among children have all been reported (Fanning, Veale and O’Connor 2001; Arnold 2013).

A good nutritious diet is key to a child’s physical, cognitive and social development. A report by United Nations Children’s Fund (UNICEF 2009), *Tracking Progress on Child and Maternal Nutrition*, outlines how a child’s future nutrition status is affected before conception because it is greatly dependent on the mother’s nutrition status prior to and during pregnancy. It highlights the importance of nutritional status of women at the time of conception and during foetal growth and development, particularly in the first two years of life, which is a period of children’s most rapid physical growth and development and, therefore, a period of great vulnerability. This is an intense period of motor learning that provides the foundation for later more complex and skilled performance. Early childhood and middle childhood are periods of active lifestyle associated with improved motor skills and, therefore, also critical periods of a child’s cognitive development which require adequate nutrition. Teenage years are critical for social, cognitive, emotional development and also a period of physical growth spurts and, therefore, the importance of a good diet providing the right amount of carbohydrates, proteins, fats, vitamins and minerals is essential. It is, therefore, evident that asylum seeking children living in direct provision centres are at developmental risks associated with a poor diet, right from foetal development and throughout childhood.

Irish studies on direct provision centres also highlight that there are few opportunities for children’s play activities, lack of toy or broken or dirty toys (Ní Shé 2007; Arnold 2013). Play has been widely acknowledged as an essential part of human development by the Department of Health and Children in Ireland in their *National Guidelines on Physical Activity for Ireland* (Department of Health and Children and Health Service Executive

2014) and is recognized by the UN High Commission for Human Rights, Article 31, as a basic right of every child. While play is about having fun, it is also about progressively developing language skills, learning skills, problem solving skills, creativity and imagination, social interaction, flexibility and adaptability, willingness to take risks, processing and regulating emotions, discovering interests and building confidence among others across different child developmental stages in a safe environment (see Odom, McConnell and Chandler 1993; Roskos and Christie 2001; Banerjee, 2012; Diamond et al. 2007; Marcu, et al. 2009; Whitebreat et al. 2007; Coughlin 2014). Regular physical activity in children is associated with lower body mass, with healthy blood pressure, and insulin levels (Ness, Leary, Mattocks, C et al. 2007; Leary Ness, Smith et al. 2008).

The first twelve months of a child's life is a period of rapid brain development with the synapse formation (connecting process of nerve cells) being closer to that of an adult. At this stage, babies learn about the world through sight, sound, touch, taste and smell. As they progress to sitting up, crawling, standing and then walking in their second year, their motor skills are refining and their possibilities and stimulation needs to equally expand. By age 3, the toddler brain is twice as active as the adult brain and motor development continues at rapid space and the brain structures that are sensitive to language and socio-emotional response develop. At this critical period of rapid development of play-facilitated skills, children living in direct provision centres have no access to these activities or developmentally appropriate toys, as highlighted by the above studies. Even at age 3–6 years when the children are learning imagination and interaction play and enhancing their language and social skills right through middle childhood and teenage years, when they have gotten the hang of dexterity, language, problem solving, emotion regulation, social skills, etc., these children have few opportunities outside of school to enhance these skills.

Direct provision centres are overwhelmingly run by private contractors and they are not obliged by RIA to provide child care facilities or play areas. Within the framework of private businesses, where maximizing profits and minimizing costs is the operative criteria, it is unlikely that the private contractors would extend their services beyond their contractual

