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# ‘Fortress New Zealand’ examining refugee status determination for 11,000 asylum claimants through integrated data

## Abstract

This article presents a profile of Aotearoa New Zealand’s asylum claimants – people who have sought recognition as a refugee or protected person and then applied for a temporary visa. Sourcing data from New Zealand’s Integrated Data Infrastructure (IDI), we considered 11,091 refugee claimants between 1997 and 2022. The data suggests that the path to recognition can be long and circuitous, requiring multiple applications before status recognition. The data also reveals a wide health and mental health services uptake gap despite recent policy changes. When read together, we contend that this data supports the notion that everyday, discerning bordering exists in New Zealand through different forms of permeability and permanence based on gender and ethnicity. The article concludes with some insights for future policy directions.

**Keywords** asylum, resettlement, New Zealand, health service utilisation, mental health, Integrated Data Infrastructure (IDI)

In 2024, New Zealand saw a significant, five-fold increase in annual asylum applications, reflecting a global increase in forced migration due to ongoing conflicts and political instability (Bonnett, 2024). This rise in the number of asylum claimants – people who apply for protection as refugees within New Zealand – has put renewed pressure on the country’s refugee status determination system amid contemporary global trends of increased securitisation and border control that impede the movement of people (Bello, 2023).

Seeking asylum is a universal human right enumerated in article 14 of the United Nations Universal Declaration of Human Rights (1948). An asylum claimant is one who seeks refugee or protection status due to a well-founded fear of persecution if they were to return to their country of citizenship or habitual origin. The right to become a refugee and protection claimant arises out of New Zealand’s international obligations to such treaties as the 1951 Convention Relating to the Status of Refugees, the 1966 International Covenant on Civil and Political Rights, and the 1984 Convention against Torture. In New Zealand, if a claimant is successful in their application, they are considered a convention refugee and afforded a pathway to permanent

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residence. During the refugee status determination process, the government provides temporary protection until the decision is made to either recognise or decline refugee or protected person status.

In this article, we present the notion of ‘Fortress New Zealand’ – where borders, both physical and administrative, external and internal, serve as formidable barriers to entry and access – as a conceptual framing to examine the country’s response to asylum seekers. In particular, we present administrative data on asylum seekers’ trajectories to illustrate how borders are managed not only at the point of entry, but also within the country, as claimants face significant hurdles in accessing services and waiting long periods for their claims to be processed.

To further explore the comparatively low level of asylum claims made in New Zealand, this article outlines the characteristics of the individuals seeking refugee or protected person status based on their asylum claim.<sup>1</sup> We focus on the pathways these claimants may take before receiving one of three possible determinations after making their asylum visa application:

1. recognised as a convention refugee: where the individual was recognised as a refugee or protected person;
2. an approved asylum visa, but later they
  - a) were rejected for refugee status and left the country;
  - b) obtained residence status for reasons other than their asylum claim; or
  - c) their claim is still pending at the end of study;
3. a declined asylum visa, which often ends with the individual voluntarily leaving the country, deportation, remaining in the country without authorisation, or a change of pathway to gain residency ending in staying in the country.

We hypothesised that the settlement experiences of people who have been denied a refugee or protection status visa significantly differ from those of the other two groups. This exploratory study uses administrative data from the Integrated Data Infrastructure (IDI) to illuminate asylum seeker demographic profiles. It examines the different visa pathways that

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asylum claimants experience when making a claim and how these affect their registration for primary healthcare or mental health service utilisation (as a proxy for secondary healthcare service use). The time frame of the study spans from their arrival in New Zealand<sup>2</sup> to the study’s end point (or when they left the country). It is through these initial channels of contact with national institutions of government that, we posit, many asylum seekers experience adverse bordering practices.

### Everyday bordering: extending borders beyond entry

Globally, forced migration and resulting claims for asylum have continued to surge in recent years. At the end of 2023, more than 117 million people were forcibly displaced around the world (UNHCR, 2024). This figure includes nearly 7 million asylum seekers and almost 39 million refugees. While conflict and other factors lead to individuals seeking asylum outside of their home countries, the number of asylum seekers arriving in

particular destination countries varies due to a number of variables, such as proximity, stability and personal connections (McAuliffe, 2017). The European Union, United Kingdom and the United States have all seen dramatic increases in asylum claims in the past several years, with, for instance, the European Union reporting a 29% annual increase in claims in 2023 (Eurostat, 2024). Much of the surge in claims across Europe and the United States has been driven, in part, by neighbouring region instability and the geographic proximity that facilitates land or sea voyages.

Yuval-Davis, Wemyss and Cassidy (2019) argue that borders are not merely geographical markers, but are socially constructed and maintained through policies, discourses and everyday practices. These operationalised markers, termed ‘bordering’, function as physical constraints (mountains, seas and deserts) and virtual or administrative barriers (immigration laws, visa regimes and bureaucratic checks). While New Zealand’s geographic isolation serves as a natural barrier to migration, it is the state’s administrative and legal mechanisms that particularly reinforce a ‘Fortress New Zealand’ framing.

Moreover, Yuval-Davis, Wemyss and Cassidy emphasise that bordering is not a static process: it is continuously reshaped by geopolitical events, security concerns and shifts in public discourse. The Covid-19 pandemic further intensified New Zealand’s bordering practices, as the government rapidly adopted strict lockdown measures, reinforcing both physical and policy-induced separations from the outside world. In this sense, New Zealand’s approach to asylum claimants can be seen as part of a broader global phenomenon of creating differentially impermeable borders.

