



Refugees and protection applicants (asylum seekers)

Information for General Practitioners

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I. Background: The Irish Immigration System

Migration

Migration is a longstanding and normal global phenomenon. It is usual for people migrate for a variety of reasons relating to education, employment, family reunification or to seek protection. Given the diversity of why people migrate, there is no universally accepted definition for migrant. The broadest definition comes from the UN Migration Agency (IOM): a migrant is any person who is moving or has moved across an international border or within a State away from his/her habitual place of residence, regardless of (1) the person's legal status; (2) whether the movement is voluntary or involuntary; (3) what the causes for the movement are; or (4) what the length of the stay is.¹

There are specific definitions in use in the Irish immigration system and these are explained below.

a. Definitions

International Protection Applicant

A "protection applicant" (commonly referred to as asylum seeker) is a person seeking to be granted protection as a refugee outside their country of origin and awaiting the determination of his/her status. If granted refugee status, the person is no longer a protection applicant.

The International Protection Act 2015² came into effect on the 31st December 2016, and it provides for a single application procedure for international protection. It replaces the previous system, under which several applications could be made. Under the Act, a person may qualify for international protection under two forms of international protection:

- *Refugee status*
- *Subsidiary protection*

In Ireland, each protection application is assessed individually on its own merits. By applying for international protection, an applicant is requesting that the Minister considers whether they qualify for a refugee declaration or a subsidiary protection declaration. As part of a single application procedure, their application for international protection will normally be examined by officials known as International Protection Officers in the International Protection Office. This is part of the Irish Naturalisation and Immigration Service, which is itself within the Department of Justice and Equality. Other persons within the IPO may also be involved in this process.³ The protection applicant process is described further in part (b).

Subsidiary Protection

Section 2 of the International Protection Act 2015 defines a person eligible for subsidiary protection as someone "who does not qualify as a refugee [and] in respect of whom substantial grounds have been shown for believing that he or she, if returned to his or her country of origin, would face a real risk of suffering serious harm and who is unable or, owing to such risk, unwilling to avail himself or herself of the protection of that country".⁴

The person will no longer be eligible for subsidiary protection if the circumstances which meant that the person was eligible have changed to such a degree that they no longer require protection. Such a change must not be temporary. The person may be able to rely on reasons of previous serious harm as to why they still cannot avail of the protection of their country of nationality or former habitual residence.⁵

The person will not be eligible for subsidiary protection if there are significant reasons for considering that they have committed a serious crime or are a danger to the public or to the security of the state. The person will also not be eligible if they have committed a crime, which would also be a crime in Ireland, punishable by imprisonment and they have fled their country of origin to avoid sanctions for that crime.⁵

Permission to Remain

Under section 49 of the International Protection Act 2015, if an applicant is not given either a refugee declaration or a subsidiary protection declaration, the Minister for Justice and Equality may consider whether they should be given permission to remain in the State. When making this decision, the Minister will have regard to the applicant's family and personal circumstances along with other matters, including the applicant's connection to the State and humanitarian considerations.^{4 (1)}

Temporary Residence Card

During the protection application process, a protection applicant will be given a temporary residence certificate (TRC). The TRC is evidence that they have submitted an international protection application in Ireland. If their permission is revoked, their certificate will no longer be valid and they must return their TRC to the Minister for Justice and Equality.

Reception Centre

The national reception centre for protection applicants is in Baleskin in Finglas, North Dublin. People seeking international protection, who avail of the option of accommodation, are generally accommodated here initially before they transition to a longer term Direct Provision Accommodation Centre. Baleskin offers applicants a range of primary care services and psychological, social work and child health/ midwifery support. Health screening is generally offered to applicants who reside in Baleskin (described further in part b).

Direct Provision

The direct provision system was established in 2000. The Department of Justice and Equality offers protection applicants, who are without means to support themselves, full board accommodation in accommodation centres and certain ancillary services while their applications are being processed. It is a way of meeting the basic needs of food and shelter while their applications are being decided upon.

(1) The law governing the examination and determination of applications for international protection as well as permission to remain and family reunification in Ireland is set out in the International Protection Act 2015 (the 2015 Act) and in the orders and regulations made under that Act. You can access this legislation in full on the following websites www.inis.gov.ie and www.ipa.gov.ie.