obligations. The net result is that children living in these centres, particularly those under school-going age, who cannot access structured or sometimes even unstructured play outside of direct provision centres, are at developmental risks associated with lack of play-related stimulation. Even for school children who access sports and other physical activities in school, the meagre resources of their parents act as an impediment to engagement in paid extracurricular activities, especially those that are structured, such as sports and cultural activities (music, dance, art, etc.). In addition, children cannot invite their friends or peers to where they live for unstructured play, either due to stigma associated with living in direct provision centres, and/or harmful living environments, such as lack of privacy due to restrictive shared spaces with parents and others in the centre, and/or restrictions in regard to children bringing in visitors (Ní Shé 2007; Arnold 2013; Coughlan 2014). Consequently, a large proportion of these children's days are spent sleeping and watching television and this, in itself, results in vulnerabilities associated with this sedentary lifestyle such as becoming overweight and obesity (Graf et al. 2004; Booth, Pinkston and Poston 2005; Hills, King, and Armstrong 2007). Children are growing up in direct provision centres across Ireland in an environment of psychosocial risk factors associated with living spaces with inadequate heating and poor insulation, a poor diet and few opportunities for play, lack of privacy due to shared sleeping spaces with their siblings and parent(s)/guardian(s), inappropriate learning as a result of exposure to inappropriate sexual and violent adult behaviour and generally in an environment of exclusion and poverty (Fanning, Veale and O'Connor 2001; Clarke 2006; Stewart 2006; Beirens et al. 2007; Ní Shé 2007; Shannon 2012; Arnold 2013; Thornton 2013; Coughlan 2014; DCYA 2016). These children are developing in a socio-ecological environment of accumulation of developmental risks and these have an impact on their developmental outcomes. As these children's ability to think and reason progressively develops, they themselves, become able to question their own living circumstances. Early adolescence, middle adolescent to late adolescence are periods when children develop more complex thinking, including personal choice, decisions, identity, philosophical and futuristic concerns and global concepts such as justice, history and politics particularly in late adolescence (see Piaget 1952; 2001).

Ireland, like other European countries, has a restrictive immigration policy towards non-EEA nationals, which often leaves the asylum route as the only viable channel for migrants from these areas. Currently, asylum seeking children, with limited exceptions, are not entitled to third-level education (Irish Refugee Council 2018). So a child in late adolescence living in a direct provision centre, who is at the cognitive developmental stage of thinking about their future career and goals, has to contend with the reality that this is not a choice they can make, because of current Irish immigration laws. They also have the cognitive capacity to un-pack the accumulation of risks associated with their living conditions and understand that their life is unequivocally caught between the Irish immigration systems and their rights, as stipulated by national and internationally legislation and conventions. For example, while on the one hand, play has been widely acknowledged as an essential part of human development they have limited access to this right. Also, while the right to education has been widely acknowledged in the Irish Constitution and in the UNCRC (article 28), they do not have the right to third-level education. They have the cognitive ability to question the 'us' and 'them', in terms of what rights other children can realize and what rights they, themselves, can realize. Developmentally, teenage years represent a life stage at which they are dealing with issues of identity. Currently, right across the EU and America, issues of identity and belonging are topical, with extreme movements preaching hateful messages of prejudice and discrimination. This is bound to have an impact on their developing sense of self and how this relates to issues of identity, belonging and active citizenship. The reality is that these children are here to stay, and an attempt to steer them in the direction of patriotic healthy residents, has to address their vulnerabilities and build their resilience.

Resilience is defined in the literature with reference to two components: the presence of significant risk; and achievement of a positive outcome, despite that threat (Rutter 1994; Werner 1996; Masten 2001; Masdten and Obradovic, 2008). Resilience literature basically converges on three areas: that individual factors and processes, social connections and support systems, and community and/or cultural processes, are key factors to the understanding of resilience. These three areas of individual,

