Houses of the Oireachtas
Joint Committee on Justice and Equality

Report on Direct Provision and the International Protection Application Process

December 2019

Volume 2
Submissions Received
Tithe an Oireachtais

An Comhchoiste um Dhlí agus Ceart agus Comhionannas

Tuarascáil maidir le Soláthar Díreach agus maidir leis an bPróiseas Iarratais ar Chosaint Idirnáisiúnta

Nollaig 2019

Houses of the Oireachtas

Joint Committee on Justice and Equality

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## Submissions Received

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ACT UP Dublin
Submission to the public consultation on direct provision and the international protection application process

Submitted 31 May 2019 to the Committee on Justice and Equality by email to: directprovision@oireachtas.ie

Who we are
ACT UP Dublin is a chapter of ACT UP: the AIDS Coalition To Unleash Power. We are a diverse, nonpartisan group of individuals working to end the HIV crisis.

We advocate for policies that are based in concern for the human rights and welfare of people living with and vulnerable to HIV. Our mission statement makes clear that we see our work around HIV and sexual health as situated in a larger context:

We understand that HIV vulnerability reflects social inequalities and that combating the epidemic is part of a broad struggle for social justice. [1]

We regard the treatment of those seeking international protection in Ireland, in particular those living with HIV, as a matter of great concern.

Recommendations to the committee
Recommendation One: The direct provision system must be abolished.
The direct provision system is not fit for purpose. No amount of reforms or improvements to direct provision, or any similar system under a different name, can render what is a fundamentally inhumane system acceptable.

Recommendation Two: The asylum seeking process itself must be reformed.
Ireland’s asylum system should be focused on vindicating peoples’ right to seek asylum and to live in safety and should treat people with respect rather than suspicion. Asylum seekers in Ireland are currently experiencing serious and ongoing harms which must be remedied immediately.

Recommendation Three: Asylum seekers must have convenient access to adequate and appropriate health care.
This should be in line with WHO recommendation that all people can obtain the care they need, when they need it, right in the heart of the community.

Recommendation Four: Health care available to asylum seekers must include sexual health care.
This includes STI screening and treatment, free availability of condoms, access to birth control and family planning care, as well as access to HIV prevention methods like PEP and PrEP.
Recommendation Five: **The needs of people living with HIV and those vulnerable to HIV must be addressed.**
Clear information about HIV must be provided to all those seeking asylum as early as possible. This must make clear the benefits of knowing one’s HIV status and of treatment for the health of those living with HIV, as well as making explicit that fact that living with HIV will not prejudice one’s application. It also extends to ensuring access to both medical care and social supports for people living with HIV.

Recommendation Six: **Transgender asylum seekers should be recognised according to their gender identity, regardless of their official gender marker.**
Trans asylum seekers should not be housed in single-sex accommodation that is not appropriate to their gender identity. Supports must be available for trans asylum seekers who experience discrimination or ill treatment, whether from staff, other asylum seekers, or others.

Recommendation Seven: **Staff working with asylum seekers must be properly trained to support people with HIV and LGBT people.**
Staff—from those who first encounter asylum seekers to those providing ongoing services—must be adequately trained about HIV and other medical issues, including how to support asylum seekers in accessing medical and social services. They must also be trained regarding the needs of LGBT asylum seekers and how to provide support to LGBT asylum seekers who experience discrimination or mistreatment.

**Discussion**

HIV care and treatment is available for free to anyone diagnosed with HIV and living in Ireland. It is HSE policy to recommend initiation of treatment as soon as possible after diagnosis. [2] In addition to protecting the health of people living with HIV, effective treatment offers a powerful prevention benefit since someone on effective treatment cannot pass on the virus to sexual partners. [3]

Although effective treatment has transformed HIV from a terminal diagnosis to a manageable chronic disease, it remains heavily stigmatised. It is critical that asylum seekers be provided with clear information regarding the benefits of HIV treatment (both for the health of people living with HIV and for the prevention impact), the availability of free HIV care and treatment in Ireland, and the fact that living with HIV will not negatively affect an application for asylum. This is critical both from a public health perspective in encouraging asylum seekers to avail of HIV testing and treatment, and to mitigate the stigma around HIV and people who live with HIV. [4]

Living in direct provision itself has adverse impacts on both the physical and mental health of all residents. People living with HIV face specific increased adverse impacts as a direct result of the dismal, inhumane conditions. These include the difficulty of managing medications and accessing medical care while maintaining privacy, experiences of discrimination, social isolation and outright hostility when their HIV status is known to others, and the inability to access support services due to location and lack of transportation. [5]
References


Anti-Deportation Ireland Submission to the Dáil Committee on Justice and Equality

Anti-Deportation Ireland (ADI) is a national network of activists, asylum seekers, refugees, community workers, trade unionists, and academics who have come together to campaign against forced deportation in Ireland, for the abolition of the direct provision system, and giving asylum seekers unconstrained access to the labour market and education systems.

In this submission we make **the case against deportation** in drawing attention to the human and financial costs of deportation and challenging the now dominant place that deportation occupies within our asylum system. In this we draw on the Anti Deportation Report of 2012 prepared by Elena Moreo, ‘Anti deportation Ireland Preliminary Report on Deportation in Ireland: The Human Cost of Deportation’. This report is attached in full for your consideration (Appendix 1). Below we summarise our main arguments in challenging deportation while the report gives further detail of their rationale.

We also make particular reference to the inadequacy of **the asylum determination process** and make recommendations to addresses these shortcomings. Finally, we focus on the significant backdrop of living in **direct provision damages children**, for whose welfare the State has particular responsibility.

These are just three of many such areas where damage is done to already vulnerable people; we know that almost all of people’s lived experiences within this system are negatively impacted on by the inherently damaging nature of both the direct provision and dispersal system.

**A Summary of the Case Against Deportation**

Deportation a violent and traumatic experience with long lasting damaging impacts and costs for those being deported, their family, friends and for the wider community.

The lack of independent monitoring procedures also raises serious concerns in relation to how deportations are carried out.

Arguments that support deportations are highly speculative, as is evidenced through gaps between deportation orders issued and deportations orders effected.

Living under deportations orders has high human costs, increasing, stress, anxiety, fear, instability and impacting on mental and physical health.

Deportations of children carry life long consequences which, in an increasingly trauma aware environment, is unjustifiable and for which the State can expect to be held responsible in due course.

**Best Value for Money?**

- Deportations are financially expensive. The 2012 report which we attach notes that the overall cost of removing 280 persons from Ireland in 2011 was in excess of €1 million.
- Despite the State’s claims that the direct provision system provides the best value for money, the argument on which the State’s claim is made assumes asylum seekers to be dependent on the State, whereas it is the State that imposes this dependency on them.
- All international and national research available is consistent in showing that the system violates asylum seekers’ basic rights to housing, family life, food, health, work and education.
International reports have criticised Ireland for detaining people awaiting deportation and/or for immigration related reasons in ordinary prisons, questioning the legal basis of such practice, the lack of legal safeguards for immigration detainees and their treatment in detention.

There is very limited scope to challenge deportation decisions in Ireland

• There is no independent appeals body.
• The scope for challenging deportation has narrowed since the introduction of the International Protection Act.

The practice of deporting individuals who may have an EU or Irish spouse/partner constitutes a breach of the EU free movement directive.

We recommend

1. that deportation be viewed in its full social, human and economic costs that have long lasting traumatic impacts on individuals, families and the wider community.
2. that the asylum process be re-configured to acknowledge the very many advantages that human migration has to offer.

Asylum Determination

We contend that the asylum-determination system does not provide a fair and equitable assessing of asylum-seekers application, which has consequences in terms of Ireland’s non-refoulement obligations, but of more importance, has resulted in the injury and deaths of people who have been deported, and will continue to do so. All of the available statistics point to the fact that, compared to the rest of Europe, Ireland is off the scale in terms of positive asylum determination outcomes. It would appear that for any of the countries of origin of asylum seekers in Ireland, they would stand a significantly higher change of being granted asylum in almost any other country in Europe.

We believe that those who are employed to make such assessments are not properly qualified to undertake this work, and that these people are making life-and-death decisions in an arbitrary way. They are unqualified because there is no requirement within the recent Act for the kinds of knowledge that are necessary to make an equitable judgement, that is specialist country-specific knowledge of the countries of origin of asylum-seekers. In effect, it is at the discretion of the person making the decision to inform her/himself. There is no reason to believe that this is happening. We suggest that the people who are being contracted or employed to do this work, who have legal qualifications, are not appropriate to this task – people with relevant qualifications and experiences in, and knowledge of, developing countries, and indeed conflict areas, are far more likely to have qualifications in the social sciences.

Our understanding, based on the personal experiences of some of our members, is that a culture of disbelief exists and guides the operation of the asylum-determination processes; and that the resignation of James Nicholson in 2007 from the Refugee Appeals Tribunal correctly pointed to negative biases within the system, biases that have never been addressed.

1. We recommend that the asylum-determination system be completely reformed in a way that ensures that asylum-seekers credibility is to the fore; that those people
engaging in the determination are properly qualified to undertake this decision; and that the current culture of disbelief is dismantled.

Institutionalised Children’s Lives

Ireland has a long history that alerts us to how the State has been instrumental in damaging and institutionalising vulnerable populations. We are currently unearthing the depth of damage that has been inflicted upon young children and babies as we see, for instance, the bodies that were discarded in sewers in the Tuam Mother and Baby home. Yet, even with this knowledge and experience we are currently ensuring that asylum-seeking children are continuing to be institutionalised. Some children spend all their formative years living in Direct Provision and others spend substantial portions of their childhoods within the system. Last year a nine-year old boy died, having lived his whole short life as a resident in Drishane Castle, Millstreet. Children’s wellbeing and emotional development are being severely compromised by this institutionalisation of their childhoods.

They are singled out and become marginalised within the communities in which they live because they live in DP accommodation centres. They are unable to develop meaningful friendships because to do so would make their residences and the conditions in which they live more visible to their peers and contribute to further distancing them. They hide the fact that they live in DP centres as much as possible and thus, have to live their lives in fear of being ‘found out’.

This is in addition to living with the anxiety of not knowing if, and when, they will be taken away (deported). They see fellow residents being taken away at night/early morning, see and hear the conditions in which deportations take place. In the context of increasing levels of anxiety that are associated with modern living these conditions accentuate pressures on them and are detrimental to their wellbeing.

We also know that, and again, due to the State imposed conditions of DP living, they live their lives largely in public. This means that they have little or no child designated areas where they can safely and securely develop their interests and engage in the diverse forms of play that are now considered important by child development experts.

They are also subject living largely in adult dominated spaces, where tone and conduct are not always child-appropriate. DP centres, with their focus on shared hostel type accommodation, are totally unsuitable for the rearing and caring of children and for their flourishing. Furthermore, accommodation standards’ interpretation of child protection simply further limits the spaces and places children can occupy and places further and undue pressure on their parents – all under the surveillance eyes of hostel managers. So, in addition to the anxieties detailed already, the conditions add further anxieties for children who are often then confined to their rooms and who become anxious about their parents’ wellbeing. The source of these conditions are the system under which they are forced to live their childhoods and which are determined by the State.

2. We recommend that asylum seekers and their families be supported to live independently in the community, with access to specialised supports to assist with their integration and individual needs. In this way, children will be supported to flourish and develop along with their peers.
Summary of Recommendations:

1. That deportation be viewed in its full social, human and economic costs that have long lasting traumatic impacts on individuals, families and the wider community.

2. That the asylum process be re-configured to acknowledge the very many advantages that human migration has to offer.

3. That the asylum-determination system be completely reformed in a way that ensures that asylum-seekers credibility is to the fore; that those people engaging in the determination are properly qualified to undertake this decision; and that the current culture of disbelief is dismantled.

4. That asylum seekers and their families be supported to live independently in the community, with access to specialised supports to assist with their integration and individual needs. In this way, children will be supported to flourish and develop along with their peers.
ANTI DEPORTATION IRELAND

PRELIMINARY REPORT ON DEPORTATION IN IRELAND

The human and economic costs of deportation

Dublin, 2012
EXECUTIVE SUMMARY

The deportation of so called failed asylum seekers and illegal migrants, like their detention and dispersal, has become an integral part of migration policies in Ireland reflecting a wider European trend. While deportation has been legitimised as a cornerstone of immigration control and naturalized as a routine procedure, this report for Anti Deportation Ireland, highlights the human costs of deportation, focusing on the trauma, suffering, unjust and brutal treatment experienced by deportees and their families. Anti-Deportation Ireland (ADI) is a national network of activists, asylum seekers, refugees, community workers, trade unionists, and academics who have come together to campaign against forced deportation in Ireland, and for the abolition of the direct provision system.

The main findings of this preliminary report are outlined below:

- Deportation is an extremely traumatic experience for those who are forcibly removed and for their families, friends and members of the communities into which they have integrated. The conditions under which people are deported are inhumane and degrading often involving the use of violent methods of restraint and psychological intimidation.

- One in five people deported from Ireland since the start of 2010 were children. Deporting children, who may have been born in Ireland and never been to the countries they are being returned to, is a hardly justifiable practice.

- Deportations are ineffective. The argument that they ensure the integrity of the immigration regime is highly speculative. The relevant gap between deportation orders issued and deportations orders effected not only proves the point but also shows that an increasing number of people are living in precarious conditions of ‘deportability’ experiencing its attendant consequences in terms of lack of rights, anxiety, stress and inability to carry on with one’s life.

- Deportations are hugely costly. The overall cost of removing 280 persons from Ireland in 2011 was in excess of €1 million.
- The lack of independent monitoring procedures also raises serious concerns in relation to how deportations are carried out.

- The lack of follow-up or tracking procedures means that there is very limited knowledge of what happens to deportees after they are deported. However, some journalists and scholars have provided evidence of deportees experiencing extreme socio-economic marginalisation, mental health and substance abuse issues, and even torture and incarceration in the countries to which they are returned.

- International reports have criticised Ireland for detaining people awaiting deportation and/or for immigration related reasons in ordinary prisons, questioning the legal basis of such practice, the lack of legal safeguards for immigration detainees and their treatment in detention.

- There is very limited scope to challenge deportation decisions in Ireland because there is no independent appeals body.

- The practice of deporting individuals who may have an EU or Irish spouse/partner constitutes a breach of the EU free movement directive.

- Despite the State’s claims that the direct provision system provides the best value for money, all international and national research available is consistent in showing that the system violates asylum seekers’ basic rights to housing, family life, food, health, work and education. Considering that the system fails to ensure an adequate standard of living, the level of expenditure associated with it is unacceptable.
1. INTRODUCTION

‘The word banish rhymes with vanish. Through banishment or deportation there is literal threat of invisibility. Not only when the event is concretized, but in the anguish and the uncertainty leading to that. Made invisible. Made meaningless. Superfluous. To others. To ourselves’ (Margaret Randall, quoted in Peutz, 2010)

Deportation, like detention and dispersal, has become an integral part of migration control in Europe and part ‘of the everyday experience of hundreds of thousands of people across Europe’ (Bloch and Schuster, 2005: 492). Because deportation has become so ‘embedded within the contemporary administrative practice of Western states’, it has not be subjected to the same critical scrutiny as immigration and refuge policies (Walters, 2002: 266). While deportation has been naturalized as a routine and administrative procedure, this report highlights the human costs of such practice, focusing on the trauma, suffering, unjust and brutal treatment experienced by deportees, their families and the communities from which they are forcibly removed.

In this report, for Anti Deportation Ireland (ADI), we outline, firstly, the legal and financial background for deportations from Ireland. We then highlight the effects of deportation orders and actual deportations for the people concerned. Finally we look at the fate of deportees, before outlining ADI’s demands.

The rationale behind deportation is the state’s alleged need to preserve the ‘integrity’ of the immigration regime and to avoid the ‘abuse’ of the asylum system. This view is upheld by the Irish State. In response to an article written by Ronit Lentin for Metro Éireann arguing against deportations, Minister for Justice Alan Shatter replied that deportation remains ‘an unfortunate but necessary component of a balanced and fair immigration system… For the Irish State to relinquish its right of deportation, subject of course to our laws and to human rights obligations, would subvert the principles of fairness and due process which are cornerstones of our immigration system’ (Shatter, 2012: 10).

Since the 1990s the deportation of what the state dubs as ‘failed’ asylum seekers and other ‘illegal’ migrants has increased exponentially all across Europe and Ireland has joined in this trend, albeit a decade later, as Table 1 below demonstrates.
### Table 1: deportation and transfer orders

<table>
<thead>
<tr>
<th>Year</th>
<th>Deportation orders made</th>
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<td>280</td>
<td>144</td>
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<td>247</td>
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<td>1999</td>
<td>102</td>
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**Source:** Department of Justice, Equality and Defence

* Numbers refer to asylum seekers who were transferred to the EU member state in which they first applied for asylum under the Dublin Regulation introduced in February 2003.

It is worth highlighting that the number of deportation orders effected in respect of asylum seekers reached its peak in 2004 and started to decline in the following years. However since 2008 this trend has reversed and numbers are increasing despite the fact that asylum applications have been falling steadily since 2002. For instance the number of asylum applications received in 2011, 1,250, (see Table 2 below) represented a 28% decrease on the corresponding figure of 1,939 in 2010. Yet 280 deportation orders were effected, representing an increase of 33 (8.5%) over the number of orders effected in 2010. It also worth mentioning that the enforcement rate for deportation orders in Ireland, that is deportations orders effected as a proportion of deportation orders signed is above the European average. The Irish state also distinguishes itself for the extremely low number of asylum claims which receive
positive decisions. The *Irish Times* reported that ‘[t]he Irish acceptance rate for refugees is the lowest in the EU at 1.5 per cent at first instance and 6 per cent on appeal, significantly below the average EU recognition rate of 27 per cent, a matter that has attracted much adverse international comment’ (Coulter, 2012).

Table 2: Number of asylum applications 1999-2011

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<td>2689</td>
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<td>1250</td>
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Source: Office of the Refugee Applications Commissioner

Yet, as Liza Schuster (2003) argues, deportations represent a paradox. From the state’s point of view, the reason for continuing deportations, despite the fact that they are expensive in both financial and human terms, is that they are both ineffectual and essential.

Deportations send out a strong sign, namely that states can control their boundaries and ‘remove from their territory those without a right to remain’, thus ‘assuaging public opinion, which would not view the state’s incapacity in this area with equanimity’. Schuster argues, however, that the assumption that the threat of deportation creates fear and may persuade some to return ‘voluntarily’ is speculative (Schuster, 2003: 253). In fact the threat of deportation and draconian immigration and asylum polices do not so much curb immigration but have the effect of multiplying various states of precariousness, anxiety, and danger, facilitating illegal immigrants’ exploitation as cheap and unprotected labour; forcing refugees to take even more dangerous escape routes, and lining the pockets of unscrupulous smugglers and traffickers.

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2 Provisional figures for the end of 2011 indicate that there were approximately 5,400 persons seeking international protection accommodated in direct provision centres in the State. See *Irish Times*: ‘Child asylum seeker takes bias case’, 11/04/2012; http://www.irishtimes.com/newspaper/ireland/2012/0411/1224314607999.html
2. DEFINITIONS AND LEGISLATION

The term ‘deportation’ broadly refers to ‘[t]he act of a State in the exercise of its sovereignty in removing an alien from its territory to a certain place after refusal of admission or termination of leave to remain’ (IOM, 2004). Forced removal is undertaken against illegal entrants, overstayers and those who have had their asylum claim rejected. In theory, in the latter case, deportation can only occur after the courts have satisfied themselves that the life or freedom of the rejected applicant is not in danger. Even though the terms ‘forced removal’ and ‘deportation’ are often used interchangeably (both in the scholarly literature and in this report), they may describe different administrative and legal procedures.

In Ireland there are three different processes for the forced removal of ‘non-nationals’: deportation, removal and Dublin II transfers. While this reports deals only with deportation a brief definition of removal and Dublin II transfers is provided below.

**Removal** refers to the procedure of return (endorsed in section 5, Immigration Act 2003) applicable to individuals refused permission to enter Ireland. Refuse to entry may be linked to a variety of reasons and a removal decision, unlike a deportation order, does not forbid re-entry to Ireland. The grounds on which entry may be refused are set out in the Immigration Act 2004, section 4. Also people who evade immigration controls or overstay can be subject to removal procedures. Within the first three months of their stay they can be removed under a purely administrative procedure (see Immigration Act 2003, section 5).

**Dublin II transfers** apply to individuals who have already made an asylum application in an EU member state, prior to their arrival in Ireland, and are returned to the state where they made their first application.

The main legislative instrument regulating **deportation** procedures is the Immigration Act 1999, section 3, enforced by section 5. Deportation orders are issued when individuals do not exercise the option available to them to leave the State voluntarily when they have no permission to remain. Even though the majority of people who are deported are so-called ‘failed’ asylum seekers (Deegan, 2012), any non Irish national who fails to comply with the laws of the State, especially immigration requirements, can be deported (Quinn, 2007).
A deportation order is signed by the Minister for Justice, Equality and Defence (formerly Minister for Justice, Equality and Law Reform) and ‘allows the deportee to be forcibly removed from the State and it requires the deportee to remain outside the State for ever, irrespective of the circumstances giving rise to its making’ (Quinn, 2007: xii). Before the order is issued, the person is sent a 15 days letter outlining the options available: to make representations to the Minister for leave to remain, to consent to the deportation order, to leave voluntarily (either independently or through assisted programmes run by the International Organisation for Migration [IOM]). All these options are valid for 15 working days. After this time elapses a deportation order can be signed. The majority of people opt to make representations to the Minister outlining why they should be granted leave to remain in the state. Processing times for an application can last years and assessment procedures have been criticised by NGOs, legal practitioners and migrant support groups for lacking transparency and inconsistency. Furthermore very few applicants are actually given permission to stay at this stage.

Once the Minister is satisfied that a negative decision does not breach the principle of non-refoulement, a deportation order can be signed. After this, the Repatriation Unit of the Department of Justice sends the individual concerned an ‘arrangements letter’ setting out the details of the deportation. The letter requests the person to report at Garda National Immigration Bureau (GNIB) offices at a specified time. This serves as the formal serving of the deportation order (Quinn, 2007: 21). Once a deportation order is served, failure to comply or to collaborate with the GNIB may lead to detention with a view to secure departure.

In general deportation and removal procedures are operated domestically by the GNIB and the Department of Justice through direct international linkages with countries of destinations, airports, carriers and embassies. Forced removals take place by air, either through chartered or commercial flights or by sea (the GNIB only uses

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3 In October 2010, a coalition of organisations (Crosscare Migrant Project, DorasLuimní, Immigrant Council of Ireland, Irish Refugee Council, Migrant Rights Centre Ireland, The Integration Centre and NASC: The Irish Immigrant Support Centre) presented a letter to the Dáil regarding provisions for summary deportations contained within the 2010 Immigration, Residence and Protection Bill. It noted that while current procedures regarding deportation provide an individual fifteen days to make representations to the Minister as to why he/she should be allowed to remain in the State, the 2010 Bill would not permit this provision. The establishment of a ‘truly independent appeals mechanism for immigration and protection decisions’ is also recommended (Joyce, 2011: 14).
ferry ports located in the UK). In the last few years Ireland has also participated in several joint FRONTEX 4 return flights and started flight operations in conjunction with the United Kingdom (the first bilateral return flight took place in September 2010). In December 2011 Ireland signed an agreement with the UK to share information on visa applications, including fingerprinting, biometrics and biographical details, as part of a move designed to improve the visa-issuing process, and to work towards joint entry standards and enhanced electronic border systems. According to the UK Border Agency (UKBA) the agreement is also likely to create “considerable savings” for both countries on removing foreign nationals with no right to stay. According to the UK Immigration Minister Damian Green: “This agreement will help us quickly refuse those with poor immigration records, identify asylum shoppers and speed up the removal process in those cases where people have entered the common travel area.”5

Not all deportations are effected: on the contrary just 20 to 30 per cent of deportations orders are actually carried out. This is mostly due to the fact that people cannot be traced (i.e. they ‘go underground’ or leave the state without contacting the authorities), but also to legal safeguards. Deportations orders can be challenged in the High Court by way of judicial review and become invalid if the Court rules so. However, the concerned person can still be deported while the judicial review proceedings are ongoing (unless an injunction from the Department not to enforce the deportation order has been requested). Other reasons preventing enforcement may be the ill health of the deportee, an inability to identify the country of origin or the identity of deportees, and failure to obtain travel documents.

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4 FRONTEX (Agency for the management and operational cooperation at the external border) is an EU agency based in Warsaw providing assistance for joint return operations and identifying best practices on the acquisition of travel documents and removal of non-EU nationals irregularly present in the territory of an EU State. Even though Ireland is not a part of the Schengen area, it participates in meetings of the Frontex Risk Analysis Network and provides relevant statistical data on a monthly basis (Joyce, 2011).

3. DETENTION

Detention is one consequence of the asylum and deportation regimes and part of the mechanism of control and confinement of populations ‘judged to be disreputable, derelict, and unwanted’ (Wacquant, 1999: 216). ‘Retention’ and ‘holding centres’, ‘waiting areas’ and similar ‘state-sponsored enclaves of non existent rights’ (Wacquant, 1999: 218) have proliferated in the past two decades throughout the European Union (Bloch and Schuster, 2005: 500; Jesuit Refugee Centre-Europe, 2010). Surrounded by walls of barbed-wired fencing and under constant video surveillance these ‘centres’ often function as ‘launching pads’ for the deportation of failed asylum seekers, undocumented migrants and people denied entry. These are ‘prisons that do not speak their name’ and conditions of confinement are often in violation of the law and human dignity (Wacquant, 1999: 218).

Ireland does not have detention centres for the exclusive housing of immigration detainees such as exist in the United Kingdom (UK) and other countries. Rather detainees are held in existing penal institutions run by the Irish Prison Service. Immigration detainees can also be held at Garda Síochána stations for a limited period of time not exceeding 48 hours or any more than two consecutive overnight stays.

3.1 Legal grounds for ‘immigration related’ detention

Detention for immigration purposes is sometimes referred to as administrative detention as it is detention without trial or conviction, and usually takes place to enable that a further administrative measure can take place (i.e. deportation or removal). In Ireland grounds for the administrative detention of non-citizens include: refusal of entry (Aliens Act 1946, Section 7); ensuring fulfilment of a deportation order (Immigration Act 1999, as amended by Illegal Immigrants Act 2000, Section 10); asylum requests that require certain types of investigations (Refugee Act 1996, Section 9.8); and unlawful presence in the country (Immigration Act 1999, Section 5) (Kelly, 2005). Persons over 18 who are refused permission to land may be arrested and detained pending their removal. Detainees are often kept for a brief initial period of time at a Garda station before being either returned to the carrier on which they arrived, or transferred to one of the nine prisons specified in immigration regulations (Kelly 2005, p. 20; Immigration Act 2003 (Removal Places of Detention),...
Regulations 2005). In addition, authorities can order masters of vessels entering Irish territory to detain on board “any such non-national, whether seaman or passenger, whose application for a permission has been refused by an immigration officer” (Immigration Act 2004, Section 7).

Detention of asylum seekers is not common practice in Ireland, yet the Refugee Act 1996 section 9(8) makes provisions that authorize An Garda Síochána to detain an asylum seeker if there is reasonable cause to suspect that the person: poses a threat to national security or public order; has committed a serious non-political crime; has not made reasonable efforts to establish his or her true identity; intends to avoid removal from Ireland in the event of his or her application for asylum being transferred to a convention country; intends to enter another state without lawful authority; or without reasonable cause has destroyed his or her identity or travel documents or is in possession of forged identity documents. Asylum seekers who are detained under Section 9(8) of the Refugee Act 1996 must be brought as soon as practicable before a District Court judge who, if satisfied that one or more of the grounds listed above apply, may commit the asylum seeker to an authorized place of detention for a period not to exceed 21 days from the time of the initial detention. This 21-day period can be extended by a District Court judge for additional periods of 21 days at a time if the judge believes that one of the grounds continues to apply. In reality, most asylum seekers are released within a short period of time to accommodation in hostels that are run by the Reception and Integration Agency (Jesuit Refugee Service-Europe, 2010: 240).

A person in respect of whom a deportation order has been made may be detained, if non-compliant, for the purposes of executing the order. Section 5(1) of the Immigration Act 1999 authorizes an immigration officer or a member of the Garda Síochána to arrest and detain a person with a final order of deportation if the individual concerned: has failed to comply with any provision of the order; intends to leave the country and enter another without lawful authority; has destroyed his or her identity documents or is in possession of forged identity documents; or intends to avoid removal from the country. In such cases, a person can be arrested and detained without warrant (Jesuit Refugee Service, 2010: 242). Also persons who receive a Dublin II regulation transfer order are generally detained pending their removal.
3.2 Conditions of detention

In 2004 the Irish Refugee Council, the Immigrant Council of Ireland and the Irish Penal Reform Trust commissioned a research on immigration related detention (Kelly, 2005) in response to the increasing number of non-Irish nationals being administratively detained. The report sought to address queries concerning the ‘lack of clarity and knowledge on the rights and entitlements of these people, the legal basis for their detention and their treatment during the period of detention’. In the foreword to the report attention is brought to the fact that

‘[p]eople detained for immigration reasons are a particularly disadvantaged group - away from the public eye they may not have access to services which have been made available for immigrants, they may not be made aware of their rights and entitlements or may not be able to exercise them because of language and/or literacy difficulties. They may also experience problems due to cultural differences. These issues are compounded for detainees who are not entitled to legal aid’ (Kelly, 2005: 2).

Being accommodated in prisons with other people suspected and/or sentenced for having committed criminal offences can be extremely traumatic for immigration detainees who often have never experienced time in prison and/or may be unsure of the reasons why they are being detained and the length of their detention. Kelly’s report found problems with overcrowding, strict visiting arrangements, lack of information on legal entitlements and rights, racist abuse by inmates, and high level of anxiety and stress due to uncertainty about one’s future (Kelly, 2005). The practice of holding immigration detainees in Irish prisons has been repeatedly criticised by authorities including the Council of Europe, the Inspector of Prisons and Places of Detention, the National Prison Chaplains, the IRC, the Immigration Council of Ireland (ICI) and the Irish Penal Reform Trust (Kelly, 2005:8). In 2008 the Human Rights Committee advised that Ireland7 ‘take immediate and effective measures to ensure that all persons detained for immigration related reasons are held in facilities specifically designed for this purpose.’ To date, this recommendation has not been implemented by the Irish government.

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6 People detained after being refused permission to land and people detained pending deportation do not have a formal right to avail of legal aid (Kelly, 2005).
4. COSTS

Deportations are hugely costly, and William Walters (2002: 266) suggests that thinking about the costs of deportations can help to unsettle the view of deportation as simply an administrative procedure of the immigration system and start to see it as an industry:

[i]nstead of an administrative procedure we are provoked into seeing it as a system which implicates all manner of agents –not just police and immigration officials, but airline executives, pilots, stewards, and other passengers. Most pointedly, we are reminded that private companies make money from this form of suffering (Walters, 2002: 266).8

The huge costs involved in deportations have attracted a lot of scrutiny internationally, and governments have been criticised for not only wasting lives but vast amounts of money in the pursuit of their exclusionary practices. 9 Answering a parliamentary question posed by Deputy Dara Calleary (Fianna Fáil), Minister Alan Shatter replied that in 2011 the overall cost of removing 280 persons from the State was slightly in excess of €1 million. 10

4.1 Travel costs

The costs for deportation incurred by the Irish state in the years 2005-201011 and a more detailed breakdown for the years 2009-2012 12 are provided in the tables below. These figures include the travel costs relating to the deportees and their Garda escorts but not the cost of overtime or subsistence payments for Garda escorts.

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8 Nathalie Peutz echoes Walters when she writes that despite having been traditionally legitimized as a ‘sovereign practice’, deportation ‘must be considered part of a wider array of practices of removal... that have become increasingly ingrained in our political and cultural landscapes as states eager to assert their sovereignty in an age of terror team up with private corporations experienced in the industrialization of confinement and exclusion’ (Peutz, 2010: 373)


10 http://debates.oireachtas.ie/dail/2012/01/11/00420.asp
Table 3: costs of deportation flights 2005-2010

<table>
<thead>
<tr>
<th>Year</th>
<th>Cost of scheduled/commercial and charter flights in €</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>1,663,464.44</td>
</tr>
<tr>
<td>2006</td>
<td>1,517,539.19</td>
</tr>
<tr>
<td>2007</td>
<td>786,334.69</td>
</tr>
<tr>
<td>2008</td>
<td>927,091.00</td>
</tr>
<tr>
<td>2009</td>
<td>1,069,634.00</td>
</tr>
<tr>
<td>2010</td>
<td>861,617</td>
</tr>
</tbody>
</table>

Source: Dáil Eireann Debate, Vol. 711 No. 4

Table 4: breakdown of deportation costs

2009

<table>
<thead>
<tr>
<th>Cost</th>
<th>Destination</th>
<th>Numbers Removed</th>
</tr>
</thead>
<tbody>
<tr>
<td>€118,690.86</td>
<td>Nigeria</td>
<td>31</td>
</tr>
<tr>
<td>0*</td>
<td>Nigeria</td>
<td>25</td>
</tr>
<tr>
<td>€76,167.25</td>
<td>Nigeria</td>
<td>9</td>
</tr>
<tr>
<td>€104,216.14</td>
<td>Nigeria</td>
<td>30</td>
</tr>
<tr>
<td>€8,503.42</td>
<td>Nigeria</td>
<td>12</td>
</tr>
<tr>
<td>€224,750.00</td>
<td>Nigeria</td>
<td>44</td>
</tr>
<tr>
<td>€273,948.12</td>
<td>Nigeria</td>
<td>41</td>
</tr>
<tr>
<td>€35,205.22</td>
<td>Georgia</td>
<td>1</td>
</tr>
<tr>
<td>€1,654.60</td>
<td>Georgia</td>
<td>5</td>
</tr>
</tbody>
</table>

2010

<table>
<thead>
<tr>
<th>Cost</th>
<th>Destination</th>
<th>Numbers Removed</th>
</tr>
</thead>
<tbody>
<tr>
<td>€7,492.89</td>
<td>Nigeria</td>
<td>22</td>
</tr>
<tr>
<td>0*</td>
<td>Nigeria</td>
<td>21</td>
</tr>
<tr>
<td>€111,140.67</td>
<td>Nigeria</td>
<td>11</td>
</tr>
<tr>
<td>€234,674.00</td>
<td>Nigeria</td>
<td>21</td>
</tr>
<tr>
<td>0*</td>
<td>Nigeria</td>
<td>28</td>
</tr>
<tr>
<td>0*</td>
<td>Nigeria</td>
<td>21</td>
</tr>
<tr>
<td>€277,634.30</td>
<td>Nigeria</td>
<td>37</td>
</tr>
<tr>
<td>€85,963.54</td>
<td>Georgia</td>
<td>38</td>
</tr>
<tr>
<td>€54,746.50</td>
<td>Italy</td>
<td>2</td>
</tr>
<tr>
<td>€25,086.88</td>
<td>DR Congo</td>
<td>1</td>
</tr>
</tbody>
</table>
Travel costs are met by the Irish state, specifically out of the Garda budget (Quinn, 2007: 26). Some of the costs are refunded via co-financing through the European Return Fund.

As mentioned already, the extremely high costs involved in carrying out deportations, as well as the manner in which deportations are carried out, have received a lot of media coverage and attracted criticism in Ireland. The *Irish Times* reported that in February 2006 the State spent more than €250,000 on a specially chartered flight to deport 13 foreign nationals to China. 13 In March 2008 a Ghanaian man was removed by charter flight at a cost of €151,900.14 The *Irish Times* reported that a charter flight due to carry ‘failed’ asylum seekers from Dublin to Nigeria and the Democratic Republic of Congo was cancelled at short notice in August 2011 at a cost of €362,000. The flight was also the subject of controversy at the time as a

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woman, who was among the deportees, had been treated for bleeding linked to an apparent miscarriage only a few hours before she was put on the plane (Horgan-Jones, 2011).

4.2 Legal and accommodation costs

Costs to the State associated with deportations should also take into account legal expenses when judicial review proceedings against a deportation order are won by an applicant and other expenses related to detention. The *Irish Independent* reported in December 2011 that

the Irish State is facing a potential bill of over €100m to fight injunctions granted by the High Court to 2,000 asylum seekers who are fighting enforced deportation…despite the mounting costs there appears to be no let-up in the State’s insistence of fighting all deportation injunctions which cost on average €50,000 each. In a number of cases the State has sought costs against law firms… However, these “wasted costs” cases are being appealed to the Supreme Court at even more expense (Cusack, 2011).

Extra costs also relate to the fact that there are often delays between when a deportation order is signed and when it is acted upon (Gallagher, 2012), which means that failed applicants have to remain in the direct provision centres allocated to them while not being allowed to work (like other asylum seekers).15 Even without considering the huge human costs caused by enforced poverty, physical and psychological isolation and socio-economic deprivation, allowing asylum seekers the right to work would not only be a more humane option but most probably represent a better investment. The EU commissioner for Human Rights, in his report on his visit to Ireland in November 2007,16 called for the Irish State to allow temporary work

15 In contrast to all other European countries, except Denmark, the Irish state denies asylum seekers the right to work, a policy which according to Loyal (2011: 97) aims at ‘maintaining state control and ethno-racial regulation of the population’.
16 Council of Europe, 2008, ‘Report by the Commissioner for Human Rights, Mr Tomas Hammarberg on his visit to Ireland’, available at https://wcd.coe.int/ViewDoc.jsp?id=1283555#P422_108253, last accessed 7/06/2012. The reports says: ‘In addition to strengthening the autonomy of asylum-seekers and providing revenues for the receiving country, access to the labour market may actually facilitate reintegration into the country of origin by making it possible for the asylum-seeker to return home with a degree of financial independence or acquired work skills’.
permits for asylum seekers, in line with broader European policy, as a mean to strengthening their autonomy and providing revenues for the receiving country.

Despite claims that the direct provision system provides the best value for money (RIA, 2010), it is highly debatable that this is really the case. According to an article in the *Irish Times*, based on figures published by the Minister of Justice, the Irish State spent €69.5 million housing and ‘caring’ for asylum seekers in 2011, with the majority of funding used to pay for commercially owned housing (Gallagher, 2012). Some €57.8 million of the total cost was spent funding 37 commercially owned direct provision centres across the country run by a small cluster of private contractors who have seen their annual turnover soar (FLAC, 2009). Some of the centres have come to the attention of NGOs and media for failing to provide even the most basic services like appropriate food and toiletries, for having poor standard of hygiene, and for the abusive, bullying and racist behaviour of staff and managers. Despite all the evidence of the economic and human failure of DP policy, none of the 700 amendments to the Immigration, Residence and Protection Bill 2008 ‘concerned improving the position of asylum-seekers or overhauling the DP system. Rather, the new legislation aimed to expedite the processing of asylum claims, establishing detention centres, and accelerating procedures for deportation’ (Loyal, 2011:119-20). At the time of writing, some 5,169 asylum seekers are cared for by the State, down from 6,107 in 2010 (Gallagher, 2012).

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5. DEPORTATION: HUMAN COSTS

5.1 Uncertainty/Anxiety

There is general agreement that deportation is an extremely traumatic experience for those who are removed and for their families, friends and members of the communities into which they have integrated. The conditions under which people are deported are inhumane and degrading and, in some European countries, have led directly to a number of deaths (Fekete 2005; Anderson et al, 2011). The power of deportation is manifested in more than its execution. People who have received a deportation order often experience high levels of anxiety and depression, may develop mental health and other medical conditions, or even resort to self-harm or/and contemplate suicide. Such issues are compounded by life in direct provision or detention. The United National Committee for the Elimination of Racial Discrimination has expressed concern at the negative impact of delays in determining asylum seekers’ cases. According to the Department of Justice, almost half of asylum seekers living in direct provision centres have been there for more than three years, and some have waited for more than five years for a decision (Cullen, 2011).

A report on immigration related detention in Ireland compiled for the Jesuit Refugee Service (2010) also highlighted that:

[women detained in prison pending their removal] were especially anxious about the fact that they had no right to be informed of the date and time of their deportation. They were also concerned that they had no resources to fall back on once they arrived in their country, including something as basic as bus fare to travel to their homes (JRS-Europe, 2010)

Caroline Hurley, a Nigerian woman who fought a six-year legal battle before being granted leave to remain in Ireland compared her experience of living under the threat of deportation to ‘living with a death sentence over your head’ (Smyth, 2011).

5.2 Rupturing families

Deportation can rupture the unity of the family, especially when parents are deported without their children or/and when people are forced to take difficult
decisions as to where the children should live. Often families break up following decisions by a legally resident parent (typically a mother) to stay in Ireland with her child when her partner is deported, or following the decision to take a child away when the parent is deported (Smyth, 2010a). According to Sue Conlan, CEO of the Irish Refugee Council ‘[t]he policy is very short-sighted… [i]t fails to recognise the importance of the family and the need for stability for the family and their part in wider Irish society’ (quoted in Smyth, 2010a). In 2009 Irish Times journalist Joe Cahill wrote that the government had been accused of “State-sponsored child abuse” for deporting a mother to Nigeria without her four-year-old son, who had been placed in State care. In this particular case the district court had refused an application from the Health Services Executive (HSE) to lift the care order to enable the child to accompany his mother ruling that ‘it was not in the best interest of the child’ (Cahill, 2009). Because the son was born after the coming into force of the Irish Nationality and Citizenship Act 2004 he did not have the right to Irish citizenship.

5.3 Deporting children

The view that the state’s right to deport comes before the rights of migrant families and migrant children was made explicit by the Supreme Court in the 2003 Lobe and Osayande ruling, in relation to the rights of migrant parents of Irish citizen children, when Justice Susan Denham ruled that if the ‘common good’ requires it, ‘the Minister (for Justice) has the right to terminate the residence in Ireland of non-national parents of Irish citizens, leading to either the break up of the family or the constructive deportation of the child citizen’ (Maddock and Mallon, 2003, emphasis added). This view has clearly not changed. On the contrary, in what seems like a ‘rush’ to deport asylum seekers, the State is now seeking to deport pregnant women before they give birth. In 2011 the Irish Independent reported the case of Azwara Aslam a 26 years old Pakistani woman who was arrested in Galway and brought to Mountjoy prison, with the view of being deporting, despite being 8 months pregnant. Highly distressed the woman had to be brought to hospital for fear she would go into labour prematurely. An emergency sitting of the High Court was held at night which resulted in an injunction against her deportation being granted (Cusack, 2011).
Deportation is particularly traumatizing for children, especially if they are born in Ireland and have never been to the countries they are being deported to. According to figures made available by the Department of Justice in the end of 2010 ‘one in five people deported from Ireland since the start of 2010 were children’ (Duncan, 2012). In 2007 a case involving a Nigerian child with autism received wide media coverage following the support campaign mounted by a number of concerned parties. The campaign revolved around the fact that the boy had never been to Nigeria (having been born in Italy) and that there was a high risk he may be treated as an outcast in Nigeria and not receive proper educational support. Despite concerted efforts from Residents Against Racism, solicitors, teachers and ordinary citizens, the boy was deported to Nigeria with his mother and sister. Interviewed soon after her deportation, the mother told a newspaper that the child ‘had been severely distressed since his arrival. He's always screaming and blocking his ears. We can't go out on the street. I can't go out unless I get a taxi, and I don't have the money for taxis. There's so much noise and traffic, it's too much for him. He's still talking of Mandy, his special needs assistant. He wants to see Mandy”. Activist groups such as Residents Against Racism (RAR) have in the past organised specific campaigns against deportations often focusing on the fact that children were being removed by the Gardai directly from school and prevented from completing their exams.

A number of Irish citizen children have been ‘effectively expelled’ in the last few years because their non-national parents have been deported (Smyth, 2010b). However more recently a number of deportation orders against parents of Irish citizen children have been quashed following a landmark judgment at the European Court of Justice (Smyth, 2011). On 8 March 2011 the European Court of Justice (ECJ) ruled in the Zambrano case (C34/09), that an EU member state may not refuse the non-EU parents of a dependent child who is a citizen of, and resident in, an EU member state the right to live and work in that member state. While the impact of this decision for Irish law should not be underestimated, the number of people who may actually

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20 See: Irish Times, 14 April 2005. ‘Agents of State blamed for breaking up families’; Irish Times, 25 March, 2005 ‘U turn was right thing to do says McDowell’
benefit from the application of this decision is limited due to the changes in Irish citizenship law following the Irish Nationality and Citizenship Act 2004 (which came into force on 1 January 2005). 21

Answering a Dáil question regarding the number of cases covered by the Zambrano ruling in January 2012, Minister Shatter stated that approximately 1,700 cases had been identified where the Judgment may apply (this number refers only to cases where the third country national parents involved have no separate right of residency in the State by virtue of being residing lawfully in the state). 22 According to figures provided by the Department of Justice in March 2012, 1,680 persons had applied to the Irish Naturalisation and Immigration Service (INIS) to have their case to remain in the State examined in accordance with the principles set out in the Zambrano Judgment. Decisions have been made in 925 cases with permission to remain in the State granted in respect of 791 of these cases. Another 148 cases in respect of which judicial review proceedings were ongoing, have been granted permission to remain in the State under the terms of the Zambrano Judgment. 23

As legal expert Liam Thornton (2011) points out, questions remain in relation to the precise impact the Zambrano case will have:

Do the rights of the non-national parent continue to apply after the EU citizen child reaches the age of majority? To what extent will the judgment be applied to a non-marital family? Can a parent who does not have an involvement with the care and upbringing of the EU citizen child rely on the decision in Zambrano? What if an EU citizen child is being cared for and nurtured by a non-national guardian (blood related to the child or otherwise), does this guardian gain rights from the Zambrano decision?

Young people who arrived as unaccompanied minors and whose application has been refused also face a difficult situation knowing that they may receive a deportation order once they reach 18. This is a factor that, according to the

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21 On 11 June 2004 a referendum was held on a proposal to change the constitutional entitlement to Irish citizenship. The change, approved by a majority nearing 80%, meant that ‘People born in the island of Ireland after the constitutional amendment took effect would not have a constitutional right to be Irish citizens, unless, at the time of their birth, one of their parents was an Irish citizen or was entitled to be an Irish citizen’. See http://www.refcom.ie/en/Past-referendums/Irish-citizenship/
22 Dáil question, 18 January 2012, Dáil Éireann Debate Vol. 752 No. 1; available at http://debates.oireachtas.ie/dail/2012/01/18/00147.asp
23 Dáil question, 29 March 2012, Dáil Éireann Debate Vol. 761 No. 2; available at http://debates.oireachtas.ie/dail/2012/03/29/00157.asp#N2
Department of Children, may lead unaccompanied minors to leave the care of the HSE and go underground as they are nearing 18 (Duncan, 2012). Deporting young people who have been through a multiplicity of traumatic events, who have struggled to rebuild their social and support networks at a time in their lives when they should be looking forward to their future, is both cruel and unnecessary. These are people who spent the formative years of their lives in Ireland: to deport them means to take them away from their peers, friends and familiar environments that have shaped their identities. Deportation causes feelings of shame, pain connected to the re-enaction of trauma, damages career prospects and self-esteem, and renders young people (lacking financial resources and street savvy) vulnerable to different types of abuse.

5.4 Deporting EU citizens’ spouses/partners

The protection of marriage and family life is enshrined in Article 41 of the Irish Constitution. Article 42.1 and Article 42.5 also state that children have the right to be cared, reared and educated by both parents. However neither parentage to an Irish citizen child (see section 5.3) nor the fact of marriage to an Irish citizen have in themselves precluded deportation.

Removing individuals who have an EU or Irish partner does not only run counter constitutional principles but also constitutes a breach of the EU free movement directive. In 2003 a High Court judge found that a Russian woman who married an Irish man in 2002 had been illegally deported. The judge granted an injunction restraining the Minister for Justice from preventing the woman from re-entering the State in reliance on that deportation order. In March 2010 however the Irish state deported Christy Ogdeide Ryan, the 52-year-old Nigerian wife of a 68-year-old Irish man, and Henry Olabode, a Nigerian man married to an Irish woman in Athlone (Smyth, 2010a). Also in 2010 the Immigrant Council of Ireland lodged a formal complaint with the European commission over the deportation of a Georgian man engaged to marry a UK national who was a permanent resident in Ireland (Gallagher, 2010). The Irish Time reported the case of a Nigerian architectural

student, married to an Irish woman, who had successfully challenged his deportation made while the woman was pregnant. In this case the High Court found the Minister for Justice’s decision to deport the man effectively amounted to a permanent forcible separation of the family and ruled the Minister had not fairly weighed their family rights (Carolan, 2011).

Cases such as these clearly show inconsistencies and lack of transparency in the application of the law as well as the high level of discretion and individual bias characterising deportation decisions.

5.5 Lack of monitoring procedures

The ways deportations are carried out, and especially the use of brutal methods ranging from psychological intimidation to physical violence, have also raised serious concerns.

Men, women and children are often taken from the hostels in the early hours of the day, when they are still in their bed clothes and given as little as 15 minutes to gather their belongings. The necessity of pre-dawn raids cannot be justified but as a deliberate measure to confuse and intimidate deportees and a way to avoid public scrutiny, thus minimizing disruption from migrant supporting groups.

Irish NGOs have also commented negatively about the lack of monitoring procedures, poorly trained staff and the unnecessary use of violent or humiliating methods of control (Cunningham, 2004; Tyrrell, 2004). In December 2010 for instance, 34 Nigerian nationals and a two year old ‘Irish citizen’ child on a FRONTEX organised joint flight were returned to Ireland due to the development of technical troubles in Athens. According to the then Minister for Justice Dermot Ahern, this was the first time that such an event occurred. On this occasion the Irish Refugee Council (IRC) addressed a letter to the Minister requesting an independent inquiry into the ‘inhumane and degrading treatment’ of deportees by immigration officers and lodged a complaint with the Garda Ombudsman Commission. The letter noted that the eight women, thirteen children, and fourteen men had endured

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long delays, inadequate food and limited access to sanitary facilities during the flight. Many of them had been taken from their homes in the early hours of the morning with little or no opportunity to properly dress or take personal belongings with them. They were kept in a holding area at Dublin Airport for many hours until they were put on the FRONTEX flight along with other deportees from several EU states. The IRC also pointed that of the deporting countries on board the FRONTEX flight, Ireland was the only one to deport children. Throughout the flight, the individuals were not allowed to move freely or converse with others. They were not allowed to close the door, when using the toilet (this applied to women who were on their menstrual period). Children were forced to use bottles to urinate. One woman, a mother of two young children (one of them an Irish citizen), was physically restrained before being sedated.

On arrival at Athens airport, they remained on the flight for two hours before being taken to an airport lounge where they had to wait fourteen hours before being returned to Dublin. They were given little refreshment during that period, while food and drinks were widely available to groups under the control of officers from other jurisdictions. On return to Dublin on 16th December 2010, those not detained were required to live at Balseskin Reception Centre in Finglas, Dublin, despite the fact that, due to severe weather conditions, there was no running water from 16th until 20th December 2010.29

Answering a series of parliamentary questions in relation to the event, the Minister for Justice and Law Reform, Dermot Ahern replied that every effort had been made ‘to provide the persons on board the flight with appropriate refreshments and other facilities’. He added that his department, in conjunction with the Garda National Immigration Bureau (GNIB) and the other members of FRONTEX had conducted a review of this operation and that he was satisfied that the deportation operation on 15 December 2010 was properly conducted and refused calls for an independent inquiry.30

In light of that experience and subsequent deportations, the IRC made several practical proposals to the state as to how deportations could be carried out in a more ‘humane’ manner. Nonetheless the system has remained the same and the Irish state

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29 See also *The Irish Times* (23 December 2010). ‘Council criticises flight for deportees’.
has not entered into any discussions with the IRC or any other body which monitors deportations about alternative methods of effecting removals.31

5.6 Limited legal safeguards

Deportation orders can be issued without the Minister providing explanations/reasons as to why return does not infringe a person’s right to protection (section 5 of the Refugee Act 1996). 32 This situation is compounded by the fact that there is very limited scope to challenge deportation decisions in Ireland because there is no independent appeals body. Even though deportation orders can be subjected to judicial reviews, if there are substantial grounds to prove that the Minister failed to disclose the basis upon which specific claims for asylum were rejected, ‘a judicial review in the High Court is restricted to considering narrow points of law in how a decision was taken rather than considering the merits of the decision itself’ (Smyth, 2010b). This raises serious concerns that the law is stacked in favour of the interests of the State. The arbitrariness and prejudicial nature of decisions concerning asylum applications has been analysed in depth by Steven Loyal who argues that ‘political rather than objective criteria have consistently been used in deciding whether asylum-seekers are given refugee status’ (Loyal, 2011; 81). While the existence of an independent appeals mechanism – the Refugee Appeal Tribunal (RAT), established in 2000- should in theory guarantee that shortcomings are redressed, the tribunal has incurred in widespread criticism for the ‘culture of secrecy’ surrounding its decisions (Coulter, 2005). Serious concerns have also been raised about the conduct of individual members of RAT and the selection procedure. 33 In 2011 court proceedings were brought against the Tribunal on the basis of allegations of bias and unfairness in

33 RAT’s members are not selected through an independent procedure but appointed by the Minister for Justice. There is no interview process and no necessary qualification required other than five years in legal practice. Members are often chosen because of their political and social affiliations (Coulter, 2005).
the determination of asylum appeals (Conlan, 2012; see also Coulter, 2012). It is also important to remember that from the making of the application to be recognised as a refugee, to an appeal to the RAT, then consideration of a subsidiary protection claim and then the leave to remain claim, a person can wait as long as five years. During this time and despite the dire conditions of living in direct provision, it is likely that asylum seekers continue to develop their family and private lives, build links within the communities and localities in which they live, become accustomed to life in Ireland, and undertake education. In such cases deportation represents a form of violent uprooting which damages both individuals and communities and, contrary to the government’s stated commitment to the policy of ‘integration’, disregards integration as it naturally unfolds in people’s everyday lives. A further aspect that has not been taken up in the literature is the trauma related to appeals procedures for deportees and their families.

34 In its ‘Roadmap for Asylum Reform’, launched in September 2011, the IRC set out the elements of an independent appeals system including independently appointed tribunal members; public hearings; clear, detailed and published procedural rules governing the preparation for and conduct of appeal hearings; and the publication of decision. Available at http://www.irishrefugeecouncil.ie/wp-content/uploads/2011/08/Roadmap-for-Asylum-Reform3.pdf, last accessed 1 June 2012
6. THE FATE OF DEPORTEES

It is hard to know what happens to people once they are deported as there are no official tracking or monitoring procedures. Not only little is known about the resettlement experiences of deportees but the long term effects of deportation on deportees’ lives are difficult to gauge. Nathalie Peutz, a US scholar who has written extensively on deportation, argues that: ‘[t]he deportation of an individual may take only a few days, but the significance of this episode – replicating and engendering as it does histories of suffering and subjection – will continue to reverberate in the lives of the “deportees” and their kin’ (Peutz, 2010: 372). Furthermore, any attempt to justify deportation based upon the rightfulness of the law clearly fails to consider ‘the multiple violent paradoxes of being deported to one’s nominal place of origin after years of even a lifetime of living abroad, after political and social boundaries have been redrawn, after ethnicity and nationality have come undone’ (Peutz, 2010: 403).

In light of the increasing number of immigrants who are deported daily ‘it is necessary that the multiple and enduring effects of deportation – not only as a state practice but also as an individual and individualizing experience – be explored more fully’ (Peutz, 2010: 374). Yet it is difficult for immigrant and refugee support groups, as well as researchers, to assess such effects mainly because of the complexities involved in tracking and maintaining contact with deportees. Though the evidence is limited some organisations found that there have been cases of deportees being subjected to incarceration, torture and other forms of persecutions in their countries of return (Bloch and Schuster, 2005). On the 5th of June 2012, The Guardian reported the story of ‘Hari’, a victim of torture from Sri Lanka who had been deported from the UK after failing in his asylum claim despite documentary evidence from the International Committee of the Red Cross (Malik, 2012). Fearing for his life, Hari spent the first six months in hiding until he was taken by the Sri Lankan criminal investigation department and put in prison. Here ‘[he] was beaten, whipped with electric cables, suffocated with a plastic bag containing petrol, hung by his ankles by nylon rope and burned with cigarettes’ (Malik, 2012). Hari was eventually released after paying a bribe and fled to Russia and from here made his way back to the UK where he attempted suicide after hearing that his family had been threatened by security services. Although this case refers to the UK, it is not unlikely that deportees from Ireland may go through similar harrowing experiences.
Even when the experience of resettlement does not include physical violence, deportees are likely to experience a sense of displacement -engendered by the removal process and the dislocation of their social life (Alexander, 2004)- they may be stigmatised by their own families and communities and fail to integrate socio-economically because of lack of financial capital and work experience. Substance abuse and mental health problems, in some cases leading to self-harm and/or suicide, are not uncommon amongst individuals who have been deported. An ADI member, during our second meeting, reported the story of a doctor who committed suicide upon return to Nigeria.

In June 2005 RTE programme *Prime Time* tracked down four Nigerian children who went missing after their mothers, Iyabo Nwanze and Elizabeth Odinsi, had been deported to Nigeria with two of their children. Iyabo’s eight years old son Emmanuel told the reporter about having to move from house to house to avoid being taken into state care. The programme also found that Emmanuel’s brother had contracted malaria since his arrival in Lagos and that he, his mother and Elizabeth were sharing a two bedroom house with other six people (Lentin and McVeigh, 2006: 50)
7. CONCLUSION and ANTI DEPORTATION IRELAND’S DEMANDS

The system of deportation is inefficient and involves huge cost to the taxpayer, while deepening the misery inflicted on asylum-seekers and other immigrants. This report details the massive costs of flights, legal fees and private security firms to the exchequer, and the human costs in terms of physical and emotional trauma experienced by individual deportees and their families. Anti Deportation Ireland firmly believes that deportation is inhuman, unnecessary and a violation of an individual's fundamental human rights, especially the right to seek and receive protection, the right to family life and freedom of movement. Anti Deportation Ireland’s specific demands are:

- An immediate end to all deportations
- The immediate abolition of the direct provision system
- The right to work for people seeking asylum
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Afri is an Irish justice and peace organisation based in Dublin. Afri’s goal is the promotion of global justice and peace, and the reduction of poverty; this includes, but is not limited to, the progressive reduction of global militarisation, and responding to the threat of climate change, corporate control of resources and water, and interference with food sovereignty.

As part of our promotion of global justice, we have in recent years focussed on the shortcomings and failures of the Irish state’s system of receiving international protection applications. To this end, we have raised awareness of Direct Provision through our work in schools as part of the Global Citizenship initiative of Irish Aid.

In April 2017 Afri attended a presentation by MASI in the AV Room of Leinster House to members of the Oireachtas about the sudden introduction of a new 60-page questionnaire by the IPO (International Protection Office) sent simultaneously to thousands of asylum seekers in the Direct Provision system with a 20-day deadline to complete it - with legal advice. As this was clearly impossible for the vast majority, if not all, of the international protection applicants in Ireland issued with this deadline, it spread panic and dread among people already under stress from the strictures of living in the Direct Provision system that ties them to food and shelter in conditions over which they are given absolutely no say. After this presentation, we asked Donnah Vuma from Zimbabwe, who spoke movingly at that AV Room presentation, to be one of the leaders of our annual Afri Mayo Famine Walk from Louisburgh to Doolough, May 2017. This is what she said:-

“I feel humbled and yet honoured to be here today. I have found it a challenge to say a few words. But I remember those who walked this path before, the people who sacrificed their lives to seek relief for the masses of their village. They did not second guess themselves, they took the challenge with swiftness, in the worst of weather and on empty stomachs with nothing but the will to survive. In whatever part of the world we may be, we need to remember those that are treated with injustice and inequality for the sake of their political opinions, religion, race and gender. We also need to remember the thousands of families - including infants and the elderly fleeing war and violence in Syria who have to walk more than 1400 miles to get to Serbia’s border with Hungary in the hope of finding peace and a future. Above all, we need to remember those who sacrificed their lives fleeing on coffin ships or those who were condemned to workhouses during the great Irish Famine - An Gorta Mór.

People fleeing their homes, whether during the Famine in Ireland or the war in Syria have brought to mind the words of poet Warson Shire “No one leaves home unless home is the mouth of a shark”. Amongst us are those who I am here to represent. They have travelled from countries afar to seek refuge among us. No one puts their children on a boat unless the water is safer than the land. I stand in deep solidarity and respect with those that have made such courageous journeys in the past, present and unfortunately in the future, in the hopes of finding safety. Unfortunately, Ireland has delegated the questionable system of Direct Provision to take care of those seeking asylum. Seeking asylum is by no means criminal, no one should be punished nor condemned for seeking asylum in another country, no one should serve what seems to be an unending sentence for a crime unknown to one.

It is not acceptable to have a safety net yet to live in constant fear and uncertainty of your future. It is painful to live a life in limbo, not to be able to prepare a meal for your children, to be denied the right to work to be able to provide even the bare necessities for your family ... to have your dignity taken away and to be restricted from contributing positively to a society or community that has welcomed you and shown you love. Till this day, I pray for a better way. I can’t help but feel hopeless and heartbroken. In my heart, surrounded by masses of people, often in the same predicament, I feel all alone. I close my eyes and picture home. I can’t help but wonder and ask the questions:- is Direct Provision doing enough to address the needs of asylum seekers? Whom is the new International Protection Act intended to protect? Need this country of plenty witness yet another catastrophe? How many more people under Direct Provision should we see lose their sanity or spiral down into chronic illnesses before we say enough is enough"
Donnah Sibanda Vuma, of Zimbabwe, international protection applicant, residing for five years in Knockalisheen Direct Provision Centre, Meelick, County Clare, managed under contract to RIA (Reception and Integration Agency) by international corporation Aramark, at the Afri Mayo Famine Walk, May 2017.

It is to be noted with alarm that many international protection applicants who submitted their cases around that time - May-June-July 2017 - without getting legal advice in order to comply with the 20-day deadline printed emphatically in bold on the official letter they received, are about now or in the near future, if they’ve suffered rejection of their application, grappling with threats of deportation.

This historical violation of applicants’ UN-guaranteed rights has never been satisfactorily dealt with by the IPO (International Protection Office). The injustice inflicted on many hundreds of asylum seekers at that time when the International Protection Act regulations were being introduced has never been owned up to nor have any measures been put in place to restore those people’s international rights to protection, which includes transparent process. It was not a transparent process for people trying to meet an impossible deadline, and declining to take legal advice in order to “do the right thing”. It would be a serious dereliction of Ireland’s international duty were anyone to suffer deportation on account of the botched introduction of IPO procedures in spring-summer 2017.

On the issue of deportations, Afri notes with horror that many people have been summarily and forcibly deported without reference to their relatives, including their children. One such case, Vahmra Haratyunyan, having been in Direct Provision for years, and subsequently lived in Galway, was summarily rendered incomunicado and deported to Armenia in August 2018, and his three-year-old daughter Aline and partner Viktoria left to face life without him. Their case was highlighted in the Jimmys’ Hall Today event Afri supported in the Town Hall Theatre Galway in September 2018 during the run of the Abbey Theatre’s Jimmy’s Hall, about Leitrim man Jimmy Grafton, deported for his political beliefs as “an undesirable alien” in 1933. Afri has deep concerns that the issue of wrongful deportation is an institutional phenomenon in Ireland today, as much as in 1933.

In July 2018, Afri was co-convenor with MASI and Anti-Racism Ireland of an event hosted by the Abbey Theatre Dublin, Ireland’s national theatre, called Jimmy’s Hall Today, during the run of the play Jimmy’s Hall there. First Lady Sabina Higgins participated by reading an extract from Edna O’Brien’s novel The Red Chairs prescribed by the author herself, a refugee of sorts from Ireland once upon a time.

The contributions, as well as speakers of testimony enduring DP and extracts from Jimmy’s Hall, also included a dance piece, It Takes A Village, devised by choreographer Catherine Young, that included thirty dancers from Direct Provision centres in Kerry, Longford and elsewhere. Among them was a Pakistani nurse, Vekhash Khokhar, four years in DP, who was under threat of a deportation order deadline that very date. He spoke from the Abbey Theatre stage about how he would fly out that evening, and hoped to return soon, and asked all present to do all in their power to spare others on stage the fate he was enduring. Despite verbal assurances from several official sources of easing his way back to Ireland once he left the state before the deportation order took effect, once out of sight he has never been given any assistance, and is struggling to continue his life in Pakistan, despite all the issues of danger that drove him to apply for asylum in the first place.

In February 2019 Afri were partners in an event organised by Rose Kelly in Moville, Inishowen, Co. Donegal, where a hotel was designated for use as a Direct Provision centre, with first-hand testimony of Direct Provision from Donnah Vuma and from Fathi Mohamed of Somalia, living with her baby daughter in Ballyhaunis Direct Provision centre for two years.

“It would be amazing to see more of this around the different towns in Ireland, because then we can start to really show the government how unsuitable the system of Direct Provision is, and how we don’t need reform of the system, we need the system to be totally abolished. But it’s also important that people can easily integrate into their communities, and easily pick up where they left
off their lives at home, to be able to come into this community, carry on with their lives, and be able to contribute” - Donnah Vuma in Moville, February 2019.

Afri considers that the increasing dispersal of Direct Provision centres to remote regions makes it impossible for people to take up whatever drastically-limited work opportunities might present themselves, as travel is often an enormous problem, and they are not allowed to acquire driving licences while in Direct Provision, a bizarre regulation that defies logic and seems purely punitive.

The IPO interview that every applicant faces for refugee status, possibly the most important of their lives, with their and their children’s future depending on it, takes place in the IPO offices in Dublin’s Mount Street. That is a long journey from many DP centres, especially one like Moville, where the shortest travel time, using public transport, would take between 12 and 15 hours each way. How can one be expected to function with alertness in those circumstances? It’s a dereliction of international protection responsibilities that seems almost designed to inflict punishment rather than offer a process of protection.

Recommendations:

1. The Direct Provision system was designed to be punitive, a “pull-factor deterrent” when it was devised, and it is an enduring and ugly stain on Ireland’s humanitarian reputation since its introduction as a temporary measure almost two decades ago, and must be abolished completely and replaced with a process that respects international protection applicants and treats them with dignity, as is their right as human beings, and as is Ireland’s responsibility to provide as signatory to UNHCR directives.

2. Reappraisal and right of re-submission for all international protection applicants caught up in the alarming and haphazard introduction of the International Protection Office procedures in 2017 that has resulted in possible wrongful rejection of refugee applications due to lack of legal consultation opportunity, and pursuant deportation orders against people who did not receive due transparent process as described in UNHCR directives on asylum seeker reception procedures.

3. Forcible deportations must be ended, and the rights of children and partners of those faced with deportation to the rights of parental and/or relationship association must be given due regard and precedence.
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<td>1. Implementation of the most efficient way to communicate with refugees in SIPs</td>
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<td>2. Allocating a room equipped with computers and translation headphones available/accessible 24/7 to serve refugees in all asylum centers with the ability to translate between 40 languages</td>
<td>2. Installing software on self-service machines or computers and making it available to refugees, such as social welfare, medical, legal, and education, as well as creating an online platform with all necessary information about the available services to refugees</td>
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<td>3. Allocating IPO staff to help those in need for urgent health intervention</td>
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Committee of Justice and Equality at IPO

Department of Information Services with coordination with the committee of Justice and Equality at IPO

Department of Informatics in coordination with the committee of Justice and Equality at IPO

Department of Information Services in coordination with the committee of Justice and Equality at IPO

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**Legal Assistance**

1. Making legal support available for the newcomers including completing the asylum application process, assistance in the adjustment of the refugees' personal data, i.e. personal details, name and date of birth, etc.

2. 1. Delivering these things to the newcomers upon their arrival. 2. Making basic material of personal hygiene and cleaning items available, such as sterilization, hand soap, toothpaste, garbage bags, toilet papers, towels, etc.

3. Legal Assistance

1. Making legal support available for the newcomers including completing the asylum application process, assistance in the adjustment of the refugees' personal data, i.e. personal details, name and date of birth, etc.

2. Implementing the Committee of Justice and Equality of IPO.
Submission to the Joint Committee on Justice & Equality: Direct Provision & the International Protection Application Process

AkiDwA Ireland

Introduction
Established in 2001, AkiDwA is an ethnic minority-led national network of migrant women living in Ireland. The organisation advocates for migrant women’s equal rights in Irish society, free of gender and racial stereotyping. In partnership with others, AkiDwA uses a holistic and gender-specific approach to promote migrant women’s integration and provides support for access to mainstream services and initiatives.

We welcome this opportunity to give input to the Joint Committee on topic of Direct Provision and the international protection application process. Following on from the McMahon report and subsequent efforts to implement recommendations, there have been positive changes to the system governing the accommodation and processing of international protection applicants. The introduction of the legal right to work for some applicants, the opt-in to the Reception Conditions Directive and the development of National Standards for Direct Provision Centres, are but a few of wide-ranging improvements to a system in dire need of upheaval. However, there is still a lot of work to be done to protect the dignity and security of international protection applicants. There is a routine and systemic denial of human rights and dignity built into the system of Direct Provision. There are a multitude of factors behind this that mean patch-fixes of addressing complaints one by one is not sufficient. We need to rethink and redesign our reception and accommodation facilities for applicants for international protection in a way that puts humanity and dignity at the centre of all planning. Our submission will cover gender-based violence and trauma, access to employment, application procedures and housing policy. Our recommendations are based on previous work documenting the lived experiences of women living in Direct Provision and the service providers who work with them.

Gender-based violence and trauma

Vulnerability Assessment

Many women seeking asylum in Ireland have fled dangerous situations in their home countries and have endured physical and emotional hardships in coming to Ireland. Some women have endured trauma in their countries of origin and during their migration journeys. In focus groups with AkiDwA, women who had experienced this trauma said they wished that they had been supported more to recover in Ireland. Some felt that their treatment in direct provision and in the asylum system had made their recovery more difficult. Survivors of gender-based violence, sexual assault and trafficking for sexual purposes have heightened needs. Their care and the services provided to them should reflect this heightened vulnerability.

Under the Reception Conditions Directive, a vulnerability assessment must take place for every applicant upon reception in the system, within 30 days of indicating their intention to
apply for international protection. A vulnerability assessment would take into account certain characteristics of the applicant which could make them more vulnerable while going through the process of application and State-sponsored accommodation including: disabilities or illnesses, including mental illness; pregnancy; being underage or elderly; being a single parent; being a victim of human trafficking; and importantly, whether they have been subjected to torture, rape, or other forms of serious psychological, physical or sexual violence. A vulnerability assessment would inform how a person will be accommodated and determine extra, specialist support they require to ensure their physical and mental health, and prevention of further trauma.

Article 18 of the Directive also requires that gender and age concerns are taken into account in choosing accommodation centres. Further, the Istanbul Convention requires that States party to the convention develop gender-sensitive reception procedures and support services. This needs to be implemented fully and uniformly as soon as possible and must be trauma-informed and include a gender perspective on vulnerability and the needs that will go along with that.

**Recommendation: Implement Reception Conditions Directive in full and introduce vulnerability assessments for everyone seeking international protection. Use this vulnerability assessment to deliver targeted trauma-informed and gender-sensitive support to applicants.**

**Violence and harassment**

In another AkiDwA survey, some participants recounted stories of women suffering post-traumatic stress from torture, abuse and sexual violence in their countries of origin finding themselves living in intimidating situations in accommodations centres in Ireland. Standards and attitudes in accommodation centres across the country can vary. In some centres women report hostility, harassment and misogyny in their daily lives. Women reported attempts to push them into prostitution and being propositioned by staff, residents and neighbours from the local town. There have been consistent reports of women, children and men being offered money for sex by people who know the poverty they live in. This can have serious consequences for mental and emotional health and a feeling of safety in Ireland.

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2 Article 21 Reception Conditions Directive.

Article 12(3) “Any measures taken pursuant to this chapter shall take into account and address the specific needs of persons made vulnerable by particular circumstances and shall place the human rights of all victims at their centre.”

Article 60(3)“ Parties shall take the necessary legislative or other measures to develop gender-sensitive reception procedures and support services for asylum-seekers as well as gender guidelines and gender-sensitive asylum procedures, including refugee status determination and application for international protection.”

4 AkiDwA (2012) No Place to Call Home
“For these women, living in an environment that is full of strangers, and real and perceived danger, can re-traumatis e them.” - Survey participant⁵

Even in better environments of different centres, for some women who have experienced violence, abuse, coercion and exploitation by men, it takes time to recover trust in men.

“Women from forced prostitution, they often don’t know how to deal with men in any other way and are more vulnerable, they don’t know how to turn it off. It takes several months to deactivate that in a woman, so she doesn’t see a man as a punter.”⁶

The placement of survivors of abuse in accommodation centres with men, is sometimes inappropriate and damaging. There is currently only one female-only accommodation centre. We ask for gender-sensitive accommodation, which means the availability of female-only spaces for vulnerable women recovering from trauma. It means female-only staff who are trained to run the centres in a culturally sensitive manner. It means the access and availability of counselling and health services to aid women in their recovery.

Recommendation: Any woman who has disclosed experiences of violence, should be accommodated in an environment suited to her needs and recovery, under the Istanbul Convention, Reception Conditions Directive and basic duty of care to vulnerable residents. In planning for the provision of accommodation space, consider the need for female-only housing and give priority to those with heightened vulnerability and support requirements. RIA needs to be proactive in preventing violence from happening, including minimum numbers of female staff in centres, gender and cultural training for staff and security provisions in centres.

**Domestic Violence**

Migrant women are disproportionately represented in figures of women presenting to frontline domestic and sexual violence services. 19% of new women using Women's Aid One to One Support Services were migrant women.⁷ These women face additional barriers to accessing support including language barriers, cultural norms and stigma, knowledge of services, immigration status dependency, lack of staff training, Habitual Residence Condition. On top of these barriers faced by migrant women in Ireland, women in Direct Provision have extra risk factors and barriers to support. Families living in close quarters, lack of personal independence, lack of effective access to employment and social opportunities strain mental health and heighten tensions within families and put women, children and men at risk.

“Men feel frustrated because [they] can't provide and [they take] it out on women. It means that women get abuse from inside the home and from outside. Men feel pressure, but women feel more.” - woman living in Direct Provision⁸

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⁵ AkiDwa (2012) No Place to Call Home, p.8
⁶ AkiDwa 2012, p.8
Recommendation: Address underlying risk factors and barriers to accessing services. Ensure specialist and long-term support services are available for migrant victims of domestic abuse.

**Privacy in accommodation**

A majority of women surveyed by AkiDwA\(^9\) expressed concerns about the lack of privacy in accommodation centres. Living in close quarters with complete strangers, and the freedom of management to enter a room unannounced whenever they deem necessary leaves the residents of accommodation centres with compromised privacy. Being forced by necessity to share intimate daily routines with strangers does not respect the dignity of residents. For those who have suffered trauma, or who have escaped abuse and surveillance, this way of living does little to help in recovery and healing. Regaining independence and control over your life and routine is an important part of recovery from domestic, sexual or gender-based violence. Some women AkiDwA surveyed felt like they were being ‘treated like criminals’ with little freedom or control over their day to day living, sometimes for years. One woman said that asylum seekers in Ireland were ‘always told what to do and when to do it’.

Recommendation: In reassessing models for accommodation, place the dignity, privacy and the independence of the individual at the centre of design. Appropriately private rooms, with independent cooking and washing facilities should be provided.

**Access to employment**

**Legal right to work**

The introduction of the right to work for some international protection applicants has been a very positive step and we are already seeing reports of increased morale, and confidence and independence among those who have found work. The Department should build on this success and consider expanding the criteria to allow more people to access their right to work, in particular for long-term residents of Direct Provision who have been in the application process for many years. The Department should also work on reducing barriers to ensure that a legal right to work becomes an effective right to work.

New arrivals in Ireland come here with a willingness to work and participate in Irish society and economy, bringing with them skills for all sectors of the market.

“Most of us are very qualified, like me - [I] am a banker. The only volunteer work I can get is cleaning toilet(s). I wish they could offer me a chance to volunteer in banking. I would feel productive and respected, too.” - Woman living in Direct Provision\(^10\)

Exclusion from the labour market has many long-lasting consequences on a person and society. Long-term unemployment has an effect on employability, has negative impacts on mental health, and lack of financial independence takes a toll on self-confidence and self-worth. When applicants for international protection are not allowed to work and are faced with enforced idleness and isolation, their self-confidence suffers. The women we spoke to want the opportunity to meaningfully engage with Irish society and to be able to a make a

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\(^9\) AkiDwA (2009) Am Only Saying It Now, p.18
\(^10\) AkiDwA (2009) Am Only Saying It Now, p.22
significant contribution. Women felt that this would also serve to increase their feelings of self-worth.

“Some of us were lawyers and nurses in our country. We have much to offer. We could use our skills to contribute to this country.” - Respondent living in Direct Provision.”

**Recommendation:** Expand the eligibility for work permits to allow more applicants the right to work, i.e. new applicants who have been waiting less than nine months and long-term residents who are still going through applications and appeals. Extend the time limit on work permit from 6 months to 12 months.

**Barriers to work**

Even with a legal right to work, residents of accommodation centres face barriers to accessing work including rural isolation and irregular transport links, ineligibility for driver’s licenses, problems in accessing bank accounts, childcare and discrimination.

- **Rural isolation:** Location and access to cities and towns is a problem that many face. Access to public transport or centre shuttles is irregular and varies between different centres. If someone with the right to work is placed in a remote location, with one or two shuttle services a day, even getting to a job interview is difficult, let alone a full-time job. International protection applicants are not allowed to drive. There are many more who could achieve better employment if they had the freedom to travel as and when their employment requires. Give asylum seekers the right to drive alongside the right to work.

- **Access to bank accounts:** This is a problem that we see many of our members face. Either the address, or the identity documents are refused by some banks, or the clients are seen as high-risk and they are turned away. Employers will not pay wages in cash so those without a bank account are shut out from paid employment. There needs to be clear guidelines issued to banks to address the issue of providing services. Discrimination in this regard based on living in direct provision should not be allowed in practice or in law.

- **Childcare:** Women gain support with childcare informally, by relying on partners and fellow residents to look after children when they need to go to work, or volunteer, or access services. In more isolated areas, and where there are less community ties, this is not an option. The absence of childcare available to primary carers poses an obstacle to seeking work and financial independence.

- **Further difficulties of migrant women seeking work in Ireland:** An AkiDwA study found that black African women face difficulties in accessing the labour market including the barriers of multiple discrimination (gender, race and religion), lack of work experience or references in Ireland, lack of recognition of oversees professional qualifications.  

- **Where employers are unfamiliar with the rules surrounding the right to work of asylum seekers or the documentation they have available, they are less likely to making a positive hiring decision. There needs to be better public awareness and**

11 AkiDwA (2009)

education for potential employers to ensure that lack of knowledge does not keep international protection applicants out of the labour market.

Recommendation: Remove barriers to work including

- Avoid rural isolation in future accommodation locations.
- Improve transport links for residents.
- Allow applicants to hold a driver’s licence.
- Address banking institution refusal to serve applicants for international protection.
- Educate employers and the public on work permits.
- Improve availability of childcare to parents in Direct Provision.

Application procedures

Delays in process

“At least as a prisoner you know when you are getting out – not when you are an asylum seeker.” 13

Long delays in the application process, without any indication of a decision date cause demoralisation and trap people in a system without any sight of a way out. When people are placed in ‘temporary accommodation’ for months and years on end, lives are put on hold, without the possibility of truly putting down roots and integrating in society. While the right to work has improved the situation for some residents, continued delays and backlog in the processing of applications continue to cast a shadow on the lives of those awaiting a decision.

Recommendation: Provide resourcing to IPO to address backlog in international protection claims. Set clear timeframes to complete individual applications: first interview within 6 months, final decision within one year.

Conduct of interviews

An interview to discuss an applicant's case can be an intense procedure, and once the transcript is signed on the spot, there is no verification or chance to review later. Traumatic details are recounted, in interviews lasting a full day in some instances. A translator could be present, and a lot of trust is put in them to relate the conversations fully and accurately. Some women we surveyed said they were not sure that their interpreters were exact in their translation. Having an audio recording of the proceedings allows for reflection on the events at a later stage. This was recommended in the McMahon report has not yet been implemented.

Women we spoke with have felt that they were treated unfairly during the interview process. Women were sometimes rushed through their application process, feeling that some of the officials with whom they dealt were just going through the motions and dealing with them in a perfunctory manner. Some women reported bias or open hostility from the interviewer reviewing their case.

“When I went for my interview, I was very badly treated. The woman interviewing me said she doesn’t want to hear my tales. I cried a lot. Am only saying it now, have never shared with anyone.” - Applicant for international protection

The process should not be adversarial or make the applicant feel like they are in a criminal trial. It is a discussion to find facts for their case. Recounting these facts may be extremely distressing or traumatic and all IPO staff should be sensitive to this.

Recommendation: It is of vital importance that interviewers are culturally sensitive and are aware of the diverse backgrounds of the applicants they speak with including consideration for different education levels or experience with trauma. Consider the use of audio recording in interviews both to review facts and conduct of interviews after the fact.

Housing Policy and Accommodation

Housing market and emergency accommodation

The national context of the unavailability and unaffordability of housing in Ireland is a reality that needs to be faced in assessing our system of Direct Provision. While any international protection applicant has the option of using their own resources to support themselves outside of state-provided accommodation, this option is becoming less and less viable as rents and living costs continue to rise and price people out of the market. There needs to be joined-up thinking between the RIA and Department of Housing, when considering the uptake of Direct Provision and the transition into more permanent housing arrangements. We cannot allow residents of DP to ‘fall out’ of one system and into another, i.e. emergency accommodation.

Recommendation: Cooperation between Department of Justice and Department of Housing to ensure joined-up thinking in planning accommodation policy. Support the transition from Direct Provision to the wider housing market, including safeguards for people at risk of needing emergency accommodation.

Long-term solutions

We have twenty years of experience of what it looks like when a short-term solution becomes stretched to its limit in the long term. Rights and dignity are routinely denied, and people are stuck in a cycle of dependency and poverty for years rather than months. We need to have a serious and fundamental rethink of how we treat applicants for international protection. Recommendations from the McMahon report have been partially implemented by RIA and the Department of Justice but these are merely patch-fixes for a fundamentally flawed system.

Direct Provision is social care for international protection applicants. Welfare and security should be of central importance while these applicants are under the responsibility of the State. Yet where accommodation is outsourced to private contractors, their bottom line and business profitability will always be an underlying factor. These providers may have the vacant facilities and staff to operate them, but they do not have the experience or expertise

14 AkiDwA (2009) Am Only Saying It Now, p. 20
to provide accommodation on a long-term basis, especially to residents who have experienced trauma. The utmost care should be taken to ensure that the welfare of residents is at the core of any activity and provision of accommodation by RIA. Instead of private providers on contract, Direct Provision needs to be delivered by an organisation which holds the welfare of the residents as a core value and part of the mission statement, whether this means State-run or choosing not-for-profit accommodation providers. The money currently spent on the profit of businesses could instead be spent on improved facilities and services for the residents who need them.

Recommendation: Address the reality that Direct Provision is not temporary accommodation for most residents and is not fit for purpose. Move away from the use of for-profit service providers and plan for accommodation more suitable for the vulnerable populations it serves, either through State-owned solutions or voluntary housing associations.

AkiDwA publications
Am Only Saying It Now: Experiences of Women Seeking Asylum in Ireland (2010)
Full recommendations

- Implement Reception Conditions Directive in full and introduce vulnerability assessments for everyone seeking international protection. Use this vulnerability assessment to deliver targeted trauma-informed and gender-sensitive support to applicants.

- Any woman who has disclosed experiences of violence, should be accommodated in an environment suited to her needs and recovery, under the Istanbul Convention, Reception Conditions Directive and basic duty of care to vulnerable residents. In planning for the provision of accommodation space, consider the need for female-only housing and give priority to those with heightened vulnerability and support requirements. RIA needs to be proactive in preventing violence from happening, including minimum numbers of female staff in centres, gender and cultural training for staff and security provisions in centres.

- Address underlying risk factors and barriers to accessing services. Ensure specialist and long-term support services are available for migrant victims of domestic abuse.

- In reassessing models for accommodation, place the dignity, privacy and the independence of the individual at the centre of design. Appropriately private rooms, with independent cooking and washing facilities should be provided.

- Expand the eligibility for work permits to allow more applicants the right to work, i.e. new applicants who have been waiting less than nine months and long-term residents who are still going through applications and appeals. Extend the time limit on work permit from 6 months to 12 months.

- Remove barriers to work including
  - Avoid rural isolation in future accommodation locations.
  - Improve transport links for residents.
  - Allow applicants to hold a driver’s licence.
  - Address banking institution refusal to serve applicants for international protection.
  - Educate employers and the public on work permits.
  - Improve availability of childcare to parents in Direct Provision.

- Provide resourcing to IPO to address backlog in international protection claims. Set clear timeframes to complete individual applications: first interview within 6 months, final decision within one year.

- It is of vital importance that interviewers are culturally sensitive, and are aware of the diverse backgrounds of the applicants they speak with including consideration for different education levels or experience with trauma. Consider the use of audio recording in interviews both to review facts and conduct of interviews after the fact.
• Cooperation between Department of Justice and Department of Housing to ensure joined-up thinking in planning accommodation policy. Support the transition from Direct Provision to the wider housing market, including safeguards for people at risk of needing emergency accommodation.

• Address the reality that Direct Provision is not temporary accommodation for most residents and is not fit for purpose. Move away from the use of for-profit service providers and plan for accommodation more suitable for the vulnerable populations it serves, either through State-owned solutions or voluntary housing associations.
Amnesty International Ireland (AI) welcomes the Oireachtas Committee on Justice and Equality’s review of, and public consultation on, the Direct Provision system for the reception and accommodation of asylum/protection seekers, and the international protection application process. AI is particularly heartened that the Committee is to consider not only what can be done to improve this system in the short to medium term, but also what better models or alternatives might exist.

The inadequacies of the Direct Provision system have been a key concern for AI for many years, as reflected for instance in the organisation’s submissions on Ireland to UN human rights mechanisms. While AI very much welcomes the Irish Government’s commitment to and piloting of its Community Sponsorship Initiative for refugee families, developed in collaboration with civil society organisations, this throws into even sharper focus the urgent need for serious and meaningful reform in how asylum/protection seekers are treated by the state. The Committee’s review is therefore important and timely.

Introduction

AI welcomes substantial improvements in the reception and accommodation of asylum/protection seekers, and the extension of the statutory remit of the Ombudsman and Ombudsman for Children to consider complaints from Direct Provision residents. Also welcome is that the Government opted into and transposed the EU Reception Conditions Directive into domestic law in June 2018, putting reception and accommodation conditions for asylum/protection seekers on a statutory footing for the first time, and permitting those waiting more than nine months for a first instance decision on their asylum/protection claim to seek access to employment or self-employment. AI further notes the increased weekly financial allowance for asylum/protection seekers to that recommended in the report of the joint government-NGO Working Group on Improvements to the Protection Process including Direct Provision and other Supports for Asylum seekers (McMahon Report) in 2015.

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1 “Minister Stanton calls on communities to sponsor a refugee family as he launches pilot Community Sponsorship Ireland initiative”, press release, 6 March 2019, at http://www.justice.ie/en/JELR/Pages/PR19000059
2 European Communities (Reception Conditions) Regulations 2018
However, despite these and other improvements to Direct Provision based on the McMahon Report, AI remains very concerned at the living conditions and restricted, institutionalised regimes - especially for families, children, victims of torture and other vulnerable groups - in Direct Provision centres, including continuing reports of overcrowding, mental health impacts, isolation, and lack of dignity and privacy. It is clear that, despite recent reforms, this system still fails to meet Ireland’s human rights obligations.

Therefore, in this submission, AI suggests that in order for Ireland’s reception and accommodation system and facilities for asylum/protection seekers to finally fully comply with human rights standards, an alternative to the Direct Provision must be found. AI does not have a ready-made model immediately transferrable to Ireland to recommend, however, and recognises the difficulties posed by the current housing crisis more generally. Instead we urge this Committee to call on the Government to develop a new approach, one which fully respects, protects and fulfils the human rights of those seeking asylum or other forms of protection in Ireland.

Rights to housing and an adequate standard of living

Despite recent improvements in Direct Provision centres based on the recommendations of the 2015 McMahon Report, there are continuing concerns around limited living space, recreational facilities, overcrowding and lack of privacy in many centres, and inadequate facilities for children such as for homework. Despite recent advances in enabling people to purchase their own foodstuffs, and expanding self-catering facilities so they may cook for themselves, there remain reports of concerns at the quality, variety and suitability of food provided in some centres. AI therefore remains concerned that the inadequate living conditions in some Direct Provision accommodation centres impacts asylum/protection applicants’ rights to housing and to an adequate standard of living.

More generally, AI considers the institutionalised nature of the Direct Provision system to be unsuitable for long-term residence, and that substantial improvements need to be made for even shorter-term stays. This is particularly so for families, victims of torture or sexual violence, and other vulnerable persons.

AI is particularly concerned at the potential for significant impact on children’s rights and wellbeing caused by living in such institutionalised environments for often lengthy periods of time, and the social exclusion that accompanies the financial and other limitations on their lives while in Direct Provision. Despite some improvements reported over the last years, such as the wider availability of children’s play and recreation facilities in centres, it is clear that Ireland’s particular obligations to children under the UN Convention on the Rights of the Child simply cannot be fulfilled in the Direct Provision system. As the Ombudsman for Children has recently stated, “Direct Provision is not a suitable long-term arrangement for anyone, particularly for children who are spending large proportions of their childhoods living in an institution”.

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“While we can, and will, do everything we can to raise awareness of the issues and improve living standards for people living in the Direct Provision, Government must consider the long term future of this system. As the 20th anniversary of Direct Provision approaches, it is now time to consider alternatives and bring an end to this emergency measure.”

In addition, due to the general shortage of affordable housing, including in the private rental market, many who attain refugee or subsidiary protection status, or humanitarian leave to remain, cannot leave Direct Provision. The number of people living in Direct Provision centres grew through 2018, from 5,096 on 1 January 2018 to 6,148 on 1 January 2019. Even though seven new centres were opened in 2018, pressure remained on the limited capacity within the Direct Provision system, leading to instances where asylum seekers have been denied transfers to other centres, for example to be nearer to services. At one point, some people were even denied accommodation due to lack of space.

The Direct Provision system is dependent on the availability of private, for-profit accommodation throughout the country, usually in the form of hotels or hostels. In addition, local resistance to what is perceived as the loss of local amenities these premises sometimes provide, and/or pressure on local services, have delayed or even prevented new centres opening. There are often media reports that local communities feel they had not been adequately consulted or made aware of plans to create new Direct Provision centres in their communities. While it is important that the Government engage and sensitise local communities, this is a further illustration of how flawed the current Direct Provision system approach is for planning and providing accommodation for people seeking the state’s protection.

Physical and mental health

As a result of the above issues, Direct Provision accommodation can have serious negative impacts on asylum/protection seekers’ right to the highest attainable standard of physical and mental health. Another problem is that many Direct Provision centres are far from local towns, amenities and communities, which can further the sense of isolation and hopelessness asylum seekers experience.

Direct Provision can be especially inappropriate and inhumane for certain vulnerable individuals, such as people with mental health problems, or victims of sexual violence, torture or human trafficking, where institutionalised living can exacerbate trauma and psychological difficulties. The effect of living in these centres for long periods of time on people who have experienced torture has been criticised as making it impossible for their full rehabilitation to take place, as has the distance many have to travel to access services or medico-legal reports. People who identify as LGBTI can be at risk from other residents or require specialised supports not available near many Direct Provision centres.

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6 Ibid.
7 This does not include Emergency Reception and Orientation centres run by the IRPP.
9 Ibid.
11 In two cases, Rooskey in Co Leitrim and Moville in Co Donegal, arson attacks were carried out on proposed centres, which of course is not an acceptable form of protest.
While concerns have been reported generally about access to primary care health services for many in Direct Provision, there can be particular challenges for women, girls and other people who can become pregnant in accessing reproductive healthcare, for instance. This includes Ireland’s new abortion care services, where barriers in the new Health (Regulation of Termination of Pregnancy) Act 2018 can particularly impact those living in Direct Provision, such as the three-day mandatory waiting period for accessing abortion on request which means that women may have to travel to their doctors twice.

AI notes concerns stated recently by a range of nongovernmental organisations at the absence of vulnerability assessments for identifying special reception needs of vulnerable asylum seekers. This is despite Ireland’s transposing the Reception Conditions Directive into domestic law in June 2018, which requires that each asylum/protection seeker should have this assessment within 30 days of making their application, in order for the authorities to identify if they are vulnerable and if so, what additional supports they require. As Spirasi has noted, the lack of vulnerability assessments means that many victims of torture are not identified until they are months or years into the protection process, thus “prolonging the painful rehabilitation process”. The Irish Refugee Council has recommended that Department of Justice and Equality, the Department of Health and the Health Service Executive jointly develop this assessment as soon as possible, in consultation with asylum/protection applicants and support organisations.

Monitoring and inspection

AI welcomes the extension of the statutory remits of the Ombudsman and Ombudsman for Children so that these bodies may now receive and deal with complaints from Direct Provision residents. However, AI considers that routine independent inspection and monitoring of the Direct Provision system is also required to ensure that residents’ human rights are being safeguarded. We note moves by the Government towards adopting national standards for Direct Provision centres, which is welcome; and independent monitoring of adherence to these standards is also required.

Right to Work

AI welcomes the removal of the prohibition on employment during the asylum/protection procedure, and the introduction of a limited right to work for those who have been waiting more than nine months for a first instance decision on their asylum/protection claims. We note and support calls for restrictions on this right to be eased or lifted. AI is also concerned at reports that administrative and procedural issues are creating barriers to accessing this right to work, such as difficulties opening a bank account or obtaining a driver’s licence, or access to supports and training. For instance, in a recent report the Ombudsman noted “there appeared to be

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13 Ibid.
14 Ibid.
some confusion among employers about the validity of the documents asylum seekers looking for work were presenting, but this seems to have eased as the year [2018] progressed.16

Legal process

A key concern identified in the McMahon Report was the length of time spent by asylum/protection seekers in Direct Provision accommodation. The legal process for applying for international protection should ensure the fair, effective and timely determination of claims. The quality the international protection decision-making process will also determine the length of time people spend in Direct Provision. Regrettably, despite the introduction of the International Protection Act 2015 and reforms to the decision-making process, many of those seeking asylum/protection again face long delays before their applications are fully considered. While AI welcomes efforts to reduce the length of time spent by asylum/protection seekers in the legal process, we are concerned at reports that sufficient resources are still not in place to make the single procedure system efficient.

In addition, AI is concerned that access to free, independent and adequate legal advice assistance is not effectively available to asylum/protection seekers at all stages of the asylum process. An area of particular concern is the reported lack of access to legal advice and representation early in the process, including for their initial interview or when completing their application forms.

Recommendations

Even if the reforms recommended in the McMahon Report were implemented in full, AI has serious concerns about whether the type of accommodation, living environment and access to support services Direct Provision offers, could ever be acceptable and appropriate for the needs of individuals seeking the state’s protection. AI is of course conscious of the wider housing shortage in Ireland, with increasing numbers of people experiencing homelessness, many as a result of reduced availability of affordable privately-owned rental properties.17

AI therefore urges the Government to:

- Develop an alternative to Direct Provision that respects, protects and fulfils the rights of asylum/protection seekers to adequate housing, and an adequate standard of living for themselves and their families; safeguards their right to physical and mental health, and their right to private and family life; and ensures that support services are available, acceptable and appropriate to the needs of all individuals, including children, families, survivors of sexual violence or torture, and other vulnerable persons

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17 Research published by the Irish Human Rights and Equality Commission and the Economic and Social Research Institute in June 2018 concluded that children have been particularly disadvantaged by the recent increase in homelessness, comprising 29% of the homeless population. It also found that people with disabilities, lone mothers and young people were among specific groups experiencing discrimination and inequality in relation to housing.
AI considers that the longer term, a constitutional right to housing (together with other economic, social and cultural rights, the full constitutional incorporation of which was recommended by the Constitutional Convention) would facilitate effective planning and resource allocation in realising the right to housing for all.
In the interim, AI urges the Government to:

- Ensure the full implementation of the recommendations made in the McMahon Report without delay
- Make appropriate supported routes out of Direct Provision available, as part of broader efforts to tackle the housing shortage
- Introduce vulnerability assessments for torture victims and other vulnerable persons at the earliest opportunity
- Ensure that decisions about dispersal are informed by individual needs and vulnerabilities in relation to proximity to the necessary and appropriate services and supports
- Ensure timely and effective access to medical, psychological, rehabilitation, legal and social services and supports
- Ensure that an independent body with the requisite powers and resources is charged with routinely inspecting and monitoring adherence to national standards in Direct Provision centres

AI urges the Government to ensure effective access to the right to work and access to the labour market, for the widest number of asylum/protection applicants

AI urges the Government to guarantee the right to prompt, fair and effective determination of claims for international protection, by ensuring high quality decision-making in the international protection process, and the provision of legal advice and assistance to asylum/protection seekers at all stages of the protection process.

ENDS/

For further information please contact Amnesty International Ireland, Seán MacBride House, 48 Fleet Street, Dublin 2; Email: info@amnesty.ie; Tel: 01 863 8300.
The Abortion Rights Campaign (ARC) is a grassroots all-volunteer group dedicated to achieving free, safe and legal abortion care across the island of Ireland, for everyone who wants or needs it. ARC was one of the three core groups that formed the civil society organisation Together for Yes, which successfully campaigned for a Yes vote in the referendum to repeal the 8th Amendment to the Irish constitution in May 2018.

ARC is founded on principles of individual bodily autonomy and decision-making, equality and non-discrimination, with a strong commitment to health and human rights. The Direct Provision system contradicts all of these values. The living conditions in Direct Provision and emergency accommodation undermine individuals’ well-being, as does the unduly long and arbitrary process of reviewing asylum claims. ARC strongly recommends a swift end to the system of Direct Provision and implementation of safe, humane housing and support for international protection applicants in the community, as well as speedy and transparent processing of their claims to asylum.

ARC recommends that the Irish Government take immediate action to:

● Abolish the Direct Provision system;
● Increase transparency in the adjudication of asylum claims;
● Give people seeking asylum accessible homes in local communities, not in segregated institutions, and provide them with health, social, and legal support to integrate into Irish society and participate meaningfully in the review of their case;
● Give people seeking asylum access to the healthcare they need, including mental healthcare, reproductive healthcare, and disability services; publish clear procedures for accessing abortion care and give this information to all asylum applicants, in a language they can understand, as well as to General Practitioners and maternity hospitals.

**Asylum Seekers’ Right to Abortion Care**

ARC advocates for free, safe, legal, and local abortion for everyone who needs it, including undocumented people and people in the Direct Provision system. We have seen no public
information regarding the ability of people in Direct Provision or emergency accommodation to access abortion care. ARC is especially concerned that it is simply too difficult for people in these groups to obtain an abortion, as many Direct Provision centres are on the outskirts of cities or in rural areas, where abortion providers are scarce. People in Direct Provision must use their meagre weekly allowance to pay for transportation, or risk having to divulge personal information if they request funding for transportation to a healthcare provider.

Moreover, General Practitioners in rural and outlying areas are often closed to new patients, and asylum applicants who go directly into emergency accommodation\(^1\) instead of through Reception may miss out on getting a medical card.\(^2\) Compounding the lack of local medical services is the legal requirement to visit a doctor, wait three days, and then go to the doctor again. The obstacles to early abortion care quickly add up, even more so for people with disabilities who may require assisted transportation, sign language interpretation in a language other than English or Irish, or other essential accommodations that the system does not provide. Should a pregnant individual need an abortion after nine weeks, they will have to obtain care in a hospital, and only 10 of 19 maternity hospitals currently provide abortion care. This shortage of doctors and hospitals is particularly troubling for those in the northwest region of the country.\(^3\)

One reason that people make the profoundly difficult decision to leave their country and seek asylum elsewhere is because they have been subjected to political persecution in the form of sexual and gender-based violence. Rape is one such form of violence, which can be particularly prevalent in conflict regions. Although the Health (Regulation of Termination of Pregnancy) Act 2018 permits abortion up to twelve weeks without specific indication, partly to provide opportunity for people who have been raped to obtain care without having to disclose their experience, the timeline may be too short for someone who has only recently arrived in Ireland and may not speak English or know what their rights are. Should someone in this situation miss the cut-off, they would face the arduous process of applying for costly travel documents in order to access care outside the country, if they are legally able to leave the country at all. This is too great a burden for someone who has been physically and emotionally traumatised to be expected to endure.

For those who may manage to access early abortion care, privacy is a paramount concern. Medical abortion is the norm in Ireland, a process that involves taking medication ‘at home’ in order to bring on what is essentially a miscarriage. This process is painful, can last a long time, and involve a good deal of bleeding, depending on the individual. In almost all cases, a

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\(^1\) Wide disparities exist in the standard of services across Direct Provision centres in Ireland and most are operating at nearly full capacity. Peter Tyndall, “The Ombudsman and Direct Provision: the story so far,” Office of the Ombudsman, January 2018. Direct Provision Centres were 93% full at the end of 2017. Reception and Integration Agency, “Reception and Integration Agency Annual Report,” December 2017. Five of the 40 Direct Provision centres in Ireland are currently oversubscribed, according to the Department of Justice.


\(^3\) Samantha Libreri, “Concerns raised about implementing new abortion laws,” RTE News, 10 May 2019.

\(^4\) ‘Up to twelve weeks’ refers to the time since the last menstrual period and is in reality around ten weeks, a considerably shorter timeframe. Health (Regulation of Termination of Pregnancy) Act 2018.
person in Direct Provision or emergency accommodation shares a room with other people, be they family members or perfect strangers. Anyone undergoing an abortion deserves privacy, dignity, and comfort. More doctors should be trained and encouraged to offer vacuum aspiration abortion so that their patients can have a choice between taking medication and having an abortion procedure in the doctor’s office. Having this choice is paramount to safeguard individual dignity, which is essential for asylum seekers’ long-term integration into the country.

Asylum seekers needing abortion care have been mistreated in the past. We need reassurance this will not happen again, even now that the law on abortion has changed. The Ms Y case of 2014 is a stark reminder of what can happen when the State violates the reproductive rights of people in its custody. As a young woman who was suicidal as a result of becoming pregnant from rape, Ms Y should have been entitled to an abortion under the Protection of Life During Pregnancy Act (PLDPA) 2013. Instead, she was denied abortion care and mental health care until her foetus reached viability, at which point she was subjected to a cesarean delivery. A cesarean is major surgery, imposing serious mental, physical, and emotional risks, which Ms Y should not have had to bear.⁵

ARC is concerned that a situation similar to that of Ms Y could occur again under Ireland’s new abortion law. The criteria for accessing an abortion after 12 weeks are both vague and extremely limited. A person is only able to access abortion on health grounds if there is deemed to be a “risk of serious harm” to their health. However, “serious harm” is not defined anywhere in the law and is not a standard medical term with a shared meaning. Past experience with the PLDPA shows that even those who met the extremely demanding threshold were not guaranteed access to abortions.⁶ Given the subjectivity inherent in interpreting vague, non-evidence-based provisions and the continued criminalisation of abortion in the new law, the rights of vulnerable people such as those in the Direct Provision system are at risk. Asylum seekers and their advocates need assurance that such violations of human rights will never happen again. Assurances must include clear publicly available procedures for people in Direct Provision to access abortion, with guarantees of confidentiality and coverage of transportation and all related costs.

**Asylum Seekers’ Right to the Highest Attainable Standard of Health**

While ARC’s main focus is on access to abortion, our concerns do not stop there. ARC works in solidarity with other civil society organisations, especially grassroots organisations, to promote the health, human rights, and dignity of everyone living in Ireland. Accordingly, we encourage the Committee and the Irish State to take seriously its human rights obligations to asylum seekers, including the right to the highest attainable standard of health. The human right to health is broadly understood as more than the absence of disease and encompasses living conditions, disability accommodation, and mental and emotional well-being. People living in Direct Provision have long advocated for the right to cook their

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⁵ Amnesty Ireland, *Ms Y’s case: denied a lawful abortion in Ireland*, 2016. Available at: [https://www.amnesty.ie/ms-ys-case/](https://www.amnesty.ie/ms-ys-case/)

own meals, along with expanded rights to work and the right to third level education. The status quo not only denies individuals the ability to reach their potential, it also denies Irish society of the contributions that asylum seekers can make.

Furthermore, the often long drawn-out process of waiting for a claim to be reviewed taxes people’s mental health. People seeking international protection have, by definition, already experienced dislocation and trauma. They deserve a decision in a reasonable amount of time so that they are not living in a constant state of anxiety.

Finally, ARC firmly opposes the privatisation of administrative and other services related to asylum applicants. We oppose private companies making profits from human vulnerability, in this case, from people seeking safety and protection through the asylum process. Just as the Government recognised that abortion care should be free and provided through the regular public health system if it is to be safe and available equitably to as many as possible, so should the Government recognise that housing, food, and other core needs should be provided by state and local authorities or mission-driven non-governmental organisations, not private for-profit companies.

ARC recommends that the Irish Government take immediate action to:

- Abolish the Direct Provision system;
- Increase transparency in the adjudication of asylum claims;
- Give people seeking asylum accessible homes in local communities, not in segregated institutions, and provide them with health, social, and legal support to integrate into Irish society and participate meaningfully in the review of their case;
- Give people seeking asylum access to the healthcare they need, including mental healthcare, reproductive healthcare, and disability services; publish clear procedures for accessing abortion care and give this information to all asylum applicants, in a language they can understand, as well as to General Practitioners and maternity hospitals.

ARC encourages the Committee to give great weight to the testimony and specific policy recommendations of those directly affected by the current system, whose lived experiences in Direct Provision can best inform the Irish Government on ways to improve the treatment of asylum seekers.

For further information, please contact:
Abortion Rights Campaign
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SUBMISSION ON DIRECT PROVISION AND THE ASYLUM SYSTEM TO THE JOINT OIREACHTAS COMMITTEE ON JUSTICE & EQUALITY

❖ ARN – The Anti Racism Network: who we are

The Anti Racism Network (ARN) is an independent political organisation run by ordinary people. We work to fight racism in all its forms and expressions and to affirm the principle of equality of every human being. “Racism” for us does not just refer to random day to day acts of discrimination. It is not limited to offenses against people perceived to be different due to their appearance, nationality, ethnic background and so on. We believe that racism (including its “day to day” form) is fundamentally rooted in the structures of the state and its institutions which are organised around the non-recognition of “foreign” people (whatever their legal status) as equal and free subjects. In our view, a context in which this “institutional racism” is dramatically visible in Ireland is the direct provision system – a compulsory accommodation scheme for asylum seekers - and the related deportations apparatus. Our work is informed by our basic central tenet: ‘Who Lives Here Belongs Here’.

❖ ARN’s Position on Direct Provision and the Asylum and Deportation Regime

ARN has since its inception ten years ago organised and campaigned for the abolition of direct provision, an end to the deportation regime, and for the meaningful and unrestricted right to work and education for all asylum seekers. ARN has worked in solidarity with MASI – Movement of Asylum Seekers in Ireland since MASI was formed in 2014. Accordingly, we fully support and endorse MASI’s position on the Direct Provision and asylum system, including these key principles:

❖ Direct Provision must be abolished and nothing resembling the Direct Provision system can be accepted as an ‘alternative’ to Direct Provision. At the very least, this means a return to pre-2000 conditions when people seeking asylum were
afforded equal treatment with citizens, with the right to work and access to welfare and housing supports.

- The Department of Justice and Equality must not be involved in any way in the accommodation of asylum seekers. That should be overseen by local authorities. The reception system for international protection applicants cannot be a ‘for-profit’ enterprise that uses human beings as fodder for profit. It must respect people’s basic human rights including the right to privacy and agency over one’s own life, and it must not subject people to management by others and to the dictatorship of petty bureaucratic processes designed to dehumanise and break those consigned to the de facto detention system of direct provision.

- The Reception and Integration Agency (RIA) is not fit for purpose and must be abolished.

- The immediate and full right to work must be given to ALL international protection applicants from when they have their first ‘small’ interview and must remain valid until they are given a positive decision or are no longer residing in the State.

- High quality legal advice must be available to all applicants at all stages of the asylum process. The right to claim asylum is enshrined in international law; as the asylum process is a legal process, the right to high quality legal advice and representation is at the core of the right to claim asylum.

