

A Needs Assessment of Migrants Living in Limerick City



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Promoting and protecting human rights

Table of Contents

Executive Summary 3

Introduction 5

Participants 5

Methodology 7

Findings 7

Discussion 15

Recommendations 17

Bibliography 18

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Executive Summary

This research was motivated by a desire to understand the needs of migrants living in Limerick City centre, with a view to developing an appropriate response to the challenges and issues highlighted by the target group. Throughout March and April 2014, a total of 19 city centre residents, who were not born in Ireland, were interviewed. A number of key findings emerged through this research, including the following:

Accommodation is clearly a major issue for migrants living in Limerick city centre, with just over 60% of this study's participants unhappy with their current situation. Dampness, overcrowding, anti-social behaviour were some of the most common complaints. Difficulties locating rental properties willing to accept government rent allowance was another common issue. Residents of Direct Provision, the system for accommodating asylum seekers, are particularly dissatisfied with their living conditions, who claim that conditions in the centre's contribute to ill-health.

Health related issues were expressed as a major concern for a number of participants in this research, with many of the findings relating to dissatisfaction with delays in the system and poor services. There was a lack of knowledge of medical entitlements such as the right to a medical card. Direct Provision residents expressed particular health issues relating to anxiety and depression, largely due to the length of time spent in the process (currently an average of 4 years).

Unemployment is a key issue for migrant city centre residents. Fourteen of the nineteen people interviewed were not working. There was a strong desire amongst these interviewees to find work and not be dependent on social welfare or family support. Almost all interviewees explicitly expressed this desire, describing many failed job-seeking attempts and the effect this has on their confidence and morale.

Educational participation was high among the group interviewed. A number of participants expressed the need to find opportunities to practice English. While the need for further English classes was not explicitly expressed, one of the selection criteria for this research was a level of fluency in English, to allow us to really understand the issues facing migrants. We do know from our day to day advice centre work, research undertaken on our behalf in 2013, as well as the English classes Doras is currently providing, that there is a great need for English lessons, particularly for beginners and lower levels.

Childcare issues were evident and seen as a barrier to allowing some parents engage in educational opportunities. Some parents felt they were not able to locate appropriate and affordable childcare. There was a lack of knowledge on how to access facilities.

Entrepreneurism was evident in this group, with 16% of participants expressing a desire to open their own business. One participant had received a grant but was unable to meet the associated costs. A number of the participants are currently **volunteering** seeing this as way to gain valuable experience in the Irish workplace, improving their employment prospects while having the opportunity to mix with others and expand their social networks.

Racism is an unpleasant reality for many migrants living in Limerick, evidenced by previous research undertaken by Doras Luimní in 2013 "*Treated Differently*" (available at www.dorasluimni.org). Three participants in this study described their own experiences.

Women identified specific issues and some women expressed a desire to have a dedicated space for migrant women to meet with other migrants, to discuss the challenges of adjusting to a new culture and build their own social networks, independent of their spouse or children.

In conclusion, it is clear that there is a strong need for dedicated support for the group identified in this research. A social care support worker is necessary to help these migrants to move on with their lives, allowing them to independently establish themselves. This cannot happen until their basic needs are met -this research shows that those needs are primarily accommodation, health care and employment. There is also a need to address English language provision as well as access to opportunities to practise English such as volunteering positions.

Introduction

Doras Luimní aims to identify the needs of immigrants living in Limerick City Centre. The findings of this study provide a better understanding of the challenges faced within the new communities and the effect they have on their lives. Conducting a needs assessment has allowed us to document the needs expressed and to work towards the provision of better services aimed at migrants, including improving access to key service providers.

