



# STRUGGLING TO SURVIVE

AN INVESTIGATION INTO  
THE RISK OF POVERTY AMONG  
ASYLUM SEEKERS IN MALTA

This publication is part of Project Integrated, implemented by JRS Malta and aditus foundation between October 2015 and September 2016, and funded by the Malta Community Chest Fund.

The views expressed in this publication are those of the partner organisations and do not necessarily represent the opinion or position of any of the project funders, whose contribution is acknowledged with gratitude, as it would not have been possible to implement this project without their support.

**Date of publication:** October 2016

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“ At present the refugees are survivors. An essential part of my job is to help them to do more than survive – to help them to live as free men and women.”

*William Yeomans SJ*

## ACKNOWLEDGEMENTS

This research project was only possible thanks to the contribution of many people, to whom we are indebted. In particular we would like to thank:

- The asylum seekers who took the time to meet with us and share their experience of life in Malta. Without you this study would not have been possible; we are immensely grateful for your cooperation and feedback.
- Dr Maria Pisani from Integra Foundation who commented on the draft text of the report.
- The Malta Community Chest Fund Foundation – for funding this research.

***We cannot thank you enough.***



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MALTA  
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# PARTNER ORGANISATIONS

**JRS** is an international non-governmental organization, with a mission to accompany, serve and defend refugees and forcibly displaced people. In Malta, JRS provides a number of services including information, legal assistance and psychosocial support and advocates for improved treatment of refugees and asylum seekers in Malta.

**aditus foundation** is an independent non-governmental organization with a mission to monitor, report and act on access to fundamental human rights in Malta. Together with its advocacy activities, aditus also offers legal information and assistance to migrants and asylum seekers in Malta.

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# PREFACE

Between October 2015 and September 2016, JRS Malta and aditus foundation implemented Project Integrated – a 12-month project funded by MCCF Foundation and UNHCR.

For many years both JRS Malta and aditus have provided services, primarily information, legal assistance and, in the case of JRS, psychosocial support to migrants, with a specific focus on the asylum seeking population.

We developed this project as our contact with asylum seekers in the community made us increasingly aware of the difficulties they face when seeking to obtain information, access protection, and avail themselves of their rights. These difficulties are exacerbated by the absence of programmes and services available to facilitate integration and to enable asylum seekers to achieve self-sufficiency.

In addition to, and possibly as a consequence of, this lack of support, we saw that an increasing number of migrants and asylum seekers seemed to experience at least some degree of poverty, with a decent quality of life remaining for most a goal that is out of their reach.

In spite of the prevalence of poverty among the people we encountered, we felt that this reality was neither properly understood nor given the attention due. This is possibly a result of the fact that existing statistics on the financial well-being of the general migrant population are not disaggregated according to immigration status and most existing studies on poverty in Malta do not take the situation of asylum seekers into account, thus obscuring the reality of this particular population.

Through this project, therefore, in addition to increasing our capacity to provide coordinated services, we wanted to conduct research to better understand the extent to which asylum seekers experience poverty, hardship, deprivation and social exclusion, and to do this in a way that would allow us to compare their situation to that of the general Maltese population.

This report contains the outcomes of that research. Clearly the study, which had to be conducted within the relatively short timeframe of the project, has its limitations and in many ways it is little more than a first step along the way. Yet it does present a picture – even if a somewhat dismal one – of the daily reality of asylum seekers in Malta and the struggles they face.

It is our hope that this report will lead to a recognition of the widespread phenomenon of poverty among the asylum seeking population in Malta. We also hope it will result in a commitment to effectively address this reality through the introduction of targeted programmes and other measures aimed at ensuring that asylum seekers are able to achieve self-sufficiency and live with dignity.

# KEY CONCEPTS AND TERMINOLOGY RELATING TO MIGRATION USED IN THIS REPORT

For the purposes of this report, the term **asylum seeker** refers to a third country national or stateless person who has made an application for international protection, regardless of the processing status or the outcome of the application.

The term **asylum applicant** is used to describe a third country national or stateless person who has made an application for international protection in respect of which a final decision has not yet been taken by the competent national authorities.

A **rejected asylum seeker** is a third country national or stateless person whose application for international protection has been examined and rejected by a final decision of the competent authorities.

European and national law define **international protection** as refugee status or subsidiary protection. The granting of international protection across the EU is regulated by the Recast Qualification Directive (2011). This Directive establishes a set of uniform standards regulating who qualifies for these statuses and lays down the minimum rights of holders, which are applicable in all Member States of the Union including Malta. The provisions of the Qualification Directive were transposed into Maltese law through the Procedural Standards for Granting and Withdrawing International Protection Regulations (S.L. 420.07).

**National protection** refers to forms of protection granted by national authorities in terms of national law or policy. These types of protection are known as non-harmonised forms of protection, as they are particular to the country where they are granted and not regulated by uniform standards across the EU. In Malta national protection is known as Temporary Humanitarian Protection or Temporary Humanitarian Protection New (THP/THPN).

According to the 1951 Convention on the Status of Refugees and Maltese law a **refugee** is a person who, owing to a well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside his country of origin and is unable or, owing to such fear is unwilling, to return to it. **Refugee** status is the status given by a country to a person who has been recognised as a refugee.

**Subsidiary protection** is a form of international protection given to persons who will face a real risk of serious harm if returned to their country of origin. 'Serious harm' is defined by EU and Maltese law as: death penalty or execution; torture or inhuman and degrading treatment or punishment; threats to life by indiscriminate violence in international or internal armed conflicts.

**Temporary Humanitarian Protection (THP)/Temporary Humanitarian Protection New (THPN)** is a form of national protection granted in terms of national policy.

Both THP and THPN are granted on the recommendation of the Refugee Commissioner to asylum seekers whose application for international protection has been rejected.

The Refugee Commissioner may recommend the granting of THP where the applicant is a minor, where the applicant should not be returned to his country of origin on medical grounds or where the applicant should not be returned to his country of origin on other humanitarian grounds.

THPN was introduced in 2010 and was granted to rejected asylum seekers who had been in Malta for a number of years and had not been removed due to no fault of their own; in 2012 the granting of THPN in new cases was largely suspended.

Upon release from detention, all migrants, even those without a legal right to stay, are provided with a document by the immigration police, known as an **immigration certificate**. This document contains a photograph, personal details and a record of any extensions of stay granted by the immigration police. It is not valid for travel nor does it constitute a formal means of identification.

The term **tolerated stay** is used to refer to the situation of migrants whose presence and stay in Malta is acknowledged by the immigration authorities, although they have no formal legal right to stay and are therefore still subject to removal should this become possible. It is not a formal status established by law, but rather an administrative response to the reality that some migrants against whom a Removal Order has been issued cannot be returned to their country immediately due to logistical difficulties or other legal or practical obstacles. As their presence is acknowledged by the immigration authorities and they are granted a temporary permit to stay, these migrants cannot be considered to be in an irregular or illegal situation.

In this report the term **migrant/s** is used when reference is being made to more than one category of third country nationals present in Malta, as opposed to one specific category e.g. asylum seekers, beneficiaries of international and/or national protection and rejected asylum seekers.

The **Agency for the Welfare of Asylum Seekers (AWAS)** was formally established in July 2009 by the Agency for the Welfare of Asylum Seekers Regulations (SL 217.11, LN 205 of 2009)<sup>1</sup>. It is formally responsible for the implementation of national legislation and policy concerning the welfare of refugees, persons enjoying international protection and asylum seekers. It is mandated by law to implement various tasks, including overseeing the daily management of accommodation facilities; providing particular services to categories of persons identified as vulnerable according to current policies; providing information programmes to its clients in the areas of employment, housing, education, health and welfare services offered under national schemes; acting as facilitator with all public entities responsible for providing services to ensure that national obligations to refugees and asylum seekers are accessible; advising the Minister on new developments in its field of operation and propose policy or legislation required to improve the service given and fulfil any legal obligations in respect of its service users; and encouraging networking with local voluntary organisations and other public stakeholders.

The term **mainstream services** is used to refer to services provided by both government or non-government agencies which are available to the general population, e.g. the services provided by Appoġġ or the government health service, as opposed to those which are available only to a limited category of people, e.g. the services provided by the Agency for the Welfare of Asylum Seekers (AWAS) which are available only to particular categories of migrants. The mainstream services encountered through the project are mostly public healthcare and social welfare providers.

A **detention centre** is a facility where persons held in terms of the Immigration Act (Chapter 217 of the Laws of Malta<sup>2</sup>) are accommodated; detention implies complete deprivation of liberty as opposed to mere restrictions on movement. There is one detention facility, B Block in Safi Barracks, currently in use, out of the four facilities available, which are Warehouse 1, Warehouse 2 and B Block in Safi Barracks and Hermes Block in Lyster Barracks in Hal Far.

An **open centre** is a collective accommodation facility where asylum seekers and migrants released from detention are accommodated. In addition to asylum seekers, open centres accommodate beneficiaries of protection and rejected asylum seekers.

Open centre residents are not subject to any restrictions on their liberty and they may leave the centre whenever they choose. There are five Open Centres currently in use: Hal Far Tent Village, Marsa Open Centre, Balzan Open Centre, Dar Liedna and Dar is-Sliem. Most Open Centres are administered by AWAS; Balzan Open Centres is administered by an NGO, the Malta Emigrants' Commission (MEC). There are also a number of smaller accommodation facilities run by NGOs.

<sup>1</sup> Available at <http://www.justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=9566&l=1>.

<sup>2</sup> Available at <http://www.justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=8722&l=1>.

# LIST OF ACRONYMS

- AROPE** - At risk of poverty or social exclusion
- CSO** - Central Statistics Office
- DV** - Dependent variable
- EU** - European Union
- EU-SILC** - European Union Survey on Income and Living Condition
- IV** - Independent variable
- JRS** - Jesuit Refugee Service
- M** - Mean
- NEI** - National equivalised income
- NSO** - National Statistics officer
- RS** - Refugee Status
- SD** - Standard deviation
- SDHS** - Short Depression and Happiness Scale
- SF-12** - Short Form-12 Health Survey
- SP** - Subsidiary Protection
- SPSS** - Statistical Package for the Social Sciences
- SWLS** - Satisfaction with Life Scale
- THP** - Temporary Humanitarian Protection
- THP-N** - Temporary Humanitarian Protection New
- UNHCR** - United Nations High Commissioner for Refugees

# INTRODUCTION & LITERATURE REVIEW

## 1.3 Asylum seekers in Malta

Between 2002 and 2013, Malta experienced an increase in the number of undocumented migrants arriving by boat from Libya. Most of the migrants arriving during this time were from Sub-Saharan Africa, but more recently this route was used also by Syrian and Libyan asylum seekers trying to reach Europe.<sup>3</sup>

During this period, the vast majority of individuals seeking asylum in Malta were boat arrivals. Figures obtained from the Office of the Refugee Commissioner indicate that between 2008 and 2013, boat arrivals constituted just over 90% of all asylum applicants.

From 2014 there was a marked decrease in the number of boat arrivals in Malta – 568 during 2014, 103 in 2015 and just 8 in 2016, compared to 2008 in 2013 – in spite of the fact that there was an overall increase in the number of migrants entering Europe through this route.

This decrease was offset by an increase in the number of so-called 'non-boat arrivals' applying for asylum, which rose from 347 in 2008, to 824 in 2014 and 1584 in 2015. This category includes asylum seekers arriving through routes other than the irregular migration route from Libya – i.e. by air or sea, whether legally or illegally, as well as those who apply for asylum after they have been living in Malta for some time, whether legally or illegally. Most of these 'non-boat arrivals' were from Libya and Syria, with a smaller number from Ukraine, Egypt and Nigeria.

A relatively high number of asylum seekers arriving in Malta are granted international protection. Between 2004 and 2015, some 59% of all applicants were granted international protection – of these, 54.5% were granted subsidiary protection and 4.3% refugee status. Since 2012 the proportion of asylum seekers granted some form of protection was even higher. A further 8.22% were granted other form of protection, presumably THP or THPN.<sup>4</sup>

In addition to international protection needs, arrivals also include people in a particularly vulnerable situation, such as unaccompanied minors, families with children, victims of trauma and torture, victims of trafficking, elderly persons, and persons with disabilities, mental health problems and medical conditions.

## 1.4 Reception and integration

Up to 2014, Malta implemented a policy of mandatory, long-term detention of all migrants and asylum seekers arriving in Malta by boat. Many asylum seekers arriving during this time spent months – in some cases up to 18 months – deprived of their liberty in difficult conditions with only minimal access to services and support.<sup>5</sup>

Upon release from detention, migrants were offered accommodation in open centres regardless of their legal status. In most centres, particularly the larger ones, the staff to resident ratio was very low, which effectively meant that most received little if any support to facilitate their integration, even if they were beneficiaries of protection. (JRS, 2012)

Since 2014, following significant changes to national law and policy, asylum seekers generally spend far less time in detention. This implies that there is a far greater strain on open centres, where the services and support provided remain extremely limited. The Agency for the Welfare of Asylum Seekers (AWAS), which is responsible for managing open centres, provides particularly vulnerable residents with social work support, but structured support is not offered systematically to all residents.