- Full and tuition fee free access to education and training at all levels must be available to international protection applicants.

- There must be transparency, accountability and oversight of what happens at the border, when people are refused entry to the country to exercise their right to claim asylum. There is no transparency about the basis of such refusals, and these decisions are made by immigration officers who often have little knowledge of asylum law.

- Deportations are brutal and dehumanising can have no part of an ethical and human rights centred approach to asylum and migration. Deportation means returning people, often with use of violent physical force, to situations where their lives are in danger, separating children from parents, removing people who have lived here for many years in a state of limbo, and returning children and young people to countries they have never even visited. No society can call itself civilised that condones the horrors of deportation.

**In keeping with these central principles and demands, we recommend the following:**

1. People must get free, independent, early and expert legal advice before they submit their questionnaire and throughout all stages of their case.

2. The time that the process takes at all stages must be addressed. There is no reason that the major interview cannot happen much earlier. People need to have immediate
access to psychological and medical assessment and high quality legal advice from professionals trained in immigration law when they enter reception, and the interview should take place within 6 weeks in situ in the reception centre after such consultation and assistance has been availed of.

3. The lack of any time limit or timeline for how long the process will take is one of the most damaging aspects of life in the direct provision and asylum system in Ireland. There must be a time limit placed on how long a person seeking asylum can be left waiting for a decision on their case, and there must be consequences for the failure of the IPO to provide a final decision within a reasonable time frame.

4. Pursuant to this, a statutory provision must be made to require the Minister to grant long-term residency/permission to remain to any international protection applicant who has been awaiting a final decision for at least 18 months. This should be applied retrospectively as well as in future cases. The asylum process continues after the Minister has granted permission to remain. This would end legal limbo for those who are currently in the system and guard against the limbo people are subjected to when decisions at all stages of the application process are not forthcoming.

5. There must be a serious investment by the state into ensuring that high quality legal advice and representation is available freely to all people seeking protection in Ireland. We recommend a benchmarking exercise to compare how the legal aid available in asylum cases stacks up against criminal cases (taking into account the costs of attendance at hearings, the cost of expert medical reports, and so on).

6. Section 5 of the Illegal Immigrants (Trafficking) Act 2000 as amended must be removed and parity created between immigration and non-immigration timeframes and grounds for judicial review.

7. People should be able to bring an observer with them to interview. We do not want people interacting with the Department of Justice alone. We do not want the process to be invisible anymore. Civil servants would not treat asylum seekers the way they do if an Irish person, particularly a white Irish person, was observing the proceedings. These proceedings should not be cloaked in mystery with often highly vulnerable people pitted against trained barristers operating on behalf of a system that is based on an assumption of their ‘guilt’ and lack of credibility.

8. High quality, trained, impartial translators and interpreters in people’s languages and dialects must be made available to people seeking protection.

9. The Right to Work must be automatically given to all people seeking protection from the very beginning of the process. At the moment, people can only apply for permission to work if they have not received a first decision on their case within 9 months. This has left many people without any hope of the right to work, people who have been in the system longest and whose skills, sense of self, and physical and psychological well-being have already been affected by the direct provision and asylum system.

a. The 9-month wait is unnecessary and is the very maximum allowed under the EU directive. Research shows that people begin to lose skills and psychological wellness rapidly after 6 months in DP-like environments. Immediate permission to work is the answer.
b. Even when people have permission to work, the majority are finding it impossible to find work. People have to contend with racism and xenophobia (see O’Connell (2018), McGinness, Grotti, Groarke, and Coughlan, (2018)), and as well as the stigma of being seen as an ‘asylum seeker’, and with lack of recognition of their qualifications and experience.

c. The work permit itself puts employers off immediately (rather than the card that employers are used to, this work permit is a long letter with many warnings to potential employers about the consequences of breaking employment law).

d. Currently, the permit must be renewed every 6 months. This puts employers off. The renewal period must be extended.

e. People often can’t open a bank account and asylum seekers are not allowed to hold a driving license – two items absolutely vital for people working and living in remote places with no transport.

10. The current permit must be replaced with a temporary Irish Residency Permit (IRP) card indicating that the bearer has permission to work full-time. The new IRP card would replace the current Temporary Residency Card (‘blue card’). This would make the permit instantly recognisable to potential employers and would allow international protection applicants to prove residency for the purpose of obtaining a driving licence and opening a bank account.

11. Currently, the right to work is revoked if a person is given a negative decision at the appeal stage and/or is issued with a deportation order. In the Irish asylum system, people are often left for years with a deportation order hanging over them. Sometimes this is overturned and people are given permission to remain. The right to work must be given as soon as the asylum process begins, must be valid for a minimum period of 12 months, and it must remain renewable until the person has an alternative IRP or is no longer residing in the State.

12. International Protection applicants must be allowed to hold a driving license. Some Direct Provision centres are not accessible by public transport. And if the government is to abolish Direct Provision, then people would have to be allowed to drive.

13. International Protection applicants must have access to vocational training and education. At present, some Education and Training Boards only allow international protection applicants to enrol for courses up to level 6 whereas others only allow only level 3. There must be no disparities in the provision of these courses.

14. There are children born in Ireland whose families have been served with deportation orders. The children know no other country but Ireland as their home. The Minister has discretionary power to grant permission to remain to any non-EU national. We recommend that the Minister for Justice and Equality introduces a scheme to regularise undocumented people in Ireland. This would end their legal limbo. Many of them are working in care looking after vulnerable people in the State. Regularisation as already done for undocumented students in Ireland, only affects people who are already in the State.
15. Legal advice on claims and legal assistance with completing the IPO questionnaire and preparing for the major interview must be provided to all when required, and not limited.

16. Provision of full and expert advice and supports. The IPO interview should happen while in reception, within 6 weeks of submitting the IPO questionnaire.

17. People should not be in reception for longer than 3 months and should be enabled to get housing in the community as early in the process as possible.

18. The living space in reception centres needs to be fit for purpose and must uphold the right to privacy, dignity, and integrity of the person for everyone in the international protection process.

19. People should have the right to delay the first interview if based on vulnerability assessment and or Spirasi type of services, they are traumatised or need more time.

a. Reception centres must provide:

20. access to information;

21. high quality legal assistance;

22. psychologists trained in working with people who have been subject to violence, torture and trauma and who are sensitive to issues of cultural diversity;

23. childcare facilities, play spaces and homework spaces for children;

24. Good quality and neutral translation services;

25. English language and literacy classes;

26. Supports for training, education and employment;

27. Library space with access to internet, computers, etc.;

28. Community Welfare and social workers; assistance with accessing accommodation post-reception. These services and supports must be provided by trained specialists who are independent of the Department of Justice & Equality.

29. People seeking asylum in Ireland should have access to the same housing supports via their local authorities as is the case for homeless people. Direct Provision centres and a reception centres are not homes. No free and healthy human being should be institutionalised and subjected to dehumanising petty bureaucratic processes daily.

30. Unaccompanied minors must be accommodated in reception centres for children, and the State must encourage foster care and adoption where possible because every child deserves to grow up in a loving home, not an institution where their lives are governed by rules that other children in the State experience.

31. When an unaccompanied minor turns 18 with or without a positive decision on their asylum claim, they must be supported to live independently.
Joint Submission from Atheist Ireland  
Ahmadiyya Muslim Community of Ireland  
and Evangelical Alliance of Ireland  

To the Committee on Justice and Equality  
Consultation on Direct Provision and the  
International Protection Application Process

1. Introduction

Irish Atheists, Evangelicals and Ahmadiyya Muslims are united in a campaign for secularism and human rights. Whatever our differences of world views, we all agree that each person should be treated with respect, that our right to hold our beliefs should be treated with respect, and that States should treat us all equally before the law by remaining neutral between religious and nonreligious beliefs.

Part of our campaign is to:

- Promote the fundamental human rights of freedom of conscience, religion and belief, equality before the law, and freedom from discrimination for all citizens.
- We promote these human rights within Irish society and Irish political institutions, and at United Nations and other international human rights regulatory bodies.

Atheist Ireland, the Ahmadiyya Muslim Community and the Evangelical Alliance of Ireland seek recognition of the right to freedom of religion and belief in the asylum system. In support of these aims we are making this Submission to outline our concern that the asylum system recognise and protect the right to Freedom of Religion and Belief of atheists, Christians, Ahmadiyya Muslims, secularists of any religious or nonreligious belief, and other minorities.

2. Seeking Asylum on the basis of Freedom of Religion and Belief

There are applicants who seek asylum in Ireland because of persecution on the basis of religion or belief. The system in place treats vulnerable people with suspicion. Self determination in relation to beliefs is an essential part of the right to Freedom of Religion and Belief. The European Court has said that the right to freedom of religion and belief is one of the foundations of a democratic society.

The European court stated that:

10. Freedom of thought, conscience and religion as enshrined in Article 9 of the Convention represents one of the foundations of a “democratic society” within the meaning of the Convention. It is, in its religious dimension, one of the most vital elements that go to make up the identity of believers and their conception of life, but it is also a precious asset for atheists, agnostics, sceptics and the unconcerned. The pluralism indissociable from a democratic society, which has been dearly won over the centuries, depends on it. That freedom entails, inter alia, freedom to hold or not
to hold religious beliefs and to practise or not to practise a religion (Kokkinakis v. Greece, § 31; Buscarini and Others v. San Marino [GC], § 34).

The UN Human Rights Committee in their General Comment states that:

Article 18 protects theistic, non-theistic and atheistic beliefs, as well as the right not to profess any religion or belief. The terms "belief" and "religion" are to be broadly construed. Article 18 is not limited in its application to traditional religions or to religions and beliefs with institutional characteristics or practices analogous to those of traditional religions. The Committee therefore views with concern any tendency to discriminate against any religion or belief for any reason, including the fact that they are newly established, or represent religious minorities that may be the subject of hostility on the part of a predominant religious community. (General Comment 18 on Freedom of Religion and Belief)

We are aware of an applicant who has been told by the Irish State that he is a Muslim, because he grew up in a Muslim family, despite the fact that he is an atheist and that has told the State that he is an atheist. This is no different from telling an applicant that they are not a particular type of Muslim. The Ahmadiyya Muslim community suffers persecution and discrimination in Pakistan and are viewed as non-Muslims by other Muslims.

There are similar examples in the UK, where a Christian man was refused asylum because they said that Christianity wasn’t peaceful. Included in a letter with the refusal were verses from Exodus, Leviticus, and the Book of Revelation. The man said that he converted to Christianity because he claimed that the religion was more peaceful than Islam. The Home Office stated that, “These examples are inconsistent with your claim that you converted to Christianity after discovering it is a ‘peaceful religion’ as opposed to Islam, which contained violence and rage.” https://cruxnow.com/church-in-uk-and-ireland/2019/03/22/uk-denies-asylum-for-iranian-christian-by-saying-christianity-not-a-peaceful-religion/

Also in the UK, a Pakistani man who renounced his Muslim faith and became a humanist had his application for asylum rejected after failing to correctly answer questions about ancient Greek philosophers. The Home Office concluded: “Your knowledge of humanism is rudimentary at best and not of a level that would be expected of a genuine follower of humanism.” After a public petition and representations from Humanists UK and 120 philosophers including AC Grayling, the decision was reversed and his application was granted on appeal. https://www.theguardian.com/uk-news/2018/jan/17/pakistani-humanist-denied-uk-asylum-after-failing-to-identify-plato https://www.thetimes.co.uk/article/humanist-asylum-seeker-was-rejected-for-not-knowing-plato-8nkj2ks7

Essentially the Department of Justice and Equality is deciding whether or not a person is or is not an atheist or a member of a particular religion. But the State is not entitled to declare that a person’s religious or nonreligious belief is not what the person tells them it is. As the European Court has pointed out, the pluralism indissociable from a democratic society is dependent on freedom of thought, conscience and religion. It is one of the most vital elements that make up the identity of believers and atheists, agnostics.

2 of 3
As an aside, even if the Department could in principle make such a determination, there is no reliable basis on which to make it. The Irish State has not even defined what a religion is. In Ireland many people refer to themselves as belonging to a particular religion, and they don’t practice that religion or attend religious services. No government department has ever told them that they do not belong to that religion because they don’t practice it or attend services. Why are we treating applicants differently, by arbitrarily and unlawfully assigning beliefs to them that they do not hold?

3. Applicants under pressure in the system because of their beliefs

We get complaints from some applicants in the asylum process that they face harassment in the Direct Provision Centres because of their beliefs. They have fled persecution and are faced with a situation whereby they have to hide their beliefs and cannot express their beliefs in Direct Provision Centres. Particularly around the time of Ramadan, ex Muslims are harassed because they are not fasting. We have also been told that ex Muslims have asked to be moved to other centres because of this harassment.

The lack of privacy in Asylum Centres put applicants in a perilous position as they must continue to hide their beliefs. They still have family at home who could be subject to persecution and whose situation would be further undermined if it was known that they had a family member that was ex Muslim or fleeing persecution in their home country.

It is not only particular States that persecute people if they dissent from a particular religion but also members of the general public.
The Direct Provision centres are not suitable places for those fleeing persecution. Applicants should be afforded equal treatment with citizens, to access to welfare and housing supports.

4. Failure of Department to enable an applicant to attend a UN hearing

In 2017 Atheist Ireland, the Ahmadiyya Muslim Community and the Evangelical Alliance made a joint Submission to the UN Human Rights Committee on the occasion of the examination of Pakistan under the International Covenant on Civil and Political Rights. It was the first time that Irish atheists, Evangelicals and Ahmadiyya Muslims had jointly challenged human rights abuses in Pakistan at the United Nations.

We had tried to take with us to Geneva an ex Muslim who is in the asylum system in Ireland, in order that he could give firsthand experience to the UN Human Rights Committee of the failure of Pakistan to protect religious and non religious minorities. The UN had registered him to attend, and we had had applied in sufficient time to get the appropriate travel documents from the Irish State. However, the Department of Justice simply did not respond to the request in time, we therefore missed an excellent opportunity to highlight human rights abuses in Pakistan against religious minorities.
Submission to the Committee on Justice and Equality on the issues of direct provision and the international protection application process

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1. Introduction

I am completing a PhD on the lifetime experiences of Violence Against Women (VAW) among African women living in Ireland. My research included an extensive review of literature related to migrant women’s experiences in Ireland, including qualitative studies representing the voices of migrant women, and I synthesise some of these here. I carried out 6 focus group discussions, 5 in depth interviews, and 11 key informant interviews on the subject. In addition, I am a member of the activist group Ireland Says Welcome, a membership group of Comhlámh, and I contributed to the ISW submission to this consultation.

I warmly welcome this consultation process, and I draw attention to the work of feminist and migrant rights organisations and representatives including AkiDwA, Wezesha, MERJ and MASI who have been drawing public attention to the many flaws in the direct provision system for 20 years. I urge the committee to listen to people directly affected by the system, and in the following submission I aim to draw on evidence gleaned from those spaces.

2. Overview of submission and recommendations

This submission begins with an evidence summary, followed by detailed recommendations. Both the evidence summary and the recommendations address three areas: Gender Based Violence Against Women in the international protection system; welfare and conditions in direct provision; and efficiency of the current international protection system.

There are numerous recommendations for each of these areas. I recommend ending the Direct Provision system, which has been clearly shown to be unsuccessful. I recommend providing accommodation as part of a reception system, which is capped at a maximum time of less than 4 months. I identify
international guidelines, best practices and laws which can direct Ireland in protecting asylum-seekers from violence and the impacts of violence.

I emphasise that a majority of residents in Direct Provision, in spite of the difficulties that have brought them to Ireland, are eager to get jobs, continue education, participate in communities and in all ways get on with their lives. Ireland is losing out on capable people while also failing to address vulnerabilities that urgently require responses. It is time to respond to the needs of asylum-seekers in a way that is rights based rather than reactive or efficiencies-led.

3. Evidence summary

The following summary draws on reports from Ireland and international academic literature: a full list of references is at the end of this submission.

Gender Based Violence and migrant women in Ireland: a profile

My PhD research focuses on the impacts of Violence Against Women in the lifetimes of African migrant women in Ireland. I present here a brief overview of the profile of violence that affects women living in Direct Provision centres. In my research I have focused on the experiences of women: this is in no way to suggest that men and children are not also subjected to Gender Based Violence (GBV), and I note that GBV against men is highly stigmatised, and it is difficult to estimate prevalence or the full range of impacts within direct provision accommodation centres.

The following are salient points about lifetime violence as it affects women in Direct Provision:

- Ireland ratified the **Istanbul Convention** on the 8th of March 2019. Chapter VII of that convention is dedicated to the needs of migrant and asylum-seeking women. As outlined in the Istanbul Convention explanatory notes: “Migrant women, including undocumented migrant women and women asylum-seekers, form two subcategories of women that are particularly vulnerable to gender-based violence” (Council of Europe 2011b: p50)
- In many cases, women’s migration is triggered by experiences of gender based violence (AkiDwA 2008: p4, Freedman 2012: p43, Freedman 2016: p20, True 2010)
- In other cases, women who have been trafficked or forced to travel for marriage experience forced migration as a part of violence exercised against them (I am aware of submissions to this consultation that focus strongly on the subject of trafficking).
- In Ireland, there is a significant gap in current population level data on experiences of GBV– this is being addressed through the newly established study known as SAVI 2, but it will take some time for it to report.
• Migrant women are disproportionately represented in GBV services (eg Women’s Aid Impact Reports 2017, 2018); particularly refugees, asylum seekers and women on migrant worker or spouse-dependent visas (Women's Health Council 2009)

• There is currently no data on the prevalence of intimate partner violence against asylum seeking women, but it is clear from the experiences of service providers that it is a significant issue requiring a targeted response (eg Women’s Aid annual reports; Safe Ireland 2016). International literature suggests that, across a number of migrant-receiving societies, incidence of domestic violence may not be higher in immigrant communities than in host communities, but that the experiences of immigrant women were often exacerbated by their specific positions as immigrants (Menjívar and Salcido 2016: p902). This is especially true for women in the asylum process.

• The types of violence experienced by asylum-seeking women in their lifetimes are likely to be very different to the mainstream population, and in addition to intimate partner violence and non partner sexual violence may include conflict-related (sexual) violence; violence perpetrated by prison guards, security forces, and multiple perpetrators (Scriver 2014); as well as female genital mutilation; and early and forced marriage (Women’s Health Council 2009).

• Migrant women’s vulnerability to violence in Ireland is significantly shaped by their residence status – particularly if they are dependent on a spouse for their status – and by the state’s attitude to gender based asylum claims (Council of Europe 2011a: Chapter VII), which is discussed later in this submission. The Habitual Residence Condition is a condition which requires proof of residence in Ireland for at least 2 years before you can be eligible for means tested social welfare payments. This can block women in direct provision from accessing refuge accommodation since they have no independent means to support themselves or their children. I am told anecdotally that since the end of the financial crisis, women are not excluded from refuges owing to the HRC, but this is on a discretionary basis. Since it was introduced in 2006, women’s organisations have called for a domestic violence concession to be added to the HRC, which would mean that all applicants presenting because of domestic violence would automatically qualify.

Welfare and conditions of women living in direct provision:

• I outline problems in the welfare and conditions of women living in DP accommodation, but note that there is no good reason for maintaining a failed system of condensed institutional accommodation – which is what DP is – and that it should be replaced. I share this information not in the hope of incremental improvements in the system, but in the expectation of a new system which will respect the dignity and autonomy of asylum-seekers, and avoid the issues that have arisen in the past.

• Although the RIA has a safeguarding policy and practice document, developed in 2014 in partnership with Cosc and NGOs including AkiDwA and
Ruhama, this document focuses on response only. It outlines actions to take in the event of different types of domestic, sexual and gender-based violence; but it does not outline ways of preventing such violence or of risk assessment and mitigation.

- **Children living in Direct Provision** are more likely to bear direct witness to domestic violence within their own families and among other residents, owing to the proximity of the living conditions in DP centres (McMahon 2015: pp191-192). The 2012 report of the Special Rapporteur on Child Protection cites an incident where a 14-year-old girl was raped and became pregnant by a male resident living in her accommodation centre.

- **There are inherent risks in the presence of large numbers of young single men, unable to access work**, living in Direct Provision centres with women who have been sexually victimised (Graham 2011, Mbugua 2016, Scriver 2014).

- **There is just one female-only accommodation centre, and seven male-only ones**: the majority of centres are mixed (ref: RIA Oct 2018). This can result in parts of the centres being dominated by men and being experienced as threatening to some women, particularly those who have been harmed by male violence during or before their migration journey.

- **Residents report shared bedrooms and overcrowding in their centres** (Lally 2019). Bedrooms are crowded, and often function as “multipurpose spaces” serving as social, eating, studying and living quarters (Shannon 2018: 35). Lack of autonomy and cramped communal living spaces are not appropriate for long-term living (McMahon report 2015: 163).

- **In most centres food is supplied by service providers at set times in communal settings. This is inappropriate for long periods of time. Food is integral to culture, acculturation and integration, and taking it out of the hands of asylum-seekers for years at a time – especially when they are parents – is an act of violence.**

- **The negative impact of long periods of time spent in Direct Provision on the integration of asylum-seekers and refugees is well documented. The Irish Human Rights and Equalities Commission observes that the system inhibits participation in society through the denial of the right to work, the provision of an insufficient weekly allowance (since increased), through barriers to the pursuit of meaningful further education opportunities, and through rural isolation.**

- **Many residents are dealing with trauma and in some cases PTSD from experiences including torture and sexual violence** (see above for more details on experiences of gender-based violence).

- **The isolation of DP centres makes access to supports extremely difficult. In order to access, for example, medical treatment or counselling, residents are required to organise childcare and undertake long journeys on public transport to service facilities. Location thus serves as a major barrier to accessing help in the aftermath of traumatising experiences. Besides, information about local services in multiple languages is often not available.**

- **Qualitative studies suggest that some women in the DP system have been pushed into sex work as a result of poverty and lack of the right to work**
(Graham 2011, Mbugua 2016), while others find themselves confronted with sexual harassment by Irish men (Graham 2011: p25; Mbugua, 2016). AkiDwA (2012: 20) documented a practice of local men soliciting sex near to DP centres, by kerb crawling and propositioning women:

Women said that they had been approached by local men and asked if they do sex work. Women in one region had been asked by local men, 'Do you need money? Do you want to work?'

"Women are been harassed here every day. The other day, a man in a car followed me and started shouting, "Have sex with me!" It doesn't matter - they think everyone black here is an asylum seeker and that they can harass us. They know we live on €19.10.'

- It is still the case that pregnant people in Ireland are referred to the UK for abortion services on occasion, for example when fatal foetal abnormality diagnoses do not meet the exact criteria that the newborn will not live for more than 28 days. There is currently no provision for asylum seekers to gain visas to avail of this essential healthcare, and so they are denied it.

Efficiency of the current system of processing international protection claims, in order to bring policies, practices and laws into line with international best practices and standards

The system of processing international protection claims involves unacceptable delays, often arising out of inadequate legal advice at the very outset of the complex legal process. At present, there is an average of a 19 month wait for an initial interview, after which there is a drawn-out process of waiting for a decision, waiting for appeals, and waiting for a ministerial order to implement the eventual decision. This is unacceptable. A time limit should be imposed for international protection decisions, and people “in the system” after that time should be granted access to the full range of rights of Irish visa-holders.

Importantly for women survivors of violence and persecution, there are guidelines establishing unequivocally that gender-related persecution, including in the domestic sphere, constitutes a basis for refugee status (UNHCR 2002). The Istanbul Convention further highlights conditions which may not amount to grounds for protection under the grounds for refugee status, but which nonetheless constitute grounds for subsidiary protection. Guidance note 311 states:

This does not imply that all gender-based violence is automatically considered “serious harm”. This means that international protection may be granted to women who are third country nationals or who are stateless and who have not qualified as a refugee, but if returned to their country of origin or where they previously resided would face gender-based violence, which would amount to inhuman or degrading treatment or seriously threaten the life of the individual. (Council of Europe 2011b: note 311)
Notwithstanding the favourable legal conditions to make independent asylum claims on the basis of gender-based violence, it is also well-established that few migrants are aware of these conditions (Erez et al. 2009, Freedman 2012, Women’s Health Council, 2009). The improvements that have gradually come about within legal systems have not been systematically promulgated through accessible information to those on the migrant trail (Freedman 2012). Without timely and gender-informed legal advice, asylum-seeking women will not benefit from the UNHCR guidelines on gender-based claims.

Internationally, it is recognized that asylum hearings are ultimately subjective events (Baillot et al. 2011: p114). In order to assess a claim in the asylum system, major emphasis is placed on the “credibility” of the candidate. It has been argued that the reliance on credibility in the UK asylum system echoes a similar need to establish credibility in prosecutions related to rape; and indeed women asylum seekers can find themselves at the collision of two popular discourses of disbelief – one associated with the ‘bogus’ asylum claimant; the other with the false rape victim (Baillot et al: 112-116).

In the case of Ireland, Patricia Brazil (2012) documents three specific cases where the credibility of female asylum applicants with gender based claims in the Irish system have not been accepted, on occasion because of reliance on generic country-of-origin information, or failure to fully understand country-of-origin information, or doubts about the credibility of the applicant (Brazil, 2012). Other studies have also found women applicants who believed that their credibility was actively doubted, and tested to the limit in the asylum hearing, for example by repeatedly asking versions of the same question, or asking the same question at separate hearings a few months apart, as though to “catch them out” (Akidwa 2010: p 20). A further problem is encountered in establishing evidence of sexual violence: Akidwa (2010) document delays and failures in acquiring medical certificates of rape because of changes in women’s GPs (p 20). Testimonies gathered by MASI recently document a general inclination to doubt in asylum hearings (see https://twitter.com/masi_asylum). It is well-established that narratives of trauma are frequently inconsistent and fragmented (Eastmond 2007), so that failing to adhere to the principles of internal coherence and accuracy does not in any way indicate falsehood. This does not appear to be well understood in asylum hearings in Ireland.

Regardless of the ultimate outcome, the asylum system can be traumatising and retraumatising in and of itself. A service provider who worked with women in the asylum process in Ireland described asylum tribunals involving invasive cross examinations about women’s experiences of rape (Graham, 2011). This is corroborated in testimonies documented by Akidwa:

Women spoke of being rushed through their application processes, feeling that some of the officials with whom they dealt were just going through the motions and dealing with them in a perfunctory manner.
'When I went for my interview, I was very badly treated. The woman interviewing me said she doesn't want to hear my tales. I cried a lot. Am only saying it now, have never shared with anyone.'

(Akidwa 2010)

There is further evidence that protocols related to asylum hearings are not always observed; for example, women reported that they were not aware of their entitlement to request a female case worker or immigration official, in accordance with the EU Asylum Procedures Directive (Akidwa, 2012: 20).

The European Reception Conditions Directive, which Ireland opted into in January 2018, calls for certain migrants to receive special consideration due to specific vulnerabilities. The examples listed include ‘persons who have been subjected to torture, rape or other serious forms of psychological, physical or sexual violence, such as victims of female genital mutilation’ (Article 21, Reception Conditions Directive, cited by McMahon 2015, p195). Conditions in Ireland’s reception and integration system are not consistent with this directive (US Department of State 2018).

4. Recommendations

To address gender based violence in the lives of asylum-seeking women:

GBV will continue to be an issue for asylum-seeking women regardless of Ireland’s reception and integration system. The following recommendations are made in order to improve the access that women have to their basic needs. As a first step, I recommend ending the current Direct Provision system. I further recommend placing reception accommodation on a statutory footing for a guaranteed maximum period of time followed by the provision of targeted social protection to individuals in the international protection system.

- In accordance with recent calls from a coalition of organizations including NASC, the Irish Refugee Council, MASI and other organisations, a vulnerability assessment should be carried out upon reception in Ireland, to identify specific vulnerabilities and needs, including related to gender based violence. Holistic supports should be delivered as close as possible to the point of need on the basis of these assessments. The service provided by Spirasi, which is trauma-informed, comprehensive and excellent, goes nowhere near to meeting the current need.

- Implement the European Reception Conditions Directive and make use of the European Asylum Support Office guidance on reception conditions: operational standards and indicators. These operating standards outline specific actions to be taken in reception accommodation to mitigate against gender based violence and to provide necessary supports to victims.
• **Update the 2014 RIA Policy and Practice Document** on safeguarding residents against domestic, sexual and gender-based violence in line with the European Reception Conditions Directive. Monitor the implementation of the updated policy, and publish data on incidents of violence recorded.

• **Fully implement the Cosc national strategy on Domestic, Sexual and Gender Based Violence.** Targeted improvements in, inter alia, housing provision, witness protection, psychological support services and helplines, garda response and service coordination would all have a positive impact on asylum-seekers. Ensure that monitoring of the strategy improves impacts on identified vulnerable communities, and report regularly on change.

• **Introduce a domestic violence concession to the Habitual Residence Condition.**

• **Improve domestic violence refuge provision** throughout Ireland, which is currently at 31% of the recommended level in the Istanbul Convention, to which Ireland is a signatory.

• **Increase diversity** in the workforce and decision-making structures delivering frontline services (including refuges, housing, social welfare and social work). Roll out anti-racism and diversity initiatives, and introduce systematic monitoring of racism in public services.

To address other issues related to welfare & conditions of people living in direct provision:

• **Fully implement the European Reception Conditions Directive** regulating access to housing, food, health, medical and psychological care and employment while claims are examined.

• Commit to providing social supports to all people in the International Protection system, regardless of the stage of their IP application. Enable those who can to find work and housing, and support them through the general social protection system (with as necessary housing assistance, child benefit, job seeker’s benefit etc).

• The Reception and Integration Agency should establish, implement and monitor **guidelines for accommodation provision** in compliance with section 42 of the Irish Human Rights and Equality Commission Act 2014 which places a positive duty on public sector bodies to have regard to eliminate discrimination, promote equality and protect human rights in their work.

• **Address the housing crisis in Ireland** as a pre-requisite to addressing reception + integration conditions for asylum seekers and refugees.

• **Prioritise policies which enable independence and integration,** including universal access to work for asylum seekers, universal access to banking and drivers’ licences, and access to language learning.

• **Increase diversity in service provision.**
To address the system of processing applications for international protection for women affected by violence

- **Fully implement the UNHCR Guidelines on gender-related asylum claims;** monitor and report on this.
- **Fully implement the EU Asylum Procedures Directive** to ensure that all applicants for international protection are treated with due respect and consideration for their experiences: this guarantees the right to an interviewer of the same sex; to be interviewed without other family members present; and to be interviewed by staff with training or access to gender expertise. Monitor and report on this.
- **Ensure that legal assistance is available** in a language that applicants understand from the reception stage. Comprehensive legal assistance with initial international protection applications could eliminate errors that bring about delays in the system.
- A guarantee should be made to all applicants that **a first order decision will be given within a defined period of time** (not more, and ideally less than six months); applicants in the appeal process should have access to all supports for integration.
- If necessary to address the backlog, **an amnesty** for existing applicants should be offered.

References and recommended reading

AkiDwA (2008) *Understanding Gender Based Violence: An African Perspective*

Akidwa (2010) *Am only saying it now: Experiences of women seeking asylum in Ireland*

AkiDwA (2012) *No place to call home: safety and security issues of women seeking asylum in Ireland.*


McMahon, B. (2015) *Working Group Report to government on improvements to the protection process, including direct provision and supports to asylum seekers* Dublin


Shannon, G. (2018) *Eleventh report of the special rapporteur on child protection*


UNHCR (2002) HCR/GIP/02/01 Guidelines on international protection: Gender-related persecution within the context of article 1A(2) of the 1951 convention and/ or its 1967 protocol relating to the status of refugees in.


Tomás Barriscale

I am not an expert in any relevant field, just a concerned citizen. I am, however, a dual national so I have an inkling of what it is to be a person living in a country that does not feel entirely welcoming of you.

What I wish is to say is that Direct Provision is an affront to human decency. It is no way to live, and if any of us lucky enough to have homes to live in, without regulations limiting our movement, freedom and life choices were to be subjected to it ourselves we would not tolerate it for a second.

Those in direct provision must be allowed to work freely and without restrictions. They must be allowed, and indeed helped to build lives for themselves in our communities. What is the alternative? An interminable prison sentence in a surveilled camp. Integration into our society cannot be achieved while there is still segregation, this is hard learned lesson of history and there is no need to learn it here again.

The only benefactor of Direct Provision are the private companies operating the facilities. They profit of the misery of the vulnerable and in doing so, both drain the state’s resources and prevent a highly motivated group of people from entering the labour force. Their arguments will be convincing but the great orator Cicero would remind us to consider, “Cui bono?”

Direct Provision is problem, not a solution. It should be abolished.

Thank you for your consideration.
BeLonG To Youth Service Submission to the Oireachtas Committee on Justice and Equality on direct provision and the international protection application process

Submitted by: Matt Kennedy Research and Policy

Overview of submission:

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Research
Recommendations
Introduction

BeLonG To Youth Services is the national organisation supporting lesbian, gay, bisexual, transgender, and intersex (LGBTI+) young people in Ireland. Since 2003, we have worked with LGBTI+ young people, between 14 and 23 years, to create a world where they are equal, safe, and valued in the diversity of their identities and experiences. We also advocate and campaign on behalf of young LGBTI+ people and offer a specialised LGBTI+ youth service with a focus on mental and sexual health, alongside drug and alcohol support. We respond to the needs of LGBTI+ young people in Ireland and we help them thrive.

In the context of our work, we see the needs of LGBTI+ young people in direct provision and those seeking asylum as a vulnerable population within an already at-risk community. LGBTI+ young people seeking asylum are presented within international and national literature as a population who experience greater levels of homophobia, biphobia, and transphobia which thus intersects with a variety of other oppressions such as racism and an inability to access essential services. The system of direct provision in the context of access to services, community integration, employment, education, safety and standard of living has been the subject of much criticism from both national and international human rights organisations and those who have directly experienced the system. However, despite ongoing criticism and condemnation from those experiencing the system and human rights organisation, abolition and reform of the system remains stagnant and thus those within the system namely LGBTI+ young people continue to be at greater risk than their LGBTI+ counterparts who have Irish citizenship.

The current system does not provide the supports that LGBTI+ young people who are seeking asylum need and isolates them from the broader Irish LGBTI+ community within whom they would find solidarity and support. The isolation that occurs within the direct provision system due to insufficient access to education and employment, little to no financial
and in-house supports and resources as well as inadequate travel routes diminishes opportunities to integrate, build networks and socialise with other LGBTQ+ young people.

Research

In 2018 the National LGBT Federation launched a report entitled *Far From Home: Life As An LGBT Migrant In Ireland*. This report was a continuation of the investigation into LGTBI+ migrant lives in Ireland carried out by the NXF previously within both the first and second edition of *Burning Issues: Listening to the voices of the LGBTI+ Community In Ireland* (2016, 2009). The *Far From Home* report found the following:

- The vast majority of participants said they intended to stay in Ireland (84%).
- Over half (57%) of the participants rated their mental health negatively.
- Almost three-quarters (74%) of those surveyed rated their physical health negatively.
- Critically, over half (54%) of all those surveyed do not feel that they are included in Irish society.
- Those who identify as queer (as opposed to homosexual or pan/bisexual), those who are genderqueer, genderfluid or non-binary in gender and those of an African background feel the most marginalised.
- 40% of participants said they have experienced some form of homophobia since arriving in Ireland.
- 66% of participants indicated they have felt treated with less respect in public spaces because of their race, ethnicity or migrant status.

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The report also called for the following recommendations of action:

- Major areas for reform highlighted by participants included hate crime legislation, healthcare and supporting the most marginalised groups within our LGBT community such as asylum seekers.
- It was suggested that LGBT groups, organisations, and enterprises need to provide a more diverse and accessible range of events; not just those designed exclusively around ‘partying’ and the consumption of alcohol.
- The most pressing changes that the participants in this study would like to see addressed by the Irish government were an easier and more efficient process for LGBT asylum seekers entering the country and an end to the current direct provision system.
- Other priorities identified by LGBT migrants as needing urgent government attention were improved access to healthcare – including mental health services – better channels of information about LGBT services, housing and increased investment in LGBT support organisations, particularly within rural areas.

Dr. Geoffrey Shannon in the Eleventh Report of the Special Rapporteur on Child Protection submitted to the Oireachtas in 2018 stated that “we are in a situation where we treat children in direct provision as being second-class citizens”. In his summary of recommendations, he notes:

“Ireland should abolish the ‘direct provision’ system of accommodation for asylum seekers and ensure adequate provision for children’s standard of living. In the interim, the Reception and Integration Agency must ensure agreements with commercial contractors in relation to compliance with section 42 of the Irish Human Rights and Equality Commission Act 2014 and ensure high standards of accommodation. direct provision should be placed on a statutory footing, and a time-limited period (6-9 months)

introduced after which an individual who has not yet received a first instance decision on his/her status should be able to leave the direct provision system and live independently and access relevant social welfare payments.”

The McMahon Report⁵ published in June 2015 following the Working Group to Report to Government Working Group on the Protection Process on Improvements to the Protection Process, including direct provision and Supports to Asylum Seekers, created a total of 173 recommendations. These recommendations were garnered following an in-depth process of consultation with members of the working group including those directly affected by direct provision and the systems/structures which interact with the asylum seeker process in Ireland. The McMahon report also outlined issues that are faced by LGBTQ+ asylum seekers in direct provision which included references to social isolation, anxiety, issues with disclosure of LGBTI+ identity and a barrier to engaging with the broader LGBTI+ community in Ireland.

As of 2017, The Migrant and Refugee Rights Centre published a working paper⁶ on the progress of Implementation of the McMahon Report. A summarisation of its findings indicates that out of 173 total recommendations in the report, 20 (12%) could be verified as ‘Implemented’. While a further report on the implementation status of many of these recommendations was published⁷ by the Department of

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Justice and Equality stating that 92% of the recommendations are now fully or partially implemented or are “in progress”. The report gives a brief update on the implementation of each recommendation, including those that are not being progressed, including important recommendations such as the right to work or access education. In this context greater efforts need to be invested into accounting for the improvement of lived experiences under the implementation of these recommendations. In spite of the progression of these recommendations, however many people within direct provision are experiencing a substandard of living compared to the rest of the Irish population.

In 2016 Louise Sarsfield Collins published a paper entitled Safe Spaces: The Law and Everyday Experiences of LGBTQ Asylum Seekers. The paper investigates the difficulties facing the LGBTI+ community within the direct provision system which is often likened to “open prisons” (Working Group on the Protection Process, 2015, p. 59). The nature of this “open prison” system means that although freedom of movement is named as the position that the asylum seekers are in their movement is so heavily monitored and scrutinized that LGBTI+ Asylum seekers within the system feel as though they cannot seek out the necessary supports they need. Louise Sarsfield Collies articulates this as follows:

“This physical isolation is experienced by all direct provision residents but for LGBTQ asylum seekers, the isolation can be further exacerbated by the lack of any nearby LGBTQ friendly spaces. In cases where social groups or support groups do exist, many LGBTQ asylum seekers are fearful of attending if it is too close to the direct provision centre, in case they are seen by a member of staff or another resident and are effectively ‘outed’ in a homophobic system.”

In 2015 BeLonG To Youth Services created a report entitled We Came Here For Safety: The needs of LGBTI+ asylum seekers and migrants in

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Ireland. This report outlines the main issues facing the 42 LGBT asylum seekers and refugees who accessed the service in 2014 and 2015. The key findings are as follows:

**Mental Health**

Of the 42 clients of BeLonG To, 71% (n=30) suffered from depression or other diagnosed mental health issues, suicidal ideation or self-harm. For the purposes of comparison, the My World Survey on youth mental health (1) revealed that 68%-70% of young people in the general population fall within the ‘normal’ range of depression and anxiety, meaning they do not have depression or anxiety, and approximately 20% of young people have lifetime experiences of self-harm and 7% have ever attempted suicide.

**Issues Accessing Specialist Mental Health and Support Services**

Around a third (n=13) of the population had experienced difficulties in accessing health, mental health and other specific services, primarily due to travel restrictions and the costs of travel.

**Experience of Violence and Harassment**

Around one fifth of the group (n=9) of the group had experienced harassment due to their LGBT status, including name-calling, being ostracised by peers, and/or threats of violence. Over a tenth (n=5) had experienced some form of physical violence, and over half of the group (n=23) were fearful of these consequences should their LGBT status become known.

**Need to Hide LGBT Status from Self, Peers and Professionals**

Around a quarter of the group (n=11) had not discussed their LGBT status with anyone (i.e. were not ‘out’), another 36% of the group had informed one other professional or peer (outside of staff/clients of BeLonG To) about their sexual identity. The same amount (36%) were ‘out’ as LGBT to some degree, i.e. were happy to discuss their sexual orientation with some family and/or friends. Half of the 42 individuals felt unable to let other health and social support workers know about their LGBT status (n=21). This was due to concerns about judgement, confidentiality and potential negative consequences of others finding out.

**Experience of Isolation**

Just of over 50% of the 42 young people engaged with BeLonG To reported being isolated as a result of their LGBT status; this had a direct impact on feelings of self-worth, loneliness, and in many cases - depression and thoughts of suicide.

**Legal Advice**
19% (n=8) had access to legal advice although not specifically for issues related to their LGBT status, but rather for issues, such as applications for asylum. Of concern is that just under a third of people (31%, n=13) reported having no access to legal advice.

This homophobic system seeks to further prevent LGBTI+ people within the system from reaching out both within direct provision and to the wider LGBTI+ community. Simultaneously many asylum seekers were found to be struggling with internalised homophobia given their upbringing in very homophobic cultures, where often being LGBTI+ was punishable by death. Thus, regardless of Ireland’s progressive laws, Asylum seekers can be understandably slow to disclose their identity, a sentiment echoed by several participants.

There is a large variety and wealth of research in existence which condemns the system that is direct provision, and within this pool of research, the needs of the LGBTI+ community as asylum seekers has been identified as a community with explicit needs and vulnerabilities. The research makes clear however for all experiencing it, the system of direct provision, is harmful, degrading and ineffective in supplying basic human rights and needs to a community coming from a variety of cultural, religious and ethnic backgrounds. In the long term we must thrive for an end to the direct provision centres and imagine the potentiality for a more equipped process of welcoming asylum seekers into our country, a process which aims to integrate them fully into Irish society through access to employment, education, housing and active participation in the Irish social and cultural environment. We need to move beyond the current direct provision system as it is rooted inherently in racism, misogyny, and homophobia.

**Recommendations**

**In the medium to short term BeLonG To Youth Services recommends:**
• Those within direct provision have been given the right to work however individuals within the system have highlighted that statistics show that many people within direct provision face significant barriers to employment due to discrimination, insufficient opportunities for training/education and transport to and from places of employment. Greater investments need to be made into ensuring those within direct provision have equally access to employment.

• Greater support be given to LGBTI+ people within direct provision to access essential services such as LGBTI+ specific spaces and groups.

• Greater support be given to individuals attempting to access both second level and third level education in Ireland.

• More transport provisions be made available to those within rural areas or areas without an LGBTI+ specific group or space to travel to access these essential services.

• Training be provided to all staff within the direct provision facilities throughout the country in relation to LGBTI+ identity and how to appropriately support an asylum seeker who is seeking asylum on the basis of LGBTI+ persecution in their own country.

• Simultaneously workers within LGBTI+ services need to be given training in order to appropriately support the needs of LGBTI+ asylum seekers who are likely to be experiencing intersecting identities and oppressions.

• LGBTI+ members of the asylum-seeking community be given appropriate resources and support to engage with the wider LGBTI+ community in Ireland in a safe environment recognising the potential vulnerability of these individuals.

• Training be provided to staff members working within the current system of processing international protection claims in relation to LGBTI+ identities in order to support LGBTI+ people who disclose their identity as the reason for seeking asylum in Ireland.
• Consideration needs to be given to the housing of LGBTI+ individuals who potentially may be at risk if those within the centre or potentially same room as them are socialised from a country that is rife with LGBTI+ prejudice and discrimination. Staff need to be trained in how to deal with this appropriately and with discretion.
• Interpreters need to appropriately trained on LGBTI+ issues and identities in order to improve the current system of processing international protection claims in which oftentimes the interpreter is from the asylum seekers country of origin which may lead them to be reluctant to disclose their LGBTI+ status for fear of prejudice.

In the long term BeLonG To calls for the abolition of direct provision and for asylum seekers regardless of their LGBTI+ identity to be given the opportunity to participate fully in Irish culture and society. This will help new communities and opportunities for solidarity and understanding to flourish, bridging longstanding divides created by racism, homophobia, transphobia and misogyny. LGBTI+ asylum seekers leave their country of origin often to escape LGBTI+ discrimination and come out of the closet allowing them to live openly and proudly. Direct provision places them in another closet, confined to surveillance, precarity and second-class citizen status.

BeLonG To would be happy to provide an in-person briefing to the Department of Justice as part of its review Direct Provision and the international protection asylum process, with a particular focus on LGBTI+ people in this process.

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Hello,

With regards to your request for submissions on the topic of Direct Provision I have a few things to say. The most important of those being - I'm a citizen and I don't live in Direct Provision. So I would urge you to listen to those people before listening to anyone else, myself included.

People in DP are suffering violations of their most basic rights. Trans men are forced to live with cis women and trans women are forced to live with cis men. As a result rape and violence have been a serious problem in these centres - from the few stories that have come out as their seems to be a degree of uncertainty/secrecy surrounding this torturous institution. Listen to those living in Direct Provision, listen to lawyers, human rights activists, sociologists etc. There is no lack of education and skill in our country - so consult these people for recommendations on how to proceed. End Direct Provision, and introduce a different system.

The applications of asylum seekers aren't even being processed at this point. This system is designed for one thing: that is to "teach migrants a lesson". That lesson being - if you come here, you will not get reprieve from fear you are fleeing. You will not live in better conditions. You will be trapped in prison-like conditions with no privacy, dignity, or rights. These people have not come all this way just to be a "sponge" on the state. Nobody wants to live in DP for 12 years. That is not preferable to what they are fleeing so please do not entertain any of that rhetoric.

Another issue I'd like to address is the issue of profit surrounding Direct Provision. Some in government would like to claim that asylum seekers are being looked after and treated with respect - which obviously is not true. But a testament to their conditions being akin to that of a prison, is that Aramark are responsible for feeding the people in Direct Provision. Aramark, the company that also feeds inmates in over-capacity private prisons in the US. A prison system designed to turn a profit at the expense of justice and dignity. This sounds an AWFUL lot like Direct Provision.

Lastly I'd like to point out the hypocrisy of Direct Provision in Ireland. We are a nation famed for our emigration. Since the confiscation of Irish lands in the 1500s - generation after generation went abroad to seek a better life, anywhere they could. It's happening again amidst the housing crisis. Even in our own mythology, the Irish people are descended from immigrants. Immigration is an integral part of our culture and it enriches this country - just as Irish immigrants have enriched the cultures of other countries. Our own Taoiseach is the son of an immigrant!

Abusing migrants as a deterrent to future migrants is disgraceful but what is worse is that these are no ordinary migrants. They are not looking for a change of scenery like an Irish person moving to Spain. They are fleeing conflict, persecution, and instability. There are many countries in Africa and the Middle East stricken with poverty, war, or governmental corruption and political violence. Many more are persecuted and executed for speaking out against these regimes, or for loving someone of the same sex. They are killed for being born
in the wrong body. They are killed for being of the wrong ethnicity. Now they come here and once again they are profiled by a country who fancy ourselves as "civilised" or sometimes arrogantly - "progressive".

If we do not end direct provision as many people have recommended in law, human rights, and migrants suffering through it themselves - then we do not have the right to call ourselves a progressive or civilised country, and we should hang our heads in shame. The horrors that will come out of Direct Provision down the road will be akin to the stories coming out about the Magdalene Laundries now. These people should be allowed to work, and integrate into Irish society if that is what they wish. Nobody wants to leave their home behind. Many will return if and when their own countries become safe again. Some will stay. And as the country sometimes referred to as The Land of a Thousand Welcomes - it is our collective obligation, and my own pleasure - to live up to that name, and welcome these people.

Thank you for your time and I hope you will consider what asylum seekers have to say in the upcoming legislation, as it concerns them and only them.

Regards,

Fiachra Bissett.
A Chara

We write to you in response to your call for submissions direct provision and the international protection application process. Body | Battleground has worked with people in direct provision and the conditions that their friendship and work has highlighted indicates that direct provision has caused deep cultural trauma whose legacy we will as a society be recovering from for generations.

The foundational issue is that this system is based on an institutional logic and built to facilitate deportation not integration. The only reasonable option to stem this trauma is to end this abuse of human rights now and work towards a humane system of integration that is based on human dignity and not a fear of migrant bodies that necessitates them being removed from society or deported.

Though this consultation process is welcome the fact that it is open to stakeholders who may have private or indeed protectionist inclinations is worrying. We encourage you to work with migrant led groups such as the Movement of Asylum Seekers in Ireland (MASI) or other directly affected parties who would not have an outside interest in maintaining the current system.

Yours faithfully

river champion
Head Production/ Curator Body|Battleground
riverchampion.wordpress.com
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Body|Battleground

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Support Body|Battleground on gofundme:
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INTRODUCTION

Bray Refugee Solidarity welcomes the opportunity to make a submission to the Justice and Equality Committee on the state and character of the current direct provision system.

Initiated in 2016, Bray Refugee Solidarity’s mission statement states that we work towards ‘Welcoming refugees and asylum seekers to our community, and fighting for a just system of asylum.’

This submission is rooted in Wicklow-based experiences from a group of 10 - 30 volunteers involved in supporting asylum seekers currently in emergency accommodation to navigate and access basic public services and through inclusion, awareness raising as well as advocacy and campaigning activities.

SECTION 1. IMPROVING WELFARE AND CONDITIONS OF PEOPLE LIVING IN THE DIRECT PROVISION SYSTEM

RECEPTION

It is worth remembering that the temporary system of direct provision has, in practice, been a semi-permanent ‘humanitarian emergency’ since 2000.

1. In our experience, the centralising of all aspects in the provision of services for those seeking asylum in Ireland has had a knock-on effect on the lives and daily realities of everyone that comes into contact with this system. One of the most immediate implications is the one-way communication from RIA. For the thousands of people involved, this means:

   1.1 Residents are not consulted or listened to by RIA officials on an ongoing basis; this work is subcontracted to centre managers (to varying degrees of take-up) and, if issues escalate, to the ombudsman. This system then operates between operators and residents, rather than at the strategic decision makers’ level.

   1.2 Staff and managers are not consulted or listened to by RIA – neither through queries, follow-up calls or messages. They are, as a result, working on their own without structured support (and therefore draw on own resources / whatever resources are available at the time).

As an outcome of the ‘direct provision’ system, RIA keeps the administration of the system as far away as possible from those that it is set up to cater for or those that have to manage it from day to day.
2. The clandestine nature of information flow means that communities (and county councils) are not informed and local service providers (health, education, policing, transport etc.) are not kept up to date in a holistic manner; this creates an impact where RIA is responsible for parachuting asylum seekers into communities without doing feasibility testing as part of a social contract with the locality. Services, unsurprisingly, are either under resourced, unsuitable or unaware of asylum seekers arriving into the community and, therefore, underprepared.

It is important to emphasise that asylum seekers can have complex needs, particularly as a group of people (including women, children and men) that are vulnerable and seeking refuge from persecution, usually as a result of conflict or violence.

3. Emergency accommodation centres as a mechanism to deal with overcrowding in direct provision centres carries many risks, the weight of which is placed on the shoulders of residents. Individuals seeking asylum are, by and large, traumatised in their country of origin, hence necessitating the urgency to seek sanctuary; in entering the Irish international protection reception system, asylum seekers are traumatised again through a combination of years in limbo, countless indignities and institutional indifference.

4. Informal community groups and volunteers in nearby communities to accommodation and satellite (emergency) centres have become de facto social workers, with case work and regular contact with residents. Rather than by design, this occurs as a result of informal concern and queries, which start with meeting with and talking to residents such as seeking medical help, assisting with GP visits, applying for medical cards etc. and difficulties sometimes encountered with centre management when visiting residents. Accessing local services such as education (primary, post primary etc), health (GP level) and policing occur through trial and error, with local groups stepping in to generate reliable information and access channels.

While this may generate strong community action and volunteering, placing these responsibilities outside of 'contracted' facilities passes the social duty onto the nearby community, who may or may not be qualified to assist and who are faced with logistical hurdles, inclusion roles and administration (compliance issues re Charities Regulator, informal group, resourcing management committees, reporting etc.). The gap in cohesion in policy and practice has been systematically ignored and is a cost paid by and financed outside of the official direct provision system.

5. The for-profit model in terms of the provision of reception facilities has undermined public confidence as well as impacted residents negatively when for-profit margins incentivise the administration and management approach, as distinct from values-based and public service led approaches. There are reasons why Ireland has public health and public-school systems, and this shouldn’t be ignored in considering alternatives and alternative approaches. That a company can happily deliver catering contracts for one of the most vulnerable groups, in direct provision centres, for example, and at the same time service luxury boutique artisan food establishments is not seen as problematic in terms of the costs to reception approaches (and we don’t just mean economic).

Recommendations

We call for the end of the Direct Provision system, and argue for an efficient movement towards a human rights based, state provided system immediately. In implementing such a system, the below points should be addressed in the interim:
6. Centralising the administration of the direct provision system may be efficient for the administrators in RIA, but it gives little autonomy to local councils, local communities (and community resources), centre staff and management, and this has a direct knock on impact on residents.

7. The over-reliance upon the emergency accommodation mechanism should be reviewed; people that have been placed in this type of arrangement are given less information, less guidance and less basic supports than direct provision centres are (there is no house rule book equivalent to reception centre rule books). The disparity in standard of services on offer to asylum seekers should be scrutinised more closely, building on the Ombudsman’s 2018 report¹ (and raised during the McMahon report too).

8. Facilities for children, teenagers and families (including cooking facilities) are consistently a problem for residents, most acutely in new centres and emergency accommodation. This is a daily reality for children and families in direct provision, despite RIA having 20 years to work through basic issues like access to play rooms and unrestricted access to food essentials.

9. As raised as part of the recent ‘Draft Standards for Direct Provision Centres Public Consultation’², accommodation centres and spaces (emergency or otherwise) should comply with the Public Sector Equality and Human Rights Duty. Education, training and resources should match this expectation, for all staff, management and personnel (as well as local authorities and officials). All contracts should be updated and reissued on this basis; observing and supporting a dignity-approach isn’t ‘just’ in a contract, it is in established and well-practiced behaviours.

10. The committee should consider drawing up a programme of visits to centres in order to hear directly from residents about their issues and to see first-hand how centres and emergency accommodation facilities are run on the ground.

11. RIA should convene regular meetings with local service providers, establishing (and empowering) regional liaison officers as ‘resource’ points and to share information / respond to regional needs and build regional complaints mechanism etc.

12. Collective complaints, and not just individual complaints, should be gathered on the basis of multiple and regular issues identified by residents through centres, by county and nationally, and addressed appropriately.

SECTION 2. IMPROVING EFFICIENCY OF THE CURRENT SYSTEM OF PROCESSING INTERNATIONAL PROTECTION CLAIMS, IN ORDER TO BRING POLICIES, PRACTICES AND LAWS INTO LINE WITH INTERNATIONAL BEST PRACTICE AND STANDARDS

Recommendations

13. Dedicated training structures and legal aid at local authority level should be resourced appropriately for councils, applicants and direct provision centre workers.

SECTION 3. ALTERNATIVES TO DIRECT PROVISION

Recommendations

14. Any considerations of change need to move beyond the dominant paradigm of economic efficiency and cost savings, which are insufficient to deliver a robust, humane and practical system for asylum seekers and for taxpayers, looking at the last 20 years of the direct provision experiment.

15. Rather than treating residents as guilty of asylum fraud until proven innocent, any alternative reception system should avoid being punitive, as a key characteristic, and should be applicant-centric that is appropriate for vulnerable groups.

16. Investing in alternatives to the direct provision system are paramount, considering previous institutional resources and thinking have been limited to basic improvements to the same system.

17. Where the McMahon Report process involved accommodation centre staff, residents, NGOs and RIA agency officials and experts in the working group, a similar model should be appointed to review and establish an alternatives list and a transition process.
Submission to: Committee on Justice and Equality on direct provision and the international protection application process

Submitted by: Cairde, 19 Belvedere Place, Dublin 1.
Date: May 31st, 2019

About Cairde

Cairde is a non-government organization working to reduce health inequalities among ethnic minorities and is committed to supporting the participation of minority communities in enhancing their health. Cairde works through the rights based approach believing that the absence of equality and respect for human rights is correlated to the existence of health inequalities. Cairde, by adopting a community development approach, supports new and existing community-based groups in taking an active role in the analysis and redress of the issues effecting them as well as providing individual advocacy and information to ethnic minorities.

Cairde’s core activities include:

Individual Advocacy through the Health Information and Advocacy Centres in Dublin and in Balbriggan. Interventions include: helping a client to access their entitlements, negotiating with the relevant service providers on client’s behalf, support in writing a complaint or accessing medical records.

Information Provision and Outreach;
Cairde provides relevant and culturally appropriate information about rights and entitlements to health and other services. Information services can be accessed in one-to-one consultation; through phone/email; or in a group setting on an outreach basis. Cairde has produced a number of multilingual resources including HealthConnect.ie - mobile friendly website in 5 languages and Pathways to Being Well community pack which includes Mental Health Guide in 8 languages and training workshops.

Group Support and Development;
Cairde supports new and existing community based groups to take an active role in the analysis and redress of the issues affecting them. We initiated Balbriggan Integration Forum. Since 2015 Cairde has also works in the area of mental health and has started a migrant mental health initiative “Be Aware, Be Well.”

Networking, Policy & Research;
Cairde networks effectively with relevant statutory and non-statutory organizations to highlight ethnic minorities’ experiences and outcomes from use of health services at a policy level. Cairde is engaged in building partnerships with health service providers at a local and national level such as hospitals, primary care teams and specialised services on health issues relevant to ethnic minority communities.
Asylum seekers’ mental health

Cairde’s Be Aware Be Well Migrant Mental Health Initiative aims to identify and address issues related to mental health and wellbeing of migrants in Ireland aimed to improve access to mental health services and to engage communities so that health services could reflect their needs. Most of Cairde work in this area is informed by our report ‘Ethnic minorities and mental health. Barriers and recommendations.’ and ongoing engagement with migrants, asylum seekers and refugees.

Asylum seekers are often exposed to factors which correlate with mental health issues. Pre-migrations experiences of war and persecution, and the ensuing flight, are major risk-factors. In the post-migration period, living conditions, uncertainty, loss of livelihoods, impoverishment, and disrupted social and cultural networks can increase the risk of mental health problems. The potential adverse effects on asylum seekers’ mental health of the system of direct provision were highlighted in the McMahon Report, 2015. Apart from the length of stay in DP, isolated location of the centres, treatment by the staff, having ‘nothing to do’ are also anecdotally mentioned.

Prevalence of mental health issues in asylum seekers is higher than in general population. A meta-analysis of European research indicated that common mental disorders were twice as likely in refugees as in economic migrants. They were more likely to fulfil the criteria for post-traumatic stress disorder (27.1%) The level of depression among asylum seekers is higher than that of PTSD, and they are more likely to present to the medical services with psychosomatic illnesses than indigenous patients. A study performed in Galway examining the attendance of asylum seekers at primary care noted that asylum seekers were five times more likely to attend with a psychiatric condition than their matched Irish controls. They were three times more likely to have a diagnosis of anxiety and they suffered from a higher level of “generalised body aches”.

Yet asylum seekers tend to under-utilise mental health services in European host countries. This underutilisation of services may be explained by cultural-specific barriers. Asylum seekers often come from cultures where mental health is not openly discussed and stigma is prevalent. They may not have the language to express them, the knowledge of how to manage them, or the familiarity with service providers in the host community. In addition, seeking professional support for mental health difficulties is uncommon and traditional, spiritual and faith leaders are preferred choices. These cultural issues along with other such as poor level of English language competency, family structure changes, financial and employment related difficulties, integration issues, isolation and racism are barriers to seeking professional help.

On the other hand services are not always well prepared to accommodate asylum seekers and other migrants’ needs. The mainstream mental health promotion and anti-stigma campaign do not reach migrant populations. To date asylum seekers are assessed and treated by the local mental health services, however their needs and circumstances are not the same as the indigenous population and therefore require a more nuanced response which cannot be automatically assumed available within generic services. Mental health services should be provided in a culturally and linguistically sensitive manner. The services are often overstretched and understaffed.

In consequence these challenges may contribute to escalation of symptoms, inadequate treatment, and long term poor integration outcomes also in terms of access to services and employment.
Recommendations

- **Reduce the time spend in Direct Provision** by expediting the international protection assessment process.
- **Training for DP centres staff** on intercultural issues, vulnerabilities. Also introduce an independent Complaints Procedure.
- **Protect and promote psychosocial wellbeing.** Provide basic psychosocial education and interventions such as community activities, coping skills and resilience building activities, therapeutic activities such as arts/music therapy, body focused therapies such as trauma yoga or Capacitar.
- **Improved access to information** on accessing mental health services (HSE and NGOs) and rising awareness about mental health and mental health stigma via culturally and linguistically competent resources and activities; orientation sessions upon arrival.
- **Improved access and provision mental health services and supports**
  - Introduce mental health vulnerability screening to encourage early intervention
  - Mental Health Reform viii and Collage of Psychiatrists in Ireland ix, x set out a number of very specific recommendations and guidelines in terms of provision of culturally competent services.
  - Many of the asylum seekers stress the need to have ‘somebody to talk to’ available on DP sites – which could materialise as a psychology clinic, mental health nurses, counselling service.
  - Independent health advocates / health workers model could be applied. A role includes advocating on patients’ rights and needs e.g. if an asylum seeker with psychological needs is moved to a remote location with a very long waiting time for a Psychologist. Role could also include organising information sessions and psychosocial and psychoeducational activities.
  - Building faith and community leaders’ capacity to identify and address their communities mental health needs in respect of prevention, early intervention, and recovery supports within their socio cultural context.
- **Mental health needs of asylum seekers need to be addressed proactively** and with proper planning. This also requires the funding in the catchment areas where they are present in significant numbers for additional mental health sessions for this population given the complexities of their needs and for other human resources and project funding described above.

For more information please contact: Emilia Marchelewska, Emilia@cairde.ie, 018552111

ii ibid


v Murphy A, (April 2009), A survey of asylum seeker’s general practice service utilisation and morbidity patterns, The Irish Medical Journal, 102: No: 4

vi Mental health care utilisation and access among refugees and asylum seekers in Europe: A systematic review

vii Sara Bojarczuk Emilia Marchelewska, Marianna Prontera (2015) Ethnic Minorities and Mental Health in Ireland: Barriers and Recommendations

viii Ethnic Minorities and Mental Health: Guidelines for mental health services and staff on working with people from ethnic minority communities


Dear sir/medame,

I am a care assistant in Dublin and as such I am privileged to work with nurses and carers from all over the world, from South Africa to the Philippines, America and all corners of the globe.

It is my belief that moving towards the provision of citizenship in a timely manner, and in turn education, and employment would benefit the state in a countless abundance of ways. Until this becomes a realistic aim for the government, it is in our morale and at the very least economic interest to deprivatise direct provision and appoint a state body to provide adequate care and health services for those being imprisoned therein as well as access to basic education. To provide holistic nourishment to the incredible people who chose our fantastic country as a means to better themselves, improve their quality of life and to live in.

We have an opportunity to show leadership to the world in how to work with immigration in a way that benefits all parties.

If a person in direct provision gained access to study medicine, law, or a profession of their choosing they would then have the means to pay the state back incrementally.

Please take this opportunity to change Ireland and potentially the rest of the world for the better with both hands.

Thank you

Warmest regards

Patrick Carolan
“Carrickmacross Welcomes”
Submission to the Joint Oireachtas Committee on Justice, Defence and Equality
In relation to Direct Provision and the International Protection Process

1. Introduction
1.1. “Carrickmacross Welcomes” - who we are and what we do
1.2. Temporary Direct Provision Accommodation in South Monaghan 2018-2019

2. Temporary Accommodation in Direct Provision - Key issues
2.1. Legal status of Temporary Direct Provision accommodation
2.2. Access to Healthcare
2.3. Children’s Rights - Access to Education and Safeguarding
2.4. Access to Transport
2.5. Adequate and Culturally Appropriate Food
2.6. Access to Fair Procedures/ Complaints Resolution
2.7. Community Integration

3. Recommendations
3.1 Definition of “Temporary” - maximum time limit
3.2 Stronger contractual obligations for temporary accommodation providers
3.3. Assessment of needs of applicants prior to placement
3.4 Prioritisation of children’s rights and safeguarding
3.5 Stronger RIA inspection and liaison regime
3.6. Prioritisation of arrangements for healthcare and social welfare access
3.7 Avoid isolated rural locations
3.8 Local taskforce as per programme refugees
3.9 Information and education programmes for local communities
3.10 Improved planning and contracting
1. **Introduction**

1.1. **Who we are and what we do.**

1.1.1 “Carrickmacross Welcomes” is a diverse group of local people who came together in late 2018 out of concern at the situation of asylum seekers who were being accommodated locally in a variety of settings. We try to provide a range of assistance to meet the needs presented: to date we have distributed toiletries/sanitary products, assisted with transport, organised art and music workshops for children, arranged orientation sessions and provided help with navigating the system, accessing services and using complaints /redress mechanisms.

1.1.2 For the purposes of this submission we will focus on our observations of the particular issues arising from the use of private provider accommodation on an emergency/ temporary basis. Many of the issues mirror those facing the system of Direct Provision as a whole, but appear to be exacerbated by the lower standards and accountability required of temporary accommodation providers, the lack of oversight and the lack of access to redress, as standard complaints procedures do not apply.

1.1.3 We do not have the expertise to comment more generally on the operation of the International protection system, other than to note that many of the asylum-seekers we have encountered in temporary accommodation appear to have very limited understanding of the application process and their rights and obligations and are therefore at risk of not being able to ensure that their case is presented adequately and that they have full benefit of fair procedures.

1.2 **Emergency Direct Provision Accommodation in South Monaghan and area.**

1.2.1 In November 2018 a large group of approximately 80 asylum seekers, including families with young children, were moved into Treacy’s Hotel, outside Carrickmacross, on a temporary basis. Smaller groups were moved into Lisanisk House B&B in the centre of Carrickmacross, Lakehouse B&B, Dun a Ri Hotel Kingscourt and Lakeview House, Ballytrain. The Department of Justice’s contract for all these locations is with Trenthall Ltd, run by Seamus McEnaney. The Reception and Integration Agency (RIA) said in November that this was due to the housing crisis and that it was anticipated that these people would be moved to permanent accommodation “in the very near future.”

1.2.2 People we met were experiencing multiple problems with lack of information and access to public services, cramped accommodation (including unrelated adults being required to share double beds), unsuitable or inadequate food, inadequate provision of basic toiletries and rural isolation (dependence on service provider’s infrequent bus in to town). Residents of Treacy’s Hotel were being bussed to other hotels in Wexford and Ennis at weekends to accommodate pre-existing bookings in the hotel during the pre- Christmas period. Following representations a number of families with children and pregnant women were moved to permanent accommodation, mostly St. Patrick’s Accommodation Centre in Monaghan town.

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13 January 2019

2. *ibid.*
1.2.3. Locations of Temporary DP Accommodation Centres in the Region

Lakeview House - 13.9km to nearest town (Castleblayney)

Lakehouse B&B - 4.9km to nearest town (Carrickmacross)

Cluskey’s B&B - 8.4km to nearest town (Dundalk)

Treacy’s Hotel - 5.1km to nearest town (Carrickmacross)

Dún a Rí House Hotel - In town (Kingscourt)

1.2.4 On 3 January 2019, according to the Department of Justice, there were 236 people in temporary D.P. accommodation, 190 of which were in Co. Monaghan. In the first week of March 2019 all Treacy’s residents were dispersed to various locations, as we understand it mostly B&Bs and hotels in Co. Meath. We are not aware how many, if any have been moved to permanent accommodation. Also in March, at least 3 new locations near Carrickmacross opened: Lakehouse B&B, Cluskey’s Knockbridge and a second house in Ballytrain. Since then, some people have been transferred from Carrickmacross to other temporary locations including the Maldron Hotel at Newland’s Cross, Dublin 22, and more people have arrived in Ballytrain.

1.2.5. While it is difficult to keep track of movements, we can say with certainty that some of the people we know have now been in “temporary” DP accommodation for over 6 months. The consequences of this in relation to their living conditions are outlined in Part 2.
2. Temporary Accommodation in Direct Provision- Key issues

2.1 Legal status of temporary Direct Provision accommodation

2.1.1. Ireland is required by EU Directive 2013/33/EU to comply with certain minimum standards for the reception of applicants for international protection (more commonly referred to as “asylum-seekers”) The European Communities (Reception Conditions) Regulations 2018 (S.I. No. 230 of 2018) set out the standards required to comply with the Directive. These include material conditions i.e. relating to provision of food and board), information provision, house rules and complaints and appeals procedures.

2.1.2. Regulation 4 states that “A recipient shall...be entitled to receive the material reception conditions where he or she does not have sufficient means to have an adequate standard of living. This entitlement is subject to the requirement that the material reception conditions concerned be made available to him or her only at an accommodation centre that has been designated under Regulation & in respect of him/her and b) he or she complies with the house rules of the accommodation centre.”

2.1.3. “Accommodation centre” means a premises designated by the Minister in accordance with Reg. 7 but does not include a reception centre. “Reception centre” means a place at which a recipient is accommodated upon becoming a recipient but before an accommodation centre is designated under Reg. 7 in respect of him/her. To the best of our knowledge, none of the centres in the area have been designated either as accommodation centres or as reception centres. In the event that they were to be considered as reception centres there would be obligations regarding the provision of information, house rules and complaints mechanisms which to the best of our knowledge have not been fulfilled in many if not all of the locations.

2.1.3. Our understanding is that the South Monaghan/Cavan centres constitute alternative provision under Reg 7(5). Reg. 7(5) provides “the Minister may, exceptionally and subject to paragraph (6) provide the material reception conditions in a manner that is different to that provided for in these Regulations where-

a) An assessment of a recipient’s specific needs is required to be carried out, or
b) the accommodation capacity normally available is temporarily exhausted.”

Paragraph (6) stipulates that this temporary provision must be a) for as short a period as possible and b) meet the recipient’s basic needs.

2.1.4. As stated above, we aware of a significant number of cases where people have already been in “temporary” accommodation for 6 months. Further guidelines as to acceptable time periods are urgently required to avoid people remaining in substandard and poorly regulated accommodation indefinitely.

2.1.5 Under the Reception Conditions 2018 the Minister is obliged, within 30 days of a person making an application for international protection, to assess whether they have “special reception needs” and make arrangements to meet these. Vulnerable people include minors, pregnant women, single parents, victims of human trafficking, people with serious illnesses, people with disabilities, people with mental disorders and survivors of torture, rape or other serious violence. There did not appear to be any effective assessment process in place for the people we came in contact with. Certainly several pregnant women and lone parents were left in temporary accommodation for well over 30 days, and we have no way of knowing how many other people with less apparent vulnerabilities went undetected and unsupported.
2.1.6 Without adequate inspection and assessment of the accommodation prior to placing people there, and without robust assessment of needs of individuals prior to placement, there is no guarantee that temporary accommodation will in fact meet recipients’ basic needs. We outline below a number of the areas where particular problems have arisen.

**Case Example 1 “Basic needs”**

In the first weeks of our group dealt with people in great distress due to the manner in which they had been allocated accommodation with no consideration of their basic needs and dignity. Examples include:

- Man with no change of clothes for a number of weeks because luggage was kept - impossible to identify which agency had it;
- Woman without luggage was left with her baby and a baby bag with only a few nappies and dumped in a B&B for over a week with no money for baby formula; had to get a local politician to provide emergency supplies;
- 3 adult men, strangers to each other, accommodated in room with one single and one double bed (at a cost of €79 per person per night);
- Took a number of weeks to get Community Welfare money processed;
- No English classes until Monaghan Integrated Development intervened to provide some after a number of weeks;
- B&B - originally told they would have these tenants of 2-3 nights : proprietor not in any way prepared or equipped to deal with their needs over a longer period;
- No activities or safe play spaces for children in most centres.

2.2 Access to Healthcare

2.2.1 A contracted G.P. service was provided for those in Treacy’s and Lisanisk., however it was not available to residents in other centres and finished in March 2019. The accommodation provider has consistently stated that it is not in his contract to assist with such matters.

2.2.2 Carrickmacross Welcomes assisted with many applications for medical cards but all of these were returned as applicants were unable to find a G.P. willing to sign due to the crisis of resources in General Practice. There is currently no practice in Co. Monaghan with the capacity to take on extra patients\(^3\). Two of the three G.P. practices in Carrickmacross have refused to even give refusal letters. Within the last week (May 2019) we have hear that the HSE has finally started to assign applicants to G.P. Some of the residents have been here 6 months without access to healthcare other than through A&E.

2.3 Children’s Rights – Access to Education/ Safeguarding

2.3.1 The Reception Conditions Regulations 2018 are clear that the best interests of the child must be the primary consideration in the application of the Regulations (Reg 9(1)) and that “a recipient who is a minor shall have access to primary and post-primary education in a like manner and to the like extent in all respects as a minor who is an Irish citizen” (Reg 17(1)). In our recent experience this is sadly very far from being the case. If an Irish citizen child were absent from school for 6 weeks, statutory authorities and

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support services would undoubtedly be involved. Unfortunately many of the children we encountered were in this position, through no fault of their families.

2.3.2. In standard Direct Provision accommodation centres the service provider has the responsibility of assisting with obtaining medical cards, registering with a G.P. and enrolling children in school. None of these apply to “emergency” contracts and the provider has consistently refused to assist.

2.3.3. There were a significant number of school age children in Treacy’s Hotel and some of the other B&Bs from November to January. Most of them were moved to other “emergency accommodation” in February. We do not know their current situation.

2.3.4. We are anecdotally aware that Treacy’s may have plans to resume Direct Provision accommodation for families after the current tourist season is over and are very concerned that the situation will repeat itself unless measures are taken in advance to ensure that children will have access to education at an early stage. Education and health services in the area are already overstretched.

2.3.5 One of the specific concerns in Treacy’s was the fact that small children, sometimes in their night clothes were present in busy public areas (e.g. going to the bar to get a drink of milk). In other locations, young families were sharing bathroom facilities with a large number of single men (see below case example 2).

2.3.6. A number of individual cases were raised as queries with Tusla over child protection concerns. However when Treacy’s ended its contract in March, many of the families were transferred to other temporary accommodation in Meath and Cavan and may have lost contact with services and supports which had been put in place.

Case Example 2: “My son is crying because he can’t go to school with other children.”

Lakeview House Ballytrain is a guesthouse beside a pub. There are no amenities within walking distance and no outside space apart from a potholed gravel carpark. In January the house was occupied by 15 single men and one family: mother, father, 6-year-old boy and 2-year-old girl. The family shared one small bedroom. There is one bathroom which is shared by all the occupants of the house. There was nowhere for the children to play and no contact with other children. The only opportunity to leave the guesthouse was the bus in to Carrickmacross at 2.30 every day for lunch in the service provider’s restaurant, returning at 4.30. This left very little time for the family to go to the playground or access any other services in town. The family felt unsafe in their accommodation. The 6 year old was constantly asking his parents why he wasn’t allowed go to school or meet other children. This family were in Lakeview for 8 weeks before being moved to a family unit in St. Patrick’s Accommodation Centre in Monaghan town where the 6 year old was finally enrolled in a local school.

2.4 Transport

2.4.1. Those locations which are outside the town are particularly affected by lack of transport. It took 3 months of lobbying to get an adequate bus service provided from Treacy’s Hotel. Current isolated locations include Donaghmoyne B&B, Cluskey’s B&B, and in particular the 2 houses in Ballytrain/Shantonagh, which are approx. 10km from the nearest town and not on any public transport route.
2.4.2 There are roughly 20 residents in the 2 houses in Ballytrain/ Shantonagh. The accommodation is beside a pub, but there is no shop or other public amenity within walking distance apart from a part-time post office. A bus comes at 2.30pm every day to take the residents to the Fiddler’s Elbow Restaurant in Carrickmacross (also run by Mr. McEnaney of Trenthall Ltd), where they get their main meal from the carvery, at the end of normal lunch service. The bus leaves Carrickmacross at 4.30. There is no other bus.

2.4.3 Any other travel needs such as legal or medical appointments must be met by asking the owner of Lakeview House to arrange transport. This is provided by a family member of Mr. McEnaney who drives the resident to a bus stop (and is presumably reimbursed by R.I.A.) Residents in any of the locations outside of Carrickmacross have no opportunity to attend religious services, take up volunteering opportunities or access any of the free educational opportunities available due to the absence of transport.

2.4.3. Residents in all the local centres who need to travel to Dublin or elsewhere for medical or legal appointments must buy their own bus tickets and submit them to Mr. McEnaney for subsequent reimbursement. This can take some time. This system creates enormous pressures on residents who have to manage on €38 per week and may have numerous essential appointments as part of the process of applying for international protection.

2.5 Adequate and Culturally Appropriate Food

2.5.1 From the outset, repeated concerns have been raised with Treacy’s Hotel and with Mr. McEnaney about the food. No halal or quality vegetarian food has been available from the outset up until time of writing. There are a number of Muslim residents, a vegetarian and also a number of African members of Christian denominations who do not eat pork. Initially Treacy’s Hotel claimed that they were meeting their needs by serving fish every day. RIA stated that this was unacceptable but no alternative provision was made.

2.5.2 For the rest of the recipients, their main meal was and is provided in Mr. McEnaney’s restaurant, The Fiddlers Elbow, on Carrickmacross Main Street. Recipients arrive at the end of “normal” lunchtime and are made to go to an upstairs room, segregating them from the general clientele. The food is served from a carvery bench where pork and other meats are beside each other and the residents report that the same knife is sometimes used for both. The carvery arrangements mean that many of the residents feel unable to eat any of the meat.

2.5.3 Outside of the main meal, the quality and quantity of food varies between the different B&Bs. Some residents have reported inadequate quantities of basic food for breakfast and evening meals, including out-of-date bread and rotten fruit.

2.5.3 An official complaint about the lack of halal food was made to R.I.A. on 3 March 2019 after Mr McEnaney told a Muslim resident he had no responsibility under the contract to provide halal food. The matter is currently with the Ombudsman as R.I.A. have failed to respond.

2.6. Access to Fair Procedures/ Complaints Resolution

2.6.1 Many of the issues outlined above are common to the majority of Direct Provision accommodation centres. However, residents in temporary/emergency centres are at the mercy of unscrupulous providers
whose contracts with the Department are less onerous than those of permanent centres. In addition while access to mechanisms to resolve issues which arise is problematic in the system as a whole, it is exacerbated in temporary centres which do not appear to be required to provide house rules / complaints procedures.

2.6.2 S.I. 230 of 2018 permits the Minister to make house rules in relation accommodation and reception centres with the objectives of “ensuring the quiet and peaceful enjoyment by persons accommodated ... of the facilities available” and/or ensuring the security of the accommodation centre (Reg25(3)). None of the residents known to us have received copies of house rules or complaints procedures, with the exception of the following document which was issued by Treacy’s Hotel in March 2019. As far as we are aware, this was an initiative of Treacy’s without the approval of R.I.A. – they would certainly not appear to reflect the objectives set out in Reg 25(3).

Case Example 3: Wearing flip-flops could result in loss of your accommodation

MEMO

We are very happy that you will remain in Treacy’s longer than expected and we would like that as you are some of the few guests remaining in the hotel that you follow the hotel policies:

NO smoking in the rooms or you will face €150.00 fine.

Proper dress code required. Due to the number of Public Custom (sic) we are due to receive over the coming months we ask that when you leave your rooms you dress respectfully, this means no pyjamas, slippers, flip flops etc. Please ensure you wear your hoods down and are dressed in proper dress when not in your room.

Please keep the room hygiene to a high standard.

As you will no longer be eating from the carvery counter we ask you are down to lunch between 1pm and 1.15pm and dinner 6pm and 6.15pm unless told otherwise by a member of staff so we ensure all orders are passed to the kitchen at the same time.

If anyone does not wish to adhere to these rules they will be removed from the hotel premises permanently.

Kind regards

Management

2.6.3 The Ombudsman has commented on the issue of fear of complaint persecution. “This is where residents are reluctant to identify themselves as the source of complaints or to complain at all... for fear of being punished or in some way singled out for having complained.” He also commented that this fear was

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4 Transcript of memo issued to residents by Treacy’s Hotel and photographed on 8 March 2019. Emphasis as in original.
expressed more frequently in the newer centres and that it seemed to be a greater issue for the newly-arrived, for a number of possible reasons\(^5\).

2.6.4 We have had reports of a resident being admonished by the B&B management for referring another resident to our group for support with paperwork. We have also had a report of a resident who initiated a formal complaint being subject to verbal aggression when the service provider became aware that the resident had contacted RIA. Several residents have reported that when they have raised the issue of food quality with serving staff they have been urged not to “cause trouble”. Residents have also reported that they have decided not to complain after having witnessed someone who did receiving smaller portions or being moved to a worse room.

2.6.5 While the Ombudsman states his staff did not find any actual evidence of residents being actually disadvantaged as a result of complaining, he was clear that the fear was real and an inhibiting factor in having issues addressed. The absence in emergency accommodation of a requirement to make available house rules and information about the right to complain- and the publication of one-sided rules with draconian sanctions as per the example given- can only intensify the culture of fear and the feeling that the service provider reigns supreme, at a point when people are newly arrived and particularly unsure and vulnerable.

2.6.6. It is important also to state that there is also an issue around access to fair procedures in relation to international protection. Many of the residents we have met were unaware of the Legal Aid system and the need to apply for Legal Aid, resulting in some of them filling in questionnaires and attending first interviews without having obtained legal advice or representation. The lacuna in emergency accommodation in relation to provision of information and support creates the risk that the integrity of the international protection system will also be compromised, to the detriment of the most vulnerable applicants.

2.7 Community Integration

2.7.1 We are aware that, in most cases, people in the “temporary” accommodation system are confined to their living quarters and even while dining are segregated from members of the local community. Such segregation is detrimental to wellbeing and has to potential to breed increasing distrust and xenophobia amongst local populations. Many of our towns and villages pride themselves on their community spirit and openness. We believe that if given adequate information and opportunity, most would happily engage with asylum seekers groups in an effort to welcome them to the area.

2.7.2 Carrickmacross is a small rural market town with a population of 5036, according to the 2016 census. In the last decade it has accommodated several groups of Congolese and Syrian programme refugees and recently a large group of Roma families has moved to the town. Education, health and social inclusion services in the area are already at capacity. If services are not adequately planned and resourced, and in the absence of awareness and integration initiatives, it should be no surprise that the arrival of newcomers becomes a cause of tension and scapegoating ensues.

2.7.3 Some of the work of our group to date has been to link certain local services and organisations with the local asylum seeker groups such as libraries, doctors, children’s playgroups and politicians to name but

\(^5\) The Ombudsman and Direct Provision: An Update for 2018 (Office of the Ombudsman, 2019) p9
a few. Perhaps these entities should be making contact directly with asylum seekers in future, to further promote integration. (See also Recommendation 3.8).

3. Recommendations

3.1 Definition of “Temporary”- maximum time limit

Reg 7(6)(a) should be amended to stipulate a maximum period of time for which the Minister may rely on Reg. 7 (5) (b) to provide accommodation other than in an accommodation or reception centre.

3.2. Stronger contractual obligations for temporary accommodation providers

Newly arrived international protection applicants are entitled to have their basic needs met. A contract for temporary accommodation should not absolve accommodation providers from responsibilities to ensure that recipients have access to their basic human rights at this critical stage. Assisting with access to legal aid, education for children of school age, PPS numbers and medical cards/health care and provision of adequate accommodation and culturally appropriate food should be part of all contracts for direct provision accommodation. (See also Recommendation 10)

3.3. Assessment of needs of applicants prior to placement

Applicants should be assessed for “special protection needs” at point of entry to the system and vulnerable applicants should not be assigned to accommodation where their needs cannot be met.

3.4 Prioritisation of children’s rights and safeguarding

In accordance with the Reception Condition Regulations, child welfare should be prioritised and arrangements should be put in place to ensure that children do not miss weeks of education. Accommodation should be assessed in advance for child protection issues. Children should not be left without activities or safe spaces to play.

3.5 Stronger R.I.A inspection and liaison regime.

R.I.A should ensure prior to placement that the centre is capable of meeting the basic needs of its residents and should liaise with residents regularly and with proper interpretation arrangements in place to ensure that basic needs are being met.

3.6. Prioritisation of arrangements for healthcare and social welfare access

Delivery of healthcare, either by providing extra resources to local G.P.s or contracting G.P. services on a temporary basis should be prioritised. There should be an identified agency, whether R.I.A. or the accommodation provider, with responsibility for ensuring that people are entered into the health and social welfare systems in a timely manner.
3.7  Avoid isolated rural locations

Nobody should be unable to access basic services due to lack of transport. Ideally isolated rural locations should be avoided altogether but at a minimum, the contract should include an obligation on the service provider to provide a minimum of 2 bus services a day to centres which are not within walking distance of a town.

3.8  Local taskforce as per “programme refugees”

Local taskforces should be established, ideally prior to placement, but in any event as soon as possible, in order to resource and co-ordinate integrated service and information provision, as was done previously in Carrickmacross with the Syrian and Congolese programme refugees.

3.9  Information and education programmes for local communities

An awareness of the asylum process should be promoted through local and national authorities to educate the public on the difference between refugees and asylum seekers, as well as our UN obligations. Anti-racism training and seminars should be widely programmed both in workplaces and in public spheres. Local clubs, organisations, charities and churches should be encouraged by county councils to have an outreach programme for asylum seekers in their area, thus promoting community integration. Any club, artist, shop, business, educational body, public service provider or community in the area should be encouraged to work with and on behalf of asylum seekers in their area by, for example, running specific events aimed at welcoming migrants to their area. Provision of English language classes should be prompt, inclusive and efficient. A website containing local orientation information should be created per county, allowing users to translate the information into their native language, somewhat like the Canadian model.6

3.10  Improved planning and contracting

Most of the above issues could be avoided entirely if planning for direct provision was integrated with general housing policy and provided by organisations with a genuine interest in the welfare of the people using the system rather than by private service providers focused exclusively on profit. We endorse the view of the Irish Refugee Council that responsibility for direct provision accommodation should be shifted from the Department of Justice and incentives provided for not-for profit providers to enter the market.7

6  https://settlement.org/
7  https://www.irishtimes.com/opinion/what-are-the-alternatives-to-our-broken-direct-provision-system-1.3790078 12 February 2019
Submission to the Committee on Justice and Equality on the system of Direct Provision

Executive Summary

The system of Direct Provision is a gross failure on the part of the Irish State to care for people seeking asylum in Ireland. In this submission I will look at some of the human rights abuses inflicted on these people, their living conditions, the hygiene and safety of the children living there, and I provide examples of the impact Direct Provision has had on adults and children living in Direct Provision in Galway that the Committee may not have seen before. I make recommendations in conclusion including the abolition of the system of Direct Provision.
Submission to the Committee on Justice and Equality on the system of Direct Provision

The system of Direct Provision is another stain in the Irish State’s record on human rights abuses. It institutionalises human misery for a profit making industry. I have no expertise in the area but I have been following developments in Direct Provision since its inception. My earliest memory of Direct Provision is a woman dying from malnutrition in Galway around 2000. Since then scores more have died.

As you will know, this system is now 20 years old, was established without a statutory basis, and is not fit for purpose. Families are spending years living in single rooms, in cramped, unsanitary conditions with no proper facilities. People in direct provision are not allowed to cook, they must eat whatever they are given, and must adhere to strict mealtimes or miss that meal altogether.¹

Children have no proper play facilities and are forced to play in corridors. Parents of babies and toddlers have no option but to heat baby food and bottles in bathroom sinks as they are not allowed access to kitchens. In 2014 One mother in Galway had spent 6 years in one room with her children, who at that time ranged in ages from 4-15 years old. The needs for even the most basic privacy within families are not being met. I have heard children, who have spent most of their lives in direct provision, describe being bullied for living in a hostel, and describe the system they are trapped in as an open prison. These children have committed no crime; they are simply the children of asylum seekers.²

By July 2017 44 people had died in Direct Provision. The Department of Justice did not know the cause of death in 1 in 3 of these cases.³

¹ https://www.irishtimes.com/life-and-style/health-family/stand-up-for-the-right-to-cook-1.1776457#.U1-FR7-20Eg.twitter
There is an attitude of dehumanising psychological treatment of people held in Direct Provision by management. Here is one example: in Mount Trenchard management organised to shoot cats and kittens that people held there had become attached to.4

Direct Provision is a massive profit making industry. In this article which breaks down some of the fees paid to these private prisons is the following passage: "In April of last year, a circuit court judge approved a €8,000 payout to two children who sustained bed bug bites during their stay in June 2013 at a Dublin hostel, the Georgian Court Hostel of Lower Gardiner Street owned by Fazyard Ltd."5

The system of Direct Provision, as well as by definition being institutionally racist itself, is now providing a focal point for the Irish far right. By concentrating people seeking asylum into institutions the Irish State is providing bricks and mortar targets for dangerous racists. There is evidence of international figures from the alt-right coming to Ireland and visiting the sites of new Direct Provision centres to foment racist tensions among local people. There have been several arson attacks on a new Direct Provision centres in Moville and Rooskey.6 Rooskey was abandoned after these attacks.

The state, through its tardiness in processing asylum applications, is forcing people into poverty. There are huge ramifications on mental health, education, and potential for abuse given the mixed ages, sexes and proximity.

It is worth reading the following 2014 article from the now-defunct Galway Independent:

Children as young as 11 have expressed thoughts of suicide because of the living conditions within the direct provision system.
Irish Refugee Council CEO, Sue Conlan told a public meeting in the city on Friday that, in the past month, she has learned of three asylum seeker children aged between 11 and 17 who have decided that "life is not worth living". Addressing a crowd of around 200 people in the Menlo Park Hotel, Ms Conlan called on the new Minister for Justice, Frances Fitzgerald to meet with the parents of the three children as a priority.
The two girls and one boy are from three separate families and live in two direct provision hostels, one of which is in Galway.
Ms Conlan explained at Friday’s meeting that she had rescheduled a flight to Germany to see her new grandchild in order to attend the event - that is how imperative she feels it is to highlight the inhumanity inherent in the direct provision system.

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4 https://twitter.com/MT9466/status/1062325063859556358
“Direct provision isn’t simply about the system of accommodation and supports, it’s not just about an allowance of €19.10 for an adult and €9.60 for a child, it’s not just about the inability to work, the inability to study beyond FETAC Level 4,” said Ms Conlan.

“It’s about a system that actually…disregards the fact that we have people living in Ireland being denied their very basic humanity.”

She said that asylum seekers in Ireland are “living in limbo” within a system that was considered “ineffective and considerably damaging” a decade ago, when Ireland choose to opt out of the EU Reception Conditions Directive, which grants asylum seekers the right to work after a certain period.

Direct provision should not only end, she said, but it should be recognised that we have a responsibility to those who enter the country seeking international protection to include them in their local community from the moment they arrive.

It is impossible for anyone not living within direct provision to understand exactly what it means, said Ms Conlan, adding that, while she and her colleagues hear some of the realities, “there is so much we don’t yet know, and that is still to come”.

Welcoming the appointment last week of Minister Fitzgerald, Ms Conlan said the former Children’s Minister had previously indicated support for the Irish Refugee Council’s efforts to end the current “degrading and dehumanising” system of direct provision.

She said she hopes that the new Minister would keep her promises, “unlike Alan Shatter, who made similar statements while in opposition”.

Representing the city council at Friday’s meeting, Deputy City Manager, Joe O’Neill said the idea that people would have to wait more than a year, never mind seven years or 12 years, for their asylum application to be processed is just not satisfactory. “There’s no way that can be defended in this day and age,” he said.

Sinn Féin Senator Trevor Ó Clochartaigh, meanwhile, said that local Oireachtas members would be seeking a meeting with Minister Fitzgerald and suggested that Galway could lead the way in campaigning against direct provision, and for the introduction of a more humane system.

‘We have something to give to Ireland’

Asylum seekers have much to contribute to Galway and to Ireland, but are not being permitted to do so by being denied the right to work and further education.

Speaking at Friday’s public meeting on direct provision, one Eglinton Hotel resident said that the city’s asylum seekers are talented and educated, with lawyers and musicians among them.

“What are we doing with our talent that God has bestowed unto us? We are burying it by not allowing us to work, to do anything. We want to contribute to this great Ireland, to Galway,” she said.

Pointing out that her dress had been made by another resident in the Eglinton, as was her necklace, and a scarf, she added that her hair was styled by another resident, and she herself had made the spectacular three-tier cake complete with maroon and white icing that formed the centrepiece of Friday’s meeting, which was organised by the Intercultural Galway Consortium.

She also said that many asylum seekers came to Ireland to ensure their children’s future, adding she sees “great potential” in her own children.

She recounted one particular day when another resident at The Eglinton received documentation permitting them to remain in Ireland. Her four-year-old asked whether they
were leaving The Eglinton too. When she explained that they were waiting for their papers, the youngster brought her some paper, gave it to her and said, “Mummy take it and let’s leave.”

“That day I cried,” she said. “I cried, I looked at the four corners of the room and I cried. Please, great men of Ireland, great women of Ireland, help us prove ourselves. We have something to give to Ireland.”

‘No child should feel left out’

“I feel like a Galway girl,” said an 11-year-old who lives with her sister, pregnant mother and father in one room at The Eglinton Hotel, Salthill.

In a video screened at Friday’s public meeting on direct provision, the young asylum seeker said she has no privacy, and is embarrassed to tell friends where she lives.

“No child should feel left out,” she said, saying her friends outside the hostel have their own rooms, and the freedom to choose what they want to do, like bringing friends over. All she wants is to “have a normal life, like the other Irish kids”.

Another contributor to the video, a 16-year-old girl, compared the direct provision system to an “open prison”, where residents cannot even plan or cook their own meals.

Asylum seekers are not entitled to free access to third level education and would instead be required to pay full fees, impossible on a €19.10 per week allowance. But this 16-year-old wants to go straight to college, get her own place and job and learn to help herself and “not be helped”.

Another 17-year-old Leaving Certificate student, who has been in Ireland for four years, said she believes that living in the stressful environs of a hostel is affecting her studies.

“I don’t see the point of studying sometimes because I don’t know if I’m going to go to college next year…but I still try my best,” she said, adding that she wants to be a nurse.

“Hopefully I’ll be in a hospital, helping people, because that’s what I like to do, I like to help people.”

Half of her friends don’t know she lives in a hostel, because she fears they would look down on her, having previously been bullied because of where she lives. ?

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I attended an event in 2014 in Galway organised by Intercultural Galway Consortium and supported by Irish Refugee Council. I’m going to reproduce my tweets from this event in screenshots.⁸

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Allan @CAoMhanach · 9 May 2014
Living in Limbo Galway: #directprovision

“My son aged 13 years said he’d stopped caring about life since he came into the hostel”
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Allan @CAoMhanach · 9 May 2014
"After 14 years #directprovision utterly broken, asylum seekers flee one life of horror to another’ #limbogalway
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⁸ Links to most of these tweets can be found at https://twitter.com/ACaomhanach/status/1134375988199120896
This is the turnout at #livinginlimbo #directprovision asylum seekers, councillors, city officials & Guards here.
Allan @ACaomhanach · 9 May 2014
Home for five people for six years, mother & kids 4-15 years. #directprovision #livinginlimbo

Allan @ACaomhanach · 9 May 2014
"No control over what I eat or when I eat. I am a 46 year old man."  #directprovision #livinginlimbo

Allan @ACaomhanach · 9 May 2014
"If they deport me and I am killed at least then I'll have my dignity."  #directprovision #livinginlimbo
Allan @ACaomhanach · 9 May 2014

There are no kitchen facilities at night. Parents use bathrooms to heat bottles. #livinginlimbo #directprovision
Allan @ACAomhanach · 9 May 2014
“The only thing that kept me sane was immersing myself in writing.”
#directprovision #livinginlimbo

Allan @ACAomhanach · 9 May 2014
Speaker lived in single room 10x10 metres with wife & 2 children. was in
#directprovision #livinginlimbo

Sarah Ní Ríain liked

Allan @ACAomhanach · 9 May 2014
In case you’re wondering I’m tweeting from a public meeting on
#directprovision, Living in Limbo, Galway. #livinginlimbo

Allan @ACAomhanach · 9 May 2014
This year, 3 children 11-17 years old “decided life wasn’t worth living”. One of
these children in Galway. #directprovision #livinginlimbo

Allan @ACAomhanach · 9 May 2014
Ireland chose not to opt in into EU directive on treatment of asylum seekers.
#directprovision #livinginlimbo
Allan @ACAomhanach · 9 May 2014
“I told my kids we needed papers to leave this place. They took paper from their bags and said here, let’s go!” #directprovision

Allan @ACAomhanach · 9 May 2014
“We have talent. Look at my dress. Look at my necklace. Look at my hair. Someone in Eglinton made these!” #directprovision #livinginlimbo

Allan @ACAomhanach · 9 May 2014
“We come here for a purpose. We come here for protection. We leave our families and friends behind.” #directprovision #livinginlimbo

Allan @ACAomhanach · 9 May 2014
Speaker reading his prose that kept him sane. internal monologue about sleeping in but needing food for antidepressants. #directprovision

Allan @ACAomhanach · 9 May 2014
Breakfast 8-10 am. Sleep in you miss breakfast. #directprovision #livinginlimbo eating for eating’s sake.
Allan @ACaomhanach · 9 May 2014
"It's like living in an open prison." That's a teenager who's committed no crime speaking folks. #directprovision #livinginlimbo

Allan @ACaomhanach · 9 May 2014
"I've been bullied because I live in a hostel." #directprovision #livinginlimbo

Allan @ACaomhanach · 9 May 2014
"Living in a hostel affects my study. My friends don't know because I'm scared they'll look down on me." #directprovision #livinginlimbo

Allan @ACaomhanach · 9 May 2014
Video of kids living in #directprovision now. Many of them born into it, living whole lives in one cramped room. #livinginlimbo

Allan @ACaomhanach · 9 May 2014
"Often the questions we are asked are the things we don't want to remember. When we tell them, we are called liars." #directprovision

Allan @ACaomhanach · 9 May 2014
"Called for interview for college. Told no way in when they found out I was asylum seeker, unless I paid €10k p/a." #directprovision

Allan @ACaomhanach · 9 May 2014
Video ends: "I feel like a Galway girl." #livinginlimbo #directprovision

Allan @ACaomhanach · 9 May 2014
Another teenager living in one room with 4 other family members inc. parents. Just picture your own family in that. #directprovision
Outside of preschool hours children must play in corridors. No other facilities.
#directprovision #livinginlimbo
“He’s a teacher, she’s a nurse, she’s a technician, he’s a farmer.... But they are rotting away in the hostel”
NO PLACE TO CALL HOME

#directprovision #livinginlimbo
No Home!

by Tara
Ireland has a history of debasing the vulnerable by institutionalising them and pretending not to know what is going on. Enda Kenny made a commitment that the likes of the Magdalene laundries would not happen again. And yet, here we are failing a generation of children who we have forced into institutional living because their parents have fled persecution. In 10 or 20 years, some taoiseach will address the Dáil about the scandal of direct provision, and perhaps tearfully apologise to a lost generation. But there can be no claim that we did not know what was happening.

The system of direct provision needs to be wound up as a matter of urgency. It is not sufficient to reform the system because these abuses will continue. My own recommendations would be

● Scrap Direct Provision
● Full access to labour market for asylum seekers
● Access to 3rd Level Education for asylum seekers
● Full access to social welfare benefits
● Applications processed in no longer than 6 months
● Applications handled with sensitivity and a presumption of truth
● Automatic refugee status for anyone waiting a year for processing
● An amnesty for all current asylum seekers granting them full refugee status

9 https://www.thejournal.ie/full-text-enda-kenny-magdalene-apology-801132-Feb2013/
The State must work with residents and their advocacy groups to come up with an alternative system that allows the basic standard of living that human beings deserve. Reforming Direct Provision is simply reshuffling the deck chairs on Ireland’s failed human rights obligations. It is a barbaric, degrading, dehumanising system we have allowed to fester for 20 years, for the entire lifetimes of many of these incarcerated children. Their trauma will echo down through the years, the worse that we could done something about it.
Submission to the Oireachtas Committee on Justice & Equality on Direct Provision and the International Protection Application Process

May 2019

Centre for Criminal Justice & Human Rights (CCJHR)
School of Law, University College Cork

SUMMARY OF RECOMMENDATIONS

1. Oversight and Monitoring Mechanisms
   (a) As provided for in the Refugee Act 1996 (as amended), the Refugee Advisory Board should be established.
   (b) The terms of reference of the Refugee Advisory Board should be reviewed to ensure they provide oversight and monitoring of both the international protection application process and high level oversight of the Reception and Integration Agency (RIA) and the reception conditions for protection applicants.
   (c) In the immediate term, HIQA should be provided with the authority, resources and specialist training to conduct unannounced, independent inspections of all accommodation centres housing protection applicants.
   (d) The Office of the Ombudsman should be provided with the authority, resources and specialist training to accept individual complaints regarding both the living conditions and the international protection application process.
   (e) The Special Rapporteur on Child Protection should continue to have the ability and resources to investigate risks to child protection arising from the international protection application process and children’s living conditions.

2. International Protection Application Process
   (a) A timeline should be introduced and applied that indicates at each point that an asylum applicant can expect to receive a response.
   (b) Increased resources should be provided to the Refugee Legal Service and the Legal Aid Board to ensure that all asylum seekers have adequate access to legal representation.
   (c) There must be greater priority given to ensuring that asylum seekers have received adequate legal advice prior to both the completion of their asylum questionnaire and the initial interview taking place. If an asylum seeker has not received adequate legal advice prior to either of these stages, this should be noted in the IPO decision.
   (d) Legal representatives on behalf of asylum seekers should be present for the initial interview, caseworkers could potentially present at initial interview stages if solicitors were not available.
   (e) There should be a screening and regulatory process invoked before interpreters are assigned to cases.
   (f) Asylum seekers should have improved access to medical and evidential reports. This requires sufficient resources to be put in place for the relevant support services, such as those provided by non-governmental organisations like Spirasi.
Drawing on previous Irish Refugee Council recommendations, it can be argued that, “To guard against erroneous decisions, interviews at first instance should be conducted by two or more authorised officers ... The determination of the applicant’s claim should be based on the recommendations of those officers. This would bring all decision-makers ‘face-to-face’ with the applicant and would be in accordance with best practice elsewhere (e.g. Canadian refugee determination system).”

More resources are required so that the initial decision-making can move away from a system of pay-per-case for IPO caseworkers/adjudicators, as such a system can create a negative incentive for IPO adjudicators to make expeditious decisions.

International protection interviews should be audio recorded to ensure accuracy, transparency and accountability.

3. Reception Conditions

(a) Not-for-profit model: There is a need for a humane reception system, based on a not-for-profit model and learning from good practices in other countries. The specific requirements for this model should be planned and developed in partnership with asylum seekers and community groups, non-governmental organisations and the local communities. However, at a minimum, such a not-for-profit model should include:
   i. Comprehensive on-site supports and access to information for all residents, including language, social and cultural activities, and access to education.
   ii. A move away from large congested centres to smaller units. For example, the state could proactively develop self-contained centres, such as in Portugal which include the necessary supports on-site, which would be managed on a not-for-profit basis.
   iii. A clear statutory recognition that protection applicants should stay in communal residences for as short a time as possible, based on each individual’s specific needs and potential vulnerabilities, for example drawing on the Portuguese two-stage model of short-term communal residence centres, followed by the right for applicants to access private rental accommodation and the right to work.

(b) Support mechanisms: A comprehensive set of support mechanisms and personnel should be in place to assist all applicants, at a minimum those set out in the recast Reception Conditions Directive, including:
   i. A vulnerability screening of applicants by suitably qualified staff should occur as early as possible and applicants should be provided with access to psychologists and adequate mental health services, as appropriate.
   ii. A maximum 4 weeks wait for medical/psychological testing and reports. Assistance must be available from arrival, regardless of the issuance of a PPS number.
   iii. Staff tasked with running reception centres should undergo comprehensive vulnerability and trauma training.
   iv. Support workers and liaison officers, qualified in social science or a relevant discipline, should be employed and assigned to reception centres and applicants to assist with social inclusion and with transitioning once applicants are recognised as a refugee or are granted leave to remain.
   v. The Temporary Residence Certificate (TRC) should be replaced with an Irish Residence Permit (IRP)-style card that includes the relevant right to work permit and will be accepted as valid ID for bank account and driving license purposes.
Submission to the Oireachtas Committee on Justice & Equality on Direct Provision and the International Protection Application Process

May 2019

This submission will focus on three areas of reform, namely:

- The establishment of the Refugee Advisory Board and related independent monitoring and complaints mechanisms;
- The international protection application process;
- Reception conditions.

Introduction

The Centre for Criminal Justice and Human Rights (CCJHR) welcomes the opportunity to input into the Committee on Justice and Equality’s review of direct provision and the international protection application process.\(^1\) The CCJHR was established in 2006 as a research centre within the School of Law, University College Cork (UCC). The CCJHR’s objectives are:

- To pursue innovative and interdisciplinary research into crime, justice and human rights and to produce scholarship of excellence in these fields;
- To engage with and contribute to debates on law reform and policy development at national and international levels;
- To develop innovative legal education, capacity building, training and outreach programmes;
- To foster a community of researchers in the field of crime, justice and human rights and to provide opportunities for postgraduate students and new career entrants.\(^2\)

The CCJHR has extensive experience in researching asylum and protection issues in Ireland, and working with academics, policy-makers and practitioners on domestic and international refugee law. Specifically in the context of this submission, in 2017 the CCJHR and Nasc, the Migrant and Refugee Rights Centre, received funding from the Irish Human Rights and Equality Commission to host a major conference in UCC on direct provision entitled “Beyond McMahon: The Future of Asylum Reception in Ireland”.\(^3\) Dr Bryan McMahon provided the keynote address, and a wide variety of perspectives were included within the conference, as evidenced by the subsequent joint Nasc and CCJHR publication: Beyond McMahon: Reflections on the Future of Asylum Reception in Ireland which was launched in December 2018.\(^4\) Of particular note, the conference included presentations from the

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\(^2\) For more information on the work of the CCJHR, please visit our website at: [www.ucc.ie/en/ccjhr/](http://www.ucc.ie/en/ccjhr/)


Scottish Refugee Council and the Portuguese Refugee Council setting out how two comparably-sized European countries have provided supports for asylum and protection applicants.

As in any policy area, we have to be aware of the resource constraints within which state agencies and decision-makers are working, as well as the broader homelessness crisis that is impacting so many families and individuals. It is also especially important to acknowledge the positive support provided by many local communities to residents in direct provision centres. In deciding the most appropriate reception and application procedures, it is essential to genuinely listen to and engage with the concerns and challenges faced by persons living in direct provision centres across Ireland.5

Based on our practical experience and academic analysis, two central issues must be highlighted: i) the duration of time that many people currently spend in direct provision; and ii) the type and quality of accommodation, which is currently based on a for-profit model, which protection applicants must stay in during the decision-making process. Linked to both these issues is the quality of the decision-making at both first instance and at appeal. The reasons why many people spend years in direct provision centres are complex, and is compounded by the limited availability of affordable and appropriate homes for people who have been recognised as refugees or are granted leave to remain. However, a key determinant of the length of time people stay in direct provision is the quality and resourcing of the international protection decision-making process itself. Despite the commencement of the International Protection Act 2015, considerable delays and backlogs remain. Direct provision was introduced in 2000 on the basis that an initial decision would be made in 6 months, and so asylum seekers would not spend long periods of time in reception centres. This target was repeated in Article 39(5) of the 2015 Act, yet is still not being achieved. As noted by the Jesuit Refugee Service, at the end of 2017 the average waiting period until interview was over 2 years.6 Nevertheless, despite the pressure to speed up the decision-making process, the quality of decisions cannot suffer as expedited or truncated initial decisions will only lead to lengthy appeals both to the International Protection Appeals Tribunal and to the courts. As noted by the Irish Refugee Council, well-justified and evidenced cases at first instance result in more sustainable decisions and fewer appeals.7

The second key element of a humane reception system is that it must be responsive to the needs of the wide variety of people who may be residents. This is not a simple task, but the commercialised model utilised for the past 18 years should not be the only basis for discussion. A not-for-profit model, as elaborated by the Irish Refugee Council8 and as implemented by the Portuguese Refugee

Council, offer the potential for a best practice model which reflects both the obligations and constraints of the state with the needs of people seeking protection in Ireland.