social and cultural processes are central to the psychosocial wellbeing conceptualization (Psychosocial Working Group 2003). Resilience building responses for children living in direct provision centres can, therefore, target key psychosocial areas of focus: human capacity, socio-ecology, and cultural and values, as an organizing framework, in order to keep in focus adversity-activated resilience processes inherent in their biological, social and cultural adaptive systems. Masten and Obradovic (2008) propose that resilience in children and youth arises from ‘ordinary magic’ that is inherent in the biological and cultural human adaptive systems. The recent Government Working Group to Report to Government on Improvements to the Direct Provision Process’s report which was informed by written submissions from a total of 110 children and young people¹ from eleven direct provision centres, highlight this concept. They indicated that they would like: activities such as homework clubs, barbecues, summer camps and trips; facilities such as playroom, computer room, playground, football pitch and bus; housing and accommodation such as own rooms; and respect from staff. They reported that they enjoy the sense of community and access to friends that living communally sometimes enables (Working Group to Report to Government on Improvements to the Protection Process 2015: 19–21). A supportive environment that is conducive to enhancing the resilience of these children, at all levels of psychosocial functioning, is affected by environmental conditions of the direct provision centre(s) in which they reside, which are, in turn, shaped by each centre’s management, by economics, politics, and, by local, national and international contexts.

These centres are run on the basis of contracts agreed between the centres and the RIA. While all the centres are contractually obliged to provide services that support healthy development of children, the way these contractual agreements are implemented vary from centre to centre. The extent to which a particular centre for example, provides or facilitates access to a nutritious diet or adequate cooking facilities, crèche facilities or play areas, is dependent on the management of that direct provision centre. The quality of services provided to residents of direct provision centres by private contractors is often based on the economics of keeping costs down

1 63 between 8 and 12 years and 29 between 13 and 18 years.

and generating more profit. The extent to which the local community, particularly migrant interest groups in the area in which a direct provision centre is located, interacts with the centre in regard to supplementing support services, has implications on the psychosocial wellbeing of these children. The national policy framework that governs the international protection process has a huge role to play in, not only stipulating the contractual obligations of the management of direct provision centres, but also monitoring and ensuring that these are met. These policies operate within the context of national and international stipulations on the rights of the child and rights of the parents and legal guardians, in the performance of their child-rearing responsibilities. The implementation of these policies is affected by the political climate nationally and internationally towards migrants and, particularly, towards asylum seekers. Resilience mobilization for asylum seeking children has to identify risks and protective processes embedded in these aforementioned multiple layers.

Non-governmental organizations, local charities, activists and other migrant interest groups in Ireland have played a significant role in mobilizing resilience building processes around asylum seeking children and their families in direct provision centres. One such organization is the Cork Migrant Centre (CMC), a local organization in Cork which is engaged in creating safe spaces for asylum seeking mothers in direct provision centres in Cork. CMC utilizes a strengths-based approach whereby migrant individuals, children and families' knowledge, skills and experience are acknowledged through participatory working methods. Collaboration and partnerships with service users, other stakeholders (nationally and internationally) and academic institutions, are key to CMC's work, with the aim of maintaining best work practices, capacity building and delivering evidence-based interventions. The following is an extract of CMC's views, extracted from their publicity materials:

CMC Programs and activities are conceptualized within a psychosocial framework which pays attention to migrant's individual, family and collective risk and resilience processes in relation to ways in which migration (pre-migration, migrating, post-migration), social, cultural, structural (migration policies and practices) and institutional (health, education, political, economic and religious) processes shape their lives. The Centre aims to promote healthy psychosocial functioning by addressing

risks and nurturing strengths and/or resilience in these levels. A guiding principle of CMC's work is to facilitate organically developed programs. Migrants solutions to migrants' problems is a key aspect of CMC's work.

The programmes target all children, youth, adults and families from all direct provision centres in Cork as well as migrants settled in the local Cork community (refugees/asylum seekers and economic migrants) to strengthen their wellbeing capacities and aid their integration into the Irish community. The psychosocial programmes target empowerment by giving these vulnerable individuals a voice and strengthening their physical, emotional, cognitive and social health. It also aids in their integration process. CMC engages with this population when they are at their most vulnerable, that is when they have little or no English at all, when they are so insecure, uncertain, voiceless, stressed: when their psychosocial vulnerabilities act as a big challenge to their engaging with available resources.