<sup>3</sup> Out of a total of 16,664 arrivals between 2002 and 2012, 5997 (36%) were Somali, 2528 (15%) Eritrean, 999 (6%) Nigerian, 793 (5%) Sudanese and 626 (4%) Ethiopian. Of the 2008 arrivals in 2013, Somalis were by far the largest group, comprising 50% of all arrivals, followed by Eritreans (23%) and Syrians (8%). In 2014, the largest national group were Syrians (23%), followed by Somalis (21%), Sudanese (14%), Gambians and Eritreans (7% respectively).

<sup>4</sup> See [www.unhcr.org/mt](http://www.unhcr.org/mt). During this period, 28.11% of all applications were rejected and 4.84% closed without a final decision being reached.

<sup>5</sup> See amongst others *Aden Ahmed v Malta App no 55352/12* (ECtHR, 9 December 2013).

<sup>6</sup> JRS Malta, *Bridging Borders* (2010).

Asylum seekers and beneficiaries of protection who do not live in open centres may approach mainstream service providers for assistance. In practice, however, access to such services is difficult to negotiate on account of language barriers, lack of information and lack of resources.<sup>6</sup>

In addition to the limited services provided, there is a total lack of support to facilitate integration. To date there is no formal programme to systematically provide language training and cultural orientation. As a result new arrivals are often completely lost and many refugees who have lived in Malta for years are still unable to communicate in English or Maltese. The lack of language proficiency acts as an obstacle when refugees are seeking employment; it also makes it very difficult for them to further their education.

### 1.5 Asylum Seekers' Legal Entitlements

The legal framework regulating access to support and assistance by refugees, beneficiaries of subsidiary protection, asylum applicants, rejected asylum seekers and beneficiaries of THP/N is not a centralised or straightforward one. Although the Refugees Act<sup>7</sup> and related subsidiary legislation provide a general framework, it can be said that the overall regime is actually regulated by various legal instruments and policies, the latter generally not publicly available.

As will be noted below, the legal norms establishing access to fundamental services such as healthcare, housing, employment, education and social support are rather vague. This lack of legal clarity is exacerbated by an apparent lack of consistency between legal instruments and the absence of publicly available information on policies that complement or at times fulfil the role of legislation.

Regulation 20(1)(c) of the *Procedural Standards for Granting and Withdrawing International Protection Regulations*<sup>8</sup> states that refugees and beneficiaries of subsidiary protection are entitled to “access to employment, social welfare, appropriate accommodation, integration programmes, State education and training, and to receive State medical care”, with the added proviso that the social welfare entitlements of beneficiaries of subsidiary protection may be limited to core social welfare benefits. In addition, Regulation 20(2)(a) and (b) extend these rights to the family members of the protection beneficiaries.

Within these broad categories, vulnerable persons and unaccompanied children are singled out as being in need of specific attention. Regulation 20(3) specifies that vulnerable persons should be granted “adequate healthcare”, whereas children in need of care – irrespective of asylum or migration status – are granted the same protection granted to Maltese children in similar situations, in terms of the application of a Care Order placing the child under the responsibility of the Minister for the Family and Social Solidarity<sup>9</sup>.

Whilst the above provisions apply to international protection beneficiaries, Article 13(2) of the Refugees Act grants access to state education and training, and state medical care and services to asylum applicants. The social protection of this particular group is further regulated in the *Reception of Asylum Seekers Regulations*<sup>10</sup>, with Regulation 11 stipulating the rules on material reception conditions within reception centres. In particular, the Regulations establish the following:

- Asylum applicants are to be granted access to emergency healthcare and “essential treatment of illness and serious mental disorders”;
- Asylum applicants having particular needs are further entitled to “*medical and other assistance...including mental healthcare*”;
- Access to the above support is subject to means testing, thereby excluding those asylum applicants who have means to cover the costs of their healthcare;
- Housing provided to asylum applicants should “*guarantee an adequate standard of living*”, with particular attention to the situation of vulnerable persons;

<sup>8</sup> Subsidiary Legislation 420.07 of 11 December 2015, available at <http://www.justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=10663&l=1>.

<sup>9</sup> Refugees Act, Chapter 420 of the Laws of Malta, Article 13(3).

<sup>10</sup> Subsidiary Legislation 420.06 of 22 November 2005, available at <http://www.justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=10662&l=1>. The Regulations largely transpose the provisions of Directive 2013/33/EU of the European Parliament and of the Council of 26 June 2013 laying down standards for the reception of applicants for international protection (recast), available at The Regulations largely transpose the provisions of the EU Recast Reception Conditions Directive.

- Generally, vulnerable persons should be given particular attention. These are defined as including minors, elderly persons, victims of trafficking, pregnant women, persons with disabilities and survivors of physical, psychological or sexual violence.

The social protection of rejected asylum seekers is limitedly regulated in the legal regime regulating return to their countries of origin: ***Common Standards and Procedures for Returning Illegally Staying Third-Country Nationals Regulations***<sup>11</sup>. These Regulations do not offer much in terms of clarifying the situation of this category of persons, saving that:

- If availing themselves of the period of voluntary departure, they should – as far as possible – have access to emergency healthcare and “*essential treatment of illness*”;
- Minors, also within the voluntary departure period, should have access to state education;
- The special needs of vulnerable persons, also within the same voluntary departure period, should be given due consideration;
- Vulnerable persons detained pending their removal are entitled to emergency healthcare and “*essential treatment of illness*.”

In practice rejected asylum seekers living in the community with tolerated stay do not have any formal legal rights, although in practice they do enjoy a limited number of benefits, which are outlined below.

Neither THP nor THPN is based on legal norms, but emerge from policy decisions; the entitlements of protection holders are also nowhere found in legislation.

THP (Temporary Humanitarian Protection) was introduced by means of a policy decision, with a view to regulating the situation of those persons who could not be returned to their country for humanitarian reasons, although their application for international protection had been rejected.

The rules regulating the granting and withdrawal of this status and outlining the benefits attached were contained in a written document entitled ***Administrative Procedure for granting Temporary Humanitarian Protection***, which was first published in 2008 and subsequently updated to include THPN.

THPN (Temporary Humanitarian Protection New) was first introduced in 2010, by means of a policy decision of the then Ministry for Home Affairs, implemented by the Office of the Refugee Commissioner.

In terms of the said document, beneficiaries of THP/N are also granted:

- permission to remain in Malta with freedom of movement and personal documents, including a one-year residence permit, which shall be renewable;
- documents enabling them to travel, especially when serious humanitarian reasons arise that require their presence in another State, with due regard for considerations of national security or public order; and,
- access to employment, subject to labour market considerations, as well as the provision of accommodation, services and benefits by the Agency for the Welfare of Asylum Seekers, in line with applicable administrative procedures regulating the Agency.

<sup>11</sup> Subsidiary Legislation 217.12 of 11 March 2011, available at <http://www.justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=11637&l=1>. These Regulations transpose Directive 2008/115/EC of the European Parliament and of the Council of 16 December 2008 on common standards and procedure in Member States for returning illegally staying third-country nationals, available at <http://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:32008L0115&from=en>.

### 1.5.1 Social Security Benefits and Assistance<sup>12</sup>

In Malta, the only categories of asylum seekers entitled to benefits in terms of the Social Security Act are refugees and beneficiaries of subsidiary protection. Current legislation makes no reference to beneficiaries of THP/N, asylum seekers and rejected asylum seekers, and their needs are in no way addressed by existing legal instruments.

Refugees enjoy the same rights and obligations as Maltese nationals, including with regard to non-contributory support<sup>13</sup> and Unemployment Assistance<sup>14</sup>.

Beneficiaries of subsidiary protection are only entitled to 'core welfare benefits', which is interpreted as including only Social Assistance<sup>15</sup>, in spite of the fact that *Directive 2011/95/EU of the European Parliament and of the Council of 13 December 2011 on standards for the qualification of third-country nationals or stateless persons as beneficiaries of international protection, for a uniform status for refugees or for persons eligible for subsidiary protection, and for the content of the protection granted (recast)* clearly states that core benefits should include "at least minimum income support, assistance in the case of illness, or pregnancy, and parental assistance, in so far as those benefits are granted to nationals under national law". The actual monetary amount provided as social benefit or assistance depends on family size.

In the case of contributory benefits asylum seekers, like Maltese nationals, are subject to the same system of contribution regulations per specific pension, benefit, grant or allowance.

In addition to Social or Unemployment Assistance, refugees are entitled to receive children's allowance. Such an entitlement is however not specified for any of the other migrant groups in law or publicly available policy.

Rent subsidy is another social benefit to which, according to current law and policy, only beneficiaries of refugee status are entitled. Eligibility does not depend only on legal status, but also on factors such as the condition of one's accommodation. The amount of subsidy given depends on the rent payable and on the applicant's gross annual income. It is paid once a year and the maximum subsidy given is around €100 per month.

Beneficiaries of refugee status are also eligible for social housing, i.e. alternate accommodation provided by the state. As with Maltese nationals seeking social housing, chances of success are severely limited due to long waiting lists.

For an individual to receive the social benefits s/he is entitled to s/he must be able to provide relevant authorities with a rent contract, residence permit and protection certificate issued by the Office of the Refugee Commissioner. In the case of Social Assistance, the residence permit of the head of household is required while for children's allowance, the applicant must additionally provide the residence permits of all of his/her children. In practice, stringent requirements for the issuing of residence permits often result in obstacles to accessing benefits to which beneficiaries of protection are otherwise entitled.

<sup>12</sup> Detailed information of all available forms of support, eligibility criteria and application procedures can be found on the website of the Department of Social Security, at <http://socialpolicy.gov.mt/en/Pages/default.aspx>.

<sup>13</sup> The Social Security Act (Chapter 318 of the Laws of Malta) regulates social protection in Malta, establishing benefits, pensions and other forms of assistance, together with relevant eligibility criteria. The Act divides all such forms of support into two distinct groups: those forms of protection that require payment of national insurance (NI) contributions, hence Contributory; and those forms that do not require NI contributions for persons to be eligible for them, hence Non-Contributory. The Act is available at <http://justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=8794>.

<sup>14</sup> Support provided to the head of household who is registering as unemployed, therefore classified as "actively seeking employment". Further information available at <https://socialpolicy.gov.mt/en/Social-and-Unemployment-Assistance/Pages/Unemployment-Assistance-.aspx>.

<sup>15</sup> Defined as "payable to head of households who are unemployed and seeking employment or who due to a medical reason are unable to work and/or seek employment, and where the relative financial means falls below that established by the Social Security." Further information available at <https://socialpolicy.gov.mt/en/Social-and-Unemployment-Assistance/Pages/Social-Assistance.aspx>.

### 1.5.2 Healthcare

In terms of healthcare entitlements, all groups except rejected asylum seekers are entitled to equal treatment as Maltese nationals. Nonetheless, beneficiaries of SP or THP/N often face a number of practical challenges to access healthcare services.

Rejected asylum seekers, whilst of course not excluded from receiving health services against payment, are entitled to receive only 'core' healthcare services from the State. For these individuals, the need for health services is assessed by a medical practitioner in hospital, and the services would be considered core where a public health risk or debilitating condition is identified, or where the individual's condition impacts his/her ability to lead a dignified life<sup>16</sup>. In practice, rejected asylum seekers are at times denied access to free healthcare. In general access to free medication for beneficiaries of protection is the same as for Maltese nationals. From our observations, rejected asylum seekers' access to free medication is often somewhat discretionary.

### 1.5.3 Education

All migrant children, regardless of their protection status, are entitled to receive both primary and secondary school public education.

Finally, there is once again no specified entitlement to lifelong learning courses for migrants in existing law and policy. In practice however, all may apply to follow a course at the University of Malta or MCAST and for all groups, students may apply for a fee waiver. Students at tertiary level may also apply for a student maintenance grant, but this is only granted to individuals with refugee status who have been residing in Malta for 5 years or more. Moreover, if the refugee is receiving Social Assistance, this cannot be supplemented with the maintenance grant. Finally, there is once again no specified entitlement for migrants to lifelong learning<sup>17</sup> courses in existing law and policy. However in practice, all migrants groups, regardless of protection status, may apply to follow such courses and qualify for an exemption from payment.

<sup>17</sup> The Lifelong Learning centre offers a range of course for adults across various fields and competencies with the aim of enhancing knowledge and sustaining growth in the Maltese economy.

### 1.5.4 Open Centre Allowance

As a rule, residents in open centres receive a per diem allowance but the amount received varies according to protection status (refer to Table 1.1). This allowance is usually given for a year, but exceptions are known to have been made on a case by case basis depending on the individual's need and degree of vulnerability. Once in employment, residents are no longer entitled to a per diem.

**Table 1.1 Per Diem Allowance Amounts**

PAYMENT STATUS	DAILY RATE	PAYMENT AT 28 DAYS
Asylum Applicant	4.66	130.48
Child Only	2.33	65.24
Temporary Humanitarian Protection	4.66	130.48
Refugee receiving no social security benefits	4.08	114.24
Rejected Asylum seeker	3.49	97.72
Returned Asylum seeker	2.91	81.48
Single Parent	4.66	130.48

### 1.6 Employment and Childcare services

All asylum seekers are entitled to apply for and receive an employment licence, though with some variations. Individuals with RS, SP and THP/N are entitled to receive an employment licence in their own name and this is generally valid for a year. Employers wishing to employ an asylum seeker or a rejected asylum seeker must apply for an employment licence to do so. The licence is issued in the name of the employer and would be valid for 6 months in the case of asylum seekers and for 3 months in the case of rejected asylum seekers.