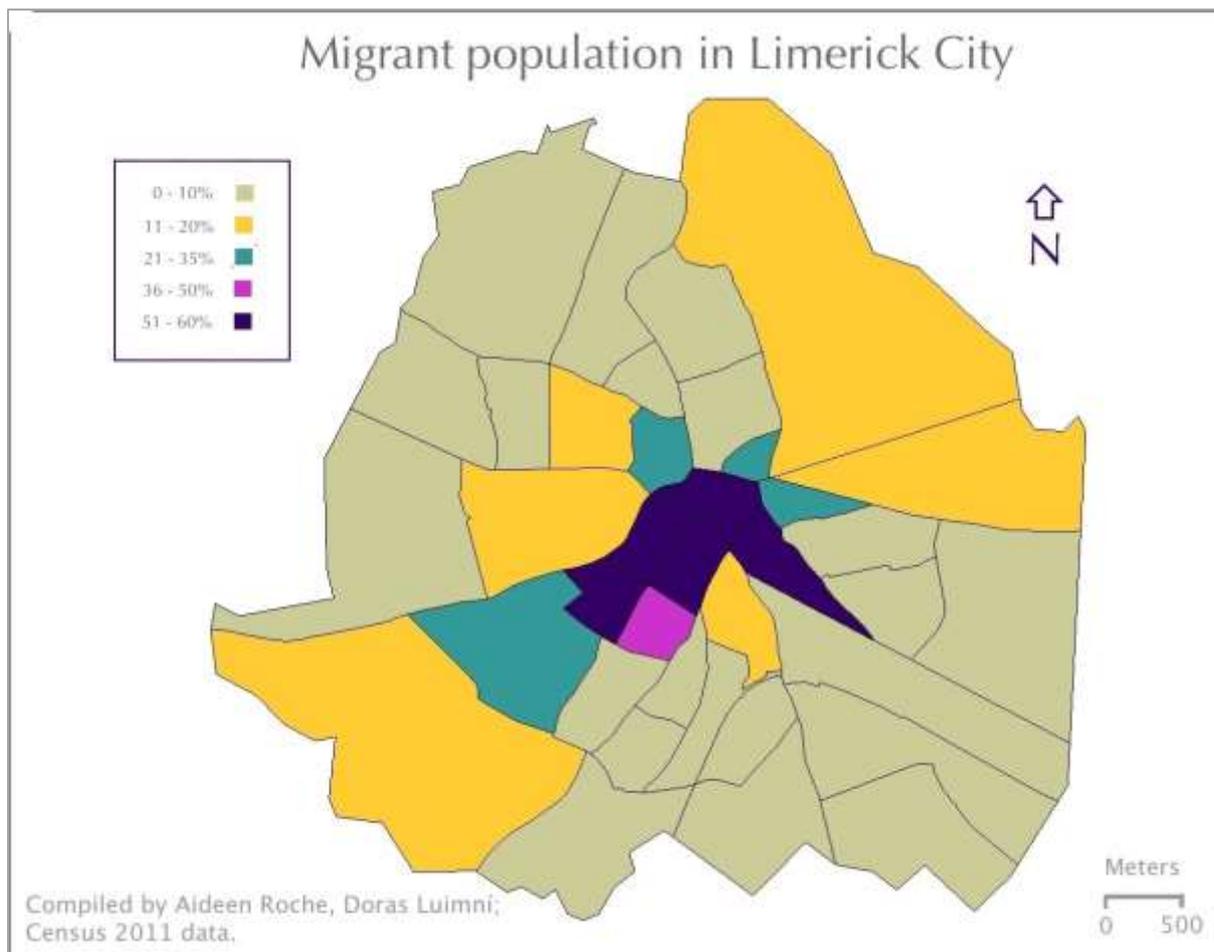
A needs assessment is a valuable tool for identifying the current needs of a target population. According to Roger Kaufman (1999), to conduct a quality needs assessment the current conditions of the migrant population must be first identified. Once established, these findings are then compared to the desired results. The desired outcome is to ensure that migrants have a standard of living that is regarded as acceptable by Irish society. Therefore, the distance between the current situation and the desired result is the actual need. The main objective is to close this gap by meeting the needs identified.

Participants

According to the 2011 Census (Central Statistics Office, 2001), the total population of Limerick is 189,943 persons with 9.7% representing non-Irish nationals. More specifically, Limerick City's population was recorded as 56,521 persons of whom 12.1% are non-Irish nationals. Within this demographic, the largest minority group are Polish nationals, representing 4.5% of the city's population. Other EU nationalities represent 4.3% of the city's population, while non-EU citizens amount to 3% of Limerick city's population.

It is worth noting that the age profile of the non-Irish community in Limerick city and county is significantly younger than that of the Irish population. There are fewer children (0-15 years) and considerably fewer older people. Most significantly, there are a far higher proportion of people in the working age category – 82% compared to 67.5% in the Irish population.

The majority of migrants in Limerick City and County come from Poland. This is by far the most significant nationality, accounting for over 30% of the migrant population. Geographically, the majority of migrants live in Limerick city centre.



