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Summary of a case study on the living situation of Asylum seekers without a secured residence permit in the region of Osnabrueck, Lower Saxony. Osnabrueck.2004.

According to the health definition of the Ottawa Charta of the WHO health promoting action means to establish equal possibilities and conditions for all people in order to realise their health potential. This also includes consideration of the social sphere, access to essential information, development of practical capacities and the freedom of decision-making in relation to personal health (World Health Organisation 1986). Following this definition, the starting point of the case study is the **correlation between health and living conditions of asylum seeking refugees**. According to a model of Antonovsky (1979), health and illness in a person can be considered as a continuum of two poles which can never be entirely reached during a person's life-time. Influenced by system-theoretical considerations, Antonovsky understands the health condition of a person as a dynamical process, which tends to come out of balance again and again (Antonovsky 1993:7). He identified an interaction of psycho-social, psychic and bio-chemical stressors as significant factors for this condition.

Based on these premises **one central goal of the study** was to work out models which would highlight the **relationships and structures of the health situation of asylum seekers**.

To this end, a sociological perspective was applied. Different methods of **qualitative social research** were used for the study, the overall orientation of which was the **Grounded Theory** of Strauss and Corbin (1990). This method is a procedure of object-founded formation of theories and hypotheses. By constantly collecting data, the developing theories and models are controlled and constructed up to the point when new data is no longer adding new results or questioning the results of the analysis. The following research methods were used:

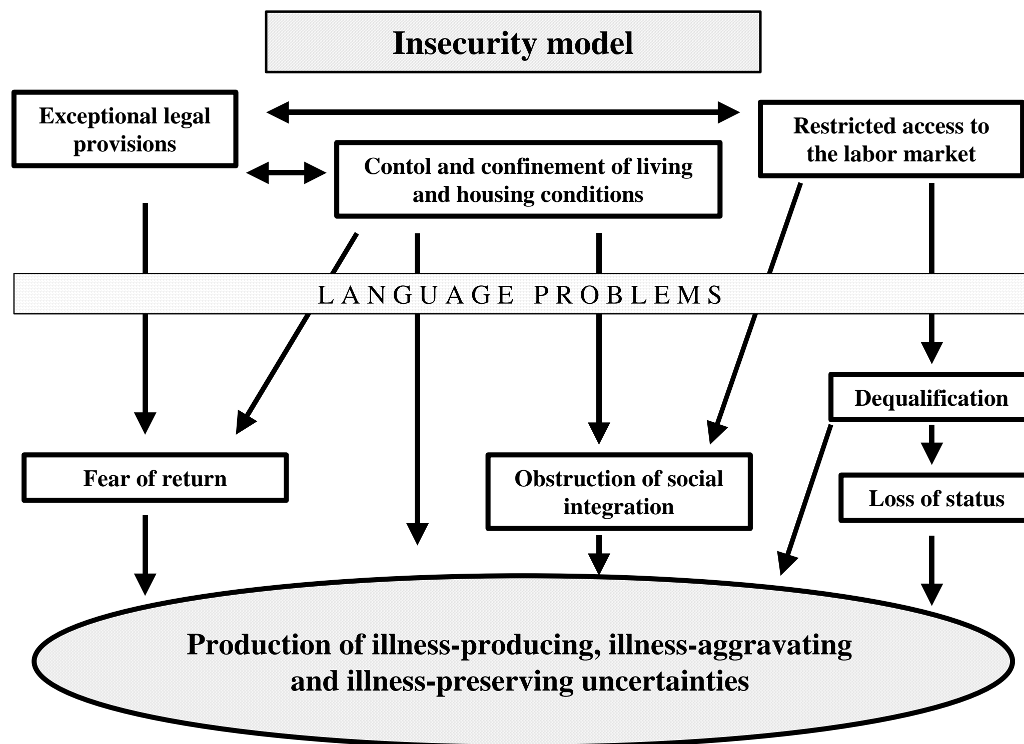
- Participant observation,
- Problem-centred individual interviews, in part assisted by interpreters,
- Expert interviews,
- Problem-centred group interviews,
- Document analysis, such as press releases, records and correspondence
- Data collection by using questionnaires.

