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The Irish Immigrant Support Centre

What's Food Got To Do With It:

Food Experiences of Asylum Seekers in Direct Provision

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Nasc, the Irish Immigrant Support Centre's Mission Statement:

Enabling migrants to access justice and human rights and to work to ensure a just, inclusive and integrated society.

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WHAT'S FOOD GOT TO DO WITH IT?

FOREWORD

Direct provision is, quite frankly, a stain on Ireland's human rights record. Like the Magdalene Laundries before it, Direct Provision works to isolate and dehumanise the thousands of people who live there – people who have come to our shores seeking our protection from violence and persecution.

For fourteen years, Ireland has given anything but our traditional *Cead Mile Fáilte* to these people, allowing this system to continue unchecked. Men, women and children at their most vulnerable are placed in institutionalised settings, which are often overcrowded and under-heated, isolated from Irish society, with no right to work, no autonomy, and no privacy.

Asylum-seekers and their children often spend years living in an institutional setting that was designed to be a short-term solution. 59% of current residents have been living in direct provision for more than 3 years; 9% have been living there for over 7 years.

Asylum seekers are forced into a state of limbo by a broken protection system that entails excessively long application processing times and an over-reliance on judicial reviews – which are necessary to check the frequent negative decision errors that arise from the systemic culture of disbelief in the Department of Justice and the Office of the Refugee Applications Commissioner (ORAC).

Nasc has campaigned since the introduction of direct provision in 2000 against the treatment of asylum seekers in the system. Through our legal advocacy work, we have identified two easily rectifiable measures that would dramatically reduce the wait time for asylum seekers and improve the conditions while they wait.

These measures include:

1) The immediate introduction of the Single Procedure, a mechanism included in the draft Immigration Residence and Protection Bill which has lain dormant since 2010, which could be introduced as a stand-alone measure. While we understand the introduction of the single procedure would not impact asylum seekers under the current regime, it would prevent anyone suffering such devastatingly long waiting times in the future.

2) For Ireland to opt back into the EU 'Reception Directive' (Directive 2003/9/EC), which lays down minimum standards for the reception of asylum seekers, including the right to work after 6 months.

Other steps the Department of Justice must immediately take include the introduction of HIQA inspections of direct provision accommodation centres and the introduction of an independent complaints mechanism for

residents. These are simple, internationally recognised, best practice standards that any institutions that house people – especially children – should have as a bare minimum.

Nasc welcomes this research into the food conditions in direct provision, as the food poverty and insecurity asylum seekers experience echo all of the other ways the system of direct provision dehumanises and isolates people who are at their most vulnerable. Although asylum seekers and the conditions of direct provision have been documented in many studies and reports, their experiences relating to food have not been examined in detail. This report significantly fills that gap.

I would like to thank Keelin Barry and the Department of Public Health at University College Cork for contacting us and for carrying out this research on behalf of Nasc as part of their WHO Healthy Cities Project. We are already using the findings in our lobbying for changes in the direct provision system and we hope the launch of the report will raise significant awareness about this important facet of the experience of living in direct provision.

How many reports have to be produced that document how destructive this system is to the physical and mental health and wellbeing of people who have come to our country seeking protection before we see change?

Fiona Finn
CEO
Nasc, the Irish Immigrant Support Centre

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EXECUTIVE SUMMARY

This report is based on a qualitative research study that was undertaken with the aim of gaining a greater understanding of the lived reality and food experience of asylum seekers living in three Direct Provision centres in Cork City, Ireland.

STUDY PARTICIPANTS

Twelve asylum seeker study participants who were purposively recruited took part in one to one interviews (one participant was excluded as they did not meet the inclusion criteria). Participants included nine men (one excluded) and three women, all of whom met the inclusion criteria. Of those interviewed four participants were from Asia, one from the Middle East and six from the continent of Africa.[1]

METHODOLOGY

Qualitative research was carried out using a semi-structured questionnaire during one on one interviews that were undertaken with asylum seekers living in Direct Provision centres in Cork City. A number of ethical issues were taken into consideration prior to the study commencing. These issues related to working with asylum seekers who are a vulnerable population; ensuring strict measures were in place to safe-guarding study participant anonymity; as well as ensuring research aims were clearly outlined and that informed consent was received from study participants prior to the commencing of the interviews .

Ethical approval was sought and received from University College Cork's Clinical Research Ethic Committee (CREC). Asylum seekers over the age of eighteen years who were at that time residing in one of the three Cork City Direct Provision centres were eligible for inclusion in the study. The interviews were recorded and then transcribed and analysed using interpretative phenomenological analysis (IPA).

FINDINGS

This qualitative research study highlighted five main areas of findings;

1. **Food provided in Direct Provision centres is not satisfactory**
   - Food was regularly described as inedible, of poor quality, monotonous, bland, and culturally inappropriate.
   - Problems were highlighted relating to mealtimes and the dining room environments, as well as poor food storage options being available to asylum seekers living in Direct Provision centres.

[1] Specific study participant information regarding country of origin, age, length of stay in Direct Provision centre are purposely not detailed to ensure complete anonymity of the study participants.

2. **Food does not represent the cultural and multi-faith religious needs of asylum seekers living in Direct Provision centres in Cork City**
    - The majority of people interviewed complained that the food provided in Direct Provision centres does not cater for the diverse cultural needs of asylum seekers.
    - Many asylum seekers interviewed stated that the Direct Provision food system does not allow religious asylum seekers to freely practice their various religious traditions and religious food practices.
    - This was discussed as being an ongoing cause of distress to a majority of asylum seekers from a number of different religious backgrounds.
    - Individuals interviewed described ways in which they tried to cope and still adhere to their religious food rules. Discussed during the interviews were means of avoiding the food provided in the Direct Provision centres that were deemed as unsuitable due to religious rules and restrictions. Some examples of these coping strategies included buying or cooking their own food (against Reception and Integration Agency RIA rules), enforced vegetarianism, or eating one meal a day that was perceived as being religiously 'safe'.
    - Hunger was discussed as a regular 'Direct Provision experience' by study participants especially during night time, religious holidays and feast days.

3. **The food system in Direct Provision has a negative impact on families and children who are residents of Direct Provision centres**
    - The food provided in Direct Provision centres was described as being unsuitable for babies, toddlers and children.
    - Criticism of the food relating to children included that it is often 'inedible' and also that it is regularly high in salt, sugar and in fat.
    - Parents interviewed discussed fears for their children's future health due to the poor nutrition their children were getting over a protracted period of time during their formative years.
    - Parents spoke about the pressure they felt to try to adopt coping strategies to improve their families food situation such as buying or cooking own food (against the RIA rules) so as to ensure the nutritional wellbeing and security of their children.
    - Parents spoke about their own disempowerment and stated that their parental authority had been eroded as a result of living in Direct Provision, in many cases for multiple years.
    - The system of Direct Provision was described as being negative for parents and families, with children never seeing parents in traditional family roles or cooking meals.

4. **Food was discussed as being perceived as one part of a broken Direct Provision system that needs to be changed**
    - Numerous asylum seekers interviewed discussed the many multifaceted difficulties they experienced living in Direct Provision centres for indefinite periods of time. Some examples included worry about

when asylum claim will be resolved, worry about family in home countries, worries about the future, worry about impacts of living in a Direct Provision environment on children, poverty, family health, mental health issues, and future security.

- Food was discussed by some study participants as being considered a 'lesser' problem compared to other difficulties faced in their lives as asylum seekers living in Direct Provision centres for protracted periods of time. Despite this, the study highlights that the negative food situation is a daily and continual stressor that exacerbates the other multiple stressors faced by asylum seekers living in Direct Provision centres.
- A recurrent theme during the interviews was participants expressing fear of retribution if they were 'found out' to have complained about food or any other aspect of life in their Direct Provision centres. People spoke about the fear that they may be 'moved', or that they would be seen as a 'trouble maker' by management, with fear of negative implications for their asylum claim.
- The issue of asylum seekers living in Direct Provision being required to sign in every day was discussed in some interviews as being a demeaning aspect of daily life in the Direct Provision centres. Multiple study participants referred to 'living in a prison' when describing their lived experiences in Direct Provision.
- A majority of asylum seekers interviewed spoke about the widespread fear and trepidation they felt about their future prospects. Most people interviewed had been living in the Direct Provision system for multiple years and spoke of their precarious situation waiting for their asylum claim to be decided. In addition, some individuals spoke in great detail of the traumatic life experiences that made it necessary for them to flee their country of origin and seek asylum in Ireland.
- Mental ill health was discussed as being a highly prevalent issue for asylum seekers living in Direct Provision centres.
- The majority of asylum seekers interviewed recommended that self-catering options be introduced or that communal cooking spaces be made available as a solution to the current food problems in Direct Provision centres.

5. Food system in Direct Provision centres is negative for the health of asylum seekers

- The food that is delivered in the Direct Provision centres in Cork was perceived by numerous asylum seekers interviewed as being 'bad' for health.
- During the interviews some asylum seekers spoke about specific health issues they perceived as being caused or worsened by the food provided at the Direct Provision centres.
- People with special medical dietary needs discussed not having these special dietary needs met in their Direct Provision centre.

RECOMMENDATIONS

This report concludes with a series of recommendations. The main recommendation is that the Direct Provision system be overhauled, especially in how food is delivered; self-catering options should be expanded as a matter of urgency; and at the very minimum, communal cooking areas should be made available to asylum seekers in all Direct Provision centres in Ireland. Further recommendations are listed in chapter six.

WHAT'S FOOD GOT TO DO WITH IT?

INTRODUCTION

Nutrition is fundamentally important to all aspects of health. There is very little research available that explores the determinants of health and ill health related to asylum seekers internationally. This is especially true in relation to research focused on asylum seekers living in Direct Provision centres in Ireland.

Asylum seekers residing in Direct Provision centres are arguably one of the most vulnerable population groups in Ireland, living in protracted situations of disempowerment, insecurity, stress and poverty. Asylum seekers are a population who are often vulnerable on their arrival to Ireland seeking asylum and safety. They are regularly fleeing extreme human rights violations, conflict, torture, sexual violence and multiple traumas. Asylum seekers vulnerabilities are further compounded by the situations in which they are forced to live under in Direct Provision centres, without the protective mechanisms afforded by the State to the majority non-asylum seeker population.

The existing limited research that has been undertaken relating to asylum seekers in Ireland has mostly focused on the important area of asylum seekers' mental health. The specific food needs of asylum seekers in Ireland have remained largely understudied with the exception of a comprehensive 2006 Combat Poverty study undertaken by Manandhar (*et al*, 2006).

The objective of this qualitative research was to address the aforementioned gap in research and explore the impact of the food delivery system currently in place in Direct Provision centres in Cork City on asylum seekers, and to ascertain the issues of importance for asylum seekers in relation to food.

Twelve asylum seekers (male and female) over the age of 18 years of age, who were resident in one of three Direct Provision centres in Cork City were purposively sampled and interviewed. Eleven of these interviewees were found to meet the inclusion criteria and were included in the study. Semi structured interviews were undertaken and interpretative phenomenological analysis (IPA) was applied in the qualitative analysis.

This research study highlighted significant problems associated with food experienced by asylum seekers living in Direct Provision centres in Cork City. Participants in the study expressed dissatisfaction with their lived day to day food reality, and linked their food experiences in Direct Provision with negative impacts on their health. The results also indicated that asylum seekers interviewed felt that the food provided was not representative of their cultures or religious dietary needs and that it has negative impacts on health, family cohesion and children's wellbeing. Many respondents stated that they felt hungry on a regular basis and were unable to eat the food provided. Reasons for not eating the food provided in Direct Provision included that it was often inedible, was not representative of cultural and religious needs, was poorly cooked, bland, monotonous and was generally perceived by those interviewed as being 'bad' for health.

People need food to survive and a relationship with food exists regardless of background or the environment in which we live. Asylum seekers live in a dissatisfactory food situation with very little other choice than to eat what is given to them on a daily basis. The inability to eat in a manner perceived as conducive to good health in Direct Provision centres leaves people feeling disempowered often for years while they wait for their claim for asylum to be finalised. The daily negative food situation compounds the other multiple stressors that exist for asylum seekers in Direct Provision centres.

This study highlights a need for further research into all areas related to asylum seekers dietary requirements, health, and welfare of child and adult asylum seekers in Direct Provision centres in Ireland. The entire system of food delivery in Direct Provision requires an urgent overhaul. A new system should be implemented that includes self-catering and cooking facilities being made available in all Direct Provision centres as an important first step.

CHAPTER 1: OVERVIEW

INTRODUCTION

Asylum seekers represent a highly traumatised population group, often with experiences of oppression, loss, displacement and violence which are common causal factors instigating their attempts to find a safe haven elsewhere. (Newman, 2013:213)

Displacement and migration is often forced as a result of many complex social, political and environmental events (Pieper *et al*, 2011:2). In 2012, an estimated 7.6 million people were newly displaced due to conflict or persecution (UNHCR, 2013[a]:2). More than 893,700 individual applications for asylum or refugee status were made to governments or UNHCR offices in 171 countries or territories during 2012 (UNHCR, 2013[a]:3). This represents a global increase of 3% of applications by people seeking asylum or refugee status in 2012 when compared to 2011 figures, and is the second highest yearly number of applications lodged for asylum or refugee status in the past decade (UNHCR, 2013[a]:25). In addition, 479,300 asylum applications were made specifically to 44 industrialised countries in 2012 which represents an increase of 8% of applications to these countries (UNHCR, [b] 2013:2).

The definition of a refugee in Irish law is;

…a person who, owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his or her nationality and is unable or, owing to fear, is unwilling to avail himself or herself of the protection of that country; or who not having a nationality and being outside the country of his or her former habitual residence, is unable or, owing to such fear, is unwilling to return to it... (ORAC, 2013:8)

According to the Irish Refugee Council the definition of an asylum seeker is;

…someone who is seeking to be recognised as a refugee. If they are granted this recognition they are declared a refugee... (IRC, 2011:7)

IRELAND'S HUMAN RIGHTS OBLIGATIONS TO ASYLUM SEEKERS

All people have a legal right to come to Ireland to seek refuge and protection. This right is set out in Article 1(14) of the Universal Declaration of Human Rights which declares that everyone has the right "*to seek and to enjoy in other countries asylum from persecution"* (United Nations, 1948).

The Right to Food

Article 11 of the International Covenant on Economic, Social and Cultural Rights (CESCR) refers to the

...right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing, and to the continuous improvement of living conditions... (United Nations, 1976:4)

In 1999 it was further recognised by the United Nation Committee on Economic, Social and Cultural Rights that, while poverty and malnutrition are most prevalent in developing country nations, they are also experienced in some of the most economically developed countries. This is the result of certain subsets within a population being restricted in the food they have access to due to poverty and economic deprivation (United Nations, 1999:2).