All asylum seekers are exempt from fulfilling the labour market requirements generally applicable to third country nationals. There is however a lack of clarity regarding the possibility of additional or multiple part-time employment for asylum seekers.

Should asylum seekers wish to seek self-employment, all would need an employment license. All categories of asylum seekers except rejected asylum seekers would be exempt from third country national self-employment conditions.

Finally, all migrants, regardless of their protection status, are entitled to access state childcare services with the same conditions as Maltese nationals.

## 1.7 Poverty and Deprivation Defined

Poverty in Europe in the post war period has been understood as a relative concept that goes beyond the lack of basic physical needs and also encompasses the individual's aspirations to social participation or human functioning. The European Commission's joint report on social inclusion (2004) defined poverty in the following way:

*"People are said to be living in poverty if their income and resources are so inadequate as to preclude them from having a standard of living considered acceptable in the society in which they live. Because of their poverty... they are often excluded and marginalised from participating in activities (economic, social and cultural) that are the norm for other people and their access to fundamental rights may be restricted."*

In the line with this definition, the accepted EU approach to poverty is based on national standards, meaning that people can be poor with rather different incomes in various countries. Across the EU the monetary at-risk-of-poverty threshold is calculated at 60% of the median national equivalised income (NEI). In the conceptual framework underlying the measurement of poverty in the EU, deprivation is defined as unmet basic human needs and social exclusion is understood as the inability to participate in society because of a lack of resources that are normally available to the general population.

## 1.8 Poverty in Malta

The Survey on Income and Living Conditions (EU-SILC) survey is conducted annually by the National Statistics Office (NSO), in order to obtain information on the income and living conditions of a representative sample of households in Malta. This survey provides the most reliable, comprehensive and generalisable source of data about poverty and related factors such as employment, social exclusion and living conditions in Malta. The Statistics on Income and Living Conditions survey (NSO, 2015) conducted in 2014 indicated that the average household gross income and the mean disposable income in Malta stood at €29,948 and €24,730 respectively. These figures are used for the computation of the median national equivalised income (NEI) and the monetary at-risk-of-poverty threshold and were also employed as reference points for this study. The latter, calculated at 60% of the NEI, stood at €7,672 in 2014. It is relevant to note that the at-risk-of-poverty threshold rose by 5.7 per cent from 2013 to 2014.

This survey indicated that at the at-risk-of-poverty rate in Malta stood at 15.9%, whilst this rate among persons aged below 18 years of age stood at 24.1%.

Persons living in single parent households were found to be particularly susceptible to being at risk of poverty with 46.3% of these individuals having an equivalised income below the at-risk-of-poverty threshold.

In relation to deprivation, this research indicated that over half of the surveyed population were living in households that could not afford to pay for a one-week annual holiday away from home. Furthermore, 22.1% could not afford to keep their home adequately warm in winter and 24.7% could not cope with facing unexpected financial expenses. The severe material deprivation rate stood at 10.2% whilst the at-risk-of-poverty or social exclusion (AROPE) indicator stood at 23.8% (NSO, 2015).

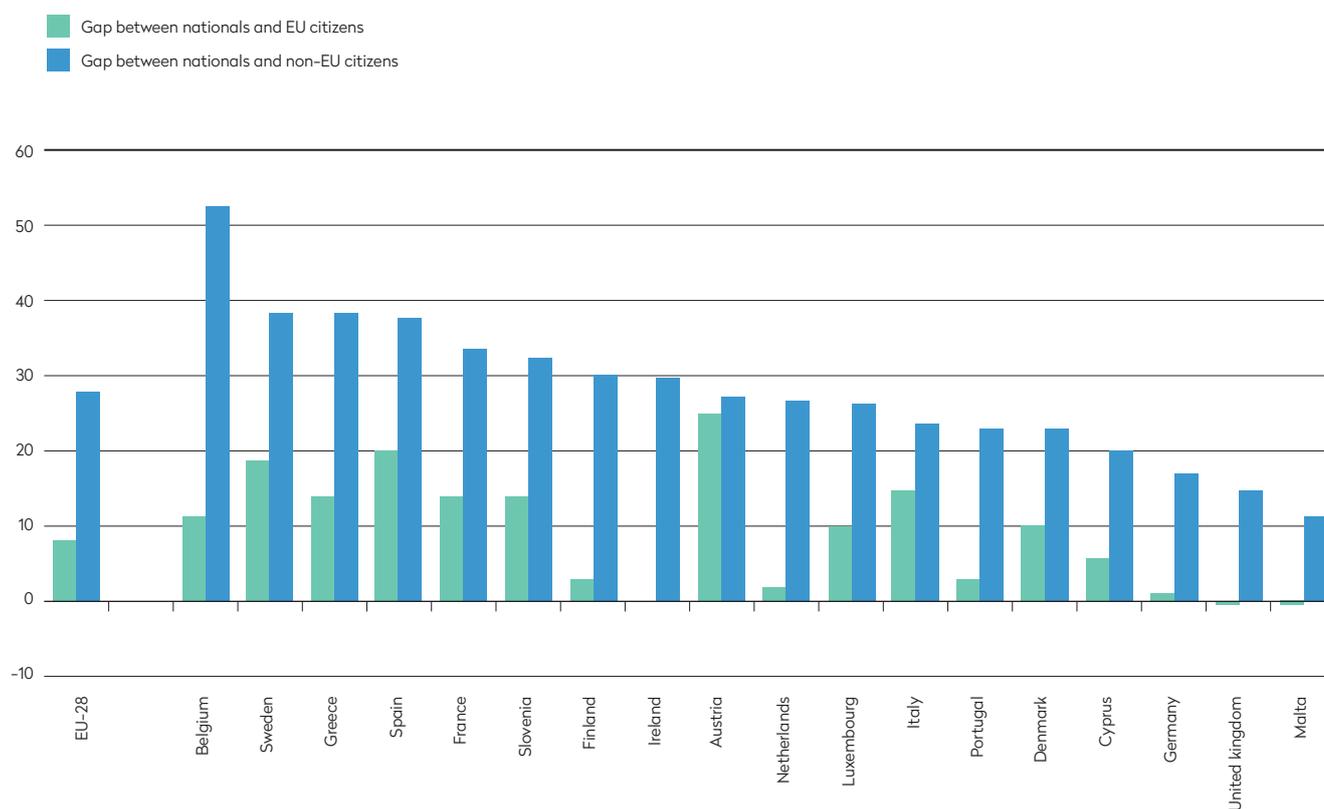
“ This survey indicated that at the at-risk-of-poverty rate in Malta stood at 15.9%, whilst this rate among persons aged below 18 years of age stood at 24.1%. ”

## 1.9 Poverty among migrants in Malta

Eurostat, the statistical office of the European Union (EU), regularly collects comparative data about the income of local, EU and non-EU citizens living in EU member states. Over the time period 2007–2014, the average AROPE rates across the EU for nationals were lower than for foreign citizens (EU or non-EU). Over time, data collected shows a significantly increase in AROPE rates for non-EU citizens (AROPE rate for this group increased from 36.7 % in 2005 to 40.1 % in 2014). In consonance with these results, a study investigating poverty and social exclusion among the migrant population in EU (Lelkes & Zolyomi, 2011) concluded that in most countries, EU and non-EU migrants constitute two distinct groups in terms of their exposure to poverty and that the latter are occasionally exposed to a significantly higher risk of poverty than the 'indigenous' population<sup>18</sup>.

On an individual EU member state level, according to Eurostat data (refer to Figure 1.1), in 2014 the greatest gaps in AROPE rates between citizens of the reporting country and non-EU citizens were observed in Belgium (+53.3 percentage point (pp)), Sweden and Greece (both +37.6 pp) and Spain (+36.7 pp). In contrast, this gap was significantly smaller in the Czech Republic (3.1 pp) and Malta (12.9 pp)<sup>19</sup>. Based on these data trends, the Sunday Times (2014) reported that non-EU migrants in Malta are among the least at-risk-of-poverty or social exclusion when compared to other non-EU migrants in other EU states. Eurostat data in 2013 also indicated that the share of non-EU citizens aged 18 and over who were severely materially deprived was higher than for nationals across all EU countries with the exception of Malta (8.6% for non-EU citizens compared with 9.1% for nationals, or -0.5 percentage points). In contrast, the largest differences between the proportion of adult non-EU citizens and adult nationals being severely materially deprived were observed in Greece (56.8 per cent for non-EU citizens compared with 17.6 per cent for nationals, or +39.2 pp), followed by Belgium (+28.8pp) and Portugal (+20.9pp).

Figure 1.1 - Gaps in AROPE rates between nationals, EU & non-EU citizens in EU member states



<sup>18</sup> Unfortunately this analysis used SILC data pertaining to 25 EU countries, but excluded Malta because of sample size problems (Lelkes & Zolyomi, 2011).

<sup>19</sup> The AROPE rate in 2014 for non-EU citizens residing in Malta stood at 36.7%.

“To our knowledge, there currently is a dearth of research investigating the extent of the phenomena of poverty and deprivation among the asylum seeking population in Malta”

### 1.10 Poverty among asylum seekers in Malta

In 2010, JRS (2010) conducted a qualitative study investigating the phenomenon of destitution amongst asylum seekers. Through purposive sampling, 27 asylum seekers fitting the definition of destitution were identified and interviewed, so as to gain a clearer picture of their situation and highlight possible causative and contributing factors. The results of this study highlighted several factors that contribute to asylum seekers' vulnerability to destitution. These included an ambiguous legal framework that failed to clearly specify the content of welfare benefits asylum seekers and beneficiaries of protection were entitled to, benefits available being inadequate to cover basic subsistence costs and difficulties in accessing housing offering decent living conditions. Whilst this research provided a valuable glimpse into the barriers financially vulnerable refugees face, the study design adopted meant that it could not shed light on how widespread the problems of inadequate income and resources are in this population.

Another study focusing specifically on this study's population of interest investigated a contributing factor to poverty: employment. This study conducted by the Office of the Refugee Commissioner (2013) found that only 42% of the beneficiaries of international protection declared having a job, therefore pointing towards an unemployment rate of 58% in this particular population.

To our knowledge, there currently is a dearth of research investigating the extent of the phenomena of poverty and deprivation among the asylum seeking population in Malta and statistics about these factors among the general migrant population are the closest approximation available. However, given that the data provided by Eurostat does not differentiate between the various forms of migration and that therefore the above-mentioned rates cover disparate types of immigrants such as forced migrants and highly-skilled labour migrants, assuming that this data closely reflects the reality of the asylum seeker population is a flawed and dangerous conjecture.

### 1.11 Consequences of Poverty

It is not an overstatement to claim that poverty has far reaching consequences for quality of life. Literature indicates that low income individuals are at greater risk of being exposed to chronic strains such as economic hardship, job dissatisfaction and frustrated aspirations (Williams, 1990). Additionally, when compared to high income individuals, the poor appear to have relatively fewer social resources to draw on; they tend to have smaller social networks, more infrequent contact with family and friends and less organizational involvement (Cochran et al., 1990). This may at least partly be due to the fact that people living in poverty lack the economic resources required to maintain extended social networks.

Given that poverty is associated with stress, chronic strains and a low level of social support, it is not surprising that low income individuals also have a comparatively low level of psychological well-being. In fact, there is a strong body of evidence linking poverty with poor mental health. According to the 2003 World Health Report (WHO), the poorest population quintiles in rich countries exhibit depression and anxiety disorder prevalence rates that are 1.5 to 2 times higher than the rates of the richest quintiles. Furthermore, a review of 115 studies (Lund et al., 2010) exploring the relationship between mental health and poverty in low- and middle-income countries found a negative association between poverty indicators and salutary mental health outcomes in 79% of the studies.

Apart from this substantial body of research providing strong evidence of an association between poverty and psychological well-being, there are studies that have been directly testing out the hypothesis that financial difficulties cause psychological problems. To this end, Haushofer and Fehr (2014) reviewed 25 studies investigating the effect of an increase or decrease in poverty on psychological well-being<sup>20</sup>. Of these, 18 studies revealed poverty alleviation had a salutary effect on psychological well-being or stress, 5 studies showed effects on certain psychological factors related to well-being or stress (e.g. specific mental health disorders) but not others, and 2 studies provided no results. The authors concluded that the large majority of the findings reviewed suggest that increases in poverty often lead to negative affect and stress with decreases in poverty having the opposite effect, thus demonstrating a strong evidence base for a causal effect.

<sup>20</sup> This increase or decrease in poverty was induced in either randomized controlled trials or natural experiments.