The concept of Fortress New Zealand was first associated with Robert Muldoon’s Think Big programme, which sought to insulate and protect New Zealand from the volatile international economic forces of the late 1970s and early 1980s. Thus, Fortress New Zealand symbolises a physical and policy-induced separation, particularly evident in immigration policies designed to deter migrants, including those with well-grounded claims of human rights

abuses and persecution (Bloom and Udahemuka, 2014; Bogen and Marlowe, 2017; Goff, 2002).

The fortress concept has both an external and internal logic for people seeking asylum and protection within New Zealand. Externally, it is clear how the country's physical geography, combined with increasingly sophisticated identity and surveillance mechanisms (e.g., passport controls, interdiction, inter-country information sharing), effectively situate New Zealand as a fortress that is difficult to access. Internally, even after arrival, access to support and entitlements highlights how the fortress within can impede everyday passage for some and facilitate movement for others. Asylum seekers are a case in point.

Yuval-Davis, Wemyss and Cassidy's concept of 'firewall bordering' (p.22) is particularly relevant when examining New Zealand's asylum and immigration policies. Firewall bordering refers to the creation of multi-layered restrictions, where migrants encounter an array of barriers even before they reach the physical borders of a nation. These barriers, often introduced through international vetting procedures, security checks and visa restrictions, are part of a more extensive system aimed at controlling and filtering who is allowed entry. In New Zealand, these measures have been enhanced post-9/11 through increased security protocols, risk-rating of countries and port-of-entry vetting procedures, all of which contribute to maintaining low levels of asylum claims.

Therefore, geographic separation alone does not fully explain the limited number of asylum claims in New Zealand. In many respects, the country's asylum policies embody the 'virtual bordering' practices Yuval-Davis and colleagues describe, where policies act as pre-emptive barriers long before claimants can physically arrive in the country. Ibrahim and Howarth (2018) describe the justification of these practices as 'othering' asylum seekers, which effectively creates political and social fault lines, constructing 'us' and 'them'.

In addition to physical and administrative barriers that asylum claimants face before entering New Zealand, the concept of bordering continues to apply long after they have arrived in the

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country. Yuval-Davis, Wymess and Cassidy introduce the notion of 'everyday bordering', which describes how borders are maintained through bureaucratic, social and legal practices within a country. For asylum claimants, these internal borders can be seen in the long waiting times for asylum claims to be finally determined, and in the exclusionary practices that prevent access to essential services such as healthcare, housing and social support (Ferns et al., 2022).

Once in New Zealand, asylum claimants often face a protracted refugee status determination process, during which their legal status remains uncertain. This liminality – being physically present but not fully included – represents another layer of 'virtual bordering'. The lengthy and intensive decision-making process, often spanning several years, creates a state of insecurity that acts as an internal border, limiting claimants' ability to fully participate in society. The consequent waiting period can be seen as a form of exclusion, as claimants are left in legal and social limbo, unable to plan for their future or access certain services afforded to those with permanent status.

Access to services, particularly mental health services, further illustrates how bordering operates within the country. The findings from this study show that asylum claimants in New Zealand have low rates

of mental health service use, despite the documented psychological toll of seeking asylum (Blackmore et al., 2020). This gap between policy and practice reveals another dimension of internal bordering: the formal right to services exists, but informal barriers – such as lack of information, cultural and linguistic obstacles, and the fear of jeopardising their claims – likely contribute to a lack of service uptake. The intersection of these factors creates a system where claimants face ongoing and challenging obstacles even after crossing the national border.

Yuval-Davis's framework helps to explain how borders are continuously reproduced through the institutions that manage asylum seekers' lives. In New Zealand, asylum claimants encounter these 'internal borders' in the form of exclusion from healthcare, employment and social welfare, exacerbating the uncertainty and vulnerability they face. The combination of lengthy asylum claim processing times and restricted access to services contributes to a form of 'bordering within', which reinforces their marginalisation and vulnerability.

This dynamic mirrors broader global trends, where asylum claimants, even when physically present in a country, remain separated from full participation in society due to legal and institutional mechanisms. The exclusionary practices and delays that asylum seekers experience in New Zealand are part of a larger pattern of bordering that reflects the idea of 'firewall bordering' as an effort to manage and control migration not only at the borders of the state, but also through a web of internal policies and practices that act as borders within borders.

Despite this global trend and the associated challenges, New Zealand has not experienced such increases in asylum claims as elsewhere, partly due its geographic isolation, being separated by vast distances of open ocean. As the data discussed in this article will show, the claims made over a quarter of a century numbered only about 11,000, or fewer than 450 per year on average. By contrast, the United Kingdom had more than 67,000 claims in 2023 alone (Home Office, 2024). In summary, we contend that New Zealand's comparatively low levels of

asylum claims are influenced by two main factors: the country's remote location and its current policy settings.

#### Asylum research

International migration remains a significant political and policy concern in many states. Pressures created by irregular migration, including those movements caused by conflict, pose substantial social, political and economic challenges (Kissoon, 2010). Being a universally recognised human right, people can seek asylum at any point once they arrive in New Zealand. Yet asylum claimants are often viewed as a problem population to be limited and controlled, rather than as part of a state's humanitarian response (Banks, 2008; Bogen and Marlowe, 2017). Thus, the focus is often on preventing asylum seeker arrivals rather than ensuring their safety and community connection (Ferns et al., 2022).

Many asylum claimants are escaping persecution and may have experienced significant trauma. They are thus susceptible to experiencing mental health issues at some stage in their resettlement (Blackmore et al., 2020). While there is a dearth of research into the prevalence of mental health disorders amongst asylum claimants in New Zealand, there is growing evidence in the international literature that these conditions are both widespread and acute (Hocking, Kennedy and Sundram, 2015; Posselt et al., 2020; Turrini et al., 2017). Some research has suggested that those seeking asylum and refugee status have a higher likelihood of depression, anxiety or post-traumatic stress disorder (PTSD) than the general population (Blackmore et al., 2020; Turrini et al., 2017). Moreover, previous research has found that asylum claimants have limited access to specialist support services (Sherif, Awaisu and Kheir, 2022). This evidence underscores the importance of access to support during and after the consideration of an asylum claim.