Reforms are required to be made to the current direct provision system to bridge the gap between protection applicants and the legal, psychological and social resources and services that should be available to them. This is an area where many non-governmental organisations, such as Nasc, and grassroots actors, such as MASI, have stepped in to assist individuals to access relevant services. In cases of more rural direct provision centres, there may be no voluntary organisations to provide assistance. This illustrates a lack of consistency in the treatment of protection applicants in Ireland. Yet the burden of such supports cannot fall predominantly on low income voluntary organisations, the government must also make comprehensive provisions in a holistic manner covering a broad range of social and legal requirements.

Another area of particular concern is the lack of access to early legal advice. Despite multiple calls for reform over many years from organisations such as the Irish Refugee Council, access to early legal advice remains under-resourced. The majority of applicants will not have a legal caseworker or solicitor present for their initial interview, nor will they be present when they complete their initial application form. While the Refugee Legal Service does provide advice, recent case law suggests that applicants are still confused by the application process and are not receiving fully effective legal advice. This is further compounded by the fact that while voluntary groups often step in to assist protection applicants, they are unable to assist or intervene with the legal process due to the sensitive and complex nature of the application interview and indeed it may not be appropriate for them to do so. A high overturn rate on appeal indicates the importance of receiving legal advice. Providing adequate legal advice at the earliest possible stage, i.e. from the time of initial application, may prevent delay and costly proceedings at a later stage and from an international human rights perspective may prevent the further traumatisation of applicants.

Within the list of recommendations below there are four recommendations which require particular emphasis:

1. The establishment of the Refugee Advisory Board and related independent monitoring and complaints mechanisms.
2. Increased access to legal advice at the earliest stages of the application process for all applicants.
3. Introduction of a not-for-profit model of time-bound reception centres, drawing on good practice from other countries, and including the necessary on-site access to support and information for all applicants.
4. Introduction of support workers who are assigned to centres and applicants to assist with social integration and assist with the transitioning process once applicants are recognised as refugees or are granted leave to remain.

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1. **Oversight and Monitoring: Establishment of the Refugee Advisory Board and independent monitoring and complaints mechanisms**

Due to the complex and specific requirements of individuals who have applied for protection in Ireland, there is a need for a range of oversight and monitoring mechanisms to ensure that their rights are respected, protected and fulfilled. In brief, the long-delayed Refugee Advisory Board should be established to provide oversight of the international protection application process and the overall policy and practice of reception for protection applicants, as there is a need for a holistic approach to both elements of an individual’s legal case and their accommodation during the process. However, reflecting the new national standards for reception centres, an inspection mechanism (for example, HIQA) should be in place to ensure the standards of individual reception centres. Meanwhile, an independent individual complaints mechanism (Office of the Ombudsman) is required so that protection applicants can raise their individual situation and concerns to an external body. Finally, the specific needs of children should be prioritised (Special Rapporteur on Child Protection). The following sections set out our recommendations for each of these aspects of the oversight and monitoring process.

**Refugee Advisory Board:** Despite the inclusion of an independent Refugee Advisory Board within the Refugee Act 1996, this Board has never been established. As clearly noted by the McMahon Working Group report in 2015, in the absence of the Refugee Advisory Board, no other body has fulfilled the envisaged advisory role. The lack of political will to establish such a Board for over 20 years is disappointing, and arguably many of the issues and complaints regarding the current decision-making and reception processes might have been addressed more effectively if such a Board was in existence.

As set out in s.7A and relevant Schedule of the Refugee Act 1996 (as amended), the Refugee Advisory Board would be required to “prepare and submit to the Minister a report in writing on the operation of the Act every 2 years. In particular, the Board may include in the report information and comment in respect of asylum policy and refugees including any proposals to amend legislation and recommendations regarding the practice or procedures of public or private bodies in relation to applicants and any other matters relating to such operation coming to its attention to which it considers that his or her attention should be drawn.”

While this provides fairly extensive powers of oversight to the Board, considering the length of time since the original Act was developed and the experiences of the past 22 years, we would support the McMahon Report’s call for a review of the terms of reference of the Board. In particular, the Board should be tasked with providing oversight and monitoring of both the international protection application process, and the reception conditions for protection applicants. This is required so that one body has high level oversight of the entire process.

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In particular, the Board should be tasked with ensuring that protection applications are handled in a fair, expeditious and transparent manner. For example, by providing oversight of the length of application processing times and recommendations for ways in which these may be improved without negatively affecting the right of all protection applicants to have a substantive hearing of their case. A number of other areas require better regulation such as the provision of translation and interpretation services, and ensuring applicants receive adequate legal advice (see Section 2 below for our recommendations on the changes which are required to the existing international protection application process).

The Refugee Advisory Board should also have high level oversight of the Reception and Integration Agency (RIA) and the reception conditions for protection applicants (see Section 3 below for our recommendations on the changes which are required to the existing system of direct provision centres).

**Regulation of Reception Centres:** the introduction of the national standards on reception centres is a welcome first development in providing a greater level of regulation of direct provision centres. As explained in the Section 3 below, we believe there is an urgent need to fundamentally change the for-profit model of large direct provision centres. Yet irrespective of the system (for-profit direct provision or not-for-profit reception centres) there is a need to ensure consistency of standards and the quality of the accommodation provided. For example, the Irish Council for Civil Liberties (ICCL) have “consistently voiced concern about the lack of oversight and accountability of privately run Direct Provision Centres. As state funded institutions, the state has a duty to ensure the human rights of residents are respected” and so has called for independent inspections of direct provision centres. Therefore, in a similar manner to the regulation of other residential centres, we would recommend, in the immediate term, that HIQA is provided the authority to conduct unannounced, independent inspections of all accommodation centres housing protection applicants. To ensure that HIQA is able to adequately undertake this new function, a specialised division in HIQA should be established to inspect accommodation centres for protection applicants. It follows that the relevant resources and specialist training to reflect the particular circumstances and challenges that protection applicants face must be provided in advance to HIQA staff and managers.

**Independent Complaints Mechanisms:** At present, the Office of the Ombudsman can receive complaints from those living in direct provision with regards to issues such as standards of accommodation, meals, cleaning, and facilities both in regards to the accommodation centres themselves and their management by the Reception and Integration Agency (RIA). However, the Office will only take complaints from applicants once the complaints have been lodged through the centre management and RIA. This leaves vulnerable applicants in a difficult position where they may be fearful of the consequences of making a complaint, such as transfer to another centre. While the Ombudsman already has a wide remit beyond direct provision, it must be noted that the

13 See for example, Liam Thornton, *Submission to the Oireachtas Committee on Justice and Equality on Direct Provision & Human Rights* (May 2019), p.5 who states: “The system of direct provision is a significant violation of human rights. Only the dismantling of direct provision will ensure that the rights for all international protection applicants are respected, protected and fulfilled.”

Ombudsman does not deal with complaints with regards to the international protection application process or the handling of an applicant’s case.

Therefore, in addition to the high level oversight provided by the Refugee Advisory Board and the regulatory and inspection functions of HIQA, it is important that individual protection applicants have an independent body which they can turn to in order to make complaints regarding both their living conditions and the international protection application process. As with HIQA, to ensure that the Ombudsman can adequately undertake these functions, sufficient resources and specialist training to reflect the particular circumstances and challenges that protection applicants face must be put in place. Likewise, protection applicants themselves must be aware of their rights to contact the Ombudsman in regard to state services.

**Children:** Reflecting the specific situation and potential vulnerability of children, it is important that Special Rapporteur on Child Protection continues to have the ability and resources to investigate risks to child protection arising from the international protection application process and children’s living conditions.

**Recommendations:**
(a) As provided for in the Refugee Act 1996 (as amended), the Refugee Advisory Board should be established.
(b) The terms of reference of the Refugee Advisory Board should be reviewed to ensure they provide oversight and monitoring of both the international protection application process and high level oversight of the Reception and Integration Agency (RIA) and the reception conditions for protection applicants.
(c) In the immediate term, HIQA should be provided with the authority, resources and specialist training to conduct unannounced, independent inspections of all accommodation centres housing protection applicants.
(d) The Office of the Ombudsman should be provided with the authority, resources and specialist training to accept individual complaints regarding both their living conditions and the protection process.
(e) The Special Rapporteur on Child Protection should continue to have the ability and resources to investigate risks to child protection arising from the international protection application process and children’s living conditions.

2. The international protection application process

Nearly 20 years ago, a recommendation was made that “The existing legal aid programme needs to be expanded to ensure that all asylum seekers have effective access to legal services and to enable solicitors to represent clients at the first instance stage.”\(^{15}\) Despite the establishment of the Refugee Legal Service, Refugee Documentation Centre and increased expertise of solicitors and barristers in asylum law, many of the same issues still arise in 2019. While asylum seekers are entitled to access legal assistance before completing their 62-page questionnaire, the reality is that few people can access such legal advice and if they do, such advice often consists of a brief reading through of the

\(^{15}\) Recommendation 18 in: Mullally, Manifestly Unjust (n.10) p.18.
application form. The initial questionnaire is a complex document and extremely important, as any errors, omissions or confusion which is included in it may form the basis of a decision by the IPO. Therefore, the lack of adequate legal advice in advance of completing the initial questionnaire also poses problems for IPO caseworkers/adjudicators as they may be making a decision based on incomplete information. As a result, a series of issues exist with the way in which claims are processed.

Recent case law from the IPAT database further indicates that asylum applicants remain confused and unprepared for their initial interview. The following is an excerpt taken from a 2018 IPAT decision:

“Honestly when I did my first interview I was so confused, that’s why I didn’t ask anyone to interpret for me. That was my first interview in my whole life. I was so shocked and traumatized. I did not know I was going to go through a process like this, I was never prepared for it. Everything was just new for me. Also, I was still traumatized from the incident that happened to me.”

Key Issues:

- There is a delay in the processing time for applicants with reports suggesting that applicants are waiting up to 20 months to have their initial interview heard.
- During these delays, many asylum seekers are left in a limbo where they cannot access work, education, or any of the services and supports that should rightfully be available to them.
- There is a lack of access to adequate legal representation. While the Refugee Legal Service does provide legal aid to asylum seekers, prior to the initial IPO interview, the majority of asylum seekers will not receive legal advice. Where applicants do receive legal advice prior to the initial interview, this will mainly consist of advice following a brief read through of their asylum questionnaire. Other issues present where solicitors who represent clients challenging asylum and immigration decisions mostly take such cases on a no foal, no fee basis, and often get no fees for their work in cases where they lose.
- Asylum seekers very often do not get access to legal representation until the appeal stage. There is no regulation of translation and interpreter services in Ireland. This has led to potentially dangerous situations for applicants, for example where interpreters are possibly linked to the applicant’s home country. There is no formal qualification for interpreters in Ireland and the quality of interpreters is an issue that is raised on occasions by those seeking asylum.

20 Conlan, Difficult to Believe (n.10) p.12.
Asylum seekers often do not have access to necessary evidential reports, such as medical reports and Spirasi reports. These reports can have a significant impact on the outcome of asylum cases.21

There is a lack of transparency and accountability at the International Protection Office (IPO). Interviews are not electronically recorded to ensure accuracy in the way that they are recounted.

**Recommendations:**

(a) A timeline should be introduced and applied that indicates at each point that an asylum applicant can expect to receive a response.

(b) Increased resources should be provided to the Refugee Legal Service and the Legal Aid Board to ensure that all asylum seekers have adequate access to legal representation.

(c) There must be greater priority given to ensuring that asylum seekers have received adequate legal advice prior to both the completion of their asylum questionnaire and the initial interview taking place. If an asylum seeker has not received adequate legal advice prior to either of these stages, this should be noted in the IPO decision.

(d) Legal representatives on behalf of asylum seekers should be present for the initial interview, caseworkers could potentially present at initial interview stages if solicitors were not available.

(e) There should be a screening and regulatory process invoked before interpreters are assigned to cases.

(f) Asylum seekers should have improved access to medical and evidential reports. This requires sufficient resources to be put in place for the relevant support services, such as those provided by non-governmental organisations like Spirasi.

(g) Drawing on previous Irish Refugee Council recommendations, it can be argued that, “To guard against erroneous decisions, interviews at first instance should be conducted by two or more authorised officers ... The determination of the applicant’s claim should be based on the recommendations of those officers. This would bring all decision-makers ‘face-to-face’ with the applicant and would be in accordance with best practice elsewhere (e.g. Canadian refugee determination system).”22

(h) More resources are required so that the initial decision-making can move away from a system of pay-per-case for IPO caseworkers/adjudicators, as such a system can create a negative incentive for IPO adjudicators to make expeditious decisions.

(i) International protection interviews should be audio recorded to ensure accuracy, transparency and accountability.

### 3. Reception Conditions

The international conference organised by the CCJHR and Nasc in April 2018 highlighted a range of good practices and recommendations for changes to the current system of direct provision. It is submitted that the aim of the current review process by the Committee on Justice and Equality

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21 Ibid, p.34.
22 Recommendation 12 in: Mullally, *Manifestly Unjust* (n.10) p.10. For similar more recent analysis, see: Conlan, *Difficult to Believe*, ibid.
There is a need to ensure the dignity of all residents living in direct provision centres. Asylum seekers and their right to privacy is violated. Reports have emerged of residents who are fearful of health professionals.

Currently, the system of direct provision is not fit for purpose. As a result of inconsistent standards and inadequate regulation amongst centres, the Irish Council for Civil Liberties (ICCL) has called for independent inspections of direct provision centres, and said that conditions in centres are “degrading and must improve”. At the CCJHR-Nasc conference, Bryan McMahon highlighted the need to pursue human dignity in asylum reception. This is further compounded by the long waiting times observed in direct provision centres. Over forty percent of asylum seekers in Ireland have spent over two years in direct provision centres. Despite the recent introduction of the right to work, a number of barriers remain such as a 9-month waiting period and the fact that applicants are unable to access employment once an initial decision has been reached. Grassroots organisations have also exposed the difficulty faced by asylum seekers in integrating into and being part of the local community due to barriers to accessing transport and the remote location of many direct provision centres. While voluntary organisations have stepped in to facilitate transport and to inform asylum seekers of community resources, such support mechanisms do not exist for each centre. Another important issue presents where former asylum seekers struggle to transition into the community once they have been recognised as refugees or granted leave to remain. This exposes the limitations of the direct provision system, while further highlighting the need for support workers and liaison officers who are assigned to reception centres and individual applicants to assist with their integration into the community.

Key Issues:

- There is no consistency amongst direct provision centres.
- There is a need to ensure the dignity of all residents living in direct provision centres. The current system creates the conditions were residents are stripped of their sense of agency and their right to privacy is violated. Reports have emerged of residents who are fearful of staff within centres.
- Asylum seekers may be highly vulnerable and often have had traumatic experiences, despite this they often do not have adequate access to health services, psychologists and mental health professionals.

23 See for example: Tito de Morais Mendes, ‘Reception Conditions for Refugees in Portugal’ (n.9) pp.25-29.
24 For a detailed analysis, see Thornton, Submission (n.13).
25 As reported in: Thomas “A tense situation” (n.14).
26 Nasc & CCJHR, Conference Summary: ‘Beyond McMahon’ (n.3).
29 See for example: Thomas, “A tense situation” (n.14).
There is currently no requirement for staff in direct provision centres to receive training on vulnerability and working with victims of trauma, despite the requirements set out in Articles 21 and 22 of the recast Reception Conditions Directive.\(^3^0\)

The system of direct provision can create isolation and often centres are placed in remote locations which is a barrier to integration.

Residents in direct provision can be transferred from one centre to another, often without clear reasons being given.

Asylum seekers are often unaware of the psycho-social resources and community supports which may be available to them.

The current system of direct provision is not cost effective and is predominated by for-profit commercial entities. There is an urgent need to review a not-for-profit model of reception, and learn from good practice in comparable countries such as Scotland and Portugal.\(^3^1\)

**Recommendations:**

(a) **Not-for-profit model:** There is a need for a humane reception system,\(^3^2\) based on a not-for-profit model\(^3^3\) and learning from good practices in other countries. The specific requirements for this model should be planned and developed in partnership with asylum seekers and community groups, non-governmental organisations\(^3^4\) and the local communities. However, at a minimum, such a not-for-profit model should include:

i. Comprehensive on-site supports and access to information for all residents, including language, social and cultural activities, and access to education.

ii. A move away from large congested centres to smaller units. For example, the state could proactively develop self-contained centres, such as in Portugal which include the necessary supports on-site, which would be managed on a not-for-profit basis.

iii. A clear statutory recognition that protection applicants should stay in communal residences for as short a time as possible, based on each individual’s specific needs and potential vulnerabilities, for example drawing on the Portuguese two-stage model of short-term communal residence centres, followed by the right for applicants to access private rental accommodation and the right to work.

(b) **Support mechanisms:** A comprehensive set of support mechanisms and personnel should be in place to assist all applicants, at a minimum those set out in the recast Reception Conditions Directive,\(^3^5\) including:

i. A vulnerability screening of applicants by suitably qualified staff should occur as early as possible and applicants should be provided with access to psychologists and adequate mental health services, as appropriate.

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\(^{3^1}\) Nasc & CCJHR, Conference Summary: ‘Beyond McMahon’ (n.3).

\(^{3^2}\) Bryan McMahon has highlighted the need to ensure human dignity within Ireland’s reception system. See: Nasc & CCJHR, Conference Summary: ‘Beyond McMahon’ (n.3), p.1.


\(^{3^4}\) See for example: Hamilton, ‘Envisioning Best Practice for International Reception Conditions in Ireland: The value of a not-for-profit model’ (n.8) pp.53-65.

\(^{3^5}\) EU Reception Conditions Directive (n.30).
vi. A maximum 4 weeks wait for medical/psychological testing and reports. Assistance must be available from arrival, regardless of the issuance of a PPS number.

vii. Staff tasked with running reception centres should undergo comprehensive vulnerability and trauma training.

viii. Support workers and liaison officers, qualified in social science or a relevant discipline, should be employed and assigned to reception centres and applicants to assist with social inclusion and also assist with transitioning once applicants are recognised as a refugee or are granted leave to remain.

ix. The Temporary Residence Certificate (TRC) should be replaced with an Irish Residence Permit (IRP)-style card that includes the relevant right to work permit and will be accepted as valid ID for bank account and driving license purposes.

**Concluding Remarks**

While recognising the challenges of managing the international protection application process and accommodation for applicants, the current system is in urgent need of revision, starting with Bryan McMahon’s call for pursuing human dignity in asylum reception. Over the past twenty years, there has been no effective redress or complaints mechanism for those within the protection application process. As a result, non-profit NGO’s such as the Irish Refugee Council, MASI and Nasc have proactively taken on the task of advocating for problems as they arise, while often working with limited funding. While it must be acknowledged that the Office of the Ombudsman now accepts complaints from residents in direct provision, the Ombudsman already has a wide remit. Furthermore, the Office will also only take complaints from applicants once the complaints have been lodged through the centre management and RIA. This leaves vulnerable applicants in a difficult position where they may be fearful of the consequences of making a complaint, such as transfer to another centre. A review of the powers and structures of the relevant monitoring and oversight bodies, starting with the establishment of the Refugee Advisory Board, will be an important step in improving the accountability of the reception conditions for a potentially vulnerable segment of our society.

Issues also need to be acknowledged with the international protection application process, including a deficit in access to legal representation at the early stages of the process, a lack of access to medical and evidential reports, and also issues with a lack of transparency in the ways in which claims are processed at first instance. In particular, more resources are required so that the initial decision-making can move away from a system of pay-per-case for IPO caseworkers/adjudicators, as such a system can create a negative incentive for IPO adjudicators to make expeditious decisions. Better transparency can also be introduced by increasing the number of officers processing a protection application to two officers. Improvements may also be introduced by increasing resourcing to the Refugee Legal Service (RLS) of the Legal Aid Board and relevant NGOs, such as Spirasi. Due to issues such as language barriers, asylum seekers are often not aware of their entitlements and resources available to them. This is an area where dedicated support workers should be employed and assigned to residents and centres. The task of support workers will be to inform protection applicants of their rights, and to assist with the integration of asylum seekers into the community.
Following the comprehensive recommendations made by Dr Bryan McMahon and the Working Group in 2015, this consultation process is a welcome next step to fundamentally change the reception conditions and case processing for protection applicants in Ireland. The current direct provision system has, rightly, been roundly condemned from many quarters, and it must be acknowledged that direct provision centres are not fit for purpose as they are currently structured. There is much which can be learnt from comparable small countries, such as Portugal, not least the importance of establishing a not-for-profit model for short-term asylum reception centres. Individuals are in direct provision centres because they are currently seeking the protection of the Irish state. Therefore, the reception system should be underpinned by high quality decision-making at both first instance and on appeal, alongside clear time limits for the length of time someone may spend in a reception centre, and greater resources to support persons to integrate into the community. Ireland has an opportunity to move beyond the inhumane system of direct provision, and become a leader in protecting those seeking asylum in Ireland – by providing high quality decision-making and appropriate reception conditions while people are waiting for their case to be heard.
Submission to the Joint Committee on Justice and Equality on direct provision and the international protection process

31 May 2019
Introduction

The Children’s Rights Alliance welcomes opportunity to make a written submission to the Joint Oireachtas Committee on Justice and Equality on direct provision and the international protection application process.

The Children’s Rights Alliance unites over 100 members working together to make Ireland one of the best places in the world to be a child. We change the lives of all children in Ireland by making sure that their rights are respected and protected in our laws, policies and services. We identify problems for children. We develop solutions. We educate and provide information on children’s rights.

Every child should be free to enjoy their rights without facing discrimination of any kind irrespective of their race, national or ethnic origin or other status. 2 Children outside their country of origin seeking refugee protection are entitled to appropriate protection regardless of whether or not they are accompanied by their parents/guardians.3 In 2016, the UN Committee on the Rights of the Child called on the State to bring its ‘asylum policy, procedures and practices into line with its international obligations’ and ensure asylum seeking and refugee children have the ‘same standards and access to support services as Irish children’.4

There are 38 Direct Provision accommodation centres nationwide. Of the 5,997 people in Direct Provision, 1,724 are under 18.4 Asylum seeking children and young people have been very critical of their lives in Direct Provision. In a consultation undertaken by the Department of Children and Youth Affairs in 2015, children and young people reported feeling ‘not safe’, ‘men looking creepy at them’ and ‘loads of men bothering us’.5 Children noted they could not cook their own food and the food provided was often of poor quality or unhealthy, as one child noted:

The food is not good – we eat Irish food and drink – they should cook African food or let us do it ourselves.6

Children and young people also spoke about how difficult it was to live on the Direct Provision Allowance and how this impacted on their integration:

… [w]e get no spending money and it’s very hard for us to go to town or eat out with our friends because we can’t afford it. I would like to change the bus times because we can’t spend two hours with our friends.7

Over the past four years, efforts have been made to improve the system and to implement the recommendations from the McMahon report. However the current housing crisis has made it increasingly difficult for residents with status to transition out of Direct Provision accommodation, and to accommodate newly arrived asylum seekers. At the beginning of 2019, six Direct Provision centres were accommodating more residents than their contracted capacity,8 reflective of the significant strain placed on the system. In May 2019, 686 people residing in Direct Provision had

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2 ibid Art 22(1).
3 UNCRC ‘Concluding Observations: Ireland’ (2016) UN Doc CRC/C/IRL/CO/3-4 para 66
4 Minister of State for Immigration, Integration and Equality, David Stanton TD, Parliamentary Questions, Written Answers, 8 May 2019 [19277/19].
5 Department of Justice and Equality, Report of DCYA consultations with children and young people living in Direct Provision (Department of Justice and Equality 2017).
6 Ibid.
7 Ibid.
8 Communication received by the Children’s Rights Alliance from the Department of Justice and Equality, 24 January 2019.

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2 Children’s Rights Alliance (2019) Submission to the Joint Oireachtas Committee on Justice and Equality on direct provision and the international protection process
permission to remain in Ireland but cannot move out due to challenges in accessing accommodation.\textsuperscript{9}

Currently approximately 300 asylum seekers including 80 children, are in commercial hotels outside of the Direct Provision system. The Alliance has significant concerns regarding the safety and welfare of asylum seeking children who are being accommodated in B&Bs and hotels as an emergency measure children given that these settings do not have a mandated person or a designated liaison person (DLP) for the purposes of the Children First Act 2015.\textsuperscript{10}

The current Direct Provision system needs to be radically overhauled and transformed if we are to end the institutionalisation of children and families. This requires the provision of ‘own door’ accommodation for families where they can cook for themselves and enjoy family life as part of the community in which they live. This submission outlines some of the key changes we consider necessary to begin to transform the reception accommodation system for people seeking asylum and improve the protection process for children.

\textsuperscript{9} Minister of State for Immigration, Integration and Equality, David Stanton TD, Parliamentary Questions, Written Answers, 8 May 2019 [19277/19].

\textsuperscript{10} Irish Statute Book, ‘Children First Act 2015’ s 15.
Recommendations

- Publish and implement the National Standards for reception accommodation centres for people seeking protection as a priority to inform contractual obligations between the service provider and the Department of Justice and Equality.

- Appoint the Health Information and Quality Authority as the independent inspectorate to support the implementation of the National Standards, monitor compliance and, ensure that refugee children receive a consistent quality of care in reception accommodation centres. HIQA should be provided with the necessary resources and granted the necessary authority to monitor compliance with the standards through formal inspections.

- Immediately fill the vacant Child and Family Services Unit Manager post in RIA to provide essential oversight and social work expertise to accommodation centres and ensure RIA is operating in line with Children First legislation.

- Develop and implement a child protection and welfare strategy with a prevention and early intervention focus to address the particular needs of families living in reception accommodation and in Direct Provision centres.

- Introduce comprehensive vulnerability assessments, by appropriately trained and qualified professionals conducted in a child friendly manner, to assess the particular needs of children and young people in the protection process. Complete the assessment within 30 days of an application for international protection to inform the delivery of supports and services and, the allocation of accommodation.

- To ensure equality between children living in Direct Provision and other children living in Ireland, conduct a review to assess the specific social protection needs of children in the Direct Provision system and make recommendations on how to lift these children out of consistent poverty.

- Ensure that the International Protection Office is adequately resourced to ensure that applications are processed within a six month timeframe and prioritise children and young people within the protection process.

- Develop and distribute child-friendly materials to ensure children and young people are informed of their rights, can understand and participate in the protection process and are aware of available remedies.

- To encourage alternative providers to tender for the provision of reception accommodation allow longer lead in times for procurement; offer longer contracts; provide funding for capital and conversion costs and reduce the minimum number of residents per setting.

- Identify and support an alternative provider with significant experience in developing and delivering services for vulnerable cohorts to pilot an alternative model in the near future to inform best practice and framework agreements between the State and providers into the future.
Welfare and conditions of children living in the Direct Provision system

National Standards for Direct Provision Accommodation

Direct Provision accommodation remains one of the few residential settings provided by the State which is not subject to regulation and adequate independent inspection. National standards for Direct Provision accommodation are essential to ensure refugee and asylum seeking children receive a consistent standard of high quality care in all centres, to improve quality, challenge underperformance and provide oversight. Currently there is huge variation in the quality and standard of services, facilities and supports in Direct Provision accommodation.

In 2016, the Comptroller and Auditor General noted in his annual report:

Effective management of direct provision contracts is difficult because quantified or measurable standards and timelines have not been set for many of the contract deliverables. This increases the risk that the standard of accommodation and services provided will not meet the needs of asylum seekers. It also creates the risk that different standards of services are provided in different centres.

In July 2018, Minister for Justice and Equality, Charlie Flanagan TD, signed the European Communities (Reception Conditions) Regulations 2018 transposing Directive 2013/33/EU into Irish law. The Reception Conditions Directive aims to ensure adequate and comparable reception conditions and equal treatment of applicants throughout the EU.

In response to a recommendation in the McMahon Report, the Department of Justice and Equality (DOJE) established a Standards Advisory Group and published draft standards for public consultation in 2018. The draft standards had a number of encouraging child-specific provisions including providing families with child-friendly accommodation that ‘respects and promotes family life and is informed by the best interests of the child’. The draft standards also included indicators regarding the provision of nappies, wipes and lotions and appropriate accommodation informed by the needs of residents both of which are essential for new and expectant mothers. However, the finalised Standards are yet to be published but are expected to be published in the coming months.

The Department of Justice and Equality has identified 1 January 2021 as the deadline for mandatory compliance with the Standards and has committed to working with and supporting providers in the intervening period. In light of this timeline, it is crucial that the Standards are published without delay to allow providers sufficient time to ensure services and accommodation are in compliance by January 2021. Publication of the Standards would also provide clarity for alternative providers that are interested in submitting a proposal to provide alternative accommodation in upcoming requests for tender.

The finalised Standards should inform contractual obligations so that non-observance by accommodation providers may, if necessary, lead to sanctions.

Recommendation

Publish and implement the National Standards for reception accommodation centres for people seeking protection as a priority. The standards should inform contractual obligations between the service provider and the Department of Justice and Equality.

13 Recast Receptions Directive recital 8 & 11
15 Ibid 41.
16 Ibid 31.
Independent Inspectorate

For the ‘National Standards’ to have a real impact on families and children living in Direct Provision they must be accompanied by a robust, independent monitoring and inspection system. Without this, the standards will lack the necessary oversight to achieve meaningful change. The combination of standards and unannounced inspections will ensure that asylum seeking children receive a consistent quality of care across every accommodation centre. Inconsistencies can then be identified and addressed in a systematic manner.

The Health Information and Quality Authority (HIQA) is the most appropriate body to undertake the role of inspectorate as:

→ It has been monitoring the quality of residential care in designated centres for children, older people and people since 2007.
→ It has the skills, knowledge and expertise necessary to effectively monitor and review the implementation of standards. Since 2017, its remit has been expanded to include new areas, which has involved it working extensively with service providers to support them in the standardisation process.
→ It is a cost effective choice as it has the existing infrastructure, institutional knowledge and IT systems necessary to take on this role.

In order for HIQA to take on this role it would be necessary to amend Section 8 of the Health Act 2007 (the primary act) which establishes HIQA’s statutory functions. These include the power to set standards on safety and quality in relation to specific types of services as well as granting HIQA authority to monitor compliance with the standards through formal inspections. Ultimately, the Minister for Health can specify the areas to be covered by HIQA. There is precedence in this area, as the 2013 regulations introduced by then Minister for Health Dr James Reilly TD, provided HIQA with the authority to register and inspect designated centres for persons with disabilities.

Recommendation

Appoint the Health Information and Quality Authority as the independent inspectorate to support the implementation of the National Standards, monitor compliance and, ensure that refugee children receive a consistent quality of care in reception accommodation centres. HIQA should be provided with the necessary resources and granted the necessary authority to monitor compliance with the standards through formal inspections.

Child Protection and Welfare Strategy

Families from a refugee or asylum seeking background often need support to deal with trauma, adapt to unfamiliar parenting styles, find new supports in place of their traditional community and family supports and, adjust to new family roles and the influences of a new culture.\(^{17}\) Parents in Direct Provision accommodation have reported feeling that their ability to nurture their children’s development has been undermined\(^{18}\) and that they have felt disempowered by regulations in the centre.\(^{19}\) The Committee on the Rights of the Child has recommended the development of:

... comprehensive, inter-institutional policies between child protection and welfare authorities and other key bodies, including on social protection, health, education, justice,
migration and gender, and between regional, national and local governments’ in order to
fulfil the rights of all children in the context of international migration.20

In 2015, HIQA raised concerns about the significantly higher child protection and welfare referral
rate to Tusla of children in Direct Provision compared with the general child population.21 In a single
year, 14 per cent of children living in Direct Provision were referred to Tusla compared with only 1.6
per cent of the general child population.22 The McMahon Working Group recommended that Tusla,
in conjunction with the Reception and Integration Agency (RIA) develop a child welfare strategy
within RIA to advise on policy and practice matters and to liaise on individual cases as required.23
More than half of the referrals to Tusla about children in Direct Provision relate to child welfare
rather than child protection concerns. Prevention and early intervention measures are essential to
ensure welfare concerns are addressed in a timely manner and do not escalate.

It is important that a Child Welfare and Protection Strategy is developed to complement the existing
child protection policies in place. The new strategy should focus on prevention and early
intervention measures to support families and children living Direct Provision and reception
accommodation and link with local and community services including Children and Young People
Services Committees and Child and Family Support Networks. Developing and implementing a
strategy with a preventative focus will require a greater compliment of staff with child protection
and welfare expertise in the Child and Family unit in RIA. Consideration should be given to providing
the unit with additional resources to support the development of a child welfare and protection
strategy.

The Child and Family Unit within RIA usually consists of a Child and Family services unit manager
seconded from Tusla and two administrative staff. However, the manager role is vacant since
November 2018.24 This role performs an important oversight function as well as providing essential
social work expertise for accommodation centres. Given the number of children currently living in
emergency accommodation this vacancy is particularly concerning. It means there has been no one
in the Department with a social work qualification to provide vital oversight, guidance and advice to
centres and staff regarding child protection and welfare during the period where there has been the
most significant growth in the number of asylum seeking children in emergency accommodation.
This position should be filled as a matter of urgency.

Recommendations

- Immediately fill the vacant Child and Family Services Unit Manager post in RIA to provide
  essential oversight and social work expertise to accommodation centres and ensure RIA is
  operating in line with Children First legislation.
- Develop and implement a child protection and welfare strategy with a prevention and early
  intervention focus to address the particular needs of families living in reception accommodation
  and in Direct Provision centres.

Vulnerability Assessment

Refugee and asylum seeking children are extremely vulnerable: many have lost parents and siblings,
experienced significant trauma or witnessed severe acts of violence. War and conflict in their home
country along with the danger faced throughout their journey will leave many children with both

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20 Joint general comment No. 3 (2017) of the Committee on the Protection of the Rights of All Migrant Workers and Members of Their
Families and No. 22 (2017) of the Committee on the Rights of the Child on the general principles regarding the human rights of
21 Health and Information Quality Authority ‘Report on inspection of the child protection and welfare services provided to children
living in Direct Provision accommodation under the National Standards for the Protection and Welfare of Children and Section 8(1)
22 Ibid 3.
23 Department of Justice and Equality, Working Group to Report to Government Working Group on the Protection Process on
24 Communication received by the Children’s Rights Alliance from the DJE, 24 January 2018.
physical and emotional scars. It is essential that refugee and asylum seeking children’s needs are assessed, identified and met in a timely manner to ensure their wellbeing and successful integration.

Under the 2018 Regulations, minors, unaccompanied minors, victims of trafficking and survivors of torture, rape or other forms of serious violence are identified as vulnerable persons.25 The regulations commit to the introduction of a vulnerability assessment for persons within 30 days of indicating that they wish to make an international protection application to establish the nature and extent of their special reception needs, if any.26

Service providers and members of refugee communities have raised the issue of unassessed trauma and mental health needs.27 A vulnerability assessment is crucial for identifying the needs of asylum seeking children and putting in place adequate supports in a timely manner. The vulnerability assessment should be undertaken by an appropriately trained and qualified professional28 in a child friendly manner and assess the particular needs of children.

Situations of vulnerability are not fixed and will change over time with changing circumstances. ‘Vulnerability is shaped by personal (internal) factors and environmental (external) factors. These factors can be multiple and intersect so as to entrench and exacerbate risks of harm. Regular screening allows for timely intervention to prevent or reduce harm.’29

The outcomes of vulnerability assessments should inform the delivery of supports and services and the allocation of accommodation. An assessment should take place upon arrival, with follow up screenings at regular intervals to allow for timely interventions and to reduce harm.

**Recommendation**

Introduce comprehensive vulnerability assessments, by appropriately trained and qualified professionals and conducted in a child friendly manner, to assess the particular needs of children and young people in the protection process. Complete the assessment within 30 days of an application for international protection to inform the delivery of supports and services and, the allocation of accommodation.

**Direct Provision Payment**

Children and young people in Direct Provision have spoken about the shame they have felt because they cannot afford to go to swimming lessons, on school trips or to birthday parties. Children living in Direct Provision centres are at a high risk of consistent poverty although they are not counted in the official poverty statistics.

In a welcome development Budget 2019 increased the rate of the Direct Provision allowance for children from €21.60 to €29.80 per week in line with the McMahon Report recommendation.30 However, at the time of the McMahon report, the recommendation equated to the rate of Qualified Child Increase (QCI). In the intervening years the Qualified Child Increase rate has been increased to €34 (children under the age of 12) and €37 (children over the age of 12) for children of other social welfare recipients, the increase was not extended to children in Direct Provision.31 Children in Direct Provision can also not access other social welfare supports like Child Benefit. The introduction of the right to work for people in the protection process after a set period of time means that some

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25 European Communities (Reception Conditions) Regulations 2018, SI 2018/230, s.2(5).
26 Ibid s.8.
27 Co Wicklow Citizens Information Service, Co Wicklow Local Community Development Committee and Wicklow Children and Young People’s Services Committee Learning from a Resettlement Project: Somali Families in Arklow. A Review of Resettlement, Reunification and Integration ( 2018)
28 UNHCR & IDC, Vulnerability Screening Tool (UNHCR & IDC 2016) 2.
29 Ibid 2.
31 Ibid.
parents may have access to supports like the Working Family Payment to supplement a low income from employment but it is not clear how many people, if any, are receiving these types of supports.

**Recommendation**

To ensure equality between children living in Direct Provision and other children living in Ireland, conduct a review to assess the specific social protection needs of children in the Direct Provision system and make recommendations on how to lift these children out of consistent poverty.

**The international protection process and child-friendly justice principles**

Children and young people have highlighted the significant impact of long waiting periods on their emotional and psychological wellbeing.\(^{32}\) The Council of Europe Guidelines on Child Friendly Justice state:

> In all proceedings involving children, the urgency principle should be applied to provide a speedy response and protect the best interests of the child, while respecting the rule of law.

The principle applies to access to the procedure and to the length of the decision-making process.\(^ {33}\) Delays in the processing of international protection applications not only contributes to anxiety and instability for children and young people\(^ {34}\) it also prolongs the amount of time that children spend in the Direct Provision system. Childhood is short: people spend an average of two years living in Direct Provision is two years, which is a quarter of an eight year old’s life.

In 2017, the UN Committee on the Rights of the Child adopted a general comment on the rights of children in migration\(^ {35}\) which recommended the prioritisation of children in the protection process and ensuring the best interests of the child are ‘taken fully into consideration in immigration law, planning, implementation and assessment of migration policies and decision-making on individual cases’.\(^ {36}\)

Currently the average processing time for new applications received under the International Protection Act 2015 is 15 months.\(^ {37}\) Whilst additional resources were assigned to the International Protection Office\(^ {38}\) to reduce average waiting times for a first instance decision, the IPO continues to contend with a large number of legacy cases, approximately 4,000 of which were transferred to the IPO following the introduction of the International Protection Act 2015.

The McMahon report recommended adequate resources be provided to the protection determination bodies\(^ {39}\) and as an additional safeguard, ‘an annual review of the system with a view to making recommendations to guard against any future backlogs, e.g. failure to provide adequate recommendations to all decision making bodies’.\(^ {40}\) The IPO requires adequate resources to ensure that applications are processed in a timely manner. Whilst unaccompanied minors are currently prioritised within the protection system, the Alliance would contend given the vulnerability of

\(^{35}\) Joint general comment No. 3 (2017) of the Committee on the Protection of the Rights of All Migrant Workers and Members of Their Families and No. 22 (2017) of the Committee on the Rights of the Child on the general principles regarding the human rights of children in the context of international migration’ (2017) UN Doc CMW/C/GC/3 – CRC/C/GC/22.
\(^{36}\) Ibid para 29.
\(^{37}\) Minister for Justice and Equality, Charles Flanagan TD, Parliamentary Questions, Written Answers, 2 May 2018 [19308/18]
\(^{38}\) Ibid.
\(^{40}\) Ibid 98.

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\(^{9}\) Children’s Rights Alliance (2019) Submission to the Joint Oireachtas Committee on Justice and Equality on direct provision and the international protection process
children and young people they should, as recommended by the UNCRC\textsuperscript{41} and the McMahon Report\textsuperscript{42} be prioritised within the protection process even if they are accompanied.

The UN Committee on the Rights of the Child recommends asylum seeking children are:

… [p]rovided with all relevant information, in their own language, on their entitlements, the services available, including means of communication, and the immigration and asylum process, in order to make their voice heard and to be given due weight in the proceedings.\textsuperscript{43}

For information to be child-friendly it should be provided in the child’s primary language; use easy vocabulary, pictograms and colours; be provided in a range of formats both written and verbal; and include children in both the development and evaluation of the materials.\textsuperscript{44}

The McMahon report recommended the development of child-friendly materials and special information services for children in the protection process.\textsuperscript{45} The current provision of information is wholly inadequate for the needs of children particularly those who are making an application with their family.

\underline{Recommendations}

- Ensure that the International Protection Office is adequately resourced to ensure that applications are processed within a six month timeframe and prioritise children and young people within the protection process.
- Develop and distribute child-friendly materials to ensure children and young people are informed of their rights, can understand and participate in the protection process and are aware of available remedies.

\underline{Beyond the current Direct Provision system: better models or alternatives}

The current Direct Provision system needs to be radically transformed if we are to end the institutionalisation of children and families. Both the Ombudsman,\textsuperscript{46} the Ombudsman for Children\textsuperscript{47} and Professor Geoffrey Shannon, Special Rapporteur on the Protection of Children\textsuperscript{48} have stated that the current system of Direct Provision accommodation is not appropriate for children as a long term accommodation option. Ireland can and should do better for refugee and asylum seeking children.

First and foremost protection applications must be processed in a timely manner to limit the amount of time children and young people spend in the protection process, however children and families will always require temporary reception accommodation following their arrival in the State. This accommodation should consist of ‘own door’ child-friendly accommodation that respects and promotes family and community life and informed by the child’s best interests. To ensure appropriate accommodation is available for refugees who arrive in the State it is imperative that a proactive rather than a reactive approach is implemented. This requires forward planning and adopting a housing policy approach to reception accommodation. The State could consider building fit-for-purpose accommodation and/or procuring and purchasing appropriate accommodation. This

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\textsuperscript{41} Joint general comment No. 3 (2017) of the Committee on the Protection of the Rights of All Migrant Workers and Members of Their Families and No. 22 (2017) of the Committee on the Rights of the Child on the general principles regarding the human rights of children in the context of international migration’ (2017) UN Doc CMW/C/GC/3 – CRC/C/GC/22 para 29.


\textsuperscript{43} UNCRC General Comment on the Right of the Child to be Heard (2009) UN Doc CRC/C/GC/12 para 124.

\textsuperscript{44} Council of Europe, ‘How to Convey Child-friendly Information to Children in Migration: A Handbook for Frontline Professionals’ (Council of Europe 2018) 23.

\textsuperscript{45} Ibid 120.


would not only ensure the availability of appropriate accommodation but could also result in savings for the State in the long-term.

There are a number of Housing Bodies in Ireland that have the experience and social care expertise to deliver alternatives to the current accommodation system. The current procurement model may prevent alternative providers with significant experience in developing and delivering services for vulnerable cohorts from tendering for contracts. To encourage alternative providers to tender there needs to be longer-lead in times for procurement, longer contracts, and funding for capital and conversion costs. Current calls for tender request applicants to provide 50 or more beds, from our engagement with alternative providers we know they consider this too many people in a communal setting as it contributes to the institutionalisation of residents.

In parallel with the revision of the procurement process consideration should be given to identifying and supporting an approved housing body to pilot an alternative model in the near future to inform best practice and framework agreements between the State and providers into the future.

Recommendations

- To encourage alternative providers to tender for the provision of reception accommodation allow longer lead in times for procurement; offer longer contracts; provide funding for capital and conversion costs and reduce the minimum number of residents per setting to 30.
- Identify and support an alternative provider with significant experience in developing and delivering services for vulnerable cohorts to pilot an alternative model in the near future to inform best practice and framework agreements between the State and providers into the future.
Beginning in 2016, Christ Church Cathedral embarked on a process to learn more about the direct provision system in Ireland, within the backdrop of the wider refugee crisis facing Europe. This included a group of our own core community members and leaders engaging with organisations such as Places of Sanctuary Ireland and the Irish Refugee Council to become more educated about issues and policies, while also seeking opportunities to interact with individuals currently living in direct provision, to seek opportunities to welcome individuals to the cathedral, and to hear from them about their experiences. Since 2016, we have been privileged to host a pop-up café by the asylum-seeker led group Our Table, to hold a number of public events offering those in direct provision to speak and tell their own stories, to welcome small groups from direct provision centres for tours of the cathedral, and in a few instances to provide ongoing pastoral care for those who have desired to maintain a connection with our spiritual community.

While we make no claim to offer quantitative data, we do seek to speak based on the relationships we have formed and to add our voices to the many others who are making submissions to this committee. Through our various interactions and the building of relationships over the past two and a half years, we have been able to see the toll that direct provision takes on the wellbeing of those living in it. Direct provision was only ever envisioned as an emergency measure. It is not a long-term housing solution, and yet that is what is currently expected of it. Long-term institutionalised living, especially for families, is degrading and demoralising. It compounds trauma already experienced in whatever circumstances have caused the person to seek international protection. I divide the observations offered into the following categories:

**Time:** It seems quite common for the wait for an initial interview to extend to two years. After the initial interview, there is further waiting. And after the decision is rendered, there can be yet further waiting again! If the applicant is given refugee status (as opposed to ‘leave to remain’ there will be a wait in order to receive the necessary Ministerial letter. A wait of 4 or 5 months seems common enough (based on our admittedly anecdotal evidence). One family who are now regular members of our congregation were left waiting an excruciating 9 months for their Ministerial letter, without which they could not proceed to get GNIB cards or go through any of the other formalities necessary for starting their new life as recognised holders of international protection status. This extended process of waiting and uncertainty eats away at people day by day, slowly degrading mental health and people’s ability to cope with the already stressful, close quarters living situation that people in which people are living.

**Isolation:** The geographical isolation of many direct provision centres located in areas with limited public transportation options stands as an immediate
roadblock to integration with the wider community. Lack of preparation for local communities slated to receive a direct provision centre compounds difficulties, while at the same time a given centre's management can be the key help or hindrance in terms of relating to the community. As the accommodation providers are private commercial entities, there are seemingly no standards for how centres should mitigate the realities of geographic and social isolation. A given centre might make the effort facilitate linkages with the wider community, or it might not.

**Vulnerability and Risk:** For those seeking international protection, there are often layers of vulnerability at work. As has no doubt been highlighted by numerous organisations, direct provision presents serious mental health challenges for individuals already coping with significant trauma. We wish to particularly highlight the issue of religious freedom. It is common enough for asylum seekers to be fleeing situations of religious persecution either because they are religious minorities, or because they have converted from one religion to another. We have known of individuals bullied or pressured within their centres because of such factors. Hence they experience social marginalisation on the ‘outside’ due to their ethnicity, uncertainty of their immigration status, poverty, etc. and on the ‘inside’ they face bullying from fellow residents who, within the environment of the centre, make up the religious majority. Further, there is an acute shortage of mental health resources, such that people find themselves in interminable periods of waiting to receive any kind of help. There may, perhaps, be recourse only to anti-depressants or sleeping tablets, or perhaps to self-medicating with alcohol, and this all in the context of close quarters of three or more people sharing a small hotel room, trying desperately just to cope with holding on to sanity day by day.

**Transitions:** For those who find themselves in receipt of their ‘papers’ recognising the legitimacy of their claim for international protection, initial relief can quickly give way to new anxieties, as there are no transitional supports in place to move people on from direct provision. Having managed to survive the pressures and uncertainties of life within direct provision for 2 or more years, they now find themselves only in receipt of vague and slightly threatening letters from RIA about their direct provision allowance being cut off in future and the need to move out into accommodation as soon as possible. Those in the Dublin area it seems are referred as a matter of course to St Vincent De Paul to source housing, which as we are all aware is in short supply. Other charitable and voluntary organisations (Crosscare, Irish Refugee Council, Jesuit Refugee Services) similarly make efforts to provide transitional support into housing, education or employment. Their good, and indeed heroic efforts, are sadly often struggling against the inertia of wider systemic issues.
New trends: Disturbingly there seems to be a new trend of ‘temporary accommodation’, people being housed in hotels or B&Bs for indeterminate periods of time, with even less support or information than might be available in the normal direct provision set up. We have met people being housed in Carrickmacross, Laytown and Bray, though the picture seems to be fast moving as people are shifted from one hotel to another as availability changes. This dynamic only stands to further traumatise people as they live in perpetual instability, and to hinder the crucial work of integration and acculturation that go hand-in-hand with the process of seeking asylum.

Recommendations

- Adequately resource the application process for international protection to reduce wait times for interviews and decisions.

- Keep time in institutionalised settings to a minimum and make that time intentional. Any time in an institutional setting should be genuinely transitional.
  - Have key workers based in residential settings who get to know their ‘clients’ and engage with them from day one on learning about and being a part of Irish society.
  - Begin from day one to not only to assess needs but to look at strengths and capacities: how can this person be helped to move efficiently into either education or employment in order to be able to live independently should they be granted international protection or leave to remain?

- Consider this issue in the wider systemic context. Asylum seekers and refugees make up only a small part of Irish society, and yet the difficulties they are facing are not unique, they are just amplified because of the lack of a wider network of social connection (extended family and friends) to rely on. Inadequate mental health resources, housing crisis, lack of job prospects in remote or rural areas, all of these issues affect all of Irish society, it is just that the most marginalised feel it most acutely. Addressing these systemic issues, supply of housing in the first instance, would benefit not only asylum seekers and refugees but society as a whole.

- Reframe the conversation. For many years the Irish made their way around the world, seeking employment, better prospects, a chance to make a life and to thrive. But it seems that now in Ireland those who are seeking asylum are viewed primarily as drain on society and, more ominously, a threat. This perspective is a sad devaluing of human life and potential. Everyone has something to give—even those who have
experienced great trauma in their lives, perhaps especially those who have lived through trauma and have retained the resilience to survive and hope for the future. It is a great shame to see human potential left to waste away. Change the conversation from warehousing and marginalising human beings as if they are an unfortunate problem to be burdened with, to viewing each life as having value and dignity, with capacity to contribute to the betterment of our society.
Review of Direct Provision and the International Protection Application Process

Submission by the Citizens Information Board to the Joint Oireachtas Committee on Justice and Equality (May 2019)

Introduction
This Submission by the Citizens Information Board (CIB) to the Joint Committee on Justice and Equality takes as its starting point the fact that there is some consensus on the need to develop a better accommodation system for asylum seekers and a more streamlined and efficient international protection application process. CIB considers that the review being undertaken by the Joint Committee is important in the context of finding innovative ways of dealing with a complex situation and of putting the matter more firmly on the public policy agenda. On the latter point, CIB notes that, while there have been many criticisms of the Direct Provision system, there has been relatively little public engagement on the issue to date other than in relation to difficulties with provision at local level.

Role of the Citizens Information Board
The principal functions of the CIB are to support the provision of and, where appropriate, provide directly to the public, independent information, advice and advocacy services in relation to social services. The CIB is also required to assist and support individuals in identifying their needs and options and in accessing their entitlements to social services. CIB funds and supports the nationwide network of Citizens Information Services (CISs), the Citizens Information Phone Service (CIPS) and the Money Advice and Budgeting Service (MABS). We also provide and manage the Citizens Information portal www.citizensinformation.ie which provides comprehensive information on the asylum-seeking process and on the operation of the Direct Provision system. CISs provide information, advice and advocacy services to people in Direct Provision through both their local centres and by periodical outreach clinics to Direct Provision centres. Such information complements that provided by other agencies such as the Reception and integration Agency and typically involves information on the international protection application process, service entitlements (e.g., under the Supplementary Welfare Allowance system) and seeking redress. Engagement with asylum seekers also involves an advocacy dimension – enabling people to use the information provided to optimum effect.

Difficulties with the Direct Provision system identified
CIB also has a role in identifying policy issues and blockages that arise from client queries and has over the years identified a number of difficulties associated with Direct Provision and the international protection application process including:

- Length of stay arising from the time required to process applications for international protection
- Limited choice relating to location, type of accommodation and dietary requirements
• An inappropriate living environment for children
• Lack of adequate income to maintain a reasonable quality of life
• Some over-occupancy and overcrowding
• Complaints not being addressed by Direct Provision managers
• Lack of housing options for people granted international protection
• Lack of access generally to Free Third-level Education

More recently, feedback from information sessions and clinics organised by CIB for people in Direct Provision shows that housing issues are consistently the biggest problem for people with status trying to move from Direct Provision centres. The social housing system is largely ineffective for this group of people with a clear housing need (see Appendix for details). Other areas where issues were identified at these clinics were access to employment, training and education supports and registration and identification matters.

In addition to the 2015 Working Group on the Protection Process and Direct Provision Report (McMahon report), there have been numerous reports from NGOs, the Irish Human Rights Commission, the Ombudsman for Children, and the Special Rapporteur for Children and, recently, the Ombudsman’s Report, all of which highlight endemic problems associated with Direct Provision.

The McMahon Report highlighted a combination of issues contributing to stress and poor mental and physical health for people who are already vulnerable and facing uncertainty. These included:

• Significant child protection concerns
• A lack of privacy
• Overcrowding
• Limited autonomy
• Insufficient play areas and places to do homework for children
• A lack of facilities for families to prepare their own meals and meet their own dietary needs

The Ombudsman’s 2018 Report on complaints from refugees and asylum seekers living in Direct Provision centres identified a number of areas of complaint

• Refusal of requests to transfer to other centres
• Facilities at direct provision centres
• Refusal to readmit residents to centres
• Complaints about food, lack of cooking facilities and availability of transport

The McMahon Working Group made a number of recommendations which included ensuring asylum seekers received a decision on their application within 12 months. Positive developments in recent years have included the development of draft National Standards for

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1 Budget 2019 increased the weekly allowance for those in Direct Provision, to €38.80 per week for an adult and €29.80 for a child. While welcome, this increase still places the allowance below the recommended amounts set out by the McMahon Working Group and do not account for inflation in the intervening period.
2 Under a Pilot Support Scheme introduced in 2015, school leavers who have been in the protection system for 5 years and meet certain criteria can apply for student supports.
Direct Provision accommodation, limited access to the workplace for asylum seekers who have not received a first-instance decision within nine months and the introduction of the EU Reception Directive in 2018 which places reception conditions on a statutory footing.\(^3\)

These developments are clearly welcome. For example, the Ombudsman has highlighted the positive impact that the ‘right to work’ has had for some residents and the resulting improved mood at many centres. Despite the introduction of the International Protection Act 2015 which provides for a single application procedure for international protection and which sought to speed up the application system, people are still waiting on average 18-20 months for an initial hearing on their status. Also, the number of undecided cases has been increasing, for example, from 1,550 in 2016 to 5,100 in 2017.

**Addressing the Issues**

*Quality Standards*

While a public consultation has been carried out by the Department of Justice and Equality on a Draft National Standards for accommodation offered to people in the protection process, it does not appear that these standards have been finalised or put on a regulatory footing. There is an obvious need to finalise these standards and to put in place mechanisms for implementation and monitoring. In particular it is essential that staff working in Direct Provision centres have the appropriate skills and competencies to deal respectfully with people who are vulnerable and who have a range of needs which vary from individual to individual.

*Better collaboration systems*

CIB has over the years drawn attention to difficulties for users of public services, including:

- Administrative delays or difficulties in contacting services arising from location, opening hours or telephone availability
- Inadequate inter-agency referral practices
- Need to attend at multiple public offices

Inadequate integration within and between various government departments and statutory agencies that administer social services is a particular problem for people living in Direct Provision. Individuals are often faced with a bewildering number of information and service outlets of varying scale and scope and it may be difficult for a newcomer to comprehend the precise role of each and if and how they relate to each other. This difficulty is compounded in some instances by language difficulties and/or by the location of accommodation (sometimes at a distance from service centres).

*Consultation with residents in Direct Provision*

People in Direct Provision should be consulted on an ongoing and inclusive basis in finding out what services and supports they need and how these should be delivered. The Beyond McMahon report\(^4\), published in 2018, called for an “ambitious, systematic and accountable” overhaul of direct provision informed by the voices of the people who have experienced, or who are experiencing, the protection system in Ireland.

Additional mechanisms are required at both national and local levels to maximise a partnership approach to service provision in the context of cultural diversity and to further promote the

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\(^4\) [https://nascireland.org/sites/default/files/BMM-Consultation-Full-Website-FINAL.pdf](https://nascireland.org/sites/default/files/BMM-Consultation-Full-Website-FINAL.pdf)
active engagement of asylum seekers in developing and implementing appropriate participation strategies. On the latter point, there is a crucial distinction between consultation which tends to be ‘top-down’ and participation which is more organic and meaningful in terms of social inclusion.

**Welfare anomaly**

People living in Direct Provision who are recognised as refugees or granted alternative status are required to leave within two weeks of getting status. While they remain in Direct Provision, they are not entitled to full social welfare payments which would enable them to better plan for transition to other accommodation. This difficulty is exacerbated by the fact that it is not possible to access a rental deposit payment for accommodation in advance of securing a lease agreement (which generally requires a deposit). The following should be considered:

- Paying full social welfare payments to people living in Direct Provision who have been granted international protection status
- Extending the two-week time limit in Direct Provision to enable people find alternative accommodation
- Provision for access to rental deposits to enable people to access private rented sector accommodation

**Social inclusion and meaningful integration**

The Direct Provision system is fundamentally at odds with Government strategy on migrant integration. There has been a tendency to exclude asylum seekers from integration policies and processes. While this is to some extent understandable in the context of minimising so-called ‘pull’ factors, it is counter-productive and serves to further marginalise a vulnerable group of people, many of whom will end up making Ireland their home.

The 2017 Migrant Integration Strategy: A Blueprint for the Future\(^5\) outlines a “long-term vision of Ireland as a society in which migrants and those of migrant origin play active roles in communities, workplaces and politics” This principle needs to be reflected in the way the needs of people in Direct Provision are identified and addressed. While some people in Direct Provision have some linkages into the local community and/or to support groups\(^6\), there are many who for various reasons do not belong to any networks.

Meaningful integration and social inclusion requires that people in Direct Provision are regarded as persons with multiple identities and individual life-stories, (e.g., parents, children, grandparents, members of ethnic groups, nationalities, life events that brought them to Ireland etc.) and not just as people who are seeking asylum. While Direct Provision centres as they currently operate are not ideal for such a people-centred approach, it is strongly suggested that much more could be done in terms of acknowledging people’s individual dignity within the existing system. Clearly a more responsive people-centre system is required in the longer-term.

**Need for a new model**

Direct Provision centres were seen initially as providing essential short-term accommodation and subsistence for asylum seekers. The system, however, evolved into long-term accommodation provision in a largely unplanned manner. Since may people are clearly required

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6 For example, Movement of Asylum Seekers in Ireland (MASI) is an independent platform for asylum seekers to join together in unity and purpose.
to remain longer in ‘transitory’ accommodation, the introduction of more family-type accommodation as distinct from communal reception centres should now be proactively explored by Government. There is a need to examine systems in other jurisdictions in order to identify alternative models of provision which are more in keeping with a proactive social inclusion and people-centred response. Evidently, EU protocols and systems for dealing with asylum seekers are at the centre of how each country meets its obligations.

CIB notes the new community sponsorship initiative being developed by the Department of Justice and Equality which encourages villages, towns and parishes across Ireland to “sponsor” a vulnerable refugee family. This clearly has much merit and should be widely promoted. It should also be considered as one of a number of models that could provide a realistic alternative to Direct Provision.

**Role of social enterprise**
The current housing crisis presents major difficulties in relation to both developing alternative accommodation structures for asylum seekers and providing accommodation to people who have been granted international protection and who need to find alternative accommodation. CIB is of the view that social enterprises have the potential to develop accommodation alternatives on both fronts.

Given that Direct Provision suppliers were paid €72m from exchequer funds in 2018, there is clear scope for greater involvement by social enterprises where the focus is on social purpose and social objectives rather than on profit. Such initiatives could be developed in collaboration with or as an extension of dedicated housing bodies. A social enterprise approach would have the added advantage of providing stronger linkages with local NGOs working in the areas of social housing provision, community development and service delivery and would optimise the contribution of the Voluntary and Community sector and enhance social inclusion. Social enterprises could also in the longer-term contribute to the provision of additional housing to cater for the needs of people who receive international protection status.

Active consideration should be given by Government to incentivising social enterprises to engage with the public procurement system relating to ‘Direct Provision’. Tender requirements should place particular emphasis on innovation and developing alternative models of provision.

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7 The Government (Department of Rural and Community Development) has published a Draft National Social Enterprise Policy for Ireland which has recently been the subject of a public consultation.
Appendix: Policy Issues identified in Citizens Information Service outreach information clinics for those granted refugee status in Direct Provision Centres

Housing

- Lack of available accommodation within the rent limits and difficulty finding accommodation that will accept them
- Most landlords are looking for a deposit and a month’s rent in advance. Residents are mainly being provided with deposits, but are unable to access a month’s rent in advance, which is putting them at a disadvantage in the rental market.
- ENP for a deposit is only available once the HAP application has been approved. Considering the high demand and lack of supply in the Dublin rental market at the moment, Direct Provision residents who are unable to borrow money to pay for a deposit in advance, are finding it very difficult to secure a tenancy when competing with people who are in a position to pay a deposit and first month’s rent up front.
- Pressure on residents to move out of the Direct Provision centres – letters and notices received. This is putting residents trying to find accommodation under stress.
- Difficulties in not being able to transfer housing applications from one area to another. Residents have to apply to one local authority and then when they can’t find accommodation in that LA area, they have to apply again to a different LA. These delays are causing difficulties and prevent people moving out of the centres.
- Difficulty obtaining affidavits/documents required for housing application to prove that claimants do not have property in their country of origin – this is very difficult especially for refugees and also delays the housing application.
- If a client owns property in their country of origin, they are not allowed on the housing list, even where the property has negligible value. If they sell this property and fund their accommodation costs with the proceeds of this money, at what point do they become eligible for social housing? For example, if they sell the property with proceeds of €20,000, do they have to use this full €20,000 on rent, or are they allowed to keep a certain amount?
- Issues around how to complete housing applications for people in unusual family situations, for example, if one half of a couple has been granted status and the other has not?
- Difficulties filling in the Social Housing Application form
- Access to Homeless HAP. Time with status in the direct provision centre could be classed as ‘homeless’ so residents can access the extra supports given for homeless HAP in Dublin, such as higher thresholds etc.
- Requirement to show a ‘local connection’ to access the housing list in each county (and avail of HAP) is preventing DP residents from moving to locations outside Dublin, where there is more accommodation.
Employment, Training and Education

- Residents enrolling in education courses outside the centres are having difficulties with fees, transport and food costs. They have to pay for travel to and from the course and often miss lunchtime meals at the centre so have to feed themselves from their weekly DP Allowance.

- Long periods of inactivity while in Direct Provision are causing difficulties for people looking for employment, as the long gap in their CVs is often questioned by employers who use recent experience as a strong criteria for awarding jobs.

- Difficulties for young, independent adults in education. For example, one leaving cert student granted leave to remain but cannot find accommodation and cannot access jobseekers while in school.

Registration and Identification

- Cases where officials are insisting on passports as proof of identity, which is difficult when some people are having problems getting one from their countries of origin.
Submission to Oireachtas Committee.

Direct Provision Centres.

We want to make a small contribution to the Direct Provision chapter. We want to make sure that we that it is understood that direct provision is not a good system for reception and integration of asylum seekers. We started the music project because of the many mental health problems that residents of Direct provision centres suffer. The lack of privacy, the long waiting times, the inability to work or study in third level education, the poor nutrition all contribute to a poor mental wellbeing, this often goes paired with Post Traumatic Stress Disorder. The direct Provision centres are not equipped to help people combat these problems. They are not fit for purpose and have no place in a modern society.

Our proposal is to abolish the direct provision centres and let people like us live independently while working and contributing to the Irish Society. A recent article in the Irish Times highlighted how refugees are now helping the German economy to boom, we could do the same in this country, and are eager to do so. (link2)

All children and adults in direct provision centres should be given access to music. We noticed there is an electric piano in the centre, but when one of the young residents requested to use it, as she had always played piano in her home country, she was refused. The piano is there standing idle, it is never used, not because there is a lack of interest, but because there is a lack of empathy from the management.

If a reception centre is required, we advise it should be run by specialised staff, who have knowledge and experience in working with refugees and asylum seekers, and who are responsible for more than just a bed and food.

We have started playing music to deal with stress and to find a way to communicate with each other in the community and with the Irish society, without knowing each other’s languages. Music is a universal language and this is obvious when we play.

It is thanks to the input and dedication of volunteers that we have been able to form Citadel. The management has never encouraged us, in fact they tried to stop what we set out to do in the beginning, we even found our guitars back in containers outside, under freezing temperatures. There has never been any encouragement or support.

Playing music has helped us to regain confidence and to integrate into Irish society through music.

We notice many children want to learn, but don’t have the means to do so. We propose that centres for asylum seekers are run by professionals, and that access to music for all is made possible.

Ireland is a wonderful country to play music in, the music we bring can only enrich the Irish culture.
IPO

Every member of Citadel has been through the interview process, some of us have received refugee status, some have been refused and are now in appeal.

We all agree on these points:

- The interview process is gruelling and inhumane for people suffering from PTSD
- The interviewers are not well informed, have been seen to Google countries, have sometimes not shown up for the arranged interview, can’t type fast enough and resort to writing summaries of the interview
- Translators are not always suited to the person being interviewed. Some languages are spoken differently in different countries.
- Correspondence from the IPO is always in English, which causes problems for people who haven’t mastered the language yet.

Our proposal:

- Interviews should be conducted by specialised professionals who are aware of the international humanitarian issues, and are preferably specialised in one region.
- Interviews should be audio recorded
- Interpreters should be qualified and speak the language of the country of the interviewee
- IPO correspondence should be translated into a language the person seeking asylum is fluent in.

Summary:

Direct Provision
- Give everyone the right to work
- Centres should be run by professionals with experience in refugees, migrants and asylum seekers and PTSD.
- Health and Wellbeing professionals should be part of the staff
- Music should be accessible to all

IPO
- Interviewers should be conducted by specialised professionals.
- Interviews should be audio recorded
- Interpreters should be qualified and speak the language of the country of the interviewee
- IPO correspondence should be translated into a language the person seeking asylum is fluent in.
CLARE PUBLIC PARTICIPATION NETWORK SUBMISSION TO OIREACHTAS JOINT COMMITTEE ON JUSTICE & EQUALITY - DIRECT PROVISION & THE INTERNATIONAL PROTECTION PROCESS

May 22nd 2019

Reception:
Clare PPN notes that in 2018, 3618 people sought international protection in Ireland- a figure which amounts to slightly more than 70 people per week or 10 per day. Clare PPN considers this figure to be well within the capacity of a country with the size, population and economic prosperity that Ireland enjoys. Clare PPN considers that at a policy level Ireland should prepare and provide for approximately 5,000 applicants per year. Clare PPN’s environmental groups note that it is extremely likely that the global effects of the climate crisis will lead to increasing global population mobility with an attendant increase in the numbers of those forced to seek international protection.

Clare PPN wishes to recommend the following restructuring and front-loaded resourcing of the reception and application process as a minimum necessary to protect the rights of those seeking International Protection and to end the practice of extended periods of institutional living for international protection applicants:

1. When a person presents themselves as being in need of international protection the first duty of all state agents involved must be to ensure and safeguard the wellbeing of that person. This should include the provision of medical attention if necessary, transferring them and any dependents to a specially dedicated place of safety which should be a purpose built reception centre with enough capacity to comfortably cater for current and future levels of arrivals, the provision of food, water and clothing if necessary. The person who wishes to seek protection should also be given adequate time to rest. Until such a time as all of these needs have been met no part of the legal process should be entered into nor any further questions asked of them.
2. When the person has been safeguarded and their physical wellbeing provided for it should be the immediate responsibility of any state or contracted agency to arrange for them to have access to an explanation of the process of seeking international protection and of any services, supports or advocacy organisations available to them. This should be available to them in a language in which they can communicate comfortably. Clare PPN recommends that at a minimum the screening of a video explanation of the International Protection process should be scheduled several times daily in the reception centre with subtitles in the appropriate languages, and all of those seeking protection should be made aware of this and assisted to attend a screening. All unaccompanied minors should be appointed a social worker who will attend all processes with them and ensure that their safety and emotional wellbeing are prioritised at all times.

3. The person intending to seek international protection should then be given access to a solicitor provided by the state with whom to discuss their situation. This access to legal advice should be provided for before the applicant takes part in any formal or legal interview process including their preliminary interview which establishes whether their claim is or is not admissible to be considered for International Protection. Where necessary suitable qualified interpreters should be provided. These interpreters should not be, or have been employees, elected representatives or officials of the state from which the person wishing to seek protection originates. They should not be of a nationality or ethnic group currently in conflict with the nationality or ethnic group of the person who wishes to seek international protection.

4. The person wishing to seek international protection should have the right to be accompanied to their preliminary interview by their solicitor and interpreter or other person of their choice. Should the person wishing to seek international protection state that they have experienced torture, inhumane or degrading treatment they should be given access to medical and psychological care, as well as being provided without delay with access to those who can conduct medico-legal assessment and reports if likely to be required by the International Protection Office at interview stage. Provision of psycho social care/assessment should be the responsibility of the state and should not be dependent on the capacity of Non Government Organisations to provide such services.
5. If the person’s application is found to be admissible they should again have access to legal advice and quality translation/interpretation before and during the process of filling in their application questionnaire (Currently IPO2). This form should also be significantly simplified and shortened.

6. The applicant should be accompanied to their substantive interview by their solicitor and or another person of their choice. The state should resource the refugee legal service sufficiently to provide for this level of legal support.

7. Clare PPN notes that from recent reports it is taking an average of 19 months before people are called for their substantive or personal interview during which time the majority of applicants reside in Direct Provision Centres. Clare PPN considers this to be a completely unacceptable delay and recommends that instead of the costly system of Direct Provision that the state should instead resource and finance the reception process so that decent, secure, safe accommodation is provided on arrival and that the first four stages (reception, preliminary interview, questionnaire IPO2, substantive interview) of the international protection process should be completed before applicants leave the reception centre and within 6 weeks of their entry into the process. At current levels of arrivals this would mean that reception centres would have to have capacity for 500 people to be catered for in a dignified and safe way at any given time.

8. Clare PPN further notes that the vast majority of those currently granted refugee status or leave to remain receive that decision on appeal rather than at the first instance. Clare PPN has been advised that in most cases this is because the applicant did not have access to timely, quality legal advice before making their application. Clare PPN wishes to draw the attention of the committee to the cost and humanitarian implications of (a) The length of time people wait before their substantive interview and (b) The inefficiency, inhumanity and cost of waiting until appeal stage before adequate legal advice is provided so that a correct decision can be reached. Clare PPN considers the current system inhumane, inefficient, costly and one which causes institutionalisation, segregation and poverty for those people who have come here seeking protection.

9. Clare PPN strongly recommends that the system of direct provision be ended completely and not reformed or provided by NGOs or advocacy organisations. Clare PPN considers institutional living unsuitable for anything but the very shortest term and unsuitable and unsafe for any duration for LGBTQ people, vulnerable adults, and children. Clare PPN asks this committee to recommend a revised and streamlined reception process as detailed above followed by an immediate supported transfer into conventional accommodation in the general population for international protection applicants. Clare PPN considers that the system of support workers and interagency co-operation provided for programme refugees should be replicated for international protection applicants to assist them in the early stages of their transfer into communities.
10. Clare PPN calls on this committee to recommend that international protection applicants be allowed access without restriction to employment, social welfare, children’s allowance and education whilst they await the decision on their application. Clare PPN notes that the exchequer is already paying the equivalent of a Jobseeker’s Benefit for each adult living in Direct Provision with their accommodation provider receiving most of this payment and the international protection applicant currently receiving €38.80. Clare PPN is calling for that payment to be redirected away from accommodation providers and instead provided directly to the international protection applicant themselves. Clare PPN notes that whilst it will be necessary to provide accommodation supports in line with those provided to the general population to international protection applicants that it is the desire and within the capacity of many of those currently living in direct provision to provide for themselves and contribute to the Irish economy if the barriers to them doing so were removed.

11. Clare PPN notes that 5% of people currently living in direct provision have been there for seven years or more and considers that anyone who has been more than 36 months in direct provision should be given immediate leave to remain and assisted with rebuilding their lives. Clare PPN notes that the damaging effects of institutionalisation and enforced impoverishment caused by such lengthy stays in direct provision centres are detrimental to the lives and potential of the people caught within this system and that this damage is caused directly by the Irish state’s policy.

In conclusion Clare PPN notes that the state’s system of direct provision is currently in crisis with direct provision centres being overcrowded and located in remote and unsuitable areas where even the local populations do not have access to adequate services- including crucial health and transport services. Clare PPN notes that in recent times two other hotels in Clare have been selected for use/used as emergency accommodation for international protection applicants. These other hotels have no specialised services or staff and are completely unsuitable for the use they are being put to and Clare PPN considers it irresponsible in the extreme that the Reception and Integration Agency should operate in this fashion. Clare PPN further notes that it received little satisfaction from raising concerns about child protection within the direct provision centres in Clare with the Reception and Integration Agency and has no confidence that children living in direct provision in Clare are safe.
Clare PPN notes the current difficult situation caused by poor housing policy and a lack of social, affordable and cost rental housing in Ireland. Clare PPN wishes to draw the committee’s attention to the fact that Direct Provision is not a factor of austerity or the housing crisis and that this model was in operation throughout Ireland’s economic boom. We call on the state to estimate and provide for international protection applicants in all housing strategies and to accept that Ireland’s role as a host country for relatively low numbers of international protection applicants is predictable, manageable and one of the standard responsibilities of a modern state. Clare PPN calls for an immediate change to the Rebuilding Ireland Programme which would see the direct build and ownership by the state of sufficient quantities of social, affordable and cost rental accommodation to meet the needs of all of those who live in Ireland whether on a temporary or permanent basis.

Clare PPN considers that the era of direct provision will go down as one of the most shameful in the history of our state, on a par with the industrial schools and the Magdalene laundries. Clare PPN thanks the Joint Committee on Justice and Equality for this opportunity to make a submission and hopes that in its recommendations it will seek to end the system of direct provision and reach out to those who need international protection and ensure that for whatever length of time they make their homes here that they are made welcome and treated with dignity and respect.

We welcome any enquiries regarding this submission and call on the Joint Oireachtas Committee on Justice and Equality to recommend that the system of reception and application for international protection be restructured to avoid the need for the long term detrimental ‘warehousing’ of people in profit making direct provision centres in Ireland. We stress in conclusion that in all of our experiences with international protection applicants we have encountered people with the potential and capacity to contribute to our communities, cultures and economy who are prevented from doing so by the system of direct provision. We call on this committee to do its best to end the forced dependency they are maintained in.

Clare PPN looks forward to continuing to engage in this process and welcomes any communications or queries in respect of this submission.

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Submission on Direct Provision and International Protection to Department of Justice and Equality Joint Oireachtas Committee

The Clare Women’s Network (CWN) are one of 17 networks funded nationally under the National Collective of Community based Women’s Networks. NCCWN –CWN are a grass roots volunteer led feminist organisation, funded by the Department of Justice and Equality. Our mission statement is:

“To ensure a safe society in which all women are valued, included and experience equality of opportunity at all levels of social, political and economic life’

The NCCWN – CWN are committed to working with women on the margins of society and who have extreme difficulties accessing services and opportunities which many take for granted in Irish society. Currently CWN are working directly with women and their children who are accommodated in Direct Provision Centres awaiting clarity and confirmation of status in Ireland. In this work we continuously bear witness and listen to the struggles and difficulties experienced by women arriving in Ireland. On the basis of this work and consultations with the women the CWN are making the following recommendations to DJE for alterations/changes to the current system in place.

On seeking International Protection:

1. Women and children on arrival in Ireland should be provided with comfortable, safe and spacious accommodation. Adequate culturally appropriate food, water, clothes, toiletries, cooking and washing facilities should be provided according to family size, gender and meet the needs of the individual or family. Availability of culturally appropriate food and cooking facilities are a necessary component of allowing people to feel safe, welcome and at ease as well as enabling respite/recovery from the circumstances which they are leaving and seeking international protection from.

2. At the initial stages of arrival, the immediate requirements should be assessed. Those seeking protection whether they are individuals or families should not be required to share facilities or spaces with others.

3. As a minimum provision, language interpreters, medical and psychological care should be provided as necessary. It should be ensured that interpreters are in place to assist those seeking protections have no conflict of interest in providing assistance, e.g. their own background doesn’t conflict politically with those seeking protection.

4. Geographical location of accommodation should be in line with the persons needs including access to schools/transport and medical services and should be choice based according to needs for example if they already have family members in Ireland or if hospital care/maternity care is required on a regular basis.

5. Direct access to services, supports and interpreters on arrival in Ireland is considered an important and necessary health consideration which should be in place. This should be resourced in conjunction with the department of health and meet the specific needs of those arriving in Ireland. People should not have to go on waiting lists for essential supports in addressing such issues as trauma and mental health issues or surgery procedures.

6. Women and children seeking International Protection in Ireland should have immediate access to all relevant information, including a full breakdown of the legal steps necessary in seeking protection and should be taken through before the process begins.

7. Women and children seeking International Protection should have access immediately to legal advice provided by the state with whom they can discuss their individual circumstances. Legal representatives should be allowed to attend interviews with those seeking protection. Interpreters or a person of choice should be allowed to attend interviews with those seeking protection.

8. Those tending to and assessing the needs of women and children seeking international protection should have adequate culturally appropriate training and a skilful knowledge of racism and ensure stereotyping and prejudicial, discriminatory practices are not at play. Knowledge pertaining to countries of origin, circumstances, barriers and obstacles facing those seeking protection will assist in assessments and avoid further actions which increase trauma or psychological distress.
9. Social Care and psychological welfare needs of those who have experienced torture and inhumane treatment should be provided by the state and not by non-government agencies.

10. The IPO2 form should be considerably shortened and simplified and interpreters/translators should be available from the state to assist with this process.

11. Current waiting times for being called to interview is 19 months, this is an unacceptable waiting time to be housed in Direct Provision Centres and individuals seeking protection should be through the initial four stages of the process within a six week time frame of it beginning.

12. Accommodation should be in City Centres, or based in geographical locations which are close to regular and frequent train and bus services as well as other essential services such as hospitals. Housing should not be choice based and those seeking international protection should not find themselves in isolated locations without adequate transport systems and inabilities to secure private transport, driving licenses, employment, and education, social and childcare needs. Transport needs should be fully subsidized by the state.

13. Identity cards should be renewed less frequently and renewal cards issued in local garda stations. Currently the system requires people travelling for up to ten hours for something which can be done in 20 minutes.

14. Those seeking refugee status under the current system tend to only be successful on appeal, this is generally due to inadequate access to quality accurate legal advice. The length of time awaiting appeal is costly, inefficient and wholly inadequate and distressing for those applicants. This system only adds to the inhumanity already experienced by the applicant prior to arrival. Clients of CWN have described this system as degrading, humiliating and depressing.

15. NCCWN – CWN recommend that the Direct Provision system is not suitable in any manner or form particularly for vulnerable adults, children, old people and LGBTQ+ people. This system should be ended and not reformed and those seeking international protection should be housed in conventional living spaces where they can cook and live among the general population.

16. NCCWN CWN recommend that those seeking International Protection have immediate access to the welfare system and employability rights, children’s allowance and are able to access all education facilities including third level institutions. As accommodation providers are already in receipt of the jobseekers benefit on behalf of each adult seeking protection, this should be redirected to the individual themselves and create opportunities for independent living and choices.

It is the recommendation of the NCCWN – CWN that the Department of Justice dismantle the Direct Provision System and provide those seeking International Protection with the necessary requirements to live with dignity and freedom and access opportunities to bring stability to their lives. The NCCWN – CWN recommend that opportunities are created to avail of the contributions and skills which those seeking protection bring to Ireland and assist in destigmatizing the many negative connotations associated with seeking International Protection.

One woman working alongside NCCWN – CWN has described the current system in the following way:

“I have been living in direct provision for 2 years and five months now, I came into this country I search for refuge, but my experience in Ireland is terrible as myself and other women whom I met here in direct provision has gradually gone from bad to worse as time passes, we face discrimination, humiliation. I personally have gone through psychological and emotional torture going through the asylum process, I have been forced to narrate my experience over and over again not minding the terrible torture I go through each time I revisit my ordeal, I go series of panic attacks and trauma recalling my experiences, but no one cares, each time my interviewer only sees it as a lecture or bedtime story”

Yours Sincerely

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Let them give us what we can eat or give us vouchers!

Concerning Direct provision and Knockalisheen in particular, the experience there is nothing to write home about. People are treated as animals and when you challenge them (staffs), they tell you to go back to your country. People are bullied most times especially those they (the staff) know won’t queried or questioned their behaviour. I am one of those the staffs bullied especially Mike (the advanced man among the Kitchen staff) when I ask for more food.

To mention the food which we are entitled to, they treats us as if we have to plead to have it. Sometimes, when someone gets to the dinning, the food displayed may not be of interest and decided to walk away. At times, someone might be hungry thereby forced to eat what might have reaction later. I had experienced this when I ate their food consistently for 3 or more days (can't really remember) and I saw the reaction on my skin especially on my face. Although, they prepare something good sometimes if the new Chef is around and if you decided to take more food, (the staff will tell you the history of your life) that's when problem comes in because you are asking for more...

The management should stop forcing food down our throat and Let them cook what we can eat and not what they can afford. They should also give people more food if they demand for it and stop throwing food away if it's what they can't recycle. In a nutshell, let them give individuals vouchers to get what they can eat and how much they can eat. Let them (management) cook and display what they can afford then, we see if they are really doing good job if people patronize them. This method is implemented in other hostels, so if it can be all over the hostel in Ireland especially the Aramark managed hostels that would be great.

The staffs need to be trained on a regular basis on how to manage people with stress because, a lot of people in Direct Provision are under mental stress given their status. The following are my suggestions and criteria of staffs working in DP

- They need to be friendly
- Know how to attend to individual with different culture
- Not racist
- Empathy
- Deep acting ("put themselves in the resident’s shoe's")
- Not to look down on Asylum Seekers for we are equal

If these issues are considered, it will be of great help to the society on how we treat one another.

I know closing the DP will create unemployment and rather than shutting it down, let the government seek other ways of making things easy for those residents, staffs even those looking for job by implementing the above suggestion.
1. Introduction

Clare Local Development Company are engaged in supporting the residents of King Thomond Direct Provision Centre, Lisdoonvarna, Co. Clare since it opened in early 2018.

We provide a number of social inclusion supports to the residents as part of our work under SICAP, the national Social Inclusion Programme. These include one: one supports, employment and education information, training provision, community development and homework club supports.

2. Recommendation re: reducing application period waiting times

Various issues arise through the course of meeting with the residents and supporting them in adapting to life in Ireland, and specifically to living in a direct provision centre. What we have found is so many of the daily welfare issues e.g. not being able to work; apply for driving licences etc. stems from the length of time the application process currently takes.

We feel strongly that the current application system is not working. It is unacceptable that applicants must wait for an appointment to become available in Dublin, which is very inaccessible to many of the more rural direct provision centres. We strongly recommend that a decentralised regional system is introduced to help improve efficiency and decrease waiting times for all applicants.

3. Recommendation re: contribution to board and lodging

We are requesting that the committee review the current requirement for residents with work permits to contribute to their direct provision board and lodging after a period of only 12 weeks employment.

As per the Irish Refugee Council Policy Paper (The right to work for International Protection Applicants July 2017) it is highlighted that employment during probationary periods can be precarious, people may work part-time and on the minimum wage.

12 weeks work allows for only a minimum amount of savings to be made and it is unrealistic to expect residents to be able to contribute after such a short period, while also saving for a housing deposit and advance rent payments amongst all other additional necessities required.
4. Recommendation re: changing the system of Direct Provision in Ireland

We welcome the recent small changes which are being made to improve the quality of life of the residents in Direct Provision e.g. a move toward facilitation of independent living etc.

However we also wish to add our voice to the many other voices calling on the government to abolish the current system of Direct Provision for individuals seeking international protection in Ireland. The Irish state needs to provide asylum and accommodation in a properly planned and structured manner which respects human rights as a positive and important part of a modern democracy.

Ends.
Clonakilty Friends of Asylum Seekers

Submission on Direct Provision and the International Protection Application

Process

**Not for Profit**

It seriously concerns us that direct provision serves the interests of commercial companies against the upholding of fundamental human rights. Profit making businesses will always endeavour to maximise their profit, indeed it is their obligation to do so. Thus, they may not be prioritising human rights, and not providing holistic standards of care for the people in their residential centres. Examples of best practice in Europe show that countries that provide public led reception systems are much more effective at implementing a quality, human rights, effective reception system and adequate living conditions.

**Qualified Staff**

Re: Reception Officer: We believe the term ‘Vulnerability Assessment’ is vague. There is no specific description of what this assessment would entail, or how it would be carried out. What is most alarming is that it is suggested that the responsibility lies with the service-provider. The vulnerability or otherwise of a resident of the centre is a private matter, and if assessments of any kind are required they must be carried out with the full consent of the resident, by certified professionals, and the records of such an assessment should be treated confidentially. It is inappropriate that the service provider have role in this, or access to private information concerning residents.
Re: Other Staff: It appears that no specific qualification, training or certification is required for hostel staff. There are no staff qualified in social care in our local centre. If there were qualified staff they would be required to carry out continuous professional development to be the primary care service providers for this vulnerable community.

There appears to be no transparency around recruitment policy and process at the DP centre. It concerns us that, out of seven staff, four people are members of the same family. Specifically, it is a fear of the residents’ that any complaints or concerns about a member of staff could involve a report to that staff-member’s family. In that instance there is little confidence that the professional responsibility to follow up on such complaints will be upheld.

We believe that if the service providers were obliged to conform to a RIA proscribed standard for the advertisement for, and recruitment of, qualified staff these sorts of issues would not arise.

An example of good practice in this area is the state run Fedisil centres in Belgium. The centres are run by qualified people for every role and psychological, medical, and social support is provided for every asylum seeker. These professionals hold confidential files, and they are bound by the confidentiality rules of any worker in this field. Vulnerability studies are conducted by a social worker in order to provide the right type of accommodation and the right support for the individual.
Childcare

It has been our experience that the lack of childcare facilities in direct provision prevents
those who can work or study from working or studying. Asylum seekers do not have
extended family networks and long-term friendships to call upon for support with childcare.
This is just one contributing factor to the deteriorating mental and physical wellness of
residents.

Safe Common Spaces for Socialisation and Play

As most residents are living in cramped conditions, in a single room, with their children, it is
vital that adequate communal areas are provided for socialisation and play. It is the feeling
of the residents, and the community groups supporting them, that there is inadequate
communal space for residents to escape their rooms. This adds to the isolation and
frustration that both adults and children experience.

We believe that these centres should be state-run and not-for-profit. They should also be
adequate to provide separate bedrooms for children, adequate communal space, and age-
appropriate play areas.

Access to Education and the Labour Market

The ban on the right to work or study for those asylum seekers, who do not qualify under
the new rules, is another contributing factor to the deterioration of the mental and physical
wellness of residents. This ban also contributes to the myth that asylum seekers have noting
to contribute to our society and economy. Many of the people that we know are highly
qualified and highly motivated. They could significantly enhance our economy and indeed
contribute to areas such as health and caring, where our country is currently lacking.

Additionally, we believe that if asylum seekers were allowed to take driving tests and hold
licences, it would benefit them greatly at very little cost. This initiative would enhance their
mobility, which would have a positive impact not only on opportunities for employment but
would also widen their choice for potential accommodation, thus alleviating the problem of
residents remaining in DP centres long after receiving their leave-to-remain.

Adequate Accommodation

It is vital that families with children should be given adequate additional rooms for children
to occupy to provide privacy for families. Residents have confided in us that children are
sometimes exposed to domestic violence, and that adults do not have adequate privacy for
intimacy.

We believe that asylum seekers, and the wider community, would benefit in the long term if
residents were housed in the community rather than separated in DP centres. Until such
time as that becomes feasible, our suggestion is that DP centres should be State run, and
not-for-profit. They should be staffed by appropriately qualified people, with a transparent
recruitment process, for which RIA should provide guidelines.
Reporting Confidentiality

It has been expressed to us by many residents that they do not have confidence in reporting through the ombudsman. Their experience has been that what they believed had been said in confidence came back to them from staff at the hostel.

IPO Form

The IPO Form that applicants are required to complete, is very long. They are expected to complete this without having had the advice of an advocate or legal person. They are often completing this at a time when they are also traumatised, which could impact on both the content that is put in the form, but also that which is not put in the form. The form information is then effectively set in stone, and the applicant cannot adjust or restate anything that has been committed, without negatively impacting on the possibility of a positive outcome to their application.

Resolution of Status of Asylum Seekers who are within the DP System for longer than Five Years

The McMahon Report proposed that asylum seekers, who were in the system for longer than five years, be given leave-to-remain status. This appeared to become policy for some time after the report, but is no longer in operation. We are aware of many people who have been in the system for seven years and upwards.
We believe that all asylum seekers who have been within the system for longer than five years should be granted leave-to-remain without delay.

**Supports for People who have been Long-Term DP Residents**

People who have lived in the DP system for many years, who are granted status, have specific needs that are currently not being addressed. The nature of the DP accommodation, which has by its nature, significant institutionalising impacts, has major consequences for entry into mainstream society.

There is a need to provide specialised social workers, trained in de-institutionalisation, to support residents in transitioning to various new aspects of their lives, including basic likes seeking accommodation, setting up home, joining the workforce, and also areas like personal finance etc.
Direct Provision and the
International Protection
Application Process

Community Work Ireland
Submission to the Joint Oireachtas
Committee on Justice and Equality

May 2019

Introduction

Established in 1981 Community Work Ireland is the national organisation that promotes and supports community work/community development as a means of addressing poverty, social exclusion and inequalities. CWI is a membership organisation comprising over 800 individuals and organisations that support community work/community development and work in the most disadvantaged communities throughout Ireland. For 25 years Community Work Ireland, has played an important role in working to advance policy and programmes that meet the real and pressing needs of disadvantaged communities throughout Ireland seeking to ensure the meaningful participation of communities in the decision-making processes that affect their lives.

Nationally we participate as active members of the Irish Refugee and Migrant Coalition and represent the coalition on the Department of Justice committee on Community Sponsorship, we are members of the European network against Racism, the Community Platform and through the Platform the Community and Voluntary Pillar. Internationally we are represented on the European Community Development Network.

1 As the Community Worker’s Co-operative
2 The Community Platform is a network of 28 of the main national organisations working to address poverty, social exclusion, and inequality. Our objectives are to facilitate solidarity amongst the organisations involved, organise community sector participation in partnership arrangements with the State, and establish a critical voice for equality, rights and anti-poverty interests at a national level.
3 http://www.esr.ie/ESR_papers/vol37_3/03%20Larragy.pdf
4 http://eucdn.net/
and the International Association for Community Development⁵, the National Women’s Council of Ireland⁶ and the Coalition to Repeal the Eighth Amendment. CWI is also a member of the National Women’s Council of Ireland and the SDG Coalition.

Community development is a professional discipline and approach based on the principles of participation, collectivity, community empowerment, social justice & Sustainable development, human rights, equality & anti-discrimination⁷. It is an approach to addressing significant social and economic issues that emphasises early intervention and the involvement, engagement and participation of those affected by these issues in the process of needs identification and strategy/project development to address these needs.

Community development involves promoting the rights and voice of marginalised groups including refugees, asylum seekers, other people who are migrants, Travellers, Roma, other minority ethnic groups, LGBTI people, older people and people with disability⁸ recognising the multiple barriers and forms of oppression and discrimination experienced in particular, by women from these communities.

It is within this context that CWI welcomes the opportunity to submit to the Committee our views on the Direct Provision system and the International Protection Application Process in Ireland.

Context

Forced global migration and the displacement of people from their home countries due to war and persecution, is a current and increasing reality throughout the world. It is a reality which presents and will continue to present serious challenges for those with no choice but to leave their homes in search of asylum, safety and a secure future for themselves and their families.

It is a reality too, which places a significant responsibility on receiving countries to develop systems that meet the needs of asylum seekers in a manner that protects and promotes their human rights, dignity, empowerment and inclusion. A responsibility to recognise and respond appropriately to the diversity that exists amongst asylum seekers in terms of religious, ethnic and cultural backgrounds as well as gender, age, family status, marital status, levels of ability/disability and sexual orientation.

The system of direct provision in Ireland since its introduction 19 years ago, has long been an issue of concern for Community Work Ireland members and has been well documented as having negative human rights implications for those who are placed there and has been widely condemned for the damage that it does. Nevertheless, successive governments have systematically refused to develop an alternative model.

In 2011 the UN Committee for the Convention on the Elimination of Racial Discrimination CERD Concluding Observations 2011⁹ stated that ‘The Committee is concerned at the negative impact that the policy of ‘direct provision’ has had on the welfare of asylum-seekers who, due to the inordinate delay in the processing of their applications….as well as poor living conditions, can suffer health and psychological problems that in certain cases lead to serious mental illness…..(arts. 2, 5 and 6)

The Committee encourages the State party to take all necessary steps with a view to expediting the processing of asylum applications so that asylum-seekers do not spend unreasonable periods of time in asylum centres which might have negative consequences on their health and

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⁵ http://www.iacdglobal.org/
⁶ www.nwci.ie
⁷ All Ireland Standards for Community Work - http://communityworkireland.ie/all-ireland-standards-for-community-work/
⁸ ibid
general welfare. The State party should take all necessary measures to improve the living conditions of asylum-seekers by providing them with adequate food, medical care and other social amenities including also a review of the direct provision system.

In 2014 the UN Human Rights Committee stated that ‘The Committee is concerned that victims of trafficking who exercise their right to apply for asylum are not granted a “recovery and reflection period” or temporary residence permission and are held in Direct Provision centres. It is also concerned at inadequacies in the legal support provided to victims of trafficking and the absence of legislation protecting their rights (arts. 2 and 8). The State party should ensure that effective and appropriate assistance and protection is afforded to potential victims of trafficking, including by adopting without further delay the necessary acts of legislation which are compatible with international legal standards’.

In its report on Ireland and the Convention on the Elimination of All Forms of Discrimination Against Women the Irish Human rights and Equality Commission highlighted a number of key issues affecting women in the direct provision system and stated that, ‘the Commission is of the opinion that accommodation of victims of human trafficking in direct provision centres does not comply with the Convention. The Commission recommends that victims of human trafficking be accommodated in appropriate single-gender facilities with access to the necessary services and supports. This approach echoes recommendations made by civil society organisations working with victims of human trafficking’.

They noted significant levels of abuse and harassment experienced by women in direct provision centres ‘The Commission was struck during its visits by reports of harassment experienced by female residents of both direct provision centres. Women made reference to catcalling, verbal abuse and propositioning, and the effect this behaviour had on their wellbeing. The Commission calls for the recommendations of the Working Group on the Protection Process to be fully implemented. The Commission recommends that gender-sensitive mental health and counselling services be provided to all women living in direct provision, and that the implementation of the Reception and Integration Agency’s guidelines on sexual violence be monitored as part of inspections of direct provision centres. The Commission also recommends that both publicly and privately owned centres are made subject to the Public Sector Duty, and that all staff are trained in gender equality and human rights’.

Regarding the rights of children in direct provision, the UN Committee on the Rights of the Child stated in March 2016 that ‘The Committee is concerned about reports that:

(a) Numerous centres do not have adequate facilities for families with young children;

(b) Asylum and refugee accommodation centres do not offer adequate child protection services, sufficient access to education for children or sufficient access to appropriate clothing and food in general, including culturally appropriate food for minority faith children accommodated in such centres;

(c) The child allowance provided to asylum seekers has not kept pace with the rises in cost of living and inflation in the State party.

The committee recommended that the State party establish and implement regulations to ensure that the business sector, including in the context of public procurement, complies with international and national human rights, labour,
environment and other standards, particularly with regard to the rights of the child. In particular, it recommends that the State party:

(a) Strengthen its regulatory framework for the industries and enterprises operating in the State party to ensure that their activities do not negatively affect the rights of the child or endanger environmental and other standards;

(b) Establish independent mechanisms to monitor the implementation by business enterprises of international and national environment and health standards; appropriately sanction and provide remedies when violations occur; and ensure that appropriate international certification is sought;

(c) Require companies to undertake assessments, consultations and full public disclosure of the environmental, health-related and human rights impacts of their business activities and their plans to address such impacts;

(d) Be guided by the United Nations “Protect, Respect and Remedy” Framework, accepted unanimously in 2008 by the Human Rights Council, while implementing these recommendations.\(^{12}\)

The Special Rapporteur on Child Protection, Geoffrey Shannon, has also raised concerns about the detrimental effect of Direct Provision accommodation on children and on parents’ ability to provide adequate care. He describes the system as amounting to institutionalised poverty.\(^{13}\)

The International Protection Application Process is complex, drawn out and fails to fully recognise and cater for the support needs of those who have experienced severe trauma and who are not au fait with the application process. Additional resources are required for the Legal Aid Board and the IPO to ensure the integrity of decision making process. Many asylum seekers are now waiting 15 months for their first interview. The process is a lengthy and difficult and complicated and frequently applicants do not get benefit of legal advice. People need guidance and advice to ensure they give the full information needed to support their application. This frequently is not the case leading to a 2-tier system for those with and without additional legal support.

The UN Human Rights Committee noted in 2014 that ‘The Committee is concerned at the lack of a single application procedure for the consideration of all grounds for international protection, leading to delays in the processing of asylum claims and prolonged accommodation of asylum seekers in Direct Provision centres which is not conducive to family life. It also regrets the lack of an accessible and independent complaints mechanism in these centres (arts. 2, 17 and 24). The Committee recommends that the State party take appropriate legislative and policy measures to establish a single application procedure with a right of appeal to an independent appeals body without further delay, including the adoption of the Immigration, Residence and Protection Bill. It should also ensure that the duration of stay in Direct Provision centres is as short as possible and introduce an accessible and independent complaints procedure in the centres’.\(^{14}\)

**Recommendations**


\(^{14}\) ibid
CWI members are of the view that the current system of direct provision is not fit for purpose, undermines the human rights of asylum seekers and contributes to the perpetuation of a cycle of poverty, segregation and alienation of asylum seekers, contributing to increased racism and divisions within Irish society.

Support for Community Development

CWI members advocate for true integration and the empowerment of asylum seekers to have a voice in Irish society. This requires a process of community development and engagement which should be recognised and resourced. We therefore call for the Introduction of a distinct funding line between the Department of Justice and Equality and the Department of Rural and Community Development for community development and integration supports for asylum seekers which will; create the supports and the spaces for the voices of the refugees themselves to be heard in the development of responses to meet their needs; address opposition, antagonism and racism; put in place supports for particular groups of asylum seekers including women (who may for example have experienced violence or separation from their children) children (who may for example have experienced violence or separation from their parents), older people and victims of the wars in their country of origin.

Direct Provision

- Undertake a root and branch review of the system from, proofing all aspects from a human rights and equality perspective
- Develop an action plan for the overhaul of the system based on human rights standards and international best practice to include:
  - Flexible provision based on the needs and concerns of individual asylum seekers, their background and experience (e.g. targeted supports for children, women who have experienced violence and rape, older people);
  - Provision of adequate income which maintains a standard of living above the poverty line
  - Provision of accommodation which respects and promotes the dignity and autonomy of asylum seekers;
  - Wrap around services including medical and psycho-social care that are available and easily accessible;
  - Future proofing of the system to ensure that it will be fit for purpose in the coming years in acknowledgement of the 2,000 asylum seekers who come and are very likely to continue to come to this country on an annual basis;
  - Recognition of the importance of integration into Irish society from day 1 of an asylum seekers arrival in Ireland working from the assumption that they will be given refugee status, subsidiary protection or leave to remain
- Remove the profit motive from the system and identify a key role and allocate supports for NGOs and social housing organisations in the provision of accommodation and integration supports for asylum seekers.

International Protection

Ensure a fair and efficient protection procedure - The introduction of the International Protection Act provides an opportunity to create a system which is fair and efficient and which grants protection for those who need it. In order to effectively realise this, applicants must have access to early legal advice and representation. The procedure must also be adequately resourced with expertly trained personnel to ensure fair and high-quality decision-making and to address the current backlog.  

15 Irish Refugee and Migrant Coalition - Pathways to Protection and Inclusion: Ireland’s role in global refugee protection and migration movements
Other forms of Protection

Enact effective hate crime legislation and a comprehensive national anti-racism strategy. At a time when racism is on the rise, we need to send a clear message that racism and hate have no place in our communities and that our society should be inclusive of all. For the Department of Justice and Equality to introduce effective hate crime legislation and a comprehensive National Anti-Racism Strategy. This will assist in tackling hate crime and finding effective ways to address all forms of racism and prejudice\textsuperscript{16}.

\textsuperscript{16} ibid
The McMahon report discussed Receptions Conditions under three themes. Theme 1 was to suggest improvements to Direct provision (DP) which included showing greater respect to the dignity of persons and improving their quality of life.

From my experience of speaking to those in DP this has a mixed response. A number of individuals on first arrival stated that they were happy with the reception initially, however they were later moved to locations in Cork. Here they felt less supported, uninformed and uncertain of locations of necessary locations of supports. Many with little English were lost and confused, a number of such were referred requiring supports by NASC. Those that did so stressed that it was others within the system and opposed to the system itself which informed them.

This lack of information falls under THEME 2, improvements to supports related to financial, education and health. A number of those in DP have little or no information around the location of welfare offices and stated that they are provided with little information by the relevant groups on visits. In fact these visits are judged to be quick and uninformative.

A number of residents have had health needs which have required medication and supports which have not been offered. Even the simple process of finding a GP who accepts them as new clients can be difficult.

In relation to Theme 3 improvements were suggested in existing arrangements in processing and the length of the process. In my experience this has not been implemented. Families and individuals are still not waiting on the process. Additionally, once process supports need to be stronger in relation to accommodation, educational needs and other relevant supports.

In order to discuss this further I will now discuss some lived experience of individuals in DP.

Initial Receptions

As stated the response to this have been varied. Many stated that the supports were not helpful. A key element of this is the language barriers and a lack of information available.
One group stated that on arrival they were directed to an office which was difficult to find. Moreover, they on arrival in Mosney were informed that they needed to go to another office, which they did, but they were not fully informed and left luggage behind. At the office they were asked to provide a written explanation which they did with limited English. They were uninformed or unclear on next steps and returned to Mosney were they at night were promptly informed to return to Dublin. At this point they had been fingerprinted, but had no blue card, no interview and limited information.

Balseskin Reception Centre was there destination with very little money, or information, they got support from an individuals on the street who directed them. Arriving with no food and no luggage they were there for three weeks with no further information. Until a letter referred them to a new location in Cork. Again they still were not fully processed or interviewed at this point.

Some of the information provided was critical of the room sharing, those of different ages sharing rooms. Additionally those with different religions, cultures and languages were similar.

On arrival in cork still no information was shared related to PPS numbers or intreo offices.

Sexuality.

In the McMahon report it is stated that a consultation occurred with members of the LGBT community. Despite this sexuality is an issue still in DP. A number of individuals’ stated that if a first interview had occurred they could have discussed this. At this point living in separate rooms from partners and additionally uncertain of the reaction of others one individuals stated

“I live in fear of being found out, constantly questioned about girlfriends.... I already came out of the closet as a teenager and now I feel that I am in the same situation, I should not feel like this at nearly 40 years old...”

This is an area in need of improvement. Additionally it is stated that those of different cultures, ages and religions are sharing rooms which can create tensions. Better planning around this is suggested to reduce such issues.
Food

In all conversations with those in DP this has been an issue. In many conversations this had related to the views of residents expressing that the food is unhealthy and mostly deep fried. It is the expressed view of others that expired foods have been seen.

Arguments and altercations have occurred in many centers over food, related to the aforementioned religious and cultural issues. Many of the residents to whom I have spoken refuse to eat the food and currently live on charity and the reduced aisle of department and local stores. This to me is not as suggested a quality of life.

Another issue related to this is the lack of Financial supports. Residents who are already struggling with a poor diet are additionally using limited resources to feed themselves. This does not allow or afford them the possibility of simple quality of life standards such as adequate clothing and or education. Indeed even where courses have been deemed suitable transport is a huge issue.

For those with children this is a wider issue. School costs are huge, as mentioned books, uniforms and Voluntary contributions. While these are key issues other barriers exist to Integration. Many children attempting to integrate are blocked from doing so by financial restraints. The cost of equipment, (shorts, and boots safety equipment) can be prohibitive but simpler issues also exist.

Where events happen after school or at weekends no transports are available free of charge. Instead parents are walking to events with children, this is a health and a safety concerns. Moreover the likelihood of integration is reduced. How long can a parent or child be expected to continue such practices?

In fact one most also consider that parents may have other children, do they have adequate access to child care supports? Again where you look at such supports are they available to residents who attempt to access the education and or labor markets.
Education

The McMahon report published in 2015, which is now 4 years ago, stated “the ease at which protection applicants can access education varies considerably.......”

It goes on to discuss access to education for children. Barriers here exist with costs. Additionally, school leavers and adults are identified by the McMahon report as an area of concern. This is not showing signs of improvement.

Costs remain too high, many individuals has expressed frustration relating to non-recognition of previous education experiences, travel costs and a lack of clear information.

Another issue is the application process. On numerous occasions people have been called to meetings on short notice. Where are they expected to access funds for such trips? Also this issue has raised itself in relation to hospital appointments. Funds offered do not allow for support of a partner who can translate or support a person. This is often critiqued, and is not helpful. If a person is unwell and not certain of the treatment offered and lacks understanding is it not fair to suggest that this would cause an increased anxiety??

Suggested Improvements

1. Better information in relation to initial reception and location of relevant supports. This should include processing prior to relocation, which currently per my experience is very varied.
2. Increased necessity to provide interviewers and translation to all nationalities on initial arrival.
3. A fund or an information guide should be provided to assist individuals’ and families with educational information. At present individuals are offered college places only to later have them withdrawn due to paperwork or lack of funding availability. Indeed families are reunified and in order to access support, such as children’s allowance are experiencing difficulty registering in schools. Costs such as books, uniforms and supposed voluntary fees are a huge issue. This is coupled with a lack of secure accommodation.
4. More translation services access.
5. Proper transport and educational resources available to adults as well as children.
6. Increase awareness of age, cultural, religious, and sexual and language differences when allocating rooms.
7. A proper review of the accommodation and services provided which are both aging, adjudged to be providing unhealthy dietary provisions and not offering the range of supports and information suggested.
8. An increased investment in facilitating integration for both adults and children.
Cork City of Sanctuary Movement Advocacy Sub-Group Submission to the Dáil Committee on Justice and Equality on issues of Direct Provision and the international protection application process

The Cork City of Sanctuary Movement is in the process of securing recognition of Cork City as a place of sanctuary, inclusion and openness to migrants and people of migrant origin. The movement has been meeting since Summer 2017, and comprises cross sectoral stakeholders, including the City Council, Health Service Executive, second and third level educational representatives, the further education sector, the Public Participation Network representatives from across the third sector, and, most significantly, members of migrant communities across the city and county.

This submission was put together by the City of Sanctuary Movement Cork Advocacy group, a sub-group of Cork City of Sanctuary Movement, comprising of many city stakeholders and new communities representatives and former and current asylum-seekers. We derive our expertise from our membership: some members of our group are witness to these consequences for almost 20 years, have been party to research into these problems, and have advocated with and on behalf of asylum-seekers since the inception of direct provision; others are or have lived within the direct provision system, and these people can best reflect those areas of change and improvement that can significantly impact on residents’ lives, and the issues that must be addressed to enable these communities to truly integrate into Irish life. We provide some examples of other EU countries’ good practice approaches, and indicate sources where more comprehensive information may be found.

Summary of Suggested Changes and Recommendations

Four simple things that could be changed immediately

Asylum seekers be provided with valid ID cards, access to the driving test / driving license, and be given public transport cards for the duration of their stay in Direct Provision, and the significant time delay between receiving their letter of advice and their status letter needs to be reduced, and requirements for having to produce a passport be replaced by the valid ID.

Significant areas of concern that should be addressed:

The committee should commission a synthesis of good/best practice across the EU, and use these tried and tested processes to create the best asylum accommodation and examination structures in Europe.