The right to food includes access to food that is both culturally appropriate and provides adequate nutritional value (FLAC, 2009:101). A State also has a responsibility to ensure that not just individual members of society, but also the private sector, respects the right to food. Furthermore the State should ensure national policy and strategy that establishes and safeguards the right to food (FLAC, 2009:101).

It is argued by Breen that the imposition of a food regime which takes no account of the non-nutrient needs of the consumer, compounded by the exclusion of asylum seekers from having personal autonomy over their diet for protracted periods of time, could constitute a violation of the right of asylum seekers to adequate food in Ireland (Breen, 2008:618).

Overview of Direct Provision and Dispersal Policy

History of Direct Provision Policy and Dispersal

During the 1990's Ireland experienced a significant shift from a predominantly outward migration to an inward migration pattern, and a subsequent marked change in population dynamics (Conlon, 2010:95). There was also a sharp increase in the numbers of people seeking asylum. For example there were 31 applications for asylum in 1991; 7,424 in 1999; and 10,938 in 2000, representing a 41% increase between the years 1991 and 2000 (FLAC, 2009:13).

In November 1999, the system of Direct Provision and dispersal was introduced on a pilot basis by the Irish government. It was adopted as policy in April 2000 on an administrative rather than legislative basis (FLAC, 2009:13). The Reception and Integration Agency (RIA) was set up in April 2001 and is a functional unit of the Irish Naturalisation and Immigration Service (INIS), a division of the Department of Justice, Equality and Law Reform (RIA, [a] 2012:4). RIA's remit is to manage the operation of the Direct Provision system (FLAC, 2009:14).

The high numbers of people seeking asylum in Ireland in the mid to late 1990's caused an upward demand for accommodation in the greater Dublin area which led the government to implement a policy of dispersal as well as Direct Provision in 2000 (FLAC, 2009:13). Accommodation options were attained across the differing Health

Service Executive (HSE) regions around the country, with the aim of ensuring that there was no concentration[2] of asylum seekers in one specific area, particularly in the capital city of Dublin.[3]

The introduction of Direct Provision and dispersal resulted in widespread changes to the treatment of asylum seekers coming to Ireland, which included severe reduction in access to social welfare support (Nasc, 2008:4), (Breen, 2008:612). Asylum seekers who seek protection in Ireland are not legally obliged to stay in Direct Provision centres. If they choose to stay elsewhere they are not entitled to any State support such as welfare payments or access to medical cards.(Joyce *et al*, 2014:4) The introduction of Direct Provision and dispersal effectively placed asylum seekers outside the social welfare system and below the poverty line (Foreman *et al,* 2007:1155). Prior to this, people who came to seek asylum in Ireland had the same social and welfare supports as Irish people experiencing homelessness (RIA, 2013[d]:4).

Table 1 below shows the number of asylum applications from 1992 to 2012. As shown below there has been a marked reduction in the number of people seeking asylum in Ireland in recent years.

[2] The distribution of Direct Provision centres across HSE areas not meant to exceed one third of 1 percent of a population in any HSE area (RIA, 2010:1).

[3] A recent EMN/ESRI report (2014) states the Government does not stipulate quotas for regions, but that RIA monitors the population of asylum seekers in centres per region as a percentage of the HSE area. The report states the asylum seeker population when expressed as a percentage of the local HSE population of the local HSE area ranges between 0.01% and 0.3%. (Joyce, C, Quinn E. (2014) The organisation of reception facilities for asylum seekers in Ireland. EMN, ESRI.)

Table 1: Number of asylum applications in Ireland from 1992 to 2012

Year	Applications	% change on previous year
1992	39	
1993	91	133.3
1994	362	297.8
1995	424	17.1
1996	1179	178.1
1997	3883	229.3
1998	4626	19.1
1999	7724	67
2000	10938	41.6
2001	10325	-5.6
2002	11634	12.7
2003	7900	-32.1
2004	4766	-39.7
2005	4323	-9.3
2006	4314	-.2
2007	3985	-7.6
2008	3866	-3
2009	2989	-30.4
2010	1939	-27.9
2011	1290	-33.5
2012	956	-25.9
Total	**87.253**	

Table 1 Source: ORAC, 2013:56

According to ORAC there were 938 applications by individuals for declaration as a refugee up until the end of December 2013 (ORAC, 2014:1).

The numbers of asylum seekers that received a positive recommendation for the granting of refugee status during the past eleven years are detailed below in table 2.

Table 2: Positive Recommendations of Asylum Applications Granted	
2002	894
2003	345
2004	430
2005	455
2006	397
2007	376
2008	295
2009	97
2010	24
2011	61
2012	67

Table 2: Source: RIA, 2013[d]:9

In 2010 there were 24 asylum seekers given positive recommendations for refugee status; in 2011, 61 asylum seekers were granted refugee status; and in 2012 a total of 67 asylum seekers were granted refugee status by ORAC (RIA, 2013[d]:9). In 2013,128 asylum seekers were given positive recommendations for refugee status (ORAC, 2014[b]:3).

Direct Provision and Dispersal: How It Works?

After an asylum seekers makes an application to the Office of the Refugee Applications Commissioner (ORAC), he or she is accommodated in a reception centre in Dublin for ten to fourteen days and are subsequently relocated to a Direct Provision centre outside of Dublin under the dispersal policy (RIA, [b], 2012:1). Asylum seekers have no say in which Direct Provision facility they or their family will be residing in. Conditions in the Direct Provision centres are often extremely cramped, with people forced to share crowded rooms with very basic facilities and amenities (Pieper *et al*, 2011:3). Most asylum seekers are provided with accommodation on a full board basis, which includes three meals a day and certain ancillary services (FLAC, 2009:13), (RIA, 2013[d]:4).

Adult asylum seekers are not entitled to work which is deemed an offence under the Refugee Act 1996 (RIA, 2012[b]:1). Adult asylum seekers are also not supported to be able to undertake formal tertiary education (unless they can afford to pay privately for course and tuition fees and costs of tertiary courses) and as a result experience significant social isolation with negative implications for mental health (Irish Refugee Council, 2013:16, 17). Adults receive €19.10 per week and children receive €9.60 per week (RIA, 2012[b] :1) (FLAC, 2009:45), (Breen, 2008:613).These amounts of weekly payments are seen as inadequate by many people (HSE, 2008:27). The payments have not increased to account for increased cost of living over the years unlike all other forms of social welfare payments (FLAC, 2011:1), (Irish Refugee Council, 2013:17).

Asylum seekers living in Direct Provision centres experience material deprivation and often live in overcrowded conditions (Fanning *et al*, 2004:246), (FLAC, 2011:1), (Irish Refugee Council, 2013:16). Asylum seekers are eligible to access full public health services, medical cards, pre-primary, primary and secondary education and back to school clothing and footwear allowances (RIA, 2012[b]:1). However child benefit is not available to children living in Direct Provision (FLAC, 2009:64).

The accommodation that houses asylum seekers is made up of a small number of state built Direct Provision centres and predominantly of older style private guesthouses and hotels run in an institutional style as Direct Provision centres (Pieper *et al*, 2011:2). In December 2013, RIA had 34 accommodation sites including one reception centre in Dublin, 31 accommodation centres and 2 self-catering centres in County Louth and Dublin (RIA, [I] 2014:14). Only 3 centres are system built for accommodating asylum seekers, and 7 centres are state owned. The others centres include sites such as former nursing homes, guest houses, convents, a holiday camp and one mobile home site (RIA, 2013[e]:14).

The Department of Justice, Equality and Law represented by RIA enters into contract through tenders with private for profit companies to provide accommodation and meals to asylum seekers in the running of Direct Provision centres (FLAC, 2009:26). RIA contracts out the management (including catering and security) of the State owned accommodation centres (RIA, 2012[a]:4).In a recent EMN/ESRI report (2014), RIA stated that the executive day to day management of reception centres lies with the contracted agency and that RIA monitors contracts and provides support and training to managers and proprietors of all centres (Joyce *et al,* 2014:7). The report further states that RIA is responsible for the overall protection of asylum seekers in Direct Provision. It also references the Minister for Justice and Equality stating in 2012[4] that 'residents are not 'in the care' of the State but rather the State has a 'duty of care' which it discharges via external contractors' (Joyce *et al,* 2014:7).

Very little details of individual contracts between RIA and the private companies are made public (FLAC, 2009:27). A service level agreement (SLA) regarding the minimum quality of services is signed by RIA and these companies (Joyce *et al*, 2014:7). Concerns have been raised that private companies that win tenders for the various contracts to run the Direct Provision centres do solely as profit making enterprises. These concerns include that resources, staff and procedures are implemented in relation to gaining greatest the profit margin,

[4] Referenced EMN/ESRI(2014) Report- Parliamentary Question No 54503, 12 December 2012

rather than offering quality specific services provision that are sensitive to the specific needs of child and adult asylum seekers living in Direct Provision (FLAC, 2009:42), (Irish Refugee Council, 2013:15).

RIA inspects Direct Provision centres between 2- 3 times per year per centre (Joyce *et al*, 2014:7). One of these inspections per year is by an external inspection contractor to RIA called QTS. Inspections are usually unannounced and are non-technical inspections of conditions of the centre and to ensure that contractors are adhering to the contracts they signed for services are being provided. Some argue that the mandate of the Health Information and Quality Authority (HIQA) should be expanded to the include monitoring of Direct Provision centres (Joyce *et al*, 2014:8).

Asylum Seekers in Ireland in Recent Years

In recent years the number of asylum applications has declined significantly (Conlon *et al*, 2013:246). By the end of December 2012, the number of asylum seekers being accommodated in Direct Provision centres was 4,841, which represented a decrease of 582 people (11%) compared to the same date in 2011(RIA,2013[d]:5). RIA accommodated 715 new asylum seekers that presented applications to ORAC in 2012, which represents a reduction of 22% of applications compared to 2011 (RIA, 2013[d]:5). By December 2013, the number of asylum seekers being accommodated in Direct Provision centres had further decreased to 4,360 children and adults (RIA, 2013[I]:15).

RIA spent €62.3 million in accommodation costs for Direct Provision centres in 2012 which amounts to a reduction in annual cost by 10.4% when compared to the 2011 figure of cost (RIA, 2013[d]:5). The cost of Direct Provision was €69.50 million in 2011, a reduction of 12.1% from the €79.10 million spent in 2010 (RIA, 2012[a]:2).

Many asylum seekers are living in Direct Provision centres for protracted periods of time under extremely difficult circumstances waiting for a decision to be made by the Irish government in relation to their asylum claims. By the end of 2012, 59.4% of RIA residents had first claimed international protection in Ireland three or more years previously (RIA, 2013[d]:2).

By the end of December 2013, the average lengths of stay was 48 months and the median length of stay was 3.91 years (47 months) for asylum seekers living in Direct Provision centres (RIA, 2013[I]:19). Additionally by the end of December 2013, RIA reported that 604 asylum seekers (13.6% of entire asylum seeker population) had been living in Direct Provision centres for over 7 years (84 months) (RIA, 2013[I]:19). No details are available on the specific number of months or years over the seven year period these 604 child and adult asylum seekers have lived in Direct Provision.

Food Issues and Direct Provision Centres

Food is provided in the form of three served canteen style meals a day for most asylum seekers living in Direct Provision centres. There are two non-Direct Provision self-catering commercially owned centres (RIA, 2012[a]:31). However, the majority of asylum seekers living in Direct Provision centres are not allowed to cook any food independently (RIA, 2007:14). As will be detailed in this report, the inability of people to prepare their

own food or have any control of their own and their families nutritional intake is one of the central concerns of asylum seekers living in Direct Provision centres, in some 604 cases for over seven years (RIA, 2013[I]:19).

Asylum seekers interviewed experience the current food situation as negative for their individual health and that of their children. The food provided does not meet their nutritional needs, or their cultural-religious requirements, nor does it meet special dietary and medical needs. Although the State ensures that three meals a day are provided to asylum seekers living in Direct Provision centres, it is often the case that the food is not appropriate, adequate, or satisfactory.

Since the introduction of Direct Provision and dispersal there has been continued complaints regarding asylum seekers experiences of food in Direct Provision centres. People often supplement their diet as much as is possible with food bought from their weekly allowance of €19.10 a week for an adult or €9.60 a week for a child (FLAC, 2009:102). Complaints are particularly related to the poor choice of food available, the stringent environment at mealtimes and lack of awareness of service providers regarding the delivery of culturally appropriate food (FLAC, 2009:102), (FLAC, 2011:1). In addition, asylum seekers have a lack of control and choice in relation to food and those with special dietary needs have difficulty in getting these special dietary requirements met (Fanning *et al*, 2004:245).

The RIA house rules stipulate that asylum seekers living in Direct Provision facilities are prohibited from cooking or storing foods in their bedroom (FLAC, 2009:34). These rules additionally make reference to the services provided as including the provision of three meals a day and infant food as per the Health Service Executive (HSE) infant feeding guidelines (HSE, 2007:12). The rules also state that the Direct Provision centres need to cater for any dietary and medical needs and 'where possible and practical cater for ethnic food preference', as well as the provision of tea and coffee making facilities, water and school lunches for children (RIA, 2007:10) (FLAC, 2009:34).

In the RIA list of contractual obligations, as set out in the rules booklet, section 5.3 stipulates the need to cater for the ethnic and prescribed dietary needs of residents, section 5.4 stipulates provision of a 28 day menu cycle, section 5.7 and section 5.9 stipulates provision of snacks and meals out of hours (RIA, 2010:32). Additionally section 5.10 in the RIA contractual obligations refers to packed lunches being provided for school children, and section 6.5 to employ a qualified chef in each Direct Provision centre (RIA, 2012[a]:30). The findings in this research will highlight that the food reality of the asylum seekers who were interviewed indicate that many of these rules and conditions are not currently being met in the Direct Provision centres in Cork City.

The participants interviewed for this study indicated that the food provided is not culturally suitable and does not cater for special dietary needs. Other complaints include that the food system offers no flexibility, does not offer food snacks or meals out of hours, and is delivered in an ad hoc manner. During the interviews, individuals stated that there is widespread overall dissatisfaction with the quality and types of food provided in Direct Provision including specific and additional difficulties children, and families face. This research highlights that the people interviewed who live in Direct Provision centres in Cork City experience hunger on a regular basis as part of their day to day realty of living in Direct Provision centres.

