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# **What are the occupational experiences of adult asylum seekers living in Direct Provision in Ireland?**

## **Abstract**

### Background

Asylum seekers in Ireland are required to live in State provided hostel type accommodation called Direct Provision. The system of Direct Provision places a number of restrictions on the lives of asylum seekers; they are not permitted to cook, to work or to access third level education and are expected to live on limited finances. This denies asylum seekers opportunities to engage in meaningful occupations of their choice.

### Objectives

The research aimed to understand the occupational experiences of asylum seekers living in Direct Provision and to explore the potential risk of occupational deprivation.

### Methods

A qualitative approach using semi-structured interviews was chosen to explore and gain an understanding of asylum seekers experiences of living in Direct Provision. Interviews were analysed using Braun and Clarke's (2006) six stages of thematic analysis informed by phenomenology to gain an insider's perspective.

### Results

Four main themes emerged that captured the occupational experiences of asylum seekers; restricted environment, restricted occupational performance, impact of occupational deprivation on health and wellbeing and coping through doing and cognitive strategies.

### Conclusion

This study reveals how vulnerable asylum seekers are to occupational deprivation because they are denied access to occupation participation over an extended period of time, with negative consequences on health and wellbeing. Occupational therapy with its emphasises on the importance of engaging in meaningful occupations has a vital role in improving the daily lives of asylum seekers through both intervention and raising awareness of the needs of asylum seekers at a broader social and political level.

## Introduction

Although Ireland has a history of emigration the State appeared unsure about how to cope with Ireland's new status as a destination for asylum seekers in the 1990's. Only 39 asylum seekers arrived in Ireland in 1992, however, this figure dramatically rose to 11,000 asylum seekers in 2002 (Ogbu 2012). An asylum seeker is a person who has left their country and is unwilling or unable to return to it because of a fear of persecution for reasons of race, religion, social group, or political opinion (UNESCO). In 2000 the Irish Department of Justice set up a system of accommodation for people seeking asylum known as Direct Provision. The Reception and Integration Agency was set up in 2001 to manage and to house asylum seekers and monitor the Direct Provision centres throughout Ireland (The Reception and Integration Agency 2001). Asylum seekers receive basic accommodation and meals and an allowance of €19.10 per week per adult and €9.55 per week per child in Direct Provision centres across the country (The Reception and Integration Agency 2011). Residents are not allowed to cook, enter paid employment or access third level education while they await the outcome of their application for refugee status (Arnold 2012). The numbers of asylum seekers arriving in Ireland is now decreasing (The Reception and Integration Agency 2012). Most asylum seekers spend in excess of three years living in Direct Provision awaiting the outcome of their application for refugee status; therefore, Direct Provision has a deterrent effect (Arnold 2011). The barriers they face while waiting for asylum can have damaging effects on their health and wellbeing (Nwachukwu 2009). The aims of this study are:

1. To understand the occupational experiences of asylum seekers living in Direct Provision in Ireland
2. To explore how Direct Provision influences occupational performance of asylum seekers
3. To describe the occupational experiences of asylum seekers living in Direct Provision and explore potential experiences of occupational deprivation.
4. To explore the relationship between occupation, health and wellbeing as described by asylum seekers living in Direct Provision.

(Note: for the remainder of the article the acronym 'DP.' will be used for 'Direct Provision')

## **Literature Review**

A body of literature on the experience of asylum seekers in Ireland has developed in recent years, primarily focused on poverty, rights, racism and social inclusion (Fanning and Veale 2004 and Fanning et al 2001). Little is documented about the occupational experiences of asylum seekers living in DP. Only a number of small scale, qualitative studies exist including unpublished MSc research that has explored the experiences of asylum seekers living in DP or refugee camps worldwide.

Asylum seekers are at a risk of developing mental health difficulties. Not only do asylum seekers experience anxiety and stress relating to their asylum application, some are traumatised before their arrival (Patricia et al 2010, Craig et al 2009 and Whiteford 2004). A qualitative study with asylum seekers in Australia highlighted that participants suffered depression, anxiety and Post Traumatic Stress Disorder (PTSD) because of pre and post resettlement issues including; traumatic events experienced in their home country, poverty, conflict with immigration officials, obstacles to employment and loneliness (Silove et al 1997). Similar findings have been reported in a study with families living in DP in the west of Ireland where a link between mental health issues and pre migration trauma, long periods of inactivity, social exclusion and the restrictions of DP have been identified (Ogbu 2012, Stewart 2006).