The Government should create a full Ministerial position with responsibility for Integration.

All adult asylum-seekers should be given unrestricted access to the labour market from the time that they arrive in Ireland and a non-restricted indefinite work visa.

Specialist counselling and medical services should to be made available to asylum seekers.

Asylum-seekers should have control over their food and cooking.

Parents need to be provided with school-related supports (e.g. for uniforms / books), while teachers need to be educated on asylum-specific issues.

Asylum-seekers should have unfettered access to our further and higher education systems, including supports such as the SUSI grants, without residence-based criteria.

All asylum-seekers that are within the system for longer than 5 years should be granted leave to remain.

Specialised social-workers, trained in de-institutionalisation, are needed to support people granted status and transitioning our of direct provision, in accessing accommodation, work training and other personal matters.

Explore options of providing the equivalent of Garda vetting, without the need for country of origin information.

The Government create a fairer process of asylum determination, where legal aid is provided on arrival to people seeking protection; where the assessors have expert knowledge of the country of
origin, in terms of conflict, gender, ethnicity, etc. and have a similar knowledge of the country’s customs, practices, behaviours. We suggest that proper independent professional translation systems are employed. Transparency with regard to all materials (notes, determinations and rationale) is provided to the applicant, with the opportunity to correct mistakes or misinterpretations, with appropriate independent translations provided for all documentation.

**Detailed rationale behind the above proposals**

At the outset we would like to highlight that we were very disappointed to see that no attempt was made by the Dáil Committee to advertise this enquiry within the community who could provide it with best access to key information on this topic, the asylum seeking community in Direct Provision centres. Given that many of these people have spent more than 5 years in the system\(^1\), with some people who have spent much longer within it (we have a friend who has spent over 16 years in this limbo), their experiences are surely invaluable to your work and should be key to informing you about it. We believe that using other organisations as proxies for such engagement with asylum-seekers is inadequate. We would also like to highlight that the Reception and Integration Agency (RIA) has recently significantly reduced their public reporting, and that key information that we have used from their reports in the past is no longer available. You will note that their last monthly report was in January of this year, and within this, key data (Age profile of RIA residents, Accommodation Status of RIA residents, Top ten nationalities of RIA Residents, Breakdown of Families in RIA accommodation, Duration of stay by RIA residents) are no longer provided, due to “Data Reconciliation”. This would seem to imply that RIA no longer know, for example, how many children they are responsible for, which should be a worrying matter for us all, given the state’s obligations towards the welfare and protection of children.

The Advocacy Group have made submissions to the Draft National Standards for Accommodation Centres last year, and the National Action Plan on Women Peace and Security Agenda in December 2018; we would like to state that we have received no feedback on the Draft National Standards submission from the Department of Justice, nor can we find any updated or changed National Standards for Accommodation Centres; it is worth noting that that submission was made more than six months ago. We will provide relevant information from these also within this submission.

While we advocate for the end of the Direct Provision system, we would firstly like to highlight some areas that would help mitigate the awfulness of life within this system. The first three items could be accomplished overnight, the first two at next to zero cost, and they each have a significant impact on the lives of those within the system:

1. **The provision of ID cards to asylum seekers:**
   Currently, asylum-seeker identity cards state that they are cannot be used as a valid means of identity. This has many repercussions in day-to-day life: people have been refused entry to English Language proficiency tests, because of the statement on their asylum ID. As another example, the Department of Justice has been instrumental in funding political education and awareness-raising, facilitating and encouraging migrant participation in Irish political life. This has meant that a significant number of people in the asylum system were registered to vote. But we were unsure how such asylum-seekers who do not have a valid passport were able to exercise their vote in local elections, as they do not have a ‘valid ID’ (many are in the system for years, and their passports have expired). *We recommend that the Justice Department provide asylum seekers with valid identity cards*

2. **Driving License:**
   While asylum seekers can sit the driving theory test, and take lessons, they are forbidden from taking the driving test. We know of no rationale behind this, unless it is based around some institutional issue where such a license might then allow them to travel beyond our borders. *Asylum seekers should be allowed to take the driving test and acquire a driving license.*

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\(^1\) We cannot provide this number, as last July RIA stopped providing occupancy duration data. However, in July last year, 365 people had been in Direct Provision for six years or more.
3. **Provide access to public transport:**

As you are no doubt aware, many of the centres are in remote locations, but locations that are served by public transport. This is one of the key areas that currently restricts asylum-seekers, be they children trying to access sports or other activities, or adults accessing education programmes, or enjoying a social existence.

*All asylum-seekers should be provided with free access to public transport for as long as they are living within Direct Provision centres.*

4. **Facilitate better integration:**

The RIA website states that they have no responsibility for integration. While we have a Minister with responsibility for integration, asylum-seekers would not seem to be a priority. We know of no official initiatives that promote such integration – all integrative effort comes from local organisations, activists or NGO’s initiatives. There are major gaps resulting in the ‘dis’ integration of asylum-seeking children in schools, for example, where they are effectively excluded from many social and education activities that run either beyond school hours, or are in non-school locations, or require money. The restrictions that they live under are, in our experience and supported by research, rarely taken cognisance of by teachers. Countries such as Belgium have programmes that settle refugees and asylum-seekers with Belgian families, which assists them both in integrating into the community, and also into work or education.

*We feel that integration is very multifaceted, and hugely important to Ireland’s future; its importance is such that we would recommend the setting a Department for Integration under the remit of a full ministerial position.*

5. **The right to work:**

While newly-arrived asylum-seekers stand some chance of being allowed to work after nine months in the system should they qualify for the six month renewable visa, those who are here in the Direct Provision system for longer have been excluded from accessing a work permit, an exclusion that we believe to be unwarranted and cruel. The ban would seem to be one that resulted from ideas of reducing so-called ‘pull’ factors, that were supposedly attracting asylum-seekers to Ireland. Most European countries have never had such a ban on work. This ban also contributes to the myth that asylum-seekers have nothing to contribute to our society and economy. Many of the people that we know are highly qualified; this includes engineers, nurses, doctors and computer specialists, among others. They could significantly enhance our economy, and indeed contribute to those areas, such as health and caring, where our country’s labour pool is currently lacking. In other European countries access to the labour market is facilitated, in an integrative and often flexible way: in Belgium, asylum seekers who have not yet received a first instance decision on their asylum case within 4 months following the lodging of their asylum application are allowed to work; in Portugal, access to the labour market can be granted after 7 days, or up to thirty 30 days, dependent on the application type; in Spain, it is automatic after six months, and no limitations are placed on this, and to facilitate their social and labour insertion, reception centres for asylum seekers organise vocational and host

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2 Ireland is currently piloting such a programme for refugees.

3 This was highlighted as early as 1998 by ICTU, referring to John Donoghue’s statement that “Allowing asylum-seekers to work would act as a significant "pull" factor on others wishing to come to Ireland”

https://www.irishtimes.com/news/ictu-critical-of-how-refugees-are-treated-and-wants-government-to-tackle-racism-1.200589. This was further noted in a report completed for European Commission on Ireland in 2001: “...the Government is concerned that permission to work, if granted could act as a pull factor.”

language training for asylum-seekers; in Sweden, access to the labour market is provided after one day – and there is the opportunity for asylum-seekers to become labour migrants.\(^4\)

The positive impact of refugees on the German economy, when viewed as a long-term strategy, was recently highlighted in the press: *Germany’s refugee intake begins to boost economy as settlers soothe country’s worker shortage.*\(^5\)

**We recommend that all asylum-seekers be given unrestricted access to the labour market from the time that they arrive in Ireland and that their work visa not be limited to six months.**

6. **Access to specialist counselling and medical services**

Many asylum-seekers arrive in Ireland in a traumatised state, often with medical problems, having fled persecution in their own country. Currently, there are no appropriate counselling or medical services available to them, other than GP services – providing access to GP services alone does not address their needs.

**We recommend that specialist counselling and medical services need to be made available to those who apply for protection, from their time of arrival and be available across the country.**

7. **First and Second Level Education:**

Children under the age of 18 are provided with access to first/second level education. However, none of the supports that would usually allow children a fuller school life are provided. We all are aware of how little money is currently provided to asylum-seekers, and yet when it comes to the basics, like provision of uniforms, books etc., which have often been seen as really significant costs to Irish people, no cognisance is taken of this. We have experience of friends in DP who couldn’t send their children to school because of not being able to afford a uniform. We know that children are ashamed of the lunches they are given as there is a sameness and mundanity to the prepared lunches from the DP kitchens, while other children have variety. Nor do schools appear to take account of the differences in their living conditions, when it comes to things like homework clubs, school trips, other extra curricular activities etc.

**We recommend that if adults and parents have control over their food/cooking, then issues with lunches would be resolved. There is a need to provide supports to parents with schoolchildren at critical yearly junctures. Teachers need to be educated on migration / asylum – specific issues, and provided with tools to manage such issues.**

8. **Further / Higher Education:**

We also have evidence that children in DP centres are not prepared for what happens after their leaving certificate and come to an abrupt realisation that they cannot continue their education, as their peers can. Currently, students in Direct Provision who complete second level education in Ireland and have reached an appropriate entry standard are not supported in any way by the Irish Government, unless they have been in the state and in secondary school for 5 years. Thus, their classmates continue on the further/higher education, and they are left in limbo. Mature students, similarly, have no access to further education, unless they have qualified for at right to work, [This is a recent change, due to a particular, Irish, interpretation by the Dept of Education on an EU Directive] and have no access to higher education.

**The CCoS Movement advocate for unfettered access for asylum-seekers to Further and Higher education, with the same supports (e.g. the SUSI grant) that Irish Nationals and other residents have. Because of the particular nature of their arrival (i.e., fleeing persecution) we do not believe the same 3 of 5 year residential criteria should apply.**

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\(^4\) These data are taken from the latest 2019 reports on the Asylum Information Database, AIDA

https://www.asylumineurope.org/

9. Unaccompanied minors ‘ageing out’:
Currently, unaccompanied minors (under 18) are placed in foster care with families, following the Equity of Care policy for children in care. When the child reaches the age of 18, they are then removed from these families, and placed in Direct Provision centres, a further-traumatizing action for the person concerned. This may also have impacts on their studying. While it is allowed for through the Childcare Act that these people could remain with the families for a period, in practice this isn’t happening.

‘Aging-out’ children should be given the option, in consultation, to remain with their foster family.

10. Resolution of status of asylum-seekers who are within the DP system for longer than 5 years:
The MacMahon Report\(^6\) proposed that asylum-seekers who were in the system for longer than five years be given leave-to-remain status. This appeared to become policy for some time after the report, but is no longer in operation. We are aware of many people who have been in the system for longer than 10 years, indeed we know of one person who has spent more than 16 years in the system. This has resulted in appalling tragedy – a child, born in Ireland, died last year, aged 9, never having lived other than in the Direct Provision system. The causes of people being within the system lie solely with the government.

All asylum-seekers who have been within the system for longer than 5 years should be granted leave to remain.

11. Supports for people who are long-term Direct Provision residents.
11a - Transition supports from Direct Provision system to Irish Society:
People who have lived in the DP system for many years, who are granted status, have specific needs that are currently not being addressed. The nature of the state-provided accommodation, which has by its nature, significant institutionalising impacts, has major consequences for their entry into mainstream Irish society.

There is a need to provide specialised social-workers, trained in de-institutionalisation, to support them in transitioning to various new aspects to their lives, including basic needs, such as accessing accommodation, work, training, but also areas in relation to personal matters, such as finances, and so on.

We note here also that recently, the delay between a letter of advice on status being sent to the minister and actually receiving the signed letter is taking many months; it is a requirement also that applicants bring their passport with them, something that it is not possible for them to do if they don’t have such a document.

11b - Facilitation/support for Garda vetting:
People who want to volunteer are often required to have Garda vetting, particularly with regard to working with vulnerable communities, as do people working in some of the care industries. This does however require that one provides a list of each address where one has lived, to enable the Gardaí to contact police in that locale to ensure of the person’s bona fides. If a person is fleeing from state persecution, then the possibility of getting a positive response is probably close to zero. This applies to people who are young adults also, who have lived in e.g. conflict countries. This effectively rules such people out from working in areas such as, the care industries, where is both a market and a real need for their services.

While recognising the absolute need for the Garda vetting process, could alternative assessment means be used for the period that the asylum-seeker/refugee was in-country?

Models of better practice:

Our research would suggest that many EU states offer better, more humane, and more effective and efficient processes than Ireland; these are underpinned by an encouragement and facilitation of integration. In contrast to the effective institutionalisation and exclusion provided by the state in Ireland, many states offer innovative and inclusive programmes to the asylum-seeking community. The AIDA database\(^7\) synthesises detail on, and critiques each of the asylum-determination, reception and integration systems of each of the EU states.

Some of the examples of more open and integrative approaches from the AIDA database are:

**Sweden:**

Asylum seekers are mainly accommodated in private houses and apartments rented by the Migration Agency or provided by private entities. Apartments are often located in a big apartment building and are considered as reception centres in the Swedish system but this is still on the basis of individual housing within the apartment buildings concerned. The needs of vulnerable asylum seekers are taken into account in designating suitable accommodation and where needed they are placed in the vicinity of institutions that can provide expert care. Examples of groups of asylum seekers who might be in need of special measures are minors, women, persons with disabilities, people with mental or physical disorders, people who may be vulnerable to harassment due to sexual orientation, gender identity or gender expression or elderly people. Even victims of torture or rape may need special solutions. The absence of a protective network can create additional vulnerability. Free legal aid is granted in all asylum cases in the regular procedure. The applicant can request a specific lawyer on the list administered by the Migration Agency and this choice must be respected even if the lawyer is located at a distance or is not available at the preferred time of the Migration Agency for an interview. Asylum seekers are exempted from the requirement to have a work permit provided that they can provide identity documents or other means to establish their identity. This right to work lasts until a final decision on their asylum application is taken, including during appeals procedures, and can extend beyond that if the applicant cooperates in preparations to leave the country voluntarily. The ability to switch from an asylum seeker to a labour migrant was introduced by the current government as part of its policy to develop labour migration of third-country nationals to Sweden and to respond to situations where highly qualified persons amongst rejected asylum seekers with skills needed in Sweden and who had shown through work experience that they had the required proficiency and knowledge would have a chance to access the labour market.

**Spain:**

Two Migrant Temporary Stay Centres in Ceuta and Melilla host any migrant or asylum seeker that enters the Spanish territory undocumented, either by land or by sea. They stay briefly there before being moved to Refugee Reception Centres, which are in general managed by organisations such as the Red Cross. The process of assigning reception places takes into consideration the availability of places and the profile of the asylum seekers, giving special attention to vulnerable persons. They remain in the reception centres for a maximum of six months. They are placed in private housing, as the final aim is their autonomy within the Spanish society. Asylum seekers are legally entitled to start working 6 months after their application for asylum is officially accepted, while their application is being examined. There are no other criteria or requirements for them to obtain a work permit, which is valid for any labour sector. Due to this, and to facilitate their social and labour insertion, reception centres for asylum seekers organise vocational and host language training. Labour integration supportive schemes offered to hosted asylum seekers include services like personalised guidance interviews, pre-employment training, occupational training, active job seeking support.

\(^7\) http://www.asylumineurope.org/
Portugal:
Asylum-seekers stay are a reception centre, with an average stay of 5 months, after which they are moved into private accommodation. The residents are expected to cook their own meals in a communal kitchen and have access to common fridges and cupboards. The centre also has a laundry service, a playground, a day-care / kindergarten for resident and local community children, as well as a library connected to the municipal library system and a theatre / event space that can be rented out. It provides literacy and Portuguese language training free of charge to asylum seekers. The centre provides psychosocial and legal assistance, Portuguese language training, socio-cultural activities as well as job search support. The Asylum Act provides for the right of asylum seekers to access the labour market following admission to the regular procedure and the issuance of a provisional residence permit, the wait is between 7 and 30 days. There are no limitations attached to the right of asylum seekers to employment such as labour market, other than certain categories of employment in the public sector; asylum seekers benefit from the same conditions of employment of nationals, including those pertaining to salaries and working hours. Asylum-seekers are provided with technical Portuguese language training in areas such as business, hotel and tourism, beauty care, civil construction and engineering.

Other recent examples: In 2018, the Foundation for European Progressive Studies published *Newcomer Integration into Europe: Best Practices and Innovations since 2015*[^8^], which provides evidence of good, integrative practices from ten states across Europe[^9^]. There are many examples that we could learn from in the report: it is suggested that the so-called refugee crisis provided an opportunity for many countries to strengthen their integration infrastructure and to create a more welcoming environment for all newcomers; cases of Bulgaria, Latvia and Lithuania highlight the importance of policy and project innovation to ensure service provision at the earliest moment possible; several countries highlight very effective co-ordination between the NGO sector and statutory bodies; an initiative in Belgium focuses on social integration of young adult refugees through cohousing.

The Committee should synthesise good practice across the EU, and use these tried and tested processes to create the best asylum accommodation and examination structures.

Regarding improving the IPO protection system:
The requirement, from those international agreements that Ireland is a party to, is that we have a fair, transparent, asylum-determination system. UNHCR suggest that “…if the applicant’s account appears credible, he should, unless there are good reasons to the contrary, be given the benefit of the doubt”, and that the application is assessed in light of the context of the source country.

Our experiences and research point to the facts that transparency or accountability are not integral to the asylum-determination system as operationalised in Ireland; the statistics indicate that our asylum-determination system is not providing just outcomes for asylum-seekers (i.e., they are not in line with other EU states), and that the consequences of this for asylum-seekers is and has been appalling, and on some occasions, fatal. We would like to make some observations on the more major problems with the asylum-determination system, and then some suggestions regarding how these might be addressed.

The beginning of the process, the IPO form that applicants are required to complete, is a very long one. They are expected to complete this without having had the advice of an advocate or legal person. They are often completing this at a time when they are also traumatised, which could impact on both the content that is put into the form, but also that which is not put into the form. The form information

[^9^]: Ireland is one of these states, where reference is made to the way the NGO sector here have provided supports to facilitate refugee integration into private sector workplaces.
is then effectively set in stone, and the applicant cannot adjust or restate anything that has been committed, without negatively impacting on the possibility of a positive outcome to their application.

There is no requirement or standards within the Act for asylum-assessors to have specialist knowledge or skills (despite calls for this when the Act was being debated). This effectively means that that those people who are charged with assessing a person’s asylum application may have 1) no specialist knowledge, with regard to conflict, ethnicity, gender etc. of the country of origin of the applicant 2) no knowledge of the cultural / gender mores, which may have a significant impact on the behaviour of the applicant 3) no empathy with the applicant. All of these are required in order that a fair determination be made. In addition, there is provision within the act to farm these processes out to private companies.

There is no practiced language expertise requirement in the assessment, and translators that have been used have often no qualifications in the area. Indeed, we know of cases where those people who were acting as translators were from the same state as the applicant, but from an ethnicity that was either hostile to or indeed in conflict with, the applicant.

Applicants do not get to see notes made by their assessor, and have no opportunity to challenge or correct mistakes / misinterpretations / biases.

The consequences of this are that many asylum-seekers do not receive a fair or equitable hearing, and also do not understand why their application was unsuccessful. This has resulted in their being significant differences in first-instance positive outcomes. We have included the data that we sent as part of our CERD submission below. At the public forum on CERD, it had been indicated that one of the reasons for low levels of positive outcomes was that Ireland attracted asylum-seekers from particular countries, and that these countries had low positive outcomes everywhere. The Eurostat numbers for the period 2006 to 2016 indicated otherwise: differences between Ireland and the EU average outcomes varied from a 7% difference (applicants from Pakistan) to 48% for the DRC (i.e., the Ireland had 12% positive outcomes for DRC asylum applicants, while the EU as a whole had 60%).

The above indicates that Ireland is operating an assessment system which is significantly biased against the applicant – either Ireland is out of line, or Europe is. As other European countries have been operating such systems since the 1950s, it is reasonable to assume that they have better-developed systems that Ireland’s.

In other countries, such phenomena as a ‘refusal mindset’ or an ‘agenda of disbelief’ have been investigated, and trainings on countering these, as well as other factors that induce such biases, have been implemented.

The consequences of such decisions are more drastic for applicants now, with the single application procedure is in operation, as there are no longer the alternative appeals processes, whereby the applicant might have their incorrect application result amended. If a person is subject to an incorrect judgement, the consequences are immense, specifically deportation. When Ireland makes such an incorrect judgement, and deports a person back to a place where they are in danger, this contravenes our obligations of non-refoulement. We are aware of people who have been killed following deportation (see, e.g. “Deported from Ireland, attacked and left to die” . Ireland does not take any responsibility for following-up on those whom we deport; consequently, there is a dearth of information as to the consequences of such repatriations.

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10 Eurostat is the official EU statistical database
11 For example, in 2003, the UK began a UNHCR-backed Quality Initiative Project to assist the UK government to improve its refugee status determination, to overcome such biases, and this caused a complete overhaul of the asylum-determination system in the UK
12 It is worth noting that Ireland signed a return agreement in 2001 with Nigeria, facilitating easy deportation, as if Nigeria was a ‘safe’ country - there are (and were then) areas of major conflict and danger within Nigeria, where specific communities and religions are persecuted
We are suggesting that a fair system of asylum determination assessment would 1) be undertaken only by a person who has and can attain expert knowledge of the country of origin, specifically relevant in terms of those factors, such as conflict, gender, ethnicity, etc. that may have impacted on the applicant 2) have a similar knowledge of the customs, practices, behaviours within this country of origin 3) either speak that language, or have an independent professional translator where translation is necessary. All notes, determinations and rationale made within the determination process must be made available to the applicant, with a consideration period being provided, where any statements that are problematic / believed by the applicant to be incorrect/ misinterpretations etc may be contested. With regard to translation, we would recommend that all the assessors documentation be translated into the asylum-applicant’s language, by a second translator.

Conclusion:
In closing, the Advocacy Group considers that the only effective means of addressing the numerous issues inherent in Direct Provision is through replacing it with approaches that could be build from the suggestions given in this submissions and other European models of reception and integration models. We recognise that this change cannot happen overnight, and will require the provision of a shift and working on different and new approaches.

The few reasons that have constantly being given as justifications for the Direct Provision System continuation are erroneous and manifestly flawed, relying on unprovable suppositions around so-called ‘pull factors’, or the problematic Value-for-Money report. The terms of reference of the Value-for-Money report, which looked at only three very-delimited scenarios, effectively ensured that no innovative approach could be examined and assessed. For example, the consultants could not look at situations where asylum-seekers had a right to work. The report was based around a set of circumstances that no longer apply, and has no longer a validity. Yet this is the report that has been consistently used to justify the continuance of Direct Provision.

A large body of research has shown that Direct Provision is impacting drastically on asylum-seeker’s mental and physical health of asylum-seekers; it is marginalising and further damaging an already vulnerable and often injured community of people, particularly children. As early as 2001, research was showing its impacts on children, and annually, more research confirmed the negative consequences. And all of this is at a major cost to the state. When people finally exit Direct Provision, they have effectively no state support to de-institutionalise, to integrate into the community and the workplace, and often find themselves alone, depressed and further marginalised.

Ireland has a long and troubled history of institutionalisation and institutional abuse, as we have learned over the last twenty years. It is somewhat unbelievable that, given the public awareness and understandings of the damage and consequences of such institutionalisation, that Ireland resorted to such a ‘solution’. We have little doubt that those who have been the object of these processes and structures will in the near future seek redress, as have other victims of the effects of institutionalisation. This Dáil committee has the opportunity to recommend a future direction for the management and care of those people who seek protection from the Republic of Ireland. The winding down of the Direct Provision system, and the creation of a humane and integrative set of accommodation and support processes, accompanied by an equitable, unbiased and transparent asylum-determination system would be large steps in the right direction.

15 Irish Refugee Council– Beyond the Pale
Extract from CERD Response

At the CERD Cork meeting, we indicated that Ireland had never put the properly-trained capacity in place to fairly assess asylum-seeker applications, as indicated by the fact that Ireland is at the bottom of the table regarding granting asylum. A comment was made by those collating the response that this skewedness might be explained by the fact that those seeking asylum were from particular locales. While we stated that we didn’t believe that this could possibly account for the differences, it was suggested that we examine the data. We have done so, examining data available on the Eurostat database from 2008 to 2016 for those countries that constitute the highest countries or origin of applicants. The countries examined were Nigeria, Pakistan, Iraq and the DRC.

We looked at those Europe on the whole, and one country that received significant number from these countries - Germany.

<table>
<thead>
<tr>
<th>First Instance Decisions</th>
<th>Nigeria</th>
<th>Pakistan</th>
<th>Iraq</th>
<th>DRC</th>
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</thead>
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<tr>
<td>Europe +ve</td>
<td>21%</td>
<td>17%</td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td>Germany +ve</td>
<td>13%</td>
<td>13%</td>
<td>76%</td>
<td>26%</td>
</tr>
<tr>
<td>Ireland +ve</td>
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<td>10%</td>
<td>45%</td>
<td>12%</td>
</tr>
<tr>
<td>Difference between EU and Ire</td>
<td>20%</td>
<td>7%</td>
<td>15%</td>
<td>48%</td>
</tr>
<tr>
<td>Difference between Germany and Ire</td>
<td>12%</td>
<td>3%</td>
<td>31%</td>
<td>14%</td>
</tr>
</tbody>
</table>

It doesn’t take a lot of analysis to deduce that there are massive differences between Ireland and Europe in outcomes for asylum applicants from these states.

What is worrying is that country of origin was suggested as an explanatory factor by those collating the responses. This suggestion obviously did not emerge from a vacuum: those who suggested this had received this from, at a guess, sources within the asylum-determination body. This is disturbing as it suggests that those responsible for this determination consider that the above discrepancies are not worthy of consideration.
Maynooth, 30 May 2019

A chairde,

I write as a specialist in the study of Irish society.

The Direct Provision system is unworthy of a civilized country. It isolates those subjected to it from full participation in the life of Irish society and subjects them to the arbitrary authority of for-profit providers.

It should be abolished.

Le meas,

(Dr Laurence Cox, Senior Lecturer in Sociology)
Direct Provision Oireachtas Committee

Dear Sir/Madam,

In relation to suggestions on what can be done to improve direct provision, I believe that allowing people in the direct provision system to work while they’re awaiting a decision on their case would greatly improve their welfare. They would be able to earn their own money and have a greater sense of independence from the direct provision centre. The money that they’re forced to get by on is so small, especially when they have young children. Another small change that could go hand in hand with this is to be able to cook their own food instead of having the centre’s food as their only option. Many of these people come from different cultures and to force them to have to change so much so soon can be traumatic for them. More independence is what they need for their mental wellbeing.

Kind Regards,

Sinead Coyle.
Submission document

Brief introduction explaining your area of expertise:

I am a sociologist with the Centre for Disability Law and Policy at NUI Galway. Some of my work has explored the subject position of asylum seekers as they seek recognition within the refugee process (Dagg, 2012). Subject position refers to the processes and practices that constitute who a person is, how they understand themselves, and how they are understood by others. Additionally, I volunteered and interned with the Galway Refugee Support Group for a few years before its funding was cut and it could no longer continue its work.

As a result, this submission is primarily a sociological perspective on the condition of people within direct provision centres, and how their existence within these centres is contrary to basic human rights. This is also a brief reflection on the construction of the asylum process in Ireland (Dagg, 2012 pp. 24-26 / 106-152 or Loyal and Quilley, 2018). Now that over 20 years has passed since the introduction of the Refugee Act, 1996, and 20 years since the establishment of direct provision it is time to change the discourse. It is time to register and respect the voices of those who need change, and those who have been suggesting alternatives. I will try as best as possible to condense the argument!

Factual information that you have to offer from which the Committee might be able to draw conclusions, or which could be put to their parties for their reactions:

As human beings, our existence is almost meaningless unless we are recognised by other fellow humans. We do not live in isolation, but in relationships with others. We can think of these relationships in terms of family, friends, colleagues, communities, localities, nations or states. Recognition by others affirm who we are in this world as subjects with the capacity to enact who we wish to be. We are agents of ourselves with the help of others. Of course, we cannot just be who we wish to be willy nilly, we live within various regimes that constrain and enable us to carry out daily activities. Our daily lives are governed by shared legal and social norms to ensure the status quo, a shared way of knowing how to go on. History has been favourable to the establishment of legal and social norms that lay out what is permitted, and what is not, and through democratic and dialogic processes these are subject to constant change as time progresses. For many of us as we go about our day, we are fortunate to encounter only minimal barriers that may prohibit our capacity to enact a sense of self, parts of our identities be it as a parent, a woman, a partner, an employee etc. or a multiplicity of these at once. Citizens are for the most part privileged and oblivious to the power that constitutes a person as excluded such as an asylum seeker. And if citizens do encounter difficulties, they generally have access to available resources to confront and overcome obstacles, whether these resources are social, economic,

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1 No doubt you have submissions from a human rights perspective e.g. see Thornton, 2014, along with substantial reports over the years from UN Rapporteurs, and even the recent report from the Special Rapporteur on Child Protection who called the system “institutionalised poverty” for children.
symbolic, or cultural. Those who are marginalised and excluded, particularly asylum seekers, continually face barriers in terms of capacity, resources, representation, and access. This is nothing new. We know this form of social inequality and exclusion continues to be perpetuated despite social policies targeting inclusion, integration and diversity, while resistance is supported through social movements, NGO representation, various community groups or social networks. And of course there are other groups that exist on a similar vein of exclusion and marginalisation: people with disabilities, lone parents, Travellers and LGBTQI+ etc.

Getting back to the asylum process, there is something fundamentally problematic with a system, and form of power, that authoritatively constructs particular subject positions as exclusionary e.g. a refugee. Briefly, a subject position is the way in which we understand how people are in the world i.e. a child, a woman, a queer person, a trans man, a lone parent…etc. and the intersection of these identities. These identities are all historically and socially constructed, they have particular meanings in certain contexts and can change over time. Forms of power construct who is a refugee. ‘States have tended to insist on gaining a precise answer to the question: who is a refugee? The reason is connected to established concerns about state sovereignty. States demand the power to set out clearly who will be entitled to enter their territory and who will be permitted to become a citizen’ (Fraser and Harvey 2003:7). The state utilizes its power to decide who enters and who will become a citizen. This power in turn organises, manages, and conducts the micro day-to-day activities of people as they interact with communities, institutions, practitioners, policy makers, actors and agents. These interactions with others all contribute towards the practices that affect and shape the activity of individual asylum seekers and the overall (non-convention) refugee population. So while asylum seekers are permitted to enter the state, they are whittled within an Irish asylum system that constructs who they are in the sense that you can be an asylum seeker but little else. The direct provision system confines their movement, and manages the activity of their daily lives, disregarding their autonomy, agency and fundamental human rights. This rigorous scrutiny is particularly visible due to the existence of the direct provision system, and has continually been met with resistance by asylum seekers, and those who support them.

So, you may ask, how does the Irish state construct who asylum seekers are? For that answer we need to return to the legislative debates that took place in the early 1990’s as we moved from an ad hoc system with few applications to a more formalised system in line with other European countries and with more asylum applications than anticipated. I will be brief and pinpoint only one particular location within the legislative debates as an illustrative example, there were multiple sites, for instance public media articles that were complicit in the depiction of asylum seekers as a population of bogus types.

From the outset, the discussion of ‘who is a refugee’ in the development of a rationality for asylum legislation in the Dail debates of 1993 was infused with a normative rhetoric of Ireland’s humanitarian image, and it’s historic duty with almost 70 million Irish emigrants abroad, an image and duty cultivated by President Robinson during her term (Conway 2006). The Minister for Justice John O’Donoghue (1997-2002) was quoted as saying:
‘The status of refugees is an issue which would strike a chord with every man, woman and child here who has any grasp of Irish history, our history being littered with the names and deeds of those driven from our country out of fear of persecution’ (Dail Debate 1998).

The proposed Refugee Bill in 1993 was the beginning of the debate between the ‘genuine’ refugee in need of protection seeking a humanitarian response, and those who were ‘abusing’ the system requiring immigration control. The Minister for Justice Mrs. Geoghegan-Quinn (1993-1994) acknowledged the beginning of a new phase of movement of people throughout Europe, those with weak or no genuine claims to asylum, essentially economic migrants, who were presenting themselves as new challenges to many European governments particularly after the formation of the single European market. It was of concern to the Irish government at this stage, drawing on other European countries’ experience, that legislation in the area of refugee protection absorb the dichotomy of genuine refugee versus bogus asylum seeker and successfully filter one from the other. It became necessary to establish a political rationality in which the moral justification or way of talking about the applicant was subject to this dichotomy; who is the genuine refugee versus who is the bogus asylum seeker? Within this problematic the applicant became subject to practices that determined whether his/her application was bogus i.e. ‘manifestly unfounded’ cases and lists of ‘safe’ countries. Although the intention was to create legislation that absorbs the dichotomy of this ‘new’ migratory phenomenon, as the process developed and the demand for asylum increased, the political logic and practices associated with this problematic came to rely upon exclusionary discourses of the asylum seeker. As the extract below indicates, the danger to Us, in Ireland’s discourse of the asylum seeker, from the outset became subsumed into an already existent European discourse that portrayed the bogus asylum seeker as a risk, ‘criminal’, ‘abusing’ and ‘clogging up’ the system with ‘unfounded claims’. As stated by the Minister for Justice, Mrs. Geoghegan-Quinn:

“The more that asylum is used as an immigration mechanism, the greater the risk of erosion of public support of humanitarian action for genuine refugees. The industrialised nations of Europe have been clearly heading for a crisis over asylum in recent years, primarily as a result of the abuse of the system. The protraction and over-burdening of asylum procedures causes hardship for the genuine asylum seekers and tends to attract abusive applications. The increase in unfounded claims, and the growing cost of assistance has damaged public opinion in Europe about immigrants and refugees and has created serious problems for the receiving countries and for people in real need of protection...If we do not regulate the operation of our asylum procedures to achieve the essential balance of due concern for the genuine refugee allied to appropriate measures to ensure that the system is not clogged up by bogus applicants. The experience in Europe has shown that those who would abuse the asylum procedures are those who would seek to migrate to Western Europe by way of the asylum system.” (emphasis added, Dail Debate, 1993).
My point here is that the objective of asylum discourse is to construe asylum seekers as a population of bogus types on the basis of abuse of the system, which legitimate restrictive measures, that are then nested in the systems of administration and instruction. Ireland’s necessity to remove the arbitrariness of the administrative refugee system in operation, and create a statutory system was an effort to create an efficient, transparent, orderly and regulatory system. It diffused power into the wider political and societal bodies, alliances and programmes that sought to manage, control and direct asylum seekers. It was also a move in line with its European partners.

Significant in Ireland’s transition was its initial floundering and denial of a need for such a system and yet it adopted and adapted meanings and practices from existent discourses in operation on the issue. Identifying particular individuals as abusive, risky, a burden, and a threat renders them exposed to inflated practices that harness, regulate, and direct their activities. The extent of encounters surrounding restrictive asylum policy developments in Ireland have been limited by a wider shift towards restrictive policy changes at an EU level and a dominance of exclusionary narratives that cross party political and press texts (Squire 2009). The crossover of narratives is pertinent for grasping the naturalisation and thus dominance of asylum as a ‘problem’ or a ‘threat’. Squire (2009) argues that this ‘brings a contradiction to the very heart of an exclusionary politics; a contradiction that is productive in the sense that it facilitates a covering over of territorial dislocation through the contestation of a selective and exclusionary distinction between ‘desirables’ and ‘undesirables’’ (2009:90). In this sense my argument is that that while the mobility of EU citizens is promoted, the mobility of asylum, abjected as rogue and risky subjects, is channelled through practices such as carrier liability, power of immigration officers or significant politicians, direct provision and dispersal, and deportation. These practices seek to render asylum seekers increasingly immobile through preventing them from moving, or, in case they move, by restricting and channeling their movement through practices of risk management.

While I am not in this submission suggesting immigration law change (that in due course may come as Europe progresses its Common European Asylum System), what I am trying to draw your attention to is the fact that legislation around seeking refugee status is highly restrictive and in line with the European norm. The “success” of Ireland’s restrictive legislation is evident in the reduction of asylum applications over the past 10-15 years. What we do have authority to legislatively change is the provision of care and hospitality to asylum seekers within our communities, in practical terms this means opening up access to material and symbolic resources.

Below are interview excerpts, mainly from one person living in direct provision as I documented her experience of living in the system over 2 years. Although it is one voice it resonates with the experiences of other asylum seekers like her. Evident in all these accounts is the impact the asylum seeker label has on her sense of self, of being conceived as a liar, not being able to disclose that she is an asylum seeker, and of the metaphorical social death she experiences as she is excluded to waiting and waiting in a place she does not feel she belongs. It should be said that this person remained in direct provision for almost 6 years with inadequate legal representation. Only for a
solicitor who took on her case pro bono was her case successfully argued, and Subsidiary Protection status granted to her.

“Imagine yourself fleeing from your country leaving your home and your family behind, looking for freedom and security even for your dreams. Then suddenly you are asked to live in a place sharing the room with people God only knows where they are from, with whom you exchange accusation and rarely exchange culture. Your life becomes all about how and when to get your portion of food and money on time otherwise you become hungry and penniless. Your every day task is waiting and waiting, waiting for someone else who lives in [a] totally different condition, his/her only concern is where s/he can spend the weekend with his/her boy/girlfriend or family, to decide for you. In many stages this feeling frustrates you and takes all your energy away leaving you with even no smile. Therefore, part of yourself starts to resist this feeling of oppression. But you are still not strong enough to fight the direct source of oppression so you look for someone who is weaker than you or even at the same position as you to release yourself from that oppression. You do not care how needy or miserable that person is, you only care to show yourself that you can do it.”

(Palestinian, Galway 2011)

“It is a temporary place that you stay in...there is no belonging here.”

(Palestinian, Galway 2011)

“...From the stories that you hear, you feel like it is going to be very long and it’s very silly and stupid to think that your story is going to be quicker than others or that your case is going to be quicker than others...It’s very easy to get frustrated, it’s very easy not to be frustrated. Sometimes you feel like it’s a single word, only one single word that can make you up, and one single word that make you down. I don’t feel like my education helps me here.”

(Palestinian, Galway 2011)

“...I am like anybody else here.”

(Palestinian, Galway 2011)

“The sense that you take is that they know whatever the asylum seeker is doing in this process is still an asylum seeker. It is not going to help him or her if she is doing, or I am doing a thesis but still you are an asylum seeker by the end of the day.”

(Palestinian, Galway 2011)

“I’m sorry, you know what because I have nice friends, and I have been in Ireland before I claimed asylum. I feel really guilty and I don’t like what I say sometimes about the Irish government or the Irish process and all this, because it’s not...I feel like I have a double face and I am not this way. But to be honest, I feel like very very (she shrugs and sighs)...not myself...”

(Palestinian, Galway 2011)
“Now, I understand why people would go for lying because...because those people in social welfare are just pushing you to lie, pushing the person to lie and not to be honest. Because what do you expect from a person when you are all the time assuming that s/he is lying? Ok, I understand that there are a lot of people lying – I know that we are not in an innocent place, but still, you cannot apply it to everybody, you cannot just think that everybody is going to do this.”

(Palestinian, Galway 2011)

“I can tell you as to why I don’t use asylum seeker – because I feel sorry for myself. I can’t guarantee what is in people’s minds about, or the image in people’s mind about asylum seeker so I don’t want to represent myself in this. I can’t guarantee how much they can respect me or appreciate what I am going through. That is the first thing, the second thing I don’t want to make them feel that they should feel sorry for me and this really makes me feel not empowered because all I am doing now is empowering myself, putting myself together, learning new skills all this so I don’t want to sound this as a reaction for my situation, of course I am an asylum seeker I will talk about this and this and this, but I don’t want to show myself as vulnerable all the time.”

(Palestinian, Galway 2011)

“It is a clear accusation of being a liar. And after being in the hostel, maybe someone lied for this, but I don’t think so. After being in the hostel and experiencing what has gone in the hostel, though it was a short time you can understand how bad or how difficult the living situation is in there. You just can’t realise that someone is lying. Even if someone is lying, but you can’t think that this is logical because it is horrible in the hostel. It is not horrible because you are taking food. It is about the isolation. It is how people think about you, you are literally thrown away. Yes, I was lucky to be in Salthill near the beach, but these nice views, they don’t do anything for you when it comes to this decision.”

(Palestinian, Galway 2011)

“I felt I couldn’t stay in the hostel because I will keep thinking about it and keep crying over and I don’t have energy for that. I said, that’s it, I will go to Dublin and stay with my friend and distract myself from that and that is what I did...It’s not because I couldn’t make friends or I don’t like people in the hostel. People in the hostel are just like me... ...What am I supposed to say, and what am I supposed to do? It’s basically, I felt like I am stuck.”

(Palestinian, Galway 2011)

The direct provision system was set up as a temporary measure to address certain “pull factors” to Ireland as our legal refugee system struggled to operate. It quickly became a much bigger repressive beast as access to the social security system for asylum seekers was restricted, certain provisions were funnelled through private
service providers. Somewhat more importantly, the system became a way of managing and controlling the movement and lives of those living within the system. We know this, as testimony upon testimony, and one research report after another has documented the **limbo existence** of asylum seekers within direct provision centres.

And yet, the institutional culture of confinement in Ireland remains as we increase the number of people and families in accommodation that is unsuited for their purpose. The Irish government still perpetuates institutionalisation as a solution in particular instances of social exclusion, be it direct provision, long-term residential care for the elderly or people with intellectual disabilities, and now “family hubs” for those unable to access suitable housing.

It is time for change.

**Links to any publications you refer to:**


Dail Eireann (1998c). Written Answers – Asylum Applications 20 October. 495.

Dagg, J. 2012. Governmentality and the Performativity of asylum process. Available at: [http://hdl.handle.net/10379/3499](http://hdl.handle.net/10379/3499)

Fraser, U. and C. J. Harvey (2003). Sanctuary in Ireland, perspectives on asylum law and policy, Institute of Public Administration.


Any recommendations to the Committee; be as specific as possible and summarise your recommendations at the end.

I do not have recommendations for you but directions as you, the Joint Oireachtas Committee members, have the power to initiate this much needed change.

1. Listen to MASI, their representation to you was phenomenal.
2. Listen and work with the Irish Refugee Council. They continually produce practical suggestions for alternative not-for-profit solutions.
3. Listen and consider the points of UNHCR, for instance, RIA has no power to orchestrate integration in any shape or form.
4. Ensure asylum seekers are included and represented in the actions of the Migrant Integration Strategy. Currently, asylum status renders such migrants excluded in the majority of measures aimed at integration.
5. Be authoritative in your consideration and implementation of alternative discourses i.e. humanitarian and human rights perspective of those seeking asylum.
Dear Sir or Madam,

I am making this submission in a personal capacity as an academic who has almost 25 years experience of third-level education, and who is concerned that among its many other shortcomings Direct Provision is prejudicial in terms of natural justice, and the Equality, Diversion and Inclusion mission of our education system. Direct Provision is an inhumane system, and one that will be harshly judged by history, just as the Magdalene Laundries are now. The only people it benefits are those who are in the business of providing DP services for profit. But I will confine my observations here to the education aspect.

The Direction Provision system was established in 2000 as an interim measure that would accommodate people for up to 6 months while their applications for asylum were being processed. This is clearly not how the system has developed. Instead, many families and individuals spend much longer in DP centres. For instance, newspaper reports (e.g., Irish Examiner 2/1/19) suggest that in January of this year there were some 157 people who have been in DP for more than 7 years, and a further 748 have spent between 3 and 4 years.

Reports by the Irish Refugee Council suggest that roughly one third of those in DP are children. Basic problems have been noted in respect of places in schools for those children, and the affordability of school text books for parents who receive €21.60 as a weekly allowance. Conditions in DP centres are not conducive to ordinary family life, and are clearly inappropriate for children, or indeed adults, who are trying to study. Asylum seekers have no entitlement to free third level education, and only those who have been in the system for 5 years are allowed apply to the Pilot Support Scheme.

It is difficult to see how children or adults living under the DP system can be thought to have appropriate access to education. This is clearly inconsistent with the Department of Children and Youth Affairs Diversity, Equality and Inclusion Charter (2016). It is also at odds to the commitment to Equality, Diversity and Inclusion that most if not all educational institutions subscribe to.

What was set up as an interim solution has turned into a permanent feature of Irish life. It is not fit for purpose. Children in particular in DP are at an enormous disadvantage in terms of education, something that will have for them life-long consequences. Adult learners too are severely disadvantaged, something that is particularly pernicious when combined with their limited access to employment.

I sincerely hope that the Committee on Justice and Equality will seek to end Direction Provision, and replace it with a more humane and just scheme that takes account of Ireland’s commitments in terms of equality.
Submission to Oireachtas Committee.

1. Direct Provision Centres.

The direct provision centres that exist today are not fit for purpose, they are run like open prisons and run by people whose only professional qualification is often in hospitality. There is no vulnerability assessment of residents. Residents who come from a family environment are sharing their room for months and years with people who often come from different countries, with different cultures. Different time zones of the relatives often cause one to call home through the night, while the other one tries to sleep.

A short stay in a reception centre may be required at the arrival of the asylum seekers. This centre should be state-run and needs to be specialised to welcome people fleeing traumatising and life-threatening circumstances.

After the initial period in this centre which should not take more than 4 weeks, residents should be given the opportunity to live independently and be given immediate permission to work.

I suggest people are given the option to:

1. Live independently
2. Stay in another reception centre in the country. These centres should be not-for-profit and run by professionals who have been trained and are specialised in the field of refugees and victims of war.

Residents of these centres and non-residents should be given free access to a trauma specialist, and medical clinics in the vicinity of the centre and for the duration of their asylum process.

Residents should be prepared for the transition to living in the society. They should have access to a team of social workers that will assist them with making the transition, finding housing etc.

An interesting link is to Fedasil.be, explaining the Belgian asylum process and how people seeking asylum are catered for: Having access on-site to psychological, legal, medical and social support.


2. The IPO

The asylum process in Ireland is very long and exhausting.

Refugees arriving from the top 10 dangerous countries in the world should be given refugee status in a very short time. The interview process where it is assumed every asylum seeker lies is exhausting, traumatising and ultimately very damaging for a person seeking safety and refuge after having escaped death and often having left the family behind. Many of these people did not expect to wait for years for their files to be processed. The pain of not seeing their wives/husbands and children is unbearable for most. One of my co-founders of ICD, a refugee from Burundi, did not know his wife was expecting their second child when he had to leave. This child is now 2 and a half years old and has only ever seen her father on a screen if the phone works. This is not acceptable.
I have heard reports from people returning from the IPO interview, where the interviewer had to Google a country to get information.

Interviewers should be specialised in refugee matters, and preferably specialised in certain countries or certain regions.

Interviews must be audio- or video-recorded. I have heard too many reports of interviewers typing summaries or translators not being accurate or adding their own views to the translations. This causes needless delays, and there is no control over the accuracy of an interview, once an interviewee has signed the report, often being exhausted after hours of interviews.

It is of extreme importance that the translators are fluent in the native language of the interviewee. For example, Swahili is spoken in many countries, but is very different in each country. A Congolese person’s Swahili is totally different from the Swahili of Tanzania and Kenya.

Conclusion

Direct Provision:
- Centres should be not-for-profit, run by professionals with experience in working with vulnerable refugees and people fleeing conflict
- People seeking asylum should be given the option to live independently or live in an open centre for refugees, with access to legal, psychological, social and medical care.
- Residents have the right to privacy and should be given private rooms
- Residents should be allowed to receive visitors in their own private space
- Residents should be prepared for transition into living in Irish society
- People seeking asylum should be given immediate permission to work
- The people seeking asylum who are currently in appeal stages should also be given permission to work
- People seeking asylum should have access to third level education without restrictions

IPO
- The process should be shortened
- The interviewers need to be specialised and have responsibility for various regions of the world.
- Interpreters and translators must be fluent in the native language of the asylum seeker
- Communication with the IPO should be in the native language of the asylum seeker, or his/her second language.
• The IPO interview should be audio-or video recorded.

• People called for interviews should be given an overnight stay in Dublin, or interviewers should travel for interviews, or more offices need to be opened.

• The asylum process should be shortened for everyone. The position of the IPO should be changed from seeing every asylum seeker as a liar to accepting their case and examining of there are any inaccuracies. The proof of that should be the responsibility of the interviewer. (innocent until proven guilty)

• There should be an observer allowed in every interview.

• Family reunification must be handled with priority.

Many thanks.
Direct Provision: A Students’ Union Perspective

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President, DIT Students’ Union

This submission is on behalf of concerned students on the City Campus of TU Dublin. We have policies passed in our Students’ Union that advocates for the abolition of Direct Provision, and we wish to support the campaign to end this unjust system.

Introduction
DIT Students’ Union (DITSU) is a Union that represents over 20,000 of TU Dublin City Campus, formally known as DIT. We represent the opinions and uphold the rights of our members. We are also an organisation that recognises the importance of equality and global citizenship. As a Students’ Union, we promote the principle of democratisation of third level education through the collective and individual participation of members of the Union. Through this, we have an elected Student Council of 100 members that sets the policy of our Union, and decides on the work plan of the elected officers. On the 28th of February this year, a policy of supporting the campaign to end Direct Provision was passed unanimously by our Student Council. A mandate was also passed by our Student Council on the 20th of February, to join the movement to end contracts with Aramark, a company providing catering to TU Dublin City Campus, and to several Direct Provision centres.

The motions are provided here:

Ending Direct Provision:

Aramark off our campus:

**Concerns Re: Direct Provision System**

Our students are well aware of the injustice our asylum seekers face in our Direct Provision system. This system, a temporary one set up to last for 6 months has been in place for twenty years. Akin to the Magdalene laundries, this system subjects people to inhumane treatment and should be dismantled as soon as possible.

We have a number of concerns on the treatment of asylum seekers and the rights of those in Direct Provision. These include:

- Housing condition. Living in hotels and accommodation centres, people are unable to provide for themselves and live in cramped spaces. Source: https://www.irishtimes.com/news/social-affairs/five-direct-provision-centres-oversubscribed-latest-figures-show-1.3792251

- The quality of food provided to Asylum Seekers. With many saving money for transport, people rely on food provided by catering companies. Parents are unable to provide care and sustenance to their children, making them feel helpless. Source: https://www.masi.ie/2018/11/04/inside-irelands-direct-provision-a-slice-of-bread-and-the-bureaucracy/

- Children are living their formative years in an unsuitable environment. How can they be expected to thrive, when their basic needs are not being met? Source: https://www.irishrefugeecouncil.ie/children-and-young-people/children-in-direct-provision-accommodation/two-page-report-summary

- Although the Right to Work was given to asylum seekers last year, there are far too many obstacles in place to prevent people to find work and increase their independence. This limits the potential of people to contribute to their community and isolates them further. Source: https://www.thejournal.ie/considerable-challenges-
Recommendations

Overall, we believe that the system of Direct Provision should be dismantled. Commercial and political interests have been prioritised over the humanity of asylum seekers, particularly children. A more equitable and fair process should replace this system to protect people seeking asylum in Ireland.

In the case of short and medium-term objectives, everything in the Government’s power should be done to safeguard asylum seekers while their application is being processed. This includes:

1. Listening to guidance from professional organisations advocating for asylum seekers, including MASI and the Irish Refugee Council
2. If Asylum seekers are to reside in accommodation centres, they must live autonomously and independently, with their rights upheld
3. They should have the right to live in their community
4. Explore alternative housing models that are not for profit and empower asylum seekers and their families
5. Asylum seekers should receive equal treatment to other citizens, including:
   a. The right to work (unlimited and unconditional)
   b. The right to education
   c. The right to move
   d. Access to welfare and social supports
6. Accommodation should promote and protect the rights of asylum seekers, in particular in regard to the rights of children, including:
   a. The Right to Privacy
   b. The Right to dignity
   c. The Right to challenge current practices
7. Introduce a Vulnerability Assessment to identify the special reception needs of vulnerable asylum seekers
8. Asylum seekers must be granted immediate access to work through a temporary Irish Residency Card which would allow them to obtain driving licences as well.
9. In the short term, food provided by catering companies should be of the best quality to ensure adequate nourishment, and cater to the religious, medical and dietary needs of the asylum seekers.
SUBMISSION ON DIRECT PROVISION & INTERNATIONAL PROTECTION APPLICATION PROCESS

DORAS, MAY 2019
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1. EXECUTIVE SUMMARY

Doras has been working with residents of Direct Provision (DP) and international protection applicants since our establishment in the year 2000. We provide a free and confidential advice and legal information service from our Limerick-based drop-in centre, which supports more than 1,200 people each year. The majority of our clients are current or former residents of Direct Provision (DP) and have experience of the international protection process.

We continue to support people for several years after they have left the DP and international protection system on issues such as employment, education, housing, mental health, family reunification and citizenship.

Doras has identified myriad recurring issues relating to the Direct Provision (DP) and international protection systems over the past 19 years, including:

- Poverty
- Mental health
- Access to education & employment
- Transport
- Isolated location of DP centres
- Staff & management
- Children, young people & family life
- Safety & security
- Food & cooking
- Complaints & inspections system
- Access to early legal advice
- Community integration
- Transition from DP to independent accommodation
- Institutionalisation
- Developmental impact of DP on children
- Privacy
- Prejudice & racism
- Involuntary transfers & evictions
- Challenging behaviour & conflict between residents
- Victims of trafficking
- Delays with processing applications
- Backlog of cases
- Length of stay in DP
- Quality in decision-making

Doras welcomes the recent progress made to improve the DP and international protection system, including the establishment of the Working Group in 2014, implementation of the McMahon report recommendations\(^1\) since 2015 and the response to legal challenges in the High Court (2014)\(^2\) and Supreme Court (2017)\(^3\). In particular, we welcome the following significant developments:

- “Legacy cases” regularised in 2015/2016
- Introduction of single application procedure in 2016

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\(^2\) CA & anor. v The Minister for Justice and Equality & Ors. [2014] IEHC 532

- Revision of RIA House Rules
- Clarification regarding remit of the Office of the Ombudsman and the Ombudsman for Children’s Office in 2017
- Transposition of the EU (recast) Directive on Reception Conditions in 2018
- Access to the labour market for eligible international protection applicants in 2018
- Progress made with regard to developing National Standards for DP centres in 2018
- Increase of weekly DP allowance in Budget 2019

Despite the progress made in recent years, Doras continues to witness the ongoing negative impact that the Direct Provision system has on people’s lives. Doras continues to advocate for the establishment of an alternative reception system that is based on human rights principles and international best practice. In the meantime, Doras proposes the following short and medium term recommendations:

**SUMMARY OF SHORT & MEDIUM TERM RECOMMENDATIONS**

### INTERNATIONAL PROTECTION

<table>
<thead>
<tr>
<th>OPERATIONAL &amp; ADMINISTRATIVE DELAYS</th>
<th>• Substantially increase number of operational staff working in the IPO, MDU and other relevant offices relating to the international protection system to improve efficiency of the system.</th>
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<tr>
<td>EARLY LEGAL ADVICE</td>
<td>• Establish an opt-out system for the Refugee Legal Service, thus registering all new applicants for legal support automatically.</td>
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<tr>
<td>STANDARDS FOR INTERPRETERS</td>
<td>• Establish national standards and training for translators and interpreters providing services to international protection applicants.</td>
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</table>
| QUALITY & OVERSIGHT OF DECISION-MAKING | • Ensure that all IPO staff are appropriately trained in intercultural awareness and have sufficient knowledge of issues relating to countries of origin.  
• Ensure that applicants have access to a complaints procedure through which they can raise concerns about IPO staff for subsequent investigation. |

### DIRECT PROVISION

| MENTAL HEALTH                     | • Establish and implement an early and ongoing vulnerability assessment for all current and future international protection applicants as a matter of urgent priority.  
• Ensure that mental health and addiction support services are accessible for residents of all DP centres, including the provision of regular and ongoing outreach services. |
| SAFETY & SECURITY                 | • Ensure that all DP centres undertake regular security assessments with appropriate measures implemented accordingly.  
• Ensure that professionally trained security staff are employed in DP |
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<tr>
<th><strong>MANAGEMENT &amp; STAFF</strong></th>
<th>• Provide mandatory training for staff on issues including cultural competency, mental health, working with challenging behaviour, first aid, crisis management and conflict resolution.</th>
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  • Increase Back to School Clothing & Footwear Allowance.  
  • Oblige all centre management to provide on-site creche facilities, play areas and homework clubs in DP centres in which children and young people reside.  
  • Review DP centres that accommodate children and families. Identify alternative accommodation that provides increased privacy and living space for children and families.  
  • Enable access to higher education for young people.  |
| **PHYSICAL LIVING CONDITIONS** | • Oblige centre management to make private single rooms available to single adult residents.  
  • Ensure that the individual needs and circumstances of all residents are considered in the allocation of accommodation.  
  • Review best practice & develop accommodation that respects applicants’ human rights, privacy and dignity.  |
| **ISOLATED LOCATIONS** | • Ensure that transport provided by DP centres meets the needs of residents and enables access to services, education and employment opportunities. Residents should be consulted in the provision of transport.  
  • Ensure overnight accommodation is made available to residents who live in isolated DP centres to enable travel to essential appointments.  |
| **TRANSITION FROM DP** | • Establish a liaison staff member within the Department of Social Welfare assigned to each DP centre to work with residents transitioning from DP.  
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2. INTERNATIONAL PROTECTION APPLICATION PROCESS

OPERATIONAL & ADMINISTRATIVE DELAYS

Doras welcome the introduction of the single application procedure and the work undertaken to address the backlog of cases in the system in 2015. However, international protection applicants continue to experience lengthy delays and people continue to live in DP for more than five years.

The impact of living in DP and awaiting a decision for protracted periods of time is known to have a negative effect on an individual’s physical and mental health. Furthermore, people who have received a positive outcome continue to spend up to 6 months awaiting official notice from the Ministerial Decisions Unit (MDU), which leads to delays for people moving out of DP and into independent accommodation.

Significant delays in processing international protection applications can be attributed to a lack of resources invested in the system broadly.

SHORT & MEDIUM TERM RECOMMENDATIONS

• Increase resources and operational staff working in the IPO, MDU and other relevant offices relating to the international protection system to improve efficiency of the system.

EARLY LEGAL ADVICE

International protection applicants can experience significant barriers accessing legal advice and legal services, particularly in the early stages of the application process, due to language barriers, lack of access to information and the system of opting-in to legal representation.

Doras staff have been made aware of applicants completing the initial IPO questionnaire without legal advice, which can be detrimental to their application. This is reportedly due to lack of legal representative in the early stages of the application process.

SHORT & MEDIUM TERM RECOMMENDATIONS
• Establish an opt-out system for the Refugee Legal Service, thus registering all new applicants for legal support automatically.

STANDARDS FOR TRANSLATORS & INTERPRETERS

Doras has been made aware of errors and inaccurate details on our clients applications for international protection, as a direct result of sub-standard translation and interpreter services. This jeopardises an individual’s application for international protection and can lead to considerable delays in the process due to the need for appeals.

SHORT & MEDIUM TERM RECOMMENDATIONS

• Establish national standards and training for translators and interpreters providing services to international protection applicants.

QUALITY & OVERSIGHT OF DECISION-MAKING

Independent oversight and quality assurance mechanisms would help to ensure the delivery of an efficient and fair service. Doras clients have reported inappropriate treatment from IPO staff working on individual cases and applications, including lack of sensitivity and awareness around cultural issues, refugee protection issues and countries of origin.

SHORT & MEDIUM TERM RECOMMENDATIONS

• Ensure that all IPO staff are appropriately trained in issues including intercultural awareness and have sufficient knowledge of issues relating to countries of origin.
• Ensure that applicants have access to an independent complaints procedure through which they can raise concerns about IPO staff for subsequent investigation.

3. DIRECT PROVISION

MENTAL HEALTH

Depression, post-traumatic stress and mental health issues are known to be more prevalent among asylum seekers and refugees than in the wider community. Residents often express to Doras staff how the uncertainty of their future, the overcrowded living conditions, isolation, lack of privacy and autonomy, lack of education or employment opportunities, and the prolonged periods of inactivity negatively impact upon their well-being and mental health.

People with psychiatric conditions, alcohol and drug dependencies continue to live in DP in shared accommodation with limited access to specialised supports. The geographic location of many DP centres in remote rural areas exacerbates the mental health issues experienced by residents and compounds barriers to accessing necessary services, along with language skills and cultural differences.
These issues are exacerbated by the length of time people spend living in the centres, with long-term residents often expressing or presenting with poorer mental health.

SHORT & MEDIUM TERM RECOMMENDATIONS

- Establish and implement an early and ongoing vulnerability assessment for all current and future international protection applicants as a matter of urgent priority, in-line with McMahon report recommendation no. 3.299 and as per Ireland’s obligations following the transposition of the EU recast Reception Conditions Directive.
- Ensure that mental health and addiction support services are accessible for residents of all DP centres, including the provision of regular and ongoing outreach services.

SAFETY & SECURITY

The safety and security of residents in certain DP centres has long been a concern for Doras. Staff are not trained, skilled or experienced to appropriately deal with conflict between residents or to appropriately work with residents who have mental health issues, psychiatric conditions and challenging behaviour.

The continued practice of accommodating victims of trafficking in DP centres is inappropriate due to the risks associated with communal accommodation and lack of appropriately trained staff to provide necessary supports.

SHORT & MEDIUM TERM RECOMMENDATIONS

- Ensure that all DP centres undertake regular security assessments with appropriate measures implemented accordingly.
- Ensure that professionally trained security staff are employed in DP centres as relevant.

MANAGEMENT & STAFF

DP centres are managed by private contractors on behalf of the State. Private contractors and the staff employed by them are not required to have any minimum qualifications, skills or experience of relevance to working with people in the international protection application process. There is no mandatory induction or ongoing training provided to management or staff in DP centres by the State.

SHORT & MEDIUM TERM RECOMMENDATIONS

- Provide mandatory training for staff on issues including cultural competency, mental health, working with challenging behaviour, first aid, crisis management and conflict resolution.

CHILDREN, YOUNG PEOPLE & FAMILY LIFE
Doras remains concerned that children continue to live in communal accommodation centres for protracted periods of time. Parents of children living in DP frequently express concerns about the impact that living in these conditions has on their children and families, with some expressing strong fears that this experience may lead to long-term consequences and developmental issues.

The following concerns have repeatedly been raised:

- Anxiety, depression and poor mental health.
- Child protection, welfare and safety concerns have been raised in a number of reports, including the DCYA consultation report, HIQA report and the McMahon report. Children have reported feeling unsafe living in DP centres.
- The lack of self-catering cooking facilities and parents inability to provide food for their children continues to impact upon families living in DP.
- Lack of private living space for children, young people and families.
- Lack of play areas, childcare facilities and homework support are ongoing challenges for families in DP.
- Limited transport options and financial costs are a barrier to participation in extra-curricular activities for school-going children.
- Stigma and racism experienced at school.
- Barriers to accessing further and higher education causes de-motivation, frustration and depression. The Pilot Support Scheme initiated in 2015 to facilitate increased access to higher education has not been effective.
- Poverty remains an issue for families living in DP, who continue to receive an insufficient weekly allowance for subsistence and continue to be excluded from child benefit entitlements.

**SHORT & MEDIUM TERM RECOMMENDATIONS**

- Extend child benefit to children living in Direct Provision.
- Increase Back to School Clothing & Footwear Allowance.
- Oblige all centre management to provide on-site creche facilities, play areas and homework clubs in DP centres in which children and young people reside.
- Review DP centres that accommodate children and families. Identify alternative accommodation that provides increased privacy and living space for children and families.
- Enable access to further and higher education for young people.

**PHYSICAL LIVING CONDITIONS**

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4 DCYA consultations with children and young people living in Direct Provision


6 From 2015 to 2017, only five young people have qualified for the Pilot Support Scheme.
Residents of DP continue to live in shared accommodation, with limited or no private living space. Issues frequently raised by residents include the following:

- Overcrowding, lack of privacy & limited or no personal living space
- Single adults sharing bedrooms with up to 8 people\(^7\)
- Children and young people sharing bedrooms with parents
- Limited play, leisure and recreational facilities
- Limited private living space and limited communal areas
- Limited private self-catering or communal cooking facilities
- Food
- Hygiene & cleanliness.

The majority of single adults sharing bedroom and bathroom facilities with other single adults. According to the most recent inspection and statistical reports, single bedrooms and occupancy for the two DP centres accommodating single adults in the Limerick region are as follows:

<table>
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<tr>
<th>HANRATTY’S</th>
<th>MOUNT TRENCHARD</th>
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<tr>
<td>• No single bedrooms available(^8).</td>
<td>• 2 single bedrooms available(^10).</td>
</tr>
<tr>
<td>• Contracted capacity is 118 persons(^9).</td>
<td>• Contracted capacity is 85 persons(^11).</td>
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**SHORT & MEDIUM TERM RECOMMENDATIONS**

- Oblige centre management to make private single rooms available to single adult residents, in-line with McMahon report recommendation 4.87
- Ensure that the individual needs and profiles of all residents, including particularly vulnerable residents, are taken into consideration when accommodation is being allocated.
- Review best practice & develop accommodation that respects applicants’ human rights, privacy and dignity.

**ISOLATED LOCATIONS**

\(^7\) Mount Trenchard DP centre located in Foynes, Co Limerick, accommodated single adult male residents in bedrooms that have a capacity of 8 people.
The majority of existing and new DP centres are located outside of urban areas, with limited public or private transport access. Mount Trenchard, for example, is located approximately 40 kilometres from Limerick city centre and 5 km from Foynes village. The road from Mount Trenchard towards the nearest town centre is dangerous and unsafe for pedestrians.

People living in isolated DP centres face barriers accessing support services, engaging with the community, travelling to Dublin for necessary appointments and accessing education or employment opportunities. Geographic isolation compounds the social exclusion, mental health issues and stigmatisation experienced by people living in DP centres.

**SHORT & MEDIUM TERM RECOMMENDATIONS**

- Ensure that transport provided by DP centres meets the needs of residents and enables access to services, education and employment opportunities. Residents should be consulted in the provision of transport.
- Ensure overnight accommodation is made available to residents who live in isolated DP centres to enable travel to essential appointments such as IPO interviews, appointments with legal representatives and medical appointments.

**TRANSITIONING FROM DP**

The negative impact of living in DP for protracted periods of time is most evident when a person is transitioning from DP to independent living. Residents experience considerable barriers including the following:

- Poverty
- Anxiety, depression & mental health issues
- Impact of institutionalisation & long-term unemployment
- Unfamiliar with local systems including social welfare, housing & rental market
- Limited social & support networks outside of DP
- Language & cultural barriers
- Lack of affordable rented accommodation, particularly for single & large family units
- Prejudice, racism & discrimination when seeking to secure accommodation

As a consequence of these challenges and coupled with administrative delays in the Ministerial Decisions Unit (MDU), people who have received a positive outcome continue to spend up to one year living in DP while trying to secure independent accommodation and move into the community.

**SHORT & MEDIUM TERM RECOMMENDATIONS**

- Establish a liaison staff member within the Department of Social Welfare assigned to each DP centre to work with residents transitioning from DP.
• Create a specific payment for people leaving DP to enable people to cover immediate costs, thus replacing the discretionary system of applying for the Exceptional Needs Payment (ENP).

VICTIMS OF TRAFFICKING

The continued practice of accommodating victims of trafficking in DP centres remains a key concern for Doras. Staff of DP centres are not appropriately trained to cater for the additional needs of victims of trafficking. Lack of gender-sensitive accommodation, lack of privacy and lack of security are particularly inappropriate living conditions for victims of trafficking and may increase the risk of re-trafficking and re-victimisation.

SHORT & MEDIUM TERM RECOMMENDATIONS

• Source alternative accommodation for victims of sex trafficking in consultation with NGOs and service providers who have expertise in housing for victims of sexual violence and abuse.
• End the policy and practice of accommodation victims of trafficking in DP centres as a matter of priority.

COMPLAINTS

There is a lack of awareness of and trust in the RIA complaints procedure among residents of DP centres. The typically low number of formal complaints received by RIA from residents demonstrates the reluctance of residents to utilise the RIA complaints procedure.

The requirement for residents to first make a complaint to centre management, even when the complaint is about centre management, acts as a significant barrier. Residents have frequently expressed fear of repercussions for making a complaint to centre management or to RIA. When complaints are submitted, some residents report a lack of subsequent action.

SHORT & MEDIUM TERM RECOMMENDATIONS

• Implement recommendation 4.135 of the McMahon report (2015) regarding the RIA internal complaints procedure, including the appointment of a designated officer within RIA to handle complaints.
• Publish details of complaints in RIA monthly and annual reports.
• Enable anonymous complaints to be submitted directly to RIA for investigation.
• Enable online complaints to be submitted by residents directly to RIA for investigation.

TRANSFER & EVICTION DECISIONS

Residents regularly submit requests to be transferred to other DP centres for a wide range of reasons, including access to services; friends and family members; religious worship; medical needs; social integration; access to education or employment. Due to current capacity issues in
existing DP centres, transfer requests are rarely being facilitated. In 2018, 32 out of 59 complaints made against RIA to the Office of the Ombudsman related to transfer decisions\(^{12}\).

Residents continue to be involuntarily transferred to other DP centres across the country, which can be hugely disruptive to continuity of care and the development of social networks. A small but significant number of Doras clients have been evicted from their DP accommodation by centre management, who require assistance to be re-accommodated.

**SHORT & MEDIUM TERM RECOMMENDATIONS**

- Consider individual needs and circumstances in the allocation of accommodation.
- Publish details of involuntary transfer decisions in RIA monthly and annual reports.
- Ensure that no resident is made homeless as a result of eviction from DP accommodation.
- Ensure that eviction decisions are discussed and approved by RIA and not by individual centre managers, and RIA ensures that alternative accommodation and services are in place for residents who are evicted.

**STANDARDS & OVERSIGHT**

Standards of living conditions vary widely from one centre to the next. Doras acknowledges the ongoing progress to develop National Standards for DP centres. Adoption of and compliance with National Standards will be a welcome development. Doras remains concerned about the continued practice of outsourcing accommodation services to private contractors, which enables the State to distance itself from international human rights obligations.

**SHORT & MEDIUM TERM RECOMMENDATIONS**

- Finalise and adopt National Standards for Direct Provision Centres as a matter of priority.
- Establish an independent inspection system, ideally under the auspices of HIQA, to monitor compliance.
- Ensure that National Standards are given a legal basis in Irish law.
- Establish a national monitoring committee to discuss, monitor and address issues regarding the DP system and DP centres across Ireland, including geographic representation from residents as well as local and national organisations that support residents.

### 4. ALTERNATIVE RECEPTION SYSTEM FOR INTERNATIONAL PROTECTION APPLICANTS

Doras continues to advocate for the Government to establish an alternative reception system for people seeking international protection that puts responsibility for reception conditions with the State, and not private contractors. An alternative reception system should be based on human rights principles, the best interests of the child and international best practice.

UNHCR Note on Integration of Refugees in the EU
“Reception policies for asylum-seekers should be designed to minimize isolation and separation from host communities.”

Best Interest of the Child, UN Convention on the Rights of the Child
“In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.”

KEY COMPONENTS OF AN ALTERNATIVE RECEPTION SYSTEM

GOVERNANCE, MANAGEMENT & STAFF

- Reception centres should be managed on a non-profit basis by experienced housing service providers.
- Housing service providers should be encouraged, facilitated and involved in designing, establishing and managing reception centres.
- Funding should be made available to facilitate the long-term engagement of housing service providers in the construction of purpose-built reception centres and the management of same.
- Management should be required to recruit appropriately qualified, trained and experienced staff, with a demonstrated professional background in supporting vulnerable people from diverse cultural backgrounds.
- Mandatory induction and ongoing training provided to all staff in all centres on issues including intercultural awareness; anti-racism; international protection; mental and physical health needs; access to education and employment; and community integration.
- Dedicated staff should be employed to act as community liaison and support staff.

LOCATION

- Accommodation should be located in or near to urban centres to ensure access to support services, employment, education and the community. Centres that are in isolated locations and do not otherwise meet basic criteria should not operate as reception centres.

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• The Department of Housing, Planning & Local Government; the Department of Health and local authorities should have a role in planning, monitoring and managing reception centres and related services.
• The geographic location of reception centres and the availability of support services, transport options and access to employment, education and the community should be strongly taken into account in the planning and tendering process.

PHYSICAL LIVING CONDITIONS

• Purpose-built accommodation, with sufficient recreational and living space available in all centres.
• Ensure private single bedrooms, private bathroom facilities, self-catering facilities and adequate private living space is available to single adults.
• Families should have private, independent and own-door self-catering family living units, with sufficient private living space for family interaction, play and school work.

ON-SITE SUPPORT SERVICES

• On-site childcare facilities and after-school activities should be available in all centres accommodating families.
• Availability of early legal advice delivered via outreach services.
• Availability of specialised supports for residents with additional needs and vulnerabilities.
• Specialised support services should be facilitated and provided by appropriate and experienced NGOs and support services on-site and via regular outreach visits.

VULNERABLE RESIDENTS AND ADDITIONAL NEEDS

• Identify vulnerabilities of residents through the implementation of an early and ongoing vulnerability assessment.
• Ensure that identified vulnerable residents are provided with appropriate accommodation and specialised support services at the earliest possible stage in the international protection process.

MONITORING & ACCOUNTABILITY

• National Standards should be adopted as part of a legal framework, with compliance monitored by HIQA. HIQA should be mandated to inspect all reception centres, including regular consultation with residents.
• Establish an anonymous complaints procedure to supplement the HIQA monitoring and inspection mechanism and complaints to the Ombudsman’s offices.
• The tendering process should be transparent, with details made publicly available.
• Financial details pertaining to the management of reception centre’s should be transparent and publicly available.
TIME-LIMIT

- Length of stay in a reception centre should ideally not exceed 6 months, as far as practicable. This is in-line with the Government’s goal to process initial international protection applications within a 6 month timeframe.
- After 6 months, international protection applicants should be given the option to move to independent community-based accommodation, with access to social welfare, education and employment.
- Residents who choose to stay in reception centre accommodation beyond a 6 month period, including residents with special reception needs, should be permitted to do so.
Submission from the Faculty of Paediatrics, Royal College of Physicians of Ireland

The board of the Faculty of Paediatrics* of the Royal College of Physicians of Ireland welcomes the call for submissions on the Direct Provision (DP) System.

The Direct Provision system is not a suitable environment for children. Children thrive if they have opportunity to live in families, safe communities and environments that provide the right conditions and opportunities to reach their fullest developmental potential. These supports are crucial in the prevention of mental health and other challenges. Direct Provision settings cannot provide this milieu.

In the last two decades much evidence has emerged confirming the risks to children growing up in this system:

Children growing up in DP are at high risk of child poverty and extreme deprivation, social exclusion, overcrowding and related problems such as stress-related illness and burns/scalds (Fanning B 2001, Dempsey MP 2006, Mooney R 2015). Children and teenagers report feeling stigmatised, isolated and unsafe; unhappy with lack of privacy, and they feel anxious about education prospects and the delays in getting papers (DCYA report 2015).

HIQA and the Special Rapporteur on Child Protection have expressed their grave concerns regarding children in DP. Children in DP are 8 times more likely to be referred to Tusla than children not living in DP. Child protection concerns included physical abuse, unsupervised children, domestic violence and proximity of children to unknown adults. (HIQA report 2015, 11th report of Special Rapporteur on Child Protection 2018).

The board of the Faculty of Paediatrics calls for an end to the placement of children and their families in Direct Provision.

We would welcome the opportunity to discuss this further.

Dr Ellen Crushell, Dean, Faculty of Paediatrics

*The Faculty of Paediatrics of The Royal College of Physicians of Ireland is the national professional and training body for Paediatrics in Ireland, working to ensure the highest standards in child health. We are accredited by the Medical Council of Ireland to deliver postgraduate specialist training in Paediatrics. We have 250 Members who are experienced Consultant Paediatricians and leading experts and we have 230 paediatric specialty trainees in our training programmes.

References:


Mooney R. A model supporting children research on children growing up in asylum systems. University College Dublin, Geary Institute for Public Policy; 2015 01/05/2015.
Health Information and Quality Authority. Report on inspection of the child protection and welfare services provided to children living in direct provision accommodation under the National Standards for the Protection and Welfare of Children, and Section 8(1) (c) of the Health Act 2007. 2015 25/02/2015.

Report of Department of Children and Youth Affairs Consultations with children and young people living in Direct Provision Dept of Justice 2015

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- **S.1b**: Recommendation of Housing within the Community

**S.2**: Right to Work

- **S.2a**: Issue of Permission to Work
- **S.2b**: Recommendation that Restrictions be Removed

**S.3**: Alternatives to Direct Provision

- **S.3a**: Issue of the Current System
- **S.3b**: Recommendation that Direct Provision Must be Ended

## Executive Summary

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Introduction
We are a group committed to pursuing feminist goals in the Fingal area. Our wider group is comprised of over sixty members, and our ten-person committee is made up of co-conveners with various roles. We were previously named Fingal Together for Yes, established ahead of last year’s campaign to repeal the Eighth Amendment, where we built connections across the region with civil society, maintained a strong media presence, amassed a considerable following, fostered regular engagement on social media and canvassed the region in its entirety. This resulted in an emphatic 77% Yes vote in Fingal in this referendum, a result we campaigned tirelessly to achieve. We recorded our findings and grew our network following the success of this campaign.
As part of our ongoing community work, we have built relationships with residents in the Balseskin Reception Centre and have seen the negative effects of this facility’s location and working model. As such, we make this submission to better support our fellow Fingal residents in Balseskin, and engage with them beyond the centre, within our local area.

Submission Body
In this section, we will outline our experiences and recommendations in three areas – community engagement, access to healthcare, right to work and direct provision alternatives. We will refer to the Balseskin Reception Centre in our examples and recommendations as this is where our local awareness lies, but through consultations with community groups elsewhere, our recommendations are presented as generally applicable to other communities in Ireland.


a. Issue: The separation of direct provision residents from hubs of society creates isolation, cross-cultural division, poor integration, barriers to accessing health care and lack of understanding in the wider community.
We as a group want to collaborate with asylum seekers in our community and involve them in our initiatives, and the separation and institutionalisation represented by Balseskin Reception Centre management made and continues to make this extremely difficult.

b. Recommendation: Residents should be housed within the community as soon as possible, combatting the community separation and micro-management they live with in isolated direct provision centres such as Balseskin.
In working with residents in Balseskin for a holiday season gift drive in December 2018, Fingal Feminist Network members found that centre management did not freely allow resident organisers to lead the initiative. Residents in the centre partnered with Fingal Feminist Network to raise €945 in gift cards for the residents, to supplement what many in our community believe to be the unlivable weekly allowance Balseskin residents receive. Fingal residents donated this money to show Balseskin residents that we value their place in our community, and the drive increased awareness in the community of the issues faced in Balseskin.
When we organised to visit the centre to plan for fair and organised distribution of the gift cards, the process was overseen and micro-managed at every turn by staff in the
centre, who wished to distribute the gift cards to residents themselves. We expressed our wish to work with a resident in the centre to distribute the gift cards directly to interested residents in the general reception area of the centre, and this plan eventually prevailed, after intrusion in the process by management at the centre. If residents were housed in our community sooner, they could benefit more freely from initiatives run in the community by groups such as Fingal Feminist Network. In turn, residents in Fingal would benefit from having all of our Fingal neighbours involved in our community. Regarding access to healthcare – during the campaign to repeal the eighth amendment, we advocated in Fingal on behalf of those in direct provision, disproportionally affected due to their inability to travel to access abortion care. We recall the case of Miss Y, a teenage, pregnant rape survivor detained under the Mental Health Act after seeking an abortion. This case served as an example of the state’s failure to serve those in direct provision, and of how barriers to health care become protracted while living in this system.

Now that we have won the right to access abortion care in this country, our group examines the service’s shortcomings within our region. Fingal has significant geographic and public transport gaps when it comes to provision of health care in general, and abortion care especially. Rights campaigner Zanele Sibindi of Movement of Asylum Seekers in Ireland (MASI) spoke about the barriers to bodily autonomy caused by the direct provision system at the March for Choice in 2018. Zanele called for the respect and dignity of direct provision residents to be valued, so that they would not remain “alone, ashamed and afraid” in the system. “Let this not be another Magdalene Laundries,” she implored the crowd. While those in our community are “out of sight, out of mind” in direct provision centres, their right to access already restrictive abortion care is made even more difficult. If housed in the community, residents would be able to access health care with fewer logistical barriers.

2. Right to Work

a. **Issue:** Currently, permission to work can only be sought if a case’s first decision has not been received within 9 months.
   
   This agonising wait is unnecessary and cruelly in line with the absolute maximum allowed under the EU Reception Conditions Directive. We feel that our fellow Fingal residents are suffering as a result of this restriction, as this protracted timeframe can cause a decline in resolve, wellness and the sense of professional purpose and fulfilment.

b. **Recommendation:** The ‘Right to Work’ restrictions on residents in direct provision must be removed.
   
   This right must be given to all from the beginning of the process, along with the right to hold a driving license, and this must remain valid until the person has left or been removed from the state.

   Through our contact with those in Balseskin, we have found that many residents are involved in innovative organisations that seek to better the community, such as OurTable, a community-driven, non-profit project aiming to highlight issues surrounding direct provision in Ireland through cooking. Such innovation and drive deserves a place

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2. Zanele Sibindi speaks at the March for Choice 2018: [https://www.youtube.com/watch?v=jxdXok-gFiw](https://www.youtube.com/watch?v=jxdXok-gFiw)
3. [http://www.ourtable.ie/who-we-are](http://www.ourtable.ie/who-we-are)
in our work force, and it is our group’s position that residents should be supported and allowed to work without the current restrictions.

3. Alternatives to Direct Provision

a. Issue: The current system is an unjust separation and grouping of people who should be supported at the heart of our vibrant communities in Fingal.

b. Recommendation: Direct provision must be ended, its replacement system must not involve the micro-management of the lives of those within the system, and it must promote integration and nuanced support for people seeking asylum.

People seeking asylum in Ireland should have access to the same local authority housing supports as all other residents of the community. As a group, we support the recommendation by the Special Rapporteur for Child Protection that asylum seekers be given access to welfare supports so they can leave Direct Provision\(^4\). Our group calls for the opportunity to build integrated community ties through the provision of social housing for people seeking asylum.

Executive Summary

Fingal Feminist Network, as an established community group, calls for an end to the current system of direct provision. We support the idea that those seeking asylum should be at the heart of our communities, not separated, isolated and denied the right to work. Social housing supports should be available to all, to foster community involvement, permanence, stability, a sense of self and the feeling of being valued within our society.

“We are human beings, like everyone, like all of you. All we ask is that we be treated as such. The very fact that people have to ask the Government to treat them humanely should shame all of you.”

*Bulelani Mfaco, addressing the Joint Committee on Justice and Equality (29 May, 2019)*

**Introduction:**

Galway One World Centre is a development education centre, based in Galway, working with schools, teachers, universities and with community groups on a range of local and global justice issues. GOWC provides training and workshops and organises public awareness-raising events on issues such as global poverty, structural inequality, anti-racism perspectives, and forced refuge and refugee rights. GOWC frequently works with members of the refugee community and echoes the call of grassroots organisations such as MASI for the abolition of Direct Provision, a cessation of deportations and the recognition of full human rights for people seeking international protection.

**Issue: Direct Provision Unfit for Purpose**

GOWC first became aware of the Direct Provision system almost twenty years ago, when a Community Welfare Officer contacted us after hours to say that a coach carrying people seeking asylum had just arrived in Galway, with little notice. People were distressed, had little idea where they’d been taken, some family members had been separated and this CWO was only there to offer some information and support because she’d been in her office after hours.

This shambolic approach to the accommodation of people seeking refuge has been the hallmark of Direct Provision from the very first days of its implementation.

In the intervening years, we have worked alongside people living in the system and are firmly of the belief that the system should be disbanded, and an alternative found.

Some Issues:

- Lack of Privacy
- Inadequately/inappropriately trained staff
- Restrictions on basic freedoms and rights such as freedom of movement
- “Wholly unsuitable” environment for children and families.
- ‘Timed out’ unaccompanied children being deposited in Direct Provision
- Very poor quality, choice, and nutritional value of food
- Fear of making complaints (may lead to involuntary transfers)
- Many centres in remote locations, lacking public transport and access to education, health services, legal support etc.
• Restrictions on education

Recommendations:

• At very least, we would recommend a return to the previous arrangements that allowed people to source rented accommodation, and to apply for social welfare supports if and as needed.
• Alternatives to Direct Provision should be addressed by Local Authorities, Housing Cooperatives and other relevant agencies – but not the Department of Justice.
• Accommodation should meet standards of human dignity, and respect the Convention on the Rights of the Child, as well as the needs of all residents for privacy and rights and independence.
• Appropriate alternatives to be found for children and families as a matter of urgency, in accordance with numerous reports and studies in line with the Children’s Ombudsman, Niall Muldoon’s description of Direct Provision as a “wholly unsuitable” environment for children.
• Unaccompanied children whose applications ‘time out’ when they turn 18, should not be place in Direct Provision, but provided appropriate care and support. (Ní Raghallaigh & Thornton 2017).

Application for International Protection:

Issues:

• Lack of access to vital information and legal support prior to filling in IPO form, and interviews.
• Inadequate translation services
• Difficulty in obtaining Legal Medical Report
• Lack of transparency regarding potential applicants being rejected by Immigration officers on arrival, and detained and deported. Research shows that detainees are often left without their mobile phones, access to a solicitor, or information about asylum rules, or with enough access to interpreters “to understand fully what was happening to them”. (Pollack 2018)

This is a legal issue of utmost importance, but the majority of people face the prospect of filling in a daunting 60+ page form or facing a legal professional in an interview without the benefit of adequate legal advice.

Partly this stems from the underfunding of legal professionals dealing with asylum claims, as well as a lack of any coherent approach to information provision that would equip people with a clear understanding of the process and of their rights.

Recommendations:

• The State must recognise and respect that an application for International Protection is a legal process, and arguably one of the most serious a person will ever engage with.
• Transparency at entry, so that no person seeking protection is ejected by an Immigration official without the opportunity to exercise their rights to seek protection
• IPO forms should only to be filled following adequate legal advice (with trained translation, as necessary) and people should receive full legal advice and support prior to and during their interviews.

A fundamental overhaul of the initial reception process should ensure that people seeking refuge are provided with the following upon arrival:

• Comprehensive and impartial information covering all aspects of the International Application process, and applicants’ rights.
• Provision of trained and impartial translators
• Timely access to psychological assessments and supports, and other medical care, and to a Medical Legal Support, as appropriate.
• Regional legal and medical support services to ensure access for those outside of Dublin.
• The right to postpone interviews or submission of forms if this legal support has not been provided.

Reception and Integration Process:

People seeking safety may arrive with complex needs and may find it difficult to navigate the variety of service providers (if they exist) to meet these needs.

Recommendation: As part of a radically reformed Reception process,

• Provide language support and lessons.
• Provide clear information about the asylum process, and rights.
• Carry out Vulnerability Assessments, and ensure access to medical supports, addressing needs for physical and psychological support
• Provide right to work and education and training
• Ensure support for basic integration issues – locating schools, opening a bank account, etc.
• Comprehensive legal support and translation services for IPO applicants (see above)
• Issue necessary documentation early in the reception process – PPS numbers, work permits, driver’s licences (currently a bureaucratic mess.)

Right to Work:

Issues: The State maintained one of the most restrictive systems in Europe regarding the right to work for asylum seekers until last year when a former applicant made a successful legal challenge and led to the ban on work being overturned.
However, remaining restrictions on right to work deny who are longest in the system from much-needed access to the workplace, and many employers are put off by 6 month renewals, the complicated system, and some are unaware of the right to work.

Recommendations:

- Provide all applicants with an IRP-style card with a work permit (also function as a form of ID)
- Information for Employers
- Removal of 6 month renewal requirement
- Removal of restrictions based on length of time in process or appeals.

References:


SUBMISSION ON DIRECT PROVISION AND THE INTERNATIONAL PROTECTION APPLICATION PROCESS

from Galway Anti Racism Network

May 2019
Galway Anti Racism Network (GARN) are a grassroots community group committed to promoting racial equality and social justice. We are not tied to any political party or organisation, but work with other groups that share our goals. We believe that everyone deserves the same respect and rights regardless of origin, ethnicity, appearance or belief system. We want to strengthen the campaign against racism both locally and internationally. And we want to gather people together to get the voice of change heard.

Members of GARN are very concerned at the appalling negative impact Direct Provision is having on the mental health and wellbeing of Asylum Seekers in Ireland.

The lack of private space and the indignity of living in such conditions echo many reprehensible Irish institutions of the past, which are at the centre of various recent damning reports and redress schemes.

We would like to make a submission to the Committee on Justice and Equality requesting that the following recommendations be taken into consideration.

1. We strongly recommend that there is a move to a community based model of managing those seeking asylum and away from the present private, profit-based model where substantial profits are made by overcrowding in hotel rooms and supplying cheap food with little or no nourishment. We believe what the Government are paying hotelliers for each asylum seeker to be accommodated is hugely excessive for appalling conditions.

2. We strongly recommend that every asylum seeker have the Right to Work while they are awaiting their decision. The present limitations mean many who are able and willing to work and contribute are still restricted from working and therefore their existing skills are allowed to stagnate, as well as having a very detrimental effect on their mental health and outlook for the future.

3. As most Direct Provision Centres are in remote areas with little or no public transport options we also believe it is highly important that Asylum Seekers are able to obtain drivers licences, which are at present impossible to get, leaving those few with permission to work often unable to access it.

4. We also recommend that all financial barriers to education be removed for those over 18 as well as those under 18. A significant number of children are currently living in Direct Provision for many years (see Figure 1) in cramped, undignified and inhumane conditions, with little hope for a future of limited educational prospects.
YOUNG PEOPLE IN DIRECT PROVISION

AGE 0-4 YEARS: 698
REPRESENTS 20 CHILDREN

AGE 5-12 YEARS: 544
REPRESENTS 20 CHILDREN

AGE 13-17 YEARS: 219
REPRESENTS 20 TEENAGERS

AGE 18-25 YEARS: 713
REPRESENTS 20 YOUNG PEOPLE

866 CHILDREN IN LONE PARENT FAMILIES
1030 CHILDREN IN TWO PARENT FAMILIES

40% OF TOTAL DIRECT PROVISION POPULATION IS UNDER 25

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Galway Anti Racism Network

Figure 1. Infographic of Young People in Direct Provision, statistics from RIA - July 2018
Cormac Gately,

Newcastle,
Crossabeg,
Wexford

Committee on Justice and Equality
Committee Secretariat,
Houses of the Oireachtas Service,
Kildare Street,
Dublin 2,
D02 XR20

Written submission on the issues of Direct Provision and the international protection asylum process

Dear Mr. Byrne,

I would like to make the below submission in relation to issues of Direct Provision and the international protection asylum process. The covering letter I have attached along with this submission letter provides my contact details.

In a broad sense, the system of Direct Provision has been widely criticised by domestic and international human rights organisations who have conducted research on it. It is a system which has been utterly condemned by those who have experienced, or continue to experience it directly. In spite of this repeated criticism and condemnation, it is clear that steps towards the abolition, or indeed even reform, of Direct Provision have moved at an unsatisfactory pace.

The Movement of Asylum Seekers in Ireland (MASI), established in 2014, calls for an end to Direct Provision, the right to work and education, residency for all in the system, and an end to the brutal current deportation system. I unconditionally support MASI in their demands, as I believe that those directly affected by any system must be the voices we listen to as a priority.


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In the Eleventh Report of the Special Rapporteur on Child Protection ³, submitted to the Oireachtas in 2018, Dr. Geoffrey Shannon raised concerns that many children in the Direct Provision system are living in State-sanctioned poverty and in environments that could prove highly damaging. He noted that "we are in a situation where we treat children in direct provision as being second-class citizens". In his summary of recommendations, he notes:

“Ireland should abolish the ‘direct provision’ system of accommodation for asylum seekers and ensure adequate provision for children’s standard of living. In the interim, the Reception and Integration Agency must ensure agreements with commercial contractors in relation to compliance with section 42 of the Irish Human Rights and Equality Commission Act 2014 and ensure high standards of accommodation. Direct provision should be placed on a statutory footing, and a time limited period (6-9 months) introduced after which an individual who has not yet received a first instance decision on his/her status should be able to leave the direct provision system and live independently and access relevant social welfare payments.”

As a vocal and proud member of the LGBTQ+ community, I wish to make it especially clear that there are a multitude of issues with the Direct Provision system which specifically negatively affect the lives of its LGBTQ+ residents. The isolation that naturally occurs under this system - in which residents' movements are monitored, transport links are often inadequate, and in-house supports and resources are not widely available - hampers opportunities to integrate, build networks and socialise with other LGBTQ+ people. It is often a dangerous environment, wherein residents feel compelled to conceal their identities for fear of facing violence and intimidation.

Louise Sarsfield Collins of Maynooth University published a substantive report which examines these issues, entitled The Law and Everyday Experiences of LGBTQ Asylum Seekers ⁴. She notes that “these physical and material barriers to engaging fully with the local community are felt by all asylum seekers in Direct Provision. However, for many LGBTQ asylum seekers, homophobia serves to further imprison people. This homophobia can be both internal and external.”

The McMahon report also outlined issues that are faced by LGBTQ+ asylum seekers in Direct Provision. These issues included a lack of individual lockers for the storage of personal items including papers relating to residents' claims which they said were a cause of “real anxiety”. Safety and isolation were also highlighted as serious issues to LGBTQ+ asylum seekers, especially in cases where they had to share bedrooms and bathrooms. They also reported serious issues of concern around disclosure of their sexual orientation and the response to those disclosures.

In August 2018, a trans woman, Sylva, died suddenly in a Direct Provision centre. She had been resident in a male centre, having come out as trans roughly two months after arriving in Ireland. Her loss is mourned by all of us in the LGBTQ+ community, many of whom knew her personally, especially in the Galway area.

The physical and mental healthcare needs of LGBTQ people are unique and it is imperative that sufficient resources are available to those in the asylum process.
As a citizen of the Republic of Ireland, I strongly support the call for the abolition of Direct Provision. I support and wish to amplify the demands of the Movement of Asylum Seekers in Ireland, and call for LGBTQ+ specific support networks, resources and healthcare to be available and accessible to asylum seekers.

I believe the above submission offers a substantive argument for these demands.

Regards,

Cormac Gately

_________________________________________________________________________________

Bibliography


Dr Joan Giller

Submission to Oireachtas Committee on Justice and Equality

Introduction

I am a medical practitioner, registered with the Irish Medical Council, and a Member of the Royal College of Obstetricians and Gynaecologists (UK). I also have Masters degrees in Social Anthropology (School of Oriental and African Studies, University of London) and in Counselling and Psychotherapy (ICHAS, Limerick). I am a fully accredited member of the British Association for Counselling and Psychotherapy. I lived and worked in Uganda, East Africa, for several years with people who had been tortured and traumatised, and have done consultancies in Darfur, South Sudan and Liberia for Save the Children (SCF-UK) in the area of sexual exploitation and gender-based violence. I worked voluntarily in the UK with refugees and asylum seekers before coming to Ireland with my partner (a consultant psychiatrist) in 2003. Until December, 2017, I was employed as an Area Medical Officer in Community Services for the HSE, West Cork. As part of this job, I worked in an accommodation centre, screening residents for infectious diseases. Since I took early retirement from the HSE, I have continued to spend one day a week voluntarily in the accommodation centre because of the degree of psychological suffering that I witnessed while I was working there as a doctor. I have worked in the accommodation centre for the last twelve years. I wrote the dissertation for my Masters in Counselling/ Psychotherapy on the mental health of asylum seekers in the Direct Provision system. As well as this, I prepare medical and psychological legal reports for asylum seekers from all areas of Ireland at the request of solicitors; I have done such medico-legal work in the UK and in Ireland for the last twenty years.

I provide general support, advice and counselling to the most troubled residents in the accommodation centre. They are usually referred to me by other residents or by the assistant manager/ housekeeper. I am therefore privy to some of the most intimate details of the histories of these residents, as well as observing the ways in which the current system of direct provision impacts on their mental health. I also have long experience of people living in other accommodation centres in Ireland through my medico-legal work; many of the issues that I encounter in the centre where I work are embedded in the system, rather than simply in any one particular accommodation centre. As many people seeking asylum have difficulties with trust (and consequently are very guarded about sharing personal information), I am very careful to maintain professional confidentiality. I therefore work independently of any support organisations (who may also be making submissions from the same area), although I am aware of their existence and support their aims in trying to find ways of alleviating suffering. This submission is therefore based solely on my own experience and observations, without reference to any other interested parties. I am aware of the fact that I am speaking on behalf of other people who are well able to speak for themselves, given the right forum to do so. However, I speak from my position of privilege within the system, having had the opportunity to observe the lives of people seeking asylum over a prolonged time period.

Most people who enter the asylum system have undergone trauma in their country of origin. While the pull factor may be to seek a better and safer life for themselves and their children, there is, in my experience, always a significant push factor. No one leaves their country and culture to seek asylum elsewhere without good reason. Where women are concerned, that push factor often involves sexual violence. A disproportionate number of women in the
asylum system have been subjected to rape. While I am also aware that people may sometimes embellish their stories (often on the advice of others) with the notion that this will improve their chances of success in the system, I have absolutely no doubt, based on many years of experience, that most people seeking asylum have a significant history of trauma, and come to Ireland bearing the burden of this. For this reason, they deserve our utmost care and respect. However, the system that they encounter falls far short of offering this and, instead, often serves to exacerbate, rather than alleviate, suffering.

Most people arriving in Ireland to claim asylum come with a sense of relief and hope, even if they also come with symptoms relating to the trauma that they have suffered. However, in my experience, this positive sense soon becomes transmuted to one of anger and even hopelessness and despair as they try to navigate the atmosphere of the accommodation centres. I previously worked for many years in the UK with asylum seekers, where they are mostly housed in private accommodation. Whilst this is often in the poorest parts of town and the accommodation is often less than desirable in terms of upkeep etc., I never saw the same level of despair due to living conditions as I see in Ireland. Much of this despair is the result of the way that the accommodation centres are run: privately owned as profit-making enterprises. Whilst there are major problems with the system of Direct Provision itself, which, in my opinion, should be replaced, there are certain things that can, in the short to medium term, be done to improve it.

**How the Direct Provision system impacts on the mental health of asylum seekers**

**Waiting times**

While I leave it to lawyers to comment on international best practice and standards, I submit that, in my experience, one of the most significant factors that impacts on the mental health of people seeking asylum is the arbitrary nature in which the dates for interviews, appeals and notification of the outcomes to these, are made. People have no idea how long they will be left to wait, and waiting ‘in the dark’ is one of the most anxiety-provoking and mentally demoralising experiences. Most people can put up with a certain degree of material discomfort if they know how long it is likely to last. It is the ‘not-knowing’ in a system where one feels powerless (even to request information) that can be so debilitating to mental health. We all know how much easier it is to ‘soldier on’ if there is an end date in sight, even if this is several months ahead. I know of two cases where residents were told at the end of an appeal hearing that they would know the result within four to six weeks. Six months later both are still waiting, feeling panicky every day at the time the post is due to arrive. Another resident has been waiting for over a year for the result of her interview, and yet another is still waiting after 14 months for that first interview. If people know that they have to wait, for example, a maximum of six months (or even a year!), then they can plan their lives (emotionally as well as practically) accordingly. It demonstrates a profound lack of respect and understanding of people’s suffering, that people seeking asylum are left to wait indefinitely, without any explanation.

**Accommodation in Dublin**

A further, very stressful, factor is the fact that people living in accommodation centres in remote parts of Ireland have to travel to Dublin for their interviews and appeal hearings, but
often do not have access to overnight accommodation. This has become a very big problem in the last year. Asylum seekers often have to schedule an appointment with a lawyer before they go for interview, but cannot find overnight accommodation (other than in expensive hotels that they cannot afford) to enable them to do both. I have known of people making the return trip from West Cork to Dublin (each leg of the trip taking about five hours) on two consecutive days because of this. Women often have to travel with children, making the arduous journey even more stressful. RIA seem very unhelpful in this regard, simply telling people that there is no accommodation in their centres in Dublin, but not offering any alternative solutions. Cheap accommodation is difficult to come by. If interviews or hearings run late into the afternoon, there is a strong chance that the client will miss the last connecting bus from Cork city (currently the last scheduled departure from Cork city bus station to the town is 19.45 pm; the last bus from Dublin that will connect with this leaves at 4 pm) adding to their stress.

**Attitudes of people working in the justice system**

Asylum seekers mostly experience the system as adversarial. There seem to be few people who work for the government in the immigration system who show care, consideration or respect for people seeking asylum. Asylum seekers are frequently made to feel that they are ‘lesser’ people, that they are taking from Irish society or that they don’t matter. This again impacts very negatively on their mental health. An example is a young woman who travelled from the centre where I work with a young child to renew her ID card. She went to the wrong office and was sent by staff to three different offices (in different parts of the city centre) before she finally found the right one. At one of these, there was a long queue; she enquired at the desk if she was in the correct office and was told (in a very rude manner) that she had to go to the back of the queue and wait. After waiting half an hour, she was told that she was again in the wrong place. She missed the last bus from Cork city and had to borrow money to pay for a taxi to bring her back (a journey taking 45 mins). When I met her the following day, she was very upset and agitated and had not slept the previous night. This is just one example of hundreds. The behaviour of staff can make an immense difference to the way that traumatised people experience the system.

**Attitudes of staff in the accommodation centres**

A similar criticism pertains in the accommodation centres themselves. Although the material conditions of the centres leave much to be desired (see later), it is, again, the attitude of staff that primarily needs to be addressed. The private owners of accommodation centres generally employ staff who are not trained or instructed in any way to be dealing with one of the most vulnerable and traumatised groups of people in Ireland, and often find themselves out of their depth in dealing with the problems that they encounter. This lack of training or understanding, and lack of any cross-cultural awareness, leads to an ‘us’ and ‘them’ mentality, in which the residents are ‘othered’ and are not treated as individual human beings with their own agency, abilities and opinions. Because the residents of accommodation centres are in a relatively powerless situation, where any perceived misdemeanour or difference of opinion may lead to the threat of being ‘reported to RIA’, and therefore of possibly adversely affecting the outcome of their asylum applications, they frequently experience a sense of defeat and hopelessness that compounds already existing mental health problems. Currently, complaints often result in the issue being ignored or not being dealt with adequately. Furthermore, some staff members use their own relative positions of power to
favour certain residents with concessions, better rooms etc. This results in a toxic situation in which residents either choose to ‘please’ the staff so that they are in favour, or become angry, alienated and unhappy. Either way, this all tends to divide residents in the centre and to set up distrust, petty disputes and even fights between residents, or between residents and staff. Staff also sometimes act extremely disrespectfully: for example, entering residents’ rooms without permission while the resident is not in the room, and opening residents’ post without permission. I have heard many such stories from people living in different accommodation centres; this is not simply an issue in the centre where I work.

Physical state of the centres

The centres are not built for purpose; many were previously cheap, very basic hotels, and were in poor condition ever before they were transformed into accommodation centres. Because the centres are mostly run as profit-making enterprises, they are usually very poorly-appointed, with cheap furniture and very basic facilities. An asylum seeker’s room is their home; apart from separate kitchen facilities (which have been provided in the last year as the new policy of allowing asylum seekers to cook for themselves has been rolled out), a person seeking asylum has to eat, sleep, watch TV, mind their children, study, entertain friends etc. in their one small room. A large proportion of these rooms in the centre where I work measure only 2.9 x 3.7 metres (9ft 9 in x 12ft 3in) with a tiny adjoining toilet and shower room. Mothers share double beds in these with their young children. There is little floor space. In larger rooms, parents sleep in the same room as their (sometimes teenage) children, potentially exposing them to sexual activity. Many of the rooms have wardrobes and chests of drawers with doors falling off, door knobs missing, cheap veneer peeling off the surfaces etc. Many also have problems with damp, with black mould on the walls and windows. This adds to the sense that no one cares, especially when repairs etc. are not carried out promptly, and this impacts in a very negative way on mental health.

Points system for buying food

Food/ cooking is still an issue. Whilst it is to be welcomed that residents are now allowed to cook for themselves, the fact that they have to buy their ingredients in a shop within the accommodation centre using a points system, is demeaning, and serves to increase the separation of residents from the local community. It takes away the ability to make choices regarding where to shop, how to budget and look for cheap offers and bargains etc. Residents tell me that they often see the same products at a cheaper price in Lidl or Aldi. Furthermore, the staff in the shop (once catering staff in the hostel) are also at times unfriendly and aggressive towards residents, which again leaves people feeling unloved and demoralised.

Further education courses

It is to be welcomed that the right for asylum seekers to work has come into force, but this has gone hand in hand with a reduction in access to further education. The Department of Justice has withdrawn the right of further education colleges to grant a discretionary reduction in fees to people seeking asylum. In the past, the reduced fees could then be met by local charity. In my experience, these courses have provided a lifeline for many people in the system, giving them a way to gain a qualification as well as providing meaningful activity to occupy their days. The courses have also allowed people to find work related to their field of study.
Recommendations based on these observations

1. All staff working with asylum seekers should undergo training. This should be in line with the World Health Organisation (WHO) Quality Rights e-training for people working in the field of mental health\(^1\), which is based on a human rights and social model, foregrounding the importance of respect and dignity in dealing with a vulnerable population. I recently underwent the training myself and it would provide an excellent template for staff working with asylum seekers.

2. There should be a realistic timeframe, clearly communicated to people seeking asylum, within which interviews and appeals are heard, and the outcomes delivered. (It is better to know that it may take, for instance, six months to get the result of an appeal than to be told that it will take six weeks and then to be left waiting for six months.)

3. If interviews and appeals hearings are to continue to be conducted in Dublin, there has to be consideration given to the distances that people have to travel. I am aware that there was a recent experiment where certain people were called (at extremely short notice) to interviews in Tipperary, but this is hardly easier to access than Dublin for people in the centre where I work. Accommodation in the Dublin area must be made available for people travelling long distances. This is the responsibility of RIA, who cannot simply abandon people to wander around Dublin not knowing where they will sleep.

4. There should a clear complaints procedure that residents can follow, and they should be made aware that this can be followed without prejudice. A system of advocacy would be very beneficial for residents, who often feel too demoralised to pursue complaints further.

5. Residents should be given money for food, rather than points, which they can then spend in the community. Management can assist in purchasing culturally appropriate foodstuffs at the request of residents in those centres that are far from cities, where such food is not available locally.

6. If accommodation centres have to remain the vehicle by which we house asylum seekers in Ireland in the short to medium term, the rooms should be decorated and furnished to a good standard and any repairs required should be carried out promptly. Residents should be able to communicate any requests that are not being met to staff from RIA at inspection times, and these requests should be promptly and respectfully attended to. Older children should have their own adjoining room to the parents’ room (although this would require more extensive alterations to existing structures).

7. Further education colleges should be allowed to grant the discretionary reduction in fees to asylum seekers.

\(^1\) [https://www.who.int/mental_health/policy/quality_rights/en/](https://www.who.int/mental_health/policy/quality_rights/en/)
Summary

In summary, my opinion based on my experience, is that the most important aspect of Direct Provision that impacts negatively on the mental health of asylum seekers is the way that they are treated within the system. From being left without any idea of how long they have to wait at each stage of the process, to the attitudes that they encounter from staff within the system, the lack of respect and care serves to reinforce the feelings of worthlessness and powerlessness that frequently result from a traumatic past. This ultimately leads to despair and demoralisation. The fact that the mental health of so many vulnerable people actually deteriorates within Direct Provision is an indictment of the current system.
SUBMISSION

My thoughts have been developed from speaking to migrants living in direct provision and with friends who work alongside them.

I believe the **Direct Provision system should be abolished and we should not have anything similar as a substitute.** It does not work and it is humane. People seeking asylum need to be treated as equals with the right to work and access housing and other services. Any new process should treat people with dignity. Instead of trying to catch them out with regards to eligibility, it should be focused on doing the right thing and letting people seek asylum and live in safety, in the meaningful sense of the word, not stuck in what equates to a prison without being able to work or even cook for themselves.

**The reception system is not fit for purpose and should be abolished.** People aren’t given basic information about their rights as asylum seekers or about the process. There aren’t basic supports like solicitors, mental health experts, translators etc. People are suffering who have arrived, from the mental and physical traumas they have experienced. There should be a proper assessment with good quality services to help people. Submissions for international protection are done in reception without any legal advice or assistance/translations etc and this impacts on the low numbers of positive decisions in the system which force people to appeal, adding to their stress.