Impacts on Families

According to RIA by the end of December 2013, a total of 851 families comprising of 2,872 individuals were living in Direct Provision (RIA, 2013[I]:18). Children account for more than one third of residents in Direct Provision and concerns have been raised that they are living in an unsuitable, institutionalised setting which is extremely detrimental to their development, experience of childhood and overall wellbeing (Arnold, 2012:11). All asylum seekers living in Direct Provision centres face issues relating to lack of privacy, insecurity and overcrowding. Single parents like other single people in Direct Provision often have to share rooms with other asylum seekers whom they do not know (Arnold, 2012:13).

In addition whole families often share rooms including with their older children which places extreme pressure on the cohesion of family units living in Direct Provision (Ibid). The lack of adequate family space and lack of privacy in Direct Provision is obviously extremely stressful for families and single parent women with babies and young children. For example breastfeeding for mothers in the Direct Provision crowded environment presents obvious challenges. Parents with infants who choose not to, or cannot breastfeed are provided with baby formula until their child is twelve months old (HSE, 2007:12), when a letter is sent to detail the cessation of formula provision on the week of the infants first birthday (FLAC, 2009:104). Parents are therefore unable to make the independent decision as to when they will fully wean their child completely to solid foods (FLAC, 2009:104). For asylum seeker parents living in Direct Provision, preparing solid baby food for weaning is often impossible as it is against the RIA household rules to cook or prepare food and thus parents are reliant on food prepared from the canteen or bought food when weaning their children (RIA, 2007:14).

There is a significant burden on asylum seeker parents to try to provide coping systems to protect their children's health and childhood development while living in Direct Provision. Families living in Direct Provision are obviously not living in an environment conducive to carrying out normal family life decisions. Accommodation is often cramped and the traditional family roles and choices regarding food are not possible in the restrictive Direct Provision system. Parental worries can also negatively impact children who may take these worries upon themselves (Arnold, 2012:13). High levels of poverty, stress, poor child development, poor mental and physical health, and illnesses associated with unfamiliar diets, and problems accessing health services were all issues highlighted found by the HSE Intercultural Strategy (HSE, 2008:27).

Impacts on Children

Parents regularly complain that the food provided in the Direct Provision centres is not suitable for children (Nasc, 2008:21). Feeding of children, breastfeeding and also adhering to the strict mealtime routine is often a difficult task to navigate for parents. There are also concerns about the lack of availability and appropriateness of baby and toddler foods in Direct Provision centres (Arnold, 2012:15). The foundations for all aspects of human development are laid in childhood (Marmot *et al*, 2011:22). Children's diets are strong predictors of future health outcomes as adults. Adequate dietary intake and subsequently good nutritional status is important for the physical and mental development of children (Stellinga-Boelen *et al*, 2007:104). Parents living in Direct Provision centres do not have the basic right to make parental choices regarding what their children eat and are totally dependent on the food provided at the facility in which they live.

Children being brought up in the environment of Direct Provision witness their parent(s) having no control over what they eat and continually see their parent(s) being in a protracted disempowered and dissatisfied position in regards to food provision and other aspects of life in Direct Provision centres. Asylum seekers children may have been exposed to nutritional risks before their displacement and may already be nutritionally vulnerable prior to their arrival to Ireland. They may then subsequently be at increased risk of long term negative health issues if they do not have sufficient access to food security and adequate nutrition while living in Direct Provision centres with potentially negative ramifications for their future health.

The Fifth Report of the Special Rapporteur on Child Protection (Shannon, 2012) recommended research is carried out to ascertain the specific vulnerability of children being accommodated in the Direct Provision system.

…and the potential or actual harm which is being created by the particular circumstances of their residence including the inability of parents to properly care for and protect their children and the damage that may be done by living for a lengthy period of time in an institutionalised setting which was not designed for long term residence… (Shannon, 2012:13)

CHAPTER 2: LITERATURE REVIEW

FOOD CHOICE

Food choice is a central issue of concern to public health and is influenced by a myriad of factors such as culture, social norms, behaviours, biology and psychosocial influences (Coveney, 2007:237). An individual's taste and preference in food choice is often influenced by their social and cultural origins (Wright *et al*, 2001:355). The issues related to food choice are complex and not homogenous either between or within cultures and societal spaces.

When asylum seekers are displaced they are exposed to an entirely new set of social and cultural practices including factors that impact on diet (Pereira *et al,* 2010:934). Humans require food to survive but foods significance is not just nutritional. Navigating a new landscape of social and food norms is both disconcerting and challenging to newly arrived asylum seekers. The social and cultural constructs surrounding food are important to take into account regarding refugee dietary habits, as well as other health related issues such as seeking treatment and expectations of utilization of health (Pereira *et al*, 2010:934). In a new country, asylum seekers often experience loss of cultural norms and social support systems (Le Morville *et al*, 2013:213). When asylum seekers are far from known social supports and customs related to food actual access and enjoyment of food is often negatively impacted (Manandhar *et al*, 2006:24). In addition asylum seekers face many barriers to living a healthy lifestyle as a result of legal, language, economic, cultural and employment restrictions (O' Reilly *et al*, 2012:356).

FOOD AND CULTURE

Food expresses and is tied to social relations, cultural ideas, expression of self and can be a measure of social exchange as well as health (Manandhar *et al,* 2006:16). Food habits and beliefs have important meanings to people, from birth to death and changes take place throughout the lifespan of a person (Onuorah *et al*, 2003:236). Many types of foods are linked to cultural norms and therefore food selection is often influenced by cultural rather than other factors such as nutritional value. Food is also tied to cultural identity; and a change in where someone lives geographically does not subsequently mean there is a change in food choice or preference (Manandhar *et al*, 2006:17).

The ties between culture and food often play a key role in social identities based on ethnicity (De Solier *et al*, 2013:4). Health beliefs and culturally categorised qualities associated with certain foods are also relevant regarding food choices which may deem certain food as 'good' or 'bad'(Manandhar *et al*, 2006:18). For example, a study of the dietary beliefs and behaviours of a United Kingdom Somali population found that there were certain cultural associations and categorisations made regarding fruit, vegetables and poverty; and between red

meat and affluence. These cultural associations and categorisations are factors that may contribute to ideas about what constitutes a healthy diet in this population (McEwen *et al,* 2009:119).

Food and Religion

Religion plays a significant role in food preference and choices (Wright *et al,* 2001:350). Food is an important bearer of symbolic meaning (Woodward, 2007:32). Religious commitment is often central to an individual's sense of identity and is also important in the construction of individual and group identity and expression (Cosgel *et al*, 2004:340). Many religions such as Islam, Buddhism, Christianity, Hinduism and Judaism have rituals and rules regarding food (Gottlieb *et al,* 2010:195). Religion can foster a sense of belonging and enable people to continue practicing their cultural values and shared traditions within a community.

Religious rituals and beliefs as well as food consumption prescriptions are an important part of cultural identity (Cosgel *et al*, 2004:340). Religious belief and practice has been identified by some refugees as an aid to maintain hope, continuity of the familiar, and guidance in adapting to new circumstances and an entirely new culture (Papadoppulis *et al*, 2004:61). Attitudes to food and food preparation are therefore an important subject for many asylum seekers, and this includes being able to adhere to religious rules, laws and symbolism related to food (Bhugra *et al*, 2005:21).

Health Issues

For asylum seekers there is an unequal distribution not only of ill health but also of the social determinants of ill health including poverty, social isolation, literacy, and self-efficacy. (Taylor, 2009:766)

Asylum seekers represent a highly traumatised population (Newman, 2013:213). Forced migration has complex impacts on health morbidity, physical, mental and social wellbeing, dietary intake and the factors that promote or erode health (Patil *et al,* 2010:142), (Taylor, 2009:765). The past environment and life experience prior to the displacement of asylum seekers impact on health status such as famines, conflict, torture poverty, loss and bereavement, violence, endemic disease and often limited health care availability in home countries (Norredam *et al,* 2005:285).

The health status of asylum seekers varies greatly depending on the individual's life circumstances including issues relating to political, psychosocial and economic standing (Bischoff *et al,* 2009:63). Asylum seekers often feel extreme distress about the loss of their families, homes, language and customs, as well as the events of the actual process of their personal displacement (Strijk *et al,* 2011:53). In addition asylum seekers can also experience many barriers in social assimilation which could potentially impact on access to and utilization of health services. These barriers include difficulties navigating a new complex social system, mental health issues and language barriers (Asgary *et al*, 2011:506).

Concerns have been raised about the suitability and safety of Direct Provision centres in Ireland that accommodate people with disabilities. In some cases disability may be as a result of displacement (Staimer, 2011:537). There is very little research about the specific health needs of disabled asylum seekers living in Direct

Provision centres in Ireland (AkiDwa, 2010:11). Disabled asylum seekers face a range of additional barriers to health utilisation and access to services. Disability itself can be a cause of extra stigmatisation with societies of origin and host societies (Staimer, 2011:538).To ensure that the appropriate and culturally sensitive services are made available to disabled asylum seekers requires us to understand the barriers facing asylum seekers generally and then the additional barriers disabled asylum seekers face. This then enables the specific needs based facilities and support systems be put in place at earliest opportunity to ensure disabled asylum seekers can have access to adequate health and care (O'Donnell *et al*, 2007:1), (Irish Refugee Council, 2013:25).

Post Migration Stress

Common to all asylum seekers is the process of fleeing persecution, the multiple losses they experience and the journey through the process of seeking asylum and establishing life in a new country. (Bunting, 2009:8)

Post migration stresses include culture shock, and conflict both of which may lead to a sense of confusion, fear, alienation, isolation and depression (Bhugra *et al*, 2005:21). Asylum seekers have often faced multiple losses and atrocities alongside displacement from their families and country of origin (Bunting, 2009:15). Another cause of post migration stress is living in long-term vulnerability as a result of uncertainty regarding the resolution of asylum claims, with negative mental health implications (Mueller *et al*, 2010:187). This includes anxiety and worry about the future over lengthy periods of time, and despair and worry about possible destitution (Fell *et al,* 2013:2).

Long judicial procedures are common for people seeking refugee status in Western countries with negative impacts on overall health and quality of life (Laban *et al,* 2008:507). Fear of forced deportation experienced over protracted lengths of time causes high levels of distress for asylum seekers (Steel *et al*, 2011:1154). Some other factors that are thought to contribute to post migratory traumatic experiences include; proficiency in the language of new country, socio-economic background, gender, social networks, marital status and duration of residence in the country of resettlement (Gerritsen *et al*, 2004:2). In some cases nutritional transition due to displacement of asylum seekers and refugees can result in a loss of healthy dietary patterns common at home, and a potential increase in the less healthy Western style dietary patterns in the new host country. According to Pereira adopted dietary patterns are likely to intensify the consequences of existing compromised health status (Pereira *et al,* 2010:934). Dissatisfaction with the food that is provided in Direct Provision is an example of a daily circumstance of living in Direct Provision that exacerbates post migration stresses that asylum seekers face in Ireland.

Acculturation

When asylum seekers become displaced their different food preferences and cultural norms can pronounce their 'difference' to the new society's norms in which they now live. Acculturation refers to psychological adaptation for collective groups and individuals as a consequence of living in a new culture in regards to political, economic, and social and lifestyle changes. Acculturation is also linked to cultural exchange including behaviours, languages and values with change being most prominent in the non-dominant group coming into the dominant group (Fanning *et al*, 2001:41). The stressors faced by asylum seekers can also transcend issues of

acculturation (Piwowarczyk *et al,* 2008:60). Many problems experienced by asylum seekers related to acculturation are often further compounded by experiences of racism (Schubert *et al,* 2011:175).

Food, Societal Norms and Values

People attach values to food which are often determined by attitudes, beliefs, environmental or religious practices, tradition and culture. Values attached to food do not necessarily correlate to the nutritional value of the food, but are often connected to food beliefs that an individual or group believes is true (Onuorah *et al*, 2003:235). On arrival to Ireland asylum seekers have to navigate a whole new set of societal norms and the erosion of pre-existing material, social and cultural resources may occur (Fanning *et al*, 2001:25). Food involves embedded socially constructed rituals and symbols that are regularly linked intimately to family roles and relationships, nurturance, and family cohesion in many cultures. How food is prepared, allocated and consumed from a family perspective embeds and reinforces cultural norms and relationships. Forced change to these social norms and patterns related to food can have negative consequences for the nutritional and overall health of asylum seekers in new places (Manandhar *et al*, 2006:18).

Mental Health

Refugees and asylum seekers leave their country because the choice is stark, flee or stay and risk your life or that of your family. (Begley et al, 1999:9)

Asylum seekers living in Direct Provision Centres live in a situation of protracted disempowerment. An example of this is asylum seekers not being allowed to work which causes asylum seekers to lose their occupational status and to potentially become deskilled (Orton *et al*, 2012:5). The harsh post migratory living conditions place asylum seekers at increased risk of poor mental health outcomes (Ryan *et al*, 2009:88). Post-Traumatic Stress Disorder (PTSD) is common among this population group (Stewart, 2006:22), (Thomas *et al,* and 2004:121). PTSD is a potentially disabling condition characterized by traumatic flashbacks, hyper-vigilance, and emotional numbing that might be a risk factor for substance abuse and suicide (Fazel *et al*, 2005:1312). It is estimated that one in ten adult refugees in Western countries has PTSD; approximately one in twenty has major depression; and one in twenty five has a general anxiety disorder, with a probability that these disorders overlap in many people (Fazel *et al*, 2005:1312).

Asylum seekers are exposed to multiple stressors in a situation where coping resources are severely limited (Ryan *et al*, 2009:106). Culmative exposure to potentially traumatic events is linked to PTSD and especially depression (Steel *et al*, 2009:547). The stress of living in a situation with little power to influence change and feelings of being 'trapped in limbo' add to the of the negative mental health burden of asylum seekers (Orton *et al,* 2012:5).

Asylum seekers who are fleeing persecution often experience trauma and face a severe loss of security as well as links to their familiar systems of meaning and belief (Newman, 2013:214). The protracted asylum process, poor socio-economic living conditions and reduced levels of support are some of the factors impacting on the negative post migratory environment and mental health situation faced by asylum seekers (Carswell *et al*,

2011:108). Dissatisfaction and worry in relation to the food situation in Direct Provision centres can also increase levels of stress experienced by asylum seekers living in Direct Provision. Other issues increasing stress and poor psychological wellbeing for asylum seekers include loss of identity and the devaluing of the original individual's identity, as well as loss of occupational engagement, and the long duration of time waiting and legal uncertainty about claim for refugee status (Warfa *et al*, 2012:1).