Empirical literature also provides evidence of a strong association between poverty and physical health. In fact, disparities in health across socioeconomic status have been recognized by researchers for several decades (Gallo & Matthews, 2003). Mullahy, Robert and Wolfe (2003), after reviewing research about this topic, concluded that a voluminous body of research demonstrates a robust association between income and mortality and morbidity that is present across various income and health indicators as well as across various timepoints. Interestingly research also indicates that persistent poverty seems to be most deleterious for physical health; individuals who suffer from poverty on a constant, long-term basis exhibit worse health outcomes than those who experience poverty occasionally or for isolated periods (Smith & Zick, 1994; Menchik, 1993).

### 1.12 Asylum seekers and Mental Health

Watters (2007) argues that becoming a refugee is a composite experience encompassing numerous losses and hardships occurring across the pre-migration, flight and post-migration periods. The decision to flee in itself brings about a long series of losses: of homeland, culture, tradition and a familiar way of life. Individuals seeking asylum may have also been exposed to several traumatic experiences in their country of origin such as the loss of family due to war or oppression, being recruited as a soldier to fight or having to live in hiding without the chance to exercise their rights. Furthermore, they may have endured traumatic experiences as they fled their country such as imprisonment, torture, rape, arduous journeys and witnessing the death of friends or family. Finally, the post-migration environment may also be fraught with a wide array of adversities including stringent asylum policies, mandatory detention and challenges such as the navigation of an alien cultural context and facing discrimination and xenophobia (Silove, Steel, & Watters, 2000; Castro & Murray, 2010). These prolonged and acutely distressing events, in particular the myriad losses of home, culture and status synonymous with this experience, have been associated with powerful demands on the individual's psychological systems; examples offered include the upheaval of one's identity (Alcock, 2003) and the loss of meaning and hope (Fischman, 2008).

Empirical evidence has highlighted the significant impact refugee experiences exert on mental health, pointing towards an association between such experiences and feelings of powerlessness (Farias, 1991, as cited in Muecke, 1992), uncertainty, dependency and of being in the minority (Hussain & Bhushan, 2009). In fact, a meta-analysis of 181 surveys investigating the mental health of 81,866 refugees (Steel et al., 2009) found high prevalence rates of PTSD (30.6%) and depression (30.8%) in this population. Furthermore, another review of research in this field uncovered significantly worse mental health outcomes for refugees when compared to a group of non-refugees (e.g. voluntary migrants) (Porter & Haslam, 2005).

Juxtaposing evidence about the relationship between poverty and health with evidence about the relatively high rate of mental health difficulties in the refugee population highlights the particularly precarious situation of asylum seekers suffering from poverty and suggests that this population might be at a markedly high risk of adverse health outcomes.

### 1.13 Objectives

In line with the concerns outlined above and the direction provided by a review of relevant literature, this study aims to investigate the degree of poverty and deprivation among the asylum seeking population in Malta and the potential impact of inadequate income and resources on the individual's health and well-being. Moreover this research specifically sets out to:

- Investigate whether there are significant differences between the monetary at-risk-of-poverty rate and AROPE rates between the asylum seeking population and the general Maltese population.
- Shed light on the sources of income and the extent of deprivation in the asylum seeker population;
- To explore the strength of the association between poverty and deprivation and the health indicators of emotional well-being, life satisfaction and perceived physical health in the asylum seeker population;
- To explore the potential impact of poverty and deprivation on both psychological and physical health in the asylum seekers population.



# METHODOLOGY

## 2.1 Research Methodology and Design

A quantitative methodology was deemed most suited to reaching the study's objectives as this research framework is adept at collecting data that provides representativeness and generalisability. Furthermore, the use of a quantitative model employing well-developed and standardised measures of the constructs under analysis was considered preferable as it permits an investigation that is informed by previous advances in this field and that produces results that are easily comparable. Therefore the collection of quantitative data from a large sample using questionnaires and inventories and subsequent statistical analysis was utilised to fulfil the stated research objectives. For this purpose, at-risk-of-poverty and AROPE rates and a number of other indicators of income and deprivation were treated as this study's independent variables (IVs) while emotional well-being, life satisfaction and perceived physical health were considered as dependent variables (DVs).

## 2.2 Sampling

The population of interest for this study consisted of asylum seekers residing in Malta since 2014. For the purpose of the study, asylum seekers are defined as individuals who had at some point applied for asylum in Malta irrespective of the outcome of this application and asylum seekers still going through the asylum process are referred to as asylum applicants. Given that this study was focusing on the income earned in 2015, arrival in Malta or, in cases where detention was mandated, release from detention prior to January 2015 were adopted as inclusion criteria so as to ensure that the study's sample was derived from the population that could attempt to access the labour market throughout 2015.

Given that pragmatic constraints made any form of probability sampling unfeasible, a combination of convenience and volunteer sampling was deemed adequate to recruit participants from the research population. Based on an a priori power analysis, in order to have the capacity to test a generated hypothesis using a multiple regression model employed two or three predictors, at significance level 0.05 and power 0.8 with the ability to identify a small effect size of 0.1, a sample size of 64 households was the minimum target set for this research.

Issues of generalisability were also considered and to maximise the study's external validity attention was given to matching the characteristics of the sample recruited with the research population. In order to maximise the research sample's heterogeneity and ensure a closer match with the research population, available statistics about asylum in Malta were consulted so as to obtain an estimate of the size and composition of the population of interest.

Statistical information pertaining to the time period 2004-2014 (UNHCR, 2016; Office of the Refugee Commissioner, personal communication, 2016) regarding asylum applications, outcome of asylum decisions and resettlement, relocation and voluntary returns figures were consulted so as to arrive at an approximation of the total amount of asylum seekers arriving in Malta and the total amount of asylum seekers leaving Malta permanently using legal means. Additionally an estimate of the amount of beneficiaries of protection and rejected asylum seekers leaving Malta irregularly was factored in in order to arrive at a final estimate of the total amount of asylum seekers residing in Malta at the end of 2014. The output of this exercise indicated an estimate of 9,500 asylum seekers as the size of the research population. Based on the same statistical information the composition of the research population per legal status was estimated so as to set sample parameters for the distribution of this variable in the study's sample (refer to Table 2.1). This extra attention was dedicated to this demographic variable because, as discussed in the introductory chapter, it was considered highly relevant for the individual's capacity to seek employment and access social benefits.

**Table 2.1 – Estimated composition of Research Population per Legal Status**

RESEARCH POPULATION PER LEGAL STATUS	PERCENTAGE
Rejected asylum seekers	20.6%
THP/N	7.5%
Subsidiary Protection	59.0%
Refugee Status	6.6%
Asylum seekers	6.3%
<b>Total - 9,500</b>	<b>100.0%</b>

### 2.3 Data Collection Procedures

Data was collected by interviewing the head of household, in this context meaning the main breadwinner. For this study's purpose a household was understood as a group of people sharing accommodation and daily living expenses; meaning a group of individuals whose shared expenditure pertains to all living expenses and not solely rent and utility bills. Remittance payments abroad were considered household transfers if the beneficiaries of such payments included members of the asylum seeker's family of origin or nuclear family. It is relevant to note that the data collected regarding income pertains to the whole household, while data about physical and mental health pertains to the head of the household.

Information regarding income and health indicators was collected from 72 households, and it was additionally possible to collect information about deprivation and dwelling conditions from 44 of these households.

Interviews were conducted at either the JRS or aditus office or at the open centres where participants were residing. These interviews were conducted by JRS and aditus project workers trained in the administration of the data collection tools and their average duration was 40 minutes.

### 2.4 Data Collection Tools

#### 2.4.1 European Union Survey on Income and Living Conditions (EU-SILC)

The European Union Statistics on Income and Living Conditions (EU-SILC) is an instrument aimed at collecting comparable cross-sectional and longitudinal multidimensional data on income, poverty, social exclusion and living conditions. The EU-SILC is composed of household questions covering details of accommodation, living facilities and regular household expenses and personal questions asking for information regarding work and income pertaining to household members aged 16 years and over. An additional demographic question was added enquiring about the respondent's legal status as such information was considered to be directly relevant to their ability to meet their financial needs.

#### 2.4.2 EU-SILC Methodological Notes

The at-risk-of-poverty rate represents the share of persons living in private households with an equivalised income that falls below the threshold of 60% of the median NEI. In order to reflect differences in a household's size and composition, the household's equivalised income is calculated by dividing the total household income by the equivalised household size. The latter is calculated by summing the number of 'equivalent adults' per household as calculated using a standard equivalence scale<sup>22</sup>.

The at-risk-of-poverty or social exclusion (AROPE) rate corresponds to the proportion of persons who fall within at least one of the following three categories:

<sup>22</sup> Using the modified OECD (Organisation for Economic Co-operation and Development) scale a weight is assigned to all household members of the household using the following model:

- 1.0 to the first adult;
- 0.5 to the second and each subsequent person aged 14 and over;
- 0.3 to each child aged under 14.

1. Persons who live in at-risk-poverty rate households.
2. Persons who live in severely materially deprived private households.
3. Persons aged 0-59 who live in households with very low work intensity (i.e. households where the adults worked less than 20% of their total work potential).

Material Deprivation in the EU-SILC is assessed by computing the total of negative responses on a selection of survey questions (i.e. deprivation items) regarding the household's ability to cope with daily living expenses and afford a number of goods. In standard EU-SILC scoring, persons living in households who are not able to afford at least three of the nine deprivation items are considered to be materially deprived, while persons living in households who are not able to afford at least four of the deprivation items are considered to be severely materially deprived.

Finally it should be noted that this study is using statistics regarding poverty indicators pertaining to 2014 as a reference point as the relevant 2015 statistics were only publicly available after the data analysis was completed.

#### **2.4.3 Short Happiness and Depression Scale (SDHS)**

The Short Happiness and Depression Scale (SDHS; Joseph et al., 2004) (Cronbach's  $\alpha=.86$ ) was utilised to measure emotional well-being. The SDHS is an abbreviated version of the Depression-Happiness Scale (D-HS; McGreal & Joseph, 1993), a bipolar scale that purports to be a continuous measure of negative to positive affect. Scores on the SDHS range from 0-18, with higher scores denoting higher well-being. A score of <10 on this scale suggests the possibility of mild but clinically relevant depression. The SDHS was chosen because it provides a rapid assessment of both positive and negative emotional states, whilst still demonstrating a good level of convergent validity with the full D-HS and other established measures of depression and happiness (Joseph et al., 2004).

#### **2.4.4 Satisfaction with Life Scale (SWLS)**

The Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985) (Cronbach's  $\alpha=.87$ ) was employed to measure life satisfaction. The SWLS is a five item self-report measure that assesses the respondent's global evaluation of satisfaction with life. This scale does not assess satisfaction with specific life domains such as health and finances, but instead allows respondents to integrate these domains in their evaluations. Scores range from 5-35 with higher scores indicating higher satisfaction with life. The SWLS was chosen because of its satisfactory correlations with other measures of subjective well-being ranging from .58 to .75 (Joules, 2007) and its good level of discriminant validity from emotional well-being measures (Pavot & Diener, 1993).

#### **2.4.5 Short Form (SF-12) Health Survey**

The SF-12 is a multipurpose short-form generic measure created from questions selected from the SF-36 Health Survey (Ware, Kosinski, and Keller, 1996) that were combined, scored, and weighted to create two scales that assess mental and physical functioning. For the purpose of this research the component of the SF-12 measuring the latter and providing a Physical Health Composite Score (PCS) was utilised to assess perceived physical health. The standard scoring procedure for the SF-12 involves computing an aggregate score using regression weights based on the general US population. For this study a straightforward computation of the individual items was utilised with total scores ranging from 0-14 and with higher scores being indicative of salutary physical health.

### **2.5 Statistical Analysis**

Following data collection, results were compiled and analysed using SPSS Version 24.0 and the following statistical procedures employed. Initially, the frequencies of all demographic variables were computed to explore the distribution of these factors across the study's sample. Then deprivation scores, total and equivalised household income, monetary at-risk-of-poverty and AROPE rates were calculated so as to establish the poverty indicators. Subsequently, inter-correlations between all poverty and health indicators were calculated to explore the strength of association between these variables. To investigate significant differences in health between income groups an independent samples t-test was conducted. Finally, to investigate the variance contribution of the poverty indicators on health indices, linear and multiple regression analysis were performed to statistically ascertain which predictor variables had the greatest effect on life satisfaction, emotional well-being and perceived physical health.