**Instead** there should be a reception system with access to information on-site, legal assistance (as per the international right to claim asylum), specialised psychological services, medical care, language classes, children’s services, integration services, education and training and help with accessing accommodation. This should be provided by specialists independent of the Department of Justice. These should be decentralised as having to travel to Dublin have left people on the street as the public transport is not available. People should be in reception 3 months maximum and assisted with integrating in the community as soon as possible. The information should be accessible and in all the languages. The living area needs to be fit for purpose and uphold the dignity of people seeking asylum and people should be there for only a short time.

**Asylum seekers should have have privacy and autonomy over their lives** and not be micromanaged by dehumanising for-profit systems. People should be in reception 3 months maximum and assisted with integrating in the community as soon as possible. The information should be accessible and in all the languages. The living area needs to be fit for purpose and uphold the dignity of people seeking asylum and people should be there for only a short time.

**Deportations need to stop.** They are by their nature violent and put people in danger, separate families and send children to countries they have never even been in, this is not humane nor does it respect the rights of the child.

**Asylum seekers should be given the full right to work immediately** and until a decision has been made on their application or they leave the country. The right to work should be given as soon as the process begins and must remain valid until the person has left or been removed from the state. People should be able to hold a driving licence, and open a bank account. The work permit as it is
puts employers off, as it has to be renewed and because the permit is a letter warning employers about breaking employment law. It is hard enough having to deal with racism and xenophobia when trying to find a job without additional stigma. The 9 month wait is unnecessary and is psychologically harmful to those who wish to work.

Children are entitled to a normal and safe childhood, with their parents, in a safe home not an institution. Children’s rights are being violated by being forced to live in these conditions. The harms that children endure in Direct Provision should keep the government up at night.

I urge the committee to make the recommendation to abolish Direct Provision and to listen to the people who have suffered under this system when making recommendations for the future. Ireland should be a leading light in how we treat asylum seekers, not a shameful example of racism.
Dr Elizabeth Healy

Brief Submission re Direct Provision
31.05.2019

From: Dr. Elizabeth Healy,

MB.DPH.DCH. Cert. Mediation & Conflict Intervention (NUIM)
Mediator, Facilitator and Child Safeguarding Trainer

Westport,
Co. Mayo

1. Direct Provision will produce the child abuse inquiries of the future. And we will not be able to say we didn’t know. We know.

Housing families and children in situations of risk seems to be inherent and systematic in DP residences. This risk has been well documented

2. Prolonged languishing in limbo by adults/parents, waiting for case/appeals to be heard and processed is demoralizing for adults. It has been well documented as having significant, negative mental health impacts. This will have serious impact on children, emotionally, psychologically and even physically.

3. Not permitting residents a) to cook for themselves or b) even to have their own cultural foods and menus, is a systemic low-grade form of ethnic cleansing. It is like depriving them of their language. We in Ireland know how that felt and the impact on our culture and sense of ourselves.

4. The current weekly allowance is an insult AND creates dependency.

5. The current permission to work is also an insult. Many do not qualify for the current criteria to enable them to work. Given this reality there has been poor uptake. Which in itself creates hostility towards people in DP, as it gives the impression...to those who are so inclined...to protest that “these people don’t want to work”. That is simply not the case.

The minimum income barrier needs to be greatly reduced.

6. All asylum-seekers and refugees...and other migrants... should be given a temporary work visa while their application/appeals are in progress, so that a) they can earn some money and b) even more importantly...they can retain their sense of self and worth. We cannot even imagine what many/most AS/refugees have experienced and have seen.

7. There system of assessment and appeal needs to be much quicker and easier to navigate

8. Most importantly we also need a formalised, legalised Regularisation Process for the small group of people already in Ireland, who are undocumented...with clear criteria for acceptance to remain in
Ireland ..this is no more than we are asking for the undocumented Irish migrants who are living and often working illegally in the USA.

A brief commentary , very late in the day..

Mea culpa for not knowing earlier about the call for submissions.

I would have done more research and cited references had I given myself time by learning of this call much earlier.

Kind regards,

Elizabeth M.P. Healy, MB etc
Jim Healy
Inchicore
Dublin 8

To Whom It May Concern:

I am writing to express my concern about the conditions that immigrants are experiencing in Direct Provision. I am an immigrant myself having moved to Ireland from the US about 20 years ago. I’m now a dual citizen of the US and Ireland, I’m married and my wife and I have one daughter.

I started to become aware of how bad Direct Provision is through the Abortion Rights Campaign and the work I did to help the repeal the 8th campaign. We sought to make the campaign as inclusive as possible and we made sure to highlight the issues that migrant people face when they have an unwanted pregnancy.

After reading and listening to people who are in Direct Provision, I would like to see it changed to an asylum system that upholds the rights of all international protection applicants – family rights, the right to privacy, the right to education, the right to work, the best interests of the child, vulnerable persons, LGBT rights, women’s rights, the right to religious freedom, etc. Direct Provision must be abolished and nothing resembling Direct Provision should be accepted as an "alternative". We should return to a system where people seeking asylum are afforded equal treatment with citizens, the right to work and access to welfare and housing supports.

I hope this committee listening to organisations like MASI – the Movement of Asylum Seekers in Ireland, who are working tirelessly to end Direct Provision. Thank you very much for your consideration.

Kind regards,

Jim Healy
1.0 Introduction

HIV Ireland (formerly Dublin AIDS Alliance) is a recognised and established service which has engaged in sexual health promotion and service delivery since its inception in 1987. Its activities are conducted in accordance with Irish Legislation, Tax Legislation, and current Child Protection Legislation. HIV Ireland also has long standing relationships with the major sexual health agencies around the country and has partnered with them on various projects for over 25 years.

The following documents, goals, and objectives have guided, and continue to guide, the work of HIV Ireland:

1) HEALTHY IRELAND: A Framework for Improved Health and Well Being (2013 – 2025) - Department of Health

Goal 1 – Increase the proportion of people who are healthy at all stages of life
Goal 2 – Reduce health inequalities
Goal 3 – Protect the public from threats to health and well-being
Goal 4 – Create an environment where every individual and sector of society can play their part in achieving a healthy Ireland

2) THE NATIONAL SEXUAL HEALTH STRATEGY - Department of Health (Total of 4 goals)

Goal 1: Everyone living in Ireland will receive comprehensive and age-appropriate sexual health information/education and will have access to appropriate prevention strategies to improve sexual health and wellbeing and reduce negative sexual health outcomes.
Goal 2: Equitable, accessible and quality driven sexual health services, which are targeted and tailored to need, will be available to everyone who requires such services to improve sexual health and wellbeing and reduce the incidence of adverse sexual health outcomes.
Goal 3 – Sexual health intelligence: Robust and high-quality sexual health information will be generated to underpin policy, practice, service planning and strategic monitoring.

2.0 HIV Ireland’s Work with Asylum Seekers in Direct Provision (DP)

Since 2005, HIV Ireland has specifically engaged with asylum seekers (both HIV positive and negative) to identify barriers to accessing HIV and sexual health support services and information and to create awareness of services provided by statutory and voluntary HIV and sexual health agencies.

HIV Ireland has been conducting sexual health street outreach with migrants (particularly those coming from countries where HIV is endemic) since 2005. The majority of these migrants have been seeking asylum. Our street outreach service, in which outreach workers promote HIV Ireland’s HIV and STI testing service and provide free condoms and sexual health information, is the organisation’s primary way of engaging meaningfully with individuals who are often unconnected to general health services. Over the years, HIV Ireland has used the
information volunteers have gleaned to hone its sexual health literature and services, thus helping to lower any existing barriers to migrants, including asylum seekers, who accessing these services. HIV Ireland’s outreach is actively supported by local migrant businesses in the Dublin 1, 3, and 7 areas; staff members allow volunteer outreach workers to conduct outreach in, and outside, the business premises and frequently invite the outreach workers to conduct outreach at various social events.

In 2016, following a request by residents and other stakeholders, HIV Ireland extended its outreach to Balseskin Refugee Centre in collaboration with Dr PJ Boyle, Clinical Nurse Specialist in Balseskin. An average of 25 individuals are currently engaged bi-weekly with trained volunteers for sexual health and HIV awareness sessions, including condom distribution. (Condoms are not provided as part of Direct Provision, thereby they remain mostly inaccessible and unaffordable for residents).

Asylum seekers living in Direct Provision centres have partnered with us in devising HIV Ireland’s literature (for example, Living with HIV in Ireland: A Self-Help Guide and HIV: Our Responsibilities as well as the guide to our HIV and STI Testing Service which was devised specifically with the staff and customers of ethnic businesses on Moore St. and Parnell St., Dublin 1). We have also worked closely with asylum seeking Africans to create Living with HIV in Direct Provision, a workshop for professionals working with asylum seekers.

Finally, HIV Ireland runs Ireland’s only community-based free HIV and STI services (in Dublin and Drogheda). Migrants, many of them asylum seekers, have represented 67% of those testing in Dublin since the service began in 2012 and in Drogheda, 19% since this service began in 2016. In 2018, over 2,150 migrants availed of our outreach and free condom services. Again, many are asylum seekers.

3.0 What we have learned from Asylum Seekers living in Direct Provision centres.

It is important to state firstly that HIV Ireland believes the Direct Provision system, as is, should be abolished and replaced with a fair and equitable system. We fully endorse the views of the Irish Refugee Council as outlined in their document Direct Provision: Framing an alternative reception system for people seeking international protection (2013).

Our work with asylum seekers in Direct Provision over the years – relating to both prevention and support services - has highlighted the following issues beyond those already well-documented by other agencies and concerned groups:

1) Due to the pronounced stigma around HIV, people living with HIV within Direct Provision centres often experience high levels of stress as they try to ‘hide’ their HIV positive status from other residents. For example, people living with HIV who are sharing a room with strangers may avoid holding their HIV medication in their room. Some HIV medications need to be refrigerated in order to ensure efficacy; to avoid being ‘outed’, many people will not leave their HIV medications in fridges which are in common spaces. HIV medication is vital to wellness; it prevents a person developing AIDS and when taken effectively, ensures that HIV cannot be passed on.¹

2) In the vast majority of cases, residents cannot bring visitors to their room and therefore private space for HIV support workers to meet residents on-site is seldom available. These policies hinder residents who cannot access vital support services due to depression and other mental health difficulties, disabilities, or childcare issues.

3) Condoms are not provided free of charge to residents and remain unaffordable to people on the DP personal allowance of €21.60. Lack of access to condoms increases the likelihood of unplanned pregnancies and of contracting STIs, including HIV.

¹ The World Health Organisation has stated that the following consensus has been agreed in the Scientific community: people who have achieved and maintained an undetectable HIV viral load through taking HIV medications cannot transmit HIV sexually to their partners. https://www.who.int/hiv/mediacentre/news/viral-supression-hiv-transmission/en/
4) Sexual Health and HIV outreach workers in Balseskin have reported low levels of sexual health knowledge amongst residents (particularly relating to testing and support services). Such a lack of knowledge is not uncommon amongst migrants. See for example, Svensson et al (2016) and WHO (2010). However, Sexual Health Outreach Workers are met with varying degrees of tolerance in Direct Provision centres yet they can supply vital services to those who do not have access to appropriate information or support. In 2016, the British Association for Sexual Health and HIV launched the first ever UK-wide Standards for the Management of Sexually Transmitted Infections (STIs) in Outreach Settings. The organisation has emphasised the importance of outreach services stating, ‘Access to conventional HIV and sexually transmitted infections advice, testing, and treatment can be difficult for minority groups who are often most at risk. Outreach services are designed to break down barriers to testing and treatment by taking these closer to the communities at risk.’

5) People living with HIV who have been relocated to rural areas from Balseskin have reported problems in changing HIV clinics, having already established clinical care in one of the Dublin HIV clinics (in Beaumount, Mater, or St. James’s hospitals). Furthermore, people living with HIV have been transferred to areas without a nearby HIV clinic, making access to a clinic both time-consuming and costly for them.

4.0 Recommendations:

HIV Ireland believes the following recommendations reflect the goals of Healthy Ireland: A Framework for Improved Health and Well Being (2013 – 2025) as well as the National Sexual Health Strategy, both published by the Department of Health. These recommendations are based on equity of the provision of services to those who are marginalised, under-served, and disproportionately affected by HIV:

1) Asylum Seekers living with HIV in DP centres should be allocated, where possible and if requested, individual rooms with a refrigerator if necessary. This action would help reduce barriers to adhering to HIV medication.

2) Private spaces should be made available in all DP centres for support workers (from all fields) who wish to meet their clients. This action will allow those living with HIV to avail of vital support that they might not be able to access otherwise.

3) Condoms should be made freely available to all individuals over 17 yrs in all DP centres. This action will help reduce the incidences of unplanned pregnancies as well as STIs, including HIV.

4) Trained and Garda-vetted Sexual Health Outreach Workers from NGO’s should be sanctioned by RIA to conduct culturally appropriate and sensitive co-ordinated outreach in DP centres. This action will ensure that those in Direct Provision have equal access to sexual health information and HIV support.

5) Consideration should be given to people living with HIV when there are plans to relocate them away from the hospital in which they are currently receiving HIV treatment and care. If relocation is absolutely necessary, then care plans and financial supports need to be put in place prior to the person moving in order to ensure that clinical care is not disrupted.

Thank you very much for the opportunity to submit on this very important issue.

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3 https://www.bashh.org/about-bashh/publications/sti-outreach-standards/
Introduction

This submission was written with consultation from a number of residents in Mosney Direct Provision Centre in County Meath. The recommendations laid out in this submission are not extensive, and provide only a snapshot of some of the key issues raised by residents there. The author of this submission would like to extend support for the recommendations made by MASI (Movement of Asylum Seekers in Ireland), particularly in relation to the call to replace the system of Direct Provision with an alternative reception system, where applicants are placed “in-line” with others seeking supports from the State, such as social welfare and housing.

A more humane reception and integration system

A key issue raised by the residents in Mosney Direct Provision Centre was that they were frustrated by the system of Direct Provision and the international protection application process. One resident reported that he has been in the system for more than a decade; his children have grown up here and are now adults. Being left in limbo, with no clear end in sight, has a massive impact on both his well-being and that of his family. This indefinite stay within the Direct Provision system has led to a feeling of “no light at the end of the tunnel, and no hope”.

The right to dignity is undermined every time a person in Direct Provision must beg for basics, such as a slice of bread for their child (which was refused in Knockalisheen Accommodation Centre), or when their right to privacy, work and a private family life is violated. A system where adults are wholly dependent on other adults to “grant” them their rights is dehumanising.
In the long-term, we must ensure Ireland’s system of Direct Provision is replaced with a more humane reception and integration system.

**Some of the key topics raised by residents in the Mosney Direct Provision Centre**

**Work**

The right to work and to be able to provide for oneself was a crucial theme brought up when in discussion with residents in Mosney Direct Provision Centre. One resident said, “I want to provide for myself and my family. I do not want handouts or to be a burden on anyone else.”

- All those seeking protection in Ireland should have the right to work immediately, rather than having to go through an application process after 9 months of living here.

- The right to work to be extended to those on their second or subsequent refugee status application.

**Transport**

Many Direct Provision Centres are located in remote and unsuitable areas, with public transport being difficult to access for even the local population.

- Those living in Direct Provision are not able to access drivers’ licenses. This ban should be lifted in order to facilitate both personal freedom and those restricted in accessing work due to transport restrictions. Alternatively, the Department of Transport should issue temporary drivers’ licences in line with work permits.
• Public transport services in the vicinity of Direct Provision Centres should be maintained. For example, the bus stop beside Mosney (a considerable walk away from the Centre) has neither a bus shelter nor adequate lighting, leading to both personal safety concerns and lack of protection from the elements.

**Education**

• Children who grew up here in Ireland, and have gone through the Irish education system, should not be prohibited from entering higher education by being classed as non-EU citizens, and thus being subject to fees of €20,000+.

• Upskilling and lifelong learning should be a core part of the integration system, available to all people both within Direct Provision, and for those who have moved out of the system.

**Integration and life after Direct Provision**

Support and integration is vital. Those seeking asylum here in Ireland simply want to get on with their lives, and be free to participate in civic and social life in their communities.

• People seeking asylum should be out of reception centres and beginning their life in communities within 3 months maximum.

• Legal, psychological, medical, language, community and integration supports must be available for those who have transitioned out of Direct Provision, and these services should be free, accessible and not-for-profit.
Submission to the Committee on Justice and Equality on the issues of direct provision and the international protection application process.

**Housing**

It is important to note that those seeking asylum in Ireland are not the purveyors of the current housing crisis, and they should not fall victim to the systematic failure to provide social and affordable housing to those who need it.

- The State should estimate and provide for international protection applicants in all housing strategies.
- There should be direct build and ownership by the state of sufficient quantities of social, affordable and cost rental accommodation to meet the needs of all of those who live in Ireland, whether on a temporary or permanent basis.

**Length of application process**

The length of the application process is cause for great distress. One resident described it as “being in prison but with no release date”. This is inhumane and has many long-term psychological impacts on the applicant.

- People seeking asylum should be out of reception centres and beginning their life in communities within 3 months maximum.
- High quality legal advice must be available to all applicants at all stages of the asylum process. The right to claim asylum is enshrined in international law; as the asylum process is a legal process, the right to high quality legal advice and representation is at the core of the right to claim asylum.
Submission to the Oireachtas Committee on Justice and Equality on Direct Provision and the International Protection Application Process from the Irish Association of Social Workers’ (IASW) Special Interest Group on Social Work and Migration, 31st May 2019

Overview
This submission draws on the experience of social workers within the Irish Association of Social Workers’ special interest group on Social Work and Migration. It highlights some of the psycho social needs of asylum seeker, the difficulties facing those trying to exit the Direct Provision system, the additional resources needed to address these; the limitations of the current Migrant Integration Strategy; and finally, and most importantly, possible alternatives to the existing system of Direct Provision.

A summary of the Recommendations that the IASW has made is below and the IASW would be willing to engage with the Department in relation to how these recommendations could be both developed and implemented.

Summary of Recommendations:
Psycho Social needs of Asylum Seekers

- Better interagency and interdepartmental collaboration is needed to best meet the needs of asylum seekers.
- A national system of psycho-social assessment and the implementation of a vulnerability assessment in line with the Reception Conditions Directive 2018 (Section 8[1]) needs to be introduced for all applicants on arrival.
- Significant improvement in the provision and co-ordination of psycho-social supports for asylum seekers and refugees from a national perspective is required to implement the initial assessment outcomes, carry out psycho-social reviews and ensure appropriate continuity of care.
- More allocation of resources to HSE & TUSLA so that they can target proactive and preventative work, including possibly developing a similar concept to ‘Meitheal’ for asylum seekers, both individuals and families, who are assessed as vulnerable during the reception process.
- An increase in the number of social workers designated to working with asylum seekers in the HSE, Department of Justice and NGO sector.

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1 Meitheal is a National Practice Model which ensures that needs and strengths of children and their families are identified and responded to in a timely and coordinated way. Meitheal is an early intervention, multi-agency tailored response https://www.tusla.ie/services/family-community-support/prevention-partnership-and-family-support-programme/meitheal-national-practice-model/.
• In the short term, there is a need to allocate staff members within existing services, e.g. mental health, child and family welfare teams, to take responsibility for their agency’s provision to asylum seekers as well as an increase in Primary Care Social Workers assigned to work with asylum seekers. This could result in a more uniform provision of onsite supports in DP centres with a focus on support, prevention and referral to community resources/supports.

• The professional qualified social work post in RIA’s Child and Family Services Unit is vacant and needs to be filled as a matter of urgency. Its brief is so broad that at the very least a second social worker is needed to cover half the country.

• Ensure that all agencies (HSE; TUSLA etc) gather appropriate data regarding the number of asylum seekers availing of their services which can then be reviewed by a national co-ordination group to identify trends and service needs.

• While both HSE and TUSLA have staff training available on working in a culturally sensitive manner, this should be offered to all HSE, Tusla and DP staff working with residents in DP. Sufficient resources are needed to carry this out in practice. For example, interpretation should be provided when needed to enable residents to communicate effectively with services.

• Increase resources to the International Protection Office and legal advice services to expedite the application procedure

Transitioning from Direct Provision
• Supports and services should be available to all those attempting to transition from DP when they have been given permission to remain in Ireland, similar to those provided to programme refugees.

• The right to work for asylum seekers while in the system should be expanded.

The Migrant Integration Strategy
• The Migrant Integration Strategy should be extended to include people seeking asylum from their arrival.

Alternatives to Direct Provision
• Replace Direct Provision with ‘own door’ accommodation with self-catering facilities - this should be available to asylum seekers following a short period in a reception centre.

• Take responsibility for housing away from the Department of Justice and give it to those with more expertise in housing and housing policy. Consult with housing experts, including social housing organisations, philanthropy and faith groups and building developers to find solutions.
CONTENTS

1. Introduction

2. International Best Practice? - Ireland’s progress under the UN’s Convention on the Rights of Children (CRC)

3. Social workers’ experience of working with people living in Direct Provision; and Lessons from Balseskin - Psycho Social Needs of Asylum Seekers

4. Challenges associated with exiting Direct Provision

5. Migrant Integration Strategy

6. Building alternatives to Direct Provision
“Children in Direct Provision are still treated differently to all other children and are struggling with the shame of poverty” (Children’s Rights Alliance (CRA) 2018)

1. Introduction

The Irish Association of Social Workers is the national professional body for social workers in the Republic of Ireland. It was founded in 1971 and has a membership of approximately 1,300 social workers. Shortly after the establishment of the first social work post allocated to the direct provision centre at Balseskin Reception Centre in July 2015, social workers from a wide variety of social work settings and social work academics formed an IASW Special interest group ‘Social Workers and Migration’. Its brief includes the promotion of best social work practice with migrants, research, education, advocacy and policy.

It is this special interest group that is making the submission through the IASW today. Members from the group have previously made submissions to the McMahon Working Group on the Protection Process (Foreman & Ní Raghallaigh, 2015) and to the subsequent interdepartmental Taskforce on Transitional Supports for Persons Granted Status in Direct Provision (Ní Raghallaigh and Foreman, 2015). While we welcome some of the improvements made to the existing Direct Provision (DP) system since the McMahon report, we concur with the many organisations that have expressed ongoing concerns about its human rights abuses and the fact that asylum seekers continue to endure long periods in DP, have limited access to work or education and are excluded from many of the supports and services provided to programme refugees (Arnold, 2018; Amnesty International, 2018; UNHCR, 2014; IHREC, 2014)

This submission draws on the experiences of social workers within the group as well as research by social workers (Dalikeni, 2019; Foreman & Ní Raghallaigh, 2015; McGregor, Dalikeni et al., 2018; Ní Raghallaigh, 2018; Ní Raghallaigh, Foreman et al., 2016). It highlights some of the psycho social needs of asylum seekers, additional resources needed to address these, and proposes possible alternatives to the existing system. As well as considering alternatives to DP, we want to consider what can be done in the short to medium term to improve the efficiency of the current system to bring policies and practices into line with international best practice and standards, and to address the welfare and conditions of people living in the direct provision system

2. Ireland and International Best Practice?

There is a need for due consideration of Ireland’s obligations under the various International conventions to which Ireland is signatory. The Irish state is also obligated under the 1937 Constitution and national legislation to respond to the needs of any children in its
jurisdiction. Section 3 (2) (b) of the Child Care 1991 states that the welfare of the child is the "first and paramount consideration" and that the views of the child should be given "due consideration".

As social workers we are particularly concerned about the welfare of vulnerable people and families with young children. Children in DP are nine times more likely to be referred to TUSLA, the Irish State’s Child and Family agency, than other children (HIQA, 2015). Several reports have already expressed concern about the long term impact on children being raised in institutional settings for extended periods of time (AkiDWa, 2012; Arnold, 2012, Coulter, 2015; 2013, Thornton, 2014; Uchechukwu et al., 2014), including the government’s own child protection rapporteur (Shannon, 2014; 2016) who has continually called for an end to DP and, in the short term, for the living standards of asylum seekers to be improved. He sees the placement of children living in DP as a violation of the UN Convention on the Rights of the Child (CRC). The UNHCR also heavily criticised the Irish Direct Provision system for its lack of access to work, education and integration supports (UNHCR, 2014) and our own human rights watchdog IHREC (2014) have expressed concern about human rights abuses within the system.

We are concerned that current provision for asylum seekers still does not meet standards set out in the United Nations’ Convention on the Rights of the Child.

"These children are experiencing institutional abuse by virtue of being denied the right to 'normal family life', but we are not resourced to respond to this, and it is not even recorded as such" (social worker cited in Foreman & Ní Raghallaigh, 2015)

The UN Committee on the Rights of the Child’s most recent report on Ireland’s progress in meeting its obligations under the CRC (2016) raised specific concerns about asylum seeking and refugee children and made several recommendations which we endorse (see Appendix 1), namely, “that the State party take measures to ensure that asylum and refugee accommodation centres have:

(a) Facilities, including recreation areas, that are appropriate for young children and families;

(b) Adequate child protection services, education for children, and appropriate clothing and food for children at these centres; this should include food which is of adequate quality, and that is culturally appropriate for children of minority faiths, and also address the needs of children with dietary requirements; to the extent possible, these centres should also allow for residents to store and cook their own food; and,

(c) Proportionately increase the child allowance provided to asylum seekers to ensure that it correlates with the cost of living in the State party” (UN Committee on Rights of the Child, 2016).
The Committee also recommends that measures are needed to ensure that children in an asylum-seeking or refugee situation receive the same standards of and access to support services as Irish children.

Having ratified the CRC in 1992, Ireland undertook, under Article 4, to commit to the implementation of the Rights of the Child enshrined in the CRC, yet in our opinion Ireland is not meeting all its obligations to children in the DP system under articles 2, 3, 6, 15, 22, 27 and 31. For example, Article 2 states that children are entitled to non-discrimination regardless of status, Article 3 states that the best interest of the child must be paramount in all actions concerning children, and Article 6 that children are entitled to support to achieve their developmental potential (IHREC, 2014) (see Appendix 2 for relevant articles in full).

The inequality in social protection provided to families in DP, when compared to Irish families, results in higher levels of poverty and lower standards of living. While the DP allowance was increased in March 2019 to €38.80 per adult and €29.80 per child, this needs to be continually reviewed. Families in DP do not receive Child Benefit and despite the recent increase in allowances they continue to face particular hardship e.g. in affording extra-curricular activities for school going children. While the Universities of Sanctuary initiative affords access to third level education for some school leavers, many continue to have restricted access. The lack of privacy in DP centres, the lack of uniform provision of play facilities, and lack of provision of cooking facilities for all, continue to cause concern.

Increased autonomy for asylum seekers would give them more choice in their lives and improve their well-being.

“In mental health it is important not to underestimate the importance of choice in a person’s recovery. Asylum seekers have no choices.” (social worker quoted in Foreman & Ní Raghallaigh, 2015)

3. Social Workers’ Experiences of working with people living in DP

Dalikeni (2019; 2014) examined the experiences of child protection social workers engaged with asylum-seeking families living in Direct Provision, and the challenges faced by social workers in operationalising the humanitarian ideals of their profession while working with such families. Her study highlighted the challenges of parenting in DP, indicating how parental anxiety associated with uncertainty and long waiting periods in the asylum process had, on occasion, escalated to depressive episodes, and explains why several families came to the attention of child protection and welfare social workers in the first place. Lack of privacy away from children due to confined and limited accommodation also created issues for parents, resulting in parents being unable to have adult discussions out of earshot of their children. As parents are the main teachers to their children, something as simple as the lack of cooking facilities created a sense of disempowerment. Other difficulties faced by parents included the lack of safe play areas and safe zones for children, as parents are not able to ensure the safety of their children in the communal living conditions of DP. Dalikeni
recommended that the voice and lived experience of children living in Direct Provision should be included in the nationwide strategy to progress children’s rights, protection and equality in society.

Another study of Irish social workers’ experiences of working with people living in the Direct Provision system was the subject of a submission to the Working Group on the Protection Process in 2015. It highlighted the fact that mental health issues were the main reason for referrals to social workers from DP centres, followed by child welfare, child protection and financial problems. 60% of the social workers identified mental health difficulties, with 48% identifying child welfare and 41% identifying child protection (Foreman & Ní Raghallaigh, 2015).

“Within Direct Provision families who are often already traumatised are caring for children in cramped conditions, often with little control over access of inappropriate adults to their children. Where parents are stressed by mental illness, this further challenges their ability to provide appropriately emotionally responsive parenting”. (social worker cited in Foreman & Ní Raghallaigh, 2015)

This is borne out by other studies which indicate the prevalence of mental illness experienced by refugees and asylum seekers is high, and their rates of depression or post-traumatic stress disorder (PTSD) can be up to 15 times higher than the general population because of pre-migration stressors (Bogic et al., 2015). Irish studies also indicate asylum seekers are more at risk than refugees (O’Connell et al., 2016; Wilson et al., 2013), with post-migration stressors, such as insecure residency and denial of the right to work, recognised as contributing to mental health difficulties (O’Connell et al., 2016). Toar et al. (2009) found that asylum seekers living in DP had a significantly higher risk of PTSD and depression/anxiety symptoms, compared to refugees who were living in the community. O’Connell et al. (2016) suggest that amelioration of mental illness may depend on addressing these post migration stressors.

The social workers in Foreman & Ní Raghallaigh’s (2015) study were concerned about the short and long term impact that Direct Provision was having on child development and child welfare, particularly in relation to childhood socialisation and family relationships. They were concerned about its effects on family life, and the ways in which it impacted on the capacity of parents to parent to their fullest potential, as well as the added difficulties faced by families coping with physical or mental illness, or with intellectual disabilities. Similar to Dalikeni (2019; 2014) the study also outlined the difficulties social workers themselves had in attempting to deliver an equitable service to asylum seekers.

*Lessons from Balseskin - Psycho social needs of Asylum seekers*

The single social work post in Balseskin Reception Centre provides a unique insight into the psycho-social needs of newly arrived asylum seekers and refugees in Ireland. In the almost
four years (July 2015 – May 2019) since its inception, 1,871 refugees and asylum seekers from 87 different countries have sought individual social work support (Davis, 2019). The social work role also includes the running of information and drop in clinics, and, in conjunction with the two psychologists on site, the running of workshops e.g. on managing stress.

This level of demand on a single social work post poses significant challenges and the employment of an intercultural worker from Jesuit Refugee Service, in partnership with the HSE National Social Inclusion Office and Balseskin Reception Centre, has been a welcome development. While the social worker endeavours to provide a social work assessment and practical and counselling support where appropriate, many individuals who presented at Information and Drop In Clinics also sought basic information about the international protection process, education and volunteering opportunities, transfer and dispersal process as well as legal social, psychological, welfare and medical supports.

Of those individuals that did avail of social work psycho-social assessments between July 2015 – May 2019:

- 298 individuals advised of mental health issues including 88 individuals advising of a presentation or history of suicidal intent/ideation or self-harm
- 257 individuals advised of a history of torture, rape or other form of serious psychological, physical or sexual violence
- 66 individuals advised of experiencing a significant illness
- 41 individuals advised of a history of involvement/risk of human trafficking
- 33 individuals advised of a physical disability (Davis, 2019)

Given the demands on one social work post, and the complexity of some assessments, the Balseskin Primary Care Social Work Service does its best to assess, support and refer individuals, but increased communication and co-ordination from a national perspective is required.

The establishment of one overall coordination group for mental health and psychosocial support, and co-ordinated participatory systems for monitoring and evaluation of supports, is needed. This has long been identified by the Inter-Agency Standing Committee (2009) as minimum guidelines for Mental Health and Psychosocial Support for refugees and asylum seekers. The College of Psychiatrists of Ireland have also highlighted this issue and are critical of the lack of policy on refugee and asylum seeker mental health, recommending the establishment of regional multidisciplinary teams of specialist refugee mental health teams (O’Connell et al., 2016; Nwachukwu et al., 2009).

Nasc (2017) have highlighted a number of concerns in relation to the Mc Mahon Recommendation No: 3.299, namely “The establishment of formal mechanisms of referral in
the case of disclosed or diagnosed vulnerabilities to ensure that such persons are provided with appropriate information, health or psychological services and procedural supports” (McMahon, 2015, cited in Nasc, 2017:27). The EC’s Reception Conditions Directive which Ireland adopted in July 2018, commits the state to conduct an individual assessment of newly arrived asylum seekers to identify the special reception needs2 of vulnerable persons and to ensure that vulnerable asylum seekers can access the medical and psychological support they need. A comprehensive system of identification of vulnerability and risks to the welfare of applicants, as well as strengths and supportive factors, needs to be established as soon as possible. The UNHCR and IDC (2016) in their publication about vulnerability assessments, note how a comprehensive system identification of vulnerability can then inform a range of decisions around the person such as the most appropriate placement and support options for each individual, encourage early intervention and assist with the effective care of individuals in need.

The proposal of an inclusion of a reception officer in the Department of Justice’s Draft National Standards for Direct Provision (2018) would be of significant benefit i.e.

‘A suitably qualified and trained member of staff in each accommodation centre, whose main duties and responsibilities are to receive information arising from vulnerability assessments for each resident; to liaise with relevant services regarding the needs of the residents and to report to the appropriate authorities (RIA/HSE/An Garda Síochána) when a concern for a resident’s health, wellbeing or safety arises within the centre’ (Dept. of Justice & Equality, 2018:9)

However The IASW requests clarity as to if and when this recommendation and standard will be implemented. The IASW also feels that clarity is required as to what a ‘suitably qualified and trained member of staff’ given the complexity of ‘special needs’ that can present on arrival.

The HSE’s Intercultural Health Strategy (2018-2023) now includes a more comprehensive overview of the health needs of asylum seekers. Initiatives supported by the HSE’s National Social Inclusion Office such as the Intercultural Healthcare Pilot Project in Waterford3 are to be welcomed, but such projects are needed around the country. A variation of the TUSLA model of Meitheal could possibly be developed to ensure that the necessary wraparound

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2 EASO (2016) “The definition of ‘special needs’ shall not be limited to the categories of applicants included in the non-exclusive list in Article 21 RCD (‘such as minors, unaccompanied minors, disabled people, elderly people, pregnant women, single parents with minor children, victims of human trafficking, persons with serious illnesses, persons with mental disorders and persons who have been subjected to torture, rape or other serious forms of psychological, physical or sexual violence, such as victims of female genital mutilation’), but rather include any applicant showing any special reception needs. Gender, gender identity and sexual orientation are particular factors to be taken into account in this regard” p.9.

3 A partnership pilot project between the HSE and the Integration and Support Unit (ISU) in Waterford to develop model of intercultural healthcare with and for Asylum
supports for those asylum seeking families and individuals identified as vulnerable are in place.

Many of those in Direct Provision lack the information and ability to access local services as needed. As explained above, there is just one Primary Care social worker assigned to the Balseskin Reception Centre. The Primary Care social work service could be better resourced so that they can outreach more readily to those in their area and help develop support services, including voluntary social support systems. Local community based support groups work well where these exist, but need to be fostered and supported where there’s a gap. Social workers are trained in group work and community work. The provision of more primary care social workers with a specific asylum seeker brief can aid with the development of co-ordination of community supports where they don’t exist.

There is also one (currently vacant) social work post within RIA to advise, educate and liaise with DP centres throughout the whole country on child protection issues. This post urgently needs to be filled, and at least one more social work post established within RIA to cover the South, South East and South West of the country.

Lastly, the application procedure is still taking too long, on average 18 to 20 months (AIDA, 2019; Ryan, 2018) and more resources are clearly needed to speed up the process for the International Protection Office and for those providing legal services so that legal advice can be provided at the beginning of the process to help more people resolve their case for asylum quicker, and to reduce their time in DP centres.

**Recommendations:**

1. Better interagency and interdepartmental collaboration is needed to best meet the needs of asylum seekers.
2. A national system of psycho-social assessment and implementation of a vulnerability assessment in line with the Reception Conditions Directive 2018 [Section 8(1)] for all applicants on arrival
3. Significant improvement in the provision and co-ordination of psycho-social supports for asylum seekers and refugees from a national perspective to implement the initial assessment outcomes, carry out psycho-social reviews and ensure appropriate continuity of care.
4. More allocation of resources to HSE & TUSLA so that they can target proactive and preventative work, including developing the concept of ‘Meitheal’ for asylum

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4 Meitheal is a National Practice Model which ensures that needs and strengths of children and their families are identified and responded to in a timely and coordinated way. Meitheal is an early intervention, multi-agency tailored response [https://www.tusla.ie/services/family-community-support/prevention-partnership-and-family-support-programme/meitheal-national-practice-model/](https://www.tusla.ie/services/family-community-support/prevention-partnership-and-family-support-programme/meitheal-national-practice-model/).
seekers, both individuals and families, who are assessed as vulnerable during the reception process.

5. An increase in the number of social workers designated to working with asylum seekers in the HSE, Department of Justice and NGO sector.

6. In the short term, there is a need to allocate staff members within existing services, e.g. mental health, child and family welfare teams, to take responsibility for their agency’s provision to asylum seekers as well as an increase in Primary Care Social Workers assigned to work with asylum seekers. This could result in a more uniform provision of onsite supports in DP centres with a focus on support, prevention and referral to community resources/supports.

7. The professional qualified social work post in RIA’s Child and Family Services Unit is vacant and needs to be filled as a matter of urgency. Its brief is so broad that at the very least a second social worker is needed to cover half the country.

8. Ensure that all agencies (HSE; TUSLA etc) gather appropriate data regarding the number of asylum seekers availing of their services which can then be reviewed by a national co-ordination group to identify trends and service needs.

9. While both HSE and TUSLA have staff training available on working in a culturally sensitive manner, this should be offered to all HSE, Tusla and DP staff working with residents in DP. Sufficient resources are needed to carry this out in practice. For example, interpretation should be provided when needed to enable residents to communicate effectively with services.

10. Increase resources to IPO office and legal advice services to expedite the application procedure.

4. Challenges associated with Exiting DP System

“In Ireland, the combination of the housing crisis with oversubscribed homelessness centres and pressure from the authorities on beneficiaries of international protection to leave Direct Provision accommodation within a month without any transitional support by the authorities, has increased risks of long-term homelessness and destitution, according to NGOs.” (AIDA, 2019:34)

Ní Raghallaigh, Foreman et al.’s (2016) research highlighted some of the problems faced by those trying to transition out of DP after they got refugee status or leave to remain. Since their study, and despite the implementation of some recommendations, e.g. the Guide To Independent Living (RIA, 2018), the situation has worsened and there are now even more people stuck in DP who cannot leave because of the housing crisis, lack of finance or lack of support (Deegan, 2018). Some services have been funded under the EU’s Asylum, Migration and Integration Fund (AMIF) to support refugees and people with status to exit DP and integrate into local communities, such as the Irish Refugee Council’s (IRC) housing project.
(IRC, 2018) and the PATHS Project, but these supports are underfunded and are not available nationally.

“Many of those transitioning have spent long years in Direct Provision centres, living on extremely limited financial means, in a system where they cannot work or pursue higher education and training. Consequently, they do not have access to the financial or cultural resources that enable easy integration into local communities. Nevertheless, there is no systematic, supported process of resettlement and transition for these individuals. Provision of refugee status, subsidiary protection or leave to remain are just the beginning of a process that should activate a carefully considered and well-resourced programme of transition and integration, such as that already available to ‘programme refugees’ (Ni Raghallaigh, Foreman et al., 2016:71)

A broader right to work would also assist people as they would be in a better position to transition out of DP once they get legal status if they have been working. Up until March this year 1594 people had been granted permission to work under the existing rules, with only 15% (579) of people in DP able to avail of this right to work. Barriers to work included the remoteness of Direct Provision centres, inability to obtain drivers’ licenses, difficulty opening bank accounts and the temporary nature of the permission (Thomas, 2019). Only those in the State for nine months or more, and who have not had a first decision on their refugee status, can apply to work - nine months is the longest that any country can wait to give access to employment to those seeking as asylum under the EU Receptions Directive. Allowing asylum seekers to work or engage in some income generating projects following a shorter fixed period in DP would facilitate integration and independence, and help people to move on quicker once they got their papers. The length of stay in any reception centre should be as short as possible and should not exceed six months (IRC, 2013). Social isolation of asylum seekers by default fosters racism and mental health issues, and has been condemned by the UNHCR (2014).

Recommendation:
1. Supports and services should be available to all those attempting to transition from DP when they have been given permission to remain in Ireland, similar to those provided to programme refugees.
2. The right to work should be expanded.

5. Migrant Integration Strategy

The Migrant Integration Strategy does not include asylum seekers. Although asylum seekers may be assisted by projects funded under its Communities Integration Fund (Arnold et al.,

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PATHS (Providing Asylum-seekers in Transition with Housing and Support) follows the Housing First model with housing support provided by Peter McVerry Trust and multidisciplinary support provided by the Jesuit Refugee Service. 
2018), the only mention of asylum seekers in the strategy refers to the need to ensure that asylum seeking youth have access to youth services.

Those arriving in the country as programme refugees, or relocated to be processed as programme refugees, continue to receive a package of care that is not extended to asylum seekers. The Office for the Promotion of Migrant Integration (OPMI) which oversees the Refugees Protection Programme and leads on migrant integration policy across Government Departments, only promotes the integration of “legal immigrants” into Ireland. Their brief does not include asylum seekers, who have a legal right to seek asylum under the 1951 Geneva Convention. Even if people eventually return, or are deported, to their country of origin they would bring back the benefits of integrating while here, including access to work and education.

**Recommendation:**

1. The migrant integration strategy should be extended to include people seeking asylum from their arrival.

6. **Building Alternatives to Direct Provision?**

While it’s important to make whatever changes that can be made in the short term to improve the quality of life for those living in Direct Provision (DP), we would urge the development of alternatives to DP. Since the inception of DP, International and Irish organisations (AkiDwa, 2012; Arnold, 2012; Breen, 2008; Fanning & Veale 2004; Fanning et al., 2001; FLAC, 2009; IRHEC, 2014; McMahon et al., 2007; UNHCR, 2014), social workers (Foreman & Ní Raghallaigh, 2015; Ní Raghallaigh, Foreman et al., 2016; Dalikeni 2019) and even the government’s own special rapporteur on child protection, Geoffrey Shannon (2014, 2016), have all highlighted the long term damaging effects that Direct Provision has on children, on families and on individuals. This includes the impact of social isolation, lack of integration, lack of ability for many to work and study at third level, and lack of autonomy. While we welcome some of the standards in the EU’s Reception Conditions Directive, the guidelines for their implementation do not address the problem of housing people together in large centres and institutions such as our DP centres (EASO, 2016).

So what are the alternatives? The Irish Refugee Council suggests that even in the middle of a housing crisis, solutions do exist (Henderson, 2019). The numbers seeking asylum in Ireland are still low, with an average of 2,290 people claiming asylum over the past ten years. We concur with Henderson and the IRC (2013) that the solution lies in taking responsibility for housing away from the Department of Justice and onto non-profit organisations with more expertise in housing and housing policy. The IRC has suggested that housing experts, including social housing organisations, should be consulted, and philanthropy, faith groups and building developers encouraged to become involved in finding solutions. They also suggest that non-profit housing groups should receive
incentives to provide accommodation to asylum seekers and sources for funding social housing such as the Capital Assistance Scheme could be amended to facilitate asylum seeker accommodation being a small percentage of social housing developments.

The provision of housing for asylum seekers provided on a ‘for profit’ basis has a number of challenges. The provision of housing needs to be designed in such a way as to attract the interests of social housing organisations, e.g. longer contracts and extra funding for capital and conversion costs might all help with this. In the long term it would result in savings as the housing created would be adding to the social housing stock.

While we see the need for a humane short-term reception system for newly arrived asylum seekers, to process them and help orientate them, it has to be short term. After a few short months in a reception centre, all the evidence points to the need for ‘own door’ accommodation with self-catering facilities to provide the necessary privacy people need. Such accommodation needs to be accessible to urban centres, to transport, to the International Protection Office and to mental health and other support services.

Recommendations:
1. Replace DP with ‘own door’ accommodation with self-catering facilities.
2. Take responsibility for housing away from the Department of Justice and give it to those with more expertise in housing and housing policy. Consult with housing experts, including social housing organisations, philanthropy and faith groups and building developers to find solutions

As Henderson (2019) says “Direct provision is already a chapter in Ireland’s long and dark history of institutional living. Now is the time to think big and change. More of the same fails us all.”
Appendix 1.
UN Committee on the Rights of the Child, Concluding observations on the combined third and fourth periodic reports of Ireland published on 4 February 2016) pp., 14-15

Special protection measures (arts. 22, 30, 32-33, 35-36, 37 (b)-(d), 38, 39 and 40)

Asylum-seeking and refugee children

1. The Committee is concerned about reports that the majority of children in an asylum-seeking or refugee situation are accommodated in privately run centres that are not covered by national standards relating to children and that the majority of inspections and evaluations of such centres are carried out by an internal inspectorate which is not adequately independent. The Committee notes the information, provided during the dialogue, on there being one designated appeals officer for addressing complaints relating to the direct provision policy for refugees and asylum-seekers. However, the Committee remains concerned that this does not ensure independent oversight and that it may not be adequately known or accessible to children. In that light, the Committee is concerned about reports that:

(a) Numerous centres not having adequate facilities for families with young children;

(b) Inadequate child protection services, insufficient access to education for children, as well as insufficient access to appropriate clothing and food in general, including culturally appropriate food for minority faith children accommodated in such centres; and,

(c) The child allowance provided to asylum seekers has not kept pace with the rises in cost of living and inflation in the State party.

In the light of its general comment No. 6 (2005) on treatment of unaccompanied and separated children outside their country of origin, the Committee recommends that the State party take necessary measures to bring its asylum and refugee policy, procedures and practice into line with its international obligations, as well as principles outlined in other documents, including the Statement of Good Practices produced by the United Nations High Commissioner for Refugees.

Furthermore, the Committee recommends that the State party strengthen its measures to ensure that children in an asylum-seeking or refugee situation are ensured the same standards of and access to support services as Irish children. The Committee urges the State party to ensure independent inspections of all refugee accommodation centres. Furthermore, the Committee recommends that the State party take measures to ensure that asylum and refugee accommodation centres have:
(a) Facilities, including recreation areas, that are appropriate for young children and families;

(b) Adequate child protection services, education for children, and appropriate clothing and food for children at these centres; this should include food which is of adequate quality, and that is culturally appropriate for children of minority faiths, and also address the needs of children with dietary requirements; to the extent possible, these centres should also allow for residents to store and cook their own food; and,

(c) Proportionately increase the child allowance provided to asylum seekers to ensure that it correlates with the cost of living in the State party.

Children in situations of migration

1. The Committee notes that the State party has adopted the International Protection Act. However, it is concerned that it has yet to be commenced, resulting in the continued inadequacy of the framework for fully addressing the needs of migrant children in the State party. The Committee is concerned that this results in there being no clear and accessible formal procedures for conferring immigration status on persons in irregular migration situations. Furthermore, the Committee is concerned that there are inadequate measures for ensuring that children with an irregular migration status who are in care do receive independent legal advice, frequently resulting in such children not receiving timely clarification on their migration status.

2. Emphasizing that all children are entitled to the full protection and implementation of their rights under the Convention, the Committee urges the State party to ensure that the rights enshrined in the Convention are guaranteed for all children under the State party’s jurisdiction, regardless of their or their parents’ migration status, and address all violations of those rights. In particular, the Committee urges the State party to:

   (a) Expeditiously adopt a comprehensive legal framework which is in accordance with international human rights standards for addressing the needs of migrant children in the State party;

   (b) Ensure that the said legal framework includes clear and accessible formal procedures for conferring immigration status on children and their families who are in irregular migration situations; and,

   (c) Take measures to ensure that children in irregular migration situations are provided with independent legal advice and timely clarifications.
APPENDIX 2

Excerpts from the Convention on the Rights of the Child - Adopted and opened for signature, ratification and accession by General Assembly resolution 44/25 of 20 November 1989 entry into force 2 September 1990, in accordance with article 49

Article 2

1. States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.

2. States Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child's parents, legal guardians, or family members.

Article 3

In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.

Article 6

1. States Parties recognize that every child has the inherent right to life.

2. States Parties shall ensure to the maximum extent possible the survival and development of the child.

Article 15

1. States Parties recognize the rights of the child to freedom of association and to freedom of peaceful assembly.

2. No restrictions may be placed on the exercise of these rights other than those imposed in conformity with the law and which are necessary in a democratic society in the interests of national security or public safety, public order (ordre public), the protection of public health or morals or the protection of the rights and freedoms of others.

Article 22

1. States Parties shall take appropriate measures to ensure that a child who is seeking refugee status or who is considered a refugee in accordance with applicable international or domestic law and procedures shall, whether unaccompanied or accompanied by his or her parents or by any other person, receive appropriate protection and humanitarian assistance in the enjoyment of applicable rights set
forth in the present Convention and in other international human rights or humanitarian instruments to which the said States are Parties.

2. For this purpose, States Parties shall provide, as they consider appropriate, cooperation in any efforts by the United Nations and other competent intergovernmental organizations or non-governmental organizations co-operating with the United Nations to protect and assist such a child and to trace the parents or other members of the family of any refugee child in order to obtain information necessary for reunification with his or her family. In cases where no parents or other members of the family can be found, the child shall be accorded the same protection as any other child permanently or temporarily deprived of his or her family environment for any reason, as set forth in the present Convention.

Article 27
1. States Parties recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development

2. The parent(s) or others responsible for the child have the primary responsibility to secure, within their abilities and financial capacities, the conditions of living necessary for the child's development.

3. States Parties, in accordance with national conditions and within their means, shall take appropriate measures to assist parents and others responsible for the child to implement this right and shall in case of need provide material assistance and support programmes, particularly with regard to nutrition, clothing and housing.

4. States Parties shall take all appropriate measures to secure the recovery of maintenance for the child from the parents or other persons having financial responsibility for the child, both within the State Party and from abroad. In particular, where the person having financial responsibility for the child lives in a State different from that of the child, States Parties shall promote the accession to international agreements or the conclusion of such agreements, as well as the making of other appropriate arrangements.

Article 31
1. States Parties recognize the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts.

2. States Parties shall respect and promote the right of the child to participate fully in cultural and artistic life and shall encourage the provision of appropriate and equal opportunities for cultural, artistic, recreational and leisure activity.
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1. **About us**

This is a joint submission by the Irish Council for Civil Liberties (ICCL) and Dr Maeve O’Rourke of the Irish Centre for Human Rights, NUI Galway.

Founded in 1976, ICCL has worked over 40 years to defend and strengthen constitutional rights protections and to ensure the full implementation of international human rights standards in Ireland. ICCL draws on the tradition of civil liberties activism in many countries, including the civil rights movements in Northern Ireland, the United Kingdom and the United States. It has developed strong partnerships with a broad range of civil society organisations in Ireland and networks and alliances with similar organisations internationally. ICCL was a founder member of the International Network of Civil Liberties Organisations (INCLO) and a founder and coordinator of the JUSTICIA European Rights Network of 19 civil society organisations working in the area of procedural rights, defence rights, and victims’ rights. Domestically focused and internationally informed, ICCL has played a leading role in some of Ireland’s most important human rights campaigns.

In November 2018, ICCL made a [Submission](https://www.iccl.ie/wp-content/uploads/2018/11/ICCL-Follow-up-report-to-UNCAT-final-23.11.18.pdf) to the United Nations Committee Against Torture (CAT) in response to the CAT’s three most urgent recommendations to Ireland from July 2017, one of which was that Ireland must immediately ratify the Optional Protocol to the Convention Against Torture (OPCAT) and establish a National Preventive Mechanism (NPM) to conduct independent monitoring of all places of detention in the State. ICCL argued in that submission – and has recommended to the Department of Justice – that Direct Provision must be recognised as a place where *de facto* detention can and does occur, and that the State must therefore ensure a system of robust independent monitoring of Direct Provision for as long as the system persists with a view to preventing torture or ill-treatment from occurring in those settings.

Dr Maeve O’Rourke has researched and advocated extensively for the past 10 years in relation to the arbitrary detention, labour exploitation, forced family separation and other grave human rights abuses of women and children in the system of Magdalene Laundries, Mother and Baby Homes and related institutions during the 20th century in Ireland. Prior to joining the Irish Centre for Human Rights at NUI Galway she worked for the ICCL as Senior Research and Policy Officer from October 2017 to January 2019.

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2. Introduction and overview of submission

We agree with the organisations and independent experts that have called for an end to Direct Provision. Ireland’s history of grave and systematic abuse in institutions should make it obvious that the State cannot discharge its constitutional, European or international human rights responsibilities towards individuals who need the State’s assistance by (1) outsourcing social service provision to private, largely unaccountable, commercial entities and (2) containing people in institutions operated by those entities.

We also agree with the recommendations already received by the Committee (e.g. from the Irish Refugee Council (IRC) and the Movement of Asylum Seekers in Ireland (MASI)) that the Department of Justice is not the appropriate Department with which to place responsibility for meeting the accommodation, health and other social service needs of people seeking international protection. The direct testimonies of people living in Direct Provision – particularly their experiences of being isolated from society, being forced into a relationship of almost total dependency on the managers of the institutions in which they live, and being denied access to many basic opportunities and services in Irish society – convey a clear sense that people in Direct Provision feel, and are effectively, living in punitive detention. We believe that the fact of placing responsibility for Direct Provision in the Department of Justice contributes to this penal culture and practice.

We are reminded of the treatment of a group of survivors of the Magdalene Laundries who applied to the *ex gratia* scheme which the Department of Justice has administered since 2013, and whose experiences were the subject of the Ombudsman’s Report in late 2017, *Opportunity Lost*. The Ombudsman’s report demonstrated that there was a culture of disbelieving survivors within the Department of Justice, and of going overboard to ‘protect against fraudulent claims’. The Department that had been responsible for detaining girls and women in Magdalene Laundries, both as part of the ordinary criminal justice system and on an *ad hoc* basis through the involvement of An Garda Síochána, was not of an appropriate mindset to administer ‘restorative justice’ measures to women who had suffered grave human rights violations in Magdalene Laundries.

The remainder of this submission focuses on the following areas:

- Section 3: A summary of some of the key human rights issues facing people living in Direct Provision Centres.
- Section 4: The approach that should be adopted by the Committee when it visits Direct Provision settings.
- Section 5: The State’s absolute legal obligation to refrain from and prevent torture or ill-treatment.

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3. **Human rights violations: modern-day institutional abuse**

The constitutional and human rights violations that frequently arise in Direct Provision have been clearly described by the Movement of Asylum Seekers in Ireland (MASI) among others. These include:

- Dignity violations (such as the race- and ethnicity- based discrimination that the overall Direct Provision system constitutes);
- Denial of the constitutional right to work\(^3\) (for many, if not most, international protection applicants due to barriers such as the type of permits provided, lack of access to driving licenses and frequently to a bank account, and major exclusions from the right as provided for by Government);
- Denials of the right to education (notably for children who are in ‘emergency’ settings, as noted by the Irish Refugee Council (IRC) during the Committee hearing on 29\(^{th}\) May 2019);
- Cruel, inhuman or degrading treatment (for example, as a result of long-term institutionalisation or an accumulation of conditions in Direct Provision, or by way of abusive incidents by staff or by individuals from whom people living in Direct Provision are inadequately protected);
- Denial of the right to health (due to enforced conditions of living that impair mental health; and lack of access to adequate healthcare for both physical and mental illness);
- Violations of the right to respect for private and family life (including overcrowding; denial of recreational areas for children and adults; stringent limitations on access to food and cooking facilities; unnecessary and unauthorised requirements to produce identity documents; discriminatory or humiliating treatment in legal or employment processes related to certain markers as a person living in Direct Provision or otherwise as an international protection applicant);
- Denials of the right to effective access to the international protection system (for example, due to excessive delays in the application process; lack of access to appropriate and necessary legal assistance, including inadequate legal aid provision; denial of effective access to interpretation and translation; and a lack of monitoring or transparency of certain interviews);

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\(^3\) See *NVH v Minister for Justice & Equality and ors* [2017] IESC 35 paras 13, 15, 17.
• Denials of the right to access justice and a remedy for rights violations experienced while living in Direct Provision (for example, due to a lack of access to legal aid for European human rights-based or constitutional rights-based claims);
• Arbitrary detention, where individuals are in practice not free to leave Direct Provision settings despite there being no legal basis for their deprivation of liberty.

Appearing before the Oireachtas Justice Committee on 29th May 2019, CEO of the Irish Refugee Council, Nick Henderson, argued that Direct Provision is ‘already a chapter in Ireland’s long and dark history of institutional living’. We agree that the Direct Provision system bears many similarities to the abusive systems of institutionalisation that operated in Ireland throughout the 20th century and in respect of which the Irish people have begun to demand apologies and concrete measures of atonement.

Looking to the past can help us to recognise the reality of how we are treating people today. In the case of Direct Provision, as with Ireland’s Magdalene Laundries, the State enforces destitution and isolation on people whom it then characterises as those ‘with nowhere else to go’ to whom the State has in fact shown great benevolence and charity. There is a real danger when groups are designated ‘vulnerable’, that instead of intensifying our commitment to protect and ensure their equal treatment as should be the case, the label is used to justify or cloak the denial of basic rights. It is absolutely essential that the core of the State’s provision for people seeking international protection in Ireland is recognition and robust legal enforcement of the State’s constitutional and human rights obligations towards them.

4. Oireachtas Committee’s upcoming visits to Direct Provision settings

The Oireachtas Committee has stated that it will be visiting several Direct Provision settings in due course. We urge the Committee to adopt international human rights best practice in conducting these visits. Specifically, we recommend that the Committee follow the requirements of the Optional Protocol to the Convention against Torture (OPCAT) which establishes standards for the independent monitoring of places of deprivation of liberty in order to protect against torture and cruel, inhuman and degrading treatment. As we explain below, Ireland has signed but not yet ratified the OPCAT (and is now an outlier in Europe in that regard). We also explain below why we believe that Direct Provision settings are places where people may be de facto detained and therefore why we view these settings as falling within the purview of the OPCAT.

The Committee has a unique and crucial opportunity to demonstrate how Direct Provision settings could and should be monitored in accordance with the OPCAT’s requirements. The Committee should, in our view, carry out unannounced visits, be accompanied by interpreters, conduct private interviews, and ensure that it both ascertains the whereabouts of all Direct Provision settings including ‘short-term’ or ‘emergency’ locations and includes some of those ‘short term’ or ‘emergency’ settings in its visits. We understand that there are up to 600 hundred people, including 88 children, currently in emergency accommodation.
The UN Subcommittee on Prevention of Torture (SPT) has published an Assessment Tool which, along with the text of the OPCAT, establishes the following minimum powers that an inspection body must have:

- The power to select the timing of visits and determine whether they are to be announced or unannounced;
- The power to choose the persons to be interviewed;
- The power to have private interviews without witnesses, either personally or with a translator if deemed necessary;
- Access to all information referring to the treatment of those persons as well as their conditions of detention;
- Access to all information, including personal and sensitive information, premises and persons necessary for pursuing its mandate; and
- Access to all information concerning the number of persons deprived of their liberty as well as the number of places and their location.

We urge the Committee to ensure that they have this level of access when visiting Direct Provision settings.

5. The State’s obligation to prevent torture or ill treatment

The Irish State has an absolute obligation to prevent torture and other cruel, inhuman or degrading treatment or punishment occurring within its jurisdiction.\(^5\) It is universally accepted that deprivation of liberty gives rise to a heightened risk of torture or ill-treatment occurring and that states have more intense obligations of supervision in these contexts. Article 10 of the International Covenant on Civil and Political Rights (ICCPR)\(^6\) and its equivalents in universal and regional human rights law place a positive obligation on states to ensure that those who are deprived of their liberty are treated humanely and with respect for their dignity.

The UN Committee against Torture’s General Comment No 2 states that:

> each State party should prohibit, prevent and redress torture and ill-treatment in all contexts of custody or control, for example, in prisons, hospitals, schools, institutions that engage in the care of children, the aged, the mentally ill or disabled, in military service, and other institutions as well as contexts where the failure of the State to intervene encourages and enhances the danger of privately inflicted harm.\(^7\)

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\(^5\) Article 1 OPCAT: The objective of the present Protocol is to establish a system of regular visits undertaken by independent international and national bodies to places where people are deprived of their liberty, in order to prevent torture and other cruel, inhuman or degrading treatment or punishment.


\(^7\) CAT General Comment No 2, ‘Implementation of article 2 by States Parties’ (23 November 2007) UN Doc CAT/C/GC/2 para 15.
The Government is aware that the Direct Provision system subjects individuals to intense suffering on account of their experience of institutionalisation, continuous supervision and control and social isolation. The treatment of these individuals puts the Irish State at risk of violating its international obligations and should underline the urgent necessity of reforming the Direct Provision System.

In August 2017 the UN Committee against Torture (the CAT) issued Concluding Observations on Ireland’s current record under the Convention Against Torture.8 The Committee against Torture recommended that the Government:

Establish a formalized vulnerability screening mechanism for torture victims and other persons with special needs, provide them with care and protection to avoid re-traumatization, including during international protection procedures.9

The Government is clearly failing to provide care and protection to those seeking international protection who may have been subject to torture.

6. The need to urgently ratify OPCAT and establish a National Preventive Mechanism

In 2017, the CAT designated three of the recommendations in its Concluding Observations as ‘follow-up’ issues, requiring a response from the Irish Government within one year. The first of these ‘follow-up’ issues concerns the ratification of the UN Optional Protocol to the Convention Against Torture, (OPCAT) as follows:


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The purpose of OPCAT is to assist states in implementing their absolute obligation to prevent torture and other cruel, inhuman or degrading treatment or punishment occurring within their jurisdictions.10 It is universally accepted that deprivation of liberty gives rise to a

10 Article 1 OPCAT: The objective of the present Protocol is to establish a system of regular visits undertaken by independent international and national bodies to places where people are deprived of their liberty, in order to prevent torture.
heightened risk of torture or ill-treatment occurring and that states have more intense obligations of supervision in these contexts. Article 10 of the International Covenant on Civil and Political Rights (ICCPR)\(^{11}\) and its equivalents in universal and regional human rights law place a positive obligation on states to ensure that those who are deprived of their liberty are treated humanely and with respect for their dignity.

Despite signing the OPCAT in 2007, Ireland is now one of only four EU countries that have not ratified the instrument.\(^{12}\) This leaves people who are either legally or de facto deprived of their liberty in Ireland in a particularly powerless position because they do not have the protection of the independent, human rights-focused inspection and monitoring system which the OPCAT requires states to establish.

We urge the Committee to recommend that Ireland ratifies the OPCAT immediately and that it sets about establishing a National Preventive Mechanism (NPM) in accordance with the OPCAT's requirements. For as long as the Direct Provision system exists, we believe that it should come within the remit of the future Irish NPM.

The Minister for Justice has indicated that the Government wishes to put in place legislation establishing a National Preventive Mechanism (NPM) before Ireland ratifies the OPCAT.\(^{13}\) However, as the ICCL has previously highlighted,\(^{14}\) it is not necessary for Ireland to have an NPM in place before ratifying the OPCAT. Articles 11 and 24 OPCAT provide states with the option of ratifying the instrument first, and then establishing an NPM with the assistance and advice of the UN Subcommittee on the Prevention of Torture.

The Minister for Justice stated last year that he intended to publish before the end of 2018 a General Scheme of a Bill to establish a system of independent inspection of all places of deprivation of liberty in the State.\(^{15}\) To date, the ICCL has not seen the draft content of the legislation or any written policy from the Department of Justice regarding its intentions for the NPM.

We recommend that the legislation establishing an NPM should designate all relevant inspection and monitoring bodies (including the Ombudsman and Ombudsman for Children, which currently monitor Direct Provision) collectively as the NPM and establish the Irish

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\(^{11}\) International Covenant on Civil and Political Rights (adopted 16 December 1966, entered into force 23 March 1976) 999 UNTS 171 (ICCPR) art 10


\(^{15}\) See Dail debates, Priority Questions, 5 July 2018, [https://www.kildarestreet.com/debate/?id=2018-07-05a.16](https://www.kildarestreet.com/debate/?id=2018-07-05a.16)
Human Rights and Equality Commission (IHREC) as the coordinating body. The IHREC has ‘A status’ as Ireland’s National Human Rights Institution. It is also Ireland’s independent monitoring mechanism for the UNCRPD and is currently publicly recruiting a Disability Advisory Committee.

7. Why Direct Provision Centres should be recognised as places of deprivation of liberty

The definition of deprivation of liberty under human rights instruments is broad and does not in principle exclude any particular form of detention or restraint. Deprivation of liberty need not be caused by physical force. A person’s inability to leave a place or escape a situation may also arise due to non-physical forms of coercion, including the exercise of power over a person who is dependent on another for care and/or to meet their basic needs.

Physical confinement

A common definition of deprivation of liberty under international human rights law is lack of freedom to leave a place at will. Article 4(2) OPCAT defines deprivation of liberty as ‘any form of detention or imprisonment or the placement of a person in a public or private custodial setting which that person is not permitted to leave at will by order of any judicial, administrative or other authority’. According to the Inter-American Commission on Human Rights, ‘the concept of “deprivation of liberty” encompasses: [a]ny form of detention, imprisonment, institutionalization, or custody of a person in a public or private institution which that person is not permitted to leave at will’. The ECtHR finds the objective aspect of a deprivation of liberty to exist where a person is ‘under continuous supervision and control and not free to leave’. The HRC, meanwhile, has held that a person will not be deprived of their liberty if they ‘know that they are free to leave at any time’.

Coercion

Lack of physical freedom to leave a place at will, and physical restraint, are not the only established conceptions of deprivation of liberty in international human rights law, however. The ECtHR has held that an ‘element of coercion’ is indicative of a deprivation of liberty.
The Court rejects the notion that deprivation of liberty must take any particular form. It holds that what matters is the ‘degree or intensity’ of the restriction on movement and the ‘concrete situation’ of the person concerned having regard to the ‘type, duration, effects and manner of implementation of the measure in question’, among other factors. Harris, O’Boyle and Warbrick note that the ECtHR has held resulting social isolation to be a key factor in determining the existence of a deprivation of liberty.

The ECtHR has found deprivations of liberty to exist in the mental health care context even where premises are unlocked and where a person has previously gone on outings or visits away from the institution. Individuals have been found to be ‘not free to leave’ where permission to leave the premises is required, where a person’s guardian is required to consent to the person leaving, where there are restrictions as to the length of time and destination to which a person may go, where an institution restricts access to a person’s identity documents or finances, which would enable them to travel, where a person is returned—for example, by the police—when they leave, or where it is clear that a person would be prevented from leaving if they tried or returned to the institution if they did.

Detention, institutionalisation and coercion in Direct Provision settings

We believe that there is a strong argument to be made that Direct Provision accommodation amounts, in some if not all instances, to de facto deprivation of liberty. Our understanding of this is informed by discussion with Doras Luimni, solicitors with experience of working with people living in Direct Provision and MASI, among others. Due to the nature of the Direct Provision and international protection system in Ireland:

(a) People seeking international protection are in practice not free to leave Direct Provision because:

13469/06 (ECtHR, 14 February 2012) para 149; Krapko and Others v Russia, App no 26587/07 (ECtHR, 26 June 2014) para 36; Foka v Turkey, App no 28940/95 (ECtHR, 24 June 2008) para 78.

21 See Guzzardi v Italy (1981) 3 EHRR 333 para 93.

22 See Guzzardi v Italy, ibid; Rantsev v Cyprus and Russia (2010) 51 EHRR 1 para 314; Stanev v Bulgaria (2012) 55 EHRR 22 para 115.

23 See Guzzardi v Italy, ibid para 92; Medvedyev and Others v France, App no 3394/03 (ECtHR, 29 March 2010) para 73; Creangă v Romania (2013) 56 EHRR 11 para 91.

24 See Harris and others, Law of the European Convention on Human Rights, ibid 290–91, citing Guzzardi v Italy (n 73); HM v Switzerland (n 52) para 45; Storck v Germany (2006) 43 EHRR 6 para 73.


27 ibid paras 124–126.

28 Kedzior v Poland, App no 45026/07 (ECtHR, 16 October 2012) para 57. The Court referred also to Stanev v Bulgaria (2012) 55 EHRR 22 para 128.


31 ibid para 127; DD v Lithuania App no 13469/06 (ECtHR, 14 February 2012) para 146.

32 HL v United Kingdom (2005) 40 EHRR 32.
• It is the only source of state provision for a person’s basic needs (food, shelter, medical assistance) while they await determination of their international protection application.
• It is generally not possible to choose which Direct Provision Centre one lives in, or even one’s roommates, and transfers are extremely difficult to obtain.
• People living in Direct Provision are not provided with a travel pass, and it is not generally possible for people living in Direct Provision to obtain an Irish driver’s licence. Outside of strictly and sparsely provided bus transport to and from, for example, the closest town, people living in Direct Provision generally do not have access to the means to leave the accommodation centres except for on foot.
• If a person stays away from the Direct Provision centre for a certain number of nights, they are at risk of losing their place in the system.

(b) People living in Direct Provision are socially isolated because:
• It is difficult if not sometimes impossible for outsiders (friends, organisations) to visit.
• Numerous centres are located outside of towns and villages.
• Education and work are inaccessible for many people living in Direct Provision.

(c) People living in Direct Provision are under constant supervision and control because:
• In many Direct Provision centres people are not at liberty to cook for themselves or eat anywhere other than the designated canteen, and meals are provided within strict timeframes.
• There is a severe lack of privacy. There is widespread CCTV in Direct Provision Centres, bedrooms are frequently shared, there are few if any spaces for private/family enjoyment, and although signing in procedures are forbidden by the revised house rules there are reports that managers of Direct Provision centres use post-boxes to monitor people’s presence.
• People living in Direct Provision are routinely required to inform management of their plans if they wish to stay away from the Centre overnight.

The risk of dignity violations amounting to inhuman or degrading treatment, and the need for independent and robust supervision under OPCAT, are demonstrated in the following excerpts from an interview that ICCL carried out last summer with Lucky Khambule, organiser with MASI. Mr Khambule spent 3 years and 4 months living in Direct Provision centres from January 2013 onwards. He states:

One of his [the manager’s] phrases was ‘you don’t get this in your country, go back to your country’. He had something especially with Africans, that manager.

…There was a situation where they supply toilet paper, soaps, tissue papers, shampoos at a specific time during the month. They would give you 2 bars of soap which must last you for the month. We lived on 19 euro, within a week you have finished that soap – the second week it’s gone, and you want to go back to them to say you need soap. And they won’t give you soap, they will never give you soap. They won’t give you that.
When you ask for extra toilet paper you get a shouting at: ‘No, you can’t get it because it’s past the time you’re supposed to get it’, and they tick for you. As you take, they tick, so you can’t come back for the extra. When it’s finished you go back, and that’s where you’re getting – you know, when you feel empty? You feel empty when a person talks to you in a demeaning way, in a way that puts you down. So people respond differently to those kind of things, you know? People ignore, some will argue, but arguing also doesn’t take you anywhere. And it’s an ongoing thing. When we’re told ‘You don’t get this in your country’. I come from South Africa, we come from everywhere, and people are there for protection. And when you get told, ‘Go back to your country, you won’t get this in your country’ – and we’re talking a mere soap or shampoo. So, the main aim was to make sure we are scared, so we don’t challenge things. It’s their word, their word is final. And it’s something they’ve been doing, even the staff were conditioned to treat people like that.

…It freezes you. You know when someone throws a word to you, that sinks, that lowers your self-esteem, it changes you. Because a person is a person of power, and uses words that are strong to you. Some people – I don’t know if I’m explaining properly – but the words that are said to you personally, that are a personal way of saying things that attack your personality, and that makes a person feel empty. You know? It makes you feel empty, that this is the person that is supposed to give you the service that you need, but when you get there, you had to change your tune, had to be in a begging kind of mood for you to be on the right side of the staff in the office. You’ve got to show that you need them. OK? By conforming to the oppression that you get and trying to be nice - to smile even if you don’t want to smile just because you need that service. People ended up doing that in order for them to be able to get some kind of a service or some kind of a smile back.

Where I was, there were 3 metres of trees planted around the centre. They will put wire, in some cases – in my case there was wire and long trees. You won’t see anything. Others have walls. You won’t see inside. It’s for the people who are outside not to know what’s going on there. When we closed that centre [in Kinsale Road, Cork] in 2014 – we closed the centre and started moving to the gate to be visible during our protest – people who were passing by stopped and said ‘We have been passing every day going to work and didn’t know there were people in this place here. We didn’t know because it’s trees.’ It’s a way of separating people from the people who are in Direct Provision. It’s the way of separating.

But more than physical structures separating people, there is actually – it’s very hard to get in. You can’t – for instance, say you want to go and talk to somebody in Direct Provision as you. You will never get inside. You will never get inside. First you’ll get the attitude – ‘Who are you, why are you here?’ You’ll get that attitude. It’s a non-welcoming attitude. It’s always something. You’ll say, ‘Why are you hiding so much?’ They don’t want people to be speaking with people about what is happening there.

… You would say it’s house detention. As I said earlier, the fact you know there’s times they stipulate – they work on you. You are trapped. There are chains around you even if you don’t have physical chains. There are mental chains put on you with the system. It promotes dependency. It promotes dependency. Once a person is dependent on something it’s very hard for that person to be himself or herself again.
The judgment in the 2013 Northern Irish High Court case of *ALJ and A, B and C’s Application for Judicial Review* [2013] NIQB 88 (in which the Court ruled that it would not be in the children’s best interests to allow their extradition to the Republic of Ireland where they would be forced to live in Direct Provision) acknowledged the restrictions on the liberty of people living in Direct Provision at that time as follows:

[82] The respondent states that asylum seekers are not required to remain in the accommodation during the course of the day. That is correct insofar as they are not prohibited from moving out of the accommodation but in practical terms their lives are confined to that accommodation. It is a full board system. They need to remain to eat. The subsistence allowance is so small they cannot afford to feed themselves otherwise than by remaining in the accommodation at meal times. In addition by virtue of the size of the subsistence allowance they cannot afford to travel. They are not permitted to work.

The judgment further compared the situation of people living in Direct Provision at that time to the services and entitlements available in Northern Ireland:

[102]… ALJ, the children’s primary carer, has no prospect of working in Ireland but has the prospect of working in Northern Ireland. The well-being both emotionally and financially of the primary carer and the importance of that to the well-being of the children in her care would point significantly to the best interests of the children being to remain in Northern Ireland. The children, most significantly A, has no prospect of working in Ireland but he has that prospect in Northern Ireland. In Northern Ireland the family is in a separate house of their own which they can call their home. In Ireland they are required to live in hostel accommodation and prevented from living in their own accommodation. In Northern Ireland the family are not bound to remain in close proximity to a hostel in order to eat regular meals. In Northern Ireland being in their own home they can interact with each other as a normal family without interference by other asylum seekers or by hostel staff. The children by virtue of being brought up in their own home can develop a sense of belonging and separate identity. In Ireland there are problems with enforced isolation and poverty. In Northern Ireland between the ages of 16 and 18 the children are entitled to receive a State education. That is not so in Ireland. A comparison of the description of the accommodation that is provided in Ireland and the accommodation that is provided in Northern Ireland shows a marked difference in quality and therefore in the quality of life of those who live in such accommodation. There is ample evidence of physical and mental health issues developing in Ireland amongst those asylum seekers who are in Direct Provision accommodation. Ireland has opted out of the minimum standards directive and there is considerable evidence that the provisions in Ireland do not meet the minimum standards in that directive. Any analysis of the best interests of the children would have led to the inevitable conclusion that the best interests of the children favoured remaining in Northern Ireland.

This judgment is a striking indictment of the conditions of Direct Provision Centres and should underline the urgent need for fundamental reform in the treatment of international protection applicants in Ireland.
8. **Other accountability measures**

*National Archives*

We believe that there is an urgent need for the State to amend the National Archives Act and fund the expansion of the National Archives in order to ensure that the records created and held by the private operators of Direct Provision centres are available to individuals seeking their own personal information and to the public (which should be able to access administrative records 20 years after their creation, in accordance with ordinary practice under the National Archives Act).

The censorship and private possession of records continues to be one of the primary sources of suffering and ongoing rights abuse affecting people who experienced institutional abuse in Ireland throughout the 20th century. The State needs to ensure non-repetition of the past by way of creating new measures of accountability in how state-funded, social services are provided to people.

We recommend that the Committee consider the amendments proposed to the National Archives (Amendment) Act 2018 as it was passing through the Seanad in July 2018,33 whereby it was sought to include within the remit of the Act the records of all ‘social service providers’, defined as follows:

‘social service provider’ means any institution, individual or entity specified in a Regulation made by the Taoiseach under this section, which is or was responsible or whose employees, agents or representatives are or were responsible for the provision of any social service partly or wholly funded by the State or which the State is or was under a statutory obligation to license, monitor or inspect.

*Investigations into deaths in Direct Provision*

We are deeply concerned by the deaths that are believed to have occurred by suicide in Direct Provision centres, and we recommend that the Committee considers whether the State has been complying with its obligation under the European Convention on Human Rights (ECHR) to investigate these deaths independently and impartially, thoroughly and in a sufficiently public manner as to ensure public confidence in the investigation process.

We believe that an examination needs to take place of whether the Coroner process as it stands under legislation and in practice is sufficient to address deaths in Direct Provision, and if not what reforms must be made.

The obligation under Article 2 ECHR to protect the right to life imposes an obligation on the State to investigate deaths whether they occur at the hands of State agents, private persons, or persons unknown. In Salmon v Turkey, recognising that “[p]ersons in custody are in a vulnerable position and the authorities are under a duty to protect them”, the ECtHR held that States are obliged to carry out an effective official investigation into deaths in custody or detention, even if no agent of the State was involved in the incident resulting in death. This was confirmed in Musayeva v Russia. In Fernandes v Portugal, the ECtHR held that the investigative obligation arises where a death occurs “in suspicious circumstances, even when the State has no direct responsibility for the death”. In Oneryildiz v Turkey (a case in which numerous deaths were caused by an environmental disaster), the ECtHR held that the investigative obligation arises “when lives have been lost as a result of events occurring under the responsibility of the public authorities, which are often the only entities to have sufficient relevant knowledge to identify and establish the complex phenomena that might have caused such incidents”.

9. Recommendations

I. The system of accommodating and providing for the needs of individuals seeking international protection in Ireland should be overhauled to ensure that the rights of those individuals are respected, protected and fulfilled. In particular:

- Individuals seeking international protection should be provided with adequate care and support in appropriate settings to avoid re-traumatisation and to ensure their rights are respected.
- The constitutional right to work must be made practicable for international protection applicants by removing existing barriers such as the type of permits provided, lack of access to driving licenses and bank accounts, and major exclusions from the right as provided for by Government.
- All children must have access to education, whether or not they are in “emergency accommodation”.
- People in Direct Provision settings must be protected from cruel, inhuman or degrading treatment, including such as may result from long-term institutionalisation.
- Access to adequate healthcare for both physical and mental illness must be provided.

34 McCann v UK A324 (1995); 21 EHRR 97 GC
35 Menson v UK App No 47916/99; (2003) 37 EHRR CD 220
36 Togcu v Turkey App No. 27601/95 (ECHR, 19 April 2002), Kaya v Turkey (1999) 28 EHRR 1; Yasa v Turkey 1998-VI; 28 EHRR 408.
37 Salman v Turkey (2002) 34 EHRR 425, para 99
39 Fernandes v Portugal App No 43098/09 (ECHR, 15 December 2015) para 70. See also Tunç v Turkey App no 24014/05, (ECHR, 25 June 2013), para 171; McCaughey v United Kingdom App No 43098/09 (ECHR, 15 December 2015)
40 Oneryildiz v Turkey (2005) 41 EHRR 20 para 93
• The right to respect for private and family life should be protected through the provision of proper family friendly accommodation including free access to cooking facilities and basic supplies.
• Continued reform of the international protection system is required to address excessive delays in the application process; and to ensure access to appropriate and necessary legal assistance, access to interpretation and translation, and monitoring of interviews.
• Individuals must have access to justice for rights violations experienced while living in Direct Provision.

II. The Committee should ensure that during their upcoming visits to Direct Provision Settings, they have broad and unannounced access to the centres and to individuals living within the system, in line with requirements of the Optional Protocol to the Convention against Torture and the recommendations of the Sub Committee on the Prevention of Torture.

III. The Committee should recommend that Ireland ratify OPCAT and create a National Preventive Mechanism with remit over social care settings, including Direct Provision Settings, with the Irish Human Rights and Equality Commission as the coordinating body.

IV. The Committee should include in their report a finding that Direct Provision Centres are places of deprivation of liberty and must be recognised as such.

V. The Committee should recommend the amendment of the National Archives Act and the expansion of the National Archives in order to require (on an ongoing basis) the production of the records currently held by Direct Provision operators which are 20 years old or more.

VI. The Committee should examine whether deaths in Direct Provision have been adequately investigated and whether the existing investigative mechanisms are sufficient to meet the State’s obligation under Article 2 ECHR to investigate effectively all deaths that occur in Direct Provision.
Introduction to Inner City Helping Homeless

Origin

Inner City Helping Homeless is a registered charity that was founded in November 2013 as a result of the increased number of people sleeping rough around Dublin City. By 2014 ICHH was operating a 7 night a week outreach service all across Dublin City and we secured our first premises on Killarney Street, Dublin 1. ICHH now have over 200 volunteers on our books and our office on Amiens St is open 14 hours a day, 5 days a week.

Outreach

The ICHH outreach volunteers are on the streets of Dublin city and surrounding areas 7 nights a week. They bring supplies such as tea, coffee, soup, pot noodles, sandwiches, fruit, water, hats, scarves, gloves, clothes and sleeping bags. Most importantly they offer empathy and compassion as a simple chat can mean so much to people sleeping rough around the city.

Our mobile outreach unit is out 7 nights per week providing support outside Dublin City and answering rough sleeper reports as and when they come in via telephone or social media platforms. In 2017 ICHH outreach volunteers had 37,120 engagements with homeless people on the streets of Dublin.

Advocacy

ICHH offer a 7 day advocacy service assisting homeless individuals and families and educating them on how to navigate through homelessness. As the number of homeless families and children has increased over 200% since 2015 the demand from families needing assistance in getting out of homelessness has increased. Over 3,000 children are now homeless in Ireland and ICHH have stepped in on numerous occasions and accommodated families that were left with nowhere to go.

When the ICHH volunteers are on their outreach runs nightly they would then arrange advocacy and case work support for anyone that requires it. The face of homelessness has changed in Ireland over the last 2 years as it’s now children that are most impacted so our advocacy work is an essential part of the fight against homelessness.

People in Direct Provision are Homeless

ICHH believes that people in direct provision are homeless by any reasonable definition of the term.

The definition of homelessness under Section 2 of the Housing Act 1988 reads as follows:

2. —A person shall be regarded by a housing authority as being homeless for the purposes of this Act if—

(a) there is no accommodation available which, in the opinion of the authority, he, together with any other person who normally resides with him or who might reasonably be expected to reside with him, can reasonably occupy or remain in occupation of, or

(b) he is living in a hospital, county home, night shelter or other such institution, and is so living because he has no accommodation of the kind referred to in paragraph (a),

and he is, in the opinion of the authority, unable to provide accommodation from
Families that are acknowledged as being homeless by local authorities are currently living in very similar accommodation to direct provision centres – the so-called ‘family hubs’. Both types of accommodation have a lack of privacy and of space for family life and share features of institutional living such as curfews and cooking restrictions.

Also, large numbers of both asylum seekers and homeless people are currently being accommodated in hotels and B&Bs. The Committee has already heard from speakers such as the Head of the UN Refugee Agency, Enda O’Neill, and former High Court judge Dr Bryan McMahon, condemning the practice of accommodating asylum seekers in emergency accommodation.

However, despite the similarities in their accommodation situations, people in direct provision are not deemed homeless by local authorities. This is based on nothing other than their immigration status and is discriminatory. Accommodation that is not considered adequate for Irish citizens should not be considered adequate for asylum seekers and their children.

The housing and homelessness crisis is making the situation of those in direct provision worse. The two issues are directly linked. As we will argue below, both issues have the same solution.

Homeless People and Asylum Seekers are Being Similarly Institutionalised

The Irish Government’s Special Rapporteur on Child Protection, Dr. Geoffrey Shannon, has called direct provision “institutionalised poverty”. ICHH would argue that homeless hubs are also institutionalised poverty. Both homeless hubs and direct provision were initially introduced as emergency measures, but both are now long-term institutions. There are now children born in these centres who have known no other life. Below are quotes from 2 mothers of children living in homeless hubs about their situation:

“I think it’s terrible for children to live in a hub. Like, don’t get me wrong, I know it could be a lot worse... But I think this is no place. Like, my child seeing her first, second... this is her second Christmas here... People have been born here and now they’re after having their first birthday”. (Mother of Áine, aged 2)

“Like, when we moved into these hubs, at first it’s only supposed to be three months – because your longest stay would be three months and you’d have a house and all by then, like, but the housing crisis is that bad, that-there is nowhere for them to actually put us, or for them to get us to rent, like, so we basically are stuck here now again, do you know? And I never wanted them to be in this situation. I never wanted to have to put them through this situation. So, it hurts me that we’re here”. (Mother of John, aged 3 and Myles, aged 2)

Asylum seekers spend an average of three years and eight months in direct provision, and in many cases much longer. Below are quotes from two mothers who are asylum seekers living in direct provision:

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"I just want [my daughter] to live like other children," she says, "Every year when it’s her birthday, she comes to me and asks me, are you going to do my birthday again in the corridor? Who will be happy with their child doing their birthday in the hotel corridor? I need a life just like any other human being." (Primrose)

“People think I’m normal, but to tell you the truth, I feel mentally disturbed,” she says. “We don’t know when we’re going to come out.”³ (Noreen)

The parallels between these accounts are striking. Both groups of women express the same dissatisfaction at not knowing when they are going to get out of their situation.

Accounts that children living in homeless hubs and those living in direct provision give of their lives also show notable parallels. Below are two quotes from children living in hubs:

“The thing is my little sister stops me from doing my homework in my room, but if I come to the homework room, my sister still has to come with my mam and she stopping other kids that are up there as well. So most of the time I have to do my homework in my room, I just can’t cope”. (Rachel aged 10)

“Everybody in my class knows where I live. They know because they can’t come here. My friends are supportive when you express your feelings and emotions. Sometimes we would be doing Irish and the teacher would ask me to say where I live but I am not able to answer that because I live in hotel, not a house or anything. I just hate living in here ... [cries] It’s just really hard living in here”. (Rebecca, aged 10)⁴

Compare the below two quotes from children living in direct provision:

Children my age, we live in one room with my parents. I don’t have my own room, you can’t sit in your room and do what you want, it’s very difficult. (An 11-year-old girl)

I have two friends in Glenmire, but I can’t invite them here, it is a hotel...I'm not sure you would be allowed, but you can’t sit in one room ...everybody else has their own house, they invite you for birthday parties but here ...I feel sad. (A 13-year-old girl)⁵

It is clear that the children are upset about and complain about exactly the same things: the lack of privacy and not being able to have a normal social life where they can have friends over to visit.

Direct provision was originally introduced as an emergency measure in 1999. By failing to provide any meaningful solution over the past 20 years the Irish state has failed to fulfil its responsibility of care towards those seeking asylum.

Homeless hubs were also supposed to be an emergency temporary measure. However, years after their introduction there is no sign of them going anywhere. It is worth quoting Dr Mary P. Murphy of Maynooth Social Sciences Institute at length on this matter:

“The danger with ‘hubs’ is that they can work as a form of ‘therapeutic incarceration’ both institutionalising and reducing the functioning capacity of families. We have a long Irish history of gendered forms of social violence inflicted on poor mothers and their children who were made invisible, incarcerated and excluded from society. We caution that hubs may be a new form of institutionalisation of vulnerable women and children, and poor families (predominantly lone parent mothers, working class, migrant and ethnic minority women). Housing market failures will be forgotten as these families become the ‘problem’ that needs to be solved.”

We would argue that these words could also apply to direct provision. By failing to confront and tackle the similar and interrelated issues of family homelessness and direct provision, the state is effectively warehousing vulnerable groups, in particular women and children, in institutions. Continued failure to provide suitable accommodation for these groups runs the risk of an entire generation of children growing up in institutionalised, unhealthy environments, causing them irreparable and lasting harm, and also causing wider social damage.

**Public Housing is the Solution**

There are clear similarities between direct provision and hubs, and the plight of asylum seekers and those on the sharp end of the housing crisis in Ireland. They are similar problems, and we would argue that they have the same obvious solution: social housing.

The provision of social housing has to be an important part of the response to the direct provision situation. The fact that there are hundreds of people continuing to languish in direct provision centres even after being granted permission to stay is outrageous and is an indictment of the failure of government to deal in any way adequately with the housing crisis.

We argue that people in direct provision should have access to social housing as soon as possible after entering the system, and that this should be administered through the local authorities, not the Department of Justice.

**Conclusion**

We oppose the ‘take care of our own’ mentality. We reject the notion that vulnerable groups of people are competitors for scarce resources. Ireland is a wealthy country, the problem is that our wealth is distributed unequally and unfairly. It is a question of priorities. We believe that fulfilling the basic human right to adequate housing for every person in our state should be a top priority. Ireland has a long and grim history of institutionalising poor people, women, people of colour and children, and today, with direct provision and homeless hubs, we are repeating these mistakes in different forms.

The solution is as simple as it is blindingly obvious. We need a large-scale state-run program for building public housing, and we need to give those in direct provision access to public housing, as was the case in the past. This is the only way to ensure a standard of accommodation for every child in Ireland that respects their basic human rights.

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Introduction

The Irish Family Planning Association (IFPA) submits these remarks on the basis of our many years of experience as a provider of sexual and reproductive health services. Since 1969, the IFPA has worked to promote and protect basic human rights in relation to reproductive and sexual health, relationships and sexuality. The IFPA provides the highest quality sexual and reproductive healthcare at its two medical clinics in Dublin and ten pregnancy counselling centres across Ireland. In 2017, the IFPA clinics provided over 11,000 sexual and reproductive health services. Our services include non-directive pregnancy counselling, contraceptive and abortion services, screening for sexually transmitted infections (STIs), cervical screening, menopause health checks and treatment for female genital mutilation (FGM). We provide medical training for doctors and nurses, and sexuality education and training programmes for young people, parents, teachers, youth workers and carers.

As the leading provider of sexual and reproductive health services in Ireland, the IFPA sees many clients who are in direct provision. Serious concerns about women asylum seekers’ access to quality sexual and reproductive healthcare led the IFPA to initiate the Majira Project in 2009, aimed at improving the sexual and reproductive health of asylum seekers and refugees living in Ireland. This project concluded with the publication of Sexual Health and Asylum: Handbook for People Working with Women Seeking Asylum in Ireland. In 2014, the IFPA opened the country’s first specialist treatment centre for women who have experienced FGM, funded by the HSE Social Inclusion Unit. To raise awareness about this free service, the IFPA engages in sexual and reproductive health outreach with asylum-seeking women living in direct provision centres around the country – as a result, what began as a dedicated FGM clinic has become an entry point to free, comprehensive sexual and reproductive healthcare for asylum-seeking women, which includes the provision of interpreting services when required. In response to the needs of asylum-seeking women, the IFPA has developed information materials about sexual and reproductive health services in seven languages: English, French, Arabic, Georgian, Albanian, Spanish and Portuguese.

The IFPA has a long track record of highlighting issues in relation to sexual and reproductive health and asylum – including in relation to access to abortion services outside the State –
with policy makers and international human rights bodies. In response to the Committee’s call for information on what can be done in the short to medium term to improve the welfare and conditions of people living in the direct provision system, the IFPA makes the following observations and recommendations with respect to the sexual and reproductive health and rights of asylum seekers.

Sexual and reproductive health needs of women and girls in direct provision

Sexual and reproductive health and rights are integral to individual health and well-being. Physical and mental health are closely interlinked and there is substantial overlap between mental health and reproductive health in particular. Inadequate access to quality sexual and reproductive healthcare can cause harms to the physical and mental health and well-being of women, girls and families arriving in Ireland seeking international protection. Reproductive life events such as a lack of choice in reproductive decisions, unintended pregnancy, unsafe abortion, sexually transmitted infections, infertility and pregnancy complications such as miscarriage can all contribute to poor mental health and well-being.

The IFPA is deeply concerned about the harms caused by inadequate sexual and reproductive health services to the physical and mental health and well-being of women, girls and families who are living in direct provision. A combination of factors makes accessing services and information particularly difficult for these groups. Migrant women in Ireland experience a number of barriers in accessing healthcare. Research indicates that a woman’s legal status has strong bearing on her access to and use of health services. Additional access barriers include lack of knowledge about health services, cost, and language difficulties. Migrant women also report a need for greater awareness and expression of cultural sensitivity amongst healthcare professionals and a need to pay more attention to language and communication difficulties that patients from migrant backgrounds might experience. For asylum-seeking women, the isolation of direct provision centres from the wider community can mean that the physical location of health services is an additional access barrier.

Women and girls may live in direct provision during significant periods of their life course, during which time access to quality sexual and reproductive healthcare and information is of critical importance to their physical and mental health and well-being. Many women and girls go through the international protection process during some of the most critical years of their reproductive lives, including the onset of puberty, first sexual experience, short and long-term relationships, marriage, and pregnancy. It is critical that women and girls of reproductive age have the information and means to protect themselves from unplanned pregnancy and sexually transmitted diseases (STIs), and to control their fertility and plan the number and spacing of their children.

The experience of IFPA staff in their outreach activities to direct provision centres is that significant gaps remain in terms of awareness about and access to sexual and reproductive healthcare amongst the asylum-seeking population. In our experience, women living in direct provision are frequently unaware of: free screening programmes such as CervicalCheck and BreastCheck; the availability of abortion services and different methods of long-term contraception; and where and how to seek treatment for sexually transmitted infections and
issues relating to menopause, fertility and menstruation. To further illustrate these issues, we highlight below some key areas of sexual and reproductive health where the needs of asylum-seeking women are not being met.

Abortion care

Prior to the repeal of the Eighth Amendment, the IFPA knew from our services of women who were pregnant, and had made a decision that they could not continue the pregnancy, but were unable in spite of all their efforts to access abortion services outside the State. We know of women who attempted to gain entry to another state without a visa and were refused entry, women who resorted to illegal and potentially unsafe methods to end the pregnancy, and women who were forced to parent against their will. Despite significant abortion law reform in 2018, this will still be the case for asylum-seeking women who fall outside the new legislative framework. Even for asylum-seeking women who are legally eligible for abortion services, the IFPA remains concerned that care pathways are not clear, may be unduly burdensome and involve infringement of women’s dignity and privacy.

Abortion services became available free of charge in Ireland in January 2019. Women can access early medical abortion (abortion using medication) from a general practitioner or specialist reproductive healthcare provider such as the IFPA up to 9 weeks and 6 days of pregnancy. This model of care involves home self-management of medical abortion. The IFPA is concerned that the living conditions in direct provision centres are not appropriate to enable a woman to go through a medical abortion in a manner that respects her dignity and privacy. Many women are sharing one room with their partner and children; others share a bedroom with strangers. Many have access only to shared bathroom facilities. This is not an appropriate or acceptable environment for a woman to experience cramping and bleeding over several hours. While the direct provision system remains in place, women in these situations must have access to a care facility where they can go through a medical abortion with dignity. At all times, the woman’s choice as to whether she remains in her accommodation or is admitted to a care facility should be respected.

Women seeking access to abortion between 10 and 12 weeks of pregnancy and women who make the decision to end a pregnancy due to a fatal foetal anomaly or because of a risk of serious harm to her health or a risk to her life can only be treated in a hospital setting. Only 10 of Ireland’s 19 maternity units are currently providing the full range of legal abortion services. The remote location of many direct provision centres may make travel to these hospitals challenging for women. For women seeking abortion between 10 and 12 weeks of pregnancy, the pathway can be particularly cumbersome and involve significant travel between different service providers (e.g. initial consultation with community provider, referral to ultrasound scanning provider, second consultation with hospital-based provider). Women must also endure a mandatory waiting period of three days, regardless of how close they are to the 12-week gestational limit for legal abortion services. Asylum-seeking women are among a cohort of vulnerable people who will face the most challenges in navigating the abortion service due to issues such as geographical isolation, language barriers and lack of familiarity with the Irish health system.
There is no care pathway for women who wish to end a pregnancy that exceeds 12 weeks but does not pose a risk to her life or of serious harm to her health and does not involve a diagnosis of fatal foetal anomaly. Doctors can refer their patients to abortion care providers in other jurisdictions, however referral in this context may be outside the scope of practice and experience of community providers. Furthermore, all treatment and travel costs for abortion services abroad must be covered by the patient themselves. The uncertain legal status of asylum-seeking women, coupled with the restrictions on their right to work and the low level of the weekly allowance for people in direct provision mean a woman’s ability to travel abroad for abortion care if she is not eligible under the law is severely restricted – these barriers may be insurmountable for some women who will be forced to either seek abortion illegally in Ireland or parent against their will.

**Contraceptive care**

We know from our services that some women and couples who wish to limit their family size, often in the interests of the wellbeing of their children, have been unable to do so. Having access to contraceptive methods at a location and time that meets the needs of women is vital to minimising the risks and consequences of unplanned pregnancies. However, in 2012 research by the Crisis Pregnancy Programme (CPP) highlighted that some migrant women still experience problems accessing contraception. This is due to cost, lack of information, problems with changing GPs or a refusal to prescribe contraception. The women consulted by the CPP felt that the Irish health care system does not fully meet their needs, either because they do not know about the services available or how to access them.7

In response to concerns raised with us by asylum-seeking women about the lack of access to and information about contraception, the IFPA has sourced free condoms and sachets of lubricant from the HSE National Condom Distribution Service for distribution during sexual and reproductive health outreach. However, this is only a stopgap measure and those living in direct provision require access to a choice of contraceptive methods. Several women have asked if the IFPA can provide female condoms free of charge. These are not currently available through the HSE distribution service.

Furthermore, it is crucial that women living in direct provision have a choice of healthcare provider, including access to a female healthcare provider. For some women, receiving sexual and reproductive healthcare from a male will be culturally inappropriate and may deter women from seeking care. Women may be reluctant to express problems, ask questions or consent to physical examinations such as insertion of an intrauterine device (IUD) with a male healthcare provider.

**FGM treatment**

The IFPA provides a free FGM Treatment Service in its Dublin city centre clinic, delivering medical and psychological care to women who have experienced FGM. We are concerned that women in the direct provision system who have been subjected to FGM are unaware that a free treatment service is available in Ireland, including referral to secondary care for deinfibulation when required. Risk of FGM must be incorporated into the general medical
history intake process and clinical staff should receive training in order to be able to recognise FGM and provide appropriate care or referral.

For asylum-seeking women who attend the IFPA for counselling services, poor conditions in direct provision accommodation centres are a consistent theme. These difficulties include the lack of privacy associated with living alongside strangers in cramped conditions, noise pollution, poor diet and nutrition, lack of control over their own lives, marginalisation from broader society, social isolation, and uncertainties relating to the asylum-seeking process, the latter being a particular stressor. There are childcare issues for women in direct provision who wish to access counselling support, particularly if they are travelling from outside Dublin. IFPA clients on several occasions have had to bring small children with them to appointments because they had no other option. Some clients who have travelled from direct provision centres outside Dublin to attend the FGM Treatment Service have encountered difficulties with local social protection offices when seeking an Exceptional Needs Payment to cover transport costs. This has been particularly challenging for clients attending repeat appointments. We know of women who have been forced to cancel appointments on several occasions due to their inability to pay for public transport. In the absence of decentralised FGM treatment services, there must be protocols in place to ensure that any woman who wishes to access the Dublin clinic is supported in doing so.

Additionally, a number of serious issues have been brought to the attention of IFPA staff either through counselling sessions or outreach work. These included heating not being turned on in communal areas unless non-residents were in the centre and the withdrawal of certain food items from the menu with the explanation from management that they were “too expensive”.

**Recommendations**

The IFPA is of the view that the provision of sexual and reproductive health care to people in direct provision falls short of the right to health requirements of accessibility and acceptability of health information and services. We believe that it is not possible to realise the reproductive rights of asylum seekers in this environment. Furthermore, the IFPA is cognisant of the testimonies of asylum seekers and the evidence provided by non-governmental organisations which make it clear that direct provision marginalises and isolates a vulnerable cohort, depriving them of privacy, dignity and the ability to make basic choices and decisions about their lives. The IFPA therefore supports calls for the abolition of the direct provision system.

In the interim, the IFPA reiterates below many of its 2015 recommendations to the Working Group on the Protection Process, which have not been implemented. We also make additional recommendations in the context of the new legal framework with respect to abortion services.

- Accessible sexual and reproductive health information should be developed and disseminated to people seeking asylum in a number of languages and formats.
- Clear care pathways and protocols must be established for asylum-seeking women who wish to access termination of pregnancy services to ensure they are not denied
access to care due to geographical, linguistic or other barriers. This includes women seeking access to abortion up to 12 weeks of pregnancy, in situations of fatal foetal anomaly and where there is a risk to the pregnant woman’s life or of serious harm to her health.

• Clear care pathways and protocols must be established for asylum-seeking women who are ineligible for abortion services under the Health (Regulation of Termination of Pregnancy) Act 2018 and must travel abroad to access care.

• Ensure choice of healthcare providers for asylum seekers, including access to a female healthcare provider. Healthcare providers who are assigned to direct provision centres should receive training on interpersonal and intercultural communication, including working with interpreters.

• Protocols in relation to dispersal to accommodation centres around the country should include procedures for referral, with a person’s consent, to a new healthcare provider. Such referral must respect a person’s right to a choice of healthcare provider and their rights to confidentiality and privacy. The onward referral and transfer of medical records should be done with the consent of the person.

• A confidentiality protocol should be in place in direct provision centres to prevent the disclosure of any personal information of asylum seekers, unless patient consent is provided. To prevent inappropriate disclosure, consent to any transfer of patient information should be obtained.

• Asylum seekers should be provided with information explicitly assuring them that all services provided are confidential; that accessing health services will not impact on their asylum application and that their health status is not relevant to their asylum claim.

• Work practices within reception centres should ensure people’s privacy is respected, particularly with regard to correspondence. A privacy protocol should be in place in all direct provision centres and all working staff should receive training in its implementation.

References


2 See here for more information on the FGM Treatment Service: https://www.ifpa.ie/get-care/free-fgm-treatment-service/

3 World Health Organization/UNFPA (2009) Mental health aspects of women’s reproductive health: A global review of the literature. Available at: https://apps.who.int/iris/handle/10665/43846

4 Ibid


6 Ibid

7 Ibid


The need for gender-specific accommodation for sexually exploited, trafficked women

Submission to the Oireachtas Joint Committee on Justice and Equality

Immigrant Council of Ireland
5-31-2019
The need for gender-specific accommodation for sexually exploited, trafficked women

1. Introduction

The Immigrant Council of Ireland (ICI) is an Independent Law Centre and NGO that works to protect, support and advocate for the rights of migrants and their families. The law centre provides legal information, advice and representation through an information service and two full-time solicitors. The ICI teams lead projects and policy work to advocate in a variety of local, national and international arenas to ensure the voices of migrants are represented. The ICI is also a leading national Anti-Trafficking organisation with expertise in policy and advocating for legislative change. The ICI law centre specialises in holistic legal aid to trafficked migrant women recovering from sexual exploitation.

The ICI experience of direct provision primarily comes from the experience of trafficked women who are living in that system. The majority of victims of trafficking whom the ICI represents are housed in direct provision centres. The lived reality our clients face due to the serious deficiencies in direct provision system to address their needs, informs ICI policy work to advocate for ending the use of this inappropriate system to house trafficked women recovering from sexual exploitation and abuse.

2. The problem

The provision of safe and appropriate housing is an internationally accepted priority need for trafficked victims, which is central to their recovery as independent individuals on the one hand and to fulfilling their potential role as witnesses on the other. Taking into account the gendered character of trafficking, the EU Anti-Trafficking Directive\(^1\) requires that the assistance to victims of trafficking be gender-sensitive, where appropriate. Directive 2012/29/EU of the European Parliament and of the Council establishing minimum standards on the rights, supports and protection of victims of crime\(^2\), which Ireland opted into, highlights the need for services as a ‘minimum’ to develop and provide:

- (a) Shelters and any other appropriate interim accommodation for victims in need of a safe place due to an imminent risk of secondary and repeat victimisation, of intimidation and of retaliation;

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(b) Targeted and integrated support for victims with specific needs, such as victims of sexual violence, victims of gender-based violence and victims of violence in close relationships, including trauma support and counselling.3

It is also relevant to note regarding cases involving international protection claims that the recast Reception Conditions Directive4 identifies a range of vulnerable categories of applicants, which are relevant to the housing issue of trafficked, sexually exploited women. Among these vulnerable categories are pregnant women, single parents with minor children and victims of trafficking (Article 21, Directive 2013/33/EU).

Presently in Ireland the Reception and Integration Agency (RIA) is tasked with provision of accommodation and material assistance to all victims of human trafficking, which comes in addition to RIA’s main function to house people seeking asylum in general. In this context, our priority concern lies with women (in some cases underage girls in age determination processes) trafficked for sexual exploitation that are referred to Direct Provision through the national referral mechanism for the support of victims.

For such women, appropriate gender sensitive accommodation facilities represent an assistance element of central importance. Integrated supports, such as medical, material, legal and other integration assistance are a function of and dependant on the existence of such specific accommodation approaches as a dedicated shelter or, preferably, individual housing provision to accommodate women during their essential recovery time. It is the position of the Immigrant Council that Direct Provision centres do not represent appropriate housing for victims of trafficking. At the same time, shelters and other services for domestic and sexual violence are not resourced and formally involved in responding to migrant women victims of trafficking as an issue of gender-based violence. This position is unsatisfactory and hinders the recovery of trafficked women, and in our experience often adds additional trauma.

3. Past attempts to address the problem

Despite the many improved practices on general residential matters in the aftermath of the McMahon report (Working Group to Report to Government Working Group on the Protection Process on Improvements to the Protection Process, including Direct Provision and Supports to Asylum Seekers in 2015)5, the situation of victims of trafficking has not

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3 Directive 2012/29/EU Article 9
changed in any significant way. For example, the sharing of rooms, limited or non-existent food preparation facilities and sexual harassment in mixed gender accommodation reported by trafficked women persists. Meanwhile, the single female gender hostel was set up in a location removed from any specialised complementary services for trafficked women in order to become a suitable alternative housing for such women.

The publication of the Second National Action Plan to Prevent and Combat Human Trafficking in Ireland was most welcome. However, it does not contain any explicit commitments to the issue of accommodation of victims of trafficking, which in turn doesn’t provide a format for resolution of this long outstanding situation. On a positive side, the plan is an open document and such a review or change would become an important feature of its implementation and more importantly would bring huge benefits to the vulnerable women in the focus of this plan.

Over the years, the Immigrant Council of Ireland separately and in collaboration with specialist non-governmental organisations (Ruhama, Nasc, Doras Luimni, Sexual Violence Centre Cork, Sonas Housing, Focus Ireland) has made submissions and issued strong calls to the Government for the need to change its approach to housing for trafficked women who are recovering from sexual abuse and exploitation. The problems with the use of Direct Provision has been analysed with the help of survivors and presented in detail to the authorities.

Failing to secure any changes, in 2018 the Immigrant Council of Ireland developed interim proposals for minimal adaptation of the Direct Provision centres and met with the head of RIA to present it. These measures have yet to be adopted.

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6 RIA contracted accommodation centre Johnston Marina, Tralee for female residents only
4. International critique of the present housing arrangements for trafficked victims

Ireland has been criticised for the way it houses victims by international monitoring bodies evaluating the States Anti-Trafficking measures. Recently the US Department of State Trafficking in Persons 2018 report downgraded the national response to trafficking from Tier 1 to Tier 2 (essentially meaning that Ireland is not meeting the agreed minimum standards), to a large extent due to the chronic problems with responding to victims.

The Government of Ireland does not fully meet the minimum standards for the elimination of trafficking; ... The government has not obtained a trafficking conviction since the law was amended in 2013; it initiated only three prosecutions in 2017, and had chronic deficiencies in victim identification and referral. (TIP 2018, p235)

Similarly, the first and second round of evaluation of the Council of Europe monitoring mechanism (GRETA) contained explicit criticism of the lack of gender-specific assistance to victims of trafficking.