When compared to refugees in Ireland, asylum seekers have a higher level of self-reported PTSD, depression and anxiety markers (Toar *et al,* 2009:1). Recent worldwide studies show a prevalence of PTSD from four percent to seventy percent, and a similar wide range of prevalence concerning depression (three percent to eighty eight percent), and anxiety (two percent to eighty percent) in refugees and asylum seekers (Toar *et al*,2009:2), (Keller *et al,*2003:1721), (Mueller *et al*,2010:184), (Gerritsden *et al,*2006:1). Many mental ill-health symptoms are worsened by conditions in which asylum seekers have to live in host countries, such as in detention, poverty, unemployment, poor housing and on-going social isolation (Taylor, 2009:766). Daily stressors worsen PTSD through mechanisms such as worry, flashbacks, catastrophic cognition and irritability (Hinton *et al*, 2011:10).

All asylum seekers experience legal status insecurity which causes a pervasive sense of uncertainty (Ryan *et al*, 2009:106). The length of time spent in the Direct Provision centres waiting for claims for asylum to be processed is associated with an increased risk of psychiatric disorders (Toar *et al,* 2009:2). By the end of 2012, 59.4% of RIA residents had first claimed international protection in Ireland three or more years previously (RIA, 2013[d]:2). By the end of December 2013, the average lengths of stay was 48 months and the median length of stay was 3.91 years (47 months) for asylum seekers living in Direct Provision centres (RIA, 2013[I]:19). Additionally at the end of December 2013, RIA reported that 604 asylum seekers (13.6% of entire asylum seeker population) had been living in Direct Provision centres for over 7 years (84 months) (RIA, 2013[I]:19). A long protracted asylum seeking procedure is not only associated with higher prevalence rate of psychopathology as well as lower quality of life, higher disability and poorer physical health (Laban *et al*, 2008:514).

Food Security

Food security is a critical component of population health (Hadley *et al*, 2006:369). Food security is defined as existing;

When all people at all times have physical and economic access to sufficient, safe, and nutritious food to meet their dietary needs and food preferences for an active and healthy life (FAO, 2008:1)

Food security requires more than just adequate food availability, it is also a matter of access to food that is available and has appropriate utilization (Geissler *et al*, 2007:660).

Food Insecurity

Being food insecure implies that there is limited access or availability of nutritionally adequate, culturally appropriate safe food, and that access to food acquisition is uncertain in socially acceptable ways (Gallegos *et al*,

2008:78). Asylum seekers living in Direct Provision centres experience deprivation due to poverty which results in them living below the poverty line when compared to other non-asylum seeker populations in Ireland (Fanning *et al,* 2001:5). Poor nutritional and health outcomes can also be linked to poverty and social exclusion rather than the person's experience before arrival to the new country (Sellen *et al,* 2002:637).

Food insecurity has negative long term health ramifications that can lead to physical and cognitive impairments, as well as placing severe pressure on family security and cohesion (Gallegos, *et al*, 2008:82). Lack of income restricts people's food choices but this is just one aspect of food poverty. Food poverty, life experiences and social inequalities are all linked to health, food choices and dietary intake (Mandahar *et al,* 2006:20).

Social Exclusion

Difficulty communicating and a lack of information is an obvious problem for recently arrived asylum seekers to a new country (Kurt *et al*, 2010:2). Communication difficulties due to language barriers can limit individuals from expressing their health needs (Bunting, 2009:18). Asylum seekers living in Direct Provision are not permitted to work which may have a negative impacts on asylum seeker health (Toar *et al*, 2009:2). Occupational deprivation as a result of asylum seekers being not allowed to work often adds to asylum seekers sense of being unable to take part in meaningful activities and this limits the development of positive routines in their day to day lives (Le Morville *et al*, 2013:219). Not being allowed to work acts to deskill on an individual level adding to overall disempowerment. In addition Direct Provision centres are also often on the outskirts of rural towns adding to asylum seekers feeling of exclusion and isolation.

Asylum seeker children experience extreme income poverty, material deprivation and social exclusion as a result of being accommodated in Direct Provision centres for protracted periods of time (Fanning *et al,* 2004:241). The Fifth Report of the Special Rapporteur on Child Protection raises significant concerns regarding asylum seeker children living in Direct Provision.

The particular needs of children living in the Direct Provision system should be examined with a view to establishing whether the system itself is detrimental to their welfare and development and, if appropriate, an alternative form of support and accommodation adopted which is more suitable for families and particularly children. (Shannon, 2012:18)

Gender

Sexual and gender based violence (GBV) is a major public health and human rights issue worldwide. Accessing domestic violence services and supports while living in Direct Provision can be very difficult for asylum seekers (AkiDwa, 2008:8). Female asylum seekers often face extreme vulnerability as a result of displacement specifically to violence and sexual violence (Keggnaet *et al*, 2012:505). The way in which persecutions manifest for women in their countries of origin and in the risks they face during the migration journey can differ greatly compared to men (AkiDwa, 2010:5).

Eight centres are used to accommodate single male asylum seekers around the country (Joyce *et al*, 2014:8). There are no Direct Provision centres in operation solely for single women and their specific needs (FLAC, 2011:1)[5]. Gendered roles such as women caring for families, and men being detached or in some cases more active in being involved in social activities are highlighted as gender specific different coping mechanisms (Renner *et al*, 2009:105). In addition women often have to carry extra responsibilities during the migration journey as caretakers for children and other family members. They may also face stigma, poverty, violence and discrimination during transit to make a claim for asylum and in some instances in their host countries (AkiDwa, 2010:5).

The erosion of once relied upon social structures result in women having less protective mechanisms in place regarding their children and own health when compared to the social and community supports they may have had prior to seeking asylum in Ireland. Gendered roles can also increase the burden of stress and worry on female asylum seekers living in Direct Provision centres in relation to food to ensure family food welfare and cultural- religious traditions are maintained. The role of the parent (regardless of gender) as a provider and protector is often eroded in the Direct Provision environment as are most traditions related to food and mealtimes.

FAMILIES

Asylum seekers living in Direct Provision centres have little control over their day-to-day lives and lifestyle choices due to their exceptional living circumstances (Stewart, 2006:21). They experience on-going feelings of helplessness, hopelessness, isolation, poverty and dependence on the state. Asylum seekers are also often socially isolated and face many structural barriers that can act to prevent them from participating in society (Johnston *et al*, 2009:7). The impacts of family poverty and stress are compounded by the absence of social and familial networks and this can cause stress on parents and children (Fanning *et al,* 2001:27). This negative family situation is made worse by the absence of an ability to adopt any significant coping mechanisms, being unable to exercise autonomy and self-determined decision-making while waiting for claims for asylum to be processed.

Food habits represent the most deeply ingrained forms of human behaviour. Traditional roles of empowerment within families are often connected to gender such as the paternal role of providing (through earning and purchasing food) and the maternal role of nurturing (through preparation and feeding) which are eroded in Direct Provision centres. The attitude and food preferences of adult caretakers can influence child feeding

[5] In April 2014, a policy document 'Say No to Violence & Harassment' was put out by RIA after collaboration in a working group with a variety of Non-Government Organisations (NGO's) and RIA in 2013. This report includes details of an information poster written in five languages to be widely distributed in Direct Provision centres giving specific instructions on support services and steps to take for those affected by sexual, physical and emotional violence and harassment in Direct Provision centres. It also includes details of independent training measures required for staff to ensure proper knowledge awareness and of appropriate procedures. The report further details a Direct Provision centre in Munster (currently being renovated) to be opened as a pilot women only Direct Provision centre in 2014. In addition RIA announced in the report that in rare cases where the seriousness and nature of a complain warrants, it will engage an independent person outside RIA to hear complaint (drawn from a panel of external investigators used by the Irish Prison Service for particularly serious prisoner complaints) (RIA, 2014:20).

practices and shape children's food acceptance patterns (Capaldi *et al*, 1993:122). Taking family mealtimes as an example, the act of eating together and sharing food represents culture and food association that has important and value to families (Gotlieb *et al*, 2010:194).

Children as a group have greater dependence on outside sources for their protection and care to meet their specific development and emotional needs (Fazel *et al*, 2002:369). Children who would normally benefit as recipients from these adult providers and nurturers within the family are thus denied these norms in Direct Provision centres in Ireland. Children do not see their parent(s) cook and engage with food preparation and act relating to food as in a normal non Direct Provision family situation in the preparation of their meals. The entire familial food system is destabilised in Direct Provision centres in Ireland, resulting in further stress upon an already vulnerable population. Children witness their parent(s) ongoing lack of dignity and control over their own and the family's life while in Direct Provision. Families are often moved from one Direct Provision centre to another and children have to then navigate a whole new Direct Provision environment and new school situation, which can create difficulties making new friends and social connections (Arnold, 2012, 26). The Fifth Report of the Special Rapporteur on Child Protection referred to criticisms of Direct Provision;

...for giving rise to concerns about the detrimental effect on children growing up in a form of institutionalised poverty, with parents unable to adequately care for their children... (Shannon, 2012:31)

CHAPTER 3: METHODOLOGY

This section will briefly outline the qualitative research method used to undertake this study.

INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS (IPA)

Phenomenology is defined as *"the study of phenomena as they are experienced through consciousness and a methodological approach that addresses the essence of the phenomena"* (Green *et al*, 2010:286). Phenomenology aims to the increase understanding through research of the social and personal worlds and how these are experienced by ourselves and others (Laws *et al*, 2007:457). The phenomenon refers to the central concept being examined (Creswell, 2007:236).

IPA involves a purposeful empathetic approach that aims to try to make sense of and understand what it is like from the research participant's point of view (Barbour, 2008:219). The IPA approach views people as experts on their own experiences and so are therefore the best people to report on the phenomena (Darlington *et al,* 2002:48). Open ended questions in semi structured interviews allows for flexibility and for the interview to not be restrictive in its approach as well as gaining greater understanding of interviewees opinions and interpretations of events (Silverman, 2008:114). IPA is well suited to understanding several individuals shared experience of a phenomenon.

RECRUITMENT OF PARTICIPANTS

Adult asylum seekers resident in one of three Direct Provision centres in Cork City were purposively recruited to take part in this study. The research topic was advertised at the Nasc office in the form of posters, leaflets and by information slips handed out by Nasc staff in the legal clinics to asylum seekers who may have an interest in taking part in the research. Additionally Nasc distributed posters advertising the research to a sister advocacy organisation that works closely with asylum seekers in Cork City. The researcher attended an event to mark World Refugee Day in Cork and handed out leaflets advertising the research. Gatekeeper members of the asylum seeker community took part in speaking to asylum seekers on the researcher's behalf to encourage participation.

INCLUSION CRITERIA

Male and female asylum seekers aged over 18 years of age currently living in one of the three Direct Provision centres in Cork City.

Exclusion Criteria

Asylum seekers under the age of 18, or people who were previous asylum seeker residents of Direct Provision centres but are not currently asylum seekers living in Direct Provision outside of the Cork location were excluded from the study.

Questionnaire Formulation

The topic guide questionnaire was formulated using the Manandhar *et al* (2006*)* and Stewart (2006) questionnaires as initial guides to form first draft of questionnaire.

Pilot Study of the Questionnaire

The topic guide questionnaire, background information sheet and consent form was piloted with an independent person (non asylum seeker) who spoke English as their first language. These documents were then piloted again with another independent person who had previously lived in a Direct Provision centre as an asylum seeker and who spoke English as their third language. Changes were made to the questionnaire draft during this piloting process.

Research Setting

The research setting where the interviews took place was at Nasc's office in Cork City centre.

Participants

Twelve participants took part in a one to one interview (one participant was excluded as they did not meet the inclusion criteria). Participants included nine men (one excluded) and three women all of whom met the inclusion criteria. Of those interviewed four participants were from Asia, one from the Middle East and six from the continent of Africa.[6]

Semi-structured Interviews

The topic guide questionnaire was used during the semi structured one on one interviews. By the ninth interview a situation of information saturation began to occur, where recurrent themes and discussion topics were regularly coming up in the interviews.

Ethical Approval

Ethical approval was sought through the University College Cork Clinical Research Ethic Committee (CREC). Ethical approval for the research to proceed was granted by CREC.

[6] Specific information regarding study participants country of origin, age, length of stay in Direct Provision centres are purposely not being detailed to ensure complete anonymity of the study participants.

Ethical Issues

The interpretation of cultural norms and the power relation between the 'listener and the teller of a story' need to be taken into account in any research project but particularly when working with vulnerable populations (Andrews *et al,* 2008:126). Participants in this research study are arguably one of the most vulnerable population groups in Ireland. Power imbalances can be more pronounced due to these situational vulnerabilities as well as a fear of 'speaking out' or being perceived as a 'trouble maker', and needing to communicate with the researcher in the English language. In depth background details about the study were given to each respondent prior to the consent form being signed. In both the background information sheet and the consent form it was reiterated that a participant does not need to answer any questions if they do not feel inclined to, and that all information would be treated with the utmost confidentiality.

The researcher has endeavoured to ensure the strictest confidentiality of all respondents in this study by never referring to a person's specific gender, country of origin, religious background or any aspect of a participant's personal information which may act as an identifier.

Once the interviews were undertaken and recorded they were then transcribed. Each transcript was analysed consecutively. Notes were made in the margins to mark the initial central issues found. Lines numbers were then placed on each line of transcript manually and the researcher began to identify themes arising from the direct words of research participants throughout the transcript. These identified themes were then subdivided and coded using the line numbers and interview labels. Each line of the transcript and sentence of each interview was then coded to subtract more sub-themes and codes in the entire transcript.

The entire document was coded and then the identified themes and sub-themes were clustered together to look for their significance and connection to each other.

Once the clustering of themes and sub-themes were completed a master list of themes and sub-themes was produced.

CHAPTER 4: RESULTS

Below in table 3 are the themes and sub-themes of this research study.

Table 3: Themes and Sub-themes	
	Main Theme
1	**Food is not satisfactory**
Sub-theme	1.1 – Mealtimes
	1.2 - Food storage
	1.3 - Problems with chefs
	1.4 - Waste is a big issue
2	**Food does not represent culture and religious needs**
	2.1 - Asylum seekers recommendations for change to food in Direct Provision centres
	2.2 - Many people don't eat food, they buy food outside or cook against the rules in their rooms as a coping mechanism
3	**The Direct Provision food system has a negative impact on families and children**
	3.1 - Diet in Direct Provision centres does not cater to the dietary needs of children
	3.2 - Direct Provision system does not allow families to have normal family roles in relation to food
	3.3 - Parental disempowerment
4	**Food is one part of a broken Direct Provision system that needs to be changed**
	4.1 - People do not feel free to speak out about problems due to fear of retribution
	4.2 - Signing in every day
	4.3 - Widespread disempowerment and worry about future
	4.4 - People should be allowed to cook own food
	4.5 - Whole system of Direct Provision system needs to be changed

5	**Direct Provision Food is negative for health**
	5.1 - Perception of food provided in Direct Provision centres as causing health problems
	5.2 - People with health issues that require special dietary modification are not catered for.
	5.3 –Asylum seekers experience hunger on a regular basis while living in Direct Provision centres in Cork City

THEME 1: FOOD IS NOT SATISFACTORY

I feel that the food (in Direct Provision centre) is really bad – sometimes the food is not fit for human consumption.