All eligible international protection applicants are offered accommodation following the submission of their application but there is no legal requirement for them to accept it. An international protection applicant who avails of accommodation may leave it at any time and a person who does not accept the initial offer may change their mind subsequently.

Accommodation centres are located around Ireland, including former hotels, guesthouses, hostels, and apartments. All centres are operated under commercial contracts by private sector companies. A small number of the centres are State owned. Each centre is safe and secure while regular meals or self-catering facilities are provided along with other services such as laundry etc.

There are currently 40 Direct Provision accommodation centres across 18 counties with 6,171 residents residing in them as of the 29th December, 2019.

In addition to bed and board, people receive a weekly cash allowance of €38.80 per adult and €29.80 per child and can apply for a medical card.

The Department of Justice and Equality recently published the National Standards for accommodation offered to people in the protection process; it is expected that Standards will be operational from January 2021.⁶

Emergency Locations

There has been an increase in protection applicants over 2018 & 2019; this has resulted in the Department of Justice, International Protection Accommodation Service (IPAS)⁽²⁾ having to secure accommodation for protection applicants. As of the 29th December 2019 there were 1,512 people living in this type of accommodation in 37 centres across 17 counties.

Refugee

To be recognised as a refugee, you must be a person who, owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, political opinion or membership of a particular social group, is outside his or her country of nationality and is unable or, owing to such fear, is unwilling to avail of the protection of that country, or a stateless person, who, being outside of his or her country of former habitual residence for the same reasons as mentioned above, is unable or, owing to such fear, unwilling to return to it. Ireland is a signatory to the 1951 United Nations Convention Relating to the Status of Refugees, which obliges Ireland to provide protection to people fleeing their country for the reasons above.⁷ Some refugees, known as programme refugees, are predetermined as refugees abroad and selected for resettlement in Ireland (see 'Programme Refugee' below), while others are granted refugee status after evaluation of their international protection claim in Ireland (see 'International Protection Applicant' above).

Programme Refugee

Programme refugees have their protection claims evaluated abroad by the United Nations High Commissioner for Refugees (UNHCR) and thus are predetermined as refugees prior to

(2) This section of the Department of Justice and Equality was previously known as RIA- The Reception and Integration Agency

their selection for resettlement in Ireland under a strand of the Irish Refugee Protection Programme (IRPP). Ireland has a long and proud tradition of involvement in refugee resettlement, stretching back over 60 years to when Hungarian refugees fleeing political persecution first arrived. The Irish Refugee Resettlement Programme pre-dates the IRPP and has provided sanctuary and a new home to people from as far afield as Vietnam, Bosnia, and Myanmar over past decades. In recent years the IRPP has been firmly focused on refugees from the Middle East residing in UNHCR run camps in Lebanon and Jordan.⁸ The IRPP is described further in part (c).

Emergency Reception and Orientation Centres (EROCs)

EROCs are accommodation centres that have been established to accommodate people arriving to Ireland under the IRPP. The centres provide food, board and for the basic needs of the people residing there as well as providing an initial orientation programme for residents.

Smuggling

Smuggling refers to situations where a person or persons pay someone to be transported to a different country of their own free will. In many cases, the person acquiring the services of a smuggler is in a very difficult situation and this may be the only available option to them to access a place of safety or country in which they wish to apply for asylum. In most cases smugglers operate as a business and charge people large sums of money for journeys with no guarantees for their safety or of reaching their intended destination.

Trafficking

Trafficking refers to situations where people are moved from place to place or country to country against their will or under duress, by means such as deception, coercion or force, usually for the gains of others, in that the person(s) trafficked will be exploited for financial gain.⁹

Irish Residence Permit (IRP)¹⁰

This replaced the previous registration certificate (GNIB card). It indicates a person's permission to stay in Ireland has been registered and the type of immigration permission¹¹ that the person has, i.e. stamp number.¹²

Migrant Worker

A migrant worker is a person who moves to a state of which they are not nationals for employment. A migrant worker can be documented or undocumented.