This is evidence of a trend by migrants to live in areas where they can access affordable central accommodation, and has led to many migrants clustering together; a trend which has the potential to segregate migrant communities and have a negative impact on integration.

Initially, it was intended to retrieve a sample representative of these demographics. However, throughout the process of conducting this needs analysis; it became evident that non-EU citizens had greater needs than EU citizens. As a result, the research focused predominantly on non-EU nationals. A total of 19 participants contributed to this project of which ten were female and nine male. The age range of participants was from 20 to 41 years, with a mean age of 32 years. Nine applicants were from Africa, five from South Asia, four were EU citizens and one from Eastern Europe. Four participants were residing in Direct Provision (DP). The length of time living in Limerick varied considerably amongst the participants, ranging from 3 months to 12 years. Seventeen of the participants were selected from Doras Luimni's client data base and two were recruited by staff members.

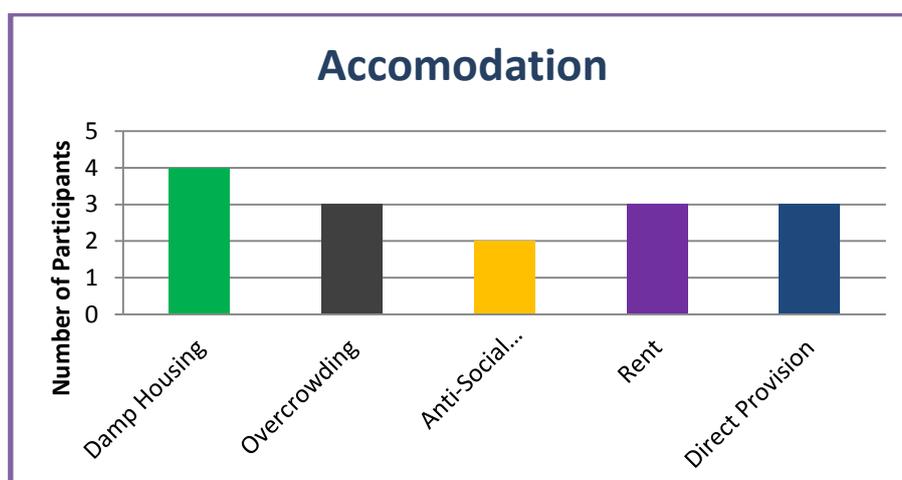
Methodology

Due to language barriers and cultural differences within the migrant community, interviews were the chosen method for this research. Interviews allow for more detailed information to be obtained, for ambiguities to be clarified and for sensitive topics to be addressed. The topics covered throughout all interviews included accommodation, employment, education, health, children and discrimination. The questionnaire form is attached in appendix 1. To ensure consistency, 18 participants were questioned by the same interviewer. All participants were interviewed at Doras Luimni's office. A total of 17 interviewees were recorded, with two declining. All participants signed a consent form.

Findings

The findings can be divided in to the following main categories: Accommodation, Health, Employment, Education, Childcare, Entrepreneurship, Volunteering, Racism, and issues directly affecting women. Each section is discussed in detail below.

Accommodation



A total of twelve interviewees had varying complaints regarding their accommodation.

Four participants described having dampness in their homes, with three having family members develop asthma as a result. One family has already moved house because of the poor conditions in their previous home, while two others are in the process of moving. A third family removed the carpet when the landlord did not respond to their request. The dampness on the walls is cleaned with a towel and bleach every weekend.

A further three participants live or have lived in overcrowded households. One participant described her living arrangement as "uncomfortable". Her family lives in a two bed-roomed house with three children under the age of five years. Another participant explained how he