A majority of participants in the study expressed the opinion that the food provided in Direct Provision centres was dissatisfactory, repetitive and bland, cooked incorrectly and is often inedible as a result. Some people described how they try to adopt coping strategies to deal with the food situation such as just eating one meal a day. Numerous asylum seekers interviewed stated that they felt despondent about the issue of food, and that there was a definite need for change to the types of food provided, how the food is cooked and the way the food system is operated in Direct Provision centre in which they live. People discussed that they regularly felt hungry and perceived the Direct Provision food as having negative implications for their health.

SUB-THEME 1.1: MEALTIMES

Frankly I feel like I am eating in Guantanamo (reference to a prison) – security people are standing there with walkie radios talking to each other...it is not a place you would wish to eat. You tense up – you know? That is why I am not emotionally ready to eat. The security standing there makes me nervous. They (security) turn off the light (in the dining room) at seven o'clock even if people are still eating as dinner is 5pm to 7pm. We don't have anywhere else to go - they don't have any patience to let people finish their meals. You hurry to try to finish or don't finish...I sometimes think if I was a guard at this camp7 (Direct Provision centre) in my country would I do in the same way? If you put off the lights that gives a message - I interpret that as, 'if you are finished or not. Leave, get out, go now'. They also have security cameras in there and I don't know why - maybe they have a reason? I would like to know the reason....

Mealtimes and the dining room were described as being more than 'just' about food. Some participants stated mealtimes were seen as a positive daily routine, not related to the food provided but linked to being a place for asylum seekers to meet with people and socialise with their peers. Others as in the above quote described the environment as extremely stressful and not conducive to enjoying meal times, especially related to security being present in the dining room. Additionally the dining room was discussed by study participants as not being a family friendly environment or a good place for children to eat.

[7] Referring to refugee camp

Sub-theme 1.2: Food storage

Well yesterday for instance - my friend he went to a friend's house. He cooked a chicken with sauce there and brought the leftovers home. I said to him 'put it in the fridge; you will get sick keeping it in your room as it is too hot.' He said no – he wouldn't put the leftover chicken in the fridge because if he did someone else would take it. He kept it in his room...

Some study participants mentioned that there were fridges available to store food but that most people, if they had access to any other food outside of what is provided in the Direct Provision centre were hesitant to store their food anywhere except their rooms for fear that it would be stolen. One asylum seeker described his weekly routine of buying pre-cooked chicken legs for €1.99 at a supermarket when he got paid his €19.60 allowance each week. He stated that he always stored this chicken under his bed in his room and inferred this was a positive coping mechanism for him. It allowed him the option of not to having to attend the dining room (or eat the Direct Provision food) for two days each week, as he would eat chicken legs on those two day for his meals. There are obvious health and safety implications regarding people eating food that is not stored in a safe manner, as well as not getting sufficient nutritional sustenance from these coping mechanisms so as to avoid eating the Direct Provision food.

Sub-theme 1.3: Problems with chefs

For myself I could do with one extra (piece of fruit a day). They (kitchen staff) say it comes from higher – they cannot give it to you and there is nothing they can do. I don't want to argue. You know you have to say thank you...They say if you go back home to Africa, people there are starving. If you don't want (food) go back. We have no choice...you have to follow. I heard the chef say this and I strongly rejected it and asked him to clarify. He said 'Oh this is our European dish and if you don't want what is in Europe go back'. Actually I was very cross with that chef. He insulted me in many ways. What he meant was, 'Your people are starving and have no bread - and you have plenty of food here and you have to say thank you.' The chef was saying if you don't like it go home. If I come to his home it is my fault. I don't like to take hand-outs from anybody...

During the interviews many participants highlighted a perception of needing to have a personal relationship with the chef or kitchen staff to be treated well, and described staff in the Direct Provision centres as being in a position of power over residents. Some people described a system where rules seemed to be applied on an ad hoc basis, with day to day procedures and application of rules being changeable, depending on personal relationships and rapport with staff. A common example given was on one day people may be allowed second helpings and refused on another day depending on the mood of the staff, or depending on which particular staff member was working on that day. Many people interviewed stated that they often feel ashamed when their request for special (or additional servings) of food are denied.

Power imbalances in the relationship between some staff and residents were discussed as a daily reality of Direct Provision living. A majority of asylum seekers interviewed expressed anxiety or fear about speaking out about problems related to food at the Direct Provision centres due to a fear of retribution. One interviewee described addressing a food problem with a manager and said they would 'not bother' to do as again as it just attracts 'trouble'.

They (staff) will tell you all people they are happy - only you…have a problem***. (Emphasis added raised voice) When I did complain the manager he said I eat the same food as you do when I am at work –*** and the food is fine ***(emphasis added voice rose). But he (manager) then goes to his home and eats everything he likes later on. I am glad he gets full...but I am always hungry by 9pm each night...***

SUB-THEME 1.4: WASTE IS A BIG ISSUE

People are wasting food every day - what is the point? They should put the money to food that people will eat rather than having all this waste. The waste is sinful...instead of wasting just provide us a kitchen we can use...

A recurrent issue of contention for the participants of the study included the widespread waste of food which was referred to in all interviews. Many participants in the study used words such as *'sinful, disgraceful and immoral'* to describe the waste. Interview participants also offered the insight that the waste caused distress to people who come from parts of the developing world that have experienced grave food deprivation and poverty. During the interviews some participants expressed feeling upset that the level of waste is allowed to happen on an on-going basis, without the Direct Provision management investigating why the food is not eaten in the first place. Numerous respondents discussed going to the dining room feeling hungry, picking up a plate of food and being 'unable to stomach' the food and throwing it directly in the bin. All people interviewed perceived the waste of food in their Direct Provision centres as a waste of money. Many participants recommended that the wasted resources would be better spent if directed to appropriate food or kitchen facilities, where asylum seekers could cook and prepare their own food independently.

THEME 2: FOOD DOES NOT REPRESENT PEOPLE, CULTURE AND RELIGIOUS NEEDS

It is not the diet I should be having - as a religious person, as a spiritual person...this is not what I want. I cannot be having just potatoes everyday with bread and butter - that's what I am having...

A majority of people interviewed stated that they did not feel the food provided in Direct Provision centres was representative of their culture. A number of different religions with particular dietary requirements were represented by the participants involved in the study. People expressed grave concern about their religious needs not being able to be met in the Direct Provision food system. Many of the participants indicated that they had specific dietary needs connected to their religious practice. Examples of concerns expressed included worry about food not being to halal standard, not being able to celebrate religious holidays, and adopting coping mechanisms such as choosing to be vegetarian so as to ensure certain religious rules are upheld. Taste and familiarity with the food was also described as problematic with many participants stating that they needed to get someone to explain what certain food stuff and ingredients were due to their unfamiliarity with food provided. Trying to eat food 'to survive' that was often perceived as 'inedible' and attempting to navigate an entirely new set of dietary norms, was described as extremely stressful and upsetting for many of the study participants.

Sub-theme 2.1: Asylum seekers recommendations for change to food in Direct Provision Centres

The taste of the food is so bad. It is so different to what we are used to. One day I asked them if there was any chance that someone (resident) could help them cook our types of food. I was told no, there was no chance of this happening...

In the interviews there were numerous references to 'particular' chefs being appreciated for past efforts to try to provide more culturally appropriate food. All people interviewed expressed a willingness to provide feedback and get involved in resident groups to speak to managements about improving the food situation in Direct Provision centres. Some participants suggested having more staff from different cultural backgrounds who could cook food from different cultures. Other suggestions included that 'global cultural foods' should be cooked on a regular basis and that this could involve food from a variety of countries with people from those cultures being involved in the preparation to 'show case' and celebrate the diverse food backgrounds of residents.

Ensuring halal standards of food ingredients is an extremely important issue for many people and was regularly discussed in the interviews. People expressed not feeling able to trust the current food provided as being of a proper halal standard. Having provisions to allow people to be able to celebrate religious holidays such as Ramadan, Orthodox feast days and other religious celebrations were common recommendations for change by the asylum seekers interviewed, as well as allowing people access to kitchens to cook special foods for religious rites and celebrations. Increasing access to fruit and food snacks outside of mealtimes and particularly at night time was suggested, as was changing some of the rigid rules about mealtimes. Increasing child specific food and better family dining areas was also recommended.

Sub-theme 2.2: Many people don't eat food; they buy food outside or cook against the rules in their room as a coping mechanism

I have a friend and they have a portable cooker in their room and they cook food four days a week after buying the ingredients with all of their €19.60 a week allowance. Then they have to only eat the food from the kitchen three days this is much better because the Direct Provision food tastes so bad...

As previously discussed the majority of respondents are dissatisfied with the food provided in Direct Provision centres, with many stating they do not eat the food on a regular basis. Many study participants reported spending money from their €19.60 weekly allowance on procuring extra food to supplement their Direct Provision diet. It is against the RIA rules for asylum seekers to cook food in their rooms. A number of respondents indicated that they often sought alternative methods to accessing their own food. Some people mentioned that people secretly cooked in their rooms on electric rice cookers, cooked outside the Direct Provision centres at a friend's house, or bought cheap food from supermarkets as coping strategies. Smokers regularly stated they could not afford to buy food to supplement their diets as a result of the cost of buying cigarettes. During the interviews some study participants spoke about Direct Provision staff doing unannounced room searches for electric cookers and food that were confiscated if found. These searches were described as regular, humiliating, invasive, and caused people fear of getting in trouble with staff and management. In addition, numerous study participants detailed mobile phone credit expense as a barrier to buying food from their €19.60 as they often had to spend all of their allowance to buy phone cards to phone family back home.

THEME 3: FOOD SYSTEM HAS A NEGATIVE IMPACT ON FAMILIES AND CHILDREN

My son is very thin and has lost a lot of weight. He is suffering weakness. I have to buy special food for him as if I don't, he just won't eat...

Many participants with children expressed concern and worry during the interviews about the impact of the current food system on asylum seekers children and families living in Direct Provision. Parents reported that many children will not eat the Direct Provision food at all and that as a result parents need to buy culturally appropriate food for them to eat. Some parents reported not being able to eat the food provided in Direct Provision and that they would not expect their children to eat what they cannot eat themselves. Some respondents expressed fear for their children's welfare and long term health as a result of the negative experience of food in the Direct Provision centres, and described feeling hopeless as a parent to improve their children's food situation.

SUB-THEME 3.1: DIET DOES NOT CATER TO THE DIETARY NEEDS OF CHILDREN

Too much sugar in the food causes the children to be hyperactive...

Some study participants stated they felt that the Direct Provision diet was not balanced enough, and as a result they feared for their children's health, with the high fat, sugar, and salt content of food being highlighted as an ongoing problem. Additionally, parents stated in their interviews that the food was not culturally appropriate and that some children refused to eat any of it at all, and that this placed extra strain on asylum seeker parents to provide appropriate food for their children.

SUB-THEME 3.2: NORMAL FAMILY ROLES IN RELATION TO FOOD ARE PREVENTED IN DIRECT PROVISION CENTRES.

The child (4 years old) is always asking, 'When we went to this person's house they were cooking in a kitchen - why are we cooking in our room?' I say, 'When you grow up you will understand" and I just let it go. I say (to the child) you eat good things every day - you have to make a child feel happy and safe you know. You have to make the best of a bad situation...

Family interactions around food are dictated by the strict mealtimes and limited food choice provided in Direct Provision centres. Some parents interviewed expressed guilt and worry about the health risk to their children of a diet that they perceive as unhealthy, especially about the impacts on their children's health in the future. During the interviews some parents explained that they try to do their best buying food to supplement the diet for their children with their weekly allowance when they can.

SUB-THEME 3.3: PARENTAL DISEMPOWERMENT

When I think of my children (lowers tone) I am not satisfied because they are growing up like this and it is not good for their health. They are growing – they need good food and enough food...

Parents living with children in Direct Provision centres verbalised high levels of stress and disempowerment due to their living situations in the Direct Provision system. During the interviews some respondents spoke about having very little ability to control what food their children eat and in what environment the food is eaten in.

Additionally parents are not able to make autonomous decisions about most other aspects of their day-to-day lives in a normal parental manner, due to the restrictive Direct Provision centre's rules. Income poverty as a result of the meagre allowance afforded, (€19.60 per adult and €9.10 per child per week) places significant strain on parents to provide for their children's needs. Issues such as recreational activities, travel, expenses for additional costs associated with school are often impossible to cover on the weekly allowance. As previously stated some participants in the study indicated that they find alternative means of preparing food for their families. This often means that they spend all their money on food, with some people indicating that they have to borrow money to do so. Some parents interviewed verbalised worry about the impacts of the Direct Provision experience on their children and their family unit's cohesion for the future.

Theme 4: Food is one part of a broken Direct Provision system that needs changing

I never even complain about food...because I am not thinking about food. I have been here (in Direct Provision centre) for X[8] (number of) years. Let me be allowed to work, let me be a human being. I escaped from war but I came here and they put me in prison here in a room (in Direct Provision). For me, it is a cold war. For me, from my country it was war that we escaped from, but this is a cold war. We are mentally weakened day by day, month by month, year by year. How many of us lose our minds in the dead of the night thinking about the future, parents at home, family, and our past? Everything is too bleak-do you understand? So for me food is there and water...but it is not on the agenda when compared to all your worries. Food is not what you focus your energy on - survival is...

Some of the study participants stated food was low on the agenda of what caused them worry. Other life altering concerns such as when they would hear back on the status of their asylum claim, past traumatic events, and the insecurity of the future were regularly deemed to be of greater importance than food during the interviews. Despite these statements all participants interviewed indicated dissatisfaction with the food situation in the Direct Provision centres where they lived, and stated that they would cook their own food if they had access to a kitchen.

Sub-theme 4.1: People do not feel free to speak out about problems due to fear of retribution

I don't have the moral to criticise what they serve...the Irish food. No I am coming here to be protected and I don't have the moral to raise the issue. If I do raise the issue it could be negative for the present accommodation - I have never complained. I just eat. I am here begging - if you are begging something then you have to just take it and not complain. You hear from people and you see when some people are complaining, that they are in trouble. That would stop you from talking - if you are begging something you have to accept what you receive. The other thing is that if you complain you might get treated badly. I have heard of people getting into trouble. I don't have any input here - I don't do anything of benefit for this community - for this country. I don't do anything and I am just taking right now because I don't pay tax - so I don't have a moral right to complain. If I don't make an input or I don't do anything beneficial then I can't complain as a result...