- **Healthcare entitlements for legal migrant workers:**

Non-EU/EFTA nationals⁽³⁾, ¹³, ¹⁴ must prove they are 'ordinarily resident' and intend to live in Ireland for at least one year; this is one of the first conditions for eligibility for a Medical Card if they meet the income-based means test, which is the gateway to most Irish health services. The Medical Card system and the lack of knowledge about rights and entitlements, on the part of both migrant workers themselves as well as health service providers, represent a barrier to access for this cohort. To address this issue,

(3) Entitlement, Accessibility, Responsiveness and Measures to achieve change for migrants (Ingleby et al., 2019). The MIPEX Ireland country report (MacFarlane, Nurse and Rafferty, 2017) has all this information and pages 14-18 provides a concise account of the entitlement to health care for different categories of migrants living in Ireland.

the HSE has developed resources on its Social Inclusion webpage, and information is available from the Citizen's Information Bureau as well. ⁽⁴⁾

- **Healthcare entitlements for undocumented migrants:**

If not legally resident in Ireland, migrants are unable to meet the 'ordinarily resident' condition and thus are not eligible for a Medical Card. Access to services for this group, including children, is limited to 'essential medical treatment'. Special exemptions exist for victims of trafficking and unaccompanied minors in foster care.

b. Protection applicants in Ireland

International protection applicants are normally initially accommodated at Baleskin Reception Centre, where they can avail of medical screening and health supports; they are then subsequently placed in peripheral centres. Due to capacity issues since September 2018, many protection applicants have gone directly to emergency locations and Direct Provision accommodation centres.

Upon arrival in Baleskin reception centre, protection applicants can avail of a free, voluntary medical screening service.¹⁵ The service includes screening for infectious diseases as well as any necessary vaccinations. The outcome of the medical screening does not affect a person's application for refugee status. Follow-up treatment is provided under the Medical Card scheme. Those living in Direct Provision Centres do not have to pay prescription charges.¹⁶

Safetynet¹⁷ and the Mobile Health Screening Unit, which is funded by the HSE and Asylum, Migration, and Integration Fund (AMIF), have offered health screening to many of the residents living in emergency locations and new Direct Provision Centres who did not have the opportunity to avail of health screening in Baleskin.

Protection applicants typically remain in Direct Provision until a decision has been made on their application. The average length of time spent in Direct Provision fluctuates, but between 2014 and 2018, around 60% of all applicants were in accommodation centres between 18 and 45 months. In 2018, over 500 protection applicants had spent more than 5 years in Direct Provision.¹⁸

On first registration with a GP of a medical card for a protection applicant, there is a once off enhanced capitation fee of €173.69 for registering those who have previously not been assigned to a GP practice, as set out in **Schedule 10, S.I. No. 233 of 2016**.¹⁹ ⁽⁵⁾

Protection applicants are entitled to a medical card if they satisfy the means test, which occurs in almost all cases due to their limited income. They can use all the services available to medical card holders as well as partake in the free medical screening described above. Their right to health care is set out in **S.I. No. 230 of 2018 - EUROPEAN COMMUNITIES (RECEPTION CONDITIONS) REGULATIONS 2018**²⁰

(4) You can access further information on the following <https://www.hse.ie/eng/about/who/primarycare/socialinclusion/> and also <https://www.citizensinformation.ie/en/>

(5) Asylum seeker/non EU registration fee (a €173.69 once-off superannuable registration fee)

*“18. The Minister for Health shall ensure that a recipient has access to—
(a) emergency health care,
(b) such health care as is necessary for the treatment of serious illnesses and mental disorders,
(c) such other health care as is necessary to maintain his or her health, and
(d) where the recipient is vulnerable, such mental health care as is appropriate, having regard to his or her special reception needs.”*

c. Overview of the Irish Refugee Protection Programme

The Government established the Irish Refugee Protection Programme (IRPP) in 2015 as part of their response to the migration crisis in south and central Europe. Under this programme, Ireland committed to accepting up to 4,000 people into the country.