Many of the single results found through this research will be common to people who are acquainted with the concerns of asylum seekers. Therefore it was not intended to discover completely new facts. The authors rather aimed at systematically collecting these facts on a regional basis and putting the partly well-known facts in relation to each other, in order to work out analytic structures from a sociological perspective.

Analytical results:

The most important result of the study can be summarised as follows: For asylum seekers **possibilities to lead a self-determined life are of central importance**. Taking all the different aspects into consideration, it can be said that the less possibilities are permitted to asylum seekers for designing their own life, the more the risk of adverse impacts on their

health rises. The following model illustrates the interrelation between the special living conditions of asylum seekers and the impact on their health situation:



The insecurity model shows in which way the conditions, under which asylum seekers in the region have to live, produce illness-inducing, illness-aggravating and illness-preserving uncertainties. If health is understood - in compliance with Antonovsky - as a dynamic process, decided mainly by the feeling to understand the inner and outer spheres of perception, and to be able to have an influence on them, then it is clear that living conditions resulting in uncertainties and a lack of perspectives, have adverse health effects. Whether the individual does become ill, depends – as shown by Antonovsky in his research – on a number of other factors. It has to be stated, however, that living conditions producing and amplifying an **omnipresent uncertainty and lack of perspective**, are not suitable for improving the health of asylum seekers who additionally have made irksome experiences during their flight to the host country.

Whereas the insecurity model refers to the general situation of asylum seekers the following results are closer connected to the region examined in the case study. The region consists of the city and district of Osnabrueck. At the time of the study (December 2003), there were 376 people living in the urban area without a secure residence, compared to a resident population of a little less than 170,000 people.[1] In the district of Osnabrueck, which has a total resident population of a little less than 360,000 people, the proportion of refugees and asylum seekers

[1] Source: Niedersächsisches Landesamt für Statistik. Stichtag: 31.12.2002.

is higher.[2] In December 2002, there were 402 asylum seekers in proceedings and 1,082 rejected asylum seekers, who live with a status of toleration (so-called "Duldung").[3]

A total of 28.1 % of the refugees to be expelled but tolerated for the time being, have entered the country before 1996. 569 out of this group are minors, 186 of whom were born in Germany, so that a central part of their socialisation took place in the host country.[4]

The region of Osnabrueck is of particular interest for research and has an exemplary character due to the existing forms of accommodation for asylum seekers. Three different forms of accommodation exist: small collective accommodations, decentralised accommodations and a large accommodation centre. In Lower Saxony, each community or city which is independent from a district administration has to arrange the **accommodation** for asylum seekers autonomously.[5] Most of the asylum seekers in the city of Osnabrück - aside from a collective accommodation centre for 80 people, which has half of its capacity unused - live decentralised in flats of their own.[6] In the district however, a large number of asylum seekers live in small collective accommodations . Among these are not only single men but in some cases families also. The accommodations differ widely with regard to their quality and their location concerning the distance to the town centre.[7]

A particularly noticeable form of accommodation has developed in the region from the year 2000 on. Since this time, an increasing number of asylum seekers have been housed in the so-called "Landesaufnahmestelle" (regional office for the first reception) in Bramsche-Hesepe. During the period of research from 2003 to 2004, places were allocated here for up to 200 asylum seekers. In the meantime this number has been increased to 500 places . The "Landesaufnahmestelle" possesses a number of facilities covering all areas of living for asylum seekers. The available facilities include: a ward which is manned around the clock with medical staff, a community service, an in-house kindergarten, a special school, a playground, a sports hall and a sports field, as well as phone booths, an in-house laundry and a clothing depot. A canteen ensures centralised all-day provision. However, there is no in-house kitchen available. In addition to these facilities, there is a branch each of the social welfare office and of the aliens department straight on the premises of the "Landesaufnahmestelle". Although the inhabitants are allowed to leave, the building does give one the feeling of separation due to the fence with barbed wire surrounding it.