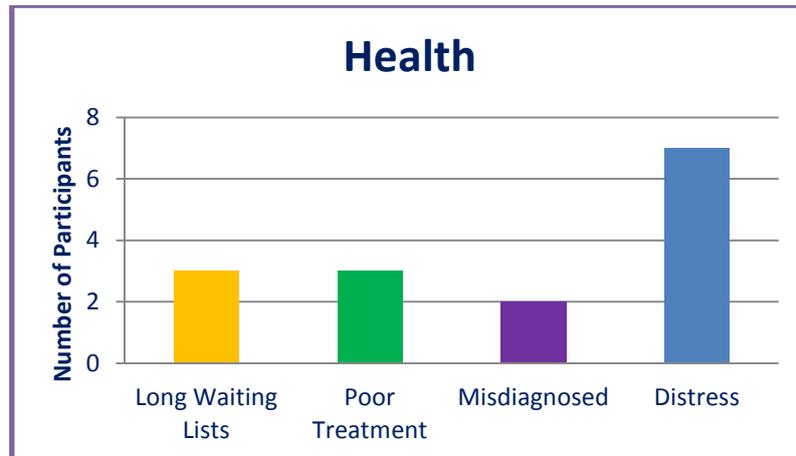
and his wife lived in separate accommodation for one year while waiting for the “two year requirement” for EU citizens to qualify for social welfare. He slept on his friends couch while his wife slept on her friend’s couch. In addition, the third participant described living in a two bed-roomed house with his elderly mother, his son and nephew. Both boys were over sixteen years old.

Furthermore, two interviewees are living in locations where anti-social behaviour occurs. At People’s Park, youths congregate outside the park, drinking alcohol and making noise late at night. This mostly occurs during the summer “but when it’s raining its quiet”. Likewise, another participant does “not find it safe at all” where he lives, as there was a recent murder where he lives, in Mt. Kennet, on Dock Road. He stated that his “kids play in the corridor - it’s not that comfortable when you hear that”. Both residents will be leaving their current accommodation in the near future.

Two participants also expressed difficulty getting accommodation as some landlords do not accept rent allowance. One resident in Direct Provision (DP) explained how some landlords do accept rent allowance, but the price of the rent far exceeds the maximum rent allowance grade. The participant questions “how can you cope with this situation?” Moreover, the landlords request references - for residents in Direct Provision this can be problematic. Some landlords do not accept a reference from Doras Luimní nor from the Hostel manager. These are the “issues asylum seekers are facing who are on the transition period”. The second participant stated the “last 3 weeks I looking for a property and I couldn’t find”, “it’s hard to find a nice property for €550”. She requested help to get suitable accommodation. In addition, one participant has difficulty paying rent, as she is waiting to be eligible for social welfare. In the meantime, her family are surviving on savings, as well as support from the church. However, they “ran out of money to pay rent”, and “don’t even know how [they] will pay” next month’s rent.

In Direct Provision, three residents expressed having some problems with their living arrangements. One resident suggested that the food “needs some changes”. As it is a recurring menu, “some guys don’t eat, they just forget about it and take fruit”. Another resident stated “there are mostly men in the hostel” and she “can’t eat comfortably” in the dining room, as a result she eats in her room. Because she doesn’t like spicy food she sometimes just takes bread or rice. Occasionally she eats at her friends’ house. Another resident admitted also eating in his room. He also stated that the kitchen closes too early (at 5pm) and that he and his friends get hungry later in the night.

Health



A total of eight interviewees had issues with the health services and an additional seven experienced some level of distress throughout their daily activities.

Three participants were not satisfied with the long waiting lists. Complaints included; waiting six months for her son to get his tonsils out, waiting seven months to get wisdom teeth removed and waiting one or two hours to be seen by the doctor.

Additionally, three participants received poor treatment when visiting their doctors. Issues included; shortage of staff during the Christmas period, the General Practitioner (GP) not listening to the patient and the doctor not assessing the patient carefully. One patient had a cough and the flu and visited the doctor only to be told "you're ok, go". That night he went to the hospital. The doctor would not see him and he was advised to take paracetamol. He then went to Shannon Doc who could not attend to him and was advised to go to his doctor assigned to his medical card. His friend gave him paracetamol and he improved in a few days. The patient expressed how he felt that night:

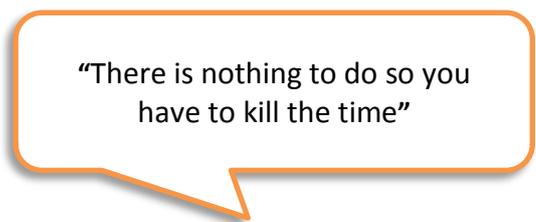
"I thought I would die, no one would help me. I was very nervous at that time"

Another participant expressed concern over her doctor's inattentiveness towards her. She explained: "you still don't finish what you are saying and feeling" and "sometimes he doesn't even check you ... he just writes down the prescription not checking the throat or ears".