Programmes that CMC Have Developed

A Drop-In Centre

This facilitates psychological first aid; information clinics; tangible support, including help in filling out various kinds of application forms; English classes are run four days a week; mediation services to bridge migrant/service provider cultural misunderstandings and outreach programmes to other migrants living in the local community reflecting the recent demographics of migrants in Ireland.

Mother and Baby/Toddler Coffee Mornings

This activity involves creating a safe space for mothers and babies/toddlers to give them an opportunity to create social bonds, to network and engage in health promoting activities. Currently, this group has between

fifteen and twenty mothers and between five and seven babies weekly. Every Friday morning from 10.00 a.m. to 12.30 p.m., mothers participate in capacity building activities that are facilitated by skilled psychosocial practitioners while the babies/toddlers are engaged in developmentally appropriate 'music for babies' sessions facilitated by music therapists. The mothers are currently engaged in a culturally relevant parenting programme funded by Department of Children and Youth affairs under their Quality and Capacity Building Initiative (QCBI) initiative funding.

Wellbeing and Integration through Culture and the Arts (WICA) project: Visual Arts, Performing Arts (Hip-Hop) and Collaboration with UCC

Visual Arts comprises of one-hour weekly workshops with ten young asylum seeking children aged from 8–12 from Ashbourne House, one of the direct provision centres in Cork. These workshops are facilitated by an art therapist.

Performing Arts (Hip-Hop) comprises one-hour weekly workshops where 15–20 young asylum seeking/refugee/migrant youth aged from 13 to 16 years are facilitated by a renowned Cork DJ with extensive experience in running hip-hop workshops for vulnerable populations in Cork. He is assisted by a volunteer dance instructor from the UCC dance club and another professional dance instructor who runs her own hip-hop club in Cork.

The facilitators of the workshops in all three activities are assisted by volunteers from the local University of College Cork (UCC) Student Action for Refugees (STAR) society². Currently, the WICA project is funded through a grant from The Ireland Funds and the Presentation Sisters, the latter which is the Charity that funds the CMC.

Collaborations and partnerships are key to psychosocial work and in this respect, CMC collaborates with other stakeholders to deliver quality services and share best work practices. In this respect, the following initiatives have been developed.

2 This UCC student society is now called the Fáilte Refugee Society.

Collaboration with UCC³

The School of Psychology UCC offers a postgraduate five-credit module in Critical Community Psychology. The module's focus is on examining how issues facing individuals are considered in relation to social processes, social structures and institutions across multiple levels of risk and resilience. The aim is to address community and social issues and to promote social justice and social inclusion. In a ground-breaking initiative, five service users of the Cork Migrant Centre, participated in this twelve-week module. The five participants were all women from the CMC's women's group.

This initiative was beneficial to both UCC, psychology students, migrant women and to CMC: for the psychology students, it was an opportunity to engage with individuals from diverse ethnic migrant individuals providing them with a rare, but critically important platform, to unpack and reflect on risk and resilience processes embedded in the day-to-day lives of these mothers and their children, feeding into their development of culturally sensitive psychological practice. For CMC participants, at an individual level, they gained skills and knowledge to reflect and research on critical issues that impact on themselves, their families and their community. This then contributes to enabling them to be participatory players in designing a research/case study/intervention project on an issue and/or problem that pertains to them. At a social level, they got an opportunity to foster and nurture social networks towards community connectedness. At a psychological level, they were empowered as a result of being given a voice and agency to influence their lives and that of their community. For the CMC organization, along with all the benefits to its group members, they benefit by having an evidence-based research project that can then inform its future activities/programmes.

Collaboration with Music Generations Cork City (MGCC)

There is a vibrant visual and performing arts culture in Cork, but the asylum seekers in direct provision centres have not been able to actively

3 A full account of this initiative is detailed in Chapter 32.

participate due to barriers such as transport, psychosocial vulnerabilities associated with their migrant positions, accompaniment/consultation with parents/guardians. In this collaboration, MGCC has made funded dance instructor fees on an initial six-week period six-week period in 2018 and we haven't stopped since.