It is evident that asylum seekers are vulnerable to occupational deprivation because they are denied access to basic and meaningful occupations over an extended period of time, with negative consequences on health and wellbeing. It has been identified that DP affects asylum seekers ability to engage in activities that are important to them. Participants in this study identified that limited finance, lack of space, boredom, restrictions of the environment, social isolation and loss of occupational opportunities such as work affected their health and wellbeing (Ogbu 2012 and Stewart 2006). Unlike most EU countries Ireland prohibits asylum seekers from entering paid employment while seeking asylum (Stewart 2006). Burchett and Matheson (2010) argue that not only is it depriving asylum seekers from inclusion in society but it is also detrimental to their health as they have little to do.

As occupational therapists we understand the importance of participation in daily activities and the impact that various roles and routines can have on occupational performance. A number of studies have identified the multiple consequences of DP for parenting and family

life. Pepper (2011) identifies the severe impacts on family rituals, routines, a mother's role, responsibility and cultural identity from living in DP. Similar studies found that parents identified that the restrictions placed on them in DP and the resultant lack of control and choice in their daily lives impacted on them psychologically as parents (Ogbu 2012 and Akwida 2010). Similar findings were also reported in an ethnographic study designed to highlight the occupational experiences of women's everyday life within an Austrian refugee camp. The participants identified that loss of choice and control over daily occupations were experienced due to the strict rules of living in the camp environment (Steindl 2008).

Whiteford (2005) presented a study to illuminate occupational deprivation through the lived experience of a Kosovo asylum seeker in Australia. She discovered the reported trauma and displacement Asylum seekers can face when reaching host countries and how the restrictions, lack of space and the uncertainty of the camp environment, work issues and the challenges adjusting to culture can affect occupational functioning.

It is clear that asylum seekers and refugees are vulnerable to occupation deprivation as they struggle to live occupational. Occupational participation is essential to meet basic human needs, experience human rights and to maintain health and wellbeing (WFOT 2012). This literature clearly identifies the issues and needs of asylum seekers. They can be seen to be one of the most disempowered and vulnerable groups in Irish society. The needs of this group go beyond basic requirements, acknowledging the need to explore asylum seekers occupational experiences and its impact on health and wellbeing.

## **Methodology**

To address the research question a qualitative approach using semi structured interviews was employed. Keeping in mind the purpose of this study was to understand asylum seekers occupational experiences, the study were situated within an interpretive framework. This framework allowed the researcher to understand the reported experiences of participants in this study and interpret the identified findings (Lincoln et al 2011).

## Participants

The participants were asylum seekers currently living in a DP accommodation centre in Munster (Table 1 for inclusion criteria). A manager from a non-profit organisation, supporting the rights of asylum seekers agreed to act as a gatekeeper for recruitment. The study reported here was the first phase of an intervention study. Subsequent to these in-depth interviews a six session Lifestyle Redesign inspired Occupational Therapy led intervention was facilitated with participants (Appendix 1). A poster outlining the study was distributed in the accommodation centre to invite those interested to attend an information session at the DP centre (Appendix 1). Researchers met possible participants at their accommodation centre on two occasions. These meetings allowed explanation of the study and allowed the researchers to begin establishing a rapport with participants (Appendix 2).

**Table 1. Inclusion criteria for participants**

<b>Requirements of participants wishing to participate in the study</b>
<ul style="list-style-type: none"><li>• To be over 18 years of age</li><li>• Currently living in Direct Provision accommodation.</li><li>• Able to communicate in English.</li><li>• Not have been previously interviewed on this topic by former occupational therapy students from the University of Limerick.</li></ul>

Participant details are shown in Table 2. Pseudonyms are used and limited information about participants is reported in order to protect confidentiality.