[8] Purposively omitting number of years to ensure anonymity of interviewee

The majority of the study participants stated that they would not feel free to speak out about problems in case it caused them trouble and generally do not speak to staff about problems. Participants stated that they would not want to be perceived as a 'trouble maker' by staff. Numerous participants referred to people being moved arbitrarily from the Direct Provision centres to other regions, with little notice by RIA. Some participants expressed fear that complaining or speaking out about problems in Direct Provision would cause them to be targeted by staff, and that an already insecure situation could be made worse. Language barriers were also highlighted as an impediment to communicating problems. On numerous occasions during the interviews respondents referred to people (as examples) who had been arbitrarily moved to new Direct Provision centres with little warning because they had 'complained'. Others expressed fear and a perception that 'speaking out' might have negative implications for their overall asylum application.

Sub-theme 4.2: Signing in everyday

I am not in jail - to sign in every day - you know. I am human, okay? I have to sign in everyday and this makes me feel like I am nothing - really. I am not a criminal- I am not in jail. I came here to get a nice life. All the people know what happened in XX country (country of origin). I have to sign every day...

During the interviews many participants described Direct Provision centres as camps,[9] jails and referred to themselves as living in 'detention'. In particular the negative impact of having to sign in daily was discussed as a form of control that directly hindered people's ability to free movement, as if you do not sign in you are deemed to be breaking the RIA rules which could have negative implications for overall asylum claim. Some participants expressed shock that the situation in Direct Provision was so dehumanising and stated they would never have imagined that they would have to endure such harsh conditions prior to coming to Ireland.

Sub-theme 4.3: Widespread disempowerment and worry about the future

How many hours and how many minutes in the years that I have been here do I think about when I am going to get word (about asylum application), when I am going to get freedom? When I am going to be able to live and be able to help myself and get a future? Everything is not allowed, not allowed not allowed...you know? It is like a germ, like a virus – you cannot see but when it comes into you if you didn't have the right medicine you are going to be affected eventually. Do you know what I mean by that? For example I have known a lot of people that just went crazy over time - they were sent home...

Many of the participants in the study referred to life as harsh in Direct Provision and spoke about challenges faced relating to mental health issues. As stated previously many asylum seekers come to Ireland fleeing extreme trauma, torture, conflict and distress. The protracted time it takes for asylum to be processed (for some over seven years) means people become increasingly more vulnerable as time passes, and the stressful conditions in the Direct Provision centres compound mental health challenges and ill health.

[9] Referring to refugee camps

Sub-theme 4.4: People should be allowed to cook their own food

Instead of giving us all this food that goes to waste, why not provide us with a kitchen where we can cook our food. Let us cook ourselves, as I cannot eat that food...

All interview participants stated they would cook their food if they were allowed to in their Direct Provision centres. Many participants commented that the wasted resources spent on food people were not eating could be remedied simply by changing the food system in Direct Provision centres and allowing people to cook their own food. A majority of study participants discussed their want to be allowed to be able to independently make decisions about what food to feed themselves and their families.

Sub-theme 4.5: Whole Direct Provision system needs to be changed

Today I was thinking we live in the 21st century, why are we made to live this way? My recommendation is that we have to review it - we have to review the entire Direct Provision system. It is all crazy – you would never have dreamed it before coming here...

Another common theme raised by the study respondents was that the entire Direct Provision system needs to be overhauled and changed. While people were willing to discuss food in the interviews it was made clear by many of the study participants that food is one important part of a whole Direct Provision system that is perceived as broken. A number of individuals raised the issues of human rights and outlined their personal traumatic histories that they were fleeing on arrival here in Ireland. There were regular remarks made during the interview that the current system causes asylum seekers to live in situations of protracted distress, suffering, poverty and with a lack of dignity that is inhumane and unnecessary. Some people spoke about other European country models that they see as better in treatment of asylum seeker needs when compared to the Direct Provision centre in Ireland.

Theme 5: Direct Provision food is negative for health

My friend said to me, 'I don't think you are going to last for a long time in this place.' I am very concerned about my health here – it is going down, down and down. People are saying it and seeing it and I am feeling it as well you understand? My health problems are directly related to food...

Numerous study participants felt that the food provided in Direct Provision centres was bad for their health. During the interviews people described feeling hungry on a regular basis and study participants referred to people walking the Direct Provision centres corridors at night knocking on doors looking for food due to hunger. Examples of coping mechanisms cited were; eating one meal a day for survival, buying food (often cheap foods of poor nutritional value, like crisps and biscuits that can be stored in rooms), or choosing to be vegetarian (to ensure food consumed meets religious food needs) in a setting that does not provide many vegetarian protein options. One participant spoke about going out walking on the Cork roads near the Direct Provision centre in the evening to take his mind off his hunger.

Some participants complained of losing weight and regularly feeling weak and dizzy as a result of a lack of appropriate food. Others complained of issues such as high blood pressure, severe lactose intolerance and food

allergies. The main complaints related to food of those interviewed were gastrointestinal complaints that people attributed to the food provided in Direct Provision. Some respondents complained of an increase in weight and obesity a result of the food being unhealthy in comparison to their previous diet. Issues such as not having access to food outside the strict mealtimes, improving the quality and variety of food and removing the strict limits on daily fruit provided to residents were all raised as areas that should be changed to improve people's health. The need to reduce the salt, fat and sugar content of the food was also highlighted in the interviews.

Sub-theme 5.1: People with special dietary needs for medical issues are not catered for in Direct Provision centres

You need to bring letters from your doctor and even then they don't listen to you. Even if the doctor says you need a special diet and food for what is wrong, they do not provide this special food...

Numerous participants indicated that they had a personal health problem that required special food that was not available in the Direct Provision centres. Many participants described feeling anxiety and worried about their health needs worsening in the future as a result of not having access to special dietary food. Some participants said that they had written and made RIA aware of their dietary needs, had doctor's letters, were seen by specialists at hospitals and that their health need for special food were still not taken into account. Some of the health complaints by the study participants were directly attributed to the poor food provided in Direct Provision centre who felt their health had worsened since coming to Ireland.

Subtheme 5.2: Asylum seekers experience hunger on a regular basis while living in Direct Provision centres in Cork City

In the evening I have to take it (evening meal) I have to force myself otherwise you would not survive. If you don't eat it (evening meal) then you would be hungry all night. There are often people at two or three o'clock in the morning knocking on doors and going room to room looking for food at night because they are too hungry and cannot sleep...

Many asylum seekers interviewed discussed feeling hungry on a regular basis living in Direct Provision centres in Cork City. People interviewed spoke of feeling hungry between meals or hungry because the food provided was not edible so people as a coping mechanism choose to miss meals. Some study participants described their lived day to day reality as one of ongoing hunger and insecurity. Fear, feeling humiliated and regularly being hungry were common threads of discussion during interviews. Parents interviewed spoke of pressure they had to they to find solutions and coping mechanisms so that their children would not be hungry.

CHAPTER 5: DISCUSSION

The aim of this study was to explore the impact on asylum seekers of the food delivery system currently in place in the three Direct Provision centres in Cork City. The results indicate that the asylum seekers interviewed felt significant dissatisfaction with their food situation in the Direct Provision centres in which they live, and that this compounds and worsens other negative aspects of life in Direct Provision.

This report has highlighted that asylum seekers often flee multiple levels of trauma such as conflict and torture (Montgomery *et al*, 2005:233), (Bandeira *et al*, 2010:92), (Asgary *et al*, 2011:506), (Schubert *et al*, 2011:175). As a result, when they come to a new country such as Ireland to seek asylum they will often have a high prevalence of mental ill health. Asylum seekers are not afforded the normal protective mechanisms available to the non-asylum seeker majority population in Ireland. The system of Direct Provision does not take into account the individual requirements or backgrounds of asylum seekers and their families' specific needs, and this can exacerbate the vulnerabilities of an already vulnerable population.

The distress and difficulties child and adult asylum seekers face living in Direct Provision centres continue on for years in many cases. In December 2013, the average lengths of stay was 48 months and the median length of stay was 3.91 years (47 months) for asylum seekers living in Direct Provision centres (RIA, 2013[I]:19). Additionally in December 2013, RIA reported that 604 asylum seekers (13.6% of entire asylum seeker population) had been living in Direct Provision centres for over 7 years (84 months) (RIA, 2013[I]:19). An already vulnerable population living under extreme stress (in many cases for over seven years) can only have negative impacts on asylum seekers mental and physical health into the future.

Food may be perceived by some as a small part of a greater overall problem within the system of Direct Provision and Dispersal. However for an asylum seeker living in a shared room with a stranger on the outskirts of Cork City (potentially for seven years or longer) while waiting for their asylum claim to be processed, food will obviously be one of the most centrally important aspects of their day to day life. In the interviews the extreme hardship of daily living in Direct Provision was discussed and beside food, there were many other issues that were raised. These included worry about actual survival; mental health issues; fear of being deported; worry about family left at home; worry about children and impact of life in Direct Provision for their future; poor physical health; worry regarding when a decision would be made on their claim for asylum; worry regarding how long more they would have to wait in a situation of disempowerment and suffering, and worries about their future health. Despite other issues being perceived as 'more important' than food – the ongoing dissatisfaction with food is an issue that needs to be dealt with every day by both child and adult asylum seekers, and so is a continual stressor which compounds these other difficulties asylum seekers face while living in Direct Provision.

There are very few possible coping mechanisms to circumvent the negative food situation in Direct Provision due to a situation of entrenched poverty as a result of receiving only €19.60 per adult and €9.10 per child per

week. Asylum seekers have very little other choice than to eat what is given to them on a daily basis to ensure survival. Distress and worry about the food situation in Direct Provision centres was discussed in great detail during the interviews. Asylum seekers interviewed perceived the food problems as something that could be easily remedied by allowing people to have more self-catering options, or at a minimum cooking facilities at the centres that would allow people and families to have more autonomy over their nutritional intake.

People spoke about feeling overwhelming levels of fear and insecurity in relation to their living situation in Direct Provision centres. Many respondents stated that they felt that they were unable to 'start living' until their claim for asylum was resolved and they could move on to a sense of safety and normality once they had received refugee status and could leave Direct Provision.

Some people interviewed had been living in a situation of protracted insecurity for many years and described their situation as one of on-going suffering that lacked human dignity. There was also a regularly discussed perception by those interviewed that their claim for asylum would be negatively impacted if the managers or staff of the Direct Provision centres knew they were 'speaking out' about the dissatisfactory food situation in the Direct Provision centre in which they lived. Anecdotal information was given to the researcher about the arbitrary removal of people from one centre to another if they spoke out or complained about an issue to staff, as well as people who had negative decisions made about their asylum claims being sent back to their country of origin because they were viewed as 'trouble makers'.

During the interviews some of the participants also expressed opinions such as ;*'research does not cause any positive changes'* and '*people often ask us questions and still nothing changes so why bother get involved in research*.'. These comments raised issues about research with vulnerable populations who have real expectations about research outcomes and as well being a population without protective mechanisms and supports. On one hand there is almost no research on the area of the food experience of asylum seekers living in Direct Provision centres in Cork or in Ireland. Hearing asylum seekers 'lived' realities and voices about the issues they deem pertinent is obviously very important. On the other hand however, the participants in the study may have their expectations raised that the issues are being discussed and that positive change may occur based on the study being undertaken which could add to feelings of disempowerment.

During the interviews asylum seekers living in Direct Provision described their experiences of regular hunger and food insecurity and an inability to access appropriate food as their lived reality in Direct Provision centres in Cork City. As detailed in the results, participants also highlighted survival and coping mechanisms they tried to adopt against this food insecurity and hunger, such as buying poor quality food with their weekly allowance of €19.60 a week, cooking own food, only eating one meal a day 'to survive', and choosing to not eat meat at all in their diet. Some individuals interviewed spoke of their human rights and their suffering for many years since living in Direct Provision centres, as well as detailing multiple traumatic events that caused them to seek refugee status in Ireland in the first place.

Many asylum seekers interviewed spoke about the grave difficulty they face in carrying out their religious life in a way conducive to the spiritual rules prescribed related to food while living in Direct Provision. Respondents discussed their on-going despair that the food in Direct Provision often broke their religious codes of practice and tradition. Some of the asylum seekers interviewed stated that the system of Direct Provision directly impeded their right to practice their religion freely. A majority of interviewees spoke about adopting coping mechanisms such as being vegetarian to ensure that no meat would be eaten at all to avoid breaking religious rules, or just eating one meal a day that was seen as 'safe'.

In addition certain religious rites such as fasting or celebrating special religious days were described as being almost impossible in Direct Provision. Taking Ramadan as an example, for all Irish Muslims (including those living outside the Direct Provision) fasting here is challenging compared to other regions of the world due to the late sunset and early sunrise in Ireland that dictates the hours of the daily fast. In Ireland during Ramadan people fast (no food or water taken) from sunrise to sunset (3.30am to 9.30pm) for the month of Ramadan which translates to approximately 18 hours of fast, which is a significantly longer fast than in other parts of the world (such as Asia, Africa or the Middle East).

For Muslim asylum seekers living in Direct Provision centres, the challenge of fasting during Ramadan is extremely arduous. The study participants interviewed spoke about the difficulties of not having enough food at night to break the Ramadan fast in an appropriate way, and that despite numerous attempts at engaging the Direct Provision managers to allow the use of kitchen at night to prepare appropriate food during Ramadan this was not allowed. Asylum seekers living in Direct Provision are potentially already nutritionally vulnerable and fasting for 18 hours a day as a part of spiritual life would obviously have negative health implications if sufficient caloric intake was not possible for the month long fast. The ability of all asylum seekers to practice their religion freely should be encouraged and facilitated, and at the minimum not be impeded by the Direct Provision rules and systems currently in place, as is highlighted in this report.

The inability to eat in a manner perceived by asylum seekers as conducive to good health in Direct Provision centres leaves people feeling disempowered. Direct Provision centres in Cork City could be viewed as 'islands of hunger, insecurity, and poverty' as a result of the negative food experiences of asylum seekers living in Direct Provision centres, in some cases for over seven years. Asylum seekers living in Direct Provision have entirely no control over their own access to food a result of the poverty and the enforced dependency in which they live for protracted periods of time.

This research indicates an overwhelming sense of disempowerment for parents of children living in Direct Provision centres in Cork City. Parents expressed fear about the negative health ramifications of a diet perceived as not nutritionally sufficient or culturally appropriate for children that is provided in Direct Provision centres. Parents interviewed also complained that the food and dining environment in Direct Provision centres were not child or family friendly. Loss of control over what children consumed as well as having to adopt coping strategies such as spending all of their weekly allowance on buying and preparing alternative food so that children will eat was described as extremely stressful by parents. In addition parents expressed worry about their loss of autonomy and control of the family unit as well as loss of their cultural connection to food and food practices.