Furthermore, two interviewees were prescribed the wrong medication. One patient was misdiagnosed when he visited the doctor with chest pain. He was subsequently given the incorrect medication which had a negative effect on him. He was unable to sleep; he developed red eyes and endured an “unbearable” headache. When he sought a second opinion, he learned that the pain he originally complained of was not his heart, which the first doctor diagnosed, but a muscle in his chest. A second participant visited her GP over stomach and back pain. The doctor advised her to take paracetamol. However, this was not sufficient as the participant collapsed and was taken to hospital. She was prescribed the correct medication there but when she returned to her doctor she was told the medicine was “too expensive” for the medical card. She subsequently changed her GP.

A further five participants had some level of distress or anxiety during their daily lives. One interviewee who was very sick during the interview did not know about the medical card and the services available to him. Furthermore, previously he had another flu which took “one month to kill off these things”. As a spouse of an Irish National he is waiting in limbo for his visa with nothing to do. He explains how he “feels not easy now. I have to work if not, life’s not easy”. Another interviewee expressed how she is constantly apprehensive. When she separated from her husband he took the children to another country for one year. She stated “I have them back but all the time worried”.

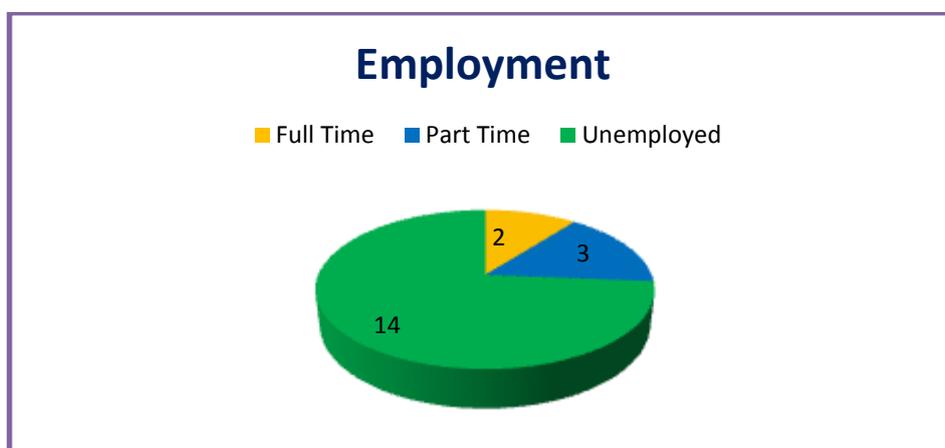
In addition, three residents in Direct Provision were despondent about their current situation. Although one participant plays cards with five friends he did explain how he doesn’t speak much to others and how he “normally lives in [his] room”. He also stated that “there is nothing to do” and “sometimes [he] sleeps too much”. Another participant echoed these sentiments. He asserts:



“There is nothing to do so you have to kill the time”

He explains how he “eats and sleeps that's all” and how “it’s difficult to be away from your family”. He continued “you have to do something even to support yourself for financial needs. If you have skills and you cannot use it then it creates problems, problems in the sense it eats you inside out. Sometimes you get depressed”. Finally, one resident “lives with bad depression, the other girls in [her] room made [her] cry”. She finds it difficult to make friends at her hostel. She has lived with different girls some with no English and from different cultures. It is “uncomfortable for [her] to sleep because [she] doesn’t know why the other girl has been moved” and therefore she is “uneasy”. “This is eating [her] inside”. A participant revealed that another resident has TB who didn’t declare it and insisted that “if someone has any medical conditions he should be kept separate”.

Employment



Out of the 19 participants, there were two full-time workers from Latvia and Somalia, three part timers and fourteen were unemployed. Three participants are not receiving social welfare. Two interviewees got assistance from the church while another receives help from his wife and brother. Many participants longed for a job and do not “like to receive social welfare fulltime”. Another participant, who is unable to work, wishes “to work and do something for [himself] and not have to depend on him [his brother] every time”.

Education

A total of 17 participants had completed some level of education while in Limerick. The majority attended English classes and/or computer classes with Doras Luimní, VTOS or Adult Education Centre. Additional courses studied include business, childcare, special needs, care of the elderly, hospitality and photography. One participant completed the Leaving Certificate while another is currently studying for the Leaving Cert. Another interviewee is completing a social science degree at the University of Limerick. Furthermore, eight participants had previous qualifications prior to arriving in Ireland. Their professions included: language teaching, mechanical engineering, tourism, computing, legal aid, manufacturing engineering and a vet.