**Table 2. Participant information**

<b>Pseudonym</b>	<b>Age</b>	<b>Gender</b>	<b>Marital Status</b>	<b>No. Of Children</b>	<b>Years Living in Direct Provision</b>
<b>Salim</b>	20s	Male	Single	0	2
<b>Omar</b>	30s	Male	Single	0	2
<b>Adisha</b>	19	Female	Single	2	3
<b>Mandisa</b>	20s	Female	Married	3	7
<b>Bolah</b>	30s	Female	Married	4	7
<b>Salina</b>	20s	Female	Married	4	5

Ethical approval for this research was granted by the University of Limerick faculty of Education and Health Sciences Research Ethics Committee. Written consent was also obtained from participants before interviews commenced (appendix 3). Researchers were mindful that participants may be traumatised due to pre and post migration factors. Participants were given the opportunity to stop the interview at any time if they wished to discontinue or appeared emotionally distressed. Information sheets listing supportive services in the area were provided if participants needed extra support (appendix 4). It was acknowledged that some participants might have concerns that their views might affect their status as asylum seekers in Ireland. Participants were informed that involvement in this research was voluntary, would not affect their asylum status, and they could withdraw at any time.

### **Data Collection**

To address the research question semi-structured interviews were employed to understand participants' experiences living in DP. The interview guide was adapted from a pre-interview programme for a work ready programme conducted by the Occupational Therapy Department at the University of Limerick (Salmon et al 2011). The interview schedule was focused around four core themes; current occupations, choice, roles and responsibilities and health and wellbeing (appendix 5). Interviews ranged from 14 to 35 minutes. Interviews were audio recorded with prior written consent from participants. The opportunity not to have their interview audio recorded was also provided. Four participants consented to their interview

being recorded and detailed notes were recorded with two participants as they did not consent to their interview being recorded.

A semi structured interview guide was used which allowed the researcher to adopt a flexible approach. This allowed the working, ordering and altering of questions to suit individual participants if communication issues arose due to language difficulties and if participants became upset (Bryman 2008). Detailed field notes were also used not only to document details of the interviews, but also to record researcher impressions and observations (Burns 2000).

### **Quality**

Several methods were used throughout the research to enhance data trustworthiness. An audit trail was used by the researcher from the beginning of the data collection to the development of the findings (Lysack et al 2006). Prior to interviews the researcher sought interviewing training with the research supervisor. This included rewording of interview questions, skills in how to ask interview questions and the use of follow up probes to ensure that effective information was obtained from participants (Lysack et al 2006).

Self reflection was an important part of the research allowing the author to adopt a cultural humility approach. This approach allowed me to be aware of my own values and beliefs and the culture, uniqueness, values and beliefs of the participants enabling effective communication (Juarez et al 2006, Lysack et al 2006 and Finlay 2003). A reflexive journal was maintained throughout the interview process to document my own responses to that of the participants and throughout the data analysis process. Findings were consistent with and reflective of the data by quotes from the interview data are to illustrate themes.

### **Data Analysis**

Following transcription data analysis was guided by Braun and Clarke's (2006) six phases of thematic analysis informed by phenomenology. This allowed the author to become immersed in the data to develop a rich textured description of the occupational experiences of asylum seekers living in DP (Luborsky and Lysack 2006). Stage one began by re-reading transcripts that allowed familiarity with the data. The development of ideas was followed by initial coding that guided the author to stage two. Analysis of the transcripts enabled the researcher to develop codes and organise them into categories. Stage three consisted of searching for



themes by identifying codes and categories within the data. Stage four allowed the researcher to comprehend the research question from a phenomenological perspective. It allowed the researcher to understand the occupational experiences of asylum seekers living in DP and the challenges they encounter. This was further guided by reviewing themes using a thematic map to link similar categories. Stage five was a challenge for the researcher as it consisted of defining and refining emerging codes and themes to produce clear definitions and names for the themes. Finally at stage six, four themes were developed that allowed me to discuss my findings relating back to the research question and literature.

## **Findings**

Four themes emerged that captured the occupational experiences of participants; restricted environment, restricted occupational performance, consequences of occupational deprivation on health and wellbeing and coping through occupational and cognitive strategies.

### **Restricted Environment**

Concepts of constrained and restricted environments were expressed throughout the interviews with participants. Families living in Direct Provision usually share the same room presenting challenges and difficulties for the family.

“For me the stressful thing is that am with two small children, a boy and a girl and me are in a small room. That is the bedroom the kitchen the sitting room it is everything”

Parents also expressed concern about the consequences of lack of space on their children’s development and growth.

“Everything is in the same space. This child walks from one year three months and no space.....sitted from eight months no space”.

Many of the participants used the word “restrictions” when describing the environment that they live in and the “strict laws” they are bound to because they are asylum seekers.

“We cannot do things without asking staff at the accommodation centre. No choice and lots of restrictions”.