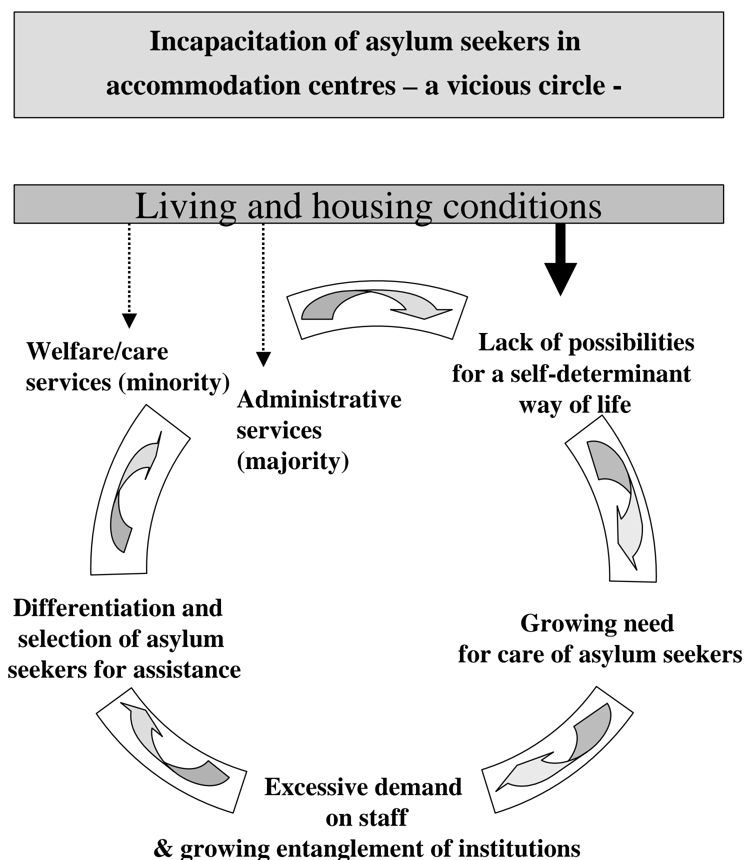
Following the concept of Goffman (1961), it can be stated that all these elements are characteristic for a so-called **total institution**:

- the tendency of the institution to an all-embracing provisioning claim,
- the 'limitation of social intercourse with the exterior world and of the mobility, which are often built into the actual facilities, such as closed doors, high walls, barbed-wire, rocks, water, forests or moors" (Goffman 1973:15f.),

[2] Source: Niedersächsisches Landesamt für Statistik. Stichtag: 30.06.2003.
[3] Landkreis Osnabrück, Fachdienst Ordnung (2002:24).
[4] Landkreis Osnabrück, Fachdienst Ordnung (2002:29f.).
[5] The reception law (Aufnahmegesetz, AufnG) defines a reimbursement of the incurred costs by the federal state. The settlement is facilitated by paying lump sums.
[6] Direct information from the responsible employee of the Department for Citizens and Order at the city of Osnabrück.
[7] The way the quality of the accommodation centres affects health, is addressed in chapter 6.

- the entanglement of the spheres 'sleeping', 'working' and 'leisure' in one location and governed by the same authorities[8],
- the involuntariness of participation,
- the constant temporal structuring of the daily routine by the authorities and by fixed rules,
- the summing-up of these activities to a common plan which is in accordance with the goals of the institution (Goffmann 1973:17ff.).