Moreover, the asylum-seeking process itself, including its often uncertain and protracted nature, can exacerbate the mental health impact of these underlying traumas (Schock, Rosner and Knaevelsrud, 2015).<sup>3</sup> Beyond interviews and other assessments as part of the process,

This first-level process typically takes at least six months and often 12 months or more to conclude, and up to two years for Refugee Status Unit or Immigration Protection Tribunal cases, during which time claimants are protected from deportation.

individuals with temporary resident status experience substantial post-migration anxiety, including insecurity regarding their legal status and lasting fear of repatriation and persecution (Ferns et al., 2022; Marlowe et al., 2023; Sama, Wong and Garrett, 2020; Schock, Rosner and Knaevelsrud, 2015; Sherif, Awaisu and Kheir, 2022).

As discussed above, once in New Zealand, asylum claimants face significant barriers to regularising their immigration status and have limited access to essential services. Compared with refugees who have been selected under New Zealand's annual quota system for resettlement (known as 'quota refugees'), asylum claimants receive little support while their applications are pending. Several studies have shown how New Zealand's settlement support is exclusionary and discriminatory, with asylum claimants and convention refugees experiencing a lack of access to interpreters, healthcare, housing, English language tuition, financial support and employment (Bloom and Udahehuka, 2014; Cassim et al., 2022; Uprety, Basnwt and Rimal, 1999).<sup>4</sup>

Our study looked to see if some of these trends were observable within administrative data. The following section briefly reviews the legal process for seeking asylum in New Zealand. The remainder of this article considers characteristics and trajectories of New Zealand asylum claimants to advance understanding of this policy space.

#### Seeking asylum in New Zealand

##### *The application process to secure asylum in New Zealand*

A person who makes an asylum claim must follow a multi-step process for a decision for protection to be reached. The process begins when a claimant makes their claim, which is supported by a written statement. The claimant must then attend an in-person interview with a refugee and protection officer, who, in turn, issues a report about the claim with further questions and raising any credibility issues (which can be extensive). Following this, the claimant responds to the additional questions and concerns raised and makes a final submission in support of their claim, before, finally, a decision is made. This first-level process typically takes at least six months and often 12 months or more to conclude, and up to two years for Refugee Status Unit or Immigration Protection Tribunal cases, during which time claimants are protected from deportation. If a claimant is unable to self-finance, legal aid is available.

##### *Possible asylum process outcomes*

There are two outcomes from this process: a claim is recognised and the applicant is considered a convention refugee or protected person, and they can apply to be a permanent resident of New Zealand; or the claim is denied. In nearly all cases, the latter outcome gives rise to a *de novo* appeal to the Immigration and Protection Tribunal.<sup>5</sup> Another avenue is that subsequent claims for protection can be made under a narrower set of conditions. The claimant would need to establish that there has been a 'significant change in circumstances material to the claim since the previous claim was determined' and further that the change is not due to any bad faith (by the claimant) or for the express intention of 'creating grounds for recognition as a refugee or protected

**Table 1: Study Subgroups: eventual asylum visa claim outcome<sup>9</sup>**

Subgroup number	Subgroup name	Description
1	Eventual Convention Refugee	Asylum claimants who were ultimately granted Convention refugee status or protected person status who received at least one asylum-related visa decision.
2	Approved Asylum Visa	Asylum claimants who were not recognised as a Convention refugee or were not granted protected person status by the end of the study period, but who received at least one approved asylum-related visa decision. <sup>10</sup>
3	Declined Asylum Visa	Asylum claimants who were not recognised as a Convention refugee or protected person by the end of the study period but applied for and were declined an asylum-related visa decision.

person' (Immigration Act 2009, s140; Immigration New Zealand, 2022, p.13).

**Social services available to asylum claimants while their claim is pending**

New Zealand provides claimants with access to healthcare, the ability to apply for a work visa, and connections to housing, education and financial support services while a claim is being considered (Immigration New Zealand, 2023c). In theory, this allows a claimant the opportunity to live in New Zealand and to support themselves and their family while awaiting a determination of their refugee claim. Applicants who are recognised for protection are better positioned to transition to permanent settlement within their New Zealand community (Immigration New Zealand, 2023b).

**Study design**

Data for this study was collected from Statistics New Zealand's Integrated Data Infrastructure, an extensive collection of databases containing longitudinal microdata about individuals and households sourced from a range of government agencies (administrative data) and surveys, including the census, the New Zealand Health Survey and the General Social Survey. The IDI has a spine which includes everyone who has resided in New Zealand, through birth records, visa records and tax records (Black, 2016). Data in the IDI is matched through probabilistic linking using name, sex, date of birth and address.<sup>6</sup>

The study population of this study is exclusively identified from administrative data within the decision table of

Immigration New Zealand, which is available within the IDI. The earliest records in this database are from 1997, so asylum claimants who arrived in New Zealand before 1997 are not included in the study. Using the Immigration New Zealand decision table, we identified asylum claimants using a combination of the keywords 'humanitarian' and 'asylum seeker' for the 'substream text' and 'criteria text' of an application respectively.