In DP asylum seekers are bound by a number of rules and restrictions (Appendix 6). One participant spoke about having needing permission to go away for a night.

“One time I was going to a programme....for two days so you need to let them know where you are going”.

Participants identified changes in their roles due to the restrictions of DP. For example DP was identified as affecting the parental role due to limited finance, not being able to cook, and the transport restrictions.

“I cannot just go into town to buy food because of the timetable (bus). We cannot cook”.

Participants who were mothers identified that the lack of child minding facilities in the hostel as a challenge. As a result of the environmental restrictions most participants spent most of the day confined to their rooms and expressed feelings of boredom as there was nothing meaningful to do with their time.

“I am inside my room with my children....there is nowhere I can go anyways....I can’t even go because I can’t leave the children in the room..... the only thing that I can relax is just to go and eat in dining go chat to my friends that’s all”.

### **Restricted Occupational Performance**

This theme describes participants’ experiences of restricted occupational performance. Including; being denied the opportunity to work, enter third level education and lack of leisure opportunities have on occupational performance. Apart watching TV and playing pool there were few leisure occupations mentioned.

“They used to have some (table) tennis I am interested in tennis but they don’t have it no more.....all they have is pool”.

Another participant described

“If I am bored...and there is soccer on we will watch”.

Some participants expressed interest in sporting activities but no opportunities to participate in these activities were available in the hostel.

“I love if I can do sports but where will I do it”.

The findings illustrated how the DP environment restricted occupational performance. One participant described his daily routine.

“Once in a while I go like today I went into the city to collect something and I came back. That’s what I always do just for the day. I am always inside”.

“The phrase “we’re not allowed”, “restricted” and “no opportunities” were reoccurring across the interviews. When one participant was asked about choice in relation to meaningful activities he responded

“You are limited in so many things especially in my education I don’t qualify to further my studies whatever I want to do. I am very much by living here restricted”.

All participants spoke about the challenges that they encounter by being denied the opportunity to work or to access education and therefore use their skills in the Irish community. One participant explained

“I have hands to work I have brain to work you know it is ah it is very emotional God just help. I have hands I have legs to walk so I can do this. So that’s kind of challenging”.

### **Consequences of occupational deprivation on health and wellbeing**

Participants reported that the stress of their situation and restricted occupational performance was impacting on health.

“Definitely affect your mentality. Being in this situation you need to move forward in what you want to aspire”.

One woman spoke how the “constant worry” and fear of deportation was affecting her health and as a result she had developed high blood pressure. The same woman discussed how the limited finances were affecting her leisure opportunities and health.

“I could not afford the proper footwear. I find that because I cannot even exercise anymore. I find that it is affecting my mental health”.

Another highlighted how “living in one room psychologically depressing can’t relax”. Being in a system of dependency was reported to negatively affect well-being by one participant.

“I cannot work. So it is psychological part of relying on others affecting health and wellbeing. It also affects my self-esteem because of the choice of not being able to do things”.

One participant described her everyday experience of living in Direct Provision as “stressed days because it is not easy to be in this situation”.

### **Coping through occupation and cognitive strategies**

Participants reported that “doing” and a number of cognitive strategies enabled them to cope while living in DP. Participants identified keeping busy, religious activities and showing optimism as coping strategies.

Participants spoke about “doing” things such as exercising and playing soccer to keep them busy in order to maintain health and wellbeing while living in DP. One participant outlined

“You can’t complain about resting time because you have to choose what you do, you need things to occupy your mind....To relax or have fun I play soccer”.

While some participants took up education to alleviate boredom, there were a significant number who stated that they would like to do it in an attempt to improve their future and job prospects should they be granted refugee status in the future.

“So keep distractions like studying .....so maybe by the time things are okay....I know that I have gone somewhere in my education spent time doing something”

Participants spoke about how participation and affiliation to religious organisations offered support and a way of coping while living in DP. Praying to God and attending church activities was a distraction from the reality of life in the hostel.

“I am occupied with church activities..... You need things to occupy your mind that’s why I joined volunteer work” (with religious organisation).

Participants described how they changed their behaviour to cope with the restrictions of living in DP. One woman described how she kept busy to enable her to cope with the realities of living in DP.

“I like to get to know new things “I don’t like doing what I did yesterday..... If I sit down and think about it the whole thing will be upset stressed I will be crying”.

Participants also described the importance of a positive outlook and “accepting the system” while awaiting the outcome of their asylum application.