Thus, one of the core issues of the study was to establish the existence of possible correlations between the type of accommodation and the overall health of the inhabitants. The analysis of the empirical material resulted in the development of a model which explains the **successive loss of the capacity and ability to act**:



Model: Birgit Behrensen/Verena Groß

The vicious circle model shows how centralised catering, administration and social structures add to the tendency of asylum seekers of being increasingly inhibited in their possible courses of action during the difficult period of waiting for asylum. The more asylum seekers are

[8] This entanglement is diametrically opposed to the basic social order within modern societies, 'according to which the individual sleeps, plays and works at different locations respectively – and he does so with changing partners, under different authorities and without an all-embracing rational plan' (Goffman 1973:17).

deprived of possibilities to act in a self-determinant way due to special conditions of accommodation and provision, the more they depend on social and medical care. By way of centralising the accommodation a high need for a complete provision, encompassing all essential aspects of living, is produced. This need cannot be covered sufficiently by the staff. Thus, they have to choose between those (the minority) who receive a high amount of care and others (the majority) who are not deemed legitimate for this special care. The majority of asylum seekers therefore receives a provision which is reduced to the absolutely essential, leading to a form of administrating and detention. Both forms of provision, however, end up in a lack of self-determinant possibilities to influence the own life situation, which means that the vicious circle begins anew.

As not all asylum seekers do receive services in the same way a typology was developed on the basis of the material. Accordingly, four ideal types of asylum seekers were identified, differentiated due to their own manner towards and their reception of assistance. The focus for differentiation based on the chosen strategies of the asylum seekers to receive support. The four types represent ideal types which are supposed to illustrate the mechanism of choice but do not exist in a pure form.

Typology of assistance distribution

<table>
<tr><td colspan="2" rowspan="2"></td><td colspan="2">Legitimate recipients of assistance according to the system</td></tr>
<tr><td>Yes</td><td>No</td></tr>
<tr><td rowspan="2">Orientated towards help</td><td>Yes</td><td>Type A:
Needy</td><td>Type B:
Demanding</td></tr>
<tr><td>No</td><td>Type C:
Withdrawing</td><td>Type D:
Independent</td></tr>
</table>

Taken altogether, it becomes visible that this form of accommodation and provision is contrary to a life situation aiming at empowerment and integration. In analogy to the process of disculturation after a longer stay in centralised institutions which is described by Goffman on the basis of his empirical studies, the development of disculturation meaning a loss of everday competencies is visible systematically by the vicious circle described above. The cause of this process can be seen in the destruction of the freedom of action founded in the organisation of the centralised institution and the system of rules accompanied by sanctions (see Goffman 1973: 45-57).

Empirical results: central problem areas:

The following concrete empirical findings illustrate the special living conditions of the asylum seekers.

(a) On the variety of described health problems:

One of the most affected health area concerns gastrointestinal problems which are seen by the interviewees in connection to the food supply and also to the fact of the collective usage of sanitary facilities. Colds, headaches and heart attacks are also reported frequently. In addition psychological strains are found as being typical of this group. This manifests itself in form of nervousness, depressions, stress, states of panic, nervous breakdowns, sleeping disorders, and

even in attempted suicides. Other depicted phenomena are different states of pain, (war) wounds, heart problems as well as specific female diseases.

(b) On the effects of food supply:

In the region of Osnabrueck, asylum seekers can be subdivided into three categories regarding the way of catering. There are those who receive food vouchers, those who receive cash, and those who are catered for by the canteen within the centralised accommodations.

The voucher method – not commonly used in Germany for other population groups – was felt as being humiliating, discriminatory and offending.

The centralised food supply by a canteen was described as being, in addition to the above, inhuman, degrading and sickening. An elaboration of the interviews showed that complaints concerning the quality of food mean that the corresponding **practice of incapacitation** is a problem too. Many asylum seekers reported of having been sick. From a psycho-social perspective, this cannot be reduced solely to the fact that the body reacted to the unfamiliar composition of the food. Rather it is also a reaction of the body to the experience of incapacitation connected to this catering method (Mernissi 1998).