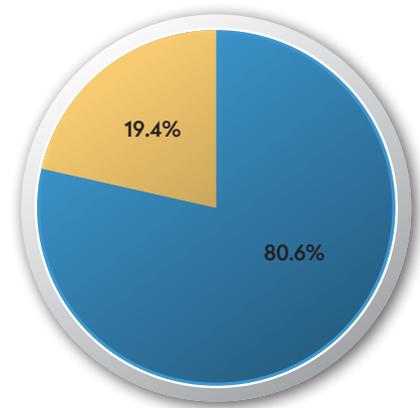
# RESULTS

## 3.1 Demographics

### 3.1.1 Gender

Figure 3.1 – Gender Composition

Male  
Female

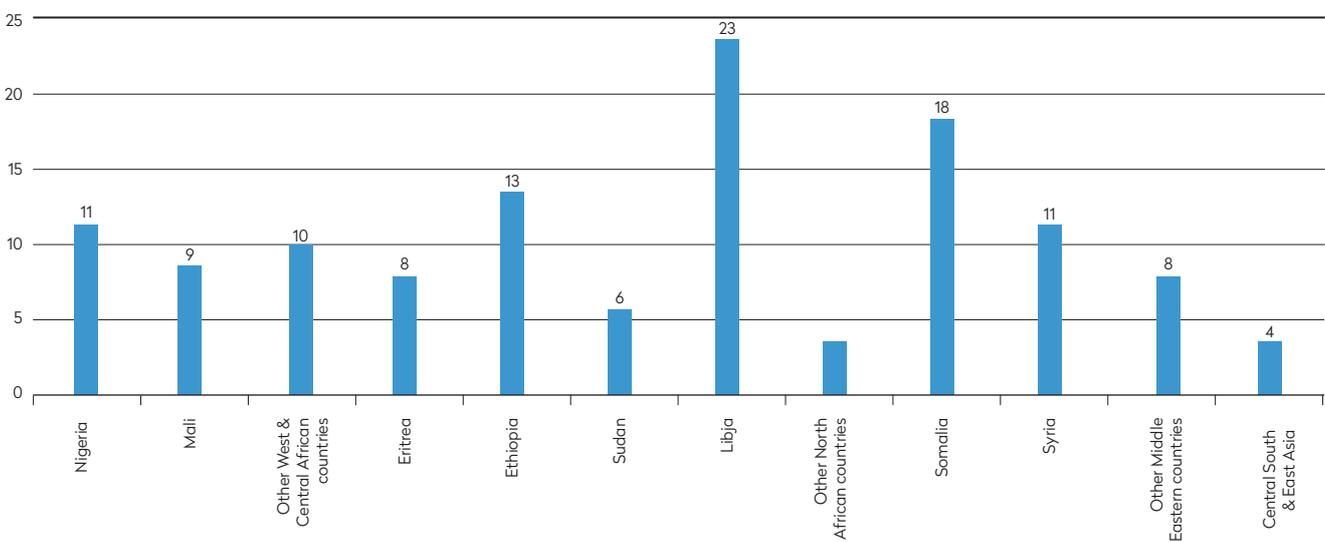


The majority of the head of households interviewed were male; i.e. 58 out of a total of 72.

### 3.1.2 Age

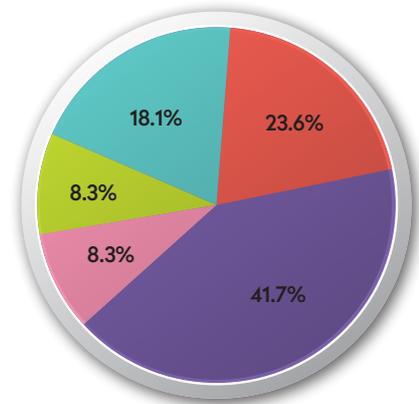
The ages of the heads of household ranged from 18 to 68 years with a mean age of 31 years. In terms of age composition it is relevant to note that out of 125 individuals there were 33 minors distributed across 17 households.

### 3.1.3 Country of Origin



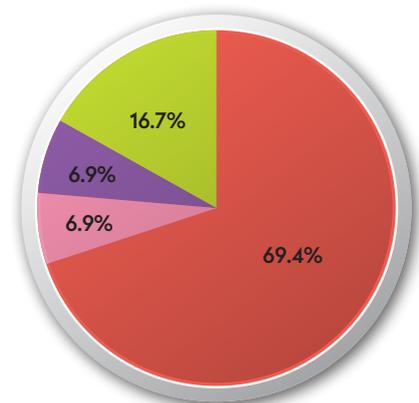
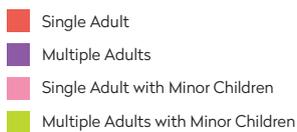
Participants hailed from a variety of regions with West and Central Africa, East Africa, North Africa and the Middle East all being represented and with the most common country of origin being Libya with 23 persons.

### 3.1.4 Legal Status



The majority of the heads of household interviewed were beneficiaries of protection; 73.6% were beneficiaries of either Refugee Status, Subsidiary Protection or Temporary Humanitarian Protection. On the other hand, 13 out of 72 heads of household were rejected asylum seekers.

### 3.1.5 Type of Household

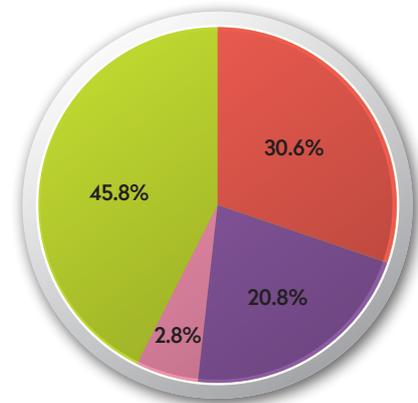


The most common type of household (50 out of 72 households) was composed of a single adult, with the majority of these cases being male. A relatively small proportion of the study's sample comprised households with multiple adults and no minors or single adults with minors (5 households for each of these types), while 12 households were composed of multiple adults and minors. The majority of the latter type comprised two adult partners residing with their offspring, with the exceptions being two cases of relatives taking care of minor children.

## 3.2 Poverty Indicators

### 3.2.1 Employment

Given that, for a proportion of respondents, occupation status varied throughout the year, frequency of occupation status was calculated by taking into account the individual's occupation status for the majority of the time period January to December 2015. This indicated that 54.2% of the sample enjoyed some form of gainful employment for at least 6 months of the year, with 20.8% being employed part-time. However it is relevant to note that only 23.6% of the heads of household were employed full-time throughout the whole time period January to December 2015. Average self-employment/employment income over 2015 for participants in employment was €4,066.82, while the mean for participants employed full-time throughout 2015 was €9,892.07.



“out of the 17 households comprising multiple adults there was only a single case of two adults both being in gainful employment.”

Furthermore data showed that 38.9% of households displayed very low work intensity, meaning that adults in these household worked less than 20% of their combined total work potential. It is also insightful to note that out of the 17 households comprising multiple adults there was only a single case of two adults both being in gainful employment.

When taking into account the proportion of time in gainful employment, whether part-time or full-time, out of the total time period spent residing in Malta, data indicated that on average heads of household were in employment for approximately half of the time (i.e. 49.4%) they have been living in Malta. Finally, data about the type of employment contract indicated that out of 51 employed head of households, more than half, i.e. 30, didn't have any of form of work contract.

### 3.2.2 Income

Data analysis revealed that the sample's average disposable household income for 2015 was €5,772.04, with the mean equivalised disposable household income standing at €4,823.45 and falling well below Malta's 2014 at-risk-of-poverty threshold of €7,672 (NSO, 2015). Data regarding household transfers revealed that out of the sample of 72 households there were 8 households receiving and 22 sending monetary transfers, with a total €26,685 sent and €10,950 received. The average disposable income after accounting for both household transfers sent and received was €5,553.59 with equivalised disposable household income post-transfers standing at €4,658.52 and also featuring well below the at-risk-of-poverty threshold.

Apart from the income from employment described above, surveyed households' only other source of income were social security benefits or allowances. Out of the 72 participating households, 30 received some type of benefits or allowance with the most common form being Social Assistance. Total amounts of benefits/allowances received ranged from €260 to €10,800 in a year with a mean of €3,162.53 a year or €263.54 a month.

**Table 3.1 – Type of Social Security Benefit or Allowance received**

TYPE OF BENEFIT/ALLOWANCE	COUNT	RESPONSE %
Unemployment Benefit	4	5.6%
Social Assistance	14	19.4%
Children's Allowance	1	1.4%
Children's Allowance & Other Benefit	3	4.2%
Per Diem Allowance <sup>23</sup>	8	11.1%
None	42	58.3%

Through the EU-SILC, information was also collected about the household's monthly expenditure on general every day consumption<sup>24</sup> and the perceived lowest net monthly income required to make ends meet. Regarding the former, the average amount spent on daily consumption monthly ranged from €80 to €1,300 with a mean of €306.53 and standard deviation (SD) of €214.11. Regarding the latter, the perceived minimum required ranged from €200 to €2,000 with a mean of €681.25 and SD of €359.13. Comparing the surveyed households' actual income with the perceived minimum income required revealed a mean discrepancy of €-200.59 (referred to as the discrepancy score from now onwards) meaning that, for every month, participating households earned on average €200.59 less than what they considered the minimum amount required for essential expenditure.

Furthermore this struggle was also reflected in participants' rating of the difficulty to make ends meet. In fact, the large majority of respondents chose ratings indicating some extent of difficulty in making ends meet, with one fifth of the head of households claiming to experience great difficulty in this area (refer to Table 3.2).

**Table 3.2 – Rating of perceived difficulty to make ends meet**

Considering your household's total monthly or weekly income, your household is able to make ends meet.		
ANSWER OPTIONS	RESPONSE PERCENT	RESPONSE COUNT
With great difficulty	20.8%	15
With difficulty	27.8%	20
With some difficulty	33.3%	24
Fairly easily	13.9%	10
Easily	4.2%	3
Very easily	0.0%	0

<sup>23</sup> The Per Diem Allowance is provided to open centre residents to cover subsistence costs.

<sup>24</sup> Referring to items such as food, toiletries and cleaning products.

### 3.2.3 At-Risk-of-Poverty and AROPE Rates

Using the aforementioned at-risk-of-poverty threshold of €7,672 to identify at-risk households indicated that 54 households representing 80% of total participants fit this category; a rate that is approximately 5 times higher than the at-risk-of-poverty rate of 15.9% found in the general population (NSO, 2015). If the household's income is adjusted to take into account household transfers, the amount of at-risk households increases slightly to 55. Similarly, the AROPE rate of this study's sample stood at a markedly high level of 88.6%.

An analysis of the distribution of at-risk-of-poverty households across the demographic categories of legal status and household type indicated that risk of poverty was relatively evenly spread across all kinds of households and protection statuses, with all demographic categories exhibiting a proportion of at risk of households of two thirds or more. Furthermore, analysing the distribution of at-risk-of-poverty households across duration of stay in Malta indicated that, within the study's sample, households composed of asylum seekers who have been residing in Malta for a longer period of time are not at a lower risk of poverty than more recent arrivals.

**Table 3.3 - At-risk-of-poverty households across Legal Status**

LEGAL STATUS	COUNT	NO. AT RISK
Refugee Status	17	14
Subsidiary Protection	30	19
THP/N	6	6
Rejected Asylum seeker	13	9
Asylum seeker	6	6
	<b>72</b>	<b>54</b>

**Table 3.4 - At-risk-of-poverty households across Household Type**

HOUSEHOLD TYPE	COUNT	NO. AT RISK
Multiple Adults	4	5.6%
Multiple Adults with Minor Children	14	19.4%
Single Adult	1	1.4%
Single Adult with Minor Children	3	4.2%
	<b>72</b>	<b>54</b>

“ The sample’s material deprivation rate stood at 85.3%, more than 4 times higher than the rate for Malta’s general population (i.e. 20.2%) (NSO, 2015). ”

**Table 3.5 – At-risk-of-poverty households across Duration of Stay in Malta**

LENGTH OF TIME RESIDING IN MALTA	COUNT	% AT RISK
1 year	23	87.0%
2-3 years	25	56.0%
4+ years	24	83.3%
	<b>72</b>	

### 3.2.4 Deprivation

The severe material deprivation rate for the sample of 44 households providing the relevant information stood at 49.5%, a rate close to 5 times higher than the severe material deprivation rate of 10.2% found in Malta’s general population (NSO, 2015). The sample’s material deprivation rate stood at 85.3%, more than 4 times higher than the rate for Malta’s general population (i.e. 20.2%) (NSO, 2015).

In relation to individual deprivation items (refer to Table 3.6), this research indicated that 22.1% could not afford to keep their home adequately warm in winter and 24.7% could not cope with facing unexpected financial expenses. Furthermore the vast majority of the surveyed population were living in households that could not afford to pay for a one-week annual holiday away from home.

**Table 3.6 – Responses on Deprivation Items**

DEPRIVATION ITEM	STUDY SAMPLE % NOT ABLE TO AFFORD ITEM	GENERAL POPULATION % NOT ABLE TO AFFORD ITEM
Private car or van	74.7%	3.3%
Paying for a week’s annual holiday away from home	95.8%	51.9%
Eating meat, chicken or fish every second day	40.0%	15.5%
Face unexpected financial expenses of around Euro350 from own resources	84.2%	24.7%
Keeping your home adequately warm in winter	31.6%	22.1%
Household in arrears for rent or bills	38.9%	15.0%

A material deprivation score per household was calculated by assigning a score of 1 to the negative responses on the deprivation items employed to calculate the material deprivation rates and summing these scores per household. The sample’s mean material deprivation score of 4.11 (with a SD of 1.73) was above the cut-off point for severe deprivation. A total deprivation score per household was similarly calculated by summing all the negative responses on the EU-SILC’s personal and household deprivation items. Scores on this factor which therefore in theory range from 0-17 displayed an average score of 8.24 and a SD of 3.49.