“If you allow the way we live and the environment to overtake you .....all is not good you complain but I always have a positive outlook that this is short term and in the long run everything will be okay”.

One participant described how she needed to develop coping strategies.

“When you agree and accept the day becomes normal but when you don’t agree and accept the day becomes hard with the children”.

## **Discussion**

The research has emphasised that spending long periods of time in an institutionalised setting like DP can compromise opportunities to engage in meaningful occupations. It is clear that asylum seekers are at risk of occupational deprivation. They are denied access to occupation over an extended period of time, with negative consequences for health and wellbeing and the restrictions imposed are beyond their control. These findings were consistent with other studies that demonstrated the experience of occupational deprivation among asylum seekers and refugees (Steindl 2008 and Whiteford 2000 & 2005).

The findings highlight how important the environment is in influencing occupational performance. The Person-Environment-Occupation (PEO) model highlights the intrinsic and interwoven relationship between the person, environment and the occupation (Law 1996). The PEO model provides a framework for occupational performance and demonstrates how changes in one component can severely affect an individual’s occupational participation (Rebeiro 2001). The findings have demonstrated how the environment was impacting on participants’ occupations and lives. Participants identified that the physical and political aspects of the environments were restricting their opportunities to engage in everyday occupations due to confined spaces, limited finance, strict rules and a lack of control over food or meal preparation. This research was consistent with other research on asylum seekers’ experiences of living in restrictive environments. The importance of the environment has been identified by other studies (Burchett and Matheson 2010 and Steindl et al 2008). Similarly, a study of female refugees in an Austrian refugee camp demonstrates how participation in daily occupations were intertwined with the physical, institutional, social and cultural environments’ restrictions and compromised how residents engaged in occupational

performance (Steindl et al 2008). This study reveals that the system of DP has detrimental effects on all social roles and parenting in particular for participants in this study. These findings are similar to other research describing how the DP environment had damaging effects on family functioning and child development (Ogbu 2012, Awkida 2010, Steindl et al 2008 and Fanning et al 2001). It is apparent that by living in DP can disrupt the performance of social roles and the range of roles available.

The context of Direct Provision prevents asylum seekers entering employment or accessing third level education. Being denied the opportunity to work was identified as one of the main consequences of living in DP accommodation. These findings were similar to that of Burchett and Matheson (2010) where they described the negative impact that not being allowed to work has on asylum seekers. Much research demonstrates the negative effects of unemployment (McKee Ryan et al., 2005). Giving asylum seekers the opportunity to work is known to have positive effects on their lives as it can lift them out of poverty (Refugee Council 2007). Work is known to promote individual health and wellbeing and is the most important means of obtaining economic status which is fundamental to individual identity, social roles, social status and economic status (Waddell and Burton 2006). A strong link between unemployment and poverty has been established (Waddell and Burton 2006). Research by Fanning and Veale (2001) reports the policy of DP is imposing extreme poverty on asylum seeking families. Unlike Ireland, many countries allow asylum seekers to enter paid employment while seeking asylum (Stewart 2006). Denying asylum seekers the opportunity to work is not only increasing the risk of poverty but depriving them from inclusion in society (Burchett and Matheson 2010). Work is recognised as an important therapeutic tool in promoting good mental health among asylum seekers (Davies 2008). Prohibiting asylum seekers from working also affects routine and in this study participants revealed that besides eating and sleeping they spent most of their time in their rooms with little to do. Prohibiting engagement in paid employment is detrimental to the health of asylum seekers. Numerous authors have highlighted the intrinsic relationship between health and wellbeing, social inclusion and opportunities to maintain roles and identity through occupation for asylum seekers and refugees (Burchett and Matheson 2010, Steindl et al 2008 and Whiteford 2005).

Multiple studies support the importance of occupational performance for maintaining one's health and wellbeing (Hammel 2008 and 2004, Christiansen et al 1999 and Law et al 1996). Whiteford (2000) demonstrates the intrinsic link between occupation deprivation, time use and health. The findings of this study illustrated that having little to do was associated with mental health challenges. Spending long periods in inactivity and loss of control over normal everyday activities in an institutionalised environment can lead to mental health problems (Ogbu 2012, NASC 2008 and Stewart 2006). Asylum seekers can spend up to seven years living in DP with very little to do. Long (2006) has identified that feelings of boredom and spending prolonged periods of inactivity can have a detrimental effect on a person's health and wellbeing. Participating in occupations gives meaning to people's lives enhancing health and wellbeing (Wilcock 1999 and 1998).