One parent described the Direct Provision food situation as being 'abnormal' and stated that their children had never seen them cook a meal. Most asylum seeker children in Direct Provision centres never see their parents cook or prepare food, or celebrate special family occasions such as birthdays or religious holidays through the use of food that is so common in a 'normal' family situation. There are concerns about the impacts of these issues on the future of children's diets and what the children will perceive as 'normal' relating to food in the future. Additionally asylum seeker children do not get to consume foods from their parent's cultural background and heritage, many of which are described as being significant more healthy than the food provided in Direct Provision centres. The high fat, sugar and salt content of the food was also criticised, as were that lack of flexibility of mealtimes and the poor dining room environment that was viewed by many as not being suitable for toddlers and children.

The results of this study highlighted the multiple aspects of Direct Provision that heightens asylum seekers levels of distress and vulnerability; such as the protracted asylum process, food insecurity, mental ill health, poor living conditions, lack of privacy, lack of dignity, lack of security and the overall dissatisfaction regarding the food provided. Many study participants interviewed described living in Direct Provision as being in detention or a 'prison'. It is obvious that asylum seekers in Direct Provision are not 'incarcerated' in a prison, as they can come in and out of the centres of their own free will. However the high number of people interviewed that referred to Direct Provision centres in this language ('prison, or camp') suggests that this is how the Direct Provision system is perceived and 'lived' by the asylum seekers interviewed for this study. Daily signing in was described as demeaning and reinforced this idea of Direct Provision as a 'prison' by some interviewees who pointed out they had committed no crime except to seek refuge in Ireland.

A majority of people interviewed stated that they would be interested in being involved in giving feedback, recommendations and assistance to managers of Direct Provision centres to improve the food situation in Direct Provision centres in the future. Recommendations included; cooking more 'global' foods, having less restrictive access to food, increasing fresh snacks such as fruit, reducing salt and sugar in food, allowing for the provision of special dietary foods for those with medical issues, employing chefs from a variety of cultural backgrounds to cook diverse food types, and having specific family friendly eating areas made available during mealtimes.

Ultimately all people interviewed indicated that if they were allowed they would cook their own food. Providing kitchen and cooking facilities to residents was one of the top suggestions of this study. Allowing people autonomy to cook their own foods would deal with the issue of food not being culturally appropriate. It would also allow asylum seekers who have religious dietary rules to adhere to, be able to do so and practice their faith with less stress and worry. Additionally it was suggested by study participants that it would be cheaper and a better use of resources to provide self catering facilities to asylum seekers than the current system which includes extensive waste of food and a loss of resources. If people were allowed to cook their own food the issues highlighted in the results related to problems with health, power imbalances with staff over food, and people need to finding alternative means to cook their own food would be resolved.

Limitations of the Study

There were some methodological limitations in this study. The response rate was limited, despite attempts to advertise the study widely to the target population.

The participants in the study may not have actually been representative of the target population for a number of reasons. Firstly the advertisement of the research might not have reached all members of the Cork City asylum seeker community. Secondly many people may have received leaflets and seen the posters but may not read write or understand English. Thirdly people may not have had mobile phones (or phone credit) to call the researcher and make contact for an interview. People suffering from psychiatric and psychological issues may not have been able to participate. Those who took part in the study may have felt a particular interest or grievance regarding the issue of food and wanted to be involved as a result. Additionally those who have spent longer time frames in Direct Provision centres waiting for their asylum claim to be processed may be more orientated than recently arrived asylum seekers and this may influence their participation. Alternatively it is also possible that asylum seekers living in Direct Provision for longer periods of time suffer increased mental health issues and this may act as a barrier to their participation.

There was a definite perception by asylum seeker participants that involvement in discussions about food in this study could be potentially dangerous to them if their anonymity was not ensured, including negative repercussions regarding their particular asylum claims. As a result the fear of negative repercussions could act as a barrier to participation.

There was a significant gender disparity, with three female and nine male participants involved in the study. There could be numerous reasons for this gender disparity in representation of respondents in the study including the fact that the research was undertaken in the summer months when children were off school. Parents, especially single mothers, may not have been able to organise child minding when leaving the Direct Provision centre to come to Nasc to undertake interview. Women may have had to contend with extra cultural barriers in being involved in outside activity when compared to men. Within certain cultural backgrounds men may take the role of “representative” of a family. Additionally the main gatekeeper people who advocated for people to be involved from various networks within the Cork asylum seeker community were male, and this may have influenced the gender disparity being skewed in favour of men.

Strengths of the Study

This study has added to the specific knowledge base regarding the food experience of asylum seekers in Direct Provision centres in Cork City. It highlights issues that may be relevant in other localities in Ireland where Direct Provisions centres are operated.

IPA was used as a framework to ensure the methodological rigour of the research. Ethical issues regarding research with a vulnerable population were raised and addressed in this report. It is hoped that further study and research will be done in this area in the future to promote best practice from a public health, human rights and social care research perspective.

The research was based on semi-structured interviews with eleven male and female asylum seekers, who spoke extensively about their current reality of food and other issues in Direct Provision centres in Cork City. The qualitative nature of this research study highlighted the 'voices and lived realities' of the asylum seekers interviewed living in Direct Provision centres in Cork City. This adds to the base of research where asylum seekers speak from their own experience about Direct Provision and its impact on their lives.

Finally this study has highlighted a need for more specific research related to food in Direct Provision centres in the future. This study has also indicated findings that could potentially be utilised in strategic change to policy and service delivery in all areas related to service provision to asylum seekers living in Direct Provision centres in Ireland.

CHAPTER 6: RECOMMENDATIONS

Ireland has an obligation to ensure asylum seekers are treated in a manner that promotes health, humanity and justice under a variety of international law instruments. Asylum seekers should be recognised as one of the most vulnerable population groups in Ireland, and as such supports should be put in place to address the specific needs of asylum seeker children and adults.

Changes to the Direct Provision system should be made immediately to ensure the health, welfare and protective needs of this vulnerable population are met in a culturally appropriate asylum seeker specific manner. Increasing the ability of asylum seekers to have independence and control over one central aspect of their lives such as food, would be very beneficial to their physical and mental health as a first step in this Direct Provision system change process.

This report recommends that the entire Direct Provision system is overhauled especially in how food is delivered; self-catering options should be expanded as a matter of urgency; and at the very minimum communal cooking areas should be made available to asylum seekers in all Direct Provision centres in Ireland.

RECOMMENDATIONS

Food and Menus in Direct Provision

- Offer more culturally appropriate and diverse food types
- Increase training of chefs and catering staff in cultural awareness and the preparation of culturally diverse global foods
- Provide food and access to snacks out of hours for asylum seekers
- Increase number and types of snacks
- Ensure halal standards are approved, followed, and monitored on an on-going basis
- Improve vegetarian menu options
- Provide more variety in the menus including more fresh fruit and vegetables
- Remove limits on daily fruit allowance to each resident
- Engage with residents in the process of menu planning
- Improve food storage facilities and dining room environments
- Ensure menus are changed regularly in all Direct Provision centres
- Monitor and evaluate all menus at all Direct Provision centres to ensure a wide variety of different cultural foods are provided
- Provide child specific menus options

- Ensure menus are translated into a wide variety of languages so that non-English speaking asylum seeker residents living in Direct Provision centres have information about what food is being served on a daily basis

Reception and Integration Agency

- At a minimum provide communal cooking facilities in all Direct Provision centres
- Consult with residents of Direct Provision centres Ireland wide about their food needs
- Provide more varied dietary support and flexibility to children, pregnant and breastfeeding mothers as well as to those with medical issues, the elderly and asylum seekers with disabilities
- Set up food steering groups in each Direct Provision centre (made up of residents and staff) to discuss food needs and increase knowledge sharing and problem solving regarding food issues
- Increase cultural awareness training for all staff
- Ensure staff employed to work in Direct Provision centres are qualified and trained to work with asylum seekers and vulnerable individuals including children
- Ensure appropriate services and supports are in place for disabled asylum seekers
- Undertake food needs assessments and dietary audits of all Direct Provision centres
- Undertake needs assessments in relation to the multi-faith religious requirements of asylum seekers living in Direct Provision centres
- Provide flexibility to religious asylum seekers to facilitate them to be able to respect religious traditions, religious food rules, religious holidays and rites
- Develop guidelines and practical processes to allow asylum seekers residents to practice their religions in relation to specific food needs
- Improve dining room environments and provide more flexible dining options for families
- Allow kitchens to be used at night during the month of Ramadan for Muslim asylum seekers
- Increase number of inspections especially independent inspections of Direct Provision centres

Health

- Implement changes to the environment of Direct Provision centres to provide a health promoting environment
- Undertake needs assessments and dietary audits of all Direct Provision centres in relation to food
- Provide more culturally specific health promotion activities related to healthy diet and exercise
- Increase local mental health support available to all asylum seekers as a matter of urgency
- Increase supports to asylum seekers affected by gender based and sexual violence
- Undertake needs assessments in regards to service provision for disabled asylum seekers and their specific needs in Direct Provision centres in Ireland

- Increase culturally specific health promotion activities to encourage women to breastfeed in Direct Provision centres
- Provide access to formula for mothers who do not breastfeed their infants for longer than one year
- Undertake needs assessments that inform processes and delivery of special dietary needs for those with medical issues in all Direct Provision centres
- Address overcrowding and poor living environments in Direct Provision centres
- Provide specific child and family friendly needs assessed health promoting accommodation options

Government

- At a minimum increase self-catering options in Direct Provision centres
- Implement independent, impartial and confidential complaints mechanisms separate to RIA
- Include Direct Provision in the remit of the health Information and Quality Authority (HIQA)
- Increase weekly allowance paid to child and adult asylum seekers
- Allow child benefit to be paid to families with children living in Direct Provision centres
- Include asylum seeker children and adults in the remit of studies of national statistics including social exclusion, poverty, child protection, racism, and health inequalities
- Follow up on the recommendations of the Fifth Report of the Special Rapporteur on Child Protection (Shannon, 2012), in regards to the issues faced by child asylum seekers and families
- currently living in Direct Provision centres
- Allow asylum seekers to live outside Direct Provision with access to social welfare, and needs assessed specific supports including high quality mental health services

CONCLUSION

The results of this study have many potential implications for public health practice and government social policy relating to the food systems in place in Direct Provision centres nationwide. The system should be overhauled especially in regards to how food is delivered; self-catering options should be expanded as a matter of urgency and at the very minimum communal cooking areas should be made available to asylum seekers in all Direct Provision centres.

The negative food situation in Direct Provision centres affect each and every child and adult asylum seeker on a daily basis, and compounds the many other areas of difficulty that asylum seekers have to navigate in the Direct Provision system for indefinite periods of time. It is argued that action to find solutions that will increase self-catering or other food preparation options to increase asylum seekers ability to have choice and autonomy over their nutritional intake is urgently required. This is an issue connected to the human dignity of asylum seekers, and the right to food which is an important human right and determinant of health.

Additionally this research on the food experience of asylum seekers living in Direct Provision centres in Cork City should be a basis for increased debate by public health practitioners, those involved in asylum seeker policy formation, health care practitioners and other actors involved with asylum seekers. Focus should be placed on how to improve the living conditions, food experience, and health of asylum seekers living in Direct Provision centres in Ireland, while they are waiting for a decision on their refugee status, in many cases for over seven years.

Public health and human rights advocates should highlight and challenge the gross inequalities faced by child and adult asylum seekers living in Direct Provision centres in regards to food, food insecurity and food poverty in their work. Public health and governmental leadership, advocacy and strategic actions need to be taken to highlight, address and mitigate these issues immediately as a matter of health equity, human rights, and social justice.

Finally it is hoped that the results of the study will lead to further public health research being undertaken in this area on a greater scale, encompassing all Direct Provision centres across Ireland in the near future. This research should include nutritional needs assessments and dietary intake analysis in Direct Provision centres as well as research of the factors affecting the determinants of health of asylum seekers and their specific population health needs.

REFERENCES

Andrews M, Squire C, Tamboukou M. (2008) Doing narrative research. Sage Publishing, United Kingdom.

AkiDwa (2008) Understanding gender-based violence: an African perspective. AkiDwa.

AkiDwa (2010) Am only saying it now: experiences of women seeking asylum in Ireland. AkiDwa.

Arnold S, K. (2012) State sanctioned child poverty and exclusion: the case of children in state accommodation for asylum seekers, Irish Refugee Council.

Asgary R, Segar N. (2011) Barriers to health care access among refugee asylum seekers. *Journal of Health Care for the Poor and Underserved, 22:2, 506-522.*

Bandeira M, Higson-Smith C, Bantjes M, Polatin P. (2010) The land of milk and honey: a picture of refugee torture survivors presenting for treatment in a South African trauma centre*. Journal of Torture, Vol 20:292-103.*

Barbour R. (2008) Introducing qualitative research: a student guide to the craft of doing qualitative research. Sage Publications, United Kingdom.

Begley M G, Garavan K C, Condon M, Kelly I, Holland K, Staines A. (1999) Asylum in Ireland: A public health perspective. University College Dublin, Ireland.

Bhugra D, Becker M A. (2005) Migration, cultural bereavement and cultural identity. *Journal of World Psychiatry, Vol 4:1, 18-24.*

Bischoff A, Schneider M, Denhaerynckk, Battegay E. (2009) Health and ill health of asylum seekers in Switzerland: an epidemiological study. *European Journal of Public Health, Vol 19: No 1, 59-64.*

Breen C. (2008) The policy of Direct Provision in Ireland: a violation of asylum seekers` right to an adequate standard of housing. Oxford University Press, United Kingdom.

Bunting R. (2009) Asylum seeker and refugee health needs assessment. National Health Service Nottingham City, England.

Capaldi E D, Powley T L. (1993) Taste, experience and feeding: development and learning. American Psychological Association, USA.

Carswell K, Blackburn P, Barker C. (2011) The relationship between trauma, post migration problems and the psychological wellbeing of refugees and asylum seekers. *International Journal of Social Psychiatry, Vol 57:2, 107-119.*

Conlon D. (2010) Ties that bind: governmentality, the state, and asylum in contemporary Ireland. *Journal of Environment and Planning: Society and Space, Vol 28:95-111.*

Conlon D, Gill N. (2013) Gagging orders: asylum seekers and paradoxes of freedom and protest in liberal society. *Journal of Citizenship Studies, Vol 17: 2, 241-259.*

Cosgel M M, Minkler L. (2004) Religious identity and consumption, *Review of Social Economy, 62:3, 339-350.*

Coveney J. (2007) Food and trust in Australia: building a picture. *Journal of Public Health Nutrition, 11:3, 237-245.*

Creswell J W. (2007) Qualitative inquiry and research design: choosing among five approaches**.** Sage Publications, United Kingdom.