**Data sources**

The visa data from New Zealand Immigration used to identify our study population contains information on visa types and decision dates. Using this data, we identified all individuals who applied for and received an asylum-related visa decision between 1 January 1997 and 1 January 2022.<sup>7</sup> Using these parameters, we identified a study population of 11,091 individuals.<sup>8</sup>

**Defining the subgroups**

Following the creation of the study population, we separated individuals into three subgroups based on their asylum visa status to better understand if there were differences between them. These categories are elaborated in Table 1. The categorisation is based on eventual asylum claim outcome. We looked at those with an asylum visa application, and then followed the record to the end of the study or when they were no longer considered an asylum seeker based on their last visa status.

We then sought to determine the length of a person's asylum-seeking period in New Zealand. The start date was defined as the date when a claimant received their first

asylum-related visa decision. The end date denoted the conclusion of a claimant's asylum-seeking period in New Zealand and was determined by one of five events:

- becoming a convention refugee;
- permanently leaving New Zealand;
- attaining residence in New Zealand via a pathway other than refugee status;
- death of the claimant; or
- the application was still under consideration at the end point of this study.

Using these start and end dates, we calculated the duration of each individual's asylum-seeking period.

*Sources of study variables*

To present a comprehensive snapshot of asylum claimants during this period, we also considered additional variables:

- age at arrival, sex and ethnicity – sourced from the Statistics New Zealand 'Personal Details' table (compiling information from the Department of Internal Affairs, Ministry of Health and the census);
- primary health organisation (PHO) enrolment – using primary healthcare data identifying those who registered with a PHO, available from 2003;
- ethnicity level 2 – this variable has more specific ethnicity information, such as Middle Eastern, African, etc. It is drawn from population demographic data collected by the Ministry of Health. Information is missing for those asylum claimants who did not have a National Health Index (NHI) number during the asylum-seeking period;
- mental health service utilisation – PRIMHD (Programme for the Integration of Mental Health Data) data, available from 2008, was used to identify asylum claimants who had ever utilised specialist mental health services.

*Limitations*

Our study relied on case decisions in the IDI, which record only final asylum outcomes. This has key limitations. Withdrawn applications are excluded, as are dependants of accepted asylum seekers later assessed under the UN Refugee Convention but not officially classified as asylum seekers. Additionally, categorisation issues mean cases recorded

**Table 2: Characteristics of individuals seeking asylum in New Zealand**

Variable	Asylum Visa Application Decisions							Total
	Eventual convention refugee <sup>i</sup> (N=3771) <sup>12</sup>		Approved asylum visa <sup>ii</sup> (N=6465)		Declined asylum visa <sup>iii</sup> (N=855)			
	n	col%	n	col%	n	col%		
Start year	1997–2000	1215	32.2%	3939	61.0%	435	50.9%	5589
	2001–2003	696	18.5%	867	13.4%	165	19.3%	1728
	2004–2006	285	7.6%	204	3.2%	66	7.7%	555
	2007–2009	279	7.4%	78	1.2%	48	5.6%	405
	2010–2012	333	8.8%	126	2.0%	36	4.2%	495
	2013–2015	381	10.1%	195	3.0%	15	1.8%	591
	2016–2018	441	11.7%	300	4.6%	15	1.8%	756
	2019–2021	138	3.7%	750	11.6%	75	8.8%	963
Time in the study /asylum seeking period (in months)	<6	504	13.4%	513	7.9%	150	17.5%	1167
	6–12	804	21.3%	672	10.4%	90	10.5%	1566
	12–18.	723	19.2%	735	11.4%	60	7.0%	1518
	18–24	552	14.6%	660	10.2%	60	7.0%	1272
	24–36	669	17.7%	834	12.9%	81	9.5%	1584
	>36	519	13.8%	3051	47.2%	414	48.4%	3984
Gender	Male	2712	71.9%	4482	69.4%	558	65.0%	7752
	Female	1059	28.1%	1980	30.6%	300	35.0%	3339
Age at the first decision date	<15	9	0.2%	<sup>iv</sup> s	s	15	1.8%	s
	15–24	570	15.1%	1029	15.9%	183	21.4%	1782
	25–34	1641	43.6%	2763	42.8%	300	35.1%	4704
	35–44	1023	27.1%	1758	27.2%	240	28.1%	3021
	45–54	351	9.3%	645	10.0%	93	10.9%	1089
	55–64	114	3.0%	183	2.8%	15	1.8%	312
	65+	60	1.6%	78	1.2%	12	1.4%	150

<sup>i</sup> Eventual convention refugee: asylum claimants who were ultimately granted convention refugee status or protected person status who received at least one asylum-related visa decision.

<sup>ii</sup> Approved asylum visa: asylum claimants who were not recognised as a convention refugee or were not granted protected person status by the end of the study period, but who received at least one approved asylum-related visa decision.

<sup>iii</sup> Declined asylum visa: asylum claimants who were not recognised as a convention refugee or protected person by the end of the study period, but applied for and were declined an asylum visa.

<sup>iv</sup> refers to cells that had to be ‘suppressed’ where the number was less than six due to the confidentiality rules. This can affect certain column/row totals.

under other categories (e.g., RFSC or ‘Section 61’)<sup>11</sup> were omitted. Finally, asylum seekers granted protection status immediately were not captured, as their initial applications were not recorded.

This research thus identified inconsistent figures that New Zealand government agencies reported in relation to the total number of asylum seekers. Using data from Immigration New Zealand’s website, the Immigration Protection Tribunal, and historical statistics obtained by New Zealand Refugee Law via Official Information Act requests, we found significant discrepancies. While some inconsistencies may stem from human error – such as misreporting ethnicity – or differences in fiscal versus calendar year reporting cycles, these do not fully explain the variations. Consultations across the sector highlighted the complexity of accurately capturing asylum seeker data.

These limitations highlight gaps in official data. Future research should address these issues by incorporating qualitative methods to better capture the experiences of asylum seekers missing from IDI records, providing a more comprehensive understanding of their journeys.