Despite the challenges of living in a restrictive environment, participants reported a number of coping strategies, including both activity based and cognitive strategies. Coping can be defined as "the cognitive and behavioural forces employed to manage personal needs and the external demands of one's environment" (Lever 2008). Coping strategies are determined by resources available in terms of beliefs, problem solving skills and physical energy and social support (Lever 2008). In a study conducted on the mental health needs of asylum seekers in Ireland the findings emphasised the importance of resilience in enabling them to cope with the constraints of DP (Stewart 2006). Participants found relief from the stress and boredom by practicing religion, caring for their families, participating in sports and other activities. Participating in religious activities is seen a very important coping mechanism for asylum seekers as it is one area where they can participate as it is unhindered by the restrictions of the environment (Migrants Right Centre Ireland 2007). Participants' reported some participation in sports and exercise. The benefits of physical activity for social interaction, health and wellbeing and the alleviation of stress and anxiety are well-established (NICE, 2006). The cognitive strategies employed by participants in this study are similar to other studies that identified how interests and values, such as creating a future for their family and the importance of doing are a motivating factor while living in a restricted environment (Burchett and Matheson 2010 and Stewart 2006).

## **Conclusion**

This research provides insights into the occupational experiences of asylum seekers living in DP in Ireland. To address the question, a qualitative approach using semi-structured interviews was employed to enable the researcher to understand participants' occupational experiences of living in DP accommodation. The findings contribute to the limited research on DP policy in Ireland and other studies worldwide by adding insights into the experiences of asylum seekers from an occupational perspective (Pepper 2011, Burchett and Matheson 2010, Steindl et al 2008, Steward 2006 and Whiteford 2005).

This article has explored how asylum seekers are vulnerable to occupation deprivation as they struggle to live occupational lives because of the rules and restrictions of DP. The process of seeking asylum highlighted the many restrictions and constraints within the context of DP impacting on their health and wellbeing. Overall this study has contributed evidence to the dynamic relationship between people, their occupations and the environment and its impact on occupational performance, and opportunities to develop and sustain health and wellbeing through meaningful occupations.

As there is limited research available on the occupational experiences of asylum seekers living in DP there is a need to give more attention to the occupational experiences and needs of this group throughout DP accommodation centres in Ireland. Further studies need to investigate effective interventions and resettlement programmes to support the health and well-being of asylum seekers. Other research could include the occupational experiences of children living in DP because with the length of time that can be spent seeking asylum, children can spend a significant part of their childhood in DP accommodation with serious implications for their growth and development.

## **Implications of the study**

The findings of this study have implications for the study and practice of occupational therapy when working with asylum seekers living in DP accommodation.



## **Policy Implications**

- Occupational therapists need to work in partnership with the government and other organisations in supporting and developing services and programmes for asylum seekers in evaluation of local services.
- Occupational therapists have the opportunity to highlight the needs and issues of asylum seekers living in DP at a political level, which can be instrumental to policy changes.
- The policy of DP should be inspected and abolished because it allows asylum seekers to be excluded from occupation by economic, social and physical barriers.
- Ireland should review its decision not to allow asylum seekers to work after a period of six months.
- Volunteering opportunities should be made more widely available for asylum seekers.
- Asylum seekers should be allowed to make choices in relation to cooking and meal preparation.
- Asylum seekers mothers should be given more support regarding child care facilities within DP accommodation.

## **Recommendations**

- Occupational therapists are in a prime position to work with asylum seekers living in DP however; they may feel unprepared or challenged when working with this group (Lloyd and Williams 2009 & Whiteford 2005). Occupational therapists have long been upholding the person, environment and occupation to promote occupational performance enhancing health and wellbeing (Law 1996). The multiple occupational needs of asylum seekers are clear. Occupational therapists can play a vital role in establishing appropriate occupations to cope with lifestyle difficulties, adaption to the environment and supporting asylum seekers with resettlement issues (Algado and Burgman 2005, Whifeford 2004 and Yau 1997).
- Occupational therapists work in many diverse and multivariate areas and recognise that there is a political component in their work (Pollard et al 2009). We have a professional responsibility to the human rights of asylum seekers to identify and raise issues of their occupational deprivation and injustice (WFOT 2006). Occupational therapists are in position to play a vital role in meeting the needs of asylum seekers by addressing their needs both through direct intervention and by collaborating with

individuals, organisations and communities that prevent asylum seekers participation in occupational activity (WFOT 2011 and Pollard et al 2008).