As of the 17th December 2019, 3,151 people have arrived in Ireland under various strands of the programme, including 1,022 under the EU relocation programme and 1,985 under the EU resettlement programme.²¹ The IRPP also includes the Humanitarian Admission Programme (IHAP), through which Irish citizens, programme refugees, Convention refugees, and those with subsidiary protection can apply for family members to come to Ireland, if those family members are living in the top 10 refugee-generating countries²², as well as the Community Sponsorship Ireland (CSI) programme, an alternative form of accommodation for refugees which sees communities welcome refugee families into their area. The local group provides supports around access to housing and to different state services. Refugees arrive in Ireland following selection by UNHCR and a vetting process overseen by the IRPP.²¹

On the 17th December 2019, Ireland agreed with the UNHCR & EU to provide sanctuary to a further 2,900 people fleeing persecution over the next 4 years.²¹

After their arrival in Ireland, those admitted under the IRPP are usually accommodated in temporary accommodation centres known as Emergency Reception and Orientation Centres (EROCs). This is meant to be short term accommodation as part of initial orientation to Ireland before being resettled in other parts of the country. However, sometimes due to housing delays families have ended up staying the centres for longer than anticipated.²³ Those entering under the CSI programme go directly into accommodation arranged by the community so do not stay in EROCs.

Those arriving under the resettlement or CSI strands of the IRPP have been health screened in Jordan, Lebanon or Greece prior to arrival in Ireland through an arrangement with the International Organisation for Migration, and they will have been offered a follow up appointment with Safetynet for health screening in Ireland if they came to an EROC before going to their homes. The service includes screening for infectious diseases as well as identification of necessary vaccinations. Follow-up treatment is provided under the medical card scheme. Those living in EROCs do not have to pay prescription charges.¹⁶

People with refugee status have the same entitlements as an Irish Citizen in respect of health services.

II. Education and Information to Support Healthcare Delivery to Refugees and Protection Applicants

a. Resources and Information

In Ireland, the **Department of Health** is the leading policy body in relation to health issues.

The **Health Service Executive (HSE)** are responsible for operational functioning of the health service including the medical card system.

Migrant Integration Strategy²⁴

The Migrant Integration Strategy sets out the Government's commitment to the promotion of migrant integration as a key part of Ireland's renewal and as an underpinning principle of Irish society. The Strategy provides a framework for a range of actions to support migrants to participate fully in Irish life.

The actions proposed are designed to support the integration process. They are also intended to identify and address any remaining barriers to integration. The Strategy offers a flexible structure which allows for additional actions and initiatives to be added where new issues emerge over its lifetime.

HSE Social Inclusion Website²⁵

There are health resources available on the HSE Social Inclusion Website, including translated materials, guides, etc. This page also includes a number of other multilingual health resources that may be useful for GPs and patients.

HSE Social Inclusion has developed a patient guide with information on how to access different types of health care, what services are available for free, how the GP, pharmacy and hospital systems work, specialist services, and what to do in an emergency. This guide, entitled 'About the Irish Health System: A Guide for Refugees and Other Migrants' is available on the HSE Social Inclusion website [here](#).²⁶ It is currently available in English and Arabic. It is in the process of being revised and will then be translated to Arabic and other languages.

HSE Intercultural Awareness online training programme

The National Social Inclusion Office have engaged with HSeLanD and have developed an online training programme for Intercultural Awareness as set out in the second National Intercultural Health Strategy.²⁷ The resulting HSE Intercultural Awareness and Practice in Health and Social Care training programme contains three modules: Module 1- Inclusive Practices, Module 2- Working with Others and Module 3- Refugees, Protection Applicants, and Trauma.

These modules are available on www.hseland.ie. The programme can be found in the 'Personal Effectiveness Skills' Course Catalogue or by searching for the programme using the search feature on the HSeLanD homepage. Certificates can be printed off on completion of a short assessment at the end of each module.

There is also online training on HSeLanD on 'First Steps in Ethnic Equality Monitoring'.

ICGP is working together with HSE Social Inclusion to accredit these programs for GPs and make them available to members directly on the ICGP website.

Community and Voluntary Partners and Specialist Services

There are many national and local organisations supporting refugees and protection applicants in Ireland, who work with the HSE to support refugees and protection applicants in accessing healthcare through information, advocacy and support.