Assistance to victims: 16. GRETA urges the Irish authorities to review the policy of accommodating suspected victims of trafficking in accommodation centres for asylum seekers and to consider setting up specialised shelters for victims of THB, with the involvement of NGOs as support providers. (GRETA 2013, p.5)

Recommends that the Irish authorities take measures to address the following issues for immediate action identified in GRETA’s report:

- review as a matter of priority the policy of accommodating presumed victims of trafficking in accommodation centres for asylum seekers, with a view to ensuring that the accommodation is gender-sensitive, appropriate and safe, and that victims are provided with specialised services. As a first step, the authorities should set up as a pilot a specialised shelter, with dedicated, trained personnel. In addition to better support and protection of the victims, this would also be in the interest of the investigation; (GRETA 2017, p.2-3)

Following a visit to the Balseskin Direct Provision centre in Dublin, where the majority of the victims are accommodated, GRETA delegates documented their concern that:

- the centre not being a specialised facility for victims of trafficking, is not an appropriate environment for such victims on a number of accounts: mixing of men and women, which can expose vulnerable women to further grooming and exploitation; lack of privacy, victims sharing bedrooms with up to three other persons; difficulty to apply a personalised approach as staff

may not be aware of who the victims of trafficking are; and possibility for traffickers to access victims’. (GRETA 2013, p.45).

5. National level policy approach.

There is a need for adjusting the national strategy on domestic, sexual and gender based violence (GBV) with a view to including all forms of GBV, in particular these relevant to migrant women, such as human trafficking. For instance, the response to human trafficking as a recognised form of GBV and violence against women (VAW) has been developed in complete isolation from the national strategy on GBV. This has led to a series of policy decisions which do not recognise or address the needs of trafficked women recovering from sexual violence and sexual exploitation, which is the most prevalent form of human trafficking.

We are noting that similar to the Istanbul Convention, Directive 2012/29/EU establishing minimum standards on the rights, support and protection of victims of crime, clearly places trafficking in human beings among the forms of gender-based violence. Two recently launched guidance tools also merge trafficking with the general policy arena of GBV. These are the European Institute for Gender Equality (EIGE) report ‘Gender-specific measures in anti-trafficking actions’ (2018)\(^{12}\) and the Council of Europe ‘Mapping support services for victims of violence against women in line with the Istanbul Convention standards, methodology and tools’ by Prof Liz Kelly (2018)\(^{13}\).

The 2018 report of the EIGE *Gender-specific Measures in Anti-trafficking Actions*, recommends as a first indicator the inclusion of trafficking in human beings in the national strategic documents for combatting violence against women.

Policy framework: National action plan or strategy on combating violence against women includes trafficking in human beings (EIGE 2018, p.65)

National Action Plans contain indicators, benchmarks, timeframes which can be monitored and evaluated from a gender perspective. Any strategies (National Action Plans) on human trafficking or violence against women, mutually refer, complement and reinforce each other in explicit terms. (Yonkova et al. 2018, p. 81 for EIGE)

Similarly, in 2018, an Istanbul Convention tool for measuring compliance, developed by Prof Liz Kelly of London Metropolitan University, includes trafficking in the mapping of the relevant services for affected women:

Trafficking of human beings is also included, even though it is covered by a different convention, since it has overlaps with a number of the forms of violence addressed in the Istanbul Convention (Prof Liz Kelly for Council of Europe, 2018)

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\(^{12}\) Available at: https://eige.europa.eu/publications/gender-specific-measures-anti-trafficking-actions-report

\(^{13}\) Available at: https://rm.coe.int/final-vaw-support-2019-eng-forms/f68043b8b9
6. Recommendations

On the basis of our experience and the knowledge gathered from direct services to trafficked, sexually exploited women, the Immigrant Council of Ireland calls for urgent changes to the way accommodation is arranged for such victims of trafficking. While we ultimately call for alternative housing that does not involve Direct Provision centres at all, we are aware that the transition may take time. For this purpose, and in addition to our long term recommendations outlined in section 6.2 below, we have developed urgent interim arrangements adapting the RIA operated centres for the needs of trafficked sexually abused women, as much as possible.

6.1. Interim proposals as a matter of urgency

There is room for improved provision of services to victims of trafficking within the RIA operated system, which are worth exploring in the context of the existing general housing shortage in Ireland. While the proposed changes below are cost-neutral, they will go some way towards responding to the specific needs of trafficked women as well as to the States’ international commitments, which are presently in question. This involves several steps linked to change of practices and operational decisions.

1. Designating **private (non-shared) rooms** to trafficked women who have been **sexually abused** and recovering from significant trauma, associated with depression, anxiety, insomnia and post-traumatic stress disorder. Allowing victims to feel safe and to have undisturbed sleep at night is an essential part of the recovery process. The spare capacity of the centres, which is purposefully maintained could be utilised to achieve this essential comfort for recovering.

2. Provision of **self-catering arrangements**, where women can cook their food as an essential pre-condition to regaining control and independence through budgeting and exercise of choice. In light of the difficulties in transitioning to private renting, such arrangements are immensely important. There are already certain resources presently operated by RIA which could be utilised.

3. **Increased awareness among managers** of centres about their salient role in the delivery of this most vital service to victims of serious crime recovering in the premises they run. This role stretches far beyond the provision of merely a roof over the head of people. In many cases, this is the first relatively safe space victims of trafficking experience after being held and abused severely in brothels. By taking over this important role, the managers and the establishments they run have taken up a commitment to the recovery of the human rights of victims of crime and thus have become an integral part of the individual personal recovery of each victim.

4. **Training key personnel in understanding human trafficking, the obligations of the State and the specific needs of victims, with a focus on those that recover from extensive long-term trauma.** There is a certain argument in favour of not informing the centre staff in order to preserve the confidentiality of the victim;
however this is outweighed by serious considerations. It is questionable whether such confidentiality could be preserved given the extended stay of victims in the hostels. Most importantly, the service cannot be adequate, sensitive and tailored if key staff are not informed, trained and bound by commitment and confidentiality in their dealings with this exceptional category of residents.

5. **Explicit commitment to gender-sensitivity** in view of the character of serious exploitation the majority of victims suffer, including sexual abuse, rape and sexualisation as a strategy for survival. Sensitivity to men, common areas, heightened sensitivity to personal and sexual remarks represent well-established issues among victims of sex trafficking that need to be taken into account and subject to staff training.

6.2. **Long terms solutions**
First and foremost, the Immigrant Council of Ireland calls for a gender-specific accommodation services to trafficked women recovering from sexual exploitation that recognises and treats these individuals as victims of the crime of human trafficking and victims of violence against women, as the European Union directives as well as the Istanbul Convention require.

- **Nominating the women’s refuges for women experiencing domestic violence as emergency accommodation for rescued trafficked women and providing additional resources to these refuges for this purpose.**

This type of accommodation is very secure with personnel who have a significant competence in dealing with women who have experienced trauma and abuse. It could be reasonable to use such a refuge as short-term emergency accommodation for victims who have been saved during a brothel raid for example. This model of housing of trafficked women is preferred in a number of EU Member States.

- **Creating a shelter that specialises in trafficked sexually exploited women.**

This shelter-type facility would offer services to women who require longer term recovery services beyond emergency accommodation, which is not available in emergency shelters. The designated State agencies and the specialist non-governmental organisations, part of the National Referral Mechanism for victims of trafficking, have to be essentially involved in the provision of holistic support that addresses legal and integration matters, in addition to trauma recovery and medical support.

There are, however, issues of security which need to be considered in the opening of such a shelter – namely that it may become widely known over time that such a premises exists and its location, thus making it possible that victims of trafficking could be retargeted by traffickers or criminal gangs. These security issues must be addressed as a matter of priority before the opening of such a shelter is considered, learning from international experience.
 Privately rented properties with geographical spread in areas around the country with available specialist support, e.g. Dublin, Cork, Limerick.

This involves a flexible number of units (apartments or houses) and a corresponding budget granted to (preferably gender-specific) housing providers, rented at dispersed locations around Dublin and other bigger Irish cities with outreach support by specialised service providers, which could be made available in cases, where the capacity of the special shelter is exhausted, the woman is not able to sufficiently recover and live independently, or where there are considerations regarding contamination of evidence and for this reason individual women participating in criminal investigations need to be separately accommodated. While these properties may not have all of the benefits of security offered by gender based violence shelters, and the selection of their location requires care and confidentiality, it is the position of the Immigrant Council that such an approach represents the most appropriate and desirable long term solution to the specific housing needs of victims of human trafficking. This could be provided in collaboration with Approved Housing Bodies, and/or utilising vacant properties donated by religious orders, with trauma recovery, health, legal and other supports built in to a detailed and resources care plan for each individual.

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SUBMISSION TO OIREACHTAS JOINT COMMITTEE ON JUSTICE & EQUALITY

DIRECT PROVISION & THE INTERNATIONAL PROTECTION PROCESS

31st May 2019
Introduction

Ireland Says Welcome (ISW) is a membership group of Comhlámh, the association of returned development workers. The group represents people in favour of just, inclusive approaches to migration in Ireland. Our members have worked with refugees, asylum-seekers and migrants in Ireland and around the world. We meet monthly and organise outreach, awareness raising and social events to improve integration with the migrant community; we use ISW to connect our related activism on housing rights, global trade justice and other issues. We take our lead from those most affected by migration, migrants, asylum-seekers and refugees themselves, and attempt to be allies. We admire the courage of our colleagues in MASI and other migrant organisations to document and share their testimonies of life in Direct Provision.

Since the late 1990s, Comhlámh has included a group dedicated to migrant welcome and support. The first report that we are aware of looking into the harms of direct provision was published by the Comhlámh refugee solidarity group in 2001: Refugee Lives: The failure of direct provision as a social response to the needs of asylum seekers in Ireland. We are sorry, nearly 20 years later, to be highlighting the same inadequacies, the same injustices and the same abuses of rights that the Comhlámh group identified back in 2001. In solidarity with our friends and comrades living in direct provision, we are calling for an entirely new approach.

The purpose of this submission

The purpose of this submission is to express our conviction that DP is not an adequate system and should be ended - and to make recommendations for improvements which would be led by the rights of the asylum-seeker rather than the economics of the state.

Direct Provision is not an effective system for reception and integration of people seeking international protection. Countless national and international agencies and reports have said as much. Some incremental improvements have been made, particularly in the wake of the McMahon report, but we contend that the issues are not in the minutiae of specific accommodation centres and conditions, but built into the system as a whole. We are concerned that Ireland has failed to learn the lessons of institutionalising marginalised people, and that we are repeating the mistakes of institutional Ireland, from magdalene laundries to industrial schools among many others.

We propose a new approach to reception and integration based on the rights of people seeking asylum and not on the economic exigencies of the state. We support the use of emergency accommodation in the short term on initial application for international protection; dramatic improvements in the speed and accuracy of processing international protection claims; support to asylum-seekers who require it to address their specific vulnerabilities; and removal of the multiple unnecessary barriers to integration which the current system imposes. We make specific recommendations related to the resourcing and administration of alternative housing options which flow out of the specific expertise of one of our members. We insist that all of these issues need to be addressed within a holistic and person-centred system, and removed from the remit of private for-profit agencies.
Summary of recommendations in this submission

Our overarching recommendation is that the system of direct provision should be ended, and the issue of reception and integration of refugees and asylum seekers should be approached from a human rights based perspective.

Reception

- Continue to provide emergency accommodation on arrival to asylum seekers, but cap this provision at a maximum number of weeks, regardless of the progress of the international protection application. End the system of direct provision as it is currently constituted.
- Ensure that a vulnerability assessment is conducted on arrival to assess the specific needs of individuals seeking international protection, and provide corresponding care including trauma-informed counselling, health services and so on.

Welfare

- Ensure that all asylum-seekers have a vulnerability assessment on commencement of the international protection system, to identify needs related to experiences of torture, persecution and trauma. The model provided by Spirasi, which provides trauma-informed, holistic wraparound services for people affected by torture, is a good example of what is needed.
- Aim for comprehensive supports at key regional centres so that asylum-seekers do not have to travel to Dublin. Relevant supports include trauma-informed counselling; physical and mental health; legal and citizens information, career guidance as well as comprehensive language teaching.
- Provide asylum-seekers with access to social welfare. In as much as possible, the default should be full integration into society with the full right to work and access to social welfare including child benefit and housing assistance. Extend full job seekers benefit to the under 25s to allow them pay rent top ups and move on from DP.

Processing International Protection claims

- The Reception and Integration Agency should re-frame its focus way from 'contract management' and fulfill its obligation to provide meaningful integration between asylum seekers and host communities.
- Fully implement the EU Asylum Procedures Directive to ensure that all applicants for international protection are treated with due respect and consideration for their experiences: this guarantees the right to an interviewer of the same sex; to be interviewed without other family members present; and to be interviewed by staff with training or access to gender expertise. Monitor and report on this.
- Apply legal support earlier in the process to help increase rate of positive first decisions and reduce proportion of cases stuck in appeal cycle.
- Provide proactive language support prior and during the interview with the support of competent interpreters in order to ensure accuracy and understanding of the implications of the questioning.
- Review the application form and support information supplied to see if they could be shortened or if required information could be obtained more efficiently using more accessible language or other aids to facilitate understanding e.g. graphics/diagrams.
- Provide clearer information on case progression such as an online tracking system with expected dates for next stages in the application case so that applicants can plan and use waiting time more constructively.
- Set up official or legal constructs where private service providers are required to be more publicly visible and accountable to help realign interests to the core values of the Direct Provision system, i.e. providing for vulnerable asylum seekers as opposed to protecting companies earning significant revenue streams. Companies need to be incentivised to align with aspirations of process improvement, currently a long drawn out claim process has the commercial benefit of long term occupancy and full capacity.

**Housing**

- End the current system of direct provision institutional camp-style accommodation centres.
- In recognition that this places additional pressure on an already overloaded housing market which has experienced decades of under-investment, urgently build government funded social and affordable housing.
- Allow those in DP access Homeless HAP higher payment to allow them move on to private rented.
- Extend the audience who can chose to avail Red Cross Migration programme to include all those in DP. Resource the Red Cross and other agencies to provide similar services.
- Fully resource community sponsorship initiatives with key workers, support to oversight organisations and technologists, and monitor closely for challenges. We note that senior technologists from the volunteer technologists have current services pledges in the Register of Pledges and are ready to engage.
- Fund CS Regional Support Organisations to ensure they can perform their oversight duties and act as a point of escalation for community groups.

1. **Welfare and Conditions**

The many issues with welfare and conditions in direct provision accommodation centres have been comprehensively documented by government agencies (most recently in the 2018 report of the ombudsman Delivering Outcomes published last week); UN agencies (e.g. CEDAW); NGOs (e.g. IRC; Akidwa; Safe Ireland; Doras Luimní) and civil society groups such as ourselves. In particular, the issues were outlined comprehensively in the McMahon report in 2015, resulting in some partial changes in some accommodation centres. Since then, the most comprehensive adjustments have been the increase in the weekly allowance granted to both adults and children in Direct Provision, and limited provision of cooking facilities in some centres. However, the McMahon report failed to recognise the inherent limitations of long term institutional living: controls over living conditions, eating arrangements, near total supervision of the parental role, isolation and mental health ailments which, according to MASI, seem to be worsening rather than improving at present. These conditions are inappropriate for long periods of time, and it is well known that some people remain in the system for as long as twelve years.
Our concerns about welfare and conditions - all comprehensively documented - include the following:

Many if not most residents are recovering from trauma or suffering from PTSD. Many residents are children. While all residents bring skills and capabilities, many have greater vulnerabilities than is common in mainstream society. Living for lengthy periods of time in essentially emergency accommodation is not appropriate. The impact on the mental health of residents is clear and well-documented, and numerous suicides and attempted suicides have occurred in the centres over 20 years, most recently in Monasterevin in March of this year.

The conditions of accommodation centres, while acceptable for a short term reception system, are not appropriate to long term living. We include in this the continued lack of control over food that most residents experience; small bedrooms, often shared with adult strangers; multipurpose use of bedrooms for living, eating and studying as well as sleeping; and inappropriate communal areas.

We are very concerned about the effect of these institutional settings on power relations, with residents having little or no power, and service staff having, and at times abusing, power. This is apparent in unnecessary demands for adult residents to sign in and out of centres, justify departures of longer than three nights, present identification in order to collect their post, as well as more petty abuses perpetrated by individual staff members.

We are particularly concerned about the impact of institutional living on families and especially on children, whose experiences of their parents growing up are of individuals without autonomy, without jobs, without the freedom to cook and invite guests, set apart from mainstream society. We note that the McMahon report highlighted the increased risk of children experiencing domestic violence, given the congested setting that they live in, as did the Eleventh Report of the Special Rapporteur on Child Protection to the Oireachtas (2018).

We note in particular the inappropriacy of the system for women, who are often made vulnerable to sexual violence. We note that although there is a guidance note for safeguarding, it does not include prevention of violence but only responses. Protection for the dignity and privacy of people at times of vulnerability is not present: this is also true of LGBT residents, and children.

While improvements could be made to the accommodation centres - and in some cases they have been made - the issues with institutional living will remain. These are, primarily, a power imbalance between residents and staff which allows for abuses and is dehumanising; and the exclusion of people who are forcibly inhibited from integrating into Irish society.

The location of many accommodation centres far from cities results in residents needing to take long and costly journeys to access work, education, healthcare and social lives and can result in severe isolation. Although the government has introduced the right to work for asylum seekers, very few people have been able to take this up because it is so limited. You can only apply for a permit for six months at a time which restricts the types of jobs you can go for an is often a deterrent for would-be employers. Job applications are refused due to documentation issues - you can’t retain a passport or driver’s licence when you are in the system so it’s very difficult to set up a bank account. Asylum-seekers are often affected by racism and prejudice related to the DP system itself (eg Michael, Afrophobia in Ireland). Work permits should be issued on a more comprehensive basis, for indefinite duration, and individuals should be able to move to live close to work opportunities, and to gain driving licenses.
While interpreters are provided at Balseskin Reception Centre for people who need to access medical services, this is not always the case for asylum seekers staying in direct provision accommodation centres around the country when they visit local GPs. All too often, people are dependent on other family members or other people staying at the accommodation centre to interpret for them. This means that there is no patient confidentiality and may mean that some people are reluctant to access medical services. Asylum seekers who have limited English have to rely on informal strategies to ‘get by’, relying on informal interpreters, including children; Google Translate; and body language. This leads to inaccurate diagnoses and problems with treatment which, in turn, makes it difficult for them to trust the quality of the care provided. This is particularly problematic in primary care.

We note finally that many residents of direct provision are highly educated and skilled; many are strongly motivated to participate in Irish society; and many choose to volunteer their time rather than feel idle. These characteristics should not be requirements of people who come to Ireland seeking protection; but they certainly should be facilitated where they exist.

Welfare & Conditions: Recommendations

Reception

- Continue to provide emergency accommodation on arrival to asylum-seekers, but cap this provision at a maximum number of weeks, regardless of the progress of the international protection application. End the system of direct provision as it is currently constituted.
- Ensure that a vulnerability assessment is conducted on arrival to assess the specific needs of individuals seeking international protection, and provide corresponding care including trauma-informed counselling, health services and so on.
- Provide asylum-seekers with access to social welfare. In as much as possible, the default should be full integration into society with the full right to work and access to social welfare including child benefit and housing assistance. Those with additional support needs should be identified through a vulnerability assessment on arrival.
- Aim for comprehensive supports at key regional centres so that asylum-seekers do not have to travel to Dublin. Relevant supports include trauma-informed counselling; physical and mental health; legal and citizens information, career guidance as well as comprehensive language teaching.
2. Efficiency of the current system of processing International Protection claims

2.1 Legal Support – Earlier and More Frequently in the Process

A recurring theme speaking with asylum seekers and support groups on the ground including MASI and the IRC is that any legal support tends to be allocated later in the process, e.g. on appeal. Our understanding is that the typical practice is to provide one single legal support visit per case, which tends to be scheduled prior to the first interview (i.e. later in the process after forms have been filled and the application has been initiated). Given the complex legal landscape that they are faced the current levels of support seem meagre and inadequate; asylum seekers should be given the dignity of more access and more timely support. If a concerted effort was made to provide legal support at the reception stage a large proportion of cases that currently get stuck in the appeal cycle could potentially reach an earlier positive decision. This may also result in a better use of IPO resources and reduced waiting times for applicants.

Ireland has one of the lowest positive first instance decision rates in Europe as per publically available statistics (e.g. Eurostat). In other words, most people who are stuck in the system for longer periods are waiting for a follow up interview on appeal. It would be more efficient if these first instance decisions were positive to begin with rather than being overturned on appeal. Anecdotally, a lot of the time an application is rejected due to administrative inconsistencies in the application form, e.g. timelines/dates supplied, insufficient information etc. An applicant may not have access to all the details required at the time of filling out the form, or may not be prepared due to lack of awareness on the process. They may have difficulty interpreting the official language and the requirements. It is well-established that narratives of trauma are frequently inconsistent and fragmented (Eastmond 2007), so that failing to adhere to the principles of internal coherence and accuracy does not in any way indicate falsehood. This does not appear to be well understood in asylum hearings in Ireland.

If the support was given earlier in the process and the international protection tribunal did not adopt an automatically sceptical approach to applicants, appeal may be avoided in the first place and an asylum seeker’s journey through the process may be quickened.

2.2 Language Support - Earlier and More Frequently in the Process

Asylum seekers face enormous challenges in understanding complex legal procedures, their rights and obligations very often without adequate language support. Typically asylum seekers are given a single booklet explaining their legal obligations, which is often only provided in a limited number of languages.

Asylum seekers are expected to fill out the exhaustive 62-page application form/questionnaire, which will define their application claim within the first months of their process. The level of language support provided to ensure full comprehension what is being asked of them, and to allow for accurate expression of their claim in advance of this critical stage is significantly lacking. Inaccuracies at this stage adds increased complexity at interview stage.

Similarly when asylum seekers attend for interview at the International Protection Office, their oral account is extremely important. Interviewers tend to focus on inconsistencies in asylum seekers’ accounts of why they have fled their home country. Proactive language support prior to interview, and during the interview with the support of competent interpreters needs be provided in order to
ensure accuracy and understanding of the implications of the questioning and will undoubtedly expedite the process.

2.3 Application Form Review

Regular complaints are made about the length and detail of the application form. Granted a significant amount of detail is required to assess a case to the required degree. Could the language perhaps be made more accessible to help elicit the correct information required at the form-filling stage, rather than misinformation being captured due to misinterpretation? As per the previous point, the majority of asylum seekers won't have English as a first language, and any overly official language or jargon is likely to add a further layer of confusion. Whilst translated versions have been made available the coverage isn't exhaustive as yet and some questions have arisen on the accuracy of some translations. The IPO may need to consider introducing standards for translation and interpretation, or thorough pre-testing at least. Also translating an already complicated document may not be getting to the root of the issue - if the base document could be streamlined and made more user friendly that could also have the effect of facilitating subsequent translation.

2.4 Review process

There may be false economies in some rule-based early assessment of cases, e.g. country of origin. For example, a case may be rejected based on the applicant being from a certain country, automatically putting it down the appeal channel and adding an extended period onto processing time. The EU Asylum Procedures Directive provides clear guidance on ensuring that applicants are treated with due respect and consideration for their experiences: its implementation should be ensured and monitored. It may be worth reviewing the perceived efficiencies of some rule-based early assessment, potentially some early review of case specifics might actually cut out overall processing time.

2.5 Case timelines - lack of information

From discussing cases directly with asylum seekers, a common complaint is that applicants have no idea on the progress of their case and no idea when they will be called to interview. The wait times vary greatly and sometimes applicants can be in the dark relating to their progress for many months or even years. In terms of psychologically dealing with the process and the wait, some clearer information on case progression would be useful. Also it would allow an applicant to plan on how to best use their time during the wait, e.g. if they know they are due to be waiting for an extended period it may allow them to apply for a work permit and use their time more constructively to engage in activities that support their general integration. An online case progression tracking system with target dates or some other form of transparency would be useful here.

As an indication, in independent review the UNHCR noted that provisional statistics from the Irish authorities indicated that there were approximately 5,200 people awaiting a decision from the IPO at the end of 2017. This was up more than 1,000 over the course of the previous 12 months in spite of the introduction of a new single procedure in December 2016 intended to reduce processing times to six months. The IPO describe time ranges for first interview, e.g. 8-10 months, but there is no guarantee or commitment on how long the full application process will take, as we have seen the appeal cycle can run on for years. According to UNHCR European Union law requires states to ensure that decisions are made on applications as soon as possible,
and in normal circumstances within six months. Many countries have laid down such time limits in national law with a majority of countries setting the limit at six months.

2.6 Private Service Providers – misaligned interests

It has been well documented recently that a conflict of interests can exist where private companies are used to provide services to Direct Provision centres where there are profits to be made. For example the special feature in The Sunday Business Post ‘Cashing in on Direct Provision’ on 19/05/2019 identifies numerous companies earning multi-million revenues from housing asylum seekers. It's hard to refute, that in some instances where commercial strategy is concerned it’s in a company’s interests to keep the system of Direct Provision going rather than working toward an alternative. And is it in a commercial enterprise’s interests to create more efficient flow-through if they stand to make potentially higher and more consistent revenues from centres at full capacity with long term residents?

There is a spectrum here of course with some companies having a good track record, but there are a huge number of cases where there have been abuses in the provision of services and the relationship between providers and residents. This is referenced earlier in the document and evidenced by recent resident protests in a number of centres reported in the media in the first half of 2019 (e.g. Clonakilty, Mosney).

What is also quite startling is how it is possible to operate as a private service provider yet provide little to no accountability to the consumers of your services. Companies are setting up multiple purpose built investment structures to limit losses and to limit the requirement to publish accounts. Companies can enjoy high earnings whilst hiding behind a shell structure and not necessarily have to directly face consequences of sub-standard service or public scrutiny of accounts. It would appear the provision of DP services is becoming a popular, and lucrative, investment strategy - this seems starkly at odds with what the system is set up for, to shelter vulnerable human beings needing asylum.

Take for example the Balaghadereen Direct Provision centre which is operated by a service provider ‘Townbe’. When you try and find information on this company online, the best you will find is company registration information on a generic company registration site. No website, no contact information, no accountability. Taking the query to contacts who have access to associated public records you will find connections to associated companies but again a trail of shell structures. In the context of providing services to asylum seekers, who needs protection?

If service providers were required to be more accountable to the consumers of their services as part of the conditions of their contract it may generate an uplift in the quality of services provided. This seems to be the construct in most other service industries.

The provision of services should be rights based and needs driven rather than profit driven.

Efficiency of the Current System: Recommendations

- Fully implement the EU Asylum Procedures Directive to ensure that all applicants for international protection are treated with due respect and consideration for their experiences: this guarantees the right to an interviewer of the same sex; to be interviewed without other family members present; and to be interviewed by staff with training or access to gender expertise. Monitor and report on this.
- Apply legal support earlier in the process to help increase rate of positive first decisions and reduce proportion of cases stuck in appeal cycle.

- Provide proactive language support prior and during the interview with the support of competent interpreters in order to ensure accuracy and understanding of the implications of the questioning.

- Review the application form and support information supplied to see if they could be shortened or if required information could be obtained more efficiently using more accessible language or other aids to facilitate understanding e.g. graphics/diagrams.

- Provide clearer information on case progression such as an online tracking system with expected dates for next stages in the application case so that applicants can plan and use waiting time more constructively.

- Set up official or legal constructs where private service providers are required to be more publicly visible and accountable to help realign interests to the core values of the Direct Provision system, i.e. providing for vulnerable asylum seekers as opposed to protecting companies earning significant revenue streams. Companies need to be incentivised to align with aspirations of process improvement, currently a long drawn out claim process has the commercial benefit of long term occupancy and full capacity.

3. Alternatives to Direct Provision

3.1 Alternatives to Direct Provision : Context

Any discussion on alternatives to Direct Provision (DP) must be considered in the context of the wider housing crisis. Suffice to say we support the building of social and affordable housing of a good standard i.e. own front door, separate kitchen/living, bedroom(s) and bathroom.

It is true that releasing people from DP will place additional pressure on the wider housing crisis in the immediate term, and so the rights of asylum seekers cannot be considered in isolation from the housing system as a whole. We are of the concerted view that unless a serious effort is made to build social and affordable housing, the problem of housing asylum-seekers and refugees will never be adequately addressed. Ireland can house all of its people, in addition to the minuscule numbers who arrive from overseas seeking international protection.

Accommodation is particularly pressing concern for those 700 refugees who have received refugee status but who remain in DP because they have been unable to secure accommodation. This is a growing segment that are spending years in DP even though they have the legal designation and social welfare supports that should allow them to leave. This is particularly true for the under 25s on reduced Job Seekers payments. The lack of affordable accommodation (particularly that accept HAP) is becoming a major factor in whether people can move on from DP.

A key characteristic of the existing approach to asylum seeker reception is that applicants typically experience a long period of limbo while awaiting a decision, where there are strict rules about engaging in work or integration activities. This is followed by the expectation that, once status is granted, integration moves swiftly. Kreichauf (2018) identifies a ‘campization’ in reception arrangements, where facilities bear similar hallmarks of separating asylum seekers during this limbo period in ‘closed’ facilities, in the margins, or away from receiving societies.
The present approach to asylum seeker reception in Ireland appears to be following the campization approach, drastically limiting opportunities for meaningful integration. Regardless of the duration of an international protection claim and subsequent appeals, nobody should live in camp-style accommodation for longer than a few weeks at most. During a period when Ireland is again experiencing economic prosperity, the chance for Ireland to fulfill its moral and legal obligations under international protection and reception directives is being lost. Ireland is failing people seeking international protection from persecution. The system needs radical change. The change should come from compassion and respect for human dignity and rights.

We are of the opinion that resolution of the issue of housing will require a package of solutions rather than any single one approach. Where feasible, we support giving asylum seekers full rights to work and access social welfare payments so that they can begin to integrate in society. Below, we outline some approaches which may contribute to a more rights-based, people-centred approach to housing asylum seekers.

3.2 Alternatives to Direct Provision: Red Cross Migration Programme

The Red Cross Migration team’s programme goal is to enable migrants and refugees in Ireland to live a life full to their potential. They do this by providing housing and/or wrap-around supports to 173 Service Users through their team of four government-funded Case Managers. This is an entirely optional service which is currently available to a very limited segment of those in the asylum process. We encourage that programs such as this are opened to all migrants and refugees. Case Managers support their clients in moving out of Direct Provision, into donated, or private-rented accommodation. Case Managers conduct a Vulnerability Assessment and provide ongoing support, identifying and removing blocks to progress for example, by making appropriate referrals to support services. The Case Managers workload entails supporting around 35 Service Users each, at various stages in their integration journey. This represents a heavy case load for the needs of the particular group of service users that engage with the Red Cross, including a large portion of young men who travelled here alone.

The Red Cross have housed 11 families and 36 single people in pledged accommodation (accommodation offered on a charitable basis for at least 1 year). They have housed 7 families and 26 single people in private rented, and 3 families in local authority housing. Particularly where accommodation is required for individuals in receipt of HAP sourcing private rented accommodation is problematic.

3.2 Supporting Technology: The Register of Pledges

Pledged accommodation is being administered by the Red Cross using the Register of Pledges application. This is a website where members of the public pledge their spare bedrooms or vacant accommodation for use by a refugee for a period of at least one year. Pledge records are reviewed daily by the Irish Red Cross via a back office application. Notes and status are maintained on pledges through their life cycle. This facilitates easy matching of properties with service users and facilitates convenient reporting both internally for operational purposes and reporting on the program in aggregate. The value of the pledged accommodation that has been donated by the public equates to approximately an €800k saving in rent.

Further information about the register of pledges and the Red Cross case management system are included in an annex to this document, outlining the strengths of these systems and the details of their implementation.
3.3 Community Sponsorship Ireland

The new Community Sponsorship model is welcomed. This loosely resembles the Canadian model, customized in a joint effort across UNHCR, and multiple Irish NGOs and charities to suit the Irish context. Community Groups will be encouraged to welcome a refugee into their community by raising money (€8k + €2k in-kind) and supporting the family in their integration over 18 months including securing accommodation for them in the community. A number of pilots are underway, with Community Groups being supported by regional support organisations like the Irish Red Cross, the Refugee Council and NASC.

The current guidance documents provided by the Department of Justice are at: http://integration.ie/en/ISEC/Pages/WP19000003

Learnings from the Red Cross Migration Team program would suggest that the role of the Regional Support Organisations (RSOs) should not be underestimated. Both from a Case Management perspective and a Monitoring and Evaluation perspective the RSOs should be sufficiently resourced to oversee and facilitate integration safely and measurably. The need for intensive Case Management could be minimised with intelligent screening of community groups and Service Users, and informed matching of families to communities for the mutual benefit of both the arriving family and the community. The role of technology supports should not be underestimated. Current methods for tracking community groups include paper documents and disparate spreadsheets and documents maintained by the RSOs. There is no visibility as yet of the proposed potential Service Users likely now in camps in Greece/Lebanon/Italy. The lack of a single view will make matching arbitrary which can lead to failed matches and will make any type of reporting and the co-ordination and prioritization of resources problematic.

Community groups should be facilitated to sign up online, settlement plans should be completed and screened in a shared back office application. As an open-source platform the Register of Pledges could be cloned and customized for Community Sponsorship. It is suggested that Case Management information should not be maintained in Salesforce for Community Sponsorship. The multi-agency nature of the project, and the potential that a wider group may be contributing to the case file would lead to licensing costs being incurred. Instead the Case Management capability should be built in to the Java Application. Having both Supply and Demand in a single database will facilitate better and more convenient matching and support of Community Groups and Service Users. Significant further development will be required to facilitate complex user admin as will be required in a multi-agency system, with different RSOs having access to their own (and only their own) community group and relevant family data. Some role should have visibility of all all groups and families in order to match groups to families. RSOs must have access to a greater level of detail about their family groups in order to oversee integration. An ability to report on Community Groups, RSOs and Service Users at appropriate levels of detail must also be facilitated.

3.4 City of Utrecht’s ‘Refugee Launchpad’

Rather than viewing asylum seekers as being a burden, Ireland needs to move away from the shameful and damaging policies of dispersal, isolation and campization and realise the benefits of meaningful integration both to Ireland as a host society and to people seeking asylum here. Presently policies are being implemented that are taking asylum seekers out of the main urban centres. Whatever the reason for this, it is wrong and should be reversed. We need to take an urban approach to integration – realising the benefits of meaningful integration. Pursuing meaningful integration will ultimately benefit host communities and asylum seekers. An innovative
approach is underway in the City of Utrecht, which has in many ways defied national policies of exclusion.

Utrecht’s Refugee Launchpad, known locally as ‘Plan Einstein’ is the innovative approach of the municipality of Utrecht and its partners in the field of reception and integration of refugees. In the Overvecht district of the city, asylum seekers and refugees lived together with young local people, while residents from the neighbourhood were invited to take courses together and engage in social activities in a shared social space. With courses in English and entrepreneurship, asylum seekers and local residents work on their professional future, no matter in which country that future lies. This co-living, co-learning reception facility aimed to develop asylum seekers’ social networks with neighbours, while providing opportunities for each to develop their skills, to enhance wellbeing and community cohesion in the city. The core target group remains, of course, the refugee community. However, by mixing refugees with neighbourhood participants, potentially opposing groups are thought to bridge a gap and experience mutual support instead of growing alienation. More information on Utrecht’s launchpad programme, known as ‘Project Einstein’ can be found on the link below:


Presently, the State invests little in meaningful integration. The Reception and Integration Agency’s approach is reactive, not proactive. NGO’s and volunteers provide only limited gap-filling for this, for example the recently initiated ISPCC Mosney program is attempting to set up structures whereby community navigators from within the centre can orientate new residents and provide ongoing support. These types of simple but effective programs should be rolled out across all centres, and importantly the local host communities need to be engaged to allow bonds to be created. While the alternative to change is bleak, the solutions can be simple - human interaction. Asylum seekers are desperate for the change to integrate with their host communities but the State is systematically hindering this by perpetuating the cruel and damaging system of isolation.

3.5 Alternatives to Direct Provision Conclusion

We believe that the Direct Provision accommodation system should be ended immediately, and acknowledge that this will place a new pressure on the already overwhelmed housing sector in Ireland. We are further of the belief that there is no single “silver bullet” solution to the problem of housing, and that a blended package of responses will be required. Where possible, people in the international protection process should be enabled to access housing on the same basis as Irish citizens, with access to social protection payments as necessary. We have outlined some additional supports which might underpin this approach. Although the numbers have been small to date the Red Cross Migration Team's work, and the pilot Community Sponsorship program suggest there is an opportunity to engage the public in integration efforts, particularly with regard to the acute issue of housing. Opening these programs up to a wider group of recipients is to be essential. These examples show us that collaboration across government, NGOs/charities and civil society can be effective but needs well defined operating models and supporting technologies in order to scale safely.
Alternatives to Direct Provision: Recommendations

- Build government funded social and affordable housing.
- All state-supplied housing should be offered on a rights based approach, rather than an efficiencies-based one.
- The Reception and Integration Agency should re-frame its focus way from ‘contract management’ and fulfill its obligation to provide meaningful integration between asylum seekers and host communities.
- Extend full job seekers benefit to the under 25s to allow them pay rent top ups and move on from DP.
- Allow those in DP access Homeless HAP higher payment to allow them move on to private rented.
- Extend the audience who can chose to avail Red Cross Migration programme to include all those in DP. Resource the Red Cross and other agencies to provide similar services.
- Fully resource community sponsorship initiatives with key workers, support to oversight organisations and technologists, and monitor closely for challenges. We note that senior technologists from the volunteer technologists have current services pledges in the Register of Pledges and are ready to engage.
Annex

Supporting technology: the register of pledges

In addition to accommodation pledges, pledges of goods and services are also possible. Donations of goods are one of the main contributions the public can and want to make at a time of crisis. However, transport, sorting, storing and distribution can be so expensive, it actually costs money to manage the process. Centralising goods is discouraged using this system, avoiding unnecessary transport and storage costs. By capturing pledges of goods as opposed to centralising goods, the operator need only take up those pledges that are required and are viable. Similarly, people are very willing to donate their time and expertise, but they need to be facilitated to do this.

A refined operating model should be devised and resourced to allow public good will in the form of Goods and Services be channelled to those in need more efficiently. To reduce the administration overhead of Goods and Services further a web front end exposing Goods and Services pledges directly to Services Users (behind secure login) eliminates the administration overhead. It also introduces an element of choice for the Service User. Personally Identifiable Information could be stripped from the Goods and Services Pledges when exposed in this way. Service users could message pledgers and on acceptance from the Pledger they could proceed with communicating in order to arrange the exchange of goods/the provision of services. (It is suggested that this self-service functionality not be applied to accommodation pledges and that a professional Case Manager remain involved in the matching decisions for accommodation.)

www.redcross.ie/pledge

This is a Java Spring Application with a MySQL database residing in an Amazon Web Services instance owned by the Irish Red Cross. The application is open-source and the only cost incurred is the hosting in AWS. (€100/month)

3.2.2 Supporting Technology: Case Management System

In order to be effective in their role, Case Managers maintain records on the Service Users they work with. This includes contact details, vulnerability assessments, support requests and Service User's continual self-assessments. Self-assessments are completed by Service Users whereby they score themselves quarterly against the following dimensions to gauge their integration needs: Housing, Health, Employment, Education & Training, Social Inclusion & Bonding, Access to Rights and Entitlements, Active Citizenship. These assessments allow the Red Cross prioritise scarce resources, and improve their internal operations by gaining an understanding of what improves the integration outcomes for their clients. Further, the data can be anonymized and reported in aggregate for accountability and funding purposes.

www.salesforce.com

The Case Management System is a customized Salesforce instance owned by the Irish Red Cross. No costs are incurred as Salesforce provide 10 free licenses to charities.

The technology supporting the program was donated by a group of volunteer technologists, and supported by one mid-level government funded technology role for 1 year. The value of the technology support donated is in excess of 250k. The combination of the Register of Pledges application and the Case Management system have the potential to increase the resources available to migrants and refugees, and will facilitate the allocation of scarce and disparate resources with minimal administration overhead for optimal holistic outcomes or migrants and refugees.
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A. Executive Summary

Efforts to improve Direct Provision since the publication of the McMahon Report in 2015 have been slow and patchy in nature. While some improvements have been made (increase in Direct Provision allowance, the introduction of the, albeit, limited right to work, modest expansion of self-catering facilities) in the experience of the Irish Refugee Council, the challenges faced by residents in Direct Provision remain enormous. We meet people each day who are worn down by a system which, taken cumulatively, makes ordinary life impossible for long periods of time. In our view, changes to the system must begin with a much more radical vision for an alternative way to accommodate people who seek protection in Ireland. The fact that Geoffrey Shannon, the special rapporteur on child protection, has called on Ireland to abolish Direct Provision and that the Ombudsman has said it is not a suitable long-term solution for those waiting on a protection claim, should alone be enough to bring about wholesale change. We should start with the vision of what we want and work backwards rather than incremental improvements to an existing system.

There are 6,497 people living in Direct Provision as of April 2019. This is a modest and manageable number for the State, yet the way in which we accommodate people creates substantial cost to the State. Our reliance on the private market has failed. It has meant a decrease in supply at a time of rising demand has pushed the State towards the costlier option of emergency hotel accommodation and has left people arriving in Ireland isolated and distressed in hotel rooms around the country.

The system isn’t working for anyone, but there are alternatives. Persistent criticism of Direct Provision has been met with the response that better alternatives do not exist. While it will take time to properly design and implement an alternative system, there are numerous models for better accommodating people while they wait for their application.
No reception system will be adequate while delays continue which is why a new system for reception must also consider the need to properly resource the international protection system so that delays are drastically reduced.

The Irish Refugee Council works every day with people living in the Direct Provision system. The lived experience of residents should be the start for considerations of change. The length of time spent waiting, the indefinite nature of that wait, the overcrowding, the inability to cook or live a normal family life, the idleness, the isolation, the difficulty accessing services – all of these combine to make Direct Provision a very difficult, and in many cases, a very painful experience.

The Irish Refugee Council is calling on the Government to begin a process of review with the goal of designing an alternative reception system for international protection applicants so that Direct Provision can end.

Nick Henderson

CEO, Irish Refugee Council
B. Introduction

This consultation is timely and important. It presents an opportunity to look at ways to move forward from the current Direct Provision system and to radically improve our approach to the accommodation of people seeking international protection while also recognising that Direct Provision should not be seen in isolation from the international protection process itself.

The current accommodation conditions of people seeking international protection in Ireland are made worse by the time they spend living there. When a person arrives in Ireland and requests protection, they are immediately confronted with a system which is barely functioning. Leaving aside the political arguments about Direct Provision, the indisputable fact is that the system is broken. It has not worked - it is not working - and it cannot continue in its current form. Not only is it failing, most importantly, the people seeking protection in Ireland, it is failing the State and the taxpayer by costing millions each year, all of which is paid to private actors.

Reliance on the market to solve social problems only works if there are private actors in the market who are willing to supply to the State. The current crisis is multi-faceted and complex which has impeded the State’s ability to respond to it. The lack of forward, strategic planning at policy level has made Ireland’s approach to accommodation reactive in nature and deficient in outcome.

The problems with Direct Provision are well-documented but to summarise them briefly:

1. Long processing times leading to lengthy and indefinite delays;
2. Inappropriate and substandard accommodation;
3. Lack of sufficient care services and supports.

The current system relies on short-term contracts with private providers who tend to have little or no background or expertise in human rights and social care, leaving them frequently unable to meet the social needs of the people they are accommodating.
People are accommodated, without any choice, in remote, isolated spaces where there are few services available and they have nothing to do for indefinite amounts of time.

People are given insufficient information about their rights and entitlements and wait for years with no update on their application for protection.

People often receive no or insufficient legal advice and, in many cases, do not fully understand the protection process or what’s expected of them as applicants. To receive refugee status, you must meet a legal test: a well-founded fear of persecution for reason of race, religion, nationality, political opinion, or membership of a particular social group.\(^1\) This test is complicated by extensive case law around the definition of refugee. Without knowing the grounds on which you are being tested, it is very easy to not disclose relevant information. Adequate legal advice and assistance can assist people to make the strongest application possible.

In Direct Provision, people live in cramped conditions, sharing a small living space with strangers. They are unable to transfer to other accommodation except in the most exceptional cases. Mental illness goes undiagnosed and underlying conditions are often exacerbated by the sheer frustration of spending long periods of time in limbo, as well as the lack of privacy and the absence of a space to call your own. It cannot be surprising that in such settings, interpersonal difficulties develop with other residents as well as staff and management. Management in many centres are, primarily, commercial operators of hotel accommodation and are not qualified to respond adequately to the social needs of the residents. They also cannot be expected to fulfil what is a public law obligation on the State to vindicate the human rights of all people seeking protection.

Conditions in Direct Provision accentuate existing difficulties a person is experiencing when they arrive in Ireland seeking protection. It can lead to people leaving Direct Provision, preferring to sleep on couches or sleep rough rather than continue to live in conditions they find insufferable in centres. With the lack of bed capacity in current Direct Provision centres, the Irish Refugee

\(^1\) https://www.unrefugees.org/refugee-facts/what-is-a-refugee/
Council has seen a large increase in people presenting as homeless and seeking to re-enter Direct Provision. People in this situation live in dangerous and precarious situations where they can be easily exploited as they have no entitlement to any social welfare or housing outside of Direct Provision. People seeking asylum are specifically excluded from social welfare entitlements as they cannot pass the habitual residency requirement. The only State support is provided through the mechanism of Direct Provision. People who apply to be readmitted to Direct Provision and are refused for a lack of bed space face destitution. The Irish Refugee Council has successfully assisted people in this situation to access supports but we are gravely concerned about the unknown number of people who have not come forward to seek help.

As of May 2019, due to the lack of bed space in the Direct Provision estate, there are 687 people living in 19 emergency accommodation locations around the country, including 88 children. The situation for people living in emergency accommodation is particularly acute.

At the end of the international protection process, people who receive refugee, subsidiary protection or leave to remain status often struggle to transition out of Direct Provision and to set themselves up independently. Nothing in their experience of Direct Provision prepares them for life in Ireland. It does the opposite, creating a culture of institutionalisation and dependency in which even the most positive and energetic person loses motivation and hope in the face of a system which continually dehumanises them.

The need for transition and integration supports has contributed to delays exiting Direct Provision for people with status, but there are also administrative barriers and difficulties accessing private rental accommodation. This is in part due to the shortage of accommodation generally, but also due to administrative barriers, as well as discrimination and stigma.

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Direct Provision cannot continue. Ireland needs to urgently change our approach to the reception and accommodation of people seeking protection. We look forward to working with policymakers in future on the design of a new reception system, which is rights-led, efficient, and fair.

Changes to our current system will take time and a realistic timescale will be important to ensure that the design of a new system produces a real departure from the current Direct Provision model.

The Irish Refugee Council calls on the Government to provide adequate funding and capacity to allow the Department of Justice —in conjunction with other, relevant government departments and agencies — to begin the work of designing a new fit-for-purpose reception system for applicants for international protection. This process should involve consultation with current and former residents of Direct Provision, as well as relevant civil society organisations.

The Irish Refugee Council believes that the current Direct Provision system should be phased out and replaced with a system of reception which does the following:

1. Adopts a rights-led approach by ensuring that the basic dignity and human rights of every person are the primary concern of the State.

2. Allows every person a minimum space of their own or with their family, within which their privacy is guaranteed and they can cook autonomously.

3. Supports and enables people by treating them respectfully and providing them with information about the protection process, their rights, entitlements and obligations, so that they will feel empowered rather than institutionalised.

4. Ensures that people can engage properly and fully in the international protection process and that their accommodation arrangements consider this need.
5. Prioritises integration and fosters an inclusionary approach to accommodation which prepares people for a life in Ireland, instead of assuming a negative conclusion to the application process.
C. Recommendations for a new protection system

The following are a summary of recommendations and ideas for improving the Irish protection system. Many involve no spend, those that do, we submit, are likely to be a cost saver in the medium to long term.

1. Implement the vulnerability assessment required by the Reception Conditions Directive and the Reception Conditions Regulations 2018. This will help ensure reception needs are met and providers of accommodation and other services have information about people’s reception needs.

2. Reduce delays by increasing staffing and training in the International Protection Office. Refugee status determination is a critically important function of a modern state and resources and support should reflect this.

3. Opt in to the revised Asylum Procedures Directive which includes the obligation to conclude the initial protection procedure within six months of the lodging of the application.

4. Respect and implement existing law. Several provisions (right to health, education, information) of the European Communities (Reception Conditions) Regulations 2018 have, in certain cases, not been implemented.

5. Introduce a system of training and regulation for interpreters. Poor interpretation undermines the process.

6. Increase the provision of early legal advice, all protection applicants should receive at least 10 hours of assistance in preparing their application. This is widely recognised as improving the protection process.

7. Introduce child benefit for people in the asylum process, free travel pass to allow people to travel to appointments in Dublin (rather than the ad hoc discretionary system) and monitor the daily expenses allowance.
8. Shift the accommodation of people seeking protection away from the Department of Justice. Move it to the Department of Housing with a ring-fenced budget or create a new entity.


10. Own-door accommodation, within communities, with the option of self-catering should be mandatory going forward.

11. A matrix should be developed that considers issues like local services and accessibility to Dublin to test whether a particular area is appropriate. Local communities can provide a welcome but many existing centres are remote and isolated.

12. Implement the National Standards for protection accommodation and mandate an independent enforcement and inspectorate body.

13. Move to non-profit delivery of accommodation by involving Approved Housing Bodies. To do this, amend the procurement process to allow for smaller clusters of accommodation (currently a provider must provide for 50 or more people which perpetuates congregated living). Give providers a longer lead in time to provide accommodation. Allow for conversion and capital costs to be included in bids and give longer contracts to increase certainty.

14. The State should build accommodation. This will save money in the long term and maintain greater control over capacity.

15. Broaden the right to work. Only 14% of the adult population of Direct Provision is working. Work reduces dependency.
16. Change the Migrant Integration Strategy to include people seeking protection. The ‘New Scots’ strategy from Scotland is a template for this approach.

17. Streamline the process of leaving Direct Provision by: reducing delays of the Ministerial Decision Unit in giving declarations of refugee status; create a process for Direct Provision to be given as a reference address; grant full welfare allowance on recommendation of refugee status; extend Homeless HAP and consider a temporary extension of priority categories on social housing lists.


19. End the practice of moving aged-out unaccompanied minors into Direct Provision on reaching eighteen.

20. Conduct an annual, independent, review of the protection process which includes consultation with people in the process, supporting organisations and lawyers practicing in this area.

21. End forced deportations. Returns should be based on: fair and consistent protection procedures that properly assess whether a person is entitled to international protection; fair, voluntary, humane return procedures, and fair and transparent relations with third countries based on international human rights law and standards including post return monitoring.

22. Ratify the UN Optional Protocol to the Convention Against Torture, (OPCAT) and create a national preventative mechanism.

23. Allow for independent and open investigation by an independent inspectorate of deaths in protection accommodation to identify facts and circumstances and to identify any shortcomings or failings which may have occurred.
24. Inter departmental and cross departmental approaches to protection should improve. The International Protection Office (IPO), the International Protection Appeals Tribunal (IPAT), the Legal Aid Board (LAB), the Reception and Integration Agency (RIA), the Ministerial Decisions Unit (MDU) of the Irish Naturalisation and Immigration Service (INIS), An Garda Siochana (AGS) and Coroner’s Service are all under the aegis of the Department of Justice and Equality but they could work in a more cohesive way to the benefit of people in the system and also their own missions.
D. Principles for a New Approach

Principle 1: Determining accommodation needs & identification of vulnerability

In order to assess the needs of people on arrival in Ireland and to ensure their basic requirements are met, it is necessary to first accommodate people in a Reception and Orientation Centre. This will allow for an orderly, centralised approach to establishing the varying levels of vulnerability and need in the population arriving. It ensures that on arrival, people are immediately in a supportive environment where information is available, trained staff are on-site, and they have an opportunity to orient themselves on immediate arrival in the State.

While living in a Reception and Orientation Centre, a vulnerability assessment must be carried out in line with Reception Conditions Regulations 2018\(^3\) and the Reception Conditions Directive (recast)\(^4\). This would allow the State to identify the special accommodation needs of people presenting with vulnerabilities and make special provision for accommodation where necessary.

Induction should also include access to health care on site, applying for a PPS number in order to access a weekly allowance, basic language courses, and an information pack in a language they can reasonably understand explaining their rights and entitlements in Ireland, as well as their obligations.

Failure to identify a person’s particular accommodation needs on arrival may lead to a deterioration in a person’s physical and mental health, and reduce their ability to effectively engage with the protection process. Ireland has no identification procedure in place for the assessment of special needs, either in the context of Direct Provision or as part of general international protection.

\(^{4}\) https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A32013L0033
procedures, which runs counter to numerous national and international recommendations to the Irish government.\(^5\)

**Good Practice Example:** In France, authorities are obliged by law to identify vulnerability during the initial interview with the applicant.\(^6\) Officers conducting the interview are specially trained on identification of special needs. The assessment takes the form of a separate vulnerability-assessment interview conducted on the basis of a questionnaire. Any findings are added to the applicant’s file, and taken into account in the allocation of accommodation and the decision making process on their case.

**Recommendations for DP Alternative:** Everyone seeking protection in Ireland should be accommodated first in Balseskin, or a similar reception centre, for induction information purposes, to ensure they have a PPS number and can access immediate health care, as well as to facilitate a vulnerability assessment. An identification mechanism must be established at an early stage in the protection procedure to identify any special accommodation and procedural needs.

**Principle 2: Physical space appropriate to meet peoples’ needs**

Much criticism of Direct Provision focuses on the physical accommodation space, namely that centres are not fit for long-term accommodation, especially for families with children and people with particular vulnerabilities.\(^7\) The physical space in which a person is accommodated should reflect both their general and specific needs. This must be in line with fundamental rights central to human dignity, such as access to appropriate food, recreation, education

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and financial autonomy (either through employment or a suitable financial allowance).

The physical space must ensure privacy and, for families, fully respect their right to family life. There are numerous models for accommodating people, all of which allow for these two basic requirements. For example: units containing three/four own-door bedrooms with a shared living space and kitchen.

**Good Practice Example:** In Austria, people seeking protection may access special reception facilities suited to their specific needs where they or a social worker/legal representative make a request.⁸ People seeking protection are included under the State’s *Basic Care Laws* which provide for anyone with special accommodation needs in Austria, such as people with medical conditions or disabilities. Furthermore, some reception centres provide cooking facilities for residents.⁹ Where food is provided, regulations oblige management to ensure that meals take account of religion, culture and other dietary requirements.¹⁰

**Recommandation for DP alternative:** Own-door accommodation, within communities, with the option of self-catering should be mandatory going forward. Physical living space should meet people’s needs and requirements. Accommodation should have amenities that allow a basic level of independent living such as independent cooking and recreational facilities.

**Principle 3: Autonomy and Integration**

Key to ensuring a person’s mental wellbeing while in the protection process, as well as ensuring their transition out of the protection procedure afterwards, is an accommodation system that promotes personal development and integration into the host society. In Ireland, people live in isolation from the

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⁸ AIDA Austria Country Report (2016)
community in situations of forced idleness. As many Direct Provision Centres are situated in rural locations, it is difficult for people to engage with the local Irish community and due to visiting rules in many centres, it is difficult for local communities to, access Direct Provision centres.

**Good Practice Example:** Connecting civil society initiatives with protection seeker accommodation centres can promote integration and peoples’ self-reliance.\(^1\) The Lighthouse project in Spain helped migrant women to integrate by creating spaces for connection with local women.\(^2\) The project also offered training and links to educational, medical and social services. In Germany, the *Asylothek* project is a volunteer-run library for asylum seekers, which offers languages courses and general information.\(^3\) A core component of their work is the provision of information about rights and responsibilities, and courses on Germany’s value system.

**Recommendation for DP Alternative:** 9. A matrix should be developed that considers issues like local services and accessibility to Dublin to test whether a particular area is appropriate. Local communities can provide a welcome but many existing centres are remote and isolated. Links should be made between the accommodation centre and the local community to introduce opportunities for integration and personal development.

**Principle 4: Transparency and independent oversight of accommodation facilities**

Key to demonstrating compliance with international human rights standards is full transparency in relation to accommodation management, which allows for deficiencies to be addressed. With the exception of the Working Group process and report there has been little independent, systemic scrutiny of Direct Provision or Ireland’s approach to accommodation of people seeking protection generally.


\(^3\) See homepage here (in German): [www.asylothek.de](http://www.asylothek.de)
Good Practice Example: In Austria, the Ministry of the Interior is responsible for national oversight and standard-setting of reception conditions, whereas provincial governments oversee reception centres at the local level. Each centre hosts a Ministry representative, who is responsible for ensuring each centre meets federal standards. The Austrian Ombudsman Board has power to investigate cases of maladministration and conducts monitoring visits in its role as National Preventative Mechanism as assigned under the Optional Protocol to the Convention against Torture (OPCAT).

Recommendations for DP Alternative: The organisation responsible for management of the centre must conduct regular evaluations and quality assurance assessments to quickly identify and address any emerging issues. An independent third party inspectorate must be in place to assess the implementation of National Standards. Ireland’s ratification of OPCAT may provide additional avenues for independent oversight. In addition, the recommendation of the McMahon Report that there be an annual review of the protection process, with a view to making recommendations to guard against any future backlogs, has not yet been implemented.

Principle 5: Supporting Transition out of Accommodation Centre

Protection accommodation should only ever be a temporary measure and residents must be properly supported to make their eventual transition out of the protection system. In Ireland, research has indicated that the protracted length of time spent in Direct Provision makes it incredibly difficult to transition to independent living.\(^{14}\) Along with the measures set out above regarding integration and autonomy, people should be fully-supported in their transition out of protection accommodation.

Good Practice Example: Belgian group, ORBIT, supports people during the first stages of residence in Belgium, which includes providing refugees with support in the search for housing, they work with employers to give refugees

\(^{14}\) M Ni Raghallaigh, M Foreman, M Feeley, Transition from Direct Provision to Life in the Community – the experiences of those who have been granted refugee status, subsidiary protection or leave to remain, (2016).
and migrants a fair chance in employment opportunities, and bring together third-country nationals and host communities to foster mutual understanding.\textsuperscript{15}

**Recommendation on DP Alternative:** Supports must be provided to assist people move to independent living. Streamline the status process and reduce delays at the Ministerial Decisions Unit. Accept Direct Provision centres as an address for social welfare claims from people with status to allow them access their entitlements. Grant full welfare allowance on recommendation of refugee status to assist people to prepare for independent living. Extend Homeless HAP. Issue a medical Card and DP allowance for people who choose not to enter DP but who may otherwise require some access to State supports in order to reduce the number of people entering Direct Provision. Consider a temporary extension of priority categories on social housing lists.

### E. Alternative Models

There are numerous different models to meet accommodation needs. These vary depending on the level of intervention and associated supports required. Many people seeking international protection are highly able and independent people who have minimal support needs. Others have a specific vulnerability which, again, varies in degree depending on their circumstances. With this in mind, there is likely to be no one-size-fits-all model appropriate to meet every person’s needs. A range of different accommodation types should be considered.

The following are three models identified as possible alternatives to the current Direct Provision system:

1. **Expand current social and protected housing stock** – Accommodation of asylum seekers would be provided on a local level by local authorities, with overall responsibility and oversight resting with a cross-departmental agency comprising Justice and Equality, Health, and Social Protection.

\textsuperscript{15} See homepage here: [www.orbitvzw.be](http://www.orbitvzw.be)
The benefits of this model are:

(a) Integrated living with local population;

(b) Access to social supports on-site where needed;

(c) Ownership remains with the State;

(d) In the event that the population of people seeking protection falls, the accommodation is immediately available for other groups of people requiring supported accommodation.

A challenge to this model includes the need to increase the current social housing stock to accommodate a further population of approximately 6,500 people. This could be overcome by long term planning to build accommodation. For example, the Government could commit to building 600 units each year from 2020, with planning and approval commencing in 2019. This initial outlay would be outweighed by long term saving rather than an annually recurring outlay to private operators.16

2. **Cluster model** – Recognising the varying support needs of people seeking protection, this model employs a cluster system where different types of accommodation are provided depending on needs. This would involve a main accommodation centre for people with low support needs living largely independently. Proximate to this central hub, a number of smaller homes would accommodate people with similar vulnerabilities or special needs.

For this model to succeed, the standard of accommodation in the main centres would need to include own-door accommodation, access to cooking facilities, and recreation spaces. The location of such centres should also be proximate to large urban centres and have adequate public transport links.

3. **AHBs build or convert existing sites** – This model would involve housing associations participating in the current tendering process with a view to

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16 See Eoin Ó Broin, ‘Direct Provision system is broken – let’s fix it’, Sunday Business Post, 25 November 2018
implementing a rights-led, not-for-profit basis accommodation model for international protection applicants.

The Irish Refugee Council have engaged with several AHBs to pursue implementation of this model. There are however a number of barriers in practice to AHBs participating in the current tendering model. These include:

- The current that the model requires tenderers to have accommodation of more than 50 beds or over, this risks perpetuating congregated living.
- Contract lengths (2 years with an option to extend for 24 months) may also not give enough certainty to providers.
- Conversion or build costs which were added to a tender cost, and which would result improved quality provision, may result in the tender being unsuccessful compared to lower bids from incumbent commercial providers.
- Many of these bodies are involved in ongoing, extensive work meeting existing social housing needs.

We believe these barriers are surmountable if the procurement process is altered.

**F. Minimum Standards for Accommodation**

**A. Physical Space – Self-Catering Units**

A longstanding criticism of Direct Provision has been that it has involved congregated settings. The HSE have described congregated settings as where 10 or more people with a disability live together in a single living unit or are placed in accommodation that is campus based. In most cases, people are grouped together and often live isolated lives away from the community, family and friends. Many experience institutional living conditions where they lack basic privacy and dignity.\(^\text{17}\) Given this criticism, and Ireland’s history of institutional living, we recommend that accommodation for single individuals

\(^\text{17}\) *Time to Move on from Congregated Settings A Strategy for Community Inclusion*, Health Service Executive, June 2011
should house no more than a maximum of 10 people except in circumstances where a larger grouping is appropriate. It is concerning that the Reception and Integration Agency are procuring\(^\text{18}\) for accommodation of more than 50 beds as this risks perpetuating congregated settings.

Suitable living space for international protection applicants must offer both privacy and autonomy. To achieve this, the accommodation model must comprise self-catering apartment units and must meet the current regulatory standards around living space. The storage needs of residents must also be considered.

Where possible, each apartment should accommodate a maximum of 4 single adults, with individual rooms for each single person. Accommodation should also have regard to circumstances where the health needs of a particular individual change. For example, a single woman who becomes pregnant may require more space and privacy.

Families should be accommodated in a private apartment unit or, at a minimum, together in a shared accommodation unit of adequate size. The accommodation unit would include one shared kitchen, living space, and bathroom for 4-6 people.

**B. Location**

The location of accommodation will be integral to its success. In order to ensure access to education, employment and services, accommodation will need to be within commutable distance from an urban centre. Transport connections will be an important aspect of this to ensure residents are not cut off from the rest of the community.

**C. On-site Supports**

It is vital that staff working with residents are adequately experienced and trained to meet the specific needs of people who may be particularly vulnerable or have particular social needs based on their life experiences to

\(^\text{18}\) Multisupplier Framework Agreement for the provision of premises, available on E-Tenders
date. For specialised support, regular medical, psycho-social supports and legal clinics should be available on-site.

D. Transparent, Independent Complaints and Inspections

The Offices of the Ombudsman and the Ombudsman for Children have jurisdiction to investigate complaints from residents in direct provision. Currently, there is a low level of awareness around the complaints mechanism and low engagement with the complaints process as a result. Oversight is enormously important to ensuring standards of service are high. The best way to achieve this is through an independent inspectorate which does not place the burden of raising issues on individual residents. Instead, the inspectorate should be empowered to launch its own investigations and to assess the system as whole.

A rights-focused accommodation model must also ensure the dignity of residents is safeguarded by ensuring that due consideration is given to the voices of people living in accommodation. A forum for discussion and feedback must be provided to residents.

E. Commitment to National Standards

At present, draft National Standards for Accommodation are at an advanced stage and near completion. A set of national standards applying equally to all accommodation centres would ensure that a minimum level of comfort and dignity is in place for everyone seeking protection in Ireland. As a baseline, these standards should be considered as part of the delivery of alternative accommodation and care for residents. The Irish Refugee Council commented on these Standards and recommended improvements19.

F. Integration and Transition Support from the Outset

19 Irish Refugee Council, Submission On The Draft National Standards For Direct Provision Centres, 3 October 2018
The physical conditions of accommodation for people seeking protection in Direct Provision needs to vastly improve, as does ensuring other basic needs are considered and supported.

An alternative model must involve wraparound supports to ensure that integration and transition support begins from the moment an applicant seeks international protection. This must include specialist care for vulnerable groups, as well as supports for people seeking to access education and the labour market.

The Irish Refugee Council advocates a model of ‘integration from day one’ as the correct approach to people seeking international protection in Ireland. This model has been successfully implemented in Scotland via ‘New Scots: refugee integration strategy 2018 to 2022’. The current approach is to treat all money spent on the protection process as wasted money, rather than an investment in upholding our human rights obligations and providing a dignified experience for people while they wait for their application to be processed.

The policy approach should be to ensure the needs of vulnerable people are met and to support independent and autonomous living through targeted investment, in anticipation that a person will remain in Ireland at the conclusion of the protection process, instead of the current assumption that they will not.

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20 New Scots Refugee Integration Strategy 2018 – 2022, Scottish Government, 10 January 2018
G. The International Protection Process

I. Delays

The benefits of the introduction of the single procedure under the International Protection Act 2015 have, so far, not borne fruit for a number of reasons. Most notably, this includes the decision to begin each existing application again from the beginning under the single procedure.

In addition, lack of adequate staffing and resources at the International Protection Office and the International Protection Appeals Tribunal have slowed down the process. Interviews have been cancelled at short notice due to a lack of available staff members which leaves applicants in limbo, unsure when their interview will be rescheduled.

Added to this, delays at the Ministerial Decisions Unit have led to people waiting up to one year for their refugee or subsidiary protection recommendation to be confirmed by the Minister for Justice. After receiving the letter from the Ministerial Decisions

In the event of an applicant bringing judicial review proceedings, the slow progress of court proceedings acts as a further source of delay. In addition, people seeking protection are treated differently in judicial review proceedings: separate list in High Court, higher test and shorter time limits and limited right of onward appeal (See Illegal Immigrants Act 2000). This must be addressed as the delays in processing applications hugely impact on time spent in Direct Provision and the harm caused by extend periods of time in such a system.

**Recommendation:**

- Properly staff, train and resource the International Protection Office.
- Ensure the International Protection Appeals Tribunal is properly staffed.
- Implement a six month time limit for a first instance decision as standard practice.
- Opt in to the Asylum Procedures Directive (recast) which requires decisions to be made within six months and also creates an assessment to establish if the applicant is need of special procedural guarantees, this will complement the vulnerability assessment in the Reception Conditions Directive.
II. Early Legal Advice

The lack of investment in early legal advice\textsuperscript{21} for people in the international process leads to a high level of appeals. The benefit of early legal advice is that people have assistance from the beginning completing the questionnaire and preparing for their interview. They have the benefit of legal advice at an early stage which allows them to fully understand the application process, what is expected of them, what is required from them, and the proofs they must meet.

When combined with quality decision-making, the early legal advice model ensures that people have a fair opportunity to properly establish their claim for international protection. A fair, efficient process which ensures applicants have access to quality legal advice and quality decision-making will reduce the likelihood of appeals. Early legal advice prevents situations where applicants only disclose pertinent and important testimony at appeal stage when they have had the benefit of greater legal advice.

Important information about a person’s experience may not be communicated due to the traumatic and private nature of the experience and an applicant not understanding that the traumatic event is key testimony for their protection application. With the early legal advice model, this is less likely to happen because there is time for a lawyer to explain to the person seeking international protection the importance of disclosing such information. There is also time to build a relationship with a lawyer or caseworker which facilitates disclosure.

The current system produces a situation where legal advice prior to submitting the questionnaire and attending interview is either not availed of (because people are unaware of their rights) or is not adequate (because legal aid is so limited).

\textsuperscript{21} Irish Refugee Council, \textit{A Manual on Providing Early Legal Advice to Persons Seeking Protection}
This means that the applicant only gets to properly engage with the process at appeal stage. Not only is this distressing for applicants, it can lead to erroneous findings on credibility grounds at appeal stage. It also delays the amount of time a person spends in Direct Provision, entailing further expense for the State.

III. Increased Legal Aid

The need for an early legal advice model is linked to the need to invest in legal aid, particularly at pre-interview stage.

To put it in context, only 11% of the Legal Aid Board’s civil legal aid budget is spent on advice for international protection applicants. For these people, their future safety and welfare turns on a legal process with which they are unfamiliar.

International protection is a fundamental international human rights obligation which the State must vindicate. Legal advice, which is reliant on the availability of legal aid, allows an applicant to make the best application they can. It is necessary for applicants to properly and fully exercise their basic human rights.

The appeal process and judicial review proceedings, which arise due to errors in the appeal process, are also costly for the State. In the long run, it does not save exchequer funds to deny sufficient access to legal advice at the early stages of the process, because the state ultimately pays to remedy errors which often result from the absence of adequate legal aid. Investment should be frontloaded with adequate legal aid provided from the beginning of the international protection process.

**Recommendation:**

- Invest in early legal advice as model for fair, efficient international protection application process with each applicant receiving at least 10 hours of advice and assistance.
- The Irish Refugee Council’s manual on early legal advice is a template for how all protection applications should be prepared.
IV. The protection process, special procedures, and the Common European Asylum Procedure (CEAS)

Various, many small, amendments to the protection procedure would bring significant improvements. The Irish Refugee Council would encourage the Government to consider opting into the Asylum Procedures Directive (revised)\(^{22}\) in order to align our protection laws with minimum, common standards across the EU. This would introduce a six month limit for the processing of claims at first instance and would also introduce a requirement to adopt special procedures where needed for vulnerable clients who require accommodations in the application process.

Ireland only participates in some of the second phase CEAS measures. Opting into the full CEAS would ensure that Ireland has a voice in reforming and improving common EU laws on protection, while also ensuring that we align our laws with the rest of the EU following the exit of the UK.

Recommendation:

1. The International Protection Office should phase out the use of the long questionnaire. This can be a difficult document to navigate and has to be translated which can be time consuming and cause delays.
2. All interviews should be tape recorded so as to ensure the interview record can be checked and verified. This will also increase confidence in the interview process in circumstances where the legal representative cannot attend the interview.
3. Give applicants a copy of the interview record at the end of the personal interview.

V. Family Reunification and Transition

Family reunification rights need to be expanded to keep families together. The current definition of a family excludes children over 18. If a refugee is over 18, it excludes their parents. For LGBT refugees, it excludes their partners (many countries of origin do not recognise same-sex marriage). It excludes grandparents, older siblings, aunts and uncles, and anyone who may have acted in loco parentis. This denies the reality of many family set-ups, as well as failing to recognise family structures which may differ depending on cultural context.

The pain caused by family separation cannot be overstated. It is impossible for people to move on and begin full, new lives in Ireland in circumstances where their loved ones remain in danger.

Furthermore, the twelve month limit on family reunification applications places enormous pressure on people who have newly received their refugee status to be in a position to provide for dependent family members. For people trapped living in Direct Provision due to the unavailability of housing, they have to apply for family members to reunify despite the reality that they have nowhere to house them. The twelve month deadline forces people to apply before they have time to properly establish themselves in Ireland.

Furthermore, it’s not currently possible to apply for social housing until family members have arrived in the country. As a result, a refugee can only apply for housing for themselves and family members already in Ireland. Only when their family arrive in Ireland can they then apply for larger accommodation. This creates situations of overcrowding or homelessness. It can be easily remedied by allowing a person with refugee status to apply for housing for reunifying family members, before they arrive in Ireland.

**Recommendation:**

- Enact the International Protection (Family Reunification)(Amendment) Bill 2017
- Reform existing process for family reunification to allow for forward planning. Currently, applying for housing and social welfare provision can only commence when the person arrives in Ireland
There are currently almost 700 people stuck in Direct Provision although they have received status to remain in Ireland. This is due to a number of factors, most pertinently difficulties accessing housing. For people with refugee and subsidiary protection status, they are in the same situation as Irish citizens seeking to access housing. However, the traumatic experiences which brought them to Ireland, as well as their experience of Direct Provision, the lack of existing support networks, language barriers, and the bureaucratic nature of accessing public services in Ireland make it enormously difficult to establish a new life in Ireland.

Recommendation:

- Provide intensive support services for people receiving status and moving out of Direct Provision to ensure they are able to access housing and other entitlements.
- Maintain availability to transition supports for a minimum period of eighteen months after receiving status where needed.

Currently, minors who arrive in Ireland unaccompanied are referred to the Separated Children Seeking Asylum Unit and placed either in foster care or residential care for minors. When they reach 18 years, those young people whose international protection applications remain under consideration are usually moved from that accommodation to Direct Provision. They then have no additional aftercare supports. This differs from other children in care who receive aftercare services including access to or support with suitable accommodation up until the age of 21, or 23 if they are in full-time education. Difficulties presented by the practice of moving aged-out minors, who are often very vulnerable, into Direct Provision accommodation are well documented.\(^{23}\) Aged-out unaccompanied minors should be provided with the same aftercare supports as other young people in care at 18 and should not be accommodated in Direct Provision while they wait for their application to be processed.

Recommendation:

- Ensure that separated children seeking protection receive equity of care with other children leaving care, and that they receive aftercare services.
Thank you for the invitation to present to the Committee this morning.

The Irish Refugee Council helps people seeking asylum. We give information, provide early legal advice, help people to access employment and education, help young people and accommodate more than 70 people who have left Direct Provision through our housing project. We also advocate for improvements in the asylum process. It has been a consistent call of the Refugee Council that Direct Provision should end.

Moreover, politicians across the spectrum, international bodies, other NGOs and most importantly people living in Direct Provision have called on it to end.

There are countless articles, reports and testimonies of what is wrong with this system.

The fact that Geoffrey Shannon, the special rapporteur on child protection, has called on Ireland to abolish Direct Provision and that the Ombudsman has said it is not a suitable long-term solution for those waiting on an asylum claim, should alone be enough to bring about wholesale change. Direct provision is already a chapter in Ireland’s long and dark history of institutional living.

Unfortunately, we believe the system has worsened in recent months, particularly in the context of emergency centres. A grave concern we have is that the short term emergency situation becomes entrenched and the makes the implementation of change harder.

If Direct Provision ends, something has to go in its place. The bottom line of a new system should be own door accommodation, the opportunity to cook for oneself, to live in a community.

We think this new model could be agreed upon quite easily. And, from discussions with the new head of RIA, I do believe they are open to real change. However we believe the bigger challenge lies in how that new model is
delivered. It is doubtful that existing providers can deliver that model nor can the current procurement process.

The system is broken, and it’s costing too much for too little – we know that it needs to change. So how do we get to a new system?

Firstly, we should consider accommodation of people seeking asylum a housing issue. Not to draw from existing funds for housing but to take a housing policy approach. The Department of Justice is not equipped to design policy like this and it should not lie with them.

Secondly, we should use the budget that exists but to do so more strategically. The government has built only three accommodation centres in 18 years. The majority of existing centres were originally designed for other purposes. The State should procure fit-for-purpose accommodation to meet particular needs. This will be a cost-saver in the long term. Aidan O’Driscoll, Director General of the Department of Justice and Equality said to this committee weeks ago that the spend on Direct Provision in 2019 will likely reach €95 to €100 million this year. In 18 years over €1.2 billion has been paid to private providers of accommodation. Spending money on providing people with asylum is a good thing, but it should be done strategically to the benefit of people and the public.

Thirdly, and linked to this is fundamental criticism of the system so far has been that it has been reliant on for profit actors. Private providers are not social workers, or public servants: they can’t and aren’t meeting the complex social needs of the people living in their centres – that is a public obligation on the State.

We have many housing in bodies in Ireland, that are non-profit, work to a particular mission and have different strengths and expertise. We believe that AHBs are best placed to provide accommodation.

For this to happen the procurement process has to change: longer lead in time, longer contracts, funding for capital costs and a reduction in the number of people a body should accommodate. Current procurement models require any provider to accommodate 50 or people. The feedback we have had is that this
risks replicating congregated living and it is difficult to procure buildings they may not be able to source buildings of this size.

Fourthly, direct Provision isn’t just about the bricks and mortar. Reduce delays in the system by giving resources to decision makers, increase legal aid at pre-decision stage so applications are better prepared. Make the right to work broader. Allow for integration from day one.

Fifthly, there needs to be greater engagement on this issue from all Government departments. Moreover, the Department of Justice could work better within itself. Often the Department of Justice does not work in synchronicity. Six bodies: the International Protection Office (IPO), the International Protection Appeals Tribunal (IPAT), the Legal Aid Board (LAB), the Reception and Integration Agency (RIA), the Ministerial Decisions Unit (MDU) of the Irish Naturalisation and Immigration Service (INIS), are all under the ambit of the DOJ but they could work better. To give an example: the LAB isn’t supported enough to ensure everyone has a well prepared applications to the IPO. This can mean more complicated appeals for the IPAT to deal with. If someone is recognised as a refugee then there are delays in the MDU which mean that people spend longer in the Direct Provision system which means the system becomes overcrowded which puts pressure on RIA. Even then there are not enough appointments so the person struggles to get an appointment to get a Residency Card. At each step, there are hurdles, requiring intensive interventions and supports. It doesn’t need to be this difficult, but systemic change is key. There needs to be increased transparency and clearer channels of communication.

Our submission will go into the above in more detail.

Thank you,

Nick Henderson, Chief Executive Officer, 27.05.2019
I. Annex 2: What are the alternatives to our broken direct provision system?, Irish Times 12.02.2019

Direct provision is broken, condemned by politicians across the political spectrum, international organisations and, most importantly, by residents themselves. Geoffrey Shannon, the special rapporteur on child protection, called for it to be abolished in his recent annual report. Its failures have been vividly demonstrated through Melatu Uche Okorie’s book *Hostel People* and the TV show *Taken Down*.

So how do we end direct provision, what is the alternative and how do we get there?

Minister of State for Justice David Stanton repeatedly says he has not heard of a better system. These are some ideas.

In short, we need to shift to long-term, strategic thinking, and away from a reactive “managed emergency”-style system that relies on private operators. Even in the middle of the housing crisis solutions exist.

Housing experts should be consulted and sought for input. Philanthropy, faith groups, developers and business should also be encouraged to become involved.

We then have to accept that providing asylum and accommodation is a positive and important part of being a modern democracy that respects human rights.

An average of 2,290 people per year have claimed asylum in Ireland over the last 10 years. This is an entirely manageable number, but the majority have no means to pay for accommodation or family to rely on. Around 61,100 people have been accommodated in direct provision since 2000. If direct provision ends, something has to take its place.
Responsibility should be shifted away from the Department of Justice. It does not have the knowledge of housing or sufficient power and influence in housing policy circles.

The budget and control of accommodation for people seeking asylum should be ring-fenced but mainstreamed into wider housing policy. Housing experts should be consulted and sought for input. Philanthropy, faith groups, developers and business should also be encouraged to become involved. Partnerships and consortiums that leverage the unique attributes of each will be crucial.

**Bolt-on services**

Non-profit housing bodies should be incentivised to become providers of accommodation, with other organisations providing bolt-on services. Social housing funding streams, such as the capital assistance scheme, should be amended to allow for asylum accommodation to be a small percentage of social housing developments.

Tenders for asylum accommodation should also be designed to attract the interest of these housing bodies. Longer contract duration, with funding for capital and conversion costs, should be introduced.

The government has built only three accommodation centres in 18 years. In those years, over €1.2 billion has been paid to private providers of accommodation.

Tenders should also allow for longer lead-in time. Currently providers are required to provide accommodation at short notice, which puts off bodies that may require time to convert properties. The tenders should also be sufficiently broad to accept different types and sizes of accommodation so we move away from congregated settings.

The government has built only three accommodation centres in 18 years. The majority of existing centres were originally designed for other purposes. The State should procure fit-for-purpose accommodation to meet particular needs. This will be a cost-saver in the long term: in 18 years over €1.2 billion has been paid to private providers of accommodation. Spending money on providing
people with asylum is a good thing, but it should be done strategically to the benefit of people and the public.

Living space

Adequate living space is crucial, and will distinguish any new system from old. Own-door accommodation and self-catering facilities to ensure autonomy, privacy and dignity are a necessity. These sound like big asks but are achievable if planned.

New standards on direct provision point us in the right direction, but are based around the current system of grouping people together in centres. We should start with the vision of what we want and work backwards rather than incremental improvements to an existing system.

Accommodation should be within reach of an urban centre with transport links available. Local communities took the lead in offering welcome and support, as demonstrated in Moville and Rooky, after attacks there. But some centres are too far from the essential services that a person in the asylum process needs to access.

Some 700 people currently live in direct provision but cannot leave because of the housing crisis.

A matrix that considers issues like local services and accessibility to Dublin should be developed to test whether a particular area is appropriate.

Direct provision is more than accommodation. Changes, many involving little or no spend, can improve the system. The migrant integration strategy should be extended to include people seeking asylum from their arrival. Scotland has successfully implemented this model under the New Scots strategy. The strategy should also be amended to include actions on housing.

Supports and services should be available to assist people to transition from accommodation when they have regularised their status. Some 700 people currently live in direct provision but cannot leave because of the housing crisis.

A broader right to work is also needed. Only around 6 per cent of people in direct provision are working. Through work people can become independent and move on.
Asylum procedure

Delays continue to afflict our asylum procedure. Claim asylum tomorrow and you will be waiting for at least 12 months before being called for an asylum interview, and there is a backlog of around 4,000 cases.

Delays could be reduced by streamlining the application procedure, more resources given to the International Protection Office and more legal advice at the beginning of the procedure to have people recognised as refugees quicker.

Direct provision is already a chapter in Ireland’s long and dark history of institutional living. Now is the time to think big and change. More of the same fails us all.
Dear Chair and Members of Oireachtas Committee on Justice and Equality,

We appreciate the opportunity to make a submission regarding the Direct Provision system. The ISPCC (Irish Society for the Prevention of Cruelty to Children) is the national child protection charity. It provides a range of child-centred services including childhood support services, family support services and mentoring, all of which are focused on building resilience and coping skills. Our service offering includes an Integration Support Service based in Mosney Accommodation Centre. We also have a long history of advocating on behalf of children, their protection and the vindication of their rights. It is in this context that the ISPCC is making this short submission.

The ISPCC’s top line position on Direct Provision is that the system overall is not conducive to family life; it deprives children of a reasonable experience of childhood; and it is ultimately not in children’s best interests. However in the context of the ongoing use of this structure, the ISPCC’s priority here is in ensuring that vulnerable children who are placed in Direct Provision with their families are recognised as individual rights holders. It is imperative that these rights and corresponding special protections are provided for in policy and services; and that the accommodation being provided to children and families is adequate and meets their needs.

Insofar as the Committee’s interest in improving the welfare and conditions of those living in this system, work has already been completed which if implemented fully and effectively, would result in such improvements. The ISPCC welcomes the Draft National Standards for Direct Provision Centres which are extremely robust and will, when implemented, go a long way to ensuring the protection, rights and dignity of service users. In order to have the most positive impact for children and families the Standards must be published in full and implemented without delay. Compliance with the Standards must also be monitored by an independent inspectorate such as The Health Information and Quality Authority (HIQA).

While there are clearly some delays in the implementation of these important Standards, there are aspects within which would make a positive change for people entering the Direct Provision system. The allocation of Reception Officers (as outlined in the Standards) in each accommodation centre would facilitate a strong needs-led approach to supporting children and families seeking asylum in Ireland by providing an essential liaison between services and needs. The ISPCC suggests that Reception Officers should be allocated on a per capita basis, therefore seeing some larger centres being allocated more than one Officer to ensure the needs of vulnerable children and families are being provided for.

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Registered Charity No: 20037225 • Company Registration No: 15958 • CHY No: 5102 • Company Limited by Guarantee
President: Caroline Downey • Chief Executive: John Church • PATRON: Michael D. Higgins, PRESIDENT OF IRELAND
Directors: Patrick Barr; J.P. Donnelly, Mary Forde, Turlough Galvin, Sally Goodwin, Declan Hughes, Grace Kelly, Noel Kelly, Donal Quinn.
With regard to the efficiency of the current system, the ISPCC is not best placed to offer information on alternative processes however we must restate that due to lengthy stays in such accommodation, applicants are predisposed to declining physical and mental health, self-esteem and skills. Durations of stay at Direct Provisions centres vary across the system with the reported average stay being 24 months, with some residents having lived up to 10 and 12 years in centres.\(^1\) Conditions vary from centre to centre, so experiences of residents within different centres can also be widely varied. The inconsistency of conditions and standards are highly concerning as the current system creates barriers to integration, contributes to poor health and results in social exclusion. Moreover, a number of Direct Provision centres are in isolated locations with limited transport options. Therefore we must reiterate the importance of rolling out the National Standards.

Ireland unfortunately has a history where the needs and voices of children were not prioritised. There is an opportunity to ensure the most robust mechanisms are in place to respond to and prevent any child protection concerns arising; the National Standards provides for such protections. Childhood does not wait for structures and mechanisms to be enhanced and implemented, there are currently 1,724 children\(^2\) living in Direct Provision who have a right to the highest level of protection.

The ISPCC urges the Committee to expedite the publication and implementation of the National Standards for Direct Provision Centres as well as appointing an independent inspectorate to monitor same.

We look forward to following and supporting the work of the Committee on this issue.

Yours sincerely,

John Church  
Chief Executive, ISPCC

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\(^1\) Direct Provision for asylum seekers ‘not suitable long-term solution’  
\(^2\) Children’s Rights Alliance Report Card 2019
My name is Lahela Jones, I am a student, musician, employee and citizen of Ireland. I was not born in Ireland and throughout my life I have known people of many different backgrounds, countries and cultures. Because I was not born in Ireland, I have been following the stories of asylum seekers in Ireland with great interest. The testimonies of asylum seekers are most important for this committee. I wish to emphasize with my submission that it is also in the best interest for the residents and citizens of Ireland to change the system of international protection, and to emphasize that the public want to support asylum seekers.

I feel most of the decisions made by the state about the asylum seeking process is made without the welfare of refugees and asylum seekers in mind. It is the responsibility of the department of Justice to work through an asylum seeker’s case with compassion, because that is the objective of providing asylum in the first place. I will outline just some of what I find to be the most unacceptable aspects of Direct Provision (DP) and the asylum seeking process in my opinion. These are processes and conditions that must be changed drastically and with great urgency. If not, we will continue to treat asylum seekers as second class citizens.

Ireland is currently outsourcing DP centres to private companies and using hotels and B&Bs as long term accommodation. This means Direct Provision is a for profit system. As a result there is little incentive for centre managers to treat asylum seekers with dignity and respect. Many of the centre managers and staff have none of the relevant training when working with asylum seekers. Managers will use cost cutting measures to increase profits, at the expense of living conditions. Just one example of this is food. Food at DP centres has been reported by those living there to be poor quality, and strict rations are in place in order to make a profit. This is dehumanising for residents as they feel they have to beg for extra food for a sick child, for example. An alternative to this is a system run by the state where the welfare, dignity and well being of the adults and children seeking asylum outweighs the drive for profit. [1]

In direct provision, centre managers can impose rules at their discretion, including curfew, strict eating times, no visitors, mandatory sign ins. Most DP centres have no cooking facilities, and residents cannot come and go as they please. [2] Any system that denies autonomy is not suitable for asylum seekers. Their basic needs are controlled by others, with little to no accountability for staff. This gives an opportunity for abuse and humiliation by the staff towards residents. Any system that gives opportunity for one to exercise their power over the person seeking asylum is not acceptable. The only way to ensure this abuse never occurs is by allowing asylum seekers to work and live independently.

A Royal College of Surgeons Ireland (RCSI) study found depression and mental health problems in the direct provision system are up to five times higher than in the wider community. Mental illness is complex and the HSE and others have provided detailed explanation for high levels of mental distress within DP. The important thing is the state has the ability to alleviate and support, instead current conditions in DP exacerbate any existing mental crises, and in other cases cause them.

"It’s mentally damaging and physically damaging," - Laiq, husband and father of three, living in DP for eight years at time of report.
“People think I’m normal, but to tell you the truth, I feel mentally disturbed,” - Primrose, mother of two, living in DP for eight years at time of report. [3]

It is clear that these restrictions on day to day living, especially the barriers to work, are causing mental, emotional and psychological distress.

The ombudsman for children has declared direct provision unsuitable for children. As an Irish citizen and someone who has worked with children, I find these living conditions and reports of mental distress very disturbing, especially in the case of children. When looking at alternatives to direct provision, any system that forces people to live in a place where strict rules apply on their day to day living, and denies them their autonomy, is wholly unsuitable. I am ashamed of the conditions the government provide asylum seekers with and expect them to live in, as well as the suffering we know it causes from countless reports.

Recommendations

- Asylum seekers should be able to leave reception centres after no more than 12 weeks with housing support from local authorities such as social housing and support with private rentals.
- The right to work must be granted with no restrictions to adults as soon as the asylum process begins, and must remain valid until the individual no longer lives in Ireland. Movement of Asylum Seekers Ireland recommends a card similar to the IRP-GNIB card, so that employers can recognise it.
- Asylum Seekers should be permitted to hold a driving license.
- A physical and psychological assessment should be carried out within days of an asylum seekers arrival. These assessments are crucial to meeting their needs.
- There must be a specific timeline for each stage of the asylum seeking process. This timeline must be reasonable in reducing the uncertainty and anxiety about an applicant’s future. For example, interview should take place within six weeks of arrival, unless the applicant requests more time for legal or health reasons or requires more assistance. This timeline must be legislated for and strictly abided by.
- It must be ensured they every asylum seeker receives quality legal advice from an immigration lawyer. The state must ensure that the applicant fully understands their rights and understands fully each step of the asylum seeking process.
- Asylum seekers should be able to bring legal aid or a person to support them during their interview.
- It is essential that high quality, well trained translators and interpreters are provided in the dialect of the asylum seeker when filling out forms, application and during any interviews.
As an Irish citizen I have the right to apply for welfare, social housing, to work, and I have many options for education with financial support. Asylum seekers deserve these same benefits so they can live full lives in a community, rather than spending significant periods of their lives in what has been described as an open prison. It is not necessary for asylum seekers to live like this, it is not beneficial for anyone besides private companies and business owners who make a profit. As a society we are losing out. Our culture could be enriched by helping asylum seekers integrate, but instead they languish in institutions.

There is a plethora of issues with, and potential solutions to, the asylum seeking process in Ireland and Direct provision. The Mahon Report published in 2015, reports from the HSE, as well as recommendations from advocacy organisations such as Movement of Asylum Seekers Ireland and Irish Refugee Council give clear and applicable recommendations. I urge the government to listen to asylum seekers, to the children living in direct provision and hear their stories. I urge the government to act and end the state sanctioned suffering.

References


Written submission to the Committee on Justice and Equality on the issue of Direct Provision

Remove the barriers that prevent asylum seekers from obtaining an Irish driving license –
- Being able to drive a car is often essential to get to work and access services in rural Ireland. The inability to do so is preventing asylum seekers from taking jobs in locations beyond a short bus journey from their accommodation centres. Enabling asylum seekers to obtain Irish driving licenses will enable them to take advantage of more job opportunities, that are better suited to their skill sets and qualifications, further away from their accommodation centres and in doing so, will increase their likelihood to move towards independent living.
- A further cost-saving benefit of removing these barriers is that asylum-seekers in rural areas will be able to travel independently to their medical, IPO and other mandatory appointments, thereby reducing the cost of funding their transport.

Asylum seekers who have been working for more than 12 weeks must contribute to the cost of their accommodation and food in Accommodation Centres
- The system of charging asylum seekers who have found work for part of the cost of their accommodation and food in Accommodation Centres should be implemented as soon as possible for the following reasons:
  o The absence of this system disincentivises asylum seekers from moving towards independently living (“Why not live rent-free, full-board as long as I can?”)
  o Currently (while waiting for this 12-week system to be implemented) asylum seekers are able to earn significantly more than local people who are not living in Direct Provision. This inequality is fostering resentment from members of local communities where there are Accommodation Centres.
  o Within Accommodation Centres, the absence of this system is creating inequality between those who are already working and those who must wait for another few months before getting their work permits.

A new communication strategy is required to prepare rural communities for the opening of Accommodation Centres:
- The mindset of rural communities needs to change from “We don’t want to be the next community where these people are dumped in an old hotel” to “When will it be our turn to have a centre.”
- The experiences of Moville and Rooskey have unfortunately provided a very simple lesson to those who wish to prevent or delay the opening of Accommodation Centres in their communities.
- Given the anti-immigrant sentiment behind the Brexit vote, the tightening of rules against immigration in other EU countries, Ireland’s economic growth relative to other EU countries and the generosity of Ireland’s Direct Provision system relative to other EU countries, there may be a significant increase in the inflow of asylum seekers over the
coming years. These factors create an urgent need to vaccinate rural Irish communities against the anti-immigrant sentiments that have swept through continental Europe from Greece to Sweden.

- A pre-emptive and proactive communication strategy needs to be implemented, which engages and provides a forum for honest and frank discussion between members of rural communities where Accommodation Centres may be opened. These discussions must take place long before calls for tenders for new Centres are issued.

**Newly-opened Accommodation Centres would benefit from the support of a ‘Community Integration Facilitator’:**
- In the first months after an Accommodation Centre opens ‘Community Integration Facilitators’ are needed to facilitate the communications between newly-arrived asylum seekers and the rural Irish communities to break down the ‘unknowns’ felt on both sides, facilitate initial interactions and ensure these interactions take place in a manner that is demand-driven, respects the dignity and privacy of the asylum-seekers, and lays the foundations for asylum seekers to participate in all available opportunities intended to support their personal and professional development and engagement in Irish life.

**A mixed funding mechanism should be integrated within the current Community Integration Fund (CIF) model:**
- Based on trials in the Accommodation Centre in Lisdoonvarna since it opened in 2018, such a mechanism can enable smaller community groups to access small amounts of funding, increase the participation of asylum seekers in community-based activities, and increase the economic sustainability of the host community’s welcome to asylum seekers...

- ...Local groups, clubs and businesses tend to offer discounts to asylum seekers (e.g. 50% discounted entry to the local swimming pool, 50% discount for annual subscription to a soccer club). These discounted prices can be complemented by funds from a CIF mixed funding mechanism, and also by nominal fees (normally €1) paid by asylum seekers to participate in the activities on offer. The funds generated by the nominal fees paid by asylum seekers can then be recycled to finance further CIF activities. As well as enabling residents to participate in more events, this mixed funding mechanism also helps ensure that the generous and warm welcome offered to residents by the local community is sustainable.

- **Residents should pay a nominal fee to participate in CIF activities:** Counter-intuitively the nominal fees residents had to pay to participate in CIF activities appears to have increased their participation in activities: once they pay their €1 they will make sure they make it to the event. It also breaks from a mindset of dependence and the ‘hand-out culture’ that many residents grow used to while living in Direct Provision, and offers them more dignity when attending these activities alongside paying locals.
My name is Linda Kavanagh and I was involved in the successful campaign to repeal the 8th amendment last year. What does the have to do with direct provision and the asylum seeking process? I see it as the issue of bodily autonomy.

One of the reasons the campaign to repeal the 8th so successful was that we encouraged people to have difficult conversations and listen to lived experiences of those directly affected. We asked people to be brave and face those awkward conversations and asked people to listen to real stories.

I’m asking today that we continue to be brave and to continue listening.

I do not know what it is like to be forced to flee my country, leave everything I know and rely on the kindness of strangers to survive. And I imagine you don’t either. I cannot image what it feels like to arrive in a country, with new languages and customs and be put in accommodation full of strangers but away from the rest of Irish society. I do not know what its like to be forced to share a room with strangers who don’t speak my language. I do not know what its like to not be able to make a cup of tea without someone’s permission. I do not know what its like to languish there, unsure of my future and with the ever threatening spectre of deportation always present.

You do not have to like abortion or ever choose one for yourself to know that the 8th Amendment was damaging women and girls. I feel that this is echoed with direct provision.
You do not have to be an asylum seekers to be willing to create a dialogue around this issue. We **all** want the best for humanity and, while we may never agree on the route to getting it, we should be open to hearing the experiences of those affected.

We have seen the Citizens Assembly, the Joint Oireachtas Committee and the Irish people listen, in good faith, with an open heart and learn. I am asking that we listen to those directly affected such as MASI, the Movement of Asylum Seekers in Ireland when considering this issue. Mounting evidence shows that direct provision makes people vulnerable to violence, abuse and deportation, impacting health, human rights, bodily integrity and access to justice.

Direct Provision is an inhumane structure. The measly €38 a week given to people in direct provision means that some people are forced into sex work. This kind of poverty makes people vulnerable to exploitation.

When I think of reform of Direct Provision I don’t think of streamlining the process or the ghastly profits that some companies are making from it. People should be allowed to stay here. We have obligations under human rights treaties. Ireland takes those obligations seriously and we should.

Racism is a huge factor in why Direct Provision is tolerated here. Ireland is moving away from its dark past of looking up people we didn’t know what to do with, like in the Magdelaine laundries. This will be another in the litany of stains on Ireland’s history. Please listen to those directly affected and respect them as stakeholders and people with expertise.

Warm regards

Linda
Submission on direct provision and the international protection application process.

Kildare Feminist Network welcomes the decision by the Committee on Justice and Equality to seek improvements on an asylum, protection and reception system which, in its current form, is a grievous abdication of our responsibility to asylum seekers and refugees in Ireland.

About us:
The Kildare Feminist Network is a grassroots group working towards equality, autonomy, and choice for all people. Our feminism is radical, inclusive and intersectional. We seek an end to patriarchal arrangements of power that consistently and systematically disadvantage over half the population and that create a destructive and unsupportive environment for society as a whole.

We recognise that women at all levels of society struggle to be safe, to make themselves heard, and to be treated equally, but that migrant women experience these inequalities differently and more intensely. We acknowledge that some women have benefitted from advances made by the feminist movements of the past but that these rights have not yet been felt by all women.

We are not affiliated with any religious groups, political groups, or political parties in Ireland or globally. While we are open and willing to work with groups towards common goals, we will always remain an independent and unaffiliated group.

Our submission:
In keeping with Kildare Feminist Network’s work fighting gender-based violence, our submission will focus on the serious concerns we have for women, girls and transgender people living under the current direct provision and international protection application system in Ireland. However, we would like to note that we believe this system is not fit for any human being and that fundamental human rights and human dignity are not being recognised or respected. The submission highlights two areas in particular – Sexual Violence and Reproductive Healthcare and asks that the Committee for Justice and Equality consider these when making recommendations:

Submitted by Meliosa Bracken on behalf of Kildare Feminist Network (www.kildarefeministnetwork.com). Contact us at kildarefeministnetwork@gmail.com.

Phone: 086 4000665
Submission – Kildare Feminist Network

Sexual Violence

The Direct Provision system needs urgent reform to protect survivors of sexual violence and to ensure asylum-seekers and refugees are not left vulnerable to additional incidents of rape and/or sexual assault. A report published by the Rape Crisis Network Ireland° found that the current Direct Provision system exacerbates the trauma of past experiences of sexual violence and fails to provide survivors with the safety and security they seek as refugees. Many of those seeking asylum in Ireland are fleeing violent conflict and associated abuses of human rights. Sexual violence is rife during times of conflict, sometimes used as a ‘weapon of war’ and perpetuated by security forces, but also as a consequence of a widespread sense of chaos and lawlessness.\(^2\)

Survivors of sexual violence seeking asylum in Ireland have a right to feel safe and secure in their accommodation and to receive support and counselling. However, gender imbalances are evident in many DP centres and RIA’s annual report for 2015 showed twenty-eight women were living with fifty-four men in the Eyre Powell Centre in Kildare. In Hanratty’s Direct Provision Centre in Limerick, six women were living with ninety-eight men. While some centres have separate bathroom facilities for couples and families, single women frequently share bathrooms and other facilities with single men. In addition, the isolated location of many Direct Provision Centres makes it difficult for survivors of sexual violence to access counselling and support. In some cases, counselling has ended abruptly when the survivor was moved to a different direct provision centre.

The current system also leaves women and children at further risk of sexual violence. The report by the Rape Crisis Centre found that concerns had been raised by those living in Direct Provision Centres with reported incidents of sexual harassment and sexual propositioning. Others reported concerns about children being ‘groomed’ by men in the hostels and/or local communities and women and girls also reported being approached by ‘pimps’ and solicited for sex. Although exact figures for sexual assault and rape in Direct Provision centres are not available, asylum seekers have reported numerous incidents of sexual harassment by Direct Provision staff, other residents and community members\(^3\).

Ireland has a duty of care to those seeking asylum and there is a clear breach of this duty for those who have survived sexual violence and for those being placed at an increased risk of sexual violence within the current system. Reform of the current system is urgently needed and Kildare Feminist Network advocate for the closure of all Direct Provision centres. In the interim, the following measures should be taken immediately:

- The implementation of specific policies on the prevention of sexual violence in all centres.
- Staff training on sexual harassment, appropriate conduct and how to respond to complaints of sexual violence and/or harassment.
- Women-only accommodation for those wishing to be accommodated away from men. This option should be available to all female asylum seekers, regardless of whether they have made a disclosure of sexual violence.

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\(^1\) Rape Crisis Network Ireland (2014) Asylum Seekers and Refugees on hold: Sexual Violence disclosed to Rape Crisis Centres. Galway: Rape Crisis Network Ireland.


Reproductive Healthcare:

The Direct Provision system is a serious barrier to timely access to appropriate sexual and reproductive health services. Women and girls in Direct Provision experience significant barriers in accessing information about their reproductive health and it is critical that women and girls of reproductive age have the information and means to protect themselves from unintended pregnancy and/or plan the number and spacing of their children.

Women and girls living in the Direct Provision system must navigate multiple obstacles when trying to access reproductive healthcare due to cost, communication and language barriers, lack of information, lack of transport options and problems changing GPs when they refuse to prescribe contraception or provide abortion services. This is particularly important given the number of GPs who are ‘conscientiously objecting’ to providing pregnant people with their constitutional right to information on and access to termination of pregnancies. Pregnant people living in remote Direct Provision Centres cannot be delayed in accessing abortion services given the twelve-week time limit in place.

The cruel and inhumane treatment inflicted on Ms Y in a Direct Provision Centre in Ireland clearly shows the shortcomings of the reception and integration system in dealing with a young woman, pregnant as a result of extreme sexual violence and rape, suffering from post-traumatic stress disorder and seeking an abortion. Even though she was legally entitled to one, the delays and obfuscation she encountered and the lack of accountability from any one of the multiple agencies dealing with her case meant that she was forcibly detained in a psychiatric treatment, force fed and hydrated against her will and ultimately coerced into a caesarean delivery of pregnancy. This appalling treatment of a young woman shows what happens when Ireland abdicates its responsibility to shelter and protect those who seek asylum in our country.

Kildare Feminist Network does not believe that Direct Provision Centres, in their current form, can deliver the reproductive healthcare and support needed by an especially vulnerable population in our community. Although the Irish system is not technically ‘detention’, the lived experience of those living in Direct Provision show that the isolated location, the minimal amount of money made available to them (€19.10 per week) and the restriction on working combine to create living conditions that resembles prison life.

There are alternatives to the automatic dispersal & detention system we have in place, such as appropriate screening before placement, community placement, not-for-profit community-based shelters, etc. We ask the Committee to reflect on how we can create a reception, protection and integration process that ensures the humane treatment of all asylum seekers and that survivors of sexual violence and those needing reproductive healthcare are treated with dignity and kindness.

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Dear Mr. Byrne,

I would like to make the below submission in relation to issues of Direct Provision and the international protection asylum process.

In a broad sense, the system of Direct Provision has been widely criticised by domestic and international human rights organisations who have conducted research on it. It is a system which has been utterly condemned by those who have experienced, or continue to experience it directly. In spite of this repeated criticism and condemnation, it is clear that steps towards the abolition, or indeed even reform, of Direct Provision have moved at an unsatisfactory pace.

The Movement of Asylum Seekers in Ireland (MASI), which was established in 2014, calls for an end to Direct Provision, the right to work and education, residency for all in the system, and an end to the brutal current deportation system. We unconditionally support MASI in their demands and, as a preface to the below, would like to echo their frustrations at being excluded from the various reports and investigations which have been conducted in recent years. We believe that those directly affected by any system must be the voices we listen to as a priority.

The McMahon Report, published in 2015, made a total of 173 recommendations based on a lengthy process of consultation with members of the Working Group on the Protection Process and Direct Provision.¹ NASC, the Migrant and Refugee Rights Centre, subsequently published a working paper on the
progress of Implementation of the McMahon Report, in 2017. A summarisation of its findings indicate that out of 173 total recommendations in the report, 20 (12%) could be verified as 'Implemented'.²

In the Eleventh Report of the Special Rapporteur on Child Protection³, submitted to the Oireachtas in 2018, Dr. Geoffrey Shannon raised concerns that many children in the Direct Provision system are living in State-sanctioned poverty and in environments that could prove highly damaging. He noted that "we are in a situation where we treat children in direct provision as being second-class citizens". In his summary of recommendations, he notes:

"Ireland should abolish the 'direct provision' system of accommodation for asylum seekers and ensure adequate provision for children’s standard of living. In the interim, the Reception and Integration Agency must ensure agreements with commercial contractors in relation to compliance with section 42 of the Irish Human Rights and Equality Commission Act 2014 and ensure high standards of accommodation. Direct provision should be placed on a statutory footing, and a time limited period (6-9 months) introduced after which an individual who has not yet received a first instance decision on his/her status should be able to leave the direct provision system and live independently and access relevant social welfare payments."

There are a multitude of issues with the Direct Provision system which specifically negatively affect the lives of its resident who identify as LGBTQ+. The isolation that naturally occurs under this system - in which residents’ movements are monitored, transport links are often inadequate, and in-house supports and resources are not widely available - hampers opportunities to integrate, build networks and socialise with other LGBTQ+ people. It is often a dangerous environment, wherein residents feel compelled to conceal their identities for fear of facing violence and intimidation.

Louise Sarsfield Collins of Maynooth University published a substantive report which examines these issues, entitled The Law and Everyday Experiences of LGBTQ Asylum Seekers⁴. She notes that "these physical and material barriers to engaging fully with the local community are felt by all asylum seekers in Direct Provision. However, for many LGBTQ asylum seekers, homophobia serves to further imprison people. This homophobia can be both internal and external."

The McMahon report also outlined issues that are faced by LGBTQ+ asylum seekers in Direct Provision. These issues included a lack of individual lockers for the storage of personal items including papers relating to residents’ claims which they said were a cause of "real anxiety". Safety and isolation were also highlighted as serious issues to LGBTQ+ asylum seekers, especially in cases where they had to share bedrooms and bathrooms. They also reported serious issues of concern around disclosure of their sexual orientation and the response to those disclosures.
In August 2018, a trans woman, Sylva, died suddenly in a Direct Provision centre. She had been resident in a male centre, having come out as trans roughly two months after arriving in Ireland. Her loss is mourned by all in the LGBTQ+ community, many of whom knew her personally, especially in the Galway area.

The physical and mental healthcare needs of LGBTQ people are unique and it is imperative that sufficient resources are available to those in the asylum process.

I support the call for the abolition of Direct Provision. We support and wish to amplify the demands of the Movement of Asylum Seekers in Ireland.

I believe the above submission offers a substantive argument for these demands.

Emmet Kiernan

Bibliography


Aoife Kirk

Submission to the Committee on Justice and Equality

I am an Irish citizen, actively doing an MA in Public Advocacy and Activism at NUI Galway and am doing a Service Learning Placement with the University of Sanctuary project there. I am currently supporting research in relation to employment opportunities and supports for asylum seekers in Galway. I am writing this submission in solidarity with asylum seekers and refugees in Ireland and in support of MASI.

Human rights are guaranteed to all human beings regardless of their political status in a country, that is why they are called human rights and not citizen rights or resident rights. As MASI have so perfectly put it, they are not a gift to be bestowed upon people, they are an entitlement that states must ensure and provide. The Irish protocol around those seeking asylum and the direct provision system dehumanises people from the outset to prevent entitlement to human rights.