- The system should be replaced by resettlement programmes that enhance opportunities for engagement in meaningful occupations by creating an environment that asylum seekers are able to engage in everyday occupations of self care, food preparation, child rearing, build up work and education skills to prepare them for life in Ireland (if granted status) and routine development in socially and culturally appropriate ways (Whiteford 2005).
- Further training is required to enable occupational therapists to support the needs of asylum seekers living in DP by addressing and fostering cultural competency when working with asylum seekers (Smith 2005 and Yau 1997).

## **Limitations**

This study is limited because of the small number of participants interviewed and participants recruited were not randomised but wanted to participate. This study has presented findings on participants' experiences of living in one DP accommodation centre which may have biased the findings. Member checking was not conducted with participants which limit the trustworthiness of this study.

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## HELPING TO PROMOTE HEALTH AND WELLBEING BY REDESIGNING LIFESTYLES

### If you are:

- Over 18 years of age
- Living In direct provision
- Able to communicate in English

This programme is for you!

**16th July - 3rd August 2012**

Students from the University of Limerick are offering 2 weekly 3 hour sessions designed to provide people living in direct provision opportunities to engage in activities to promote health and wellbeing!



### Sessions include:

- Arts and Crafts
- Community Gardening
- Exploration of Music and Culture
- Opportunities for Fieldtrips
- Various Fun Activities.



To participate or for more information please contact:

Katie Robinson

(061) 213370 or [Katie.robinson@ul.ie](mailto:Katie.robinson@ul.ie)



UNIVERSITY of LIMERICK  
OLLSCOIL LUIMNIGH

## **Appendix 2**

This is an information sheet for participants involved in the research project:

### **Evaluation of a lifestyle redesign programme by conducting pre and post evaluations.**

This project is about exploring your experiences and perceptions of being an asylum seeker in Ireland and to evaluate your experiences of a lifestyle redesign programme. You can participate in the programme without taking part in the evaluation of the programme.

The lifestyle redesign programme will commence in a three week period from the 16<sup>th</sup> July – 3<sup>rd</sup> August. It will involve two three hour sessions per week.

Taking part in the evaluation of this programme involves participation in two interviews, one before and after the programme. Both interviews will be conducted by two occupational therapy students from the University of Limerick. Both interviews will be audio recorded and information shared will remain confidential between you, the researcher and the research supervisor. The option not to have interviews audio recorded will also be available.

Participation is voluntary, participants can withdraw from the project at any time and the interview can be stopped if you do not wish to continue.

The first interview will take place before the programme begins and will be no longer than 45 minutes to complete. The purpose of the first interview is to learn about your experiences of being an asylum seeker in Ireland, what you do on a daily basis and what you would like to do. There is no right or wrong answers we only want to learn about your experiences.

The second interview will take place after the programme has finished and should take no longer than 45 minutes. This interview is to learn about your experiences of participating in the programme and to access the benefits of participating in the programme. There is no right or wrong answers we only want to learn about your experiences.

There are no risks involved with participating in this study. Ethical approval is being sought for this research from the Faculty of Education and Health Science University of Limerick. Any information provided for this project will remain confidential. Names or any identifying features will not be included in the study or any further publications.

### Appendix 3



## UNIVERSITY of LIMERICK

O L L S C O I L L U I M N I G H

FACULTY OF EDUCATION AND HEALTH SCIENCES  
DEPARTMENT OF OCCUPATIONAL THERAPY  
UNIVERSITY OF LIMERICK

### CONSENT FORM

I \_\_\_\_\_, declare that I am willing to participate voluntarily in the research project entitled:

#### **Evaluation of a lifestyle redesign programme by conducting pre and post evaluations.**

I have been given the opportunity to read the information sheet and I fully understand the purpose of the research and my role within it and how the data will be collected will be used

I understand that participation is voluntary and that I can withdraw at anytime. If I do withdraw at any time I can still participate in the intervention

I am aware that the interviews will be audio recorded and field notes will be taken

I am entitled to copies of transcriptions and any recordings or field notes taken. It has been explained to me what will happen to these when the project is completed.

Information shared will remain confidential between me, the researcher and the research supervisor. Any features that can identify me will remain confidential and will be omitted from the research.