### 3.3 Living Conditions

**Table 3.7 – Responses on Type of Dwelling**

Indicate the type of dwelling that you live in.		
ANSWER OPTIONS	RESPONSE PERCENT	RESPONSE COUNT
Terraced House	1.4%	1
Maisonette	9.7%	7
Apartment in Large Block	4.2%	3
Apartment in Small Block	48.6%	35
Homeless	1.4%	1
Open Centre	34.7%	25

Apart from participants residing in the Hal Far and Marsa open centres<sup>25</sup>, the majority of households rented their accommodation. The only exceptions were 6 households that were provided accommodation free of charge<sup>26</sup>. In the study's sample there were no house owners (with or without mortgage), only one household benefited from governmental subsidies for rent and one participant was homeless. Out of the households paying rent, the average paid was €3,010.08 per year or €250.84 per month. These amounts reflect either the full rent payment for a property or the partial rent payment made by individuals or families who share rent and utility bills with other parties but don't share any other other form of expenditure or income.

From the 44 households questioned about living conditions, shortage of space and lack of light emerged as the most common problems with slightly less than half the households reporting such difficulties (refer to Table 3.8). Evaluations about condition of dwelling were evenly spread (refer to Table 3.9)

**Table 3.8 – Responses on Problems with Accommodation**

PROBLEMS WITH ACCOMMODATION	% OF RESPONDENTS
Shortage of space	46.50%
Leakages, dampness or rot	30.20%
Lack of light	39.50%
Noise	32.60%
Pollution, grime, or other environmental problems in the area	20.90%
Crime, violence or vandalism in the area	11.60%

<sup>25</sup> Hal Far and Marsa Open Centres in Malta provide asylum seekers with accommodation and differing levels of support but do not operate as traditional residential institutions.

<sup>26</sup> These were provided by Church authorities through different channels.

**Table 3.9 – Responses on Condition of Dwelling**

In which condition is this dwelling?		
ANSWER OPTIONS	RESPONSE PERCENT	RESPONSE COUNT
Very good	16.3%	7
Good	34.9%	15
Neither good or bad	37.2%	16
Bad	11.6%	5
Very bad	0.0%	0

**Table 3.10 – Responses on Perception of Housing Costs**

To what extent are housing costs a financial burden to you?		
ANSWER OPTIONS	RESPONSE PERCENT	RESPONSE COUNT
Heavy burden	20.9%	9
A slight burden	32.6%	14
Not a burden at all	46.5%	20

In relation to housing costs, one fifth of the head of households questioned considered such expenditure to constitute a heavy financial burden and one third considered these costs to represent a slight burden. It is relevant to note that 6 out of the 20 participants who reported finding housing costs as not particularly problematic were benefitting from accommodation provided free of charge.

### 3.4 Health Indicators

Respondents' mean scores on emotional well-being and life satisfaction pointed towards relatively low levels of psychological well-being. The mean SDHS score for participating heads of household of 8.10 is below the threshold depression-happiness score of 10 indicated by literature as a potential cut-off point for mild but clinically relevant depression (Joseph et al., 2004). In fact data analysis revealed that the scores of 69.4% of the heads of household indicated clinical depression. Moreover the total mean for life satisfaction scores (12.85) was lower than the bottom end of the range of means of 14.4 to 27.9 obtained by an extensive list of studies using the SLWS (Pavot & Diener, 1993). On the other hand, scores on the SF-12 seemed to depict respondents' physical health in a more salutary way than mental health. The average score for participating households on this variable was 10.43 out of potential total score ranging from 0-14, with 52.8% of respondents rating their health as either excellent or very good and 32% rating it as average or poor (refer to Table 3.11).

**Table 3.11 – Respondent's ratings of their Physical Health condition**

In general, would you say your health is:		
ANSWER OPTIONS	RESPONSE PERCENT	RESPONSE COUNT
Excellent	25.0%	18
Very Good	27.8%	20
Good	15.3%	11
Average	18.1%	13
Poor	13.9%	10

The health section of the EU-SILC provided further information about the heads of households' physical health; 7 out of 44 respondents, i.e. 15.9% of the total sample, reported suffering from a chronic health condition, whilst only one respondent out of 44 reported not being able to access a medical examination or treatment they required for a health problem.

### 3.5 Correlational Analysis

#### 3.5.1 Distribution of Poverty and Health Indicators

Prior to investigating the strength of the associations between the study's continuous variables, the distribution of these factors was analysed. This analysis revealed that the continuous variables acting as poverty or health indicators could be classified into the following categories:

- Normal Distribution – Discrepancy score, material deprivation score, total deprivation score and depression-happiness.
- Non-Normal Distribution – Household income, household income post-transfers, equivalised household income, equivalised household income post-transfers, daily consumption expenditure, life satisfaction and perceived physical health.

#### 3.5.2 Bivariate Correlations

The inter-correlations between all poverty and health indicators were calculated by either utilising the Pearson product-moment correlation coefficient or the Spearman's rank correlation coefficient as the non-parametric alternative, depending on whether the variables under investigation fit the assumption of normal distribution.

Correlational analysis of the inter-relationships between income and deprivation factors provided predictable as well as unexpected results. As could be expected, daily consumption expenditure and the discrepancy score were highly positively correlated to equivalised ( $r = 0.411, p < 0.001$ ;  $r = 0.670, p < 0.001$  respectively) and non-equivalised household income ( $r = 0.498, p < 0.001$ ;  $r = 0.600, p < 0.001$  respectively). This indicates that in the study's sample higher levels of household income were associated with higher levels of expenditure on daily consumption items and with a wider distance between actual income and the perceived minimum household income required. On the other hand, whilst the material deprivation score was significantly negatively correlated to household income ( $r = -0.318, p < 0.05$ ) it wasn't significantly associated with equivalised household income and the total deprivation score wasn't correlated to either of these measures.

Regarding the relationships between health indicators, as expected, emotional well-being was highly positively correlated to life satisfaction ( $r = 0.510, p < 0.001$ ) and also displayed a significant positive association with perceived physical health ( $r = 0.234, p < 0.05$ ). On the other hand, life satisfaction and perceived physical health scores were not significantly correlated.

Testing the correlation of all possible pairings of a poverty indicator with a health variable indicated that the associations between the following pairings were statistically significant: The material deprivation ( $r = -0.329, p < 0.05$ ) & total deprivation scores ( $r = -0.422, p < 0.01$ ) were both significantly negatively correlated with depression-happiness, meaning that higher scores on deprivation were associated with lower scores on emotional well-being. On the other hand, income after adjusting for transfers was positively correlated with depression-happiness ( $r = 0.232, p < 0.05$ ), meaning that higher levels of disposable income were associated with higher levels of emotional well-being. Daily consumption expenditure was also significantly positively associated to emotional well-being ( $r = 0.243, p < 0.05$ ). Correlational analysis also indicated that the discrepancy and total deprivation scores were both significantly negatively correlated with life satisfaction ( $r = -0.382, p < 0.05$ ;  $r = -0.255, p < 0.05$  respectively). Finally, equivalised household income was the only poverty indicator to be significantly associated to perceived physical health ( $r = 0.253, p < 0.05$ ), meaning that higher amounts of equivalised income were related to more positive ratings of physical health by respondents.

### 3.6 Independent Samples t-Test

A valuable way of further investigating the relationship between poverty and mental and physical health consists of using an independent samples t-test to compare higher and lower income groups in terms of the postulated dependent variables. In this regard, using the at-risk-of-poverty threshold to divide the study's sample into a group above and a group below the threshold was a possible option taken into consideration. However given the unbalanced distribution between these two categories this option was not considered a reliable way to compare the health scores of groups differing in income. The alternative selected was to use the question about household's perceived ability to make ends meet to divide the households surveyed in the following manner:

- Group A: 35 households selecting the "With great difficulty" or "With difficulty" responses.
- Group B: 37 households selecting responses ranging from "With some difficulty" to "Easily".

Results from the independent samples t-test conducted indicated significant differences between Group A and Group B in relation to psychological well-being in favour of the latter, but no significant differences in perceived physical health. This test revealed highly significant difference in happiness-depression scores between Group B ( $M=9.08, SD=3.27$ ) and Group A ( $M=7.06, SD=2.87$ );  $t(70)=2.79, p=0.007$ , whilst differences in life satisfaction scores between Group B ( $M=14.03, SD=6.31$ ) and Group A ( $M=11.60, SD=3.78$ );  $t(59)=1.99, p=0.051$ , lay just outside the threshold of statistical significance.

### 3.7 Regression Analysis

In order to shed more light on the relationship between income and health a number of linear and multiple regression analyses were conducted in line with the indications provided by the correlation analysis (refer to Table 3.12).

Table 3.12 – Regression Models

LINEAR REGRESSION MODELS	
PREDICTOR VARIABLE	OUTCOME VARIABLE
1 Total Deprivation Score	Depression-Happiness
2 Household Income Post-Transfers	Depression-Happiness
3 Total Deprivation Score	Life Satisfaction
4 Discrepancy Score	Life Satisfaction
5 Equivalised Household Income	Perceived Physical Health

MULTIPLE REGRESSION MODELS	
PREDICTOR VARIABLE	OUTCOME VARIABLE
1 Total Deprivation Score	Depression-Happiness
Household Income Post-Transfers	
2 Total Deprivation Score	Depression-Happiness
Household Income Post-Transfers	
Daily Consumption Expenditure	
3 Total Deprivation Score	Life Satisfaction
Discrepancy Score	

In all these analyses the majority of regression assumptions<sup>27</sup> were met. The ratio of cases to amount of IVs was within Tabacknick and Fidell's (2007) recommendation of 8 cases per predictor+50 for linear regression models 2, 4 and 5, but below the recommended level when employing models using total deprivation score as one of the predictors.

Separate linear regression analyses indicated that total deprivation score was the only significant predictor for both depression-happiness (Adj.R2, 14.2%,  $p=0.007$ ) and life satisfaction (Adj.R2, 9.70%,  $p=0.025$ ), whilst equivalised household income did not significantly predict perceived physical health.

Multiple regression analyses on both psychological well-being indicators, employing the income indicators significantly correlated to these variables, were also performed using the Enter method. These models however did not provide any noteworthy increase in predictive power over the linear models. In the case of depression-happiness, the first model was able to explain 14.1 % of the overall variance (Adj.R2, 14.1%), which was found to significantly predict outcome,  $F(2,41) = 4.535, p < 0.05$ , while the second model was able to explain 13.1 % of the overall variance (Adj.R2, 14.1%), which was found to significantly predict outcome,  $F(3,40) = 3.154, p < 0.05$ . In the case of life satisfaction, this model was able to explain 10.4 % of the overall variance (Adj.R2, 10.4%), which was found to significantly predict outcome,  $F(2,41) = 3.498, p < 0.05$ .

<sup>27</sup> I.e. Assumptions for linearity, multicollinearity, homoscedasticity, multivariate outliers in predictors and independent errors.



# DISCUSSION

## 4.1 Comparison between Study Sample and Research Population

Due to limitations in the size of the sample and the fact that participants were not chosen randomly from the research population, this study cannot make strong claims regarding generalisability of results. Having said that, looking at how closely the study's sample characteristics match the research population characteristics can provide a useful key for interpreting results. Broadly speaking, sample composition does seem to reflect population characteristics with data analysis indicating that the sample recruited was majority male with respondents hailing from a variety of world regions and was mainly composed of young adults with approximately one fourth of total participants being children.

*Table 4.1 – Comparison of Study's Sample and Research Population*

RESEARCH POPULATION PER LEGAL STATUS	PERCENTAGE	PARTICIPATING HEADS OF HOUSEHOLD PER LEGAL STATUS	PERCENTAGE
Rejected Asylum seekers	20.60%	Rejected Asylum seekers	18.10%
THP/N	7.50%	THP/N	8.30%
Subsidiary Protection	59.00%	Subsidiary Protection	41.70%
Refugee Status	6.60%	Refugee Status	23.60%
Asylum Applicants	6.30%	Asylum Applicants	8.30%
	<b>100.00%</b>		<b>100.00%</b>

Analysis of the differences between the study's sample and the research population in terms of legal status indicated that the main variance was in the proportion of individuals with refugee status and subsidiary protection, rather than in the ratio between asylum seekers with protection and no protection status. The sample recruited was composed of a relatively higher proportion of participants with refugee status and a lower proportion of participants with subsidiary protection. Given that individuals with refugee status appear to be over-represented in the study's sample at the expense of persons with subsidiary protection, it would be plausible to hypothesize that, given the greater access to social services and benefits provided by this status, most probably the impact of this over-representation would be to lower rather than increase the at-risk-of-poverty rate.

## 4.2 Poverty and Deprivation among Asylum seekers

“ that the asylum seeking population in Malta is significantly more vulnerable to poverty than the general population and that this population should be considered as a higher risk group. ”

### 4.2.1 At-Risk-of-Poverty and AROPE Rates

Although they can only be taken as an indication, the at-risk-of-poverty and AROPE rates of 80.0% and 88.6% uncovered in this sample do strongly suggest that the asylum seeking population in Malta is significantly more vulnerable to poverty than the general population and that this population should be considered as a higher risk group.

“This means that a significant proportion of the study’s participants consider earning below the minimum wage (that stood at €720.46 in 2015) as enough to make ends meet.”