#### Findings: asylum seeker characteristics and trajectories

We identified the 11,091 individuals who had received a temporary visa decision based on an asylum claim over the designated period as: (1) those who were eventually recognised with convention refugee status (34%); (2) those who had at least one approved asylum visa claim (58.2%); and (3) those who were declined an asylum visa (7.8%). We present the findings in three sections: demographic and visa outcomes; income and benefit rates; and mental health service utilisation.

We contend that the data supports the concept of Fortress New Zealand through the expansion of the bordering of interdiction and externalisation post-2001.

#### Demographics and visa outcomes

As shown in Table 2, most asylum claimants were male (69.9%), with the majority falling in the age group of 25–34 years old at the first visa application decision date (42.4%). A considerable proportion of approved asylum claimants arrived between 1997 and 2000 (61.0%), with an additional 13.4% of approved asylum claimants arriving between 2001 and 2006. Among the latest arrivals (2019–21), 14.3% gained convention refugee or protected person status, 77.9% were still in the refugee status determination process as ‘approved asylum’, and 7.8% were declined.

The time in the study reflects the months between the first asylum visa decision and

Table 3: Number of asylum visa decisions and final outcome across three subgroups

Variable	Level	Eventual convention refugee <sup>i</sup> (n=3771)	Approved asylum visa <sup>ii</sup> (n=6465)	Declined asylum visa <sup>iii</sup> (N=855)	Total			
Number of asylum/ refugee-related decisions for a visa decision	1	s	2094	31.9%	723	84.5%	s	
	2	756	20%	1479	22.5%	108	12.6%	2343
	3	927	24.6%	1002	15.3%	21	2.45%	1950
	4	738	19.6%	648	9.9%	s	-	1386
	5	444	11.8%	393	6.0%	s	-	837
	6	309	8.2%	285	4.3%	s	-	594
	7	192	5.1%	207	3.1%	s	-	399
	8	135	3.6%	126	1.9%	s	-	261
	9	s	s	81	1.2%	s	-	168
	\$ 10+	177	4.7%	150	2.3%	s	-	327
End reason	Gained Convention refugee status	3768	99.9%	NA	-	NA	-	s
	Permanent departure	s		3630	56.2%	492	57.3%	s
	Gained residency	s		1701	26.3%	225	26.2%	s
	Deceased	s		93	1.4%	12	1.4%	s
	End of the study period	s		1035	16.0%	129	15.0%	s

<sup>i</sup> Eventual convention refugee: Asylum claimants who were ultimately granted convention refugee status or protected person status who received at least one asylum-related visa decision.

<sup>ii</sup> Approved asylum visa: Asylum claimants who were not recognised as a convention refugee or were not granted protected person status by the end of the study period, but who received at least one approved asylum-related visa decision.

<sup>iii</sup> Declined asylum visa: Asylum claimants who were not recognised as a convention refugee or protected person by the end of the study period, but applied for and were declined an asylum-related visa decision.

\*s refers to cells that had to be 'suppressed' where the number was less than 6 due to the confidentiality rules. NA: not applicable

\* for declined asylum claimants, the number reflects on 4 or more decisions to be able to output data.

the end point of the asylum-seeking period. This can be considered alongside the number of visa decisions for asylum claimants in various subgroups. About 50% of all asylum claimants had two years in the claim-determination process. The mostly male population suggests that borders have different forms of permeability.

Table 3 shows that for the declined asylum visa group, the majority (84.5%) made only one application, which was the case for one third of the approved asylum claimants' group. This data shows that of applicants with at least one asylum-related decision, 23.3% applied for five further asylum visas (or more), sometimes exceeding ten visa applications during the study period. Although the proportion who applied more than five times from any group significantly dropped after each application, there was a considerable number of asylum claimants whose case took many years, and who thus had many visa decisions before a final outcome. The high number of repeat applications suggests an internal logic of the fortress

through everyday bordering: more than half had to apply for four or more visas.

In addition, Table 3 shows the primary reason for the end of the asylum-seeking period. For those approved or declined an asylum visa, but not recognised as a refugee or protected person, we can see permanent departure from the country for 56.2% of the approved asylum visa group and 57.5% of the declined asylum visa group. Of note, these are more likely the asylum claimants whose last asylum visa application was declined, who would then be expected to leave the country. For those not recognised as convention refugees, approximately 26% gained residency through alternative pathways after several visa applications. We also note that 1.4% of both approved and declined asylum visa claimants died before leaving the country or becoming residents.

Table 4 suggests that New Zealand has discerning borders, as defined by ethnicity and larger ethno-national groupings. The data shows that 78.1% of Middle Eastern applicants (1458 out of a total of 1866) and 54.3% of African applicants (342 out of 630) attained convention refugee status by

the end of the study. Conversely, among ethnic groups, those from Pasifika backgrounds (12.5% – 27 out of 216 applicants) and Asian backgrounds (7.1% – 402 out of 5655 applicants) had the highest rates of asylum seeker declines, predominantly involving Chinese and Indian claimants. Such high rates of claims are perhaps unremarkable for two reasons. First, since 1980, Immigration New Zealand figures have increasingly been made up of migrants from China and India (Productivity Commission, 2022). Second, India and China have both had – and continue to have – challenging human rights records (Amnesty International, 2024). Both factors are likely to account for the comparatively large number of asylum claims from these ethnic groups.