Collaboration with Lockdown Public Relations and Modelling Agency

CMC is collaborating with this Cork-based public relations and modelling agency to deliver weekly workshops to the hip-hop youth group. The workshops include: teaching the youth model walk, make-up master classes with renowned make-up artists; hair master classes; styling master classes; and working towards supporting the youth to put on their own mini fashion show. This is a pertinent issue because these teenagers are at a developmental stage in which body image is a big deal. Issues of beauty are very much driven by the media with implications on self-esteem and confidence, depending on fit between one's body specifications, whether in weight, height, skin colour, hair style or dressing style, and that which is promoted by the media and society. These workshops are about teasing out these issues in an empowering and fun way.

The youth who attend the hip/hop/modelling workshops have also formed a youth group that engages in discussions on issues that pertains to them, based on their lived experiences. Their youth leader, a former asylum seeker herself, recently applied and was accepted on an EU Long-Term Training Course – 'Youth Together' and travelled to the European Youth Centre in Strasbourg for an eight-day training in November and December 2018. During this training and follow-up trainings and activities related to this programme, it is envisaged that the youth will form partnerships with other migrant youth, including asylum seeking youth in other European Countries, and get opportunities to compare experiences, learn from each other and be agents of change in their own lives.

Collaboration with UCC Netsoc and Blizzard Entertainment

CMC has recently formed a collaboration with Blizzard Entertainment, UCC Netsoc Society, and Mike FitzGibbon, University College Cork (also one of the editors of this book), to set up a Coderdojo club for asylum seeking youth. In this case, the young people come mainly from Drishane Castle, Millstreet and are a particular group of asylum seeker children in Cork who experience great isolation. Blizzard is one of the most popular and well-respected makers of computer games. They create well-designed, highly enjoyable entertainment experiences and have developed games like Diablo, World of Warcraft, Over Watch, StarCraft, Heroes of the Storm and Hearthstone among others. Netsoc is UCC's networking and gaming society (Gamers and Tech Nerds) who have experience in running codorodojo programmes for school children in Cork communities. In this collaboration, Blizzard will provide fully equipped rooms, expertise in the form of coders and lunch. Netsoc will set up the codorodojo club and provide support in the form of volunteers to co-facilitate the codorodojo sessions. The facilitators will also play a key role of acting as mentors for these young girls and boys. The programme is scheduled to commence on in September 2019 and continue with no scheduled end date. Part of the plan is to engage the CMC codorodojo club on a project that will see them working towards participating in a national competition

Collaboration with Crowley Opticians

CMC is collaborating with Barry O'Driscoll and Emer O'Mahony from Crowley Opticians by facilitating them to provide overall eye health, to residents of all the five direct provision centres in Cork. So far, there has been an overwhelming amount of interest in this initiative and currently the eye-testing logistics are underway. In addition, Crowley Opticians have made an undertaking to get involved in one initiative in support of direct provision children or families per month within reason, identified

by CMC. They have also made a commitment to provide developmentally appropriate toys to the babies and toddlers in our mother and baby/toddler group.

Some Concluding Thoughts

All these programmes and initiatives support the psychosocial wellbeing of asylum seeking children living in direct provision centres ranging from babies and toddlers to middle childhood and to teenagers, by enhancing their human capacity. They do this physically, through creative activities, emotionally, by facilitating their experiencing of positive emotions and having an outlet for negative emotions. They do it cognitively, through structured activities and mentorship, by providing opportunities to learn new things and skills, engage in problem solving, team work and exhibition/performance skills. The activities also enhance social ecology by creating opportunities for social engagement and community participation, therefore, enhancing social inclusion opportunities. Culturally, CMC programmes are delivered mainly by migrants themselves in culturally sensitive ways.