An added perspective on the extent of the poverty problem among asylum seekers in Malta is provided by comparing to a research indicating that 30 percent of the households composed of asylum seekers live below the poverty line in the Netherlands<sup>28</sup> (CBS, 2011). This chapter will attempt to discuss what the study’s results are able to indicate about the potential causes and consequences of the seemingly widespread poverty among asylum seekers in Malta.

#### 4.2.2 Income

Data analysis revealed that participants’ mean equivalised disposable household income of €4,823.45 was considerably lower than Malta’s 2014 at-risk-of-poverty threshold of €7,672 (NSO, 2015). Also the fact that the average disposable household income in Malta in 2014 was €24,730 (NSO, 2015) further indicates that the surveyed households’ income generating capacity, be it through employment, self-employment and/or social benefits, is substantially lower than that of the general population.

Participants’ estimates of the perceived minimum monthly income required to make ends meet ranged from €200 to €2,000 with a mean of €681.25.

This means that a significant proportion of the study’s participants consider earning below the minimum wage (that stood at €720.46 in 2015) as enough to make ends meet. However, despite these low expectations, per month surveyed households earned on average around €200 less than what they perceived as the minimum income they required. This substantial difference from a perceived income minimum seems to point towards a monthly struggle to simply fund essential expenditure for most of these households.

The following sections will analyse the study’s results regarding employment and social benefits with the aim of attempting to discern potential reasons for the lower income generating capacity and the associated difficulties in covering basic living costs in the asylum seeking population.

##### 4.2.2.1 Employment

The unemployment rate of 45.8% identified by this study confirms the evidence provided by the Office of the Refugee Commissioner (2013) that lack of employment is prevalent among asylum seekers. In this regard it is relevant to note that the unemployment rate for the general population stood at 5.2 percent in the fourth quarter of 2015 (NSO, 2016). This high unemployment for heads of households, coupled with the very low work intensity rate of 38.9%, points towards unexploited resources in terms of adults’ potential working time not being utilised as being a strong factor behind this population’s low income generating capacity.

Furthermore 40% of the heads of household enjoying some form of gainful employment were only employed on a part-time basis and were working substantially less than 40 hours per week. This appears to indicate that both obstacles in accessing the labour market to start off with and difficulties in securing full-time employment contribute to asylum seekers being at risk of poverty. Additionally, the fact that surveyed heads of household only enjoyed some form of gainful employment for half the time they have been residing in Malta seems to confirm that the obstacles in accessing the labour market are long-standing.

<sup>28</sup> Understood as standing at 50% of the median NEI.

It is also relevant to highlight that only 1 out of the 17 households with multiple adults had two adults both in gainful employment. In fact in this study's sample the vast majority of adult females residing with male partners were unemployed. While this study is not able to shed light on whether this is due to a voluntary choice or not, it does suggest that employment for female asylum seekers might be a particular area of concern. Additionally, data regarding childcare indicated that out of 17 households with minor children, 12 households benefitted from some form of childcare (the most common type being compulsory schooling) covering an average of 21 hours a week per child. This appears to indicate that difficulties in securing childcare could play a role in female unemployment but are not the sole causal factor.

Results also seem to point towards unstable/seasonal employment as another contributing factor. In this regard it is telling that only 23.6% of the heads of household were employed full-time throughout the whole time period from January to December 2015. Deeper analysis indicates a relatively wide discrepancy in employment rates between the winter and summer months, with the unemployment rate for heads of household in this sample varying from 59.7% unemployment in January to 40.3% unemployment in June. Results also indicated that a significant proportion of households below the at-risk-of-poverty threshold had adults in employment: 20 out of the 37 households with adults in employment for majority of the year were at risk of poverty. Therefore results seem to indicate that a substantial proportion of participants would classify as 'working poor'<sup>29</sup>. Contrastingly, only 3 out of the 15 households employed full-time throughout the year were at risk of poverty. This appears to provide further evidence in favour of the hypothesis that unstable/seasonal employment is a major contributing factor to the phenomenon of poverty among asylum seekers. Furthermore the common lack of a work contract reinforces the idea of transient employment being a widespread phenomenon in this population.

The average employment income for households with a working adult was €4,066.82. On the other hand, the mean wage for the heads of household employed full-time throughout the year was €9,892.07, approximately €1,250 above the minimum wage in 2015 of €8,645.52<sup>30</sup>. However, as a general rule, part-time and seasonal work was paid at minimum wage rates meaning that for individuals employed in this manner the combination of low hourly rates and low working hours resulted in a total income well below the at-risk-of-poverty threshold.

Finally the fact that only two heads of households out of 72 were self-employed might be interpreted as an indication of a relatively low rate of entrepreneurship in this population<sup>31</sup>. It is interesting to note that both of these households were also at risk of poverty, although the study can't shed light on whether asylum seekers pursuing the self-employment option face particular financial difficulties.

In conclusion data seems to indicate that difficulties both in accessing the labour market and in securing stable full-time employment and the low work intensity of households with multiple adults all contribute to the high at-risk-of-poverty rate in the sample surveyed. In this respect it is safe to say that in households with multiple adults where only one adult is working, earning at or slightly above the minimum wage is not enough for that household's equivalised income to be above the at-risk-of-poverty threshold. Also, whatever the size of the household, depending on seasonal work tied to the summer is definitely not enough to avoid being at risk of poverty.

“unstable/seasonal employment is a major contributing factor to the phenomenon of poverty among asylum seekers.”

<sup>29</sup> Different definitions of this concept exist that vary on how working is defined; an often quoted definition is that the “working poor” are individuals who spend 27 weeks or more in a year in the labour force, either working or looking for work, but whose income still falls below the poverty level. (US Bureau of Labour Statistics, 2014).

<sup>30</sup> Based on €166.26 per week (Department for Industrial and Employment Relations, 2016).

<sup>31</sup> In 2015, 12.8% of the total amount of individuals gainfully employed in Malta were registered as self-employed (NSO, 2016).

“ with the amount of benefits received in such cases not being enough to lift the household out of the risk of poverty in the absence of any employment income. ”

#### **4.2.2.2 Social benefits**

Out of 47 heads of households with either refugee status or subsidiary protection, a significant proportion, i.e. 30, received some type of benefit or allowance with the average amount received standing at €3,162.53. Out of these households, 19 still fell below the at-risk-of-poverty threshold, with the amount of benefits received in such cases not being enough to lift the household out of the risk of poverty in the absence of any employment income.

#### **4.2.3 Deprivation**

Results revealed significant differences in deprivation rates between the study's sample and the general population that are in line with the substantial differences noted in income generation. Whilst surveyed households exhibited higher rates of negative responses on all deprivation items in comparison to the general population, the widest discrepancies were found in the inability to afford a motor vehicle (74.7% in contrast to 3.3%) and to face unexpected expenditure of around €350 (84.2% in contrast to 24.7%). Regarding the former, it is safe to say that owning at least one motor vehicle per household is considered a basic necessity in Malta and that this stark discrepancy is reflective of asylum seekers' lower purchasing power and could also be considered as an added complication in finding work. One can hypothesise that this higher difficulty in owning a motor vehicle would translate into a limited ability to commute to a workplace that is particularly far from the individual's place of residence or take on less straightforward working times such as night shifts. The latter discrepancy sheds light on the lack of financial safety cushion being a common phenomenon among asylum seekers.

This, coupled with lower levels of social support because of fewer ties to the local community and the absence of extended family, means that these households might be especially vulnerable to a crisis situation if faced with even a minor unforecasted expenditure. On a final note, it is possible that, in addition to lower purchasing power, limits in accessing credit facilities might be a contributing factor that further increases this population's risk of deprivation. Research into the accessibility of banking and financial services for asylum seekers would play a helpful role in delineating the ways this particular barrier can be addressed.

#### **4.2.4 Rent and Living Conditions**

Analysis of the data regarding rent prices indicated that the mean monthly rent was €250.84 and that 59.5% of the households were paying between €200 to €400 as monthly rent. This indicates that the majority of households were paying prices at the lower end of the rental market for which cheaper alternatives would be scarce. Despite this, half of the surveyed sample declared finding housing costs as a burden and 18 out of the 37 households paying rent and utility bills were in arrears on these payments at least once. The fact that home ownership appears to be scarce among this particular population means that as a group they are highly dependent on the rental market for accommodation and therefore are more susceptible to increase in rent prices.

In general, the overall evaluations of property conditions were not exceedingly negative with, apart from the positive appraisals, 16 heads of household (37.2%) reporting their condition as “Neither good or bad” and only 5 (11.6%) reporting their condition as “Bad”. However problems such as shortage of space and lack of light were commonly reported with these tending to afflict around 40% of the household surveyed. This may be understood as indicating that the overall quality of the dwellings rented by this population is poor and/or their size is not suited for the number of individuals living in them. Either way inadequate accommodation may be a potential pathway through which poverty has an adverse impact on quality of life.

### 4.3 Health among Asylum seekers

#### 4.3.1 Psychological well-being

Data analysis shed light on low levels of emotional well-being and high rates of depression in the study's sample. When compared to the incidence rate of 6.6% for depression among the general Maltese population indicated by the European Health Survey in 2014, evidence that around 70% of the heads of household may be suffering from clinical depression seems to point towards a significantly higher incidence rate for this mental health problem in the asylum seeking population. Results also highlighted low levels of life satisfaction in this study's sample, with the mean SWLS score fitting in the dissatisfied category and 88.9% of participants exhibiting a below average degree of satisfaction with life (refer to Table 4.2).

Taken as a whole, results seem to paint an overwhelmingly negative picture of asylum seekers' psychological well-being and confirm previous research indicating that this group is particularly at risk of suffering from mental health problems (Steel et al., 2009).

**Table 4.2 – Life Satisfaction Score Categories**

SCORE CATEGORY	COUNT	%
Very high life satisfaction score	1	1.4%
High life satisfaction score	2	2.8%
Average life satisfaction score	5	6.9%
Slightly below average in life satisfaction	13	18.1%
Dissatisfied	34	47.2%
Extremely dissatisfied	17	23.6%

#### 4.3.2 Physical Health

When compared to the results regarding participants' psychological health, data appears to indicate that on a general note respondents tended to perceive their physical health condition in a positive manner.

Furthermore the vast majority of participants, even those who suffer from chronic conditions that might require frequent treatment, reported being able to access the healthcare they required.

Interestingly data analysis revealed that physical health was positively associated to emotional well-being, but was not associated to life satisfaction. This means that within the study's sample low levels of perceived physical health and low emotional well-being tended to occur together, while this was less true for life satisfaction. This raises an interesting question about the possible reasons why, especially since we are talking about a group of individuals who tended to score low on both aspects of psychological well-being. It is plausible that emotional well-being could have a more direct impact on health than a cognitive evaluation such as life satisfaction, especially if we are speaking about pronounced emotional distress such as experiencing persistent stress or anxiety. An impact in the other direction, i.e. poor physical health translating into a higher presence of negative emotions, could also serve as a potential explanation especially given the not negligible proportion of participants suffering from chronic conditions.

“Furthermore the vast majority of participants, even those who suffer from chronic conditions that might require frequent treatment, reported being able to access the healthcare they required.”

At this point it would also be useful to make reference to data regarding deprivation in relation to physical health. The restricted ability of certain households to afford adequate heating or eating chicken, fish or meat every other day highlights potential stressors on health whose deleterious effect might not be visible at present, but that might eventually emerge in the long run (in this respect one also needs to take into account the low average age of the sample).

#### **4.4 The relationship between poverty and health in the asylum seeking population in Malta**

The results of the correlational and regression analyses provided some valuable insight into the relationship between poverty and health in the asylum seeking population in Malta.

The group of poverty indicators correlating with depression-happiness, i.e. household income post-transfers, daily consumption expenditure and deprivation scores, all point towards the individual's spending power, particularly their ability to finance expenditure on essential items such food and clothing and thus fulfil basic needs, as a crucial factor for emotional well-being. Interestingly, apart from highlighting a negative relationship between deprivation and life satisfaction, correlational analysis also uncovered a relationship between discrepancy score and this factor. Given that, similarly to the life satisfaction scores, the discrepancy scores are also based on a cognitive evaluation (i.e. an evaluation of the minimum necessary to make ends meet) both these variables might be tapping into the individual's pattern of thinking regarding their ability to be active agents, impact their environment and reach their personal goals. T-test results highlighting significantly lower psychological well-being for the group of heads of household that perceive greater difficulties in making ends meet seem to reinforce these hypotheses.

In the correlational analysis, deprivation emerged as the only poverty indicator that was strongly associated with both psychological well-being indices. Furthermore, in the linear regression analyses, deprivation scores emerged as the only variables capable of significantly explaining the variance in the psychological well-being indices and the multiple regression models did not substantially change the predictive power of the linear regression models. In conjunction these results mean that deprivation emerged as the poverty indicator that is most strongly linked to both aspects of psychological well-being and the only indicator on which predictions about asylum seekers' mental health could be based. This may be interpreted as indicating that it is the experience of foregoing the fulfilment of basic wants and needs that are generally satisfied in the society one lives in that has the greatest adverse impact on psychological well-being. Additionally, deprivation might show a clearer link to well-being than measures of annual income because fluctuations in what an individual earns across time might not necessarily have an immediate impact on his or her spending power and associated quality of life.