While the need for English classes was not expressed strongly in this study, we know from the numbers of people presenting to Doras as well as the findings of the needs assessment undertaken for the Integration Plan (Irwin, 2013), that there is a strong demand for English classes, particularly at the lower levels.

The selection criteria for this survey required participants to have a reasonable level of English language. For this reason people with no or limited language ability were

excluded. This will have an impact on the final results of the survey as the sample is not representative of the entire migrant population in Limerick as a whole.

The census information suggests that in Limerick, the ability to speak English well is slightly below the average for the State, while the proportion of migrants that do not speak English well, or not at all, is slightly higher. Furthermore, language was identified in a needs analysis undertaken for the development of the new integration plan: *“Towards an intercultural Limerick 2013- 2016”*. The consultations indicated that migrants believe in the importance of English language. Without English, people are forced to rely on others to translate. This task sometimes falls to children and this is considered to be inappropriate. The link between employment and language was also firmly made with participants indicating that they require fluency in English to be able to compete for what are often scarce jobs. One of the most significant needs to be identified was the need for more intensive English classes and the opportunity to speak and practise English between classes. The latter was particularly stressed as many migrants tend to use their native language at home, with family or with peers and, without sufficient opportunity to practise, can forget what they have learned from class to class (Irwin, 2013).

Two participants of this study expressed a need for more opportunities to practise English. One interviewee stated she’d “prefer to have friends who speak English so [she] can practice English”. Another participant highlighted “experience makes perfect”. In addition another interviewee admitted failing his college course in Limerick Senior College because his English was not good enough.

One participant had difficulties getting his 15 year old nephew into school because the school year had already begun by the time he arrived in October. He was also trying to get him into English classes before the school year began the following September since his proficiency in English was poor. His eighteen year old son is completing the Junior Certificate. Another participant explained how her seven year old son is having difficulties with “reading, writing and numbers” and also “does not have a lot of friends”. He missed a year of school when he was with this father. She worries about him.

Child Care

A total of eleven participants were parents with children living in Limerick. Two parents did not know where to find child care facilities. A father of a two year old and thirteen month old did not know about childcare services. A mother of a 14 month old girl did not know where such facilities were located. One interviewee highlighted the difficulties of studying while minding the children as childcare was too expensive. Another participant complained of teachers not supervising the children at the playschool and stated she “is not happy really with the service”. She also enquired about sports clubs or gyms for her son who is slightly overweight.

Entrepreneurial

Contrary to an evolving instinct in many countries to reserve jobs for native people in the context of a recession or even pay migrants to return to their native countries, the OECD urges governments to support and nurture migrant entrepreneurship as this in turn is good for the domestic economy and local employment (OECD, 2010). Entrepreneurism is higher generally among migrants (Financial Times 2013) and should be encouraged.

Three participants expressed an interest in setting up their own business. Two wanted to open up a crèche. One participant received a grant to start her crèche but was still unable to afford to get it started. She also suggested it would be easier to get a grant if all the support services were brought together. At the moment “they are all separate”. The third participant is interested in teaching Arabic classes. She claimed “there are lots of families who want their children to learn Arabic”. She admitted “not knowing how to start it or who to talk to”.

Volunteering

Seven participants volunteer and one participant’s husband was volunteering locally at the time of interview. They volunteer at various charities such as the Civil Defence and Red Cross, amongst others. Some interviewees also volunteered teaching Arabic and helping the children at their local church. Additionally, one participant volunteered in a veterinary clinic for three months, while another translates for other residents from Direct Provision. The need for Garda vetting for some volunteer roles is an issue for migrants, who have come from countries where the administrative structures would not be in a position to vouch for a person or individual who have fled their countries for fear of persecution.