There are a number of specialist services who offer services to refugees and protection applicants, and examples of some of the services are:

- [Spirasi](#) focusing on care for survivors of torture
- [AkiDwA](#) focusing on issues affecting migrant women in Ireland
- [Crosscare](#) focusing on migrants to and from Ireland
- [SafetyNet](#) focusing on bringing healthcare to people who have difficulty accessing primary care services
- [HSE Anti Trafficking Unit](#) focusing on care for victims of trafficking
- HSE [FGM unit](#) focusing on support for victims of female genital mutilation

There are also resources and information available from the World Health Organisation.

WHO Europe

WHO Europe is leading policy and support for refugee and migrant health in its 53 Member States to strengthen the capacity of countries' public health services to deal with migration. The Migration and Health Office is a global leader in the WHO and works with policy-makers, health planners, local health professionals, NGOs and academics.

A *Migration and Health Knowledge Management (MiHKMa) project* has been established to fill the gaps in knowledge in the area of migration and health in the WHO European region (see <http://www.euro.who.int/en/health-topics>). This project has produced resources such as:

- Technical guidance for immediate use and practical application across six priority areas: child health, elderly health, health promotion, mental health, mother and newborn health and non-communicable diseases
- Webinars to complement the technical guidance to encourage interaction and creative thinking.

The Office has also produced the first WHO *Strategy and Action Plan for Refugee and Migrant Health*²⁸ with nine, inter-linked thematic areas:

1. Establishing a collaborative framework for action
2. Advocating for the right to health of refugees
3. Addressing the social determinants of health
4. Achieving public health preparedness and ensuring an effective response
5. Strengthening health systems and their resilience
6. Preventing communicable diseases
7. Preventing and reducing risks posed by non-communicable diseases

8. Ensuring ethical and effective health screening and management
9. Improving health information and communication.

In collaboration with WHO Health Evidence Network, the Office has co-ordinated the preparation of 12 *Health Evidence Network reviews* of evidence to inform policy making by Ministries of Health. These cover topics such as the evidence for use of cultural mediators, interpreters, tuberculosis management, immunization services and maternal healthcare. These are available at www.euro.who.int/en/health-topics.

The Office published the first WHO *Report on refugee and migrant health in the WHO European region*.²⁹ The aim of the report is to stimulate collaboration and progress toward the development of migrant sensitive health systems in the region. It contains important facts to counter myths that dominate public and political discourse. The important facts include that there is no increased transmission of communicable illness between refugees and migrants and the host populations. Refugees and migrants do have significant needs in relation to non-communicable disease due to, for instance, disruptions to continuity of care, poor access to healthcare because of language and cultural barriers.²⁹

b. Additional Reference Information for Health Professionals

1. Sample Health Screening Form - Baleskin

For an example of the health screening form used for protection applicants at Baleskin Reception Centre, see Appendix 1.

2. SPIRASI Initial Assessment Referral Form

If you feel that your patient is torture survivor and may benefit from Spirasi's rehabilitative services, please refer by completing the initial assessment referral form available [here](#).

3. Report on Health Screening, Infectious Disease Assessment for Migrants

This guidance document was developed by a sub-committee of the HPSC Scientific Advisory Committee and published in 2015. It can be found [here](#).

4. Emergency Multilingual Aid

Emergency Multilingual Aid assists health staff to communicate more effectively with patients. It is intended for use prior to requesting the services of an interpreter or while awaiting the interpreter's arrival. Resources for EMA can be found [here](#).

This is also available as a phone app called 'Health Multilingual Aid', available for download from the Google Play store [here](#).

5. Interpretation Guides

Guideline for Communication in Cross Cultural General Practice Consultations: [here](#)

Interpreting in Situations of Sexual Violence and other Trauma: [here](#)

On Speaking Terms: Good practice guidelines for HSE staff in the provision of Interpreting Services: [here](#)

6. G6PD – Glucose 6 Phosphate Dehydrogenase Deficiency

Sometimes Middle Eastern refugees present with this condition. More information can be found [here](#).

7. Trauma

Useful resources [here](#) including ‘Responding to Children after a Traumatic Event: A Guide for Non-Specialist Professionals’ and ‘How to Support Adult Survivors of Trauma: A Guide for Non-Specialist Professionals’.