**I UNDERSTAND THAT BY SIGNING THIS FORM I AM GIVING MY CONSENT TO PARTICIPATE IN THE STUDY DESCRIBED ABOVE.**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Researcher

\_\_\_\_\_  
Date

## Appendix 4

### Resources for Mental Health

#### Services and supports include:

1. **SPIRASI** aims to work in collaboration with asylum seekers, refugees, volunteers and related organisations to promote the self reliance and integration of refugee seekers into Irish society by providing a range of support and services.

#### Contact information

Phone: 01 8389664

Fax: 01 8823547

Email: [info@spirasi.ie](mailto:info@spirasi.ie)

2. **Grow** is a voluntary mental health organization that helps people who are experiencing mental health problems.

#### Contact Information

Website: <http://www.grow.ie/>

Phone: 1890 474 474

Email: [info@grow.ie](mailto:info@grow.ie)

3. **Pieta House** offers counselling and support services to people experiencing a mental health crisis.

#### Contact Information

Website: <http://www.pieta.ie/Index.html>

Phone: 353 (01) 601 0000

Email: [mary@pieta.ie](mailto:mary@pieta.ie)

4. **The Samaritans** “provides **confidential** non-judgemental emotional support, 24 hours a day for people who are experiencing feelings of distress or despair”

#### Contact Information

Phone: 1850 60 90 90

Email: [jo@samaritans.org](mailto:jo@samaritans.org)

## **Appendix 5**

### **Pre-Intervention Interview Guide**

#### **Part: Introduction**

First I will review the information letter and the consent form with each participant and ask them to sign it. I will again ask their information to record the interview and to take field notes but all information will be kept confidential.

Thank you so much for agreeing and coming to meet with me today to discuss your experiences of living in Ireland. This is the first of two interviews that you will be participating in. In this interview we will talk about how you spend your time in Ireland, what you do day to day and what you would like to do. The second interview will take place after the intervention to discuss your experiences of the intervention. You do not have to answer any questions that you do not want to. Feel free to take a break at any time during the interview and we can stop talking whenever you like. Remember that there are no right or wrong answers I am interested in your opinion and personal experiences.

#### **Part 2: Interview**

##### **Current Occupations**

- 1) What does a typical day look like for you?
- 2) Is the weekend any different from during the week?
- 3) What do you do to relax or have fun?  
[If yes: is there anything else you would like to do?]  
[If no: why?]
- 4) What are the things that you do that are most important to you?

##### **Choice**

- 1) Is there anything that you need or want to do but currently can't?  
Why don't you?
- 2) What opportunities do you have to do the things you need or want to do in your current situation?
- 3) Do you feel you have the choice to do the things you need or want to do?

### **Roles and responsibilities**

- 1) What are the roles that you are carrying out in your life at the moment that are important to you?  
[If mention any roles will continue to question 2]
- 2) Have you noticed any differences in that/these role/roles during your period in Ireland?

### **Health and Wellbeing**

- 1) How do you consider your health to be at the moment?  
Health can mean many things such as physical, emotional and psychological health for example.
- 2) Have you experienced feelings of anxiety, stress or depression in the last month?  
[If yes]
- 3) Has ill health impacted on your participation in day to day activities?  
[If yes: how?]

### **Part 3: Wrap up**

- 1) Is there anything that you would like to do or see yourself doing in the future?
- 2) Is there anything else that you would like to add to your experience about living in Ireland?

Thank you for participating in this interview. It has been great talking to you today.

This interview guide was adapted from research conducted by lectures at the Occupational Therapy Department, University of Limerick on evaluating an occupational therapy programme to support wellness during recovery.

## **Appendix 6**

### **Rules and Restrictions of Living in Direct Provision Accommodation Centres (Reception and Integration Agency 2011)**

While living in Direct Provision accommodation there are a number of rules and procedures that residents must adhere by (Reception and Integration Agency 2011):

1. Residents are not allowed to work or enter third level education.
2. Residents have to sign in each morning.
3. Residents have to get permission from staff at accommodation centre if they plan to be away for a night.
4. Residents are not allowed to cook or prepare food in the accommodation centres.
5. The accommodation centre is in a rural area but residents are restricted by the bus timetable to go into town.
6. Residents need permission for having visitors on the premises.
7. Rooms can be inspected by management at anytime.
8. No alcohol to be consumed on the premises