Racism

The prevalence of racism in Ireland is unknown. Incomplete evidence from crime statistics, frontline agencies, and previous research is insufficient to understand the nature and extent of the problem. This makes it difficult to plan and develop appropriate responses and prevention strategies. In order to address this void in the Limerick region, Doras Luimní commissioned Dr Patricia Kennedy, School of Applied Social Science, UCD to undertake a study to investigate people’s experiences of racism in Limerick. The main aim of the study was to explore the occurrence of various forms of racism, to understand where it occurs, who experiences it, and who the perpetrators are. Additionally, it sought to establish if racist incidents are reported, to whom, and if not, why this is so. The final report, *Treated Differently* (2013, Doras Luimní), establishes that racism does exist in Limerick as in other parts of Ireland. Racism takes various guises, is perpetrated by a wide range of people and occurs in a wide variety of settings. It establishes that victims and witnesses are slow to report because they are unsure of where to report, cannot identify

the perpetrator, and in some cases feel too vulnerable to report. This study provides evidence of and illustrates some basic suppositions regarding the existence and prevalence of racism in the Mid-West which had previously been based on anecdotal evidence.

The key findings of the research include the following:

- Racism does exist in Limerick.
- Racism occurs in public and private locations.
- Men, women and children are perpetrators of racism.
- Men, women and children are victims of racism.
- Racism may take the form of physical or verbal hostility or aggression, exclusion from or denial of services and other actions/inactions.
- Institutional racism is a feature of services across a wide spectrum
- Racism has serious consequences for individual victims and society as a whole.
- Racism is under-reported.

Three participants in this needs assessment experienced racism personally while another two participants identified incidences of discrimination towards their friends or partner, representing almost 25% of participants.

A participant working part-time was told by a social welfare officer: "Maybe you should go back to Poland if you can't find a better job here". A resident in Direct Provision experienced racism from another resident. The participant explained how he would always stand in his way in the hallway and one day he knocked his food out of his hand and onto the floor. Another participant encountered racism towards her husband in the library. She overheard the librarians complain amongst each other about her husband's parking. When she confronted them about it they apologised. One participant from Nigeria encountered racism from his solicitor. The solicitor advised the man's wife to remove her husband's name from her name when applying for jobs. The solicitor claimed this would make it easier for his wife to get a job and stated "if you are wise enough you know what's best for you". In addition, another participant explained how his friends encountered racism while they were delivering pizzas to the Moyross area. Some youths threw a stone at their car and broke the window. Additionally, he also admitted that people normally tease his friends who look Pakistani. Furthermore, one participant admitted that "some guys do have problems [with the hostel] particularly the African guys". Another participant explained how the hostel manager had problems with an African resident. However, when this was being investigated by the hostel owner the African resident was not the only one who has issues with the hostel manager.

Women

Three participants were single mothers with children under the age of eight years. One mother inquired about a mothers' and toddlers' group. Another participant stated his wife would like to go to a woman's gym but he did not know where to find one. He continued to say "for the man, Limerick is not bad, but for the women it is a little bit [bad], especially for our culture". His wife has nowhere to go, when "she goes to see someone they stay in the same room".

Discussion

The overarching needs of migrants living in Limerick city are in areas of health, accommodation, employment and racism.

Health is a major issue for migrants. The majority of participants had a medical card; however the treatment from General Practitioners is unsatisfactory. Doctor-patient relationship is an important aspect to the services of a GP practice. As a duty of care the patient must be assessed carefully and diagnosed accurately, without prejudice. Some participants have made claims that they are treated unfairly because "they know we are asylum seekers" and "medical card holders are victims". The stress that comes with not being treated fairly can possibly serve to exacerbate poor health in migrants. Not only do high stress levels lead to a poor quality of life, but also affect the ability to fight other illness.

Unemployment is a major concern for all in Irish society. However, according to the OECD (2012¹) report in Ireland, the foreign-born population is less likely to be employed than their native-born counterparts. Furthermore, eight participants had good qualifications prior to arriving in Ireland. Dona and Berry (1999) highlight that one of the challenges for migrants obtaining employment is that their skills do not transfer well in their host nations. Although many of the participants were somewhat proficient in English creating opportunities for them to practice and further develop their proficiency is essential, particularly if they do not socialise with other English speakers. At schools, many migrants are older than their native-born classmates. Extra support for students would ensure they have equal opportunity to their Irish counterparts. According to Dona and Berry (1999), both competence in the language of the host country and formal education have been found to facilitate refugees' successful adjustment to life in resettlement. Many participants had varying complaints about their accommodation. A home should not have a negative impact upon one's mental and physical health. Prolonged asthma, particularly in young children, can have negative implications on their development, and may interfere with their ability to perform effectively in school (Willis and Nkwocha, 2004).