8. Female Genital Mutilation

Female genital mutilation (FGM) is defined as the partial or total removal of the external female genitalia, or any practice that purposely changes or injures the female genital organs for non-medical reasons. The practice is internationally recognized as a human rights violation of women and girls. Information and support resources are available from the HSE [here](#).

Additional information on the Irish Family Planning Association’s free FGM treatment service as well as information leaflets in English, French, and Arabic can be found on their website [here](#).

9. Migrant Health resources for COVID-19

HSE Social Inclusion has put together a page for the sharing of resources for migrant health in response to Covid-19 (Coronavirus) [here](#).

10. Further Reading/Websites

- Other health resources: www.hsesocialinclusion.ie
- Facts & figures about refugees, UNHCR: <http://www.unhcr.ie/>

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Appendix 1: Sample Health Screening Form - Baleskin

Form Number _____

Record of Health Screening for Asylum Seekers in Dublin Centres

Asylum Seeker Label	Centre Label
Name: _____ D.O.B.: _____ Gender _____ Nationality: _____ PIN: _____ PPSN: _____ Date of Arrival in Ireland: <i>22/02/2011</i> CCA6: _____	Baleskin Health Centre (HSE) Baleskin Refugee Reception Centre St. Margaret's Road Finglas Dublin 11 Tel: 01-856 9015 / 856 9071 Fax: 01-856 9022

Date of First Screen: *22/02/2011*

Interpreter Required: Yes No

If yes, specify Language: _____

SCREENED FOR	RESULT
TB Screen Yes <input type="checkbox"/> No <input type="checkbox"/> TB Questionnaire Yes <input type="checkbox"/> No <input type="checkbox"/> BCG Scar Right / Left Yes <input type="checkbox"/> No <input type="checkbox"/> Mantoux 2TU Yes <input type="checkbox"/> No <input type="checkbox"/> CXR: Date: Yes <input type="checkbox"/> No <input type="checkbox"/>	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Smoker Yes <input type="checkbox"/> No <input type="checkbox"/>mm Normal <input type="checkbox"/> See Report <input type="checkbox"/> DNA <input type="checkbox"/>
ALLERGY:	RESULT
Hepatitis B Screen Yes <input type="checkbox"/> No <input type="checkbox"/> Hepatitis B sAg Pos <input type="checkbox"/> Neg <input type="checkbox"/> Hepatitis B cAb Pos <input type="checkbox"/> Neg <input type="checkbox"/> Hepatitis B eAg Pos <input type="checkbox"/> Neg <input type="checkbox"/>	Non Immune <input type="checkbox"/> Carrier e Ag Negative <input type="checkbox"/> Carrier e Ag Positive <input type="checkbox"/> Immune Past Infection <input type="checkbox"/> Immune Immunisation <input type="checkbox"/> Acute Infection <input type="checkbox"/> See Report <input type="checkbox"/>
	RESULT
Hepatitis C Screen Yes <input type="checkbox"/> No <input type="checkbox"/> HIV Screen Yes <input type="checkbox"/> No <input type="checkbox"/> Varicella Screen Yes <input type="checkbox"/> No <input type="checkbox"/> Other _____ Yes <input type="checkbox"/> No <input type="checkbox"/>	Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> See Report <input type="checkbox"/> Immune <input type="checkbox"/> Non Immune <input type="checkbox"/>
WOMEN OF CHILD BEARING AGE (12-49 year)	RESULT
Rubella Screen Yes <input type="checkbox"/> No <input type="checkbox"/> Pregnant? Yes <input type="checkbox"/> No <input type="checkbox"/> Maternity Hospital? Yes <input type="checkbox"/> No <input type="checkbox"/>	Immune <input type="checkbox"/> Non Immune <input type="checkbox"/> LMP: <i>22/02/2011</i> EDD: <i>22/02/2011</i>

Vaccination Record Yes No
Vaccines Administered/GP Yes No
Referrals Made Yes No
Consent Info Transfer Yes No

Note: _____

Psychology AMO SW GP Other

Additional Comments	Dispersed To:	Date:

Signed: _____

Dr. _____
Centre Medical Officer

Date: *22/02/2011* Date Results Sent: *22/02/2011*

White Copy – Person being screened Yellow Copy – S.A.M.O. Green Copy – G.P. Blue Copy – Health Screening Team