Darlington Y, Scott D. (2002) Qualitative research in practice: stories from the field. Open University Press, Singapore.

Delaney S, McGee H. (2001) Review of current research on the health of refugees and asylum seekers in Ireland. Royal College of Surgeons, Northern Area Health Board, Ireland.

De Solier I, Duruz J. (2013) Food cultures, *Journal of Cultural Studies Review. 19, 4-8.*

Fanning B, Veale A, O'Connor D. (2001) Beyond the pale: asylum seeking children and social exclusion in Ireland. Irish Refugee Council, Combat Poverty Agency, Ireland.

Fanning B, Veale A. (2004) Child poverty as public policy: Direct Provision and asylum seeker children in the Republic of Ireland. *Journal of Childcare in Practice, Vol 10: 3,241-251.*

Fazel (2002) The mental health of refugees children. *Journal of Arch Dis Child, 87:366-370.*

Fazel M, Wheeler J, Danesh J. (2005) Prevalence of serious mental disorder in 7000 refugees resettled in Western countries*:* a systematic review. *Lancet, Vol 365:1309-14.*

Fell B, Fell P. (2013) Welfare across borders: a social work process with adult asylum seekers. *British Journal of Social Work, 1-18.*

Food Agriculture Organisation (2008) An introduction to basic concepts of food security: food security information for action – practical guides. FAO.

Foreman M, Hawthorne H. (2007) Learning from the experiences of ethnic minorities accessing HIV services in Ireland*. British Journal of Social Work, 37:1153- 1172.*

Free Legal Advice Centre (2009) One size doesn't fit all: a legal analysis of the direct provision and dispersal system in Ireland, 10 years on. FLAC, Ireland.

Free Legal Advice Centre (2011) Asylum seekers: 6 facts. FLAC, Ireland.

Gallegos D, Ellies P, Wright J. (2008) Still there`s no food! Food insecurity in a refugee population in Perth, Western Australia. *Journal of Nutrition and Dietetics, 65:78-83.*

Geissler C, Powers H. (2007) Human nutrition. Elsevier Churchill Livingstone, Netherlands.

Gerritsen A A M, Bramsen I, Deville W, Van Willigen L H M, Hovens J E, Van Der Ploeg HM. (2006)

Physical and mental health of Afghan, Iranian and Somali asylum seekers and refugees living in the Netherlands. *Journal of Social Psychiatric Epidemiology, 41:18-26.*

Gerritsen A A M, Bramsen I, Deville W, Van Willigen L H M, Hovens J E, Van Der Ploeg HM. (2004) Health and health care utilisation among asylum seekers and refugees in the Netherlands: design of a study**.** *BMC Public health, Vol 4: 7: 1-10.*

Gottlieb R, Joshi A. (2010) Food Justice. MIT Press Cambridge, United Kingdom.

Green J, Thorogood N. (2010) Qualitative methods for health research. Sage Publications, United Kingdom.

Hadley C, Zodhiates A, Sellen D. (2006) Acculturation, economics and food insecurity among refugees resettled in the USA: a case study of West African Refugees**.** *Journal of Public Health Nutrition, 10 4.405-412.*

Hadley C, Sellen D. (2006) Food security and child hunger among recently resettled Liberian refugees and asylum seekers: a pilot study**.** *Journal of Immigrant health, Vol 8:369-375.*

Health Service Executive. (2007) Infant feeding guidelines for Direct Provision centres in Ireland. HSE, Ireland.

Health Service Executive. (2008) Consultation Report: HSE National Intercultural Health Strategy. HSE, Ireland.

Hinton D, E, Nickerson A, Bryant R A. (2011) Worry, worry attacks and PTSD among Cambodian Refugees- a path analysis investigation. *Journal of Social Science Medicine, 72, 11:1817-1825.*

Irish Refugee Council (2011) Roadmap for asylum reform. Dublin, IRC.

Irish Refugee Council (2013) Direct Provision: framing an alternative reception system for people seeking international protection. Dublin, IRC.

Johnston V, Allotey P, Mulholland K, Markovic M. (2009) Measuring the health impact of human rights violations related to Australian asylum policies and practices: a mixed methods study. *BMC Journal International Health and Human Rights, Vol 9:1:1-12.*

Joyce C, Quinn E. (2014) The Organisation of reception facilities for asylum seekers in Ireland. EMN Ireland, ESRI.

Keller A S , Rosenfield B, Trinh-Shevrin C, Merserve C , Sachs E, Leviss J A, Singer E, Smith H, Wilkinson J, Kim G, Aldren K, Ford D. (2003) Mental health of detained asylum seekers. *The Lancet, Vol 362:1721-1723.*
Keygnaert I, Vettenburg N, Temmerman M. (2012) Hidden violence is silent rape: sexual violence and gender

based violence in refugees, asylum seekers and undocumented migrants in Belgium and the Netherlands. *An International Journal for Research, Intervention and Care, 14:5,505-520.*

Kurth E, Jaeger F N, Zemp E, Tschaudin S, Bischoff A. (2010) Reproductive health care for asylum seeking women: a challenge for health professionals. *British Medical council Public Health, 10:659.*

Laban C J, Komproe I H, Gernaat H B P E, De Jong J T V M. (2008) The impact of a long asylum procedure on quality of life, disability and physical health in Iraqi asylum seekers in the Netherlands. *Journal of social psychiatric epidemiology, 43, 507-515.*

Laws S, Harper C, Marcus R. (2007) Research for development: a practical guide. Sage Publishing, United Kingdom.

Le Morville A-L, Erlandsson L-K. (2013) The experience of occupational deprivation in an asylum centre: the narratives of three men. *Journal of Occupational Science, 20:3, 212-223*.

Manandhar M, Share M, Friel S, Walsh O, Hardy F. (2006) Food nutrition and poverty among asylum seekers in North West Ireland. Combat Poverty Agency, Ireland

Marmot M, Atkinson T, Bell J, Black C, Broadfoot P, Cumberlege J, Diamond I, Gilmore I, Ham C, Meacher M, Mulgan G. (2010) Fair society healthy lives: Marmot review- strategic review of health inequalities in England post 2010. Department of Health, United Kingdom.

McEwen A, Straus L, Croker H. (2009) Dietary beliefs and behaviour of a UK Somali population. *Journal of Human Nutrition and Dietetics, 22, 116-121*.

Montgomery E, Foldspang A. (2005) Seeking asylum in Denmark: refugee children's mental health and exposure to violence. *European Journal of Public health, Vol 15:3:233-237.*

Mueller J, Schmidt M, Staeheli A, Maier T. (2010) Mental health of failed asylum seekers as compared with pending and temporarily accepted asylum seekers. *European Journal of Public Health, Vol 21:2:184-189.*

Nasc (2008) Hidden Cork: the perspectives of asylum seekers on Direct Provision and the asylum legal system. Nasc, Ireland.

Newman L. (2013) Seeking Asylum- Trauma, Mental Health, and Human Rights: An Australian Perspective. *Journal of Trauma and Disassociation*, 14:213-223

Norredam M, Mygind A, Krasnik A. (2005) Access to health care for asylum seekers in the European Union- a comparative study of country policies. *European Journal of Public health, Vol 16, No 3, 285-289.*

O' Donnell C A, Higgins M. Chauhan R, Mullen K. (2007) "They think we're OK and we know we're not." A qualitative study of asylum seekers access, knowledge and views to health care in the UK. *BMC Health Services Research, 7:75.*

Office of the Refugee Application Commissioner (2013) Annual Report 2012. ORAC, Ireland.

[B]Office of the Refugee Application Commissioner (2013) Monthly statistical report December. ORAC, Ireland.

[C] Office of the Refugee Application Commissioner (2013) Monthly statistical report February. ORAC, Ireland.

Office of the Refugee Application Commissioner (2014) Monthly statistical report January. ORAC, Ireland.

Onuorah C E. Ayo J.A. (2003) Food taboos and their nutritional implications on developing nations like Nigeria-a review. *Journal Nutrition and Food Science, Vol 33: 235-240.*

O'Reilly S, O'Shea T, Bhusumane S. (2012) Nutritional vulnerability seen within asylum seekers in Australia, *Journal of Immigrant Minority Health, 14:356-360.*

Orton L, Griffiths J, Green M, Waterman H. (2012) Resilience among asylum seekers living with HIV. BMC Public Health, 12:926.

Papadopoulos I, Lees S, Lay M, Gebrehiwot A. (2004) Ethiopian refugees in the UK: migration, adaptation and settlement experiences and their relevance to health*. Ethnicity and health, 9:1, 55-73*

Patil C L, McGown M, Nahayo D P, Hadley C. (2010) Forced migration: complexities in food and health for refugees resettled in the United States. *NAPA Bulletin, 34, 141-160.*
Pereira C A N, Larder N, Somerset S. (2010) Food acquisition habits in a group of African refugees recently settled in Australia. *Journal of Health and Place Vol 16: 934-941.*

Pieper H O, Clerkin P, MacFarlane A. (2011) The impact of Direct Provision accommodation for asylum seekers on organisation and delivery of local primary care and social care services: a case study. *Journal of Family Practise, 12:32.*

Piwowarczyk L, Keane T M, Lincoln A. (2008) Hunger: the silent epidemic among asylum seekers and resettled refugees. *Journal International Migration Vol 46, 1:60-77.*

Reception and Integration Agency (2007) House rules and procedures. RIA, Ireland.

Reception and Integration Agency (2010) Annual Report 2009. RIA, Ireland.

Reception and Integration Agency (2010) Reception, dispersal and Accommodation. RIA, Ireland. http://www.ria.gov.ie/en/RIA/Pages/Reception_Dispersal_Acommodation [Accessed 14-07-2011]

[A]Reception and Integration Agency (2012) Annual Report 2011, RIA, Ireland.

[B]Reception and Integration Agency (2012) Reception, dispersal and Accommodation. RIA, Ireland. http://www.ria.gov.ie/en/RIA/Pages/Reception_Dispersal_Accommodation. [Accessed1-10-13]

[C]Reception and Integration Agency (2012) Monthly Statistics Report December, RIA, Ireland.

[D]Reception and Integration Agency (2013) Annual Report 2012, RIA, Ireland.

[E]Reception and Integration Agency (2013) Monthly Statistics Report January, RIA, Ireland.

[F]Reception and Integration Agency (2013) Monthly Statistics Report February, RIA, Ireland.

[G]Reception and Integration Agency (2013) Monthly Statistics Report June, RIA, Ireland.

[H]Reception and Integration Agency (2013) Monthly Statistics Report, November, RIA, Ireland.

[I] Reception and Integration Agency (2013) Monthly Statistics Report, December, RIA, Ireland.

[J] Reception and Integration Agency (2014) Say No To Violence & Harassment- Who Can I Talk to? RIA 2014.

Renner W, Salem I. (2009) Post traumatic stress in asylum seekers and refugees from Chechnya, Afghanistan and West Africa: gender differences in symptomatology and coping. *International Journal of Social Psychiatry, 55:2, 99-108.*

Ryan D A, Kelly F E, Kelly B D. (2009) Mental Health among Persons Awaiting an Asylum Outcome in Western Countries: a literature review. *International Journal of Mental Health, Vol 38:88-111.*

Schubert C C, Punamaki R L. (2011***)*** Mental health among torture survivors: cultural background, refugee status and gender. *Nordic Journal of Psychiatry, 65:175-182.*

Sellen D W, Tedstone A E, Frize J. (2002) Food insecurity among refugee families in East London: results of a pilot assessment. *Journal of Public Health Nutrition, 5:637-644.*

Shannon G. (2012) Fifth Report of the Special Rapporteur on Child Protection- a report submitted to the Oireachtas: 2011 Report. Ireland

Silverman D. (2008) Interpreting qualitative data. Sage Publishing, United States.

Steel Z, Silove D M, (2009) The mental health implications of detaining asylum seekers**.** *Medicine Journal Australia; 175:596-599.*

Steel Z, Chey T, Silove D, Marnane C, Bryant R A, Van Ommeran M. (2009) Association of torture and other potentially traumatic events with mental health outcomes among populations exposed to mass conflict and displacement: a systematic review and meta analysis. *Journal of American Medical Association, Vol 302:5, 537-549.*

Steel Z, Momartin S, Silove D, Coello M, Aroche J, Tay W T. (2011) Two year psychosocial and mental health outcomes for refugees subjected to restrictive or supportive immigration policies. *Journal Social Science and Medicine 72, 1149-1156.*

Stewart R. (2006) The mental health promotion needs of asylum seekers and refugees: A qualitative study in Direct Provision centres and private accommodation in Galway city. Galway City Development Board, Health Service Executive West, Ireland.

Straimer C. (2011) Between protection and assistance- is there refuge for asylum seekers with disabilities in Europe. *Journal of Disability and Society, 26:5,537-551.*

Stellinga- Bolen AAM, Wiegersma P A, Bijleveld C M A. (2007) Dietary intake in asylum seeker children in the Netherlands strongly related to age and origin. *European Journal of Clinical Nutrition, 61:104-110.*

Strijk P J M, Meijel Van B, Gamel C J. (2011) Health and social needs of traumatised refugees and asylum seekers: an exploratory study. *Journal of Perspectives in Psychiatric Care, 47:48-55.*

Taylor K. (2009) Asylum seekers, refugees and the policies of access to health care: a UK perspective. *British Journal of General Practice, 59:765-772.*

Thomas S L, Thomas S D M. (2004) Displacement and health. *British Medical Bulletin, 69: 115- 127.*

Toar M, O'Brien K K, Fahey T. (2009) Comparison of self-reported health and healthcare utilisation between asylum seekers and refugees; an observational study. *Journal BMC Public Health, 9: 214:1-10.*

United Nations (1948) Universal Declaration of Human Rights. United Nations.

United Nations (1976) International Covenant on Economic, Social and Cultural Rights, United Nations

United Nations (1999) The right to adequate food (Art 11) 12/05/99. Geneva, United Nations.

United Nations Refugee Agency (2013) (a) Displacement the new 21st century challenge: UNHCR global trends 2012. Geneva, United Nations.

United Nations Refugee Agency (2013) (b) UNHCR asylum trends 2012: levels and trends in industrialized countries. UNHCR, Geneva, United Nations.

Warfa N, Curtis S, Watters C, Carswell K, Ingeleby D, Bhui K. (2012) Migration experiences, employment status and psychological distress among Somali immigrants: a mixed method international study. *BMC Public Health, 12:749.*

Woodward K. (1997) Identity and Difference. Open University Press, United Kingdom.

Wright L T, Nancarrow C, Kwok P M H. (2001) Food taste preferences and cultural influences on consumption, *British Food Journal, Vol 103,5: 348-357.*

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