On the other hand, household equivalised income was the only poverty indicator to be significantly associated with perceived physical health. Interestingly, whilst there was a positive relationship between these two variables, the heads of households' perceived physical health showed no relationship with total household income. This may be due to the fact that equivalised income, by representing the financial resources available per person, probably gives a more precise indication of the financial shortages and related stressors faced by the head of household. Though there was a significant positive association between equivalised income and physical health in the study's sample, this variable did not emerge as a significant predictor for physical health and no significant predictor for this variable was identified among the poverty indicators.

There may be various explanations for this pattern of results. It is possible that a third variable not taken into account by this study (e.g. inadequate diet or reduced rates of physical exercise) might be causing the positive correlation identified between equivalised income and perceived physical health. This would explain why despite the significant positive association between equivalised income and physical health the former does not predict the latter. An alternative explanation is that the high accessibility on healthcare across all income brackets may be mitigating the potential impact of poverty on physical health. Finally, since cross-sectional data can only provide information about the relationship between two factors at one point in time it is not well suited to uncover changes in physical health across time. In this regard, given that the impact of stressors on physical health is not necessarily immediate, longitudinal data would probably be more able to shed light on this issue by highlighting the impact of sustained poverty on physical health across time as well as possible circular relationship between these two factors.

Finally it is relevant to highlight that despite the strong association between deprivation and psychological health no apparent relationship emerged between this factor and physical health. Hypothetically this may be due to the SILC's deprivation items not being able to isolate the kind of deprivation (e.g. food sufficiency) most strongly linked to physical health.

In conclusion, results suggest that among asylum seekers in Malta deprivation is strongly linked to lower psychological well-being and provide a tentative indication of a relationship between low levels of income and physical health problems that warrants further and more targeted research in order to be elucidated.

#### **4.5 Limitations**

As mentioned beforehand one of the main limitations of this study is that, though it provides a solid starting point, due to restricted sample size and use of non-probability sampling, it can't offer strong claims regarding generalisability to the whole asylum seeker population in Malta. A potential limitation pertains to the cross-cultural validity of the standardised inventories used to measure psychological well-being; whether these tools were culturally appropriate for all participants is an open question given the plethora of cultural backgrounds in the sample recruited. This reflects a general difficulty in quantitative research in this field to employ data collection tools that are valid for the variety of cultural backgrounds present in an asylum seeker population. Finally, due to pragmatic constraints, collecting data about consequences from all members of household was not possible and therefore this study could only investigate the possible impact of poverty and deprivation on the head of household's health rather than on the whole household's health.

#### **4.6 Suggestions for Future Research**

Given the apparent severity of the problems of poverty and deprivation among the asylum seeking population in Malta and the dearth of research in this area, future targeted research could play a valuable role in directing efforts to address these issues and ensuring the effectiveness of the interventions chosen.

In this regard, a quantitative study with a more representative sample that can provide stronger guarantees regarding generalisability of results and is adept at highlighting particularly vulnerable sub-groups within this population would be particularly valuable. Having said this, our experience in conducting this study has indicated that there seems to be an extent of research fatigue among the asylum seeking population in Malta as they appear to receive numerous requests to act as participants in research. Therefore a sustainable approach for conducting rigorous and high quality research among this population is needed in order to prevent research in this field becoming increasingly more problematic. Giving specific attention to include this particular population when sampling research participants for the annual EU-SILC survey and accounting for them as a separate demographic category in the analysis could serve as a sustainable way of collecting high quality data relevant to these issues.

Additionally research focused on specific aspects of the poverty phenomenon among asylum seekers would help to fill the gaps left by studies attempting to gain a broad overview of the situation in this field. In line with this aim, qualitative studies investigating the consequences of poverty and deprivation on the individual from a holistic perspective covering the various life domains could play a valuable role. These qualitative approaches could help provide insights into the complex inter-relationship between asylum and poverty, the dynamics operating therein, and how this relationship is influenced by socio-political, cultural and economic contexts.

Furthermore, in-depth research focused on the barriers to accessing the labour market faced by asylum seekers and securing employment that is stable and pays average wages could serve to shed further light on potential causes of poverty highlighted by this study. Finally both quantitative and qualitative longitudinal research focused on particularly vulnerable sub-groups such families with children, investigating income generation and deprivation across a number of years following arrival in Malta could serve to bring into focus the impact of the adaptation and integration processes on the asylum seeker's quest for financial self-sufficiency.



# RECOMMENDATIONS

The main thrust behind these recommendations is the adoption of an approach that views asylum seekers as a source of resilience and untapped potential and that seeks to increase the likelihood that this population has a positive impact on the Maltese economy. This would consequently reduce the possibility that they need to rely on social security benefits to survive or that they become a burden on healthcare or social services in the future. These goals can be achieved by augmenting asylum seekers' capacity as a labour resource and by, as far as possible, removing the regulatory and bureaucratic obstacles that hinder their access to the labour market. Investing in asylum seekers in this manner could help lift them out of poverty and deprivation as well as prove beneficial for the economy at large, thus responding to moral imperatives as well as to economic expediency.

We therefore sought to chart a possible route to this end by proposing concrete and specific changes that are potentially implementable in the immediate and/or short term. Some of these recommendations are relevant to the reduction of poverty among the general Maltese population at large, whilst others are specific to the challenges faced by asylum seekers.

On a general note:

- This study provides further evidence confirming the need to implement a number of the policy recommendations made by Caritas in their 2016 research study about the minimum essential budget for a decent living. We are of the opinion that the following recommendations would serve to significantly reduce the risk of poverty among the asylum seeking population:

- **Use the Minimum Essential Budgets concept as a guiding benchmark**

Use the Minimum Essential Budgets<sup>32</sup> proposed by Caritas as the benchmarks to define and quantify adequate minimum income and to guide social security policies geared at preventing vulnerability to deprivation.

- **Increase statutory minimum wage**

Increase the statutory minimum wage over and above the COLA (Cost of living allowance) adjustment, slightly but annually, for a period of three years.

- **Strengthen social security benefits**

Adopt a principle that individuals who, despite their best efforts, are legitimately unable to access the labour market, still deserve to have a minimum level of income that would at least enable them to afford to buy the goods and services necessary for a decent living. Ensuring this requires strengthening the social security benefits for people who earn less than the Minimum Essential Budget for their household type.

In relation to the asylum seeking population:

- **Make the employment support services offered by Jobsplus available to all individuals who have sought asylum in Malta**

In principle, given that these individuals can access the labour market and are a potential resource, making mainstream employment support services available to them will lead to a smoother interaction in the labour market between demand and supply. Furthermore their status as a disadvantaged group at high risk of poverty calls for them to be able to at least avail of mainstream employment support services.

- **Regulate temporary employment through a legal framework that compensates the worker adequately for transient labour**

<sup>32</sup> The Minimum Essential Budgets outline the amount of expenditure required for three different types of households to purchase a basket of basic goods and services deemed necessary to achieve a decent standard of living in Malta.

The Job Brokerage Offices Scheme, an initiative aiming to regulate temporary employment is a step in the right direction in reducing labour exploitation among the asylum seeking population. However modelling the hourly rate on the minimum wage will mean that regulated temporary employment will not constitute an effective means to minimise the risk of poverty. In order for this scheme to tackle the phenomenon of precarious work, the hourly rate should compensate the worker for the risk of engaging in temporary and unstable employment and make the employer pay for the luxury of benefiting from easily-accessible disposable labour. Therefore only by remunerating the worker accordingly will the regularisation of temporary employment serve to reduce the risk of poverty.

- **Implement an empowerment and skills training programme tailored to the needs of female asylum seekers**

The implementation of an empowerment and skills training programme (potentially implemented by the government in conjunction with NGOs) tailored for the needs of female asylum seekers that is offered systematically to the existing population and new arrivals. This programme could be particularly effective as a channel towards gainful employment if it is designed to equip female asylum seekers with the skills and proficiencies required to work in sectors of the Maltese economy that currently display high levels of labour demand and for which foreign labour is imported (e.g. work as a carer).

- **Implement an integration programme at reception stage**

Designing and implementing an integration programme at reception stage, that would include language and employment orientation training, would facilitate and accelerate asylum seekers' adaptation to life in Malta and their path towards financial independence. The benefits of such programmes is underscored by literature indicating that asylum seekers' persistent lack of integration *"will raise government debt, worsen income inequality, and miss an opportunity to alleviate demographic pressures on social insurance systems"* (Aiyar et al., 2016, p. 50). As highlighted by research on the outcome of such programmes<sup>33</sup>, the employment orientation component can make a significant difference in asylum seekers' future employability. In this regard we underline that access to integration facilities is a clear obligation under Article 34 of the EU Recast Qualification Directive.

- **Facilitate asylum seekers' entry into the labour market and their job mobility**

This can be achieved by easing relevant regulations for obtaining an employment license (i.e. work permit) especially in relation to rejected asylum seekers. The current system stipulates that rejected asylum seekers are unable to have an employment licence in their name and that their access to a license is contingent on an employer applying on their behalf. Furthermore, if they do manage to obtain an employment licence, this permit needs to be renewed every 3 months with a fee of €34 applicable for every renewal (Jobsplus, 2016). Such measures seem unnecessarily obstructionist and severely limit the ability of asylum seekers who are willing and capable of being gainfully employed to find work and thus take care of their basic needs.

- **Establish a channel for the regularisation of rejected asylum seekers who will prospectively be residing in Malta in the long-term**

We advocate for the regularisation of rejected asylum seekers who have been residing in Malta for 5 years and who despite cooperating with immigration authorities are non-returnable, i.e. there is no concrete chance of deportation in their case. Giving these individuals the opportunity to obtain legal status on a permanent basis would give them and their families a more secure footing and enhance their ability to be productive members of Maltese society.

- **Prioritise need rather than protection status when determining access to social security benefits**

Under the current system, eligibility for social security benefits is tied to the asylum seekers' protection status. We believe that entitlement should be based on an assessment of the individual's need, rather than exclusively on legal status.

Whilst we believe that in principle this should apply to all individuals seeking asylum, as a starting point we recommend removing the distinctions in entitlements for social security benefits between beneficiaries of refugee status, subsidiary

<sup>33</sup> Research conducted by Joona and Nekby (2012) revealed that a trial programme introduced in Sweden in 2006 providing newly arrived immigrants with intensive coaching that included services such as job search activities, validation of foreign credentials and a course on interview skills had a significant positive effect on employment rates.

protection and temporary humanitarian protection. We particularly want to strongly recommend this approach in relation to children's allowance, given that in principle preventing that minors suffer from deprivation should always be given primary importance over other considerations, in accordance with the best interests of the child principle enshrined in international, regional and national legal instruments.

- **Focus on early identification of asylum seekers' special needs and prevention of poverty and deprivation**

This implies investing in a system that ensures early identification of asylum seekers with special needs (including mental and/or physical health problems, disability, large family size etc.) at the Initial Reception Centre and effectively channels the individuals identified to mainstream and NGO support services. By facilitating early intervention such a system can avoid the need to utilise a greater amount of resources at a later date when intervening becomes necessary due to a crisis point being reached. We underline that such an identification and support system is required by the EU Recast Reception Conditions Directive and also included in the 2015 policy document issued by the Ministry for Home Affairs and National Security<sup>34</sup>.

- **Equip mainstream community services to be able to reach out and serve the asylum seeking population**

Community services at ACCÈSS should pay special attention to this population in view of its particular vulnerability to poverty and deprivation and, consequently, to mental health problems. Given that this service operates in close contact with local communities it is in an optimum position to reach out and serve asylum seeking individuals and families who are suffering from destitution, deprivation and/or mental health problems. Employing cultural mediators hailing from the cultural backgrounds most prevalent in the catchment areas ACCÈSS operates would serve to greatly augment this service's ability to ensure the well-being and facilitate the realisation of the potential of the asylum seeking population.

- **Facilitate asylum seekers' access to social and recreational activities**

Government services and NGOs can and should work collaboratively to reduce the extent of deprivation in this population, through the organisation of targeted social and recreational activities which this population can access, or by facilitating/promoting their participation in social and recreational activities organised for the general public or for residents in specific localities.

- **Mainstream findings of this report in research and service provision**

Public entities and NGOs engaged in activities geared towards combating poverty and destitution are strongly urged to mainstream the findings of this report in their activities, including research and service provision.

- **Inclusion of the asylum seeking population in mainstream poverty studies**

Inclusion of this population in mainstream research conducted in Malta as a high risk group deserving specific attention would help add visibility to this particular problem and shed light on any progress or deterioration in the state of affairs. This approach would help ensure that poverty among asylum seekers will not remain a hidden phenomenon and that this population is included in discussions about poverty and taken into account in the development of relevant policies.

<sup>34</sup> MHAS, Strategy for the Reception of Asylum Seekers and Irregular Migrants, 2015, available at <http://homeaffairs.gov.mt/en/MHAS-Information/Documents/Migration%20Policy%20181215.docx>.



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