(c) On the effects of the living conditions:

The strain of cohabitation rises proportionally with the size of the institution. The following effects were reported:

- **Fears of drunken or drug-consuming people**, and their **aggressive behaviour** in particular. This aspect was emphasized especially by parents worrying about their children.
- The **living conditions in a compulsory community - due to the legally stipulated obligation to stay in a fixed district -** were described as being an imposition. The fact that the asylum seekers have to share the kitchen and sanitary facilities with others produced feelings of repulsion, and problems which were difficult to solve conjointly.
- **The lack of privacy** was reported as being a problem especially by younger single males. Different from others, who arrive together with their families, these men have to share their rooms with men who are total strangers to them up to the moment of their arrival. The possibilities of receiving visitors are also severely inhibited in such surroundings.
- **Social and spatial limitedness** results, among other things, in children having difficulties sleeping all night without waking up, which leads to their not wanting to go to school the next morning.
- Furthermore, centralised accommodation leads to **feelings of control** and incapacitation due to the regulation, all-embracing provision and unclear competencies.

(d) On the effects of unemployment and inoccupation:

Considering the strict German regulations on the labour market, there are quite a number of regulations which lead to the de-facto exclusion from work for the majority of asylum seekers and rejected refugees. Beside the loss of professional competences, unemployment also intensifies the loss of social and other everyday competences and leads to a process of dequalification. There is, for example, hardly any occasion for applying knowledge or skills. Employment is nearly only possible in low-qualifying sectors which is being described as degradation by asylum seekers. Moreover, the loss of professional identity can, particularly

for people with long training periods or an intensive professional life, be experienced as a loss of a vital part of the personal identity as well.

(e) On the effects of monotony, resulting from a lack of occupation and a lack of access to social facilities:

The monotony of everyday life also results in an **increase of lethargy**. Particularly young women in collective accommodation centres have been found to spend a large proportion of the day dozing in bed. Similar experiences were reported by young single men who, at least, could be found outdoors whenever the weather was fine.

(f) On the effects of uncertainty, lack of perspective, imminent deportation:

This fear dominates the everyday life of asylum seekers. However, those who are concerned by a larger number of aspects of incapacitation in accommodation centres seem to be more affected by such fears. The often stated uncertainty about who is responsible for what area and the growing entanglement of the different institutions adds to feelings of arbitrariness. Additionally, life cannot be planned due to an unclear duration of stay – a life situation which often lasts many years and results in a permanent stressing factor.

Conclusions and practical recommendations:

These empirical results show the necessity to create conditions which preserve, improve and create the **possibilities for independent and secure schemes of life** for asylum seekers.
In order to give consideration to these people whose personal circumstances are already under strain due to the asylum procedure, the administration would have to take any possible measures for reducing the uncertainties which induce, aggravate and preserve illness. These measures can be supported by:

1. a return to a **higher proportion of self-determined life schemes**. One aspect of this is, for example, the creation of individual cooking facilities in centralised accommodations. This includes the renunciation of the principle of non-cash provision by which the asylum seekers in the communes are affected.
2. a **separation of the immediate living areas of the asylum seekers from the administrative facilities** responsible for them. Different from asylum seekers living decentralised or in small collective accommodations, this separation does not exist for asylum seekers in accommodation centres.
3. **indication of support offers immediately upon arrival of the asylum seekers in the community**. This also includes information on the health system, its functioning, access facilities and the existing claims.
4. extending and funding **qualified language mediation** on the health sector.
5. a **deconcentration of provisioning and administration facilities** effected by a clear separation between internal and external advice structures for asylum seekers in accommodation centres. This means, only advice concerning the effects of the accommodation should be given by the in-house social counselling staff. Any advice referring to integration (temporal), asylum legislation and departure should be strictly separated and provided by external counselling staff from non-governmental bodies. An example for such a separation could be the existing health care provisions of an

accommodation centre in the region provided by staff of independent organisations. However, in such a case, the institutional separation would have to be more clearly visible for the asylum seekers and the possibility of an alternative choice would have to be emphasised.

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The complete study is available in German language on the Homepage of the EQUAL-Develepmentpartnership SAGA (New Approaches in Employment Promotion and in Health Supply for Asylum Seekers): http://www.equal-saga.info.