**Mental health service utilisation rates**

Tables 5 and 6 present data on asylum claimants who arrived from 2006 (for the primary health data) and from 2008 (for the mental health specialist service use). The data provides evidence of firewall and everyday bordering: while those who

**Table 4: Main ethnic groups<sup>13</sup> of individuals who applied for asylum**

Variable	Level n (COL%)	Eventual convention refugee <sup>i</sup> (N=3771)		Approved asylum visa <sup>ii</sup> (N=6465)		Declined asylum visa <sup>iii</sup> (N=855)		Total
Ethnicity (level 1)	European	348	9.2%	765	11.8%	75	8.8%	1188
	Māori	9	0.2%	18	0.3%	s	-	s
	Pasifika	42	1.1%	147	2.3%	27	3.2%	216
	Asian	1494	39.6%	3759	58.2%	402	47.0%	5655
	MELAA <sup>14</sup>	2043	54.2%	1014	15.7%	90	10.5%	3147
	Other	87	2.3%	519	8.0%	33	3.9%	639
Ethnicity (level 2)	Chinese	360	9.5%	837	13.0%	63	7.4%	1260
	Indian	180	4.8%	771	11.9%	132	15.4%	1083
	Southeast Asian	90	2.4%	441	6.8%	48	5.6%	579
	Other/Undefined Asian	609	16.1%	795	12.3%	75	8.8%	1479
	Fijian	27	0.7%	75	1.2%	24	2.8%	126
	Māori (including Cook Islands Māori)	s*	s	s	s	s	s	s
	Other/ Undefined Pacific Island	12	0.3%	42	0.7%	6	0.7%	60
	NZ European / Pākehā	24	0.6%	60	0.9%	6	0.7%	90
	Other/ Undefined European	216	5.7%	453	7.0%	42	4.9%	711
	Middle Eastern	1458	38.7%	387	6.0%	21	2.5%	1866
	Latin American / Hispanic	78	2.1%	141	2.2%	15	1.8%	234
	African	342	9.1%	267	4.1%	21	2.5%	630
	Other/unknown	195	5.2%	624	9.7%	63	7.4%	882
	Missing ethnicity	180	4.8%	1566	24.3	339	39.6	

<sup>i</sup> Eventual convention refugee: Asylum claimants who were ultimately granted convention refugee status or protected person status who received at least one asylum-related visa decision.

<sup>ii</sup> Approved asylum visa: Asylum claimants who were not recognised as a convention refugee or were not granted protected person status by the end of the study period, but who received at least one approved asylum-related visa decision.

<sup>iii</sup> Declined asylum visa: Asylum claimants who were not recognised as a convention refugee or protected person by the end of the study period, but applied for and were declined an asylum-related visa decision.

\*s refers to cells that had to be suppressed where the number was less than 6 due to the confidentiality rules. NA: not applicable

**Table 5: Primary Health Organisation registration of asylum claimants who arrived on and after 2006**

PHO enrolment	Eventual convention refugee <sup>i</sup> (n=1647)	Approved asylum visa <sup>ii</sup> (n=1494)	Declined asylum visa <sup>iii</sup> (n=198)	Total
Enrolled n(col%)	1008 (61.2)	468 (31.3)	57 (28.7)	1533 (45.8)
Not enrolled n(col%)	639 (38.8)	1026 (68.7)	147 (74.2)	1812 (54.2)

**Table 6: Mental health service utilisation of asylum claimants who arrived on and after 2008**

	Level	Eventual convention refugee <sup>i</sup> (n=1443)	Approved asylum visa <sup>ii</sup> (n=1413)	Declined asylum visa <sup>iii</sup> (n=147)	Total
Mental health specialist support	Ever contact	168 (11.6)	165 (11.7)	6 (3.4)	339
Months between referral and receiving mental health service support	0-2	45 (26.8)	39 (27.2)	s	s
	3-6	39 (23.2)	30 (18.1)	s	s
	7-12	39 (23.2)	33 (20.0)	s	s
	13-24	36 (21.4)	39 (23.6)	s	s
	25+	9 (5.3)	18 (10.9)	s	s
	<sup>vi</sup> Missing	-	6 (3.6)	-	s

<sup>i</sup> Eventual convention refugee: Asylum claimants who were ultimately granted convention refugee status or protected person status who received at least one asylum-related visa decision.

<sup>ii</sup> Approved asylum visa: Asylum claimants who were not recognised as a convention refugee or were not granted protected person status by the end of the study period, but who received at least one approved asylum-related visa decision.

<sup>iii</sup> Declined asylum visa: Asylum claimants who were not recognised as a convention refugee or protected person by the end of the study period, but applied for and were declined an asylum-related visa decision. s represents suppressed data for cells with counts less than 6.

<sup>vi</sup> This group was referred but did not receive face-to-face services before the end of the study period.

are able to make it to New Zealand are in theory able to access healthcare, not everyone enrolls, raising questions about the informal everyday practices as to how policies are enacted and operationalised.

Significant variations were observed among asylum claimant subgroups based

on their final decision/destination in terms of being registered with a primary health organisation or receiving services from a mental health service provider. Within this cohort, 70% of the declined subgroup were not registered with a PHO. The approved asylum seeker subgroup had a registration

rate of 31.3%, with 68.7% not having a record with a PHO, while 61.2% of eventual convention refugees and those with protected person status were enrolled with a PHO. Relative to the national registration rate, which is reported quarterly and usually stands at above 95% of the



population, these numbers are significantly lower (Te Whatu Ora, 2024).

Mental health service utilisation trends were even more concerning, with only 3.4% of declined asylum claimants who arrived post-2006 ever utilising mental health specialist services, in contrast to 11.6% and 11.7% for convention and approved asylum visa claimants respectively. The time from referral to service utilisation was slightly higher for those with an approved asylum visa compared with those eventually recognised as a convention refugee. Unfortunately, this time could not be determined for the minimal number of declined asylum claimants who utilised these services.