I have participated in workshops in which asylum seekers shared their experiences in direct provision. They struggle to maintain their mental health, their self-esteem is damaged, they feel as though they have no purpose. They jump at any free courses or workshops available to them that local organisations provide just to feel as though they can do something, meet people and to feel human. They want to work, live in Irish society, cook for themselves and their families, teach their children basic skills and to feel valued in Irish society. They are not living in dignity which they deserve as people. They are denied their right to security, work, a good standard of living, their health, privacy and integrity.

The system of direct provision distorts the Irish publics view of asylum seekers and refugees. Direct provision centres cost the state huge sums of money to run, while asylum seekers receive just €21.60 per week. The state paid €50million alone to private companies to run
these centres.¹ Asylum seekers are not benefitting from this system, but large private companies are. Human rights are cast aside by this system in the name of profitable gain. This can be likened to the prison systems in the USA, where large private companies are paid to incarcerate people, the majority of whom are black, or people of colour. Ireland, as a state and nation, needs to critically assess and challenge this systemic racism which is now filtering out into the public mindset who believe that asylum seekers are coming to get things for free and to use our resources. When in reality, they are prevented from accessing resources and contributing and participating in society.

I support the recommendations that MASI have put forward in their submission.

- **Legal Process**: The process of seeking asylum is first and foremost a legal process so it is essential that people receive all necessary legal advice and that the system is orientated towards vindicating peoples’ right to seek asylum and to live in safety.
- **Work**: The right to work must be immediate and unrestricted for all people seeking protection in Ireland.
- **Reception**: People should be accommodated in reception for no longer than three months before moving into housing in the community.
- **Direct Provision**: Direct provision should be abolished and people seeking asylum in Ireland should have access to the same housing supports via their local authorities as is the case for others.
- Full and tuition fee free access to education and training at all levels must be available to international protection applicants.

No human being should have to ask to be treated like a human being. The Irish government now has the opportunity to begin a process of ending systemic racism and incarceration of human beings.
Submission to Oireachtas Committee.

Direct Provision Centres.

We want to make a small contribution to the Direct Provision chapter. We want to make sure that we that it is understood that direct provision is not a good system for reception and integration of asylum seekers. Many of us have been in the system for 3 years and more (over 5 years) and we ourselves have suffered the long waiting times without the right to work in Direct Provision. Many of us are professionals and had careers before we were forced to seek refuge in a different country. We did not come to Ireland by choice, we came here out of necessity. We love this country and we are convinced that we can bring a positive contribution to Irish life and sports, if only the Irish government would let us.

Our proposal is to abolish the direct provision centres and let people like us live independently while working and contributing to the Irish Society. A recent article in the Irish Times highlighted how refugees are now helping the German economy to boom, we could do the same in this country, and are eager to do so. (link2)

If a reception centre is required, we advise it should be run by specialised staff, who have knowledge and experience in working with refugees and asylum seekers, and who are responsible for more than just a bed and food.

We have started playing cricket after many years of being depressed and having nothing to do in the centre. It is thanks to the passion and input of the grassroots organisation. Without them, we would still be doing nothing. (link 1) Now we have regained confidence, get up with a purpose and have organised ourselves in a team, we are being challenged by other local teams and sometimes some of us play for other teams when they are short of players. Sports is very important in combatting depression and other mental health issues, It should be part of the package for everyone.

We propose that centres for asylum seekers are run by professionals, and that access to sports for all is made possible, be it by liaising with local sports clubs or by health and wellbeing professionals on site who can help us organise and practice the sport we all love. Cricket is a minority sport in Ireland, with the new influx of migrants from Asian countries and with some investment in our physical wellbeing, Ireland will benefit from players within our communities. Together we can make Irish cricket stand out and progress in the world.

Summary:

- Give everyone the right to work
- Centres should be run by professionals with experience in refugees, migrants and asylum seekers and PTSD.
- Health and Wellbeing professionals should be part of the staff
- Health and Wellbeing should be an important part of the process
- Invest in sports and grow Ireland’s sport professionals
1. [https://www.facebook.com/Krac11CricketClub](https://www.facebook.com/Krac11CricketClub)
Submission

I have worked with children from Direct Provision, so this is why I am making a submission.

Here is some factual information and opinions concerning Direct Provision, and why it is an unsuitable system for asylum seekers.

- DP centres are completely unsuitable as long term accommodation. There are 37 DP centres in Ireland. Only 3 of them were built with the purpose of housing asylum seekers. Families are often living in a single room with no cooking facilities for them. (October 2018 AIDA/ECRE - https://www.asylumineurope.org/reports/country/republic-ireland/reception-conditions/housing/types-accommodation)
- Living rules for each DP centre are applied by an individual centre's management, e.g. strict curfews, no visitors allowed, cannot be away from DP centre for more than 3 days before facing eviction. This sounds very much like an open prison.
- For people seeking asylum, at the major interview stage, people are generally by themselves whilst facing the barrister who interviews them. Solicitors very rarely come to the interview and there are no observers present. This only adds to the absence of accountability, and the potential for racist, unsafe and xenophobic proceedings that are happening all the time within this system in Ireland.
- There is also no proper regulation or transparency concerning the translation process in Ireland, which has resulted in some horrible outcomes.

Here are some recommendations.

- All people seeking asylum must be awarded the right to work immediately.
- All people seeking asylum must be allowed to get a drivers license if they want.
- All people seeking asylum must be awarded within four weeks of arrival with the appropriate and extensive mental and physical healthcare they individually require.
- All people seeking asylum must be allowed access to education and language services
- All people seeking asylum must have a right to appropriate housing.

These are the issues I find most pressing. I hope you will take the time to thoroughly examine all submissions.
Thank you for your time.
The intention of direct provision – to create a ‘hostile environment’ for people seeking asylum in Ireland – has always been clear. The aim is to ‘discourage’ people from coming to Ireland for asylum. Despite the well-known degradation and human rights abuses of the direct provision system, it has not stopped people coming to Ireland for asylum. That is because people who need asylum, or who simply need to leave their country of origin, do not stop existing just because the system into which they enter degrades and harms them.

In a parallel example of criminalising human necessity, we learned over the past 35 years that making abortion difficult to access does nothing to stop people accessing abortion anyway, because people who need abortions don’t stop existing just because the law creates a ‘hostile environment’. All that happens is that the people who need abortions take greater risks and endure greater difficulty. Similarly, people who need asylum will not stop existing just because the entry system is cruel and degrading. The only outcome is that people seeking asylum are treated cruelly and degraded.

Migration of all kinds, including seeking asylum, is a normal fact of life, and increased climate instability in the world means that nearly all of us, or our descendants, will be obliged to migrate in some way at some point in the future. Continuing with the ‘hostile environment’ mentality that created the direct provision system 20 years ago is not only morally wrong, it is stupid and pointless.

**Recommendations:** At an absolute minimum, the direct provision system needs to be entirely abolished and all people seeking asylum need to be allowed to work and live independently from the moment of arrival, and provided with financial supports to help them in that process. The review process for asylum applications also needs to be completely changed so that it does not de facto accuse all applicants of lying, as it does now. This would require a root-and-branch change of attitude in the Department of Justice, which would be difficult but is not impossible.

The system of direct provision was brought in under the same Fianna Fáil/Progressive Democrats governments that saw the enactment of the racist 27th amendment. The parties/entities that comprise the current government have an unique opportunity to both do the right thing and gain significant political advantage over the largest opposition party by abolishing direct provision and implementing policies aimed at righting the wrongs of the past 20 years. If the voices of those oppressed by the direct provision system are not deemed sufficiently persuasive, perhaps the opportunity for political advantage will be. Either way, the direct provision and asylum application review systems are under scrutiny now, and voters are not going to stop scrutinising and critiquing them until things materially improve.

*29 May 2019*
To the committee members,

I am making this submission as I want to show support to our sisters and brothers living in the Direct Provision system in Ireland, and to express my deep concerns at the inhumanity of this system which must be ended. I don’t have a specific area of expertise, I am an English language teacher, and I have made friends with and spent a lot of time with people living in this system. I have also done voluntary work with refugees arriving in Lesvos, Greece and the ‘Jungle’ camp in Calais, France.
I have become friends with many people living in the Direct Provision system and have seen the damage it has done to their lives, their physical and mental health, and to their opportunities to live meaningful lives in this country.

I have seen the children of a friend, three of them sharing one room, struggle with their school experience as they can’t bring friends home to the centre, can’t afford to go on school trips, can’t afford much of anything really. I have watched as one of these children is growing into a young teenager and has no privacy, no space to be by herself, and is really finding her situation difficult. I have seen this for years now, why are these people being kept in such a limbo for so long? It’s unfathomable and totally unjustifiable.

I have spent time with friends who were in the worst centre, in Mount Trenchard Co. Limerick – 7 kilometres from Foynes, literally in the middle of nowhere, and watched their isolation grow. It is unconscionable that vulnerable people, many of whom have experienced deep trauma, are warehoused somewhere where there is almost zero chance of integration into the local community. If they visit Limerick city, they have to spend all day there until the bus home at 5.30. it looks like deliberate policy by the government to keep asylum seekers and refugees isolated from the broader community, thus furthering their separation and also depriving citizens here of the chance to meet and befriend them.

I am an English language teacher at the University of Limerick and I can see from a professional perspective how lack of language skills can deepen people’s isolation from their new home community, but language classes are only available on a voluntary or ad hoc level. This is dedevelopment of people’s skills and abilities and makes no sense unless it is policy to deny opportunity to integrate to asylum seekers. Coupled with the lack of a real right to work, this denial of language education ensures that the years that people spend waiting for their claims to be processed are effectively wasted or lost years. As well as denying people their rights, this also denies the host society all the benefits that come from having people from other countries and cultures welcomed into the community.

The denial of agency to asylum seekers where they have to ask for everything from toilet paper to food for a sick child at night, often being refused, is humiliating and cruel. The staff in some of the reception centres seem to perpetrate cruel power dynamics and do not seem to have proper training in how to behave humanely to asylum seekers, how is this allowed to proceed?

The lack of counselling services, professionally trained staff to provide support to those in the system is very damaging to people’s welfare, especially their mental health and is an abrogation of Ireland’s human rights obligations. There is no care or thought given to who people are forced to share rooms with, often putting people together in situations which are culturally inappropriate and placing LGBTQ people in very vulnerable situations. There is also a huge shortfall in services provided to victims or torture and or sexual violence and a lack of understanding and empathy at an official level as to their trauma and needs. This is simply unacceptable and very cruel.
The accommodation is substandard in many of the centres, often unsanitary, usually ugly, cramped, unsuitable and with very basic facilities, including inadequate play areas for children. The food is not nutritious, culturally appropriate or good and it is shameful that people, especially families, are kept for years without having the ability to cook. Why does the Irish state try to infantalise asylum seekers and deny them their most basic rights?

The fact that the Direct Provision system is very profitable for some, the centre providers – both private and Aramark - adds another layer of shame to what is being done to people coming to this country to be safe and start new lives.

Direct Provision is a gross violation of the human rights of asylum seekers and a stain on this state. It is shameful that despite numerous human rights organisations, including the United Nations, condemning the Direct Provision system, that the Irish state continues to maintain it. Will we be looking back in years, as we do now with the Magdalene laundries and mother and baby homes, handwringing about the harm we did to people? Of course we will, so why not take meaningful action now and end this rotten system? All of us will be enriched by welcoming our sisters and brothers who need protection and solidarity into our communities, with the same, full rights as everyone else here. Please stop treating people this way, it is wrong.

Recommend:

Ending the direct provision system completely

Significantly reducing the waiting time for decisions on protection applications

Giving unlimited, full right to work to everyone
Submission:

1. The Direct Provision system

The Direct Provision system is an inadequate provision by the government for the needs of people seeking international protection. Originally aimed for a six months stay, the system houses many people for years on end, in conditions not fit for human habitation, delaying the consideration of people's application for international protection, dehumanizing them and not catering for their and their families' needs.

The asylum system as it now operates does not uphold the rights of international protection applicants, including family rights, the right to privacy, the right to education, the right to work, the right of the child, LGBT and women's rights, and the right to religious freedom. People in the Direct Provision system are treated as 'lesser' people and not accorded dignity and are often humiliated by for-profit centre operators. The reception of applicants should be provided by trained personnel, and offer legal, psychological assistance, particularly to victims of torture, rape and violence, and professionals offering these services should be independent of the Department of Justice or RIA. The reception process should be decentralised and services, including English language courses and workplace rights, should be offered where applicants are located.

I strongly believe that the Direct Provision system should be abolished with urgency as it fails to meet the necessary conditions for holding a large number of people. It is a for profit system which ultimately profits a small number of entrepreneurs at the expense of the people residing in the system. Housing applicants for international protection is part of the housing crisis faced by today's Ireland and solving their housing needs should be undertaken as part of the general solution to Ireland's acute housing crisis.

I support ending all deportations – at present applicants for international protection in the Direct Provision system are in what has been called "a state of deportability" – candidates for deportation any time, yet often not deported due to Ireland's human rights obligations. Living in this liminal state of deportability puts people under undue pressure, not enabling them to live a productive life, study or work and is totally unacceptable.

Finally, RIA must be abolished and the Department of Justice should have no part in housing applicants, who should be housed in the community within a few months of their arrival in Ireland.

2. How the current system of processing claims could be improved.

The asylum system as now operating in Ireland treats applicants for international protection with suspicion as has been amply documented by various NGOs and researchers. To improve the system for processing claims, asylum seekers must be provided with clear information, in their own languages, of the legal process.

Interviews for applicants should be conducted in regional centres so people should not have to travel to Dublin. There should be a maximum of four weeks wait for medical and psychological testing and reports. PPS numbers should be available upon arrival.

Interviews should be conducted within six weeks of arrival and decision should be available within a maximum of six months – there is no reason for the huge delays in conducting interviews and making decisions. Applicants should be able to receive housing in the community as early in the process as possible, and should be assisted in finding work, with the appropriate language and professional training and/or re-training.
3. How current welfare and conditions of people in the international protection system could be improved

I believe in abolishing the Direct Provision system entirely. Meanwhile, and until this happens, several improvements can be made to the system as it exists. Urgent improvements include:

- The system should not be operated by RIA and definitely not by for profit companies. Centre managements should be independently inspected regularly to prevent any maltreatment of residents, as has been often reported, in terms of issues such as out of date and inappropriate food, food not being available outside the very restricted times leading to children often going hungry, over surveillance of residents by centre managements etc.
- LGBT and women’s rights should be catered for – at present homophobia is not addressed, and women and young girls are not protected from harassment by men prowling around the centres and propositioning women, as well as by single men within the centres.
- Children’s right should be protected – at the moment, children in Direct Provision centres, often forced to share one room with their whole families, suffer unfair disadvantages in schooling. Children who manage to graduate from secondary schools with sufficient points should be enabled and funded to study in third level institutions.
- The right to work is a key issue and all restrictions on the right to work should be removed. In particular:
  - The right to work should be immediate available without restrictions to all people seeking protection in Ireland.
  - The current work permit should be replaced with a ‘stamp’ indicating permission to work, replacing the TRC card that only the Gardaí and Immigration accept as identification. This would make the permit recognisible to potential employers.
  - All international protection applicants should be allowed to set up bank accounts.
  - The right to work should be available as soon as the asylum process begins and must remain valid until a person leaves or is removed from the state.
  - Applicants for international protection should be able to hold driving licenses.

4. Alternatives to Direct Provision.

The Direct Provision is an unsuitable system to dealing with applicants for international protection, many of whom have escaped violence and torture, so all alternatives should make a distinct improvement on the existent system. In particular, I believe the process of applying for international protection and the reception of asylum seekers should be taken out of the hands of RIA and the Department of Justice, which, at best, should only be in charge of the legal end. Applicants’ housing, work, and education needs should be considered together with the needs of other people in the community, and should be part of resolving the dire housing crisis in Ireland.

Doing less than this would entail the Irish government having to apologise to former applicants for the serious harm done to them, just as the Irish government had to apologise to survivors of institutional abuse in 1999 (Bertie Ahern for Industrial Schools) and 2013 (Enda Kenny for the Magdalene Laundries).
To whom it may concern;

Please find attached my submission as an individual to the Committee on Justice and Equality on the issues of direct provision and the international protection application process.

My concerns are informed by my direct contact through friendships and connections with persons living in various Direct Provision Centres throughout Ireland. I am also involved with the work of MASI – Movement of Asylum Seekers of Ireland.

Overall I am proposing that the system, as it stands, is not fit for purpose. Direct Provision Centres were established over 20 years ago as a temporary solution and two decades later people are suffering and merely existing in the centres for 5, 6, 7 sometimes 8, 9 or 10 years? How did this happen??? The system is one that degrades people ‘living’ in it because they are not provided with any proper access to support for either the legal process of seeking Asylum or the supports for emotional and psychological needs throughout their years of waiting. The right to work without restriction is denied, the right to free training and education is denied. Families are denied the right to cook together and eat the food that is part of their heritage, culture and sense of belonging instead being forced to eat poor quality food that does not vary in option. There is no process whereby residents can, without fear of retribution, make a complaint about a centre or the staff of a centre (residents are frequently told by staff that speaking out will have a negative consequence on their application process). I have seen first hand how a simple basic need like laundry can be used as a means of control and intimidation by staff. I have also seen first hand a ‘shop’ in a centre charging above and beyond for food items compared to what they cost in a local supermarket. The Centres are very often in very isolated areas meaning residents are denied the right to a meaningful integration in society where they could cultivate a sense of purpose, fulfilment, contribution, wellbeing, belonging and a sense of self-worth. All of this is denied by the current system which runs centres by private security firms and other profit-making corporations such as Aramark. Profiteering from the demise and misery of people living within a system where they lose their dignity and freedom.

With thanks,

Barbara Leonard
Submission:

Issues, the problems/violations/damage and what is needed to change this situation –

No legal advice is provided for people when they are first submitting their application forms thus creating a huge number of first refusals and a long waiting time to appeal, sometimes years.

People are treated with suspicion when applying for Asylum rather than a culture of support towards the right to live in safety.


The restrictions with regard to the Right to Work are a barrier. The Right to Work for all without restriction must be provided.

Returning people back to the dangerous situations they are fleeing via Deportations where their lives are in danger again and families are being separated.

Children growing up in an institution rather than a home – we have a long and terrible history in this country with the abuses and cover ups that occurred in institutional care and we are repeating those atrocities. [https://www.dcyagov.ie/documents/publications/SeventhSpecialRapReport2014.pdf](https://www.dcyagov.ie/documents/publications/SeventhSpecialRapReport2014.pdf)

People are without support services – medical and psychological assessments are required for recovery from illness, trauma (domestic violence, LGBTQ violence and rape, torture) physical disabilities and mental health issues plus many more support needs.

Recommendation:

It is my opinion that the entire system of Asylum process needs to be addressed and changed in accordance with the recommendations from MASI. It is my opinion that we need to listen to those that are experiencing Asylum and our Direct Provision Centres. We must take their guidance, expertise, advice, experience and knowledge and implement changes with immediate effect. I believe Direct Provision Centres must be ABOLISHED completely.

In conclusion we must stop treating people as less than in this cruel and unjust system. The length of time people wait for their first interview, on average 20 months, the high rates of having to appeal due to the lack of legal support, the years of waiting before an appeal happens and all the while people are merely existing in Direct Provision Centres throughout Ireland without the Right to Work without restrictions, without basic human needs being met, without the right to free training and education and without the basic human right to a meaningful and purposeful life instead we incarcerate people in a system that breaks them down to the point of complete loss of identity and in some cases the loss of their life to suicide because they cannot take anymore. It must stop.

With thanks,

Barbara Leonard
LGBT IRELAND OIREACHTAS SUBMISSION

LGBT+ ASYLUM SEEKERS IN DIRECT PROVISION

Who we are

LGBT Ireland is a national charitable organisation providing quality support and information services to Lesbian, Gay, Bi and Trans (LGBT) people and their family members. Informed by the issues and experiences raised through our frontline services we also provide training and advocacy supports to advance the rights, visibility and inclusion of LGBT people and their families, living across Ireland. LGBT Ireland’s frontline services are provided by a network of seven regional helpline services which are supported by LGBT Ireland’s staff team and Board of Directors.

Key activities of LGBT Ireland

- The provision of quality frontline support and information services including; National LGBT helpline and online chat service; the Gender Identity Family Support Line, specialist peer support groups; and dedicated website www.lgbt.ie providing a gateway to information and supports for LGBT people across the country.

- Delivery of training & education programmes in LGBT+ awareness and inclusion to a wide range of statutory and community and voluntary services and groups.

- Advocacy and policy development to enhance the visibility, rights and inclusion of LGBT+ people in the legislative, policy and practice areas that affect their lives.

LGBT Ireland’s frontline services aim to reach those within the LGBT community who can experience the greatest levels of inequality and social exclusion, including;

- Young people, with over 70% of contacts to our online chat service from people aged 25 and younger.

- Families with a family member who is Trans or gender non-conforming, through our Gender Identity Family Support Line.

- LGBT+ Asylum Seekers & Refugees living in Direct Provision, through our monthly peer support group “Is Rainbow Muid, We Are Rainbow”.

- Straight spouses of LGBT people who have recently come out through our ‘Straight Talking’ peer support group, alongside a separate group for married people who are struggling with their sexuality.

- Support to those Coming Out as LGB through our ‘First Out’ groups.
LGBT Ireland’s Advocacy work is undertaken at individual, community & national levels. Specialist advocacy support is provided to vulnerable LGBT+ individuals through outreach (e.g.) emergency one to one support to Asylum Seekers living in Direct Provision. National advocacy includes advancing policy and legislation that will improve LGBT+ lives (e.g.) member of inter-governmental oversight committee for National LGBTI Youth Strategy, lead organisation on LGBT family rights campaign and the LGBT Champions programme targeting health & social care professionals in older age services.

LGBT Ireland’s Training aims to improve the rights, visibility & inclusion of LGBT people within Irish society, through providing general and specialist LGBT+ Awareness training to a range of public and private services. LGBT Ireland’s trains approx. 1,000 external participants each year from a range of statutory, voluntary and community mainstream services.

LGBT Ireland’s Services include national, regional and local supports:

- Daily National LGBT Helpline and online chat service responds to approx. 2,000 contacts per annum- national, international
- Dedicated website www.lgbt.ie which offers supports and information to approx. 75,000 visitors per annum- national, international
- Weekly National Gender Identity Family Support Line responds to approx. 200 contacts per annum- national
- Peer supports service offering a range of specialist peer groups to approx. 150 people per annum- national, regional, local

All services are free and open to all LGBT+ people who are in need of support.

LGBT Ireland’s expertise in supporting less visible groups within our community

Emerging predominantly through our frontline services, while also in our training and advocacy work, is a deep knowledge of the broad spectrum of ongoing issues and needs of the LGBT+ community in Ireland, as well as the knowledge of what remedies and solutions are sought.

Recent Irish comparative research (2016) into experiences of LGBTI youth mental health vis-à-vis general youth mental health confirm worrying trends among young LGBTI people in Ireland:

- 2 times the level of self-harm

1 Higgins, Agnes, Doyle, L, Downes, C; Murphy, R; Sharek, D; DeVries, J; Begley, T; McCann, E; Sheerin, F & Smyth, S (2016). The LGBTIreland report: National study of the mental health and wellbeing of lesbian, gay, bisexual, transgender & intersex people in Ireland. Dublin: www.belongto.org
3 times the level of attempted suicide
4 times the level of severe/extremely severe stress, anxiety and depression
60% of LGBTI people had seriously thought of ending their own life, almost half within the past year
60% said suicidal thoughts were related to LGBTI identity
Intersex, transgender, and bisexual people were more likely to consider ending their own life than lesbian or gay people

The National LGBTI Youth Strategy launched by Minister Zappone, DCYA, is the government response to the needs identified.

Another section of our community that LGBT Ireland has focused attention on is the doubly invisible older LGBT people. There is limited Irish research on this group with Visible Lives (2011) still being the go-to text for an insight into the issues and needs of older LGBT people. Some worrying findings around isolation and loneliness, more recently corroborated by Stonewall UK research (2015), include:

“diminished support networks in comparison to heterosexual peers”
- More likely to be single: 40% (UK) / 43% (IRL) of gay and bisexual men are single, compared to 15% (UK) / 15% (IRL) for heterosexual men
- More likely to live alone: 41% (UK) / 46% (IRL) of LGBT people live alone compared to 28% (UK) / 29% (IRL) of heterosexual people.
- Less likely to have children: just over 25% of gay and bisexual men and 50% of lesbian and bisexual women have children, compared to almost 90% of heterosexual men and women.

LGBT Ireland’s LGBT Champions Programme, as well as the soon to be published National LGBT+ Inclusion Strategy of Dept. of Justice & Equality aim to address these issues.

LGBT Ireland sits on the National Action Group for LGBT Travellers & Roma. This group was formed in 2016 with the goal of advancing greater awareness and understanding of LGBT Travellers and Roma and their inclusion in their support organisations and communities. Once again there is a dearth of research on this very hidden and vulnerable part of a community of people already marginalised and

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2 The LGBTI+ National Youth Strategy 2018 - 2020 was launched on 29th June 2018. It provides an opportunity to build a more inclusive Ireland for LGBTI+ young people and is the first of its kind in the world.
stigmatised in Irish society. A snapshot piece of research by the Eastern Region Traveller Health Network (2012)\(^5\) in Dublin revealed shocking insights into the emotional struggles facing LGBT Travellers:

- 5 of 11 had self-harmed; they were aged between 15-18 years of age when they first self-harmed
- 6 had seriously thought about ending their life
- 5/6 stated their thoughts were “very much related” to being LGBT
- 2 of 3 participants with children had planned and attempted suicide
- average age of attempting suicide was 17.4 years

The National Action Group in its awareness-raising work with Traveller organisations as well as with the LGBT+ community, is endeavouring to improve this situation. The current National Traveller and Roma Inclusion Strategy (NTRIS) references the need to support LGBT Travellers.

LGBT Ireland was a Steering Committee member for the National Lesbian and Gay Federation’s 2018 research project *Far from Home, Life as an LGBT Migrant in Ireland*\(^6\). The report provided the first overview of experiences of *EU and non-EU LGBT migrants* living and working in various parts of Ireland:

- 48% of respondents were from EU countries, the majority coming from the UK, Poland, France, Italy and Spain. Over a fifth were from outside the EU, mainly Brazil.
- The most common reasons for migrants coming to Ireland were to find work, to study and to experience greater acceptance as a member of the LGBT community.
- For many, seeking greater acceptance also meant escaping serious risks to their safety and lives.
- Almost three-quarters of those surveyed rated their physical health negatively.
- Over half of those surveyed (57%) rated their mental health negatively.
- Many LGBT migrants are living in rural Ireland where there are currently no LGBT community resources available to them.
- **66% of participants indicated they have felt treated with less respect in public spaces because of their race, ethnicity or migrant status.**
- **Participants felt the system of processing LGBT asylum seekers needed to be radically overhauled.**

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The remainder of this submission will now focus on LGBT Ireland’s dedicated support work with LGBT+ asylum seekers living in Direct Provision who experience even greater levels of marginalisation that migrants. We trust that we have sufficiently outlined our track record and expertise in knowing who in our community is most vulnerable and what supports are needed.

“Is Rainbow Muid, We Are Rainbow”- LGBT Ireland’s LGBT asylum seeker peer support group

Since July 2018, LGBT Ireland has facilitated a monthly peer support group for LGBT asylum seekers living in Direct Provision across the country. The group meets monthly in Dublin with LGBT Ireland providing transport fares and safe venues using grants from Community Foundation Ireland under their “Mental Health & Well-being” programme and a Community Integration Fund grant from Dept. of Justice & Equality through the Office for the Promotion of Migrant Integration.

The geographical spread of group members currently includes counties Cavan, Louth, Meath, Westmeath, Galway, Limerick, Wicklow and Dublin. Regular attendance at monthly meetings is approximately 15. There is a genuine sense among members and the services which closely support asylum seekers that the true number of LGBT+ asylum seekers in the international protection system in Ireland is higher. Due a number of factors, this is difficult to establish in a vigorous way. We elucidate some of those factors below most notably i) the levels of homophobia, transphobia and subsequent danger which prevail in direct provision centres; ii) the lack of vulnerability assessments and its particular significance for LGBT+ asylum seekers; iii) the lack of LGBT+ supports across the country and how this impacts on LGBT+ asylum seekers in direct provision; iv) concerns in relation to the new National Standards in Direct Provision.

Levels of homophobia, transphobia which prevail in direct provision centres- “We see the leader of this country who is openly gay yet we need to live behind the curtain”

Members of ‘Is Rainbow Muid’ include those who live closeted lives in Direct Provision and those who are open about their LGBT identity. Every member verifies the levels of homophobia and transphobia which pertain as normal and acceptable in most centres. Emotionally, mentally and physically challenging incidents and environments of harassment, bullying, ostracism, physical violence, threats of physical violence prevail. It is therefore unsurprising that many LGBT+ asylum seekers choose to remain in the closet and because of that continue to be isolated from and unaware of supports which may be available, like ‘Is Rainbow Muid’.

Below are two cases from ‘Is Rainbow Muid’. They highlight the range of vulnerabilities involved in being an LGBT+ asylum seeker living in current reception
Ahmed fled the anti-gay pogrom unleashed in his country in Africa by a city mayor elected on a platform of purging the country of the disease of homosexuality. Since registering with IPO in November 2018 and having disclosed his status as a young gay man, he was initially supported by social workers in Balseskin after a referral by the Irish Refugee Council. When our services tried to follow up with Balseskin to offer further support he seemed to have disappeared. There was no record of where he had been accommodated when dispersed. Through pure luck, an IRC legal outreach worker on a training visit in January to an hotel being used as emergency accommodation in rural Co. Monaghan “found” Ahmed again. He is now connected back into some support. Ahmed lives a closeted life. He fears every day being discovered and facing harassment, violence and worse from homophobic residents of the many nationalities with whom he cohabits- African, Asian, Middle Eastern, eastern regions of Europe. He therefore does not keep any information leaflets, magazines (Gay Community News-GCN), personal artefacts which would ‘give him away’. He fears photographs as they can be used online to out his “safe” location in the world. His English skills are basic and there is no facility to learn English in his rural area. His only connection with the LGBT+ community is being a member of ‘Is Rainbow Muid’ which is his lifeline once a month and his on-going support through its private WhatsApp group.

Lionel is a gay man from the southern region of Africa. He lives as an openly gay man in his direct provision centre situated in a major city. He shares a room with three male residents all of whom share cultural and religious beliefs which strongly preach against homosexuality, thereby reinforcing a very homophobic attitude and behaviour towards LGBT people generally, and towards Lionel specifically. Lionel has suffered heightened anxiety and sleep deprivation since being transferred to this centre, as he is afraid to sleep due to the threats from his roommates who frequently drink, smoke and use drugs in the room. He fears for his physical safety every day and spends most of his time outside of the centre. Centre management reply that unless there is physical violence they cannot do anything and even in the case of an assault, they would refer to the Gardai. Eventually having been assaulted, Lionel lodged a complaint with the Gardai, while management have insisted that they are not responsible for the safety of adult residents, only to feed and accommodate them. Others in the centre who are LGBT+ but who are not out, steadfastly remain in the closet for their own safety and protection. The Garda investigation continues.
Many other such cases exist in ‘Is Rainbow Muid’. In preparation for this submission and to help illuminate the issues at stake, we carried out a short survey carried out in the WhatsApp group of ‘Is Rainbow Muid’. Members were asked to name their top 3 priority needs or concerns. The following is a summary list of their responses. It is worth recalling that this list emanates from the lived experience of LGBT+ asylum seekers living under international protection in Ireland:

- Need direct provision system to end
- Need protection
- Need to be able to breathe and be ourselves - we have escaped from oppression and now we face it here once again
- Need staff to be sensitized to the needs and vulnerabilities of LGBT+ residents - currently management turns a blind eye to threatening behaviour and harassment
- Need more LGBT+ together in the same hostel so that we can support each other
- Need to be close to LGBT+ supports
- Need a hostel for LGBT+ asylum seekers only
- Need help to cope with internalised oppression and repressed anger and fear
- Need counselling
- Need help to prepare for our interview

That such levels of homophobia/transphobia are prevalent in centres appears to result from the outsourcing of the State’s protection obligation to private contractors, who cite their contract as one which relates to the provision of food and accommodation.

LGBT Ireland would submit to this Oireachtas committee on Justice, with oversight of Ireland’s IPO, that direct provision is failing in meeting the protection needs of LGBT+ asylum seekers. On the contrary, it is violating their rights. We therefore fully endorse the collective call from many in the sector supporting asylum seekers and refugees that direct provision as a system needs to end. A new focus and system on the reception stage and reception centres is desirable with heightened supports and pathways to work, education and integration right from the start of the journey.

Lack of vulnerability assessments

LGBT Ireland would like to highlight to the committee what we believe is a gaping flaw in the Irish protection system which has a profoundly negative impact on LGBT+ asylum seekers- that is the lack of vulnerability assessments, despite this being part of European reception conditions by which Ireland is legally bound. The need for this assessment is of huge significance for LGBT+ individuals who are fleeing countries of origin where homosexuality is either punishable by death (11 countries) or where prison sentences of between 8-10 years, as well as life sentences...
(59 countries) are imposed\(^7\). Cultural stigmatization, family rejection, internalised, social and structural homophobia and transphobia also come into play hugely in the lives of LGBT+ people, as any Irish LGBT+ person over a certain age can testify about a previous era in Irish cultural norms, values and laws.

Coming from such painful and deeply frightening cultural and legal contexts, how can it be expected that all LGBT+ people seeking asylum in Ireland will be able to proudly fly the rainbow flag and easily disclose their sexual orientation or gender identity to immigration officials, state agencies, direct provision centre staff, anyone? As the two cases above help to illustrate, often LGBT+ asylum seekers in Ireland arrive in ‘default’ mode (closeted, on guard, presuming danger, trying to pass as straight and cis-gender) and remain in that mode due to what they face and experience in direct provision; the very familiar fears of harassment, violence, invisibility which they know well from back home.

It is precisely because individuals come from such circumstances that vulnerability assessments are part of the EU Reception Conditions Directive, a directive Ireland only signed up to in 2018, despite it being a directive since 2015. LGBT Ireland urgently recommends the full implementation of Ireland’s legal obligations under international protection in carrying out vulnerability assessments. We strongly recommend that the assessment needs to make clear and direct mention and description of legal, cultural and social context for LGBT+ people in Ireland. We believe this will go some way to enabling LGBT+ asylum seekers to disclose sooner and access appropriate legal and emotional supports earlier in their international protection journey. Once again with a strengthened focus on greater supports at, and for the duration of, the reception stage, we believe greater numbers of LGBT+ asylum seekers will be enabled and empowered to integrate into the Irish LGBT+ community and Irish society generally.

### Lack of LGBT+ supports across the country

LGBT Ireland would like to draw the committee’s attention to the fact that those LGBT+ asylum seekers, of whom we know, are currently accommodated in counties Cavan, Louth, Meath, Westmeath, Galway, Limerick, Wicklow and Dublin. Beyond Dublin, Cork, Galway and Dundalk there are no dedicated LGBT+ resource centres with paid, professional staff. There is a clear dearth of local supports in most parts of the country where asylum seekers are accommodated. LGBT Ireland believes there is a great need to create more supports for all LGBT+ people, including asylum seekers, in every county in Ireland. As stated, our recommendation for a sustainable rights-enhancing approach is to create a stronger, better informed, better supported reception stage environment where vulnerabilities are assessed and attended to. In

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the short-term however, and for a transition phase into such a new system, we submit that LGBT+ asylum seekers should be accommodated in those centres close to where professional LGBT+ resources exist. Such direct provision centres also then need to be the focus of intensive LGBT+ awareness training for both staff and other residents in order to interrupt and transform the prevailing centre culture of dangerous active forms of homophobia and transphobia. In the new system such training would happen in Reception Centres. We further believe that such training needs to be a mandatory condition of the commissioning process for stakeholders—whether public or private bodies involved in the reception and protection of asylum seekers. Finally, in order to have the human resources to both deliver such training on an on-going basis as staff and resident turnover unfolds, as well as to support LGBT+ asylum seekers, LGBT+ resource centres need a dedicated funding stream for project staff / human resources, not only for project activities which is the current situation.

New National Standards for Direct Provision Centres, “National Standards”8- some concerns

While LGBT Ireland welcomes the emergent new “National Standards”, and actively contributed during the public consultation stage in 2018, we would take this opportunity to highlight the lack of an independent standards oversight mechanism. We firmly believe that without a strong mechanism to enable and ensure accountability, verifiability and enforceability the new standards may not prove effective. To foster trust in the standards among those they aim to protect, people need to feel sure that if they come forward with cases where the new standards are not being met, or worse being violated, then people will be safe in coming forward and not have their situation made worse. LGBT Ireland questions the on-going relevance of the “New Standards for Direct Provision” when direct provision as a system is clearly failing to deliver the State’s obligations under international protection. LGBT Ireland strongly recommends a transfer of focus for any “New Standards” to the recommended new system which focus on Reception Standards, Conditions and Centres. We believe Standards for Reception Centres at reception stage have much stronger potential to deliver international protection from a human-rights based approach.

Recommendations

In summary, LGBT Ireland would like to make the following recommendations to this committee:

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• IPO need to end the system of direct provision and replace it with a system which focus on Reception Centres liable to Reception Standards along the lines of the current proposed “New Standards”.

• The proposed “New Standards” need to be published as soon as possible and need to include a strong independent oversight and enforcement mechanism. The enforcement of some of the new standards requires LGBT+ sensitization training and this cannot be done without funds for additional human resources in LGBT+ organisations.

• IPO and RIA need to put in place some transition-stage measures for LGBT+ asylum seekers in Direct Provision while any new system is being created.

• Direct provision centres located close to the main LGBT+ resource centres need to be prioritised for LGBT+ asylum seekers. This is not the same as having a dedicated centre for LGBT+ asylum seekers which is not something most LGBT+ asylum seekers want. They only wish to feel safe, supported and free to breathe.

• Management and residents of these particular direct provision centres need to undergo LGBT+ awareness training including the legal, cultural and social context for LGBT+ people, equality and rights in Ireland. In the new system of Reception Centres such training would take place there. Such training would be a mandatory condition of any commissioning process or set of standards.

• LGBT+ resources centres need to be able to avail of a dedicated funding stream through Dept. of Justice & Equality to fund additional human resources (not only activity funds- rather staff who can implement activities) in these organisations. In a new system of Reception Centres such specific supports can expedite the integration journey of LGBT+ asylum seekers into community, belonging, health, well-being and hence more successful education and work pathways.

• Vulnerability assessments need to be carried out with each applicant for international protection with specific mention and description of the legal and societal culture towards LGBTQI rights in Ireland and the rights and protections available to LGBT+ asylum seekers under international protection in Ireland.

- END -
This submission is based on consultation, promoted by the Committee’s call, by a community worker and youth worker with eight residents of a direct provision centre in a rural town. The residents were asked to highlight issues which they experience as asylum seekers and to make recommendations. The submission is solely based, and limited to, issues and recommendations raised by these eight residents though they do reflect those which the community worker and youth worker have heard from other people living in direct provision.

The feedback is as follows.

Welfare and Conditions of People Living in the Direct Provision System

1. Accommodation
   a) Accommodation

Issues

Respondents felt that:-
   • Their accommodation was over-crowded, with 4 people sharing rooms which they considered to be too small for that number of people.
   • A 50 year old sharing a room with an 18 year old for example was not appropriate.
   • The number of people sharing the same toilet and shower facilities was high.

Respondents stated that:-
   • There was inadequate storage space for individuals’ personal belongings.
   • Residents have to provide their own shower gel and shampoo.
   • Whilst they were happy to clean their own bed/personal space as they do, respondents said that they do not have cleaning products available to them.
   • Obviously it can be challenging when people who do not know each other and have different educational, cultural and ethnic backgrounds have to share the same living space.

Suggestions for Improvement

➢ Whilst recognising the current housing crisis, respondents felt that efforts are needed to ensure that direct provision hostels are not overcrowded and that there is adequate personal space.
➢ Each resident should have their own personal, lockable, set of drawers.
➢ Hostels should provide shower gel and shampoo in dispensers in the toilets and showers.
➢ Hostels should provide household cleaning products for residents to use.
b) Food

**Issues**

Respondents felt that:

- The food where they are resident is generally of poor quality, often close to its sell-by date. They stated that they are given Asian food all the time (despite the fact that they are from a variety of countries and continents) with too much oil and lots of fat used. They also did not like the ‘kids’ juice’ which they were given with meals.

Respondents stated that:

- On occasion they have had cause to question whether food is fresh enough to be eaten.
- Dinner time is strictly between 5pm and 6pm. Residents felt that this was too early as if they go out during the afternoon, they have to rush back for dinner or may miss dinner altogether.

**Suggestions for Improvement**

- A healthy, varied diet, should be provided.
- Food hygiene and safety standards should be adhered to.
- The evening mealtime should be later in the day.

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**c) Lack of Leisure Facilities in Hostels**

**Issues**

Respondents felt that:

- Many residents’ experience long periods of boredom.

Respondents stated that:

- The communal areas in the hostel are very small.
- The outside area of the hostel is unsuitable for people who wish to play football, cricket etc.

**Suggestions for Improvement**

- Introduce pool tables, table tennis and other games.
- In future when securing accommodation for direct provision centres, that consideration be made to providing decent size communal areas and also, where possible, outside areas for recreation.

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**Other Comments Regarding Accommodation**

**Suggestions for Improvement**

- Respondents raised the question of why direct provision hostels are being run by private companies, on a ‘for profit’ basis and felt it would be better if hostels were publicly run, with the welfare of the residents at the fore (with appropriately qualified staff to support the residents) rather than as a business.
- When inspections are carried out of hostels by the Reception and Integration Agency, residents should be consulted for their views, in a way that allows them to state how they truly feel without fear of consequence.
Residents should be informed of the health and safety and accommodation standards which direct provision centres should adhere to, so that they can be reassured that where they are living meets these standards.

2. Payments

Issues

Respondents felt that:

- The weekly allowance, and clothing allowance of €100 every 6 months, is not adequate to meet daily living cost such as buying toiletries, phone credit, clothing, paying for gym/sports club membership, leisure activities, or transport. Regarding transport, asylum seekers can apply to the Community Welfare Officer for once off payments for travel to see their solicitor or Immigration in Dublin, but have to pay for other journeys out of their weekly allowance. For people resident in rural areas, this makes travelling to visit friends or other places prohibitive. For example, when one resident in the hostel was in hospital in a town 40 kilometres away, friends from the hostel were unable to visit him because of the cost.

Respondents stated that:

- Asylum seekers are only allowed to see the Community Welfare Officer in the local Department of Employment Affairs and Social Protection office during one hour on the same day each week, and cannot contact the person by phone or email or see a Community Welfare Officer outside of this time. All the respondents felt that this was a very small window of opportunity and one respondent stated that this made him feel that he was accessing a segregated service.

Suggestion for Improvement

- Increase the living allowance.
- Look to provide some sort of voucher system for free/reduced price transport.
- Increase the availability of the Community Welfare Officer or Community Welfare Officers.

3. Employment

Issue

Respondents stated that:

- They were very pleased that asylum seekers who have been resident in the country for nine months are now allowed to work, as they felt that this provided the chance for asylum seekers to participate in society and to contribute to the economy, whilst at the same time increasing the individual’s own financial position. Waiting around in a direct provision centre, with little to do, they felt, was very detrimental to people’s mental health and wellbeing or their adaptation to a country in with they might ultimately stay long-term.

Suggestion for Improvement

- Could asylum seekers be allowed to apply for work permits earlier?
4. **Education**

**Issue**
Respondents stated that:
- People are able to access Level 3 education when they take up residency. After 9 months, they can access education up to Level 5.

**Suggestion for Improvement**
- Could this be changed so that people when they take up residency can also access education up to Level 5?

5. **Mental Health**

**Issue**
Respondents stated that:
- A number of people seeking asylum present with mental health issues. Others develop mental health problems whilst waiting in direct provision.

**Suggestions for Improvement**
- Provide access to counselling services.
- Provide recreational activities (as highlighted above).
- Continue to support and increase support to community and youth organisations to involve asylum seekers in their projects and programmes and in the local community, and in enabling asylum seekers to collectively have their voice heard.

6. **Information Provision**

**Issue**
Respondents felt that:
- Asylum seekers often lack information on the local area – including services, on systems and structures in Ireland, and on the asylum process itself.

**Suggestions for Improvement**
- Continue to support and increase support to community and youth organisations to provide asylum seekers with information about the local area, Ireland etc, and also, with information on the asylum process.

**Efficiency of the Current System of Processing International Protection Claims**

**Issue**
Respondents felt that:
- The process for asylum claim is long and frustrating. For example, one individual went for interview regarding his application and received a letter eight months later stating that he needed to provide further information.
Suggestions for Improvement
➢ The process needs to be speeded up and be more efficient, so that people get their decision and are then able to move on with their lives.

Overall Comment
Respondents stated that the biggest issue they faced was the length of time that they have to wait for a decision to be made on their application to remain. Respondents felt that the whole system should be streamlined and speeded up and that this would be to the benefit not only to the applicants themselves, but also to wider Irish society.
SUBMISSION TO OIREACHTAS JOINT COMMITTEE ON JUSTICE & EQUALITY - DIRECT PROVISION & THE INTERNATIONAL PROTECTION PROCESS

Submitted by:
Joanne Lynam

Abbeyfarm
Celbridge
Co Kildare

I am making this submission as I believe the current Direct Provision system is not working and is fundamentally flawed in terms of human rights. People should be treated with dignity, respect and compassion. Direct Provision centres should not be profit making. The aim should be to have asylum seekers living within our communities within 3 months.
Reception Process:

The Reception Process in Ireland does not fulfil its purpose. People are not given the information they need with regards to the next steps. They do not have sufficient access to doctors, legal professionals, translators etc. In particular, people should have ready access to psychological assessments.

Recommendations:

At the Reception centre people should have full access to information, medical assistance, legal advice, English language classes, information about workplace rights, accommodation and job seeking advice.

The Reception centre should be decentralised to other parts of the country to aid travel.

The absolute maximum amount of time people should be in a reception centre is 3 months.

The living space needs to be fit for purpose and must uphold the right to privacy and the dignity of people seeking asylum.

Videos should be made available in all languages in the reception centre outlining the process of seeking asylum in Ireland and the rights people seeking asylum have.

Right to work:

The current Right to Work system is too restrictive. The 9-month waiting period is too long and unnecessary. The Work permit needs to be renewed every 6 months which puts employers off when it is already difficult enough to obtain employment due to bias and stigma. In addition people often cannot open a bank account or obtain a driving licence creating even more obstacles to work.

Recommendations:

The Right to Work should be immediate.

The permit should be one that can be used as a form of identification.

People that are under a deportation order should be allowed to continue to work until the point they are removed from the country. This will prevent the current situation of people under deportation orders for a number of years being unable to work for such an extended period.

People must be able to hold a driving licence.
Dr Agnès Malliot

Area of Expertise

DCU was the first university in Ireland to be granted the status of University of Sanctuary, in December 2016. As such, it has delivered on a number of issues related to forced migration, organizing a symposium on Asylum Narratives, a series of keynote lectures, and has established a language-learning programme which involves residents of Mosney Direct Provision Centre and staff and students from DCU. This project, called MELLIE (Migrant English Language, Literacy and Intercultural Education) has proven successful in improving not only language skills but a common understanding of Irish culture and of Refugee/Asylum seeker experiences.

All of these initiatives are mainly driven by the School of Applied Language and Intercultural Studies (SALIS), which specialises, among others, in cross-cultural communication, multiculturalism and multilingualism. Moreover, SALIS has been a pioneer in the field, and this has led to a number of research projects (such as the Intercultural Workplace Project) and a range of national and international peer-reviewed publications which have enhanced the School’s research profile in the field of migration, cross-cultural communication and multiculturalism.

Finally, DCU is the first university in Ireland to offer a Master’s programme in Refugee Integration (MARI). This course, which went through a rigorous process of accreditation, is directed at those wishing to work with Refugee populations, in Ireland or abroad, and aims at facilitating the arrival and integration of refugees/asylum seekers from their perspective but also from the host societies’ perspectives. As such, it looks at a broad range of issues, such as: Forced migration and host societies; The refugee journey: mobility, adaptation and integration; gender, sexuality and migration; education and second language acquisition; communication in crises situations and community interpreting.

Finally, our work in the field on interculturalism has led us to foster links with many stakeholders. In 2017 we successfully bid for a tender to provide a training course on Immigration Studies for INIS personnel, which started in September 2018. We also work in close collaboration with NGOs and community groups, and we welcome asylum seekers in our premises every week for the duration of the MELLIE project. As our goal is to expand our students’ understanding of worldwide issues and invite them to approach them in a critical and humane way, we integrate the views and experiences of those who work outside of academia. Therefore, we are in a position to offer a variety of viewpoints and to facilitate rich cultural exchanges on issues of immigration.

Background

Direct Provision has been the subject of many public debates ever since its establishment in the early 2000s, but particularly since the publication of the McMahon report in 2015.

Direct Provision has been criticized for generating the following issues:

- institutionalisation generates mental health issues (boredom, loss of identity, of sense of purpose, failure to provide for own family)
● Violation of children’s rights (although children are entitled to free schooling, they are de facto segregated from the rest of their peers due to the remote location of the centres)

● Poverty trap: although the weekly allowance has seen a substantial increase in the 2019 budget, it remains insufficient for residents of direct provision to sustain a decent level of living and to engage in social activities that can promote their integration

● Isolation and barriers to inclusion: beyond the financial issues states above, DP raises a barrier between asylum seekers and the host society. Residents can be stigmatized by society at large as they are conspicuous in the communities in which the centres are located. Distance and lack of public transport can confine them to a limited geographic space. Not being allowed to work during the first nine months severely limits their ability to feel part of the host society.

● Access to higher education is a major challenge for those seeking asylum, due, for the most part, to financial barriers. The majority of DP residents are automatically classified as International students as a result of their country of origin status. While a government scholarship scheme is in place, it is overwhelmingly restrictive, due to stringent conditions, including length of time spent in compulsory schooling in Ireland. As a result, few candidates have been eligible to apply to date. While the University of Sanctuary consortium is a growing network in Ireland, offering scholarships to DP residents, it cannot cater for the majority of those who wish to access higher education, in particular in the 23+ age bracket.

● The tendency to close DP centres in Dublin and relocate residents to more remote areas further isolates this cohort and creates additional barriers to accessing Further and Higher education, as many of the HEIs are located in the greater Dublin area.

● Access to services is complex, especially for those DP centres located outside of Dublin

● Although some centres do provide language classes, the isolation of residents means that they are unable to communicate with members of the host societies, which has a knock-on effect on the learning process and thus makes it all the more difficult to reach the level of proficiency required for successful integration into the host society.

● Residents are dependent on NGOs for a number of issues, including legal aid and psychological support, which are both essentially provided by NGOs based in Dublin.

● Confinement, lack of opportunities and shortage of money can lead to illicit activities, such as prostitution.

● The permanency of DP centres has led to the normalization of the confinement of asylum seekers, which has a two-pronged effect: it leads to the acceptance by society at large of the othering of people who are, essentially, vulnerable populations. And it leads to issues of racism and intolerance towards this group of people which can be manifested in violent ways such as the arson attacks on potential new DP centres

● Recommendations

While a system of emergency accommodation for newly arrived asylum seekers is essential, a profound reform of said system is essential in order to address the issues mentioned above.

● DP centres should be regarded as emergency centres, and not as indefinite sites of residence.
  ● In Germany, asylum seekers can only stay in emergency accommodation for a period of 3 months, after which they are entitled to seek their own accommodation with the help of the relevant authorities.
  ● Considering DP centres as emergency centres would thus avoid the traps of institutionalization and lack of inclusion.
The DP system should be optional
- Asylum seekers should be entitled to private accommodation if they so wish, and should be granted the same level of assistance as residents of the Irish state: local housing, rent allowance etc.

End the subcontracting of DP centres
- The State should remain the main guarantor of the well-being of those for whom it has responsibility, that is, those seeking international protection. In order to do so, the following recommendations are made: DP centres should not be managed by private interests and on a for-profit model, but should be controlled and managed by the State. Therefore, there should be no intermediary between the centres and the State, as sub-contracting such systems can lead to abuses and lack of transparency as has been well documented.

Provide appropriate and thorough training for those working in DP centres
- Those working in the DP centres should all have gone through a thorough training not only given the vulnerability of their residents, but also given the multicultural nature, by definition of those centres, which requires a solid knowledge of intercultural communication and management.

Enhance personal freedoms of residents
Freedom to choose and make decisions about one’s life is a key aspect of human development and wellbeing (Deneulin 2014, Sen 1999). Lack of freedom to choose leads to capability deprivation, as featured in many reports on DP (Ni Raghallaigh 2018, Thornton 2016)
- All centres should be equipped with individual cooking facilities, so that residents can cook their own meals, according to their nutritional and cultural needs. The fact that in many centres this is still not the case generates many problems, be they health related or cultural, that have been well documented.
- Transport is a major problem for asylum seekers are the centres are often quite isolated. Therefore, they should be given free transport in order to give them the freedom to engage as much as possible with the host society, but also, not to be entirely dependent on the services that are offered within the centres.

Increase access to higher education
- Reduce the stipulation from 5 to 3 years school attendance in Ireland for those applying for state HE scholarship
- Support University of Sanctuary scholarship holders by facilitating accommodation access close to the institute where they will study. If continuing to live in DP, provide suitable study facilities in the centres and create greater flexibility around access to food if self catering is not permitted. However, as per recommendation No. 2 above, ideally, scholarship holders should be given the choice to live independently.

Shorten the delay in accessing the work market
- The recent legislation on the right to work has profoundly modified the perspective now open to asylum seekers, which can only be commended. However, the 9 month waiting period is still too long. During this time, the issues associated with lack of employment still have time to develop, such as:
  - Mental health issues
  - De-skilling
  - Poverty trap
Lack of inclusion

- Many studies have shown that granting asylum seekers the right to work does not constitute a pull factor (Irish Refugee Council 2018), for the following reasons:
  - Forced migration is never a choice; therefore, asylum seekers do not choose their destinations. There are many other factors that contribute to the final destination of the asylum seeker, such as opportunities, journey, encounters during journey.
  - Social capital is the main pull factor when asylum seekers have the opportunity to choose their destination: they will opt for a space with an existing network, be it cultural, national, linguistic, as most employment will be found among their peers for obvious linguistic and skills reasons.

- Some countries, such as Portugal or Sweden, do not impose time limits on the access to the labour market. The benefits of allowing asylum seekers access to the labour market are numerous:
  - It reduces their dependency on the State, and therefore makes the asylum system less onerous for the State
  - It contributes to the economy, as asylum seekers tend to be young and employable and can fill existing gaps in the labour market
  - It reduces the chances of a black economy and of exploitation of the most vulnerable populations
  - It contributes to a greater level of tolerance and acceptance within society at large as asylum seekers are no longer seen, albeit unjustifiably, as burdens.
  - Ireland is at the moment one of only two countries in the EU that does not suffer from the scourge of populism. Populism has been shown to erode democratic values and to divide populations across the continent. This exceptional situation means that Ireland can play a fundamental role in being in the lead of progressiveness, tolerance and well being.

Therefore:
  a. Access to the labour market should be open to all asylum seekers, with no time restriction.
  b. Training and assistance to access to the labour market should be provided
  c. Faster and smoother recognition of prior learning and qualifications

- Improve communication between asylum seekers and host society
  - The language barrier has been shown to be the main obstacle to the integration of migrant populations. In spite of the fact that the system does provide for language tuition for residents of DP centres, this in itself is not sufficient to overcome the many linguistic barriers that still exist for asylum seekers. In addition, much of the tuition is provided on an ad hoc basis and not necessarily in accordance to the needs of the migrant population.

  - One of the main issues that asylum seekers face is the lack of properly trained interpreters. This is a significant issue in the international protection process. Moreover, in many situations, including medical, ad hoc interpreting is provided by family members, friends, and even children, which does not meet ethical, cultural, linguistic and even data protection requirements. We therefore recommend:
    o That children not be permitted to act as interpreters in medical settings
• That outsourced interpreters be properly trained and tested. Proper training is not a half-day or full day course run by a language service provider. Appropriate training needs to be provided by a university and interpreters need to be trained in how to interpret and in ethical issues that may arise.

• Diversify the network of interpreters that are presently available. Some languages in particular should be catered for, such as Albanian, so as to ensure anonymity, personal safety and ethical considerations when dealing with sensitive and even life-changing issues.

• **Dispersal**

The dispersal policy should be entirely overhauled so as to ensure the following:

• Local communities should be involved in decision-making processes at the very outset. DP centres can be seen as potentially disruptive of local equilibriums and therefore be negatively perceived. However, the arrival of new populations can be highly beneficial for rural communities, from an economic and cultural point of view. Thus, local community leaders such as school principals and community leaders should be involved in order to inform the local communities and identify potential issues, both for residents and for the host society, and to resolved them.

• Locations should be chosen in such a way as to ensure that there is no disruption in access to essential services such as health. A local DP centre in Moville, County Donegal, creates a number of issues for travel as asylum seekers cannot cross another jurisdiction (NI) to come to Dublin and this can cause severe logistical complications. Thus, if essential services cannot be accessed locally (in this case Letterkenny) then residents in need of those services should not be sent there.

• Ensure a harmonious mix of residents when deciding on the opening of new centres. It is counter-productive to send into centres cultures that have very little in common, including language and religion, which can generate unnecessary tensions. Therefore, this part of the procedure should be carefully planned, in conjunction with community leaders and specialists.

• The gender issue needs to be more closely looked at when sending individuals to centres. Some cases of women being sent to male-dominated centres have been documented, when those women had previously suffered from sexual violence and therefore felt extremely insecure in their new environments.

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SUBMISSION TO JUSTICE & EQUALITY JOINT COMMITTEE

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Executive Summary

MASI is the collective Movement of Asylum Seekers in Ireland, a platform for asylum seekers to join together in unity and purpose. As a group of people directly affected by the system of direct provision and as people who are currently undergoing the international protection application process, we, unlike experts and NGOs, are uniquely placed to offer direction to the Committee on Justice and Equality on these issues.

The content and recommendations in our submission are all directly informed by the experiences of members as asylum seekers; people who live every day of their lives under the dehumanising system of direct provision. The purpose of our submission is to gather together our collective experiences to inform the Justice Committee and to make a series of key proposals that will make the Irish State’s asylum system compatible with minimum human rights standards.

Our recommendations are informed by a number of key principles:

- Human rights are not gifts bestowed by governments and institutions; they are rights and entitlements that we all possess by virtue of being human. People cannot be treated as ‘less than’ others and, indeed less than human, merely because of differences in nationality and citizenship.

- The asylum system is obliged to uphold and vindicate the fundamental human rights of all international protection applicants, including family rights, the right to privacy, the right to education, the right to work, the best interests of the child, vulnerable persons, LGBT rights, women’s rights, the right to religious freedom.

- The role of the asylum system is to vindicate peoples’ right to seek asylum and to live in safety in Ireland.

- The rights of the child and the protection of children in the international protection system must be a priority of the asylum system.

- Deportations are brutal and dehumanising can have no part of an ethical and human rights centred approach to asylum and migration.
People seeking protection in Ireland are entitled to live an independent life with their families in accommodation that upholds the rights to privacy, dignity, and integrity of the person.

Our key recommendations are:

- **Legal Process**: The process of seeking asylum is first and foremost a legal process so it is essential that people receive all necessary legal advice and that the system is orientated towards vindicating peoples’ right to seek asylum and to live in safety.
- **Work**: The right to work must be immediate and unrestricted for all people seeking protection in Ireland.
- **Reception**: People should be accommodated in reception for no longer than three months before moving into housing in the community.
- **Direct Provision**: Direct provision should be abolished and people seeking asylum in Ireland should have access to the same housing supports via their local authorities as is the case for others.
- **Full and tuition fee free access to education and training at all levels must be available to international protection applicants.**

We conclude our submission with a summary of the our recommendations that if implemented, would take Ireland away from the abhorrent and dehumanising system of Direct Provision and move towards a more humane asylum process.
**Background**

MASI – the Movement of Asylum Seekers in Ireland is a grassroots organisation based in Ireland working and advocating for the rights of refugees, asylum seekers and migrants. The group was founded after the protests in Kinsale Road Accommodation Centre in 2014. Our focus is on achieving the complete abolition of Direct Provision; an end to deportations; the right to work for all in the asylum system; and free access to all levels of training and education for international protection applicants.


**MASI’S KEY PRINCIPLES FOR JUSTICE, & DIGNITY IN THE ASYLUM PROCESS**

We want Ireland to become a leading country in the way the Irish state treats refugees and people seeking asylum. In order to achieve this the following basic principles must be enshrined at the core of the asylum system.

1. **Human rights are not gifts bestowed by governments and institutions; they are rights and entitlements that we all possess by virtue of being human.** People seeking protection in Ireland are entitled to justice, dignity and full recognition of their full human rights. People cannot be treated as ‘less than’ others and, indeed less than human, merely because of differences in nationality and citizenship. Indeed the obligation to honour human rights is greater when the people at stake are in unquestionably precarious and vulnerable situations.

2. **The asylum system is obliged to uphold and vindicate the rights of all international protection applicants, including family rights, the right to privacy, the right to education, the right to work, the best interests of the child, the rights of all vulnerable persons, LGBT rights, women’s rights, the right to religious freedom.**

3. **The role of the asylum system is to vindicate peoples’ right to seek asylum and to live in safety in Ireland.** The asylum system should treat people with respect and operate with the assumption of eligibility. In practice, this means moving away from current system that treats people with suspicion and is focused on undermining applicants’ credibility.
4. The rights of the child and the protection of children in the international protection system must be a priority of the asylum system. Children should never be separated from their parents or deported. Children must be enabled to have a normal childhood. People must be enabled to live an independent family life and to have a home, not an institution overseen by ‘managers’.

5. Deportations are brutal and dehumanising can have no part of an ethical and human rights centred approach to asylum and migration. Deportation means returning people, often with use of violent physical force, to situations where their lives are in danger, separating children from parents, removing people who have lived here for many years in a state of limbo, and returning children and young people to countries they have never even visited. No society can call itself civilised that condones the horrors of deportation.

6. People seeking protection in Ireland are entitled to live an independent life with their families. Accommodation and living spaces in reception centre must be fit for purpose and holds the right to privacy, dignity, and integrity of the person of people seeking asylum. People seeking asylum in Ireland should have access to the same housing supports via their local authorities as is the case for everyone else living in Ireland.

Following on from these key principles we demand the following actions be taken with immediate effect in order to ensure that asylum system is fit for purpose and upholds the most basic standards of human rights.

- Direct Provision must be abolished and nothing resembling the Direct Provision system can be accepted as an ‘alternative’ to Direct Provision. At the very least, this means a return to pre-2000 conditions when people seeking asylum were afforded equal treatment with citizens, with the right to work and access to welfare and housing supports. This is supported by the Special Rapporteur on Child Protection recommendations in their last report.
- The Department of Justice and Equality should have no part in anything to do with the accommodation of asylum seekers. That should be overseen by local
authorities. The reception system for international protection applicants cannot be a ‘for-profit’ enterprise that uses human beings as fodder for profit. It must respect people’s basic human rights including the right to privacy and agency over one’s own life, and it must not subject people to management by others and to the dictatorship of petty bureaucratic processes designed to dehumanise and break us.

- The Reception and Integration Agency (RIA) is not fit for purpose and must be abolished.
- The immediate and full right to work must be given to ALL international protection applicants from when they have their first ‘small’ interview and must remain valid until they are given a positive decision or are no longer residing in the State.
- High quality legal advice must be available to all applicants at all stages of the asylum process. The right to claim asylum is enshrined in international law; as the asylum process is a legal process, the right to high quality legal advice and representation is at the core of the right to claim asylum.
- Full and tuition fee free access to education and training at all levels must be available to international protection applicants.
- There must be transparency, accountability and oversight of what happens at the border, when people are refused entry to the country to exercise their right to claim asylum. There is no transparency about the basis of such refusals, and these decisions are made by immigration officers who often have little knowledge of asylum law.

SECTION 1: THE LEGAL PROCESS
The process of claiming asylum and seeking international protection is a legal process. From the beginning to the end of this legal process, everything that the applicant writes in their application or says in interview is part of their case and it is scrutinised for inconsistencies, gaps and mistakes – anything that could discredit a person’s credibility. The asylum process is a hostile process for those going through it. It is vital that we move away from an asylum system that treats people with
suspicion, to a system that treats people with respect and that is focused on vindicating peoples’ right to seek asylum and to live in safety.

THE NECESSITY FOR EARLY AND EXPERT LEGAL ADVICE: The legal infrastructure of the asylum process in Ireland is often described as dysfunctional. Certain characteristic aspects of the legal process of claiming asylum in Ireland must be addressed if this State is to approach anything like ‘international best practice’. First of all, the difficulty people have in accessing legal advice and assistance from qualified solicitors means that people seeking asylum in Ireland have great difficulty in getting a positive decision. People seeking international protection in Ireland are entitled to register with the Refugee Legal Service (part of the services of the Legal Aid Board) and are supposedly entitled to a solicitor and caseworker. However, the vast majority of people do not get legal advice before submitting their IPO2 questionnaire or in preparing for their main ‘substantive’ interview. This is not because people don’t want legal advice, but because in reality the legal advice is not there. A caseworker reading through a heavily legalistic questionnaire that the applicant has attempted to complete on their own, as is the usual form ‘legal advice’ takes for people seeking asylum, does not constitute expert legal advice. Even when people have a solicitor at this stage of the process, the solicitor very rarely accompanies their clients to the interview. There is a tacit, informal presumption on the part of the Department that if people need legal advice, they can get it if and when they appeal a negative decision. The refusal of the State to invest in proper legal support for people seeking international protection in Ireland can be understood as a policy decision to keep the numbers of positive decisions and people claiming asylum in the state as low as possible.

WAITING & THE IRISH ASYLUM PROCESS The refusal of the State to provide real legal support for people seeking protection is connected to the length of time that people are forced to wait at every stage of the asylum process in the Irish system. People are now waiting around a year from submission of the questionnaire to be called to their substantive IPO interview. Given that the asylum process is adversarial at its core in Ireland, with the person seeking protection more or less on their own against the system and its representatives, this
long period of waiting represents the deterioration of people’s memory and powers of recall, and certainly the exact order of events and details of the claim often become confused in people’s minds as time passes and capacities deteriorate in the enforced dependency and poverty of the de facto detention conditions of Direct Provision.

Once the interview is over, people are back to indefinite waiting again for many months for a decision. Even when people are given a positive decision, they can wait for as long as 8 months for the decision to be ratified by the Minister for Justice, and until they receive this declaration people with positive decisions are left in a limbo where they cannot access work, education, or any of the services and supports that should rightfully be available to them. Even when people receive a negative final decision and are living in the shadow of a deportation order, people can be left in this terrible paralysing limbo for years on end, living with a deportation order that the State does not or cannot implement.

**AN ADVERSARIAL ASYLUM SYSTEM & UNSAFE DECISIONS**

There are many disturbing cases of refusals being overturned after years in the appeal process. By the time bad decisions are overturned, people’s lives and health have been devastated in ways that can’t be fixed. In one case, for instance, a woman arrived in Ireland seeking asylum having experienced torture, rape, and sexual slavery. Her case was turned down at first instance because the Department of Justice and Equality assumed she was lying about her experiences and ignored crucial information on country of origin. After 8 years, having finally accessed the services of Spirasi who supported her claims with a medico legal report, the decision was overturned at appeal stage and the woman was granted refugee status. The Irish asylum system, based on the assumption that the person seeking protection is lying and must be found to be a liar, condemned this woman, already suffering from deep trauma after experiencing things she will never recover from, to eight years in limbo. This eight years in Direct Provision and dragging herself through the legal process in all its brutality, is something that this woman will never recover from.
AN UNEQUAL LEGAL AID SYSTEM?
One of the reasons for the difficulty accessing legal advice is the lack of proper remuneration of solicitors who take on legal aid asylum cases. Through the Private Practitioners Panel, private solicitors provide early legal advice for a set fee paid by the Legal Aid Board that covers only guidance on completing the questionnaire rather than legal assistance in completing it. This fee does not cover the cost of attending the substantive interview. For appeals, solicitors are paid a set fee of 400 euro which must be split with the barrister who attends the Appeals Tribunal hearing of a case. According to solicitors in the field, there seems to be great disparity between the state’s legal aid payment rates for asylum cases as compared to other legal circumstances. Again, this indicates the state’s tacit refusal to invest in legal support for people seeking protection as a way of keeping the numbers of positive decisions low.

AN UNEQUAL JUDICIAL REVIEW SYSTEM
When the IPAT returns a negative decision on appeal, this may be challenged by judicial review. The applicant has to get permission to apply for a judicial review, and this is a lengthy and expensive process. However, a further obstacle is placed in the way of asylum seekers and in many other immigration cases by Section 5 of the Illegal Immigrants (Trafficking) Act 2000 as amended. This imposes a 28 day deadline to apply for judicial review. In almost every other area of Irish law, people are granted 3 months to apply for judicial review. In this period, the applicant – most likely a person living in Direct Provision without access to basic resources such as money, transport, and social capital – has to: get a decision, get an appointment with a solicitor, who then has to decide if this case has a chance of success, get a barrister, draft the entire legal proceedings, have them translated into the applicant’s language if necessary, and lodge the application with the High Court in Dublin. The timeline, in other words, makes it almost impossible for people to apply for judicial review in asylum cases. Further, there is a discrepancy in the grounds required to get permission to apply for a judicial review between immigration (including asylum) cases and all other legal circumstances, or to appeal a negative decision of the High Court. In asylum and many other immigration cases, permission to apply for judicial review is given only if the judge finds that you have substantial grounds to show that the decision was wrong. In non-immigration cases, it is only required to have an
arguable case. Finally, in asylum and many other immigration cases, a negative decision of the high court can only be appealed with the permission of the judge who decided against the applicant in the first place. We call for the removal of Section 5, creating parity between immigration and non-immigration processes for judicial review.

**INTERPRETERS & THE INTERVIEW**

Good quality and neutral interpreters are vital to an equitable asylum system. For many people, interpreters and translators make the difference between negative and positive decisions in their cases - through no fault of the person who is seeking protection but again because of the indifference and negligence that appear throughout the asylum process. There are no established standards in Irish legislation governing translation/interpretation services. This leads to the recruitment of unsuitable and unqualified interpreters which obviously has serious consequences for people’s claims. For instance, a woman seeking protection from persecution in Iran was given a member of staff from the Iranian Embassy as her interpreter at interview. In another case, a Yoruba woman from Nigeria was given an Igbo person as interpreter – with no knowledge or care that these regions have different languages and a long legacy of conflict. There is a serious need for qualified and appropriate interpreters who are given training in the specifics of the asylum process and working with people who have suffered trauma.

**OBSERVERS & THE INTERVIEW**

In the majority of cases, people face the life-and-death interview that will determine their future alone. People are entitled to have their solicitor present but in most cases this does not happen. There is no independent recording of interviews and a copy of the interview record is not given to the applicant or their solicitor until and unless a negative decision is given. Even in this case, the record does not necessarily reflect everything that happened in the interview and will replicate and hide any errors of interpretation that may have occurred. This adds to the lack of transparency, the lack of accountability, and the potential for racist and unsafe proceedings in the Irish system. People should be entitled to be accompanied at interview by a person of their choosing, especially when their legal representative does not attend.
REFUSAL OF LEAVE TO LAND & HUMAN RIGHTS VIOLATIONS

There is at present no oversight, transparency or accountability for what happens at the borders of the state where every year thousands of people are refused leave to land and exercise their right to claim asylum as expressed in international and European human rights law. In 2018, 3558 people were refused entry to the state at Dublin Airport. As the UNCAT Committee observed in relation to the Irish situation, people refused entry have no way of knowing their rights or how to get legal advice and assistance. As they state, it is incumbent on the Irish state to make sure such legal assistance and information is available to people arriving at the border. Further, there must be independent observers present at points of entry to provide oversight of what is actually happening. As it is now, there is no record of why people are refused entry and no accountability.

Recommendations:

- People must get free, independent, early and expert legal advice before they submit their questionnaire and throughout all stages of their case.

- The time that the process takes at all stages must be addressed. There is no reason that the major interview cannot happen much earlier. People need to have immediate access to psychological and medical assessment and high quality legal advice from professionals trained in immigration law when they enter reception, and the interview should take place within 6 weeks in situ in the reception centre after such consultation and assistance has been availed of.

- The lack of any time limit or timeline for how long the process will take is one of the most damaging aspects of life in the direct provision and asylum system in Ireland. There must be a time limit placed on how long a person seeking asylum can be left waiting for a decision on their case, and there must be consequences for the failure of the IPO to provide a final decision within a reasonable time frame.

- Pursuant to this, a statutory provision must be made to require the Minister to grant long-term residency/permission to remain to any international protection applicant who has been awaiting a final decision for at least 18 months. This should be applied retrospectively as well as in future cases. The asylum process continues after the Minister has granted permission to
remain. This would end legal limbo for those who are currently in the system and guard against the limbo people are subjected to when decisions at all stages of the application process are not forthcoming.

- There must be a serious investment by the state into ensuring that high quality legal advice and representation is available freely to all people seeking protection in Ireland. We recommend a benchmarking exercise to compare how the legal aid available in asylum cases stacks up against criminal cases (taking into account the costs of attendance at hearings, the cost of expert medical reports, and so on).

- Section 5 of the Illegal Immigrants (Trafficking) Act 2000 as amended must be removed and parity created between immigration and non-immigration timeframes and grounds for judicial review.

- People should be able to bring an observer with them to interview. We do not want people interacting with the Department of Justice alone. We do not want the process to be invisible anymore. Civil servants would not treat asylum seekers the way they do if an Irish person, particularly a white Irish person, was observing the proceedings. These proceedings should not be cloaked in mystery with often highly vulnerable people pitted against trained barristers operating on behalf of a system that is based on an assumption of their ‘guilt’ and lack of credibility.

- High quality, trained, impartial translators and interpreters in people’s languages and dialects must be made available to people seeking protection.

SECTION 2: WORK

Core Recommendation: The right to work must be immediate and unrestricted for all people seeking protection in Ireland.

Prior to May 2017, International Protection applicants were not allowed to work in Ireland. This changed when the Supreme Court found that the government’s absolute ban on the right to work for asylum seekers in the absence of a time for processing asylum claims was in breach of the constitution (O’Donnell, 2017: 8). The Burmese man had spent 8 years in Direct Provision, having gone through all the
stages of the asylum process such as receiving a first instance decision, appealing, and judicial review stage. He submitted to the court, and the court accepted, that his right to dignity was violated by the absolute ban on the right to work. The presiding justice reasoned that an asylum seeker can rely on constitutional rights that affect them as a human person (O’Donnell, 2017: 8). Importantly, in addressing the question of mootness in the matter since the applicant had already received, the judge noted that if the court does not proceed with the case, another applicant in the same or similar position may approach the court in future (O’Donnell, 2017: 3).

There are a number of important issues arising from the judgement. The most salient of them for the Movement of Asylum Seekers in Ireland is the Burmese man’s claim that the ban on the right to work affected his self-esteem (right to dignity). This is not unique to the applicant. Other asylum seekers living in Direct Provision have shared similar experiences that the years spent in the system robbed them of the sense of purpose and self-worth (Murphy, Keogh, and Higgins, 2018: 12). Thus the Supreme Court’s observation that the ban on the right to work affects more who are in the same position as the Burmese man who took the matter to the courts is not to be forgotten when making arrangements for access to the labour market.

In February 2018, the Supreme Court formally declared the absolute ban on the right to work for asylum seekers unconstitutional if there is no time limit on the processing of asylum claims (Carolan, 2018). In response to the court order, the Minister imposed work permit legislation that governs how non-EU nationals in the State purely for work gain access to the labour market and this was criticised as being too restrictive (Carolan, 2018). No applicant was able to meet the work permit requirements thus the interim measure failed to grant effective access to the labour market. The Irish government, with the consent of the national legislature, opted into the EU Directive of Reception Conditions. The directive, much like the Supreme Court, provides for discretion in how the State grants effective access to the labour market. Article 15 of the EU Directive on Reception Conditions requires that international protection applicants be granted effective access to the labour market no later than 9 months if a first instance decision has not been issued. And while the same Article 15 allows Member States to prioritise EU citizens and other legally resident non-EU nationals, Article 4 permits Member States to enact more favourable conditions for international protection applicants if they wish to do so.
Ireland adopted the European Communities (Reception Conditions) Regulations 2018 which allows international protection applicants to access the labour market if they have not had a first instance decision after 9 months from applying for protection. And the access is granted by a Labour Market Access Permit that sets international protection applicants apart from other non-EU nationals in the State as they would ordinarily have a GNIB or Irish Residency Permit Card from the Department of Justice and Equality with a clear and concise description of terms by which the non-EU national can access the Irish labour market. And employers are all familiar with that. They go as far as including the requirement of an EU Passport or Stamp 4 on the Irish Residency Permit even for non-EU language jobs (see Job advert on the redacted references). And when MASI, UCD Career Development Centre, and several recruitment companies organised job search skills, CV and interview skills writing workshops for international protection applicants, the problem with the disadvantage created by the permit was raised by asylum seekers who had difficulty accessing the labour market with the permit. Other issues such as challenges opening bank accounts, obtaining driving licences, and the location of some of the Direct Provision centres in places that have poor to no public transport make it difficult for international protection applicants who have the permit to actually work (Khambule and Mulhall, 2018).

Importantly, the permit is not issued to people who are appealing their first instance decision or at the judicial review stage which is discriminatory since the permit would only be issued to mostly people who have recently arrived in the State leaving out many people who have been in the asylum process for a long time (Khambule and Mulhall, 2018). It worth remembering that the Burmese man who had taken the Minister for Justice and Equality to court over the work ban had been through both the appeal and judicial review process. Thus, the refusal to allow people who are in the same position to work makes a mockery of the legal process since the court only proceeded with the case with a view that there are other people in who are affected also affected by the work ban. It is import to highlight that asylum seekers do not cease to be human once issued with a first instance decision thus they are entitled to have their inviolable fundamental human right to dignity vindicated by the State. The impact of being banned from working has already been established to have a negative impact on the affected person’s self-esteem. It also condemns children in
Direct Provision to a life of State-sponsored poverty when their parents are not allowed to work so that they can provide for their children. The Ombudsman for Children has said that Direct Provision is wholly unsuitable for children as they are forced to live a life of poverty (Hutton, 2018).

And Brennan (2018) reports that a mother told the courts that she had to sell sexual favours in order to support her son while living in Direct Provision. At a talk in the University College Dublin, a gay man from MASI shared that he cannot remember the number of times he had been offered money for sex. And a producer of *Taken Down*, a television drama set in a Direct Provision centre, shared at the same talk, that the show's research team had encountered cases where women and children had been offered money for sex while living in Direct Provision. AkiDwA (2012: 14-15), and Holland (2017) report that women and children do not feel safe in Direct Provision. The restrictions on the right to work make people in Direct Provision more vulnerable to such exploitation. MASI has also encountered people working from 7am to 5pm for as little as €25–€27 to escape the idleness which has a huge impact on mental health, and general hardships of life in Direct Provision. We have been informed that residents in the Grand Hotel Direct Provision centre in Wicklow are “volunteering “ in the hotel with the promise that they will get reference letters which will help them in their application for international protection. So, the owner of the Grand hotel is profiteering from them being accommodated there, and from their labour as the work they do would ordinarily be done by paid staff. The Movement of Asylum Seekers in Ireland believes that these problems would be overcome if international protection applicants lived in the community rather accommodation centres made exclusively for asylum seekers. To vindicate the inviolable right to dignity, and protect international protection applicants from exploitation, sexual exploitation or otherwise, and to facilitate integration, MASI recommends that the Department of Justice and Equality lifts the restrictions on the right to work.

**Recommendations on the Right to Work**

- The Right to Work must be automatically given to all people seeking protection from the very beginning of the process. At the moment, people can
only apply for permission to work if they have not received a first decision on their case within 9 months. This has left many people without any hope of the right to work, people who have been in the system longest and whose skills, sense of self, and physical and psychological well-being have already been affected by the direct provision and asylum system.

The 9-month wait is unnecessary and is the very maximum allowed under the EU directive. Research shows that people begin to lose skills and psychological wellness rapidly after 6 months in DP-like environments. Immediate permission to work is the answer.

Even when people have permission to work, the majority are finding it impossible to find work. People have to contend with racism and xenophobia (see O’Connell (2018), McGinnity, Grotti, Groarke, and Coughlan, (2018)), and as well as the stigma of being seen as an ‘asylum seeker’, and with lack of recognition of their qualifications and experience.

The work permit itself puts employers off immediately (rather than the card that employers are used to, this work permit is a long letter with many warnings to potential employers about the consequences of breaking employment law).

Currently, the permit must be renewed every 6 months. This puts employers off. The renewal period must be extended.

People often can’t open a bank account and asylum seekers are not allowed to hold a driving license – two items absolutely vital for people working and living in remote places with no transport.

- The current permit must be replaced with a temporary Irish Residency Permit (IRP) card indicating that the bearer has permission to work full-time. The new IRP card would replace the current Temporary Residency Card (‘blue card’). This would make the permit instantly recognisable to potential employers and would allow international protection applicants to prove residency for the purpose of obtaining a driving licence and opening a bank account.

- Currently, the right to work is revoked if a person is given a negative decision at the appeal stage and/or is issued with a deportation order. In the Irish asylum system, people are often left for years with a deportation order
hanging over them. Sometimes this is overturned and people are given permission to remain. The right to work must be given as soon as the asylum process begins, must be valid for a minimum period of 12 months, and it must remain renewable until the person has an alternative IRP or is no longer residing in the State.

- International Protection applicants must be allowed to hold a driving license. Some Direct Provision centres are not accessible by public transport. And if the government is to abolish Direct Provision, then people would have to be allowed to drive.

- International Protection applicants must have access to vocational training and education. At present, some Education and Training Boards only allow international protection applicants to enrol for courses up to level 6 whereas others only allow only level 3. There must be no disparities in the provision of these courses.

- There are children born in Ireland whose families have been served with deportation orders. The children know no other country but Ireland as their home. The Minister has discretionary power to grant permission to remain to any non-EU national. We recommend that the Minister for Justice and Equality introduces a scheme to regularise undocumented people in Ireland. This would end their legal limbo. Many of them are working in care looking after vulnerable people in the State. Regularisation as already done for undocumented students in Ireland, only affects people who are already in the State.

SECTION 3: RECEPTION

Core Recommendation: People should be accommodated in reception for no longer than three months before moving into housing in the community. Reception is recognised as a crucial period for people seeking protection. Multiple reports and conventions recognise the critical importance of providing early and high quality legal, informational, psychological, medical, language and vocational support to people. This is critical for people’s claims for protection, for people’s recovery from often deep trauma and dislocation, and
for people’s chances at building a fulfilled, independent life for themselves and their families.

Reception in Ireland refers to the initial period when a person who is seeking asylum is usually brought to Balseskin Reception Centre during which time they have their first preliminary (‘small’) interview with the IPO before being sent or ‘dispersed’ to a Direct Provision centre.

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Reception conditions are central to recognizing and vindicating the rights of people seeking asylum. This is acknowledged in the EU Receptions Directive, which the Irish legislature finally transposed into Irish law in 2018. But this transposition has not translated to any improvement or attempt at implementation of improved reception conditions on the ground. In fact, conditions for people seeking asylum in Ireland continue to get worse.

However, people should be in reception for no longer than three months before moving into housing in the community (not into Direct Provision). Reception centres should provide all the information, services and supports that are necessary for people in the initial stages of seeking asylum, and should be fully staffed with appropriately trained, experienced professionals.

The reception and direct provision system is over capacity and people arriving to Ireland to seek asylum are being sent to ‘emergency accommodation’ – guesthouses, bed and breakfasts, hotels – with absolutely no access to information about the asylum process and their rights; no access to the supports and services that people need; and often no means of communicating with anyone in the ‘emergency accommodation’. People are being dumped in what are effectively conditions of detention, effectively deprived of freedom of movement (try getting around with €38.80 per week and no public transport), at a time when they are at their most vulnerable.
Basic supports and services are not available to people – people have little or no access to solicitors or legal advice, psychologists and other mental health experts, translators/interpreters.

The EU Charter of Fundamental Rights recognises the right to asylum (chapter 1, article 18), the right to dignity (1.1), and the right to the integrity of the person, including mental and physical integrity (1.3). The EU Convention on Human Rights vindicates the person’s right to liberty and security (art. 5) and the right to respect for family and private life (art. 8). The Irish State is obliged to vindicate these rights. They are fundamental human rights that cannot be suspended because someone is seeking protection. In fact, the obligation to honour these fundamental human rights is greater when the people at stake are in unquestionably precarious and vulnerable situations.

**KEY ISSUES IN THE IRISH RECEPTION SYSTEM & RECOMMENDATIONS**

- **DECENTRALIZE RECEPTION**

  **Recommendations:**

  In a newly configured reception system, there would be reception centres in or near major cities and towns in all regions of the State, all offering the full supports and services that people need on arrival in the state and in making their application for international protection.

  People would stay in the reception centres for a maximum of 3 months, extendible for those who request it. After this, people would be assisted into housing in the community through the local authority.

- **DECENTRALIZE THE INTERNATIONAL PROTECTION OFFICE (IPO)**

  At the moment people have to make long and very difficult journeys to attend IPO interviews and other business related to their asylum claims. There have been cases of families left on the street after their IPO interviews with nowhere to go and no way to get back to remote centres by public transport. This distressing situation could easily be remedied.
**Recommendation:** It would be far easier and more efficient if the IPO could travel to regional reception centres at regular intervals (monthly, for instance) to conduct interviews.

**HIGH QUALITY IN-HOUSE ADVICE & SERVICES = MORE EFFICIENT SYSTEM**

Currently people wait 20 months for their first interview. The waiting and uncertainty in the process combined with loss of independence and dignity in what ECRE has described as the de facto detention system of Direct Provision destroy people in mind, body and spirit. Despite Government and Dept of Justice excuses about increased numbers of people seeking asylum in Ireland, based on the number of people who claimed asylum in Ireland in 2018 the reception system is currently ‘processing’ on average 70 people per week. This is not a large number of people. In a decentralised and fully resourced system, it should be entirely possible to provide excellent reception conditions and a faster, more just, safer asylum process for people seeking protection.

**Recommendations:**

In a reconfigured reception system:

- Legal advice on claims and legal assistance with completing the IPO questionnaire and preparing for the major interview would be provided to all.
- Provision of full and expert advice and supports. The IPO interview should happen while in reception, within 6 weeks of submitting the IPO questionnaire.
- People should not be in reception for longer than 3 months and should be enabled to get housing in the community as early in the process as possible.
- The Temporary Residence Certificate (TRC) card should be replaced with an IRP-style card that includes the right to work permit and will be accepted as valid ID for bank account and driving license purposes. The Irish Residence Permit (IRP) card includes description of the immigration permission and permission stamp number, and a microchip containing photo, fingerprints, and personal details.
- The living space in reception centres needs to be fit for purpose and must uphold the right to privacy, dignity, and integrity of the person of people seeking asylum.
People should have the right to delay the first interview if they are traumatised or need more time.

ON-SITE ACCESS TO HIGH QUALITY SUPPORTS AND ADVICE:
It is absolutely vital that reception centres provide access to all of the following on-site. Some of these are described in greater detail below.

- access to information;
- high quality legal assistance;
- psychologists trained in working with people who have been subject to violence, torture and trauma and who are sensitive to issues of cultural diversity;
- quality medical care;
- childcare facilities, play spaces and homework spaces for children;
- Good quality and neutral translation services
- English language and literacy classes;
- Supports for training, education and employment;
- Library space with access to internet, computers, etc.
- Community Welfare and social workers; assistance with accessing accommodation post-reception.

These services and supports must be provided by trained specialists who are independent of the Department of Justice & Equality.

INFORMATION:
People are not given basic information about their rights as asylum seekers or about what is going to happen in the asylum process. Leaflets are sometimes provided on various aspects of the process or people may be directed to IPO and NGO websites for information. That this is seen as adequate demonstrates the disconnection and indifference of the Dept of Justice from people on the ground as well as the problems with NGO engagement on the ground. Information booklets and leaflets are written in a way that many find inaccessible and difficult to fully understand. People may not have easy access to the internet or to devices where they can view online material.
People may not be able to read. They may have too much else going on to be able to give information leaflets the attention they need.

- **Recommendation:**
  As well as the usual leaflets, informational videos should be made available to people in all languages in the reception centre outlining the process of seeking asylum in Ireland and the rights people seeking asylum have. Staff in the reception centres should be fully trained and informed about the process of seeking asylum and of people’s rights so that they can also provide this information to people in reception.

**LEGAL ADVICE:**

The process of seeking asylum is first and foremost a legal process. It is therefore absolutely vital that people receive legal advice on their claims as early as possible. People have to submit a complicated 62-page application form to the IPO in order to apply for international protection. This form will determine how their case goes – it will be scrutinised for any gaps, mistakes, inconsistencies and these will be used to discredit the person’s credibility. Yet people are by and large left to complete this form on their own. The Legal Aid Board provides legal advice to people seeking protection through the Refugee Legal Service including ‘Early Legal Advice’. However, ‘early legal advice’ translates in reality as a hard-pressed caseworker taking fifteen minutes to read over the 62-page application form that the applicant has tried to complete. This hardly can be described as expert or even adequate legal advice. Many people receive no legal advice until **after** they have submitted their application, usually if their case has to go to appeal.

- **Recommendation:** In-house early legal advice from a qualified lawyer with expertise in asylum cases needs to be provided in every reception centre to every international protection applicant. This advice needs to be available to all **before** the application is made. People need to have expert assistance with completing the questionnaire, with preparation for the interview, and they need to be accompanied to the major interview by their solicitor at the very least, as well as by an observer. The legal process is outlined in more detail below in the section on The Legal Process.
PSYCHOLOGICAL & MEDICAL SERVICES:
The Irish state has failed in its responsibility to protect and support the recovery of people seeking asylum who have particular vulnerabilities and special needs. The College of Psychiatrists of Ireland note that refugees and people seeking asylum have much higher rates of anxiety, depression and up to 10 times the level of PTSD as the ‘indigenous’ population. They conclude that people seeking protection require a specialised service from appropriately trained professionals who can care for the peoples’ unique needs, taking into account issues of language, cultural difference, as well as practical issues of mobility and accessibility. [College of Psychiatrists of Ireland – *The Mental Health Service Requirements in Ireland for Asylum Seekers, Refugees and Migrants from Conflict Zones* (March 2017)]

Many national and international bodies have insisted on the need for the Irish state to provide a formalised screening process for people seeking asylum who have suffered torture and for people with other special needs and to ensure that people seeking protection have access to expert medical and psychological treatment and care and yet nothing has been done to implement these basic protections and supports. People require specialised medico-psychological legal reports as ‘evidence’ for their claim for international protection, but accessing the professional bodies that can provide such reports is a difficult and lengthy process. At the moment the state outsources its responsibility in this regard to Spirasi, who have a waiting list of 10 months. This time delay has negative effects both on people’s recovery and on their claims for international protection.

In their ‘Concluding Observations’ on Ireland in July 2017, the Committee of the UN Convention Against Torture note the necessity for Ireland to formally implement these supports. The Committee concludes that the State must “provide adequate funding to ensure that all persons undergoing the single procedure under the IPA have timely access to medico-legal documentation of torture, access to specialised rehab services accessible country-wide, and to support and train personnel working with asylum seekers with special
needs.” The EU Reception Conditions Directive states that “Member states shall ensure that persons who have been subjected to torture, rape, or other serious acts of violence receive the necessary treatment for the damage caused by such acts, in particular access to appropriate medical and psychological treatment or care” (article 25). The Irish State continues to ignore these obligations and no such supports are in place apart from Spirasi appointments which can often start after a person has been in the asylum system for a year or more due to under resourcing.

**Recommendations:**

- State must provide early screening for vulnerabilities in line with the State’s statutory obligations.
- State must provide specialised and culturally sensitive medical and psychological treatment and care and rehabilitation for all people seeking protection, particularly people with special needs.
- Maximum 4 week wait for medico-psychological screening and legal reports. At the moment, people are being denied assistance until they have a PPS number. Assistance must be available from arrival, regardless of PPS number issues.
- These services must be available in-house in the reception centres and must be independent of the Department of Justice & Equality.

**SECTION 4: ALTERNATIVES TO DIRECT PROVISION**

**Core recommendation:** People seeking asylum in Ireland should have access to the same housing supports via their local authorities as is the case for homeless people. Direct Provision centres and reception centres are not homes.

People seeking asylum in Ireland should have access to the same housing supports via their local authorities as is the case for others. The housing needs of people seeking asylum must be an integral if distinct part of any recommendations and/or solutions to the housing and homelessness crisis.
We regard people in Direct Provision as ‘homeless’ in that they are without a home and exist in a similar way to people forced to live in and try to raise their children in ‘hubs’. We are in similar situations of destitution and marginalisation as others at the sharp end of the state’s housing policy; we are like those placed in B&Bs and hubs being used as human meat to generate private profit; we must fight together against these institutionalised, bureaucratic, dehumanising ways of diminishing our lives and destroying us in body and spirit.

For people who need to avail of voluntary assisted living, arrangements for this must be made but it must not be for profit, must not subject people to ‘managers’, and must allow people ready access to the high quality services and supports that they need, and should not mean that people have to rely on NGOs for services. The state must stop outsourcing responsibility for social protection.

Centres where legal, psychological, medical, language, community and integration supports are available onsite to people in the asylum system need to be available to people once they are through the reception process. These services must be free, accessible, and not for profit.

We support the recommendation by the Special Rapporteur on Child Protection that asylum seekers be given access to welfare supports so they can leave Direct Provision. However, we reject the idea that people be granted supports to leave Direct Provision if they have been awaiting a first instance decision as proposed by the Special Rapporteur on Child Protection and propose that a statutory provision be made to require the government to provide the supports as per Special Rapporteur on Child Protection (2018: 17) recommendation, and replace a first instance decision as a precondition for supports with "if a protection applicant has not moved out of the reception centre on their own after 90 days from the date of submitting an application", and that such supports are provided immediately for those who do not avail of reception centre services and is means tested after working for a period of 12 weeks as done currently. The issue with the words "first instance decisions" is that they leave open the possibility of people staying in reception centres for longer if they have a first instance decision as currently experienced by applicants who are appealing and are not allowed to work.
Some Issues:
- Violation of the rights and best interest of the child (numerous reports substantiate this).
- For-profit system that outsources the state’s obligation to private interests and serves only to enrich businesses and corporations.
- Centres run by managers and staff with no training or expertise in relevant areas, with residents subjected to devastating petty cruelty and petty bureaucracy. People seeking asylum do not need to be ‘managed’, they want the chance to make a new life.
- Direct Provision is toxic. It kills people and makes people sick in mind, body and spirit. Too many people have died and are dying in Direct Provision. The open prison conditions, the erasure of people’s sense of self, the petty bullying bureaucracy of RIA and of managers and staff, the enforced poverty and desperation of being stuck in Direct Provision with no agency, no space or privacy, for years on end. DP must be abolished; any reception system or ‘alternative’ recommended in its place must not in any way resemble DP, must not be ‘for profit’, must not involve ‘managers’, and must prioritise the agency and dignity of people seeking asylum.

Right to Education
There are gross inequalities in access to education and training for people seeking asylum. Access to further education is inconsistent and depends on where people are living. In some places, people are barred from taking courses higher than FETAC level 3. In other places, people have free access to level 6 courses. Even where people manage to access such courses or even manage to get places in third level courses, on a local level managers in many centres take active steps to prevent people from taking up training and education through petty bureaucratic methods. People seeking protection have been excluded from third level education as they are treated as ‘international’ for fee purposes and thus liable to the extremely high ‘international student’ fees (usually in the region of 17-20K per year). This means that children who have grown up in Direct Provision and often been born in Ireland (like their peers who are undocumented) have been routinely excluded from further education. In 2015, the then Minister for Education
made a minor change to policy, stating that children who had been in the Irish school system for 5 years and who did not have a deportation order were eligible for Irish/EU fees at third level. Given that many people in the system for 5 years will be living with an unacted deportation order and given that these conditions still leave third level completely out of reach for children living in direct provision, the uptake on this ‘scheme’ has been negligible – a risible 2 people entered third level under these conditions last year. Several universities now have a limited number of scholarships of varying quality for people who are refugees, asylum seekers, or former asylum seekers. However, this is not sustainable and puts access to third level education on a charitable grounding that can be leveraged as PR for third level institutions, rather than establishing the right to meaningful access to further education and third level education for people in the asylum process.

Children
There have been numerous reports over the years by (for instance) HIQA, the Special Rapporteur on Child Protection, and the Ombudsman for Children, insisting that Direct Provision is a violation of the rights and best interests of the child and that children should not be growing up in Direct Provision - and yet it remains in place. It is clear and evident that children need a real home and the opportunity for normal family life and these are being completely denied to all children forced to live and grow in the apartheid system of Direct Provision. Children have to share space including bathrooms with complete strangers; confined to a room with their family, they have no private space for play or for homework; they cannot invite friends home; they are segregated in school by the fact of living in direct provision; providing books and school supplies, uniforms and sports gear is an often impossible struggle for families, and mothers in particular will often resort to desperate means including the most precarious forms of transactional sex to supply these necessities for their children. Indeed, children themselves have been propositioned for sex inside and outside the centres. Children in Ireland as unaccompanied minors who age out present a particularly terrible case as they are transferred from
the care system to the Direct Provision system with any supports they had suddenly taken away.

SECTION 5: RECOMMENDATIONS
1. People must get free, independent, early and expert legal advice before they submit their questionnaire and throughout all stages of their case.
2. The time that the process takes at all stages must be addressed. There is no reason that the major interview cannot happen much earlier. People need to have immediate access to psychological and medical assessment and high quality legal advice from professionals trained in immigration law when they enter reception, and the interview should take place within 6 weeks in situ in the reception centre after such consultation and assistance has been availed of.
3. The lack of any time limit or timeline for how long the process will take is one of the most damaging aspects of life in the direct provision and asylum system in Ireland. There must be a time limit placed on how long a person seeking asylum can be left waiting for a decision on their case, and there must be consequences for the failure of the IPO to provide a final decision within a reasonable time frame.
4. Pursuant to this, a statutory provision must be made to require the Minister to grant long-term residency/permission to remain to any international protection applicant who has been awaiting a final decision for at least 18 months. This should be applied retrospectively as well as in future cases. The asylum process continues after the Minister has granted permission to remain. This would end legal limbo for those who are currently in the system and guard against the limbo people are subjected to when decisions at all stages of the application process are not forthcoming.
5. There must be a serious investment by the state into ensuring that high quality legal advice and representation is available freely to all people seeking protection in Ireland. We recommend a benchmarking exercise to compare how the legal aid available in asylum cases stacks up against criminal cases
(taking into account the costs of attendance at hearings, the cost of expert medical reports, and so on).

6. Section 5 of the Illegal Immigrants (Trafficking) Act 2000 as amended must be removed and parity created between immigration and non-immigration timeframes and grounds for judicial review.

7. People should be able to bring an observer with them to interview. We do not want people interacting with the Department of Justice alone. We do not want the process to be invisible anymore. Civil servants would not treat asylum seekers the way they do if an Irish person, particularly a white Irish person, was observing the proceedings. These proceedings should not be cloaked in mystery with often highly vulnerable people pitted against trained barristers operating on behalf of a system that is based on an assumption of their ‘guilt’ and lack of credibility.

8. High quality, trained, impartial translators and interpreters in people’s languages and dialects must be made available to people seeking protection.

9. The Right to Work must be automatically given to all people seeking protection from the very beginning of the process. At the moment, people can only apply for permission to work if they have not received a first decision on their case within 9 months. This has left many people without any hope of the right to work, people who have been in the system longest and whose skills, sense of self, and physical and psychological well-being have already been affected by the direct provision and asylum system.

   a. The 9-month wait is unnecessary and is the very maximum allowed under the EU directive. Research shows that people begin to lose skills and psychological wellness rapidly after 6 months in DP-like environments. Immediate permission to work is the answer.

   b. Even when people have permission to work, the majority are finding it impossible to find work. People have to contend with racism and xenophobia (see O'Connell (2018), McGinnity, Grotti, Groarke, and Coughlan, (2018)), and as well as the stigma of being seen as an ‘asylum seeker’, and with lack of recognition of their qualifications and experience.
c. The work permit itself puts employers off immediately (rather than the
card that employers are used to, this work permit is a long letter with
many warnings to potential employers about the consequences of
breaking employment law).
d. Currently, the permit must be renewed every 6 months. This puts
employers off. The renewal period must be extended.
e. People often can’t open a bank account and asylum seekers are not
allowed to hold a driving license – two items absolutely vital for people
working and living in remote places with no transport.

10. The current permit must be replaced with a temporary Irish Residency Permit
(IRP) card indicating that the bearer has permission to work full-time. The new
IRP card would replace the current Temporary Residency Card (‘blue card’). This would make the permit instantly recognisable to potential employers and
would allow international protection applicants to prove residency for the
purpose of obtaining a driving licence and opening a bank account.

11. Currently, the right to work is revoked if a person is given a negative decision
at the appeal stage and/or is issued with a deportation order. In the Irish
asylum system, people are often left for years with a deportation order
hanging over them. Sometimes this is overturned and people are given
permission to remain. The right to work must be given as soon as the asylum
process begins, must be valid for a minimum period of 12 months, and it
must remain renewable until the person has an alternative IRP or is no
longer residing in the State.

12. International Protection applicants must be allowed to hold a driving license. Some Direct Provision centres are not accessible by public transport. And if
the government is to abolish Direct Provision, then people would have to be
allowed to drive.

13. International Protection applicants must have access to vocational training
and education. At present, some Education and Training Boards only allow
international protection applicants to enrol for courses up to level 6 whereas
others only allow only level 3. There must be no disparities in the provision of these courses.

14. There are children born in Ireland whose families have been served with deportation orders. The children know no other country but Ireland as their home. The Minister has discretionary power to grant permission to remain to any non-EU national. We recommend that the Minister for Justice and Equality introduces a scheme to regularise undocumented people in Ireland. This would end their legal limbo. Many of them are working in care looking after vulnerable people in the State. Regularisation as already done for undocumented students in Ireland, only affects people who are already in the State.

15. Legal advice on claims and legal assistance with completing the IPO questionnaire and preparing for the major interview must be provided to all when required, and not limited.

16. Provision of full and expert advice and supports. The IPO interview should happen while in reception, within 6 weeks of submitting the IPO questionnaire.

17. People should not be in reception for longer than 3 months and should be enabled to get housing in the community as early in the process as possible.

18. The living space in reception centres needs to be fit for purpose and must uphold the right to privacy, dignity, and integrity of the person for everyone in the international protection process.

19. People should have the right to delay the first interview if based on vulnerability assessment and or Spirasi type of services, they are traumatised or need more time.

   a. Reception centres must provide:

20. access to information;

21. high quality legal assistance;

22. psychologists trained in working with people who have been subject to violence, torture and trauma and who are sensitive to issues of cultural diversity;

23. childcare facilities, play spaces and homework spaces for children;

24. Good quality and neutral translation services
25. English language and literacy classes;
26. Supports for training, education and employment;
27. Library space with access to internet, computers, etc.
28. Community Welfare and social workers; assistance with accessing accommodation post-reception.

These services and supports must be provided by trained specialists who are independent of the Department of Justice & Equality.

29. People seeking asylum in Ireland should have access to the same housing supports via their local authorities as is the case for homeless people. Direct Provision centres and a reception centres are not homes. No free and healthy human being should be institutionalised and subjected to dehumanising petty bureaucratic processes daily.

30. Unaccompanied minors must be accommodated in reception centres for children, and the State must encourage foster care and adoption where possible because every child deserves to grow up in a loving home, not an institution where their lives are governed by rules that other children in the State experience.

31. When an unaccompanied minor turns 18 with or without a positive decision on their asylum claim, they must be supported to live independently.
Bibliography


Submission to the Committee on Justice and Equality on the Future of Direct Provision

We as members of the Monasterevin Community Asylum-Seekers Support Group would like to thank the Irish government for allowing us to share our insights and ideas as people who are directly affected by this oppressive system. We hope this document will serve as a supplement to MASI’s comprehensive submission. Please do not hesitate to open up dialogue between both parties as this is a complicated matter than won’t be resolved overnight. We really hope you allow us to remain the experts of our lived experience and continue consulting with us as we work toward a suitable alternative to Direct Provision.

We also understand that Ireland has a history of human rights abuses involving institutionalisation and we feel encouraged that recently some Irish TDs and others are interested in listening to our experiences. The reason these institutions lasted for decades each time was because of the stigma of being a marginalized person in society, and not being consulted about alternatives. Therefore we are encouraged that listening to our suggestions today is a step in the right direction and we thank you for that.

We will focus on these overarching issues in our submission:

- Legal support in the preliminary stages
- Unrestricted access to the right to work
- Accessible mental health support for adults and children
- Xenophobia allowed among people who work with asylum-seekers
- Support for pregnant and new mothers
- Burden on the government to reframe its mindset

Legal Support as a Human Right:

Direct Provision needs to return to its original purpose of being an intake system for the preliminary six months. One of the best ways to fast-track this is **asylum-seekers must be offered legal support in filing their claim when they arrive.** The use of sending out deportation orders to get an asylum-seeker to figure out the proper paperwork they need to be granted asylum is an inhumane practice and leads to mental distress and suicide. You can check the records: many, many people earn their refugee status after being given a deportation order and it is the government’s responsibility to look into why this is. We don’t suddenly become “more valid” refugees once we’ve received that horrifying letter. For many of us, the first time we’re able to speak to a lawyer about our case is once we’ve received a deportation order. At least some members of the government and the asylum process are aware that sending out deportation orders leads to results but at what cost? We are not playthings, you cannot threaten us with losing our lives in our
home country and expect us to recover easily after that. **We deserve access to legal support in the preliminary stages of our claim.** When you do not provide this legal support, everybody wastes time because traumatised individuals do not know what paperwork will prove our case to you, as most of us are not immigration lawyers ourselves. The Irish government needs to understand that if the system operates more smoothly, everybody wins.

**The Right to Work:**

If you look at projects in Europe or even the U.S. that focus on what refugees and asylum-seekers have to offer your country, you can see that allowing us to enter the workforce boosts the economy. So forgetting that it also improves our mental health and helps us build connections in this country, it benefits Ireland to have people who would normally be forced into dependence on the state, be able to work instead and give back to the country we’re currently in. Everybody wins. But right now we do not have unrestricted access to the right to work. Anybody who has received a first decision or even the date of the meeting to receive their first decision is not eligible for the right to work, which automatically disqualifies thousands of us. As you can see we’ve pointed out earlier in this document, many of us achieve refugee status once we’ve been given the proper support, but many times this doesn’t come until the deportation order, years into our process. Our claim wasn’t invalid and false when we received our first decision that invalidated our right to work. We just received no support to make our claim in a way that would be acceptable to this country. Do you see how invalidating our right to work for years because of a lack of support that we receive from you in the legal claim process is creating more of a burden on the state that just isn’t necessary? MASI and the IRC have outlined in more detail how institutions in this state need to actually work together to support one another, so that asylum-seekers do not bear the brunt of this inefficiency.

**Providing Accessible Mental Health Support:**

Until the system of Direct Provision is abolished and a humane system is implemented in its place, we need each DP centre and each emergency accommodation centre to be staffed with social workers, mental health professionals, and other staff equipped to deal with vulnerable people. This very clearly is not a job for private for-profit companies because the ways they find to cut costs always hurt us. If you take a step back, no longer think that most of us are “fake” and see us for who we are: people fleeing violence in our countries and looking for safety here, you will agree that this system is inappropriate. We do not want to be forced to be dependent on the state, but that is what happens when we are given no support. The Irish don’t appreciate it but neither do we. There are several mental health studies of refugees and asylum-seekers, including the recommendations from Irish psychological and psychiatric bodies, who say that the
reason asylum-seekers are so much worse off than refugees in Ireland is because of the system of institutionalisation. When you’re comparing refugees vs. asylum-seekers, we’ve experienced equal pre-migration trauma, and yet asylum-seekers’ mental health outcomes are so much worse because of what you are putting us through.