According to the OECD (2012²) report, on average across the OECD countries, 20% of persons in immigrant households live in overcrowded dwellings, versus 11% among persons

in native-born households. Living in conditions with very little private space for both young children and grown adults can take its toll and create some stress within the home. Anti-social behaviour can also lead to anxiety, where residents live in fear and apprehension. The debate between rent and rent allowance is an ongoing saga even for Irish citizens, however, it is exceptionally more difficult for migrants as they have additional concerns such as finance, prejudice and are often limited to the city centre accommodation, if they do not have a car.

Racism is clearly prevalent in Limerick city, however, it is the Africans who seem to be targeted the most. Of the five descriptions of racism revealed in this report, three were targeted towards African citizens. Prejudice acts and comments can have negative effects upon one's mental and physical well-being, and limit their contribution to society.

When migrants arrive in Ireland, they also arrive with their own traditions and culture. Some of these practices are oppressive towards women and are often maintained while in a new country. For example, when arranging interviews with the clients two women were only contactable through their husbands. Such practices can result in isolation, dependency and restricted agency for the women concerned. However, some women do experience greater daily freedoms than they are accustomed to in their native country. Adjusting to new lifestyles, cultures and language can be both liberating and challenging for women. Supporting women to enter public spaces is essential. A women's group helps develop networks and connect with like-minded women. Furthermore, assisting women to set up their own business increases their autonomy and confidence and they also become less dependent upon the state.

Recommendations

These findings are however a snapshot of what is occurring in the migrant population in Limerick City. It is important to point out that they are not representative of the overall migrant population. A criterion for participation was their level of English. Furthermore, because participants were recruited from the client database and are presently pursuing current issues, these concerns will inevitably emerge during the interviews. Additional research is required from a more representative population. It may be more beneficial to distribute questionnaires or conduct a focus group with EU citizens since it emerged that this cohort had fewer issues compared to non-EU participants. However, the issues that have emerged in this research are very real to these participants and not to be dismissed.

Further research into the transition period for residents leaving Direct Provision is also necessary. Some asylum seekers reside in Direct Provision for many years without having to purchase food, look for accommodation and apply for social welfare. They have become highly dependent and may encounter many challenges when settling into Irish society. Additional research focusing on the needs of migrants during this transition period is recommended.

From the research undertaken, a number of needs were clearly identified. These have been detailed above. Looking at the over-lapping nature of these needs, for example, there is a strong correlation between accommodation and health needs. Similarly, employment status and educational participation are closely linked. It is recommended that a full-time migrant support worker be employed by Doras Luimní. The role of a suitable experienced and qualified person would be to work in the following key areas:

- Accommodation liaison person to locate appropriate accommodation, negotiate with landlords and rental allowance.
- Dedicated one to one Support in job search, volunteering and work experience and entrepreneur.
- Provide formal English classes as well as informal opportunities to practice English in suitable settings such as a dedicated women's development group.
- Social care supports accessing health care services and entitlements, locating childcare facilities and suitable accommodation.
- Further outreach research to the homes of residents in the city centre, particularly the areas highly populated by migrants such as Mount Kenneth is also recommended.

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Appendix: Interview topic guidelines & questions

Interview

Accommodation

Can you describe to me what your home is like?
Could you tell me about your living arrangements?

- Clean & safe house, any damp or mould
- Is there overcrowding in bedrooms
- Adequate storage

Education

Can you tell me about the type and level of your education?
Have you received any grants / training allowance for further education?
What would facilitate you to continue with your education?

- Is there a need for English classes
- Access to the internet
- Blockages to further their education

Employment

Could you tell me about your employment history since living in Limerick?
Can you tell me about you spouses' employment history?
How many hours or days do you / does your spouse work?

- Reasons for unemployment
- Any benefits received
- Content with job and wages
- Distance travelled to work

Health

How would you describe your health?
Do you have chronic/ permanent illness?
When you are sick where do you go?

- Smoking
- Food (meat/ fruit/ veg)
- Mental concerns (anxiety/ socially isolated)

- Medical card
- GP, Dentist, Hospital
- Communication with doctor

Children

Do you have concerns for your children regarding;

School

Health

Social/developmental

- Uniform/ books
- Special needs education
- Bullying
- Homework
- Medical card
- Health care nurse / off hour doctor
- Physical illness
- Mental health – social network, hobbies
- Playground facilities