#### Discussion

What, then, in the face of New Zealand's geographic isolation and deterrence policy settings, has been New Zealand's experience with asylum claimants in recent decades? The data demonstrates that New Zealand's location and policy have largely prevented the massive influx of asylum claimants experienced in many other regions of the world. Our research suggests that the recent rise in asylum claims is a predictable occurrence, consistent with the rapid surge in migrants, particularly those from India and China following the Covid-19 pandemic. Despite concerns about the recent increase in asylum claims (Kilgallon, 2023), past events have led to similarly high numbers of asylum claims, which later returned to a relatively stable baseline.

The data reveals essential features of New Zealand's asylum seeker population. The most salient features for understanding the structural and institutional barriers asylum claimants face as part of everyday bordering include the variability in the number of visa applications made and the outcomes of these applications. In addition, some features of both the age and ethnicity of asylum claimants are noteworthy, as is the observed variety in service uptake.

Most asylum claimants were in the 25–44 age range, and predominantly male. Men had higher approval rates (35%) for asylum visa claims compared with women (31.2%). Of those asylum claimants whose ethnic identity is known, Middle Eastern ethnicity had the highest proportion of claimants, of whom

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78.1% received convention status. The largest proportion of individuals listed as deceased at the end of the study were claimants denied asylum, a group which also had the lowest utilisation of primary healthcare and specialist mental health services. Although our data doesn't encompass asylum claimants arriving before 2006 and 2008 for these services, the available data indicates a disproportionate under-utilisation of services by declined asylum claimants. The number of visa applications varied for different subgroups of asylum claimants. The primary concern arising from this data is the uncertainty associated with each application, especially concerning the purported short-term visa periods and their implications for work and social support rights.

Based on the data presented above, we emphasise several key points:

- Asylum claimants are predominately young (nearly 60% under the age of 34) and male (over two thirds of all asylum claimants).

Applicants from the Middle East were the highest proportion granted convention refugee status (78%).

- Nearly a quarter of approved and denied claimants found other ways to regularise their immigration status. One possible explanation for this is that some applicants might have chosen to withdraw their application when they discovered other pathways with a perceived lower risk of removal/deportation.
- There was very low PHO enrolment (68.7%) compared with New Zealand overall (95%).
- There were very low rates of mental health service utilisation for both approved (11.7%) and denied asylum groups (3.4%).

New Zealand's approach to asylum seekers, characterised by the country's location coupled with policies of interdiction and externalised border controls and other factors, has resulted in a comparatively low number of asylum claims over the past two decades. The combination of stringent border control measures and the country's geographic isolation has effectively created what some have termed Fortress New Zealand. Policies impacting those who are granted temporary protection under an asylum visa and the relatively low rate of services uptake by asylum claimants also serve to underscore the concept of everyday bordering as integral to Fortress New Zealand.

Despite the global surge in refugee numbers, New Zealand has maintained a relatively stable asylum seeker population, a trend arguably attributed to the 'success' of these policies. However, it is crucial not to see this apparent 'success' as an endorsement of the status quo, particularly given the ongoing increase in global refugee numbers. The policies, while perhaps contributing to these low numbers of asylum claims, raise significant ethical and humanitarian concerns, especially in light of the under-utilisation of health services by declined asylum claimants.

#### *Extending support services for asylum claimants*

Under both the International Covenant on Economic, Social and Cultural Rights

and the 1951 Convention Relating to the Rights of Refugees, New Zealand has an obligation to ensure that asylum claimants are safe from exploitation and extreme poverty while their claims are heard. Where specialist services exist, work is only generally enabled by piecing funding together from donations and one-off grants to NGOs (Ferns et al., 2022). These organisations receive almost no dedicated financial support from the government to support asylum claimants. The lack of consistent assistance and clarity of entitlement to specific supports compound the insecurity for asylum claimants during this time-consuming and often emotionally taxing process. These factors are consistent with the findings made by previous research, as outlined earlier in this article.

#### *Public perception and political discourse*

Despite public perception and concern and political discourse portraying the number of asylum claimants as problematic (Banks, 2008; Bogen and Marlowe, 2017), decades of data suggests otherwise. As the data presented here suggests, the limited availability of community support has not encouraged numerous arrivals, and the number of unsuccessful claims remains small. This challenges the narrative of the asylum system as rife with abuse. The analysis here gives rise to several areas that we believe require the attention of policymakers. These can be summed up in four action points:

- Ensure streamlined decision making and advocacy by adequate training of the sector to ensure a proper focus on future risk assessments that are tied to issues relevant to the asylum claim, rather than the credibility of the claimant as a whole (Manning, Leman and Judd, 2024).
- Increase PHO enrolment by asylum claimants during their claim period.
- Improve access to mental health services during the claim period.
- Considering the lengthy period often required to process asylum claims, Immigration New Zealand should consider issuing longer short-term visas or provide a temporary visa which is tied to the progression of an asylum claim. This would likely provide asylum

... it is clear from the data that there is a high degree of discrepancy between New Zealand's stated policy of providing such services to asylum claimants, and their uptake.

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seekers with a higher probability of securing employment, as short-term visa holders are often at a disadvantage in the competitive labour market. Longer-term visas would also arguably allow asylum seekers to contribute to society and feel safe and secure while their claims are being processed.