The Cork Migrant Centre's response to children in direct provision centres is just an example of all the numerous supports being made by NGOs, charities, activists and migrant interest groups across Ireland, to this population. There are challenges to delivering these responses. These challenges come, for instance, in the form of limited capacities in regard to funding, accessibility to programmes due to transport challenges and variation in the willingness of centres to facilitate its residents in accessing local supports. However, from our activities in CMC and our analysis, we consider that there are also opportunities to maximize the quantity and quality of responses to this population by incorporating the following considerations.

Advocacy for the end of this system needs to continue. In the meantime, RIA needs to provide clarity on contractual obligations with their contractors and address identified issues such as provision of healthy diets;

for expectant mothers, for young children for toddlers, children school lunches and generally, for all residents. They need to act to address deficits in play for children, ensure access to good quality crèches and play areas, and facilitate children's engagement in sporting activities and other social and cultural events.

There is need for coordinated services at the local level to ensure that services for children are strategically planned and that they are appropriate to meet the psychosocial needs of children in direct provision centres. The starting point should be the analysis of the needs of these children. This analysis should form the basis for appropriate and coordinated strategies that ensure the best use of local resources. These resources should be culturally appropriate and meaningful.

While direct provision centres fall under the mandate of the Department of Justice, services to asylum seeking children living in these centres are, on the most part provided by mainstream services, such as Departments of Health, Education, and Social Protection, Children and Youth affairs. Clear and coordinated linkages across departments is required in provision of services to this population.

Cultural competence training is required for frontline service providers who work with this population, including migrant interest groups, to ensure that services provided to them are acceptable and sustainable. Migration in Ireland is a relatively new phenomenon and, service providers are not well prepared to deliver culturally sensitive services and supports. Capacity building is therefore, critical to building resilience of asylum seeking children and their families living in direct provision centres. Finally, the involvement of the private sector can ensure the availability of required and appropriate supports, when co-operation, sensitivity and awareness are at central concerns. In this way, corporate social responsibility can help improve the psychosocial wellbeing of these children.

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PART IV

Women and Men as Gendered Adults Living in Direct Provision

This section details accounts of lives prior to and during people's asylum application periods. That a repetitiveness is occasionally present within the accounts bears testament to the core failings of this institutionalizing system, and what mustn't be lost is the devastating consequences for each individual who is object of this system.

Through research conducted with women having various statuses, light is cast on people's life journeys that brought them to Ireland, their journeys since their arrival, and the obstacles that have been placed in the way of their integration. The concept of liminality is used as a means of examining a personal journey through the system, providing insight into this created world. This is followed by an analysis of the awful impacts of enforced purposelessness and a directionless life on adult males, stripping them of core elements of their masculine being. Disability is often invisibilized, within our society, particularly regarding areas of mental health: the chapter on disability brings to light the specifics of those who are more vulnerable due to their visible or invisible disabilities, and the gender–violence–disability nexus; despite the State's obligations as a signatory of the CRPD (the Disability Convention), disability is effectively ignored, even though this can significantly impact on the person's ability to articulate their asylum case.

Personal stories are detailed, stories of deteriorating health, isolation, enforced destitution; and creeping infantilization in women and men, where their fertility is the only thing they exert control over; a harrowing account of an early life of racial, sexual, physical and emotional abuse, of

the disbelieving 'welcome' extended to the asylum applicant, and settling into the drudgery of her new life's routines in direct provision; of a hopeful and happy start drifting slowly to disillusion. The 'Sword of Damocles' of deportation orders, and *its* severe impact on mental health is addressed, forms the backdrop to accounts of the violent actuality of the deportation processes, detailed through examples across the past two decades, resulting in destroyed families and even death; also present are accounts of the bravery and ingenuity of residents and activists, who together resisted deportations, many of whom later got residence. A diary exposes the bleakness and lack of privacy of living in this system, with a poetic eye for detail and context that creates truly moving images. Poetry can often provide a medium for expressing the deepest of felt hurt, and the pieces that conclude this section bear witness to this.