The policy improvements identified above align with both existing scholarship and the findings of this study. While reducing decision wait times can alleviate stress and anxiety for asylum seekers, it is crucial to avoid unduly rapid decision-making processes that may lead to erroneous declines. At the same time, leaving someone without a determination for many years remains a valid concern: the uncertainty caused by prolonged wait times can have a significant impact on mental health. However, quick decision making risks undermining the quality of decisions, particularly in the context of New Zealand's highly individualised and forensic approach, which necessitates detailed case preparation. Rather than focusing solely on expediting decisions, the emphasis should be on ensuring just and accurate outcomes. Additionally, measures should be implemented to provide asylum claimants with timely access to mental

health specialists and support services, as we note above, to address their needs effectively without long waiting times or barriers to accessing care.

This third point connects with the second and third policy recommendations: increasing uptake of primary and mental health services during the asylum-seeking process. The data considered above suggests very low uptake of these services, despite the availability of access to both. Future research might delve into the reasons for this from the perspective of the process (implementation of services and the effectiveness of the state's information-sharing capacity) and through an exploration of migrant experiences with the health system and practitioners. In the meantime, it is clear from the data that there is a high degree of discrepancy between New Zealand's stated policy of providing such services to asylum claimants, and their uptake. It is incumbent upon public officials to investigate the reasons for this and to adopt strategies to reduce this gap.

#### **Conclusion**

This article has identified several important characteristics of New Zealand's asylum seeker population, including the relatively steady and low number of claims over the duration of the study period spanning more than 20 years. This suggests to us that the combined influence of New Zealand's policy settings and remote geographic location has effectively maintained a relatively stable asylum seeker population. Periods of deviation, such as those figures from the earliest data considered here, are accounted for by global trends that would expectedly result in increased claims.

Another key observation pertains to the process, and recognition of a rise in the number of individuals seeking protection. We observed that individuals often need to submit multiple asylum visa applications over an extended period to be recognised in New Zealand. This underscores the critical and ever-present tension in public services provision between efficiency and a fair and robust process. Efficient handling of claims is undoubtedly important. If such expedited resolution is erroneously paired with a narrative that suggests many claims lack merit, however, it can be used to justify

a process that does not allow full consideration of claims. This is not the direction New Zealand should follow. Any change to the status quo should allow for a more thorough review of claims, guided by New Zealand’s values, fidelity to the rule of law and human rights, and our international obligations.

- 1 Under the Immigration Act 2009, claims for refugee status must be determined before a claim is made for protected person status (section 137). Therefore, for the purposes of this article, the term ‘asylum claim’ includes claims for refugee and protected person status. The term ‘asylum’ does not appear in the Immigration Act, but it is used in policy documents, the wider literature and in this article in reference to refugee claimants.
- 2 As measured at the date of the first asylum visa application.
- 3 We acknowledge the often problematic nature of trauma discourses with respect to asylum claimants and refugees, which often frame individuals as *all* suffering from some form of trauma. This is not the case and we do not wish to perpetuate such a belief here (see, e.g., Jasperese, 2021; Marlowe, 2010; Miller, Kulkarni and Kushner, 2006; Pupavac, 2002). Instead, this article explores New Zealand’s policy settings that allow for access to health services, including those for mental health, and asylum claimants’ uptake of these services.
- 4 Some of these practices have shifted in recent years with the New Zealand government’s ‘refresh’ of the refugee resettlement strategy, beginning in 2023. These measures, brought about through

- community advocacy, sought to enhance access to housing, education, English language training and employment (<https://www.immigration.govt.nz/documents/other-resources/nz-migrant-settlement-and-integration-strategy.pdf>).
- 5 The narrow exception being if the Refugee Status Unit has refused to consider a subsequent claim for refugee status if it is satisfied that the claim is manifestly unfounded, clearly abusive or repeats any claim previously made (Immigration Act 2009, s195(1)(b)).
  - 6 Disclaimer: Access to the data used in this study was provided by Statistics New Zealand under conditions designed to give effect to the security and confidentiality provisions of the Statistics Act 1975. The results presented in this study are all the work of the authors, not Statistics New Zealand, nor individual data suppliers. These results are not official statistics. They have been created for research purposes from the IDI, which is managed by Statistics New Zealand. Statistics New Zealand approved the use of the IDI for this project (ref MAA2019-56).
  - 7 It is important to emphasise that this data only captures visa decisions, not visa applications. Consequently, an individual identified as an asylum seeker on a given date by virtue of receiving their first asylum-related visa decision could have applied for asylum in New Zealand – and thus have been an asylum seeker – months before receiving a decision on a visa application. Indeed, given that asylum claimants in New Zealand wait an average of seven months for a decision (Bonnett, 2019), it is probable that many of the individuals in our population were asylum claimants – to the extent that they were seeking asylum – for many months before we were able to identify them.
  - 8 Due to confidentiality rules related to the use of IDI data, this is an approximation.
  - 9 This study tracked asylum claimants who had made and received a temporary visa decision based on an asylum claim. We identified which of those participants were eventually recognised as a refugee/protected person (subgroup 1). We then categorised

- asylum claimants who had not been recognised as a refugee/protected person as at the time of the study finishing. Those who had received an approved asylum visa (at any time) are subgroup 2. Those who made an application but were declined an asylum visa are subgroup 3.
- 10 This means that they were approved to be assessed for their claim as an asylum seeker at some point but did not end up receiving convention status, and either left the country, sought residency through different visa categories, died or remained in New Zealand at the end study date. This could potentially include overstayers who had at least one approved asylum visa but were not eventually recognised as convention refugees and had also not secured another pathway to residency.
  - 11 Under the Refugee Family Support Category or as a ‘special case’ under section 61 of the Immigration Act.
  - 12 This includes asylum claimants who may have had either an approved or a declined asylum visa.
  - 13 Ethnicity categories are based on self-identification. New Zealand allows individuals to select multiple ethnicities. Thus, if an asylum seeker indicated more than one ethnicity, both are represented in the data.
  - 14 Middle Eastern, Latin American and African.

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