We will restate that Direct Provision centres and emergency accommodation centres are not suitable for warehousing vulnerable people (please consult the Irish Refugee Council’s recommendations) but in the meantime, we need social workers and mental health professionals staffed within each centre. Receiving mental health support is so difficult and complicated in this state, especially as an asylum-seeker. We lost a resident to suicide this March because of his fear of deportation and how impossible it was to coordinate mental health services for him even when many of us were reaching out to multiple agencies for weeks. Eight full days after he died, the HSE came to provide some support to his roommates. This is not sufficient and does not treat it as the crisis that it truly is. We have been forgotten and abandoned in these centres.

A Note on Xenophobia:

The idea that some asylum-seekers are “fake” and just economic migrants who don’t have legitimate claims to asylum needs to be dealt with on the Irish end. It is your responsibility to help us support our claim in a way that is acceptable to the state, not look for reasons to invalidate it. We must no longer be treated like criminals who are invading this country. If there are a few people who are truly economic migrants who do not have a legitimate fear of their state, you will discover that when they file their claim. Instead, this country is acting from a scarcity mindset that it is being flooded by “fake refugees” who want to take freedom away from the good Irish people. We are very grateful to Ireland for providing us safety and shelter, but there needs to be a fundamental change in mindset.

Let us use Germany as an example. The country is six times the size of Ireland. They have taken in over 150 times the number of asylum-seekers. Is this because Germany doesn’t have its own problems? Of course not. Ireland’s housing crisis is not an excuse. Other countries do what it takes to accommodate refugees in a humane manner. This is because their mindset is fundamentally different. Countries in the Global South have already been deliberately under-resourced for centuries due to colonisation, and yet they are accommodating refugees in vast quantities in their countries because they feel a connection and a responsibility to their fellow human. We do not want Ireland to mimic countries like the U.S. and the U.K. who assume that asylum-seekers mean the country harm, have nothing to offer their new country, and that we do not have a fundamental duty to support one another as we are all human. This is what we mean when we say Ireland needs a restructuring of its system. It cannot be restructured without changing the mindset that we are not in fact criminals looking to take and take from this country. We have so much to offer if you give us a chance.
We support cultural competence training and anti-racism training for any individual in the government or private sector who interacts with asylum-seekers. We hear things like “I’m okay with the real refugees coming but the fake ones are just trying to take our social services.” The problem is that when people take the time to get to know us, they decide for themselves that we are “real” refugees and then decide to show us kindness. This default belief that there are more than a negligible amount of economic refugees in this country, and that Ireland is better off treating all traumatised individuals as criminals just in case the state lets in a few economic migrants is so backwards. Once again, this comes from the idea of scarcity rather than the idea of plenty. Other countries with far fewer resources are making this work, so we believe Ireland can as well.

**Support for pregnant people and new mothers:**

We have a number of pregnant women and new mothers in our centre and the lack of support has been appalling. We consider this to be due to the adversarial nature of the relationship between management and the residents. Management take it as a personal attack when our doctors send a letter saying that the food provided from the centre is not nutritious enough for a pregnant person. One mother was recently told by management that she got her doctor to lie for her so that she could get more social welfare money. This is the fundamental problem with a country allowing the service providers to believe that most of us are criminals and not vulnerable people who deserve support like all humans. That mother’s entire GP service offered to become involved and contact management another time but the mother had to choose what was best for her and the baby in the long run which was just to move forward, undernourished, without being engaged in a constant battle with the people housing her. The mothers in the centre have to figure out how to get their own refrigerators, microwaves and other expensive appliances because they need to store their breast milk and reheat it. This of course points to the problem with housing people in hotels that are not fit for purpose. We cannot continue to allow the management at each centre to act like this. Pregnant and breastfeeding mothers need to be supported.

**On a final note:**

It seems that many Irish folks think that they can just mention the housing crisis and they will be absolved of their responsibilities as humans to provide support to their fellow humans seeking asylum. Instead, we say this is entirely Irish people’s responsibility that you have allowed private companies to take over and prioritise their greed over the needs of vulnerable people. Refugees and asylum-seekers are not the ones creating a housing crisis, especially since there are only roughly 6,000 of us in total.

We’re asking that Irish lawmakers and members of the public think critically about what they believe their responsibility is to their fellow human who is visibly
struggling. It was not long ago that the Irish were the ones being welcomed into other parts of the world seeking asylum and a better life. What has changed? Why does the country operate from a sense of scarcity?

As stated earlier in this document, Germany is around six times larger than Ireland but has taken in over 150x the number of refugees. Nobody said it would be comfortable or easy, but truly, why does Ireland not feel the social responsibility that much more overburdened countries in the Global South clearly feel? Especially given your own history?

We don’t really understand how this country can justify what the UN and other international bodies are considering human rights abuses, just because you can’t come up with an alternative. We do appreciate that you’re finally including us in this problem-solving process, however. The Magdalene Laundries and mother and baby homes would probably have been abolished much sooner if Ireland had listened to the people affected while the systems were still in action. This gives us hope for the future.

Thank you for taking the time to consult with the people who understand the system best, and please continue to work with us in the future.

Sincerely,

Monasterevin Community Asylum-Seekers Support Group
Committee on Justice and Equality calls for submissions on direct provision and the international protection application process

At the outset I wish to state that this submission on direct provision and the international protection process is made here on my own behalf and does not necessarily represent the views of TU Dublin or the School and Department of Humanities where I teach. Having said that, I would feel that the views I express would generally be held by colleagues working in the humanities fields in the university. I emphasise again, however, that this is not an organisation or course submission.

I have chosen to provide details of my work in an academic context to provide some context to the submission. As a lecturer in the Department of Humanities at my institution I am responsible for the teaching of a human rights module at undergraduate level. The system of direct provision and the global refugee and asylum crisis regularly feature in the course. It is partly drawing on that context that I make this submission.

I also make this submission as someone who has worked in community development prior to teaching in this area and I believe there is an important role which community workers can play in supporting asylum seekers during their time in direct provision and where successful in gaining refugee status/subsidiary protection or leave to remain, community workers have a vital role to play in supporting harmonious integration within the host communities around Ireland.

The McMahon Report 2015

The Report of the Working Group to Report to Government on Improvements to the Protection Process, including Direct Provision and Supports to Asylum Seekers chaired by Justice Bryan McMahon (McMahon, 2015) had undertaken extensive consultation with asylum seekers in direct provision centres around Ireland. These consultations included written submissions from ‘13 groups of residents’, individual written submissions from 58 adults and 31 children. Ten regional consultation sessions were held with 381 participants and visits were undertaken to 15 accommodation centres. The Working Group also consulted with victims of torture and human trafficking as well as asylum seekers who identify as LGBT. Their testimony speaks for itself in the McMahon Report (McMahon, 2015, p. 19).
The length of stay in Direct Provision has been identified by residents and others as the key concern – it causes or exacerbates all other concerns around life in an accommodation centre, including:

- the uncertainty overshadowing their lives,
- the lack of personal autonomy over the most basic aspects of their lives and daily living – cooking, going to the shops, cleaning,
- the lack of privacy and the challenges of sharing with strangers,
- the boredom and isolation,
- the inability to support themselves or their family and contribute to society in a meaningful way,
- the impact on children of being born and/or living their formative years in an institutional setting,
- the impact on parents’ capacity to parent to their full potential and on normal family life,
- the loss of skills and the creation of dependency, and
- the negative impacts on physical, emotional and mental health.
It is to be welcomed that the state has acted on a number of the McMahon Report recommendations, albeit a lot more ambition is needed here. Firstly, the move to a single integrated application process rather than the previous 3 stage process is to be welcomed and the ambition to have a quality outcome for the protection applicant within 12 months should be implemented fully for all existing and new applicants. Secondly, the changes in access to labour law have gone some way to addressing the right to work for applicants who have been unfairly detained in the system for long periods of time beyond the 9 months stipulated in the new access to labour market rules for asylum seekers. Thirdly, the recognition of the urgent need to provide cooking facilities and private family spaces within the accommodation centres is of vital importance, especially for children. The Health Information and Quality Authority’s Report of May 2015 highlighted disturbing situations facing children and their welfare and protection within Direct Provision (HIQA, 2015). The treatment of children and inappropriate contact with adults, the lack of play space and lack of separate family private areas were identified as concerns. The court case brought by an asylum seeker mother and her son ‘CA and TA’ found that ‘the House rules and the complaints procedures’ in Direct Provision ‘were found to be unlawful’ (Irish Human Rights and Equality Commission, 2014, p. 3).

Replacing Direct Provision

There have been public calls to end Direct Provision, that the system is not fit for purpose. The state admitted as much in that the system was originally designed in 2000 for a six month process. However, the reality is that in 2015 55% of the then 7,937 people in direct provision were in the system for five years or more.

As part of the Human Rights module in the Community and Youth Development degree at TU Dublin Blanchardstown Campus, the Actor Donal O’Kelly regularly performs his short play reflecting the experience of being in direct provision. O’Kelly regularly mentions in the Q&A session following the performance, that he really didn’t think when he wrote the piece twenty years ago that he would still be asked to perform it. He, like many activists, believes that direct provision is a scandal and a source of shame for this country.

The contracts for provision of accommodation centres require a root and branch review, to ensure much more strict criteria to ensure those tendering to provide a building for accommodation comply with human rights standards. It is a source of scandal that the state has effectively enriched individuals by effectively privatising what is a public sector duty (IHREC). The system for sourcing, designing and managing Direct Provision requires a complete overhaul in advance of any further contract or lease signings. In this context the alternative sourcing of housing in communities through housing associations should be provided for along with supports through local community and family resource centres and community development projects. This alternative model of community-based and community integrated accommodation would likely be more cost effective to the state.

Ireland, EU and Asylum

Ireland needs to live up to it’s commitments under UN human rights instruments and observation reports of UN Human Rights Committees.

The Oireachtas Committee should also advocate that Ireland use its membership of the EU, to be a strong advocate for asylum seekers and refugees fleeing war, violence and persecution around the world, and to
do so at Council of Ministers (Minister for Justice) level and European Council (Heads of State, Taoiseach) level.

That Ireland would firstly, lead by example in replacing the current direct provision system with a properly functioning, just and welcoming International Asylum and Refugee Protection process and secondly, to ensure the EU meets its international human rights obligations to provide haven to the most vulnerable and marginalised peoples fleeing war, violence and persecution, mindful of the greater wealth and resources which exist in Europe and the relatively smaller proportion of the world’s refugees who reach the borders of Europe.

Liam McGynn

References


As a mother I am appalled by the way families are being treated in the direct provision system. Parents are not able to cook for their children. Families are staying one room. Children have no play facilities in many of the centres. They are not able to access local clubs and groups because of how the isolated location of many centres, lack of transport to the closest town and the very meagre allowance paid to asylum seekers. This makes it difficult for children to integrate into their local communities and feel like they are valued members of Irish society. Children attending secondary school who have the potential to do very well at third level have no place to study to achieve their full potential. It is very difficult to study in the same room that younger siblings use to play. People seeking asylum should be provided suitable housing that allows them to have a decent quality of life and so parents can feel that they are providing for their children in the way that best suits their children’s needs. Children are being traumatised by the stress they and their parents are enduring by living in direct provision centres and the length of time it takes to have their application for asylum processed.

Many asylum seekers worked and provided for their families before they were forced to leave their country of origin. They want to work in Ireland so that they can continue provide for their families themselves instead of being forced to rely on often inadequate or unsuitable food and household supplies provided by the direct provision centres. While there is currently a right to work for some asylum seekers the restrictions on that right mean that many are still not eligible. The 9 month wait for a first decision on their case is unnecessary and completely unfair given the number of people who are initially denied the right to remain but subsequent allowed to stay following an appeal. These people are not eligible to work for the duration of the appeal process despite it taking years for their appeal to be processed. This means that those in the system the longest are the most affected by loss of skills and the psychological effects of not being allowed to contribute to society and have some choices in their daily lives.

Many of the people seeking asylum in Ireland have suffered violence and trauma in their countries of origin which forced them to flee. Currently there is an unacceptably long wait to be assessed by and receive help from appropriate medical professionals. Due to the adversarial nature of the asylum process authorities assume that the applicant is being untruthful about the trauma they suffered. This forces people to re-live that trauma repeatedly over the years it takes for the application to be processed. People aren’t provided with access to interpreters and legal professionals so don’t have the appropriate knowledge or skills to complete the application form. They are questioned by expert barristers who are trying to find inconsistencies in the person’s story so that their application can be rejected. This is completely unfair on the applicant and is one of the reasons that many applications are initially rejected only to be approved on appeal years later. These people live in a limbo over that time. It is very hard to integrate into a society that you may be forced to leave at any time. This is an unacceptable process for anyone one to have to endure but particularly horrific for people who are traumatised when rejection of their application will result in deportation to the country where they were traumatised. As someone who has suffered with depression and anxiety due to traumatic events in my life, I can not imagine how hard it is to not have access to appropriate mental health services in a timely manner. People in direct provision centres have died by suicide or been serious injured because of self-harm because the pain they were suffering became unbearable. This is unacceptable in a country where we are all too aware of the dangers of untreated mental health conditions.

It is important that people applying to international protection have access to appropriate, state provided non for profit, psychological and/or psychiatric services to receive the treatment they
need. It is also important that a range of treatments are provided not just medication. While medication is invaluable to some people it is inappropriate or insufficient for many others.

People need their applications for international protection processed in a timely, dignified and supportive manner that seeks to vindicate their human right to asylum rather than assume they are being untruthful.

I ask that this committee listen to MASI and the other groups that are made up of asylum seekers and immigrants. They are the ones who have gone through this process, can see the issues with it and have come up solutions to many of these issues. It is imperative that the international protection process becomes more efficient and humane so that some of the most vulnerable people in our society are not damaged even further.
Introduction

The Melting Pot Luck is a community group in Galway city made up of Irish people, immigrants, asylum seekers and refugees. Established in 2017, our aim is to support and encourage and integration and connection in our community by hosting inclusive multicultural events focussed on food and intercultural exchange. Many of our members live in Direct Provision, and over the past 2 years we have been building links between people in DP and the local community by collaborating with refugees and asylum seekers to develop and build our group.

This submission will focus on issues with and alternatives to direct provision and we recommend the complete abolition of the current system in Ireland. This should be replaced with a humane, non-profit system that respects the rights of asylum seekers and is connected with local communities.

We begin this submission with a statement that has been contributed by from one of our members who is living in Direct Provision, and then we will move on to outline issues with Direct Provision and our recommendations for alternatives.

1. Statement from Melting Pot Luck member

Equality

- We ask that people seeking protection in Ireland not be treated as less than others or human because of difference in nationality and citizenship
- We fundamentally oppose the act of deportation, returning asylum seekers back to where their lives are not safe, people who have lived a good number of their lives in Ireland.

Right

- Children born in Ireland should not be regarded as stateless because both parents are asylum seekers. They should not be made to face deportation from their country of birth back to a place where they have never lived.
- Asylum seekers who has stayed for at most one year should be allowed to stay and move on with their lives to contribute to the society.

Overstay
- People seeking protection should not be made to stay for too long before granting them. Staying for 3, 4, 5 or more years without a response can shatter their lives. It makes our lives to be in a box or a standstill.
- Imagine deportation after so many years back to a country where you have lost form and contact with, many of them go back useless and even commit suicide.

2. Direct Provision: Issues & Recommendations

2.1 Reception

“People are not given the most basic information about their rights as asylum seekers or about what is going to happen in the asylum process. Basic supports and services are not available to people – people have little or no access to solicitors or legal advice, psychologists and other mental health experts, translators/interpreters. People have to wait for a long time for medical and psychological assessments that are often central to people’s claims for international protection as well as to their physical and psychological health and recovery. So many people who arrive to seek asylum are suffering from trauma, illness, and debilities. There is a very long waiting list for Spirasi who assess and treat people who have been subjected to violence and torture. People should not have to wait - assessment should all happen early in the reception process and should have ready access to medical and psychological professionals. People submit their applications for international protection usually while in reception, without any legal assistance or advice (the lucky ones may have 15 minutes of someone reading through their 62-page form). This determines the whole course of people’s claims for asylum and lack of legal assistance is a major reason why the number of positive first decisions is so low in the Irish asylum system, forcing people to appeal.” (MASI, 2019)

Our recommendation:

“Reception centres with on-site access to information; high quality legal assistance; psychologists trained in working with people who have been subject to violence, torture and trauma and sensitive to issues of cultural diversity; medical care; childcare facilities; English language and literacy classes; basic integration supports in relation to accessing work and workplace rights, accessing education and training; assistance for accessing accommodation. These services and supports must be provided by specialists who are independent of the Dept of Justice. Reception centres should be located in regional cities as well as Dublin; IPO interviews and other business can be conducted in the regional centres with no need for people to have to travel to Dublin. There have been cases of families left on the street after IPO interview with nowhere to go and too late to get back to remote centres by public transport. There should be a maximum 4 week wait for these medical/psychological testing and reports. At the moment, people are being denied assistance until they have a PPS number. Assistance must be available from arrival, regardless of PPS number issues. People should not be in reception for longer than 3 months and should be enabled to get housing in the community as early in the process as possible. Videos should be made available in all languages in the reception centre outlining the process of seeking asylum in Ireland and the rights people seeking asylum have. Proper legal assistance should be available in completing their application while in reception, followed by the interview to be held within six weeks of submitting the application while people are in reception. People should have the right to delay the first interview if they are traumatised or need more time. The TRC card should be replaced with an IRP-style card.
that includes the right to work permit and will be accepted as valid ID for bank account and driving license purposes.” (MASI, 2019)

2.2 Accommodation

“All people deserve the right to have a home to call their own, to have privacy and self-determination. Direct Provision erases this right” (MASI, 2019) Housing people in large numbers within repurposed hotels, hostels and other large buildings run by for-profit companies who provide an inadequate level of care and wield too much power is damaging to resident’s psychological and physical health. Families sharing one hotel room for years on end and strangers of different cultures and languages forced to live together is inhumane and unjust.

Of particular concern is the situation for LGBTQ+ individuals who may be forced to live in inappropriate accommodation. Slyva – a trans woman who lived in the Great Western men’s Direct Provision centre in Galway city committed suicide there last year. There are also many accounts of people experiencing homophobia and transphobia from other residents which causes suffering and stress.

**Our recommendation:**

“The living space needs to be fit for purpose and must uphold the right to privacy and the dignity of people seeking asylum. People seeking asylum in Ireland should have access to the same housing supports via their local authorities as is the case for others. For people who need to avail of voluntary assisted living, arrangements for this must be made but it must not be for profit, must not subject people to ‘managers’, and must allow people ready access to the high-quality services and supports that they need, and should not mean that people have to rely on NGOs for services. The state must stop outsourcing responsibility for social protection.” (MASI, 2019)

People should be living within the community within a maximum of 3 months after seeking asylum; living in their own private homes just like anyone else in the community.

LGBTQ+ individuals, and all people seeking protection must not be subjected to protracted stays in congregate accommodation. Where temporary stays are necessary (i.e. if requested, and during reception) then individuals must have the option of a private living space.

2.3 Food

Most people living in Direct Provision do not have the facilities or resources to cook their own culturally appropriate food. The food provided in the centres is offered at strict times and if residents miss this time they go without food. The food that is served tends to be low in nutritional value and people who have specific dietary requirements struggle in these situations. Home cooked, culturally appropriate food is an important part of cultural maintenance and expression for people, as well as being an essential way of nurturing the body and passing on traditions to children. Above all, people deserve a choice of what they want to eat and the chance to provide this for themselves and their families. This is part of being an adult and maintaining psychological well-being. (Murphy et al 2018). This right is denied to most people in Direct Provision.

**Our recommendation:**

Reception centres should have adequate autonomous self-catering options available for those who wish to avail of it, when in temporary reception.
2.4 Children

“Direct Provision is a violation of the rights and best interest of the child, according to many reports.” (MASI, 2019) Families living in DP are confined within one room; shared between adults, youths and small children (Uchechukwu Ogwu, 2012). Space is limited and there is a lack of privacy. Children are exposed to unknown adults, putting their safety at risk (Arnold, 2014). They do not have appropriate space to play or do homework, and parents do not have time to themselves. Living in this institutionalized setting, residents are dependent on hostel staff, which impacts upon their self-sufficiency and self-determination (Arnold, 2014). Children in DP report that they are ashamed of where they live and they are not able to invite their friends to play or afford to do extracurricular activities. Continuation to third level is impossible for young people in DP, as they must pay international fees upwards of €20,000, so children in DP are left in limbo as their friends progress through the education system.

**Our recommendation:**

Families should be able to live independently in the community as early as possible to maintain family life, and there should be supports for families to adjust to life in Ireland and access the services they need when they arrive. This should not be left to voluntary groups. Reception centres should have adequate space and privacy for children and families. There should be play and educational facilities available for children and visitors should be allowed. Children should not be forced into close quarters with unsafe adults. International protection applicants should have free access to education at all levels.

2.5 Mental Health

People seeking international protection are more likely than the general population to have suffered trauma in their country of origin, or during their journey to Ireland. Added to this, living in DP for a prolonged length of time leads to poor mental health outcomes, there is a general lack of practical or psychological support for new parents in DP (Uchechukwu Ogwu, 2014). The combination of the excessively long waiting times for interviews and decisions, living in ‘open prison’ like conditions, disempowering regulations, lack of privacy, lack of meaningful access to a right to work, lack of agency and independence, experiences of racism and discrimination and social isolation living in remote locations leads to extremely negative outcomes for mental health and psychological well-being. Many studies and reports have found that people living in DP suffer mental distress at much higher levels than the general population, and that the experience of living in this situation contributes to the erosion of meaning in life which is an essential component of maintaining positive mental health (Murphy et al 2018). People living in this situation lose their sense of self and become institutionalised, and many struggle to cope with life outside of direct provision as a result. There is insufficient psychological support for people living in Direct Provision and many are prescribed anti-depressants to deal with issues that have been created by living in Direct Provision, not some underlying illness. There have been many cases of suicide in Direct Provision, and this must not be allowed to continue. These are human beings, and all we ask is that they are treated as such.

**Our recommendation:**

“Centres where legal, psychological, medical, language, community and integration supports are available onsite to people in the asylum system need to be available to people once they are through the reception process. These services must be free, accessible, and not for profit.” (MASI,2019) Throughout the reception process, people should have access to adequate, culturally appropriate psychological support from professionals who are trained in working with refugees and
related trauma. Stays in reception centres should be limited to 3 months, and asylum seekers should be free to live in the community and claim social benefits, there should be access to work from entry to the country and the legal process of claiming asylum should be transparent and quick. People who are seeking asylum should have the right to a normal life and be able to form positive relationships with others. They should have access to healthy food and exercise and have opportunities to celebrate their culture and to form meaningful connections with people in their communities. This will support their mental health throughout the process of claiming asylum.

2.6 Community Integration

The Migrant Integration Strategy (2018) and the most recent progress report (2019) does not cover the specific needs of asylum seekers or refugees; two groups who need the most support with integration. However, we have heard that protection applicants are forced to prove how they are ‘integrating’ when they make the case for leave to remain. This is an extremely unfair situation as many asylum seekers are living in isolated locations with a complete lack of access to ‘integration’ activities. Moreover, under-resourced community groups are left to fill in the gaps where the government fails to act. The system of Direct Provision creates conditions where real ‘integration’ cannot happen, and asylum seekers across Ireland are living in segregation from the wider community.

As we have seen with recent attacks on DP centres such as the one in Rooskey (https://www.irishtimes.com/news/crime-and-law/rooskey-fire-was-premeditated-and-carefully-planned-says-garda-1.3790892), discrimination in Irish society towards asylum seekers can lead to vandalism and violence when unchecked. Increased linkage with local communities was cited as a recommendation of the Government Working Group (Department of Justice, 2015), however this has not been given adequate support and is not extensive enough. In rural areas, this lack of integration is especially evident, for example in Ballyhaunis Co Mayo where one woman noted “It was clear there were two separate communities in this small town. I was always identifiable as a woman of colour walking down its main street.” (https://www.irishtimes.com/news/social-affairs/direct-provision-has-to-go-says-former-asylum-seeker-1.2691343?mode=print&ot=example.AjaxPageLayout.ot) This segregation only serves to increase racism and stigmatization of asylum seekers, it leads to marginalisation and lack of trust between communities and ultimately harms the entire community.

Our recommendation:

Community groups shouldn’t be the ones facilitating integration of asylum seekers – the system should be set up in such a way as to encourage and support it from day one by allowing people to become full members of our society and letting them contribute. Reception centres should be located in towns and cities; not in remote locations. They should be open to the community and give opportunities for locals and asylum seekers to mix in meaningful and positive ways; for example, by incorporating shared space where gatherings, workshops or community events can happen. Stays in these centres should be limited to 3 months after which people should be free to live independently in the community should they wish. As stated above, asylum seekers should have full access to education and employment from the moment they apply for protection. Voluntary community networks of locals and asylum seekers should be formed in order to create opportunities for inter-cultural exchange, support and connection, to build bridges between asylum seekers, refugees and
local communities. Integration initiatives should be created in response to the needs of communities, and they should be sensitive to cultural diversity and empower people from all backgrounds to take part.

2.7 Management, Money & Power

“Direct Provision centres are run by managers and staff with no training or expertise in relevant areas, with residents subjected to devastating petty cruelty and petty bureaucracy. People seeking asylum do not need to be ‘managed’, they want the chance to make a new life.” (MASI, 2019)

Direct provision is run for-profit by private business people and companies, such as Aramark. This outsourcing of the state’s obligations to protect international protection applicants serves only to enrich businesses and corporations. Members of our group have been threatened by management of their centres for speaking out about the conditions in Direct Provision and we have also heard of centre management threatening people with being transferred for speaking out in other situations.

One of our group members who has been living in DP for several years told us how she was badly treated as a result of being involved with activist groups and speaking out about her experience. She was made to feel threatened by this experience. People in DP are made to feel like cattle; shipped into rural communities for businesses to make money; packed into small rooms and fed cheap food for maximum profit. They are not respected by the management and in the worst cases they are bullied and abused. We would actually treat cattle better than that in this country.

Our recommendation:

Reception centres should not be run by private companies for-profit. As stated above they should be independent from the Department of Justice and they should be staffed by trained professionals that are aware of the specific needs of refugees and asylum seekers. Where possible people protection applicants who have expertise in relevant areas should be employed in services that cater to the needs of this group. Asylum seekers and refugees should be aware of their rights from day 1 and supported to organise among themselves so that they have representation in our community.

Reception centres and any services provided to asylum seekers and refugees should be developed with the needs of the people in mind, and should include representatives of these groups in all stages of development and delivery.
Migrants and Ethnic minorities for Reproductive Justice (MERJ)

Submission to the Oireachtas Joint Committee on Justice and Equality- Direct Provision and the International Protection Process

Introduction

Migrants and Ethnic minorities for Reproductive Justice (MERJ) is a non-hierarchical grassroots group of activists from a migrant and ethnic-minority background living in Ireland. Our group was formed in the summer of 2017 by migrant women of colour who had for years been actively involved in the campaign to repeal the 8th Amendment, in reaction to the fact that their stories and experiences were largely missing from the mainstream narrative about abortion rights in Ireland. MERJ set out to change this by creating a platform for migrant and ethnic minority people to tell their own stories and share their political analysis.

Examples of our work include:

- Actively participating in the campaign for abortion rights with a focus on the disproportionate impact the 8th Amendment had on migrants and ethnic minorities.
- Creating platforms for migrant and ethnic minority women to talk for themselves and about themselves about their own experience and vision around many varied and interrelated areas of reproductive justice.
- Publication of *We’ve come a long way* (Editora Urutau, 2018), a collection of stories and short essays written by activists whose experiences and analysis did not fit the mainstream narrative about abortion access.
- Facilitation of anti-racism workshops within grassroots movements.
- Participating in a variety of campaigns, such as the Right to Work campaign for asylum seekers and the current Raise the Roof campaign for safe and affordable housing for all people.

Some of our members are living or have lived in Direct Provision centres. It follows that we are well placed to report on how Direct Provision affects reproductive rights (which we understand as the foundational rights including decent housing, working conditions, health security, among others) and make recommendations on the subject with an affected-led approach.

The Issues

MERJ sees several concerns related to Direct Provision (DP) and the International Protection process. The main areas of concern we will highlight regard the impact of the current asylum system on sexual and reproductive healthcare access, mental health and children’s rights and well-being. These will be addressed in order below.

1. Sexual and reproductive health

   - Asylum seekers in Ireland encounter major difficulties in accessing healthcare, especially sexual and reproductive healthcare. The situation is currently made worse by the lack of reception centres, where people who arrive in a European country to seek asylum should normally receive medical care and legal support among other services; at the present moment, asylum seekers are instead being placed directly into hotels and
other inadequate structures without receiving accessible and reliable information on healthcare services.

- The consistent lack of privacy and personal space in centres is a serious issue for all people living in Direct Provision, but more so for those who are experiencing difficult situations such as unwanted pregnancy, STIs etc. We have testimonies of women who had abortions while sharing the room with their children. The lack of privacy adds to a process that is stressful and often dehumanising, increasing the risk of stigma and mental health issues.

- Despite abortion being now legal in Ireland, pregnant people in DP are still facing difficulties accessing GP services for the termination of a pregnancy, due to the remote locations of many DP centres and the fact that people seeking asylum are very reliant on public transport, which they must pay for out of their Direct Provision allowance. Moreover, not all GPs have opted in to providing services, and there may not be available services near a DP centre. For more details on abortion access in DP centres, please refer to the testimonies included in the appendix at the end of this document.

- Direct Provision is a toxic and dangerous environment for LGBT+ people, who are forced back in the closet for fear of bullying and harassment. LGBT+ asylum seekers, who often flee homophobic persecution in their countries of origin, have found themselves sharing the same space (and sometimes the same room) with residents with homophobic views and members of the same communities they had fled in the first place; a transgender woman who died in a Direct Provision centre in Galway in 2018 was living in an all-male centre.

2. Mental health

- The legal process to claim asylum and seek international protection is lengthy, frustrating, and unnecessarily hostile towards the applicants. Asylum keepers are forced to wait for years for every stage of the process, often with no appropriate legal advice and no translation services if their first language is not English. This prolonged uncertainty and hostility is extremely detrimental to their psychological well-being.

- While Direct Provision was initially meant as a short-term solution to accommodate asylum seekers, the reality is that most people spend years in what has been described as an open prison. DP residents are kept in a confined living space, where most aspects of their everyday life are strictly regulated by petty bureaucracy and staff with no training or expertise in dealing with their specific issues. There have been reports of staff mistreating residents and force them into silence. Such a situation is hard on the mental health of residents.

- The impossibility to work is a major issue keeping DP residents and asylum seekers from having a dignified life in Ireland. Often accompanied by their family, DP residents report that being unable to provide for their family members is hard on their self-esteem and the ability to see themselves as active agents in their life. The recently approved legislation on the right to work is unfortunately insufficient, as it does not consider the specific difficulties asylum seekers encounter when searching for a job
and it puts in place a number of unnecessary restrictions.

- The lack of nutritious and culturally appropriate food and the impossibility to cook their own meals both affect asylum seekers negatively. Cooking is a source of major mental solace and it is important to provide people with access to a healthy and varied diet, as well as giving cultural continuity to family members who are born in DP or have lived in DP since childhood.

- Although not often spoken about, racism in Ireland is increasing. The geographical and social fragmentation the current asylum system creates - whereby residents are physically removed from society and accommodated in separate and discrete buildings - has worsened the situation. Being exposed to institutional and casual racism makes asylum seekers even more hopeless, depressed and afraid for their lives and well-being, and pushes them into a vicious circle of isolation and loneliness.

3. **Children’s well-being**

- As of September 2018, 1,547 children were being held at 34 Direct Provision centres in 17 counties countrywide as their parents await the outcome of their applications for asylum. With the length of time in the asylum process ranging from less than a year to more than seven years, children spend a significant proportion of their childhood in Direct Provision accommodation. A growing number of children have lived in Direct Provision since they were born.

- Direct Provision is not a natural family environment nor a suitable place for a child’s physical and psychological development. Children and teenagers in DP live in the same room with their parents and share communal bathrooms with grown men and women. They do not have access to nutritious and culturally appropriate food and risk malnutrition. Little or no recreational space is available for children in most accommodation centres; where recreational spaces are available, children have to compete with adults for them. They cannot invite friends who live outside DP to play or study and are isolated from the local community.

- Children living in Direct Provision reported being frequently subjected to rudeness and insensitive treatment by staff in the centres and expressed concern about stigma, racism and bullying, both in the centres and at school. In addition to their pre-existing trauma, for which they do not receive adequate support, they are constantly re-traumatised by inhumane treatment, fear of deportation and exposure to violent behaviour.

**Recommendations**

- **Dismantling DP:** Direct Provision is a cruel and inhumane system which does not provide any social and personal security to the individuals who seek refuge in Ireland. We echo MASI’s statement that Direct Provision must be abolished and nothing resembling Direct Provision can be accepted as an ‘alternative’ to Direct Provision. DP must be instead replaced with a system that empowers asylum seekers, treats them
with respect and humanity and focuses on vindicating peoples’ right to seek asylum and to live in safety. A roadmap for replacement should be discussed and implemented with the direct involvement of DP residents.

- **Expansion of reception centres:** reception centres must be expanded and decentralised and their services must be improved to include the following: adequate on-site access to information; high quality legal assistance; psychologists trained in working with people who have been subject to violence, torture and trauma and sensitive to issues of cultural diversity; medical care, including gynaecological services; childcare facilities; English language and literacy classes; basic integration supports in relation to accessing work and workplace rights, accessing education and training; assistance for accessing accommodation; free access to the centres for the local community, and free exit for residents who wish to spend time outside the centre.

- **Radical change of approach in the asylum system:** we should move away from an asylum system that treats people with suspicion to a system that treats people with respect and assumes eligibility; asylum seekers should be able to access adequate legal, medical, psychological and linguistic assistance from the earliest stages and their applications should be dealt with in a fair, transparent, humane and timely manner; the reception system cannot be a ‘for-profit’ enterprise and it must not subject people to management by others and to dehumanising treatment; the specific needs of vulnerable groups such as children, women and LGBT+ people should always be kept into account.

- **End of deportations:** we fundamentally oppose the brutal practice of deportations, by which people are returned to situations where their lives are at risk, children are separated from their families or returned to countries they have never even visited and people who have lived here for many years in a state of limbo are violently removed, often with the use of physical violence. Deportations are dehumanising, cause extreme psychological trauma and put people in great danger.

**Conclusions**

We hope that this submission is well received by the Oireachtas Joint Committee on Justice and Equality and we look forward to seeing positive changes in the system which will lead to a substantial improvement of asylum seekers’ living conditions. We cannot emphasize enough the importance and urgency of such a shift. Direct Provision has been described as ‘the Magdalene Laundries of the 21st Century’: we agree that institutions such as the Laundries or the Mother and Baby homes and Direct Provision centres share a worrying number of common characteristics, including the mistreatment and criminalisation of vulnerable groups, their condition of partial incarceration, their forceful isolation from the local communities and the constant undermining of their self-perception through humiliation and psychological abuse, as well as the blatant violation of human rights. Therefore, we urge the Oireachtas to put an end to Direct Provision before it becomes another dark period in Irish history.
Appendix: Testimonies
Anonymous testimonies of women in Direct provision about abortion access, published in MERJ’s book We’ve come a long way (Editora Urutau, 2018)

A. “I came to Ireland 3 years ago with my two kids because where we were living was not safe for us. Now we live in a small room together in a Direct Provision centre. I have been taking birth control pills because I don’t want to have more children while we have to live in this place. Direct Provision is no place for children. They have no place to play, especially when it is cold and raining outside. I didn’t think I would become pregnant because I was taking my pills every day, but then I missed my period. I took a pregnancy test and it was positive. I asked a friend who I trusted what I should do, because I had heard that abortion was illegal here. Many women I know talk about how dangerous it is to have a baby in Ireland and they try to go home to have their babies if they can. In my home country abortion is legal. I could walk into a doctor and get one. I was very scared and I could not have another child to take care of in this centre. I was very nervous about the whole thing because I knew I could not tell anyone, not even a doctor if something bad happened. I felt embarrassed for getting pregnant, but I had taken my birth control every day. A friend helped me to get abortion pills and I took them quickly because I just wanted to stop worrying about everything. I had to have the abortion in secret. I was living in the same room as my children. I couldn’t tell anyone why I was sick for fear of someone finding out and it affecting my status. We are already treated as criminals living in this prison of Direct Provision. Then they make us criminals because we don’t want to have more children in here.”

[published with permission from In Her Shoe’s—a Facebook page that publishes several stories of women affected by the 8th Amendment to shed light on their experiences during the referendum campaign].

B. “When I first arrived here I thought ‘this is not so bad’. Anything is better than where I came from. Even the streets of Dublin are safer that the streets of Kinshasa. My room in the centre was nicer than any room I ever had. I knew my mother was watching over me and protecting me. It used to be just mama and me. She said my father was dead. People used to abuse her, I never understood why. He was dead and that was not her fault. I later found out that mama was raped. She told me I was the blessing that came out of that horrible time. After a year in Direct Provision, I started to feel the depression set in, I felt trapped. Was this what I was supposed to do with my life? I know mama wanted more for me. I met many people from my country. One man from Kinshasa was very interested in dating me but I was not. He used to tell me he could tell I was a virgin. One night he took advantage of me. I was told if I reported him I would be sent back home. I cried every night and thought of mama and how she suffered the same way. It was not after a few weeks that I found out I was pregnant. The other women in the centre told me this was not a ‘big deal’. One lady event old me a baby would help me with my depression and give me a purpose. I could not believe this. I was devastated. How could I bring a baby into this environment? I hated this life in this centre. The man found out and told me he knew a woman that could help me get an abortion. The following day we went to meet this woman at her house. She was from South Africa and she told me she had done this many time before in her country. She gave me some liquid in a bottle I was to drink. She told me this may not work and if it did not work, I could go back and she would ‘take it out’ for me. I left this woman’s house and vomited the whole way back to the centre thinking of whatever she would do if this liquid did not work. I have heard stories in the centre that she uses knitting needles and coat hangers. I could not do this. I have never felt so alone. I missed mama so much in those weeks. I felt more vulnerable than when
I lived on the streets in Kinshasa. I was only 22. Not ready to be a mother and did not want to have a lifelong tie to this horrible man, who I later found out, had a wife and children here with him. That night I started to bleed very heavily. My roommate called the centre staff and I was taken to the GP the next day. I was informed I was having a miscarriage. I did not even drink that liquid and it was happening. I thought I would feel relief but instead I felt incredibly sad. I have never felt so much pain as I did that night. After a few days it was all over.

One year later and there is a sadness that has never left me. Someone was telling me Ireland is fine, until you are pregnant. The only safe option was to travel to UK. That means I have no safe options because I could not travel. I feel like that experience aged me and wore me down. I think what life would be like with a baby and seeing that man in my baby every day. I am not happy it happened, but I am relieved that I hope to fully get to start a family when I am ready to.”

Sources

https://www.irishexaminer.com/breakingnews/ireland/call-for-better-access-to-abortions-for-women-in-direct-provision-905376.html


https://www.masi.ie/about-us/

https://www.theguardian.com/commentisfree/2019/may/10/asylum-seekers-ireland-intimidated-inhumane-direct-provision
INTERNATIONAL PROTECTION AND DIRECT PROVISION:
ISSUES, FACTS, VOICES, SOLUTIONS

POLICY SUBMISSION

For the attention of the:

Committee on Justice and Equality
Houses of the Oireachtas

On behalf of residents of the Old Convent Accommodation centre

Mayo Intercultural Action
project of South West Mayo Development Company

31 May 2019
EXECUTIVE SUMMARY

This submission filed on behalf of asylum seekers. It resulted from extensive consultations with the residents in the Old Convent direct provision accommodation centre in Ballyhaunis, county Mayo, and is informed by the long-term experience of the Mayo Intercultural Action project in providing supports to asylum seekers living in Mayo. The discussions with the residents addressed international protection application process, parenting in direct provision, health, education and training, employment, social welfare, accommodation and inclusion themes. The submission is structured around these topics and offers practical solutions towards resolution of the issues affecting people.

The following recommendations emerges throughout the submission. First, it exposes an urgent need to reform international protection system in Ireland. The length of time for consideration of asylum claims in Ireland is unreasonable and causes a severe impact on applicants’ dignity, mental health, status of rights and personal freedoms. Poor quality legal services and unprofessionalism of persons conducting interviews emerged very strongly in the meetings and discussions with people.

Second, the direct provision system is not suitable for dignified living and presents serious child and adult welfare concerns. The submission concludes that the direct provision system, status of asylum seekers’ rights and current practices do not pass human rights and equality test. It suggests that the direct provision system should be abolished, and alternative reception arrangements should be introduced to accommodate people seeking international protection in Ireland. In the meantime, short-term solutions are suggested to address immediate concerns and to prevent adverse social, personal and health impact of the system on people.
I. INTRODUCTION

Mayo Intercultural Action (MIA) project was set up in 2004 and it exists to promote the positive effects of interculturalism and the meaningful participation of migrants and their families in all aspects of the community of Co. Mayo. MIA is committed to the provision of representation, recognition, respect, solidarity and equality for migrants, and increased responses to address their needs. MIA roles among others are to give a voice to migrants living in Mayo, including to asylum seekers who are in accommodation under Direct Provision and to advocate for change of laws, policies and practices to address the issues affecting migrants, asylum seekers and refugees at local and national level through lobbying, campaigning, networking and other legitimate means of policy development. In 2016 MIA merged with South West Mayo Development Company CLG and is currently operating under the governance of the company.

MIA has been engaging with residents in direct provision centres in Mayo for over fifteen years. Diversity Mayo is a current core project of MIA and is co-funded by the Asylum Migration and Integration Fund, Mayo County Council, Tusla and HSE-West. The project was developed to enable asylum seekers residents in the Old Convent accommodation centre in Ballyhaunis, refugees and vulnerable Third Country Nationals in Mayo to access high-quality information, advocacy, activities, supports and services. One of its specific aims is to improve Ballyhaunis asylum seekers wellbeing by being supported to access and navigate appropriate services, information and activities.

Old Convent Accommodation Centre was set up as a direct provision centre in 2001 and is currently have occupancy of approximately 230 people. The centre is full to its capacity. Approximately half of the residents are children. Most of the households are parenting alone mothers. Old Convent hosts families and single adults from different countries: Albania, Afghanistan, Bangladesh, Cameroon, DR Congo, Ghana, Iran, Kenya, Malaysia, Mauritius, Nigeria, Pakistan, Somalia, Sierra Leone, South Africa, Uganda, Yemen, Zimbabwe.

Provision of information and advocacy supports for the Old Convent residents enabled the project to gather specific knowledge and understanding of issues affecting asylum seekers. Since May 2017 the Diversity Mayo project supported 253 residents, including 144 children and young people under the age of 24 and 109 adults: single parenting mothers, couples, single men and women. Through weekly outreach service the project supported adults to navigate their legal cases and engage with the legal representatives, to address issues around accommodation, domestic violence, parenting, child protection, access to labour market, dealing with community welfare, accessing health care and social supports, educational opportunities, mitigating costs of children education with schools, connected people with a range of local family and social supports and groups, promoted well-being through targeted programmes, activities and events.

This submission is informed by consultations with the residents in the Old Convent accommodation centre and the years of MIA engagement with asylum seekers. The discussions with the residents addressed international protection application process, children, health, education and training, employment, social welfare, accommodation and inclusion themes. The submission is structured around these topics and offers practical solutions towards resolution of the issues affecting people.
II. Issues, Facts, Voices and Solutions

1. INTERNATIONAL PROTECTION PROCESS

1.1 Single application procedure for the consideration of all grounds for international protection was introduced with the view to speed the process of decision making. However, asylum seekers experience unreasonable delays in processing international protection applications: waiting for the dates of interview/hearing and waiting for the decisions to be issued. This was rated by the residents as the most important issue causing stress, anxiety, depression and severely affecting their mental health.

Facts on waiting periods for different stages of process presented by the residents:

- eighteen months to receive a date for the first interview;
- applied for international protection in November 2016 – waiting for the date of the first interview for two and half years;
- nine months / ten months waiting to receive the decision on the first interview;
- two years waiting to receive a date to attend appeal hearing;
- one year waiting to receive the result of the hearing on subsidiary protection;
- three years waiting to be allowed to apply for international protection (resident under Dublin 3 regulation);
- awaiting for the High Court Decision on revocation of deportation order for over three years;
- seven years in the system;
- nine months waited for refugee declarations to be issued by the Ministerial Decision Unit of the Department of Justice after the International Protection Office issued recommendation to be recognised as a refugee;
- six months waiting to receive the GNIB card

Solutions:

✓ The backlog of asylum protection claims must be cleared by the responsible decision makers: IPO, RAT, High Court and the Department of Justice.

✓ Increase staff in the above offices dealing with the protection claims, to ensure efficient decision-making process.

✓ No-one should wait for the date of the first interview for more than six months. Legal status should be granted automatically to those who waits for the first interview for longer than one year. It is unfair and inhumane to force people who come to seek protection to wait in limbo: the State must bear human rights responsibility for failure to consider asylum applications in a reasonable period of time.
1.2 Inadequate legal representation leading to

(i) lack of clarity for the applicants regarding the status of their application,

(ii) difficulty in understanding the legal asylum process / procedures,

(iii) poor outcome of the interviews/hearings

Extremely poor communication response from solicitors on applicants’ requests and enquiries contributes to anxiety. This is particularly frustrating for people who are forced to wait for the unreasonable periods of time and denied a courtesy of reply from their legal representative.

Facts, quotes:

*Solicitors offer no supports in making application (filling the questionnaire)*

One-hour appointment before the interview is inadequate for the applicant to receive quality legal advice regarding their application

‘I am five years in the system and I never met solicitor representing me, I only spoke to case workers which are different every time.’

‘I don’t know what is going on with my case, my solicitor does not respond, I don’t know where I stand.’

‘Cops came for me after two months I am in the system – I don’t know why? I don’t feel safe - what is my solicitor doing?’

‘Solicitors don’t respond to you and they don’t allow to communicate with the Department of Justice either, I feel like stuck in unknown.’

‘My solicitor communicates back immediately but will do nothing.’

Solutions:

✓ quality and accessibility of free legal services provided for asylum seekers should be subject to independent evaluation, measures should be taken to bring free legal service for asylum seekers to the appropriate standard;

✓ clear pathway should be explained to an asylum seeker client how to communicate their concerns with the Legal Aid Board or to make a complaint to the Law Society in situation of dissatisfaction with the solicitor working on their legal case;

✓ Funding of Legal Aid Board needs to be reviewed to ensure the adequate employment of solicitors with experience in asylum applications.
1.3 Issues of professionalism and attitude of persons conducting interviews were raised very strongly by the residents: intimidation, lack of sensitivity, derogatory remarks and even laughing at the level of spoken English language. The very dignity of applicants is affected by the way interviewers engage with them.

Quotes

‘Interviewers come across as unprofessional and lacking experience / training in dealing with vulnerable people.’

Apparent bias against the person interviewed: ‘It felt like he already made his mind, but I think they should be neutral and impartial.’

Examples of the remarks made by the interviewers: ‘I don’t believe you’, ‘You don’t look like a survivor of domestic violence.’

‘He asked me the same question over and over again… It’s like they don’t believe you. They just want to bring you down… It felt like harassment.’ – quotes from the woman returned from the interview and sharing her experience on the same day.

‘It is so unfair how we are not allowed to make a verbal mistake while being questioned for hours at the interview, highly stressed, but they [interviewers] can make gross mistakes in the decisions due to their unprofessionalism and get away with that with no accountability.’

‘In a decision on a male asylum seeker they referred to him as ‘she’. How can we trust the legality of the decisions about our international protection status, if mistakes of such level take place?’

‘They are also very insensitive at the stage when you present yourself to apply for asylum.’

Solutions:

✓ Officers conducting interviews / hearings must be trained in cultural sensitivity and trauma awareness, to be allowed to deal with people seeking protection from war, conflict, persecution and violence

✓ The very ethos must change in the authorities of the Department of Justice dealing with asylum seekers: it must be underpinned by the human rights values and principles of respect for dignity, equality and non-discrimination, accountability of state.

1.4 International protection applicants in Ireland do not have an ID document. Their passports are withheld by the authorities making decision on the protection application. Temporary Residence Certificate is not an identity document. People live years without ID document.

‘The minister for transport stated that the only barrier to driving is that the TRC does not serve as a means of ID, suggest that the TRC be replaced by another form of ID that will be used to identify an asylum seeker’s legality in the country’

Solution:

✓ Temporary Residence Certificate should serve as an ID document for the applicants
2. CHILDREN AND PARENTING

2.1 Best Interest of Children? Isolation from mainstream society, limited opportunities for integration, artificial institutional environment are not conducive for family life and child development.

Facts:

_Primary school children go to schools in Roscommon, while the centre is in Mayo._

Over the years they develop a mixed sense of identity – ‘where do I belong?’, and their integration is affected in the multiple ways, e.g. they don’t mix with school peers after school and they don’t have an opportunity to befriend local children;

_Inadequate play facilities in the family centre hosting over one hundred children of different ages;_

_Cooking is now a facility for the residents in the centre, and this is massive development for the quality of life for everyone, and children in particular;_

_There is no full-time childcare facility in the family centre with a large proportion of single parenting households. Parents struggle to find childcare to go to work, school, to attend legal, medical, counselling appointment or interviews; at the same time parents are threatened by the reference to the ‘social worker’ if they leave their children alone._

Solutions:

✓ Abolish DP system as not appropriate environment for child development, parenting, and contradicting with the constitutional principle of the best interests of child.

In the meantime:

✓ Introduce adequate play facilities in the centres;

✓ Allow parents in ALL centres the opportunity to cook for their children;

✓ Information sessions on child protection rules in Ireland;

✓ 24/7 childcare facility in the centre;

2.2 Poverty. Children of asylum seekers are forced to live in chronic poverty, because Direct Provision allowance is inadequate to ensure basic child’s needs. Parents cannot afford school fees, costs of schoolbooks, stationary, school activities and trips, mock exams, children activities outside school, clothing, medication not included in the medical card, toys or development activities.

_‘I have three boys and for each schoolbooks and locker cost 200, so it’s €600 total without any school uniforms or school shoes. It’s difficult to be a parent in direct provision centre’_

Solutions:

✓ Exceptional needs payment should be extended to meet school costs;

✓ Clothing allowance for asylum seeker child should be increased to €200 per year as previously, and to be paid on the quarterly basis, rather than once in six months;

✓ Ensure access of asylum seeker parents to Universal Child Benefit;

✓ Extended supports to mothers with new-born children
2.3 Child protection concerns arising from sharing living space with strangers and living in mixed centres (families and singles)

Solutions:

✓ Families with children should not be forced to share house in order to ensure privacy and prioritise child protection;

✓ Family only accommodation for families & children;

2.4 Access to secondary school for children can be affected due to unreasonably long walking distance. Youth is walking long distances, carrying extremely heavy school bags, often under the rain. Their school peers are collected by parents, while asylum seeker parents are not allowed to drive.

Solution:

✓ Hostel management to provide school bus service for secondary school children.

3. HEALTH

3.1 Mental health was quoted as a second most important issue after the length of time in direct provision. In fact, both issues go hand in hand: the length of time has a direct correlation with the mental health status of residents.

Facts, quotes:

‘Living in direct provision is not always the worst, but the length of times people are forced to stay here because of lengthy asylum processes, are what is causing mental health problems.’

Extremely limited access to public mental health / psychological supports, particularly counselling therapy, for asylum seekers and their children dealing with post traumatic stress disorder, depression, anxiety.

‘please make note that I feel the lack of psychology services [is] a serious problem. Im personally dealing with PTSD on my own and its awful.’

Very difficult for asylum seekers to navigate existing mental health supports and access help in the new country.

Lack of supports in the Centre to address the specific needs of persons with long-term/chronic illnesses, older people and children with special needs.

‘Health just needs qualified doctors. The doctors are just quick to administer drugs and the problem keeps recurring. I now sought to just stop going coz no thorough check up is done. The Health system here is a flop.’

Solutions:

✓ Access to regular targeted counselling therapy free of charge must be provided for all asylum seekers in need from early arrival to Ireland;
 Residents with long term/chronic illnesses must be provided with access to special diet, supports, and should not be forced to share room with other residents.

### 3.2 Access to medical appointments and emergency health care for residents in rural centres is affected due to lack of public transport options.

**Short term solutions:**

- Allow taxi costs for medical appointments and emergency situations where public transport and ambulance service is not available.

### 3.3 Lack understanding, awareness and training on trauma and cultural competence among those working with asylum seekers (health professionals and other public service providers, staff of DP centres)

**Solutions:**

- All staff in the accommodation centres and public service providers engaged with asylum seekers must be trained on trauma, cultural sensitivity and competence;

### 4. EDUCATION AND TRAINING

#### 4.1 Access to third level education and opportunities to engage in accredited vocational training programmes for adults and young people completed leaving certificate level are affected by asylum seeker status, disproportionate cost and distance.

**Facts:**

‘ETB courses are not available for us. First, only those with permission to access labour market can avail of level 4 or 5 vocational training. Second, the choice of programmes is highly limited in rural town, but we cannot access courses in Castlebar or Claremorris because of the travel distance: we cannot drive, and public transport is so limited. There is nothing to do in Ballyhaunis and this is killing us’

‘Students cannot go to school or university trips abroad. This is unfair and denies them full and equal participation in education’

**Solutions:**

- Young people completed leaving certificate and adults should be entitled to access higher education and vocational training on the same grounds as other Irish residents in accordance with human rights principles of equality and non-discrimination;

- Transfers should be facilitated for the whole families when family member is accepted to educational institution;
Nationality and immigration status criteria for access to SUSI supports should be reviewed to allow asylum seekers to access student grant assistance and enable college fees and living expenses;

Vocational education should be made accessible to all asylum seekers, regardless of their right to work;

Universities are providing a limited number of scholarships for asylum seekers. This is positive development, but it makes access competitive and denies equal opportunity for all. State should ensure equal access to higher education for everyone.

Allow asylum seekers students to travel abroad for short trips connected with their education.

5. RIGHT TO WORK

5.1 Right to work is a human right. Recently introduced policy on the right to work is unfair in its core: it allows some asylum seekers to take part in economic activity and denies others the same right.

Forced idleness for unknown number of years de-skills and demotivates people. It affects personal capacity and confidence to earn the living shortly after their status is decided.

Quotes

‘It is so painful to see my neighbours not being allowed to work. I am even reluctant to wear my work uniform when I go to job or return home. It is so unfair and divisive.’

‘We are mostly doing jobs as carers in Ireland, but we can offer much more than that. There are qualified nurses, lawyers, accountants, interior designers, managers, chefs, bank workers, mechanics, geologists, teachers, builders, dressmakers, artists, businessmen and businesswoman among us and we wish to contribute to Ireland as professionals.’

‘Recognition of our degrees in Ireland is unfair: degrees from some countries are given higher status then from others.’

‘I have a degree in hotel management. When I applied for a job I was told: ‘I employ Irish people to work at the reception, Brazilian and others to work at the kitchen and serve, and people of your colour to clean toilets’.

Solutions:

✓ Allow the right to work for all asylum seekers on equal basis in accordance with the human rights principles of equality and non-discrimination;

✓ Adults willing to fulfil their potential and contribute to Irish society should be entitled to access higher education and vocational training in order to re-establish their educational and professional credentials or re-train, on the same grounds as other
Irish residents in accordance with human rights principles of equality and non-discrimination;

✓ Qualifications received abroad should be recognised on non-discriminatory basis;

✓ Racism should be legally recognised as a criminal offence in Ireland

5.2 Bank Accounts. Banks in Ireland refuse to open accounts to asylum seekers who cannot provide utility bill as a proof of address and the ID document. Some people manage to open account, but many get refused. This shows poor awareness, unfair practice and uninformed regulations in the Banks.

Quotes, facts:

‘I was offered a job, but I cannot start it because I don’t have a bank account and the employer does not pay wages in cash’

‘I told them I don’t have the utility bill because I live in direct provision, but they don’t understand. I said I don’t have an ID and my passport and birth cert is in the Department of Justice. I have the PPS card, but it’s not enough. And I am not the first one from the Centre to come there. They just don’t want to open accounts for us, it’s discrimination’

‘I am entitled to open business in Ireland, but how can I do it if I cannot open bank account?’

Solutions:

✓ Banks should be regulated by the State, access to basic financial service like bank accounts should be provided on non-discriminatory basis in accordance with the human rights principles of equality and non-discrimination.

6. DRIVING

Asylum seekers are denied equal opportunity to drive. GNIB card is required for application for the learner permit and people are stuck. It is presenting an unfair barrier to physically access education and work opportunities outside small towns for residents living in rural centres.

Quotes:

Letter from the boy living in the Centre: ‘Dear Minister, I asked my mom why she’s not allowed to drive and she said asylum seekers are not allowed to drive. I think that’s unfair because all the Irish people are allowed to drive so why aren’t we?’

Mother: ‘It is so painful that at this stage they [children] are already aware of class division in the society’

‘Why do they allow us to do the theory test if I cannot proceed with learning driving? My theory test is now expired, and it cost me 40 euro – I had to save two weeks of my €19.10 direct provision allowance to do it. It is so inhumane.’
_solution:

✓ Policy restrictions imposed by the Department of Transport, National Driving Licence Service and Road Safety Authority must be lifted to allow asylum seekers to access full Irish driving license in accordance with human rights principles of equality and non-discrimination

7. SOCIAL WELFARE

7.1 Asylum seeker children are not entitled to Universal Child Benefit in Ireland.

_solution:

✓ All children while in the process of seeking international protection, should be entitled to Child benefit, in accordance with the human rights principles of equality and non-discrimination

7.1 Lack of targeted financial supports during transition from Direct Provision.

Facts:
People are expected to pay full deposit and one month rent for new accommodation prior to moving in, which current social welfare system does not provide for.
Travel costs to view accommodation are not allowed
Costs to obtain passports (travel to embassy, fees for passport) are not allowed

Solutions
✓ Exceptional needs payment needs to be extended to support residents with status with travel costs to view accommodation, with costs of getting passport if required by the immigration officer;
✓ To introduce the Relocation Grant for persons moving out of the Direct Provision, to address upfront deposit and one-month rent, and other immediate expenses associated with relocation from institutional accommodation.

8. ACCOMMODATION

8.1 Direct Provision does not provide adequate and dignified accommodation for people. Management often fail to attend to people requests, repairs are taking for months to be done and facilities are provided selectively. Room sharing is not a dignified way of living for adults.

Facts, Quotes

‘Accommodation … in the whole convent we are the only ones sharing… there is no privacy’
'The basics are not provided, and it is really hard to ask anything. You have to shout, but I cannot shout.'

'There is racism in the centre, management is dividing people by prioritising, there is no equal treatment. Some accommodation has free internet from the building, but most of houses don't: so we forced pay €40 per month for internet and some of us get it free! It's just unfair.'

'The hardest part of living in Direct Provision is the lack of respect for your privacy and your private property. Management and staff from the centres have access and enter your doors when ever they feel like it. …

Also the way we are treated by management at these centres. You have to report repairs to your accommodation multiple times and then you are lucky if it gets fixed. If you speak out, you are being told it will jeopardise your case as department of justice don't want people who are making too much noise. And the answer you get from them when following up about complaints. It's like a game. They give you some ridiculous answer, but you must just smile and say thank you because you are not being taken seriously because you are an asylum seeker.'

Solutions:

✓ Abolish Direct Provision as not fitting for purpose to offer dignity accommodation;
✓ people should be allocated individual rooms;
✓ privacy of households must always be respected by the centres’ staff;
✓ improve efficiency in addressing complaints regarding accommodation, written complaint mechanism does not fit for purpose and should be replaced or supplemented by RIA direct phone line

8.2 Lack of practical supports in transitioning and accessing accommodation in the community for those received legal status. This is particularly discouraging in context of the level of supports received by the refugees arrived via UN resettlement programmes. Differential treatment of refugees is contradicting human rights principles of equality and non-discrimination.

Issues:

- Accessing deposit for private rented accommodation prior to moving in;
- Lack of references;
- Lack of suitable private rented accommodation;
- Price of accommodation is most of times exceeds the rent caps for HAP;
- Landlords hesitating to accept HAP;
- Landlords demanding to pay one month rent in advance, in addition to the deposit.
Solutions:

✓ People who received legal status should be supported and facilitated with transition to independent living on the equal basis with the programme refugees;

✓ Local Authorities should review current rent thresholds to reflect current market prices;

✓ Department of Social Protection must allow to access deposit prior to moving to the house, as an exceptional measure for the group of people that has no access to adequate income;

✓ Direct Provision should be classified as an institution, under the Housing Act, so asylum seekers can access homeless HAP.

9. GOVERNMENT, SOCIETY, COMMUNITY – CHALLENGING ATTITUDES

9.1 Lack of understanding of the right to seek asylum as a human right at the Government level.

Article 14 of the Universal Declaration of Human Rights states that “Everyone has the right to seek and to enjoy in other countries asylum from persecution.”

Instead, there can be found a clear division in the Government’s attitude towards people seeking international protection compare to programme refugees:

‘We will offer safe haven for refugees under EU and UN resettlement and relocation programmes, while promoting the integration of refugees in our communities. ...’

We will get tougher on abuses of our migration system by ensuring implementation of the new enforcement and deportation provisions in the recently enacted International Protection Act. In implementing EU regulations, we will ensure a stringent and effective approach to speedily refusing bogus applications and facilitating removal from the State. We will increase cooperation with the UK to crack down on the increasing numbers of bogus asylum seekers who are applying for unmerited asylum status in Ireland solely because their UK visa has expired.’


Solution:

✓ This attitude needs re-thinking and change at the highest level of governance, as it informs existing policies and practices and underpins differential and discriminatory treatment asylum seekers receive in Ireland, as this submission exposes.

9.2 Direct Provision policy creates stigmatisation and social exclusion of asylum seekers as a social group in Ireland. Local politicians and community are not aware of issues people face in the Centre, there is a lot of stigma, misinformation and racism towards residents, which affects engagement and reinforces exclusion.
Quotes:

‘Excuse my ignorance, but I don’t know anything about Direct Provision’ – candidate running for local elections;

‘I know that you have heating better than I have in my house’ – support team of the candidate running for local elections.

Solutions:

✓ Direct Provision system which segregates asylum seekers from the community should be abolished.

✓ Public awareness on the right to seek international protection as a human right should be developed to address stigmatisation of asylum seekers.

✓ Role of NGO sector working to provide vital supports, to raise awareness, to give voice to asylum seekers and to develop integration opportunities should be supported.

✓ State should provide social support worker to every centre. There is a huge need for supports, but not every centre is fortunate to have NGO/community-based project providing supports. Funding for that should be mainstream and not on a competitive basis.

III. CONCLUSION

The consultation process with the residents in Ballyhaunis direct provision centre and learning from Diversity Mayo project highlighted an urgent need for reform of the international protection system in Ireland. The length of time for consideration of asylum claims in Ireland is unreasonable and causes a severe impact on applicants’ dignity, mental health, status of rights and personal freedoms. Poor quality legal services and unprofessionalism of persons conducting interviews emerged very strongly in the meetings and discussions with people.

Direct provision system is not suitable for dignified living and presents serious child and adult welfare concerns. This submission exposes that direct provision, status of asylum seekers’ rights and public services practices do not pass human rights and equality test. Direct provision system should be abolished, and alternative reception arrangements should be introduced to accommodate people seeking international protection in Ireland. In the meantime, short-term solutions are suggested to address immediate concerns and to prevent adverse social, personal and health impact of the system on people.

The submission is drafted by Natalya Pestova, PhD in Law (Human Rights) MIA Project Coordinator, Direct provision outreach worker for Diversity Mayo

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Dr Lucy Michael

Submission to the Oireachtas Joint Committee on Justice and Equality on the issues of direct provision and the international protection application process

Dr Lucy Michael, Ulster University

31 May 2019

Recommendation:

That forms of institutional living are not part of the support of asylum seekers after 6 months, so that they have maximum opportunity to participate fully in Irish life, being able to access the rights and services they need, and contributing to Irish society, building everyday relations with the communities in which they live.

Summary:

This submission focuses on the ways in which institutional living and the application process directly undermines integration and produces negative outcomes for asylum seekers and for the communities in which they live.

Direct Provision undermines integration

Integration is commonly defined ‘communities where people, whatever their background, live, work, learn and socialise together, based on shared rights, responsibilities and opportunities’.

Direct Provision undermines integration in every single one of 14 domains recognised as facilitating integration of newcomers into receiving communities:

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Work: The restrictions on the right to work for asylum seekers, as well as the isolation of DP centres from available and appropriate employment, mean that residents do not have an opportunity to...
work on an equal basis with colleagues in receiving communities, reinforcing the notion of asylum seekers and refugees as a burden on the state, diminishing their capacity for work in the eyes of employers and educators as well as others despite the high education levels of some, and evidenced determination to contribute amongst many residents. Enforced unemployment prevents residents from maintaining and adapting working skills for life after DP and undermines confidence, having an impact both on adult unemployed and their children. The impact of this can reinforce psychological trauma with deleterious effects.

Housing: DP physically segregates asylum seekers from their neighbours, reducing opportunities for common understanding, learning about each others’ cultures, sharing of leisure and cultural activities, and prevents residents from learning about living in Irish neighbourhoods, villages and towns. The isolation of many DP centres reinforces the segregation, particularly due to poor transport links, high cost of transport, and lack of informal mixing which helps people to learn about life in their immediate community.

Education: Children living in Direct Provision suffer from the stigma of the system, have restricted opportunities to participate in after-school activities, particularly those with extra costs, and experience food deprivation when they do participate. Children have no access to a private family life, share rooms with parents for extended periods, and experience at close quarters their parent’s private lives (since they have no private space to deal with frustrations and trauma either). They have limited space for homework or participation in sport, music or art, all of which are important outlets for trauma as well as key to personal development through childhood. Children are vulnerable to violence and the effects of trauma on other residents in DP centres, and have restricted access to services where they can report and get support for those issues. The impact of ‘home’ life on school experiences is mediated by the extent to which institutionalisation is understood by school staff or other parents, since there is little guidance for either, and parents living in DP have limited regular informal interactions with other parents which might be otherwise facilitated by neighbourhood proximity or shared participation in local employment and leisure activities. Parents rely on other parents to understand educational systems and schools’ expectations, particularly when they are migrant parents, and schoolchildren lose out directly from lack of connection of parents. Children with additional needs, disabilities or who are LGBT+, particularly experience the disconnect from informal support as well as formal services. Intergenerational tensions are increased where parents are able to engage as fully as their children in local cultures.

Health and Social Care: The isolation of DP centres, cost of transport and impact on access to meals, childcare and other aspects of daily life means an effective barrier to healthcare. Access to information on healthcare is effectively restricted, language competency (see point on Language below) mitigates against good care, and there is restricted access to services for women including (but not limited to) abortion and after-birth care. There is limited support for women who give birth while living in DP, and the impact of malnutrition and lack of access to support services is significant. The documented removal of a pregnant mother to another DP centre miles from her support network and healthcare provider for ‘insubordination’, or the calling of Gardaí to caution a woman suffering extreme pain who asked for an ambulance out of hours, are examples of the disregard for residents’ health and the use of . In particular restricted access to trauma services and the support of community groups with expertise matter.

Leisure: Leisure activities include sports and cultural activities, participation in community organisations and events, and shared use of public space for enjoyment and exercise. Isolation, cost, language competency, barriers to social relationships with residents in local communities all
undermine the ways in which leisure might facilitate the integration of DP residents. Leisure activities are key to providing opportunities for skills development, psychological wellbeing, positive social interactions and cultural exchange.

**Social bonds – with those you share a sense of identity**

Supportive relationships with people who share many of your values and expectations about life (norms) are crucial for mental health and wellbeing and therefore underpin integration. Such relationships are generally – but not always – formed with family members and people from the same cultural background. Familiar people, language, cultural practices and shared religious faith can all contribute to a sense of belonging. These are hindered by Direct Provision through the requirement for self-support in order to live with family in Ireland as an asylum seeker. Distance from family by residency in a DP centre, and the break-up of families in Direct Provision as a means of coercive control, are both highly damaging. Barriers to engagement with people sharing identities along the lines of age, religious denomination, sexuality, language group, and many other characteristics, reduces the ability DP residents to develop strong support networks for life in Ireland during and after the application process. Strong support networks with people ‘like us’ (often not on the lines of ethnicity or immigration status) are key to integrating with people who we consider as ‘different’ to us.

**Social bridges – with people from different backgrounds**

Establishing social connections with those perceived to be of other backgrounds such as language, ethnicity, religion and sexuality is essential to establish the ‘two-way’ interaction at the heart of many definitions of integration. Creating bridges to other communities supports social cohesion and opens up opportunities for broadening cultural understanding, and widening educational and economic opportunities. Direct Provision reduces the capacity of residents to make these connections in every way.

**Social links – with institutions**

Social links refer to engagement with the institutions of society, such as local governmental and non-governmental services, civic duties and political processes, and demonstrates a further set of social connections supporting integration. Social links exist where a person is able to both receive the benefits provided by the institutions of society as well as contribute to decision-making and delivery. Linkage into such activities provides a further dimension of social connection. These links are severely restricted by the unnecessary use of regulation for coercive control, isolation of DP centres and lack of informal relations with others in local communities who can support participation and link-making.

**Language and communication**

The ability to communicate is essential for all social connections including, crucially, with other communities and with state and voluntary agencies such as local government and non-government services, political processes and being able to perform civic duties. Lengthy stays in DP centres, particularly those which are isolated, and lack of access to English classes, as well as reduced opportunities to use English because of unemployment and low participation in local community activities and relations means that language costs are higher for the state, and that residents are not able to adequately communicate with the services they require and in ways which build their confidence to participate fully in society.

**Culture**
An understanding of others’ cultural values, practices and beliefs promotes integration between people of different backgrounds. This knowledge includes very practical information for daily living as well as customs and social expectations. Mutual knowledge of one another’s values, cultures and practices promotes the developing of social connections between people of diverse backgrounds. Direct Provision reduces opportunities for this form of integration through isolation and barriers to engagement and participation in everyday life of local communities.

**Digital skills**

Familiarity and confidence in using information communication technology can help facilitate social connections and is increasingly crucial in accessing rights and services. Lack of access to technology, unnecessary regulation about the use of electronic devices (‘House rules’), and lack of access to employment where digital skills can be improved are key features of DP.

**Safety**

A sense of safety provides an essential foundation to forming relationships with people and society, enabling progress through education and/or employment and participating in leisure pursuits. Community safety is a common concern amongst minority groups and within the broader communities in which they live. Racial harassment and hate crime erodes confidence, constrains engagement in social connection and distorts cultural knowledge.

Direct Provision centres have increasingly become a focus for far-right groups in Ireland and Europe, following multiple and repeated arsons on refugee accommodation in Germany and elsewhere. Hate crimes in the UK have been directed at identified refugee accommodation. ENAR Ireland’s iReport.ie racist incident reporting system regularly records reports about hate crimes against residents of Direct Provision, including by staff in DP centres. Residents are fearful of engagement with An Garda Síochána in part because of the employment of Gardaí by Centre management to support coercive control measures, including in documented cases against residents suffering severe mental trauma.

**Stability**

Individuals benefit from a sense of stability in their lives, such as a stable routine in their work, education, living circumstances and access to services. Stability is necessary for sustainable engagement with employment or education and other services. Mobility disrupts social networks, whereas stability supports social connections and can help to improve individual’s perceptions of the area in which they live. Direct Provision mitigates against stability through coercive control and threats to move residents for complaints, through lack of access to employment, through lack of access to regular opportunities to interact with residents in local communities and regular access to the services they need. Lack of privacy for residents, including security for their personal documents required for the application process, are key concerns. Safety from violence within centres are regularly reported requests from residents. These should be of significant concern to the committee, and should be interpreted as being in part a result of the warehousing of trauma which Direct Provision represents, and which will not be removed by any other form of institutional living which segregates residents.

**Rights and responsibilities**

This domain addresses the extent to which members of minority groups are provided with the basis for full and equal engagement within society. It assesses the existence and awareness of rights and responsibilities as well as the enablement of these rights and fulfilment of responsibilities. Direct Provision reduces opportunities for residents to demonstrate their commitment to local
communities, stigmatises and segregates them, and reduces their ability to learn about diverse aspects of life in Ireland from their local communities.
I am the producer of a short documentary “Direct Provision: Ireland’s Asylum Seekers”, 2017. I spent a year meeting and talking to asylum seekers in Ireland and visited several Direct Provision Centres.

I witnessed the terrible damage that the system was having on the asylum seekers as they waited for their decisions and the after-effects of those who did receive their right to remain.

I talked to asylum seekers living in direct provision who have had mental health issues since they lived in the centres, health issues in young people (serious issues such as strokes caused by poor diet, lack of exercise and stress), psychiatric disorders and suicidal thoughts from people who have never suffered from depression, feelings of despair from people who have no control over their own environment, despair from poor living conditions, the adverse effects of waiting so long, sometimes up to 14 years. I also heard about the isolation and institutionalisation that people feel – often living in a centre miles from a town (Knockalisheen, for example- a depressing ex-military base.)

The asylum seekers I met were often afraid to speak out. They told me that the manager of the centres would transfer them or worse (they would receive a deportation order) if they criticised the system. This was told to me by many different people.

I’ve talked to people who feel dehumanised by not being able to make their own meals, cook for their children, make a packed lunch for their child going off to school or have a family life. They feel that they have no control over their own environment.

I’ve spoken with asylum seekers who have described the system as silent, invisible psychological torture.

I’ve seen very young children, alone, wandering through corridors of centres. I’ve heard accounts of sexual abuse, drug abuse and prostitution.

**Recommendations**

(In accordance with the United Declaration of Human Rights)  
UDHR (In particular - Articles 1,2,3,5,7,12,14,16,22,23,25 and 26)

1. That the System/Business of Direct Provision ends as soon as possible and a new, humane alternative is put in place. Asylum seekers need their own homes to live in whilst awaiting their decisions.

2. I propose that Irish landlords and property owners are offered an incentive to rent their homes to asylum seekers and then an arrangement for rent payment like the HAP system is put in place.

3. Asylum seekers are able to receive social welfare directly.
4. Asylum seekers should have a wide access to work.

5. That language training and integration policies are put in place focussing on education and employment.

6. Help and support and assistance and information should be provided immediately to asylum seekers.

7. That the changes outlined in the following recommendations published by the Irish Human Rights and Equality Commission with regards to changes for beneficiaries of International Protection be put in place Link-IHREC-Recommendations-IPA
Submission to the Joint Committee on Justice and Equality on Direct Provision and the international protection process

Misean Cara is an international and Irish faith-based missionary movement working with some of the most marginalised and vulnerable communities in developing countries. In line with our 2017-2021 Strategy, we are working to realise human rights through delivery of basic services in the areas of education, health, income generation, sustainable livelihoods and human rights, including community mobilisation, networking and advocacy. Our movement comprises 91 member organisations working in over 50 countries.

Under Misean Cara’s Strategy 2017-2021, we have a particular focus on supporting the rights of refugees, internally displaced persons and other forcibly displaced people; and we support initiatives to deliver their access to education, food, health, shelter, psychosocial services, etc. as well as access to justice, protection, participation, equitable procedures.

We participate in Coalition 2030, striving to deliver the globally agreed Agenda 2030 for the Sustainable Development Goals (SDGs) and in the Irish Refugee & Migrant Coalition, in seeking to make connections and enhance Ireland’s policy coherence for sustainable development at national, regional and global levels.

This submission focuses particularly on the need for Ireland to be consistent and coherent in its establishment of a system for those seeking international protection within Ireland, on the one hand, and its international statements, commitments and human rights obligations on the other.

Respecting human rights and dignity in Ireland’s international protection processes

Ireland jointly facilitated the 2016 UN Agreement on A Global Approach to Helping Refugees and Migrants, which gave rise to the Global Compact for Migration and the separate Global Compact on Refugees in 2018. The 2016 UN Agreement urges states, among other things, to:

- Protect the safety, dignity and human rights and fundamental freedoms of all migrants, regardless of their migratory status, and at all times; and to,
- Integrate migrants – addressing their needs and capacities.

Welcoming the UN Agreement in 2016, Minister for Justice and Equality Charlie Flanagan noted that migration was one of the world’s most important shared challenges and required countries to demonstrate leadership. “We are proud to stand with you … as we together set out to ensure that migration is safer and better managed,” Minister Flanagan noted, adding that Ireland’s long history of migration “gives us a responsibility to play our part”.


Ireland has also championed the Sustainable Development Goals (SDGs) internationally since UN Member States adopted them in 2015. In fact, we put them right at the heart of Ireland’s 2019 International Development Cooperation Policy, *A Better World* – which also pledges to ‘Reach the Furthest Behind First’.

The SDGs include commitments under SDGs 10 and 16, which include *inter alia* that Ireland, and others, will:

- Facilitate orderly, safe, regular and responsible migration and mobility of people, including through the implementation of planned and well-managed migration policies;
- Empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status;
- Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard;
- Develop effective, accountable and transparent institutions at all levels;
- Ensure responsive, inclusive, participatory and representative decision-making at all levels.

*A Better World* specifically highlights the need for protecting people on the move internationally – “grounded in principles of state sovereignty, responsibility-sharing, non-discrimination and human rights”. It also notes the importance of systems (education, health, social protection, cash transfers) that will allow people, especially including children, deal with trauma, rebuild their lives and shape a healthy future that will allow them contribute to their communities.

However, none of this should be specific to Ireland’s actions for sustainable human development overseas: the SDGs call for concerted actions domestically and internationally, and the new European Consensus on Development of June 2017 commits member states to applying Policy Coherence for Development (PCD) across all policies and areas covered by the SDGs. Each EU Member State is responsible for ensuring this policy coherence for sustainable development in its national policies and at the EU level.

Stakeholder presentations to the Joint Committee in May 2019 on the realities of life within Ireland’s international protection processes make it very clear that it is dehumanising, disempowering and impinges on different aspects of human rights, family rights and child rights.

In the case of the controversial Direct Provision system, set up as an emergency measure in 2002 yet still in existence (if with some small changes following court rulings), expert stakeholder groups – and, crucially, application protection applicants within it – contend it is not ‘fit for purpose’. Experts point out that Direct Provision is an inefficient and ineffective system, with poor accountability and statutory framework, which inhibits social inclusion or integration and represents a violation of human rights norms and standards.

The Irish Refugee Council has consistently urged a more humane approach to the accommodation of those seeking international protection, arguing that the human and the financial cost of Direct Provision is too high and is failing to meet Ireland’s international
obligations towards refugees and those who face a risk of “serious harm” if returned to their own countries.

It is clear that systemic support and effective institutions for protection are vital to people’s health, welfare and realisation of rights within Ireland, just as they are emphasised in A Better World.

Misean Cara urges that the Joint Committee on Justice and Equality strongly make the case for Ireland better vindicating the right to international protection, such that Ireland’s processes respect the basic dignity and human rights of every person, and recognised good practice is established. This would include, for example:

- Early legal advice and civil legal aid;
- Identifying vulnerabilities and addressing special care needs;
- Moving away from Direct Provision to radically improve our approach accommodating people seeking protection;
- Ensuring access to essential services with established standards; ensuring basic levels of transparency, due process and oversight; and,
- Maximising the autonomy, empowerment, participation and inclusion of people who enter the Irish system intended to assure international protection.

How we receive and treat those seeking international protection within our borders, and the policies and practices we support within the EU, says so a lot about our values as a nation and our sense of place in a globalised world.

Pope Francis highlighted the need to act on inclusion, dignity and fairness for refugees and migrants on Monday, 27 May, in his message for the 2019 World Day for Migrants and Refugees. Pope Francis advocated that we all take measures for the welcome, protection, promotion and integration of those seeking a better life, rather than “a globalization of indifference.”

If we put those four imperatives into practice, Pope Francis said, we will “help the world community to come closer to the goals of sustainable development”. Without such an approach, reaching the Sustainable Development Goals “will prove difficult to achieve.”
PART I: PROBLEMS WITH THE DIRECT PROVISION SYSTEM (DP)

1. Bureaucratic Imprisonment, Peripheralisation, and Enforced Dependency

The realities of living in DP for years upon years, without proper access to work nor education, nor even proper travel access away from the relevant centres, effectively results in a form of bureaucratic imprisonment for International Protection Applicants. The functionalities of the centres and associated sites of deportability mirror the functionalities of a private prison (cf. Lentin & Moreo 2015).

1a. Isolation and denial

The remote locations of many DP centres facilitates public denial, isolation of International Protection Applicants, and bullying and threats from staff or managers of DP centres. Almost all DP residents are required to travel significant distances in order to access, for example, volunteer and activist organisations, third-level educational facilities, and diaspora spaces, thus excluding International Protection Applicants from community-building opportunities and support which they do not receive in their centres.

Even in centres which are relatively close to cities and busier areas, the price of commute can make more populated spaces entirely inaccessible for individuals on a €38.80 per week allowance. For one of the 700 residents in the Mosney centre to travel to Dublin city centre, for example (e.g. in order to access an educational course, a community event, or an Afro-Caribbean hair salon), the price of their return ticket would currently be €15.00 (Matthews Coaches 2019). One ticket to Dublin, therefore, would eat almost half of this weekly monetary allowance. There would also likely be more expenses to consider, such as paying for goods or services during the trip, or the cost of the event one is travelling for in itself. On top of this, residents of DP have other regular expenses to cover, such as school supplies for their children, clothing, foods not provided in the canteen, and hygiene products denied or restricted in access to residents. Lissywollen DP centre in Athlone has been exposed before, for instance, for providing out-of-date hygiene products which caused skin rashes and food which regularly gave residents food poisoning (Shannonside News 2017). I’m also aware that there have been 2 recent cases of denial of essential provisions in Knockalisheen DP centre Co. Clare: one where a mother was denied a slice of bread for her sick son because it was outside of meal hours (McGreevy 2018); and another where a child was denied when asking for toilet paper for her mother at the centre’s reception. The guarantee of having such basic necessities available to International Protection Applicants is dependent upon the rationing of the weekly allowance.

When more factors are considered than lip service ‘freedom of movement,’ therefore, it becomes clear that trips and endeavours to get away from the space of the isolated DP centre, such as the examples listed, are not only difficult to access, but outright impossible for most people caught in the DP system.

These location and access issues facilitate a particular socio-economic model. The firms running DP centres benefit from a smaller-scale version of the same vampiric model employed by colonial capitalist forces: the core-periphery model. In his interpretation of this model – “the Lane concept” – Robert E. Lane reads spatial positioning in relation to communications, specifically focusing on one’s access to core social positionings (Langholm 1971: 273). Though the Lane concept does not specifically localise a central core geographically, these notions of peripheralisation, access, and voicelessness are particularly useful when analysing the DP system according to this model, through which those at the core in terms of their social positioning (the
firms running the centres) profit from the invisible exploitation of those they have peripheralised.

1b. Private profit-making

The functionalities of the centres mirror the functionalities of a private prison, both in fiscal practice as privatised and profit-making institutions and ideologically in relation to the formation of subjectivities (see 4a). As John Grayson documents, the private companies – including the catering giant Aramark, which notably primarily holds contracts with prisons – running the majority of the DP centres stand to make sizeable profits through their institutionalisation of migrants (Grayson, 2017). The 17 firms which manage the centres each receive millions from the state annually - €400 million was paid to them in total from 2010 to 2017 – and those who have unlimited company status do not have to publish the annual profits they make from these government funds (Deegan, 2017). The profits which have been published, however, indicate that the business of enforcing isolation is extremely lucrative (O’Brien, 2014). Though residents of DP centres are not necessarily surrounded by ‘guards’ at all times, their isolation is enforced through this dehumanising system of capital and the bureaucratic imprisonment which prevents International Protection Applicants from living normal and humanised lives.

1c. #Right2Work and independence

In 2017, the Supreme Court ruled that it was unconstitutional to entirely deny International Protection Applicants the right to work, and, as a result, after 6 months our government implemented the ‘right to work’ in 2018 by transposing the EU Reception Conditions Directive into Irish law (Carolan 2018). This does not amount to actually giving people the right to work in practicality. This is because of restrictions including the following:

(i) No right to a driver’s license
Considering the isolation of DP centres and expenses of cross-county commutes outlined in 1a, it would be extremely difficult for an International Protection Applicant to access a populated area on a regular basis where they might seek or maintain employment. This is exacerbated by the inadequacies of rural public transport systems in Ireland.

(ii) No right to a bank account
It is ridiculous to expect an employee to accept regular payments with no bank account to hold their wages (cf. Khambule & Mulhall 2018).

(iii) Improper recognition of non-EU qualifications and industry experience
International Protection Applicants frequently face discrimination in relation to having their expertise and qualifications recognised in the Irish labour market. In fact, in 2015 this form of discrimination was recognised as the main barrier preventing Irish citizens who had emigrated (and received non-EU qualifications or work experience) from returning to the country (Kenny 2018). If this is the case for potential workers with the social capital of citizenship and support networks in this country, one can imagine how additionally alienating this hiring discrimination is for International Protection Applicants seeking to work in their respective fields. It has been proven to be a significant barrier for survivors of DP in sociological studies (Conlan 2014).

(iv) 9-month waiting period for the right to work
The idleness and dependency which DP enforces on International Protection Applicants can profoundly affect the mental health of DP residents and make it extremely difficult for one to enter the workforce after such a long waiting period in the centres, both
psychologically and in relation to employer perceptions of significant CV ‘gaps’ or stigma for living in DP (cf. Conlan 2014; Limerick Post 2019).

(v) Racism and hiring processes in the Irish labour market
As well as having the forms of hiring discrimination outlined in (iii) and (iv) to contend with, residents of DP will often bear the additional brunt of racism and xenophobia in hiring practices. In her sociological analyses, Ebun Joseph has documented at length how Ireland’s labour market operates in accordance with a racial hierarchy which most disadvantages black African migrants (2018).

(vi) Employers’ difficulty with the work permit
On top of the requirement that they demonstrate evidence that they have exhausted all possibilities in relation to alternatively hiring an Irish citizen or EU citizen for any positions in their organisation, employers wishing to hire and International Protection Applicant with the right to work are blocked by doing so through hefty paperwork. The specific work permit that is issued to few International Protection Applicants differs significantly from the documentation employers are used to for non-EU-citizen workers (the GNIB card). This work permit is a lengthy piece of paperwork, full of warnings for employers regarding potential breaches of employment law, which must be renewed every 6 months. This additional paperwork and legislative fear-mongering amounts to good-willed employers not being able to hire qualified candidates due to the additional steps involved and worries over legal action. An environmental scientist and International Protection Applicant with the right to work recently described this as “a shot in the leg” because:

The work permit sends out red flags. It’s difficult for employers to take a risk and get their companies into trouble. When I’m competing with so many other candidates there is no need for a HR office to spend time to investigate my permit. (Limerick Post 2019)

(vii) No right to work for people appealing the decision of their application/deportation order
This is perhaps one of the worst restrictions of the current ‘right to work,’ and it is so because of the failures of the application process for International Protection Applicants in DP. Due to serious problems with how individuals are processed from the moment of their reception in Ireland the vast majority of International Protection Applicants (i.e. 80%) are denied on their first hearing for asylum (see 3c). After waiting ~19 months for their first substantive interview, the first application is almost always rejected (Irish Refugee Council 2018a; Khambule & Mulhall 2018). The rejection of the first application preventing one applying for a work permit, therefore, immediately excludes the majority of International Protection Applicants from being able to even apply for this work permit, never mind the additional difficulties for those who actually have the permit.

(viii) Severe lack of educational access
Restrictions on access to education are relevant to access to the right to work for International Protection Applicants for obvious reasons, including: independence, employability and upskilling, and the obtenance of recognised Irish qualifications. As an academic, I also centre this as a vital point of access for multiple reasons, including community-building and exploration of the self, for which reasons, among others, education should be a right for any child or adult. Access to education is hindered from the start for children in DP, who make up one third of the population in DP, as their parents must ration their allowances to afford necessary items for their kids’ schooling, such as stationary, school bags, uniforms, and books (The Irish Times 2014-2018). As a result,
assistive schemes such as Every Child is Your Child are required to operate annual
donation drives and fundraisers to assist families in DP facing these challenges to their
means (ECIYC 2019). Adults in DP are similarly disadvantaged in relation to accessing
education, and from personal networks I am aware that this varies significantly from centre
to centre (e.g. more remote centres offering to sign off for max. level 2 or 3 educational
courses). Though there have been increases in the number of Sanctuary Scholarships in
some Irish universities, these still only constitute a handful of places. Anyone who does not
qualify for a prestigious scholarship faces extreme restrictions on their ability to enter the
higher-education sphere. For instance, an individual in DP cannot apply to third-level
university study in Ireland (ie level 7 or 8 courses) without proof they have been in the
Irish education system for 3 years. In terms of financial expenses, rather than being
subsidised (because without citizenship residents of DP cannot apply for fee assistance
through grants like SUSI), an individual who is not from the EU and has been in Ireland
for less than 5 years, who wishes to apply to a university course, must pay non-EU fees,
without the possibility of accessing a bank loan considering they would have no citizenship
nor bank account/membership.¹ If these restrictions were applied to Irish citizens, the vast
majority of us would be unable to access the third-level sphere of education. These
restrictions, however, are applied to those in an even more vulnerable position in terms of
their documentation, access to funds, grants and loans, abilities to travel, and
accommodation options or freedom.

Like the lip-service ‘freedom of movement’ I reference in relation to bureaucratic
imprisonment in DP, the Irish government’s so-called ‘right to work’ for International Protection
Applicants amounts to very little ultimately. The majority of International Protection Applicants
cannot apply for the permit in the first place, and those who do face additional significant barriers
to finding work which must be repealed if Ireland is to truly meet the conditions of the EU
Reception Conditions Directive. Repealing these restrictions and offering a genuine right to work
would also reduce government expenditure to the private companies profiting from the DP system,
while allowing International Protection Applicants to support themselves and live independently
rather than on an institutionalised basis whereby we already know they are denied human rights. As
recognised by Peter Tyndall’s Ombudsman report, this system is not, and was never supposed to
be, an appropriate long-term setup, since DP itself was an ‘interim solution’ to the dispersal scheme
in 2000 (in Moore 2019). 19 years on, we desperately need to offer a real alternative.

2. Conditions of Reception and DP Centres

Experiencing trauma results in distress which presents itself physically and psychologically
and can precipitate debilitating responses. For International Protection Applicants, who are
high-risk groups for experiences of traumatic violence (see 2a), proper care, support, and treatment
must be provided for reception centres to be considered adequate, and for the application process
itself to be conducted in an accurate and non-discriminatory manner (see especially 3b & 3c).

2a. Survivors of sexuality-based and gender-based violence

Gender-based violence is identified by the EU Agency for Fundamental Human Rights as
both a reason why refugees and migrants leave their countries of origin, as well as violence which

¹ Though the pilot scheme exists to assist access to higher education for candidates in DP, this scheme is restricted in
the same way as the work permit, i.e. one must have leave to remain to be able to apply in the first place (Department
these individuals are especially vulnerable toward experiencing during their respective migration routes (EU FRA 2016).

From personal networks, I’m also aware that currently the majority of International Protection Applicants entering Ireland come from countries of origin in Eastern Europe, many of whom have arrived here fleeing anti-LGBTQIA+ violence. The EU Agency for Fundamental Human Rights refers to “sexual and gender-based violence” specifically in relation to women and girls, but, as Chamindra Weerawardhana highlights, this focus on violence based on gender alone (where the individual is often presumed to be heterosexual and almost always presumed to be cisgender) is a cis-hetero-normative focus which works to erase the violence and vulnerability of LGBTQIA+ peoples (2018). By a queered feminist logic, in other words, this recognition of vulnerability should similarly be extended to the many LGBTQIA+ International Protection Applicants in Ireland, as well as cisgender and heterosexual women and girls, despite the fact that Ireland’s Statutory Instrument 230 of 2018 and the 2015 International Protection Act both exclude LGBTQIA+ peoples from their definitions of “vulnerable people” (MASI 2018). These groups (I will use the term ‘women and LGBTQIA+ peoples’, though the two are of course not mutually exclusive) need to be provided with trauma-and-identity-sensitive asylum processes and procedures in order for women and LGBTQIA+ peoples in DP to be able to access their full human rights. Intrusive, improper, and insensitive questionings regularly employed in appeals and hearings, especially against the queer community, are entirely unacceptable. Similarly unacceptable are the living conditions of DP, wherein vulnerable peoples are place in close proximity (indeed, sharing living quarters) with a number of strangers who may attack them, discriminate against them, and retraumatise them (cf. Holland 2017a; MASI 2018; Mfaco, in Pollak 2018). There is perhaps no case more exemplary of the pain this kind of mistreatment causes than the recent suicide of Sylva, a transwoman, activist, and International Protection Applicant who was improperly housed in a male-only DP centre in Galway, in complete ignorance of her trans identity and vulnerability (O’Donoghue 2018).

2b. Living conditions in RIA reception centres

Appalling news of the current conditions of reception in Ireland recently reached me through personal networks. It was highlighted to me that some individuals, upon arriving in Ireland, are being rushed to spare rooms in hotels and hostels, where they are left, due to the designated RIA reception centres, such as Balseskin, being overcrowded. These individuals are kept in double or twin rooms, often an entirely family per room, for months at a time, and with no access to necessary amenities for long-term stays, such as clothes-washing facilities. The clear unsuitability of this arrangement and the lack of organisation and care in implementing this ‘alternative’ is glaringly obvious. International Protection Applicants in these extra rooms are kept (hidden) in an inhumane state, which is even more unsuitable for traumatised individuals who are entirely isolated in a new country and require further care and support with their application documents. This form of reception must be discontinued immediately.

My previous point relates to the current conditions of reception for those who do not make it to official RIA centres, however the intended reception centres provided by the RIA are also entirely inadequate for their purpose, and thus require complete reform. Currently, when an International Protection Applicant arrives, straight from the airport, to an RIA reception centre, they are provided with no information on their status, application, nor length of time they will spend there. Survivors of the system have discussed with me how they were entirely reliant on members of their own diaspora, who had been in the reception centres for some time, to explain what was happening to them in their language. Many such individuals may be further
disturbed by the locations of reception centres, as airport-centric spaces of deportability, when their status is not explained to them.

There are no facilities provided in relation to psychological, legal, medical, nor social support within these centres, despite the fact that these services are also vital to an individual’s preparation for their first interview in the International Protection Office (IPO). These services, as well as crucial translation, interpretation, and professional legal counsel, would be necessary to minimise trauma as well as to allow International Protection Applicants to be capable of communicating their experiences and making their respective cases to the IPO.

In terms of trauma exacerbation and retraumatisation (which similarly will affect an applicant’s ability to relay their experiences of trauma for their IPO interview) residents of reception centres do not have their own doors nor access to privacy, and even children who are International Protection Applicants are forced to share toilets with complete strangers. For survivors of domestic abuse, rape, sexual violence, torture, and other forms of violence (physical, psychological, economic, etc.), this complete lack of privacy and lack of access to help is particularly disturbing.

Moreover, it is even more difficult to break from these daily conditions in RIA reception centres than it is to briefly leave those of DP centres, despite RIA reception centres being more centralised. This is due to the complete lack of financial allowance for residents of reception centres. Arriving in the country with no local community networks, no documentation, no income, and no (or limited) personal property due to the conditions of their migration, individuals can be kept in these reception centres for months before they are called by the IPO to present their case, receive a PPS number, and be allocated a DP centre, and thus International Protection Applicants are receiving no ‘protection,’ ‘provision,’ nor necessary care whatsoever in RIA reception centres.

2c. Living conditions in DP centres

The DP centre itself is perhaps the most traumatising space, as this is where International Protection Applicants can expect to spend most of their time with no clear end to their bureaucratic imprisonment in sight, often for more than a decade (Sheridan 2019). In these centres, not only are International Protection Applicants denied the support that they need, but community and activist groups (as well as journalists) are actively prevented from entering DP centres to assist residents in any way (cf. Pollack & Edwards 2019). In fact, company director of Mosney DP centre, Ms. Gates, requested to meet with me personally in her office in 2017 because of her perception of my involvement in assisting a friend who was in the Mosney DP centre at the time - an interview which I declined. For this reason, groups like MASI must organise meeting spaces outside of DP centres and make efforts to provide transport and necessary services to assist International Protection Applicants in order to make effort to provide legal advice for applications etc.

The majority of people cannot avail of these services however, in part due to language barriers, but primarily due to fear of a centre’s reaction if they are seen as being in opposition to the DP system. Evidence that International Protection Applicants are involved with community or activist groups such as MASI also results in staff bullying, threats, and removal to less desirable centres, again mirroring the prison industrial complex (cf. Keogh 2016).

It is unsurprising, given the poor treatment of International Protection Applicants, the isolation and vulnerability of these individuals to DP centre management and staff, the exposure of traumatised individuals to high-stress enclosed spaces, the lack of necessary treatment provided (as in reception centres), the lack of clarity on time left to serve, and the lack of
knowledge on decision-making for months and years on end (ie will they be given the
death-sentence of deportation, get leave to remain, get refugee status, etc.), that violence and
pain are commonplace in these centres.

In 2016, International Protection Applicant Amjad Rosstami lost his sight in the course of
a hunger strike while in Global House DP centre, Sligo (McDonagh 2016). Rosstami conducted
his strike in protest of the government’s refusal to allow him to apply for international
protection, on the basis of him first landing in the UK, where he lived on the streets (McDonagh
2016). His action received no coverage nor response from the Irish government until he was
over a month into his strike, at which point local Sligo radio channel Ocean Fm reported on his
action (2016). Once people began to take more notice and put pressure on TDs, Rosstami was
swiftly allowed to apply for asylum despite being ignored by the Irish people, government, and
local councillors until his eyesight was irreparably damaged. He was eventually denied in his
application in 2017, which caused him to renew his strike (Holland 2017b). Two years on, there
have been no further reports on Rosstami’s condition, which leads me to believe that he was left
to die in the course of his hunger strike, or that he was deported to Iran, from whence he was
seeking international protection as a Kurd, and thus may now be dead.

Tensions between multiple traumatised residents can precipitate violence or discrimination
within the centres. A personal contact has highlighted to me, for instance, the difficulties which
transpire when malinformed DP staff assume someone should find safety with (ie sleep
alongside or avail of the translating services of) another International Protection Applicant from
the same country of origin. Due to many International Protection Applicants fleeing ethnicity
or ethno-linguistic-based violence in their own countries, or other forms of discrimination such
as gender-based violence or anti-LGBTQIA+ violence, this assumption can in fact put someone
in a more vulnerable position. If, for instance, there is a person (Person A) who speaks both
English and the same language as another International Protection Applicant (Person B) in their
relevant DP centre, Person A may be asked to translate for Person B during the course of Person
B’s asylum application, legal processes, or even day-to-day communications with DP staff.
However, if Person A belongs to a group that discriminates against the group to which Person B
belongs, Person A may choose to translate Person B’s words in a negatively-influential way, in
order to affect Person B’s application process, which could result in Person B’s deportation.
There is no way for the staff to monitor this if they do not have the language skills or
independent translation services. Similarly, as touched upon in 2a in relation to homophobia, if
Person A and Person B were housed in the same room, this may cause Person B to experience a
repetition of the violence and trauma from which they fled in leaving their country of origin,
thus retraumatising them. Finally, arguments between residents of the centres are similarly a
cause of retraumatisation and stress for residents of DP. In one particular instance in February
2019, which was not reported on at the time, a woman in Millstreet DP centre attacked another
resident with a knife in the kitchen. According to more residents of the centre, this attacker had
been reported to staff at the centre multiple times for violent conduct, but no action was taken
to prevent further attacks against the many residents of DP. Incidents like this are exacerbated
by the tense and difficult conditions of the centres and the application process, and residents of
DP centres may be considered particularly vulnerable to this type of violence considering DP
centres are comprised of tens, even hundreds, of traumatised individuals sharing enclosed spaces
with traumatised strangers. For this reason, DP centres are not really spaces in which individuals
are suffering from ‘PTSD’ as such, because the conditions under which they live never allow
their traumas to become past-tense in any sense, ie they are still living through trauma and
Many residents of DP have died, some from taking their own lives in direct response to the system. In 2016, the figure of deaths in DP was quoted at 62, and since then there has been documentation of the death of Sylva (see 2a), as well as two deaths in two weeks which took place in DP during August 2018, and more cases which put the current estimate of deaths up to 70 (Moore 2016; Nedeljkovic, in Sheridan 2019). A report by Mags Gargan alleged that the causes of one in three of these deaths in DP are unknown, placing further scrutiny on the conditions of living in DP and potentially placing suspicion on the isolating centres, wherein it is not unusual to be threatened or abused by racists attacking DP centres or by staff and managers within the centres (2017) (cf. Bodger 2018).

A most recent case of the latter resulted in a strike in Mosney DP centre just one month ago (Digital Desk staff 2019). Though not much has been reported about this case online, word of the conditions under which the strike began has reached activists and solidarity networks. The full story of this case is that a woman who is currently an International Protection Applicant was being held in a remote DP centre in Cavan. One of her children has Tuberculosis, and was not receiving medical care in this centre. As she did not have support to reach medical centres where her son could receive treatment, and as they were all being housed in one room (thus, she feared her other children would similarly get sick), the woman requested to move to the Mosney centre, where her sister-in-law and other family are held. While in this centre, the woman was bullied relentlessly by staff who threatened to move her and her children back to the centre from whence they came seeking assistance. Under the knowledge that her children, as minors, would likely stay with her sister-in-law in Mosney (ie where her son could receive proper medical treatment and where her other children could occupy separate bedrooms to her ill son) in the case of her death, this woman attempted suicide. Thankfully, her attempt was unsuccessful, and she is recovering. Rather than allowing her friends and family in the centre in to see her, Mosney staff blocked off her house after this attempt for some time before calling an ambulance, for unknown reasons. This, and general awful treatment conditions in DP centres, is what inspired the strike and protest of roughly 30 International Protection Applicants in Mosney at the end of April. The relaying of this story also made me aware that, while this woman was recovering from her attempted suicide in hospital, Mosney staff refused her children food, and they had to ration from their cousin’s supplies. Perhaps most repugnant of all, once a local councillor got involved on behalf of the woman, it was revealed that Mosney did indeed have a house for her and her children all along (Pollack 2019). These are the living conditions of DP and the extent to which people’s lives are devalued in accordance with racist social hierarchies in Ireland.

3. The Application Process

3a. The timeline (context for 3b and 3c)

The process of applying for international protection is frequently critiqued in discussions of DP, namely because the length and lack of information about this process leads many individuals institutionalised in DP to feel they are living in “Limbo” (cf. The Irish Times 2014-2018). After some months in an RIA Reception Centre, the IPO will contact an International Protection Applicant to provide them with a date for their preliminary interview, at which they will present their case and give biometric identifying information, such as fingerprints, in accordance with the EU Dublin Regulation (cf. IPO 2019). The applicant can only be denied their right to apply for international protection in Ireland in this first-instance interview if one of the following apply:
“i. another EU member state has granted you refugee status or subsidiary protection

“ii. a country, other than an EU member state, has recognised you as a refugee and you can still avail yourself of that protection or you otherwise enjoy sufficient protection in that country, including benefiting from the principle of non-refoulement and you will be readmitted to that country.” (IPO 2019)

Other than disqualification over these conditions of the EU Dublin Regulation, an International Protection Officer may state to Minister for Justice Charlie Flanagan that they believe an application is inadmissible, but the applicant in question is nonetheless entitled to appeal this decision with the International Protection Appeals Tribunal (IPO 2019). If neither of these conditions apply to the applicant following investigation of the preliminary interview, the International Protection Applicant has the right to continue their application for international protection (i.e. Rosstami’s case outlined in 2b was handled improperly).

The next stage of the process takes the form of the IPO 2 questionnaire, a detailed, 60-page document which the IPO recommend nobody fill in without express legal advice, despite the fact that International Protection Applicants are not provided with lawyers for the purpose of filling out this document, and despite the fact that DP centres block the admission of legal assistance (see 2c). Furthermore, the applicant is encouraged to fill this 60-page questionnaire out, without provided translation, interpretation, or legal assistance, within 20 days, which causes huge distress for International Protection Applicants in DP (Holland 2017c). Despite the rush on returning this document, most applicants are not called for the next stage of the process, i.e. the ‘personal interview’, until c. 19 months after their preliminary interview takes place (Khambule & Mulhall 2018). Documentation of the applicant’s situation and experiences as gathered from the first interview and the single application IPO 2 questionnaire will be used in this interview as the applicant is questioned by a barrister and International Protection Officer over the viability of their claim to asylum. Eventually, sometimes months after this second interview, the applicant will receive a written report, by post, to their relevant DP centre, declaring whether or not they should be given: (i) a refugee declaration, (ii) leave to remain in the country, or (iii) neither, at which point a deportation order will eventually be issued (IPO 2019). The applicant can technically appeal the deportation order, however it is almost impossible to do so successfully (see 3c).

All in all, then, a smooth application should complete its course within about two years, however it is extremely rare for this to occur, as 80% of first-instance decisions are denied (averaging statistics of denials from 2017 and 2018), thus the majority of International Protection Applicants spend much longer than 2 years in DP while awaiting decisions on further appeals (Irish Refugee Council 2017; Irish Refugee Council 2018b).

3b. Trauma and the application process

As conditions of trauma come up frequently in relation to the inadequacies and violence of the DP system and the reception system, it is important to consider the impact of trauma on the application process itself for International Protection Applicants. As mentioned in 3a, the application process for International Protection Applicants involves 2 initial central interviews: the first takes place once the IPO summons the relevant person from their RIA reception centre to present their case and claim for asylum; and the second is the major interview, which takes place about 19 months after the first interview. These long waits inhibit the likelihood of survivors of trauma receiving a positive decision on their cases, as the contents of what they said in Interview 1 compared to Interview 2 are likely to change during this period, due to the
operations of trauma and memory framing. The applicant’s stories seemingly ‘not matching up’
will likely negatively-inhibit their application, however a breadth of studies prove that trauma
memory processing operates differently to normal memory processing, and can be affected by
factors such as super-encoding, flashbacks, altered cognition, and more (cf. Ford 2018). In brief,
it would be preposterous to imagine that a person’s oral testimony given in Interview 1, of
which they have no record, be upheld in questioning in Interview 2, after circa 2 years’ distance
from the traumatic event and ongoing experiences of trauma memory processing, as well as
likely differences in forms of speaking after spending more time around the English language.

Not only are we not providing adequate care nor accommodation to protect vulnerable
peoples in accordance with the EU Agency for Fundamental Human Rights (see 2a), but the
application processes themselves for women and LGBTQIA+ survivors of violence are also
completely inadequate. The Irish government does not provide care, and rather is entirely
reliant on spirasi, an NGO and Ireland’s only organisation working with migrant survivors of
torture and sexual violence, for proper diagnoses and medical statements for the asylum trials of
survivors of torture and/or sexual violence (spirasi 2019). Spirasi do fantastic, trojan work, but
the Irish government’s reliance on individuals and external organisations to provide this work,
which is vital to the asylum application process for survivors of torture and sexual violence, is
entirely unacceptable. The Irish government should be funding organisations like spirasi, and
employing experts in trauma recovery to work with International Protection Applicants and
provide survivors with the necessary medical records as proof of experience for their trials. This
should not be something which International Protection Applicants are expected to seek out on
their own nor through networks they try to forge with language limitations and improper access
to any facilities outside of their DP centres, nor should they be reliant on pro-bono lawyers
(where rarely available), managers, nor staff in DP centres to refer them to external agencies like
spirasi after disclosure of an experience of trauma.

3c. Denials and appeals

As touched upon at various points in this Submission, in Ireland 90% of asylum claims
were denied at first instance in 2017, and 70% of asylum claims were denied in 2018 (Irish
Refugee Council 2017; Irish Refugee Council 2018b). Up-to-date statistics on the appeals of
the individuals to which these statistics refer are not yet available. However, going off the figures
from 2014 and 2015, almost half of these negative first-instance decisions are overturned when
taken to appeal in Ireland (Irish Refugee Council 2015). These statistics therefore demonstrate a
clear failure in the system of application - so how is it that so many people are denied on first
instance only to be granted refugee status or leave to remain upon appeal?

There a multiple reasons for these statistics, related to the inadequacies of the application
process for International Protection Applicants in Ireland, including issues regarding: trauma
processing and relaying memory (see 3a), linguistic impairments, and access to resources. In
relation to language abilities, as mentioned already in 2b, many International Protection
Applicants do not speak English when they first arrive in Ireland. Without professional and
non-discriminatory translation and interpretation services available to these applicants, lack of
ability to speak English can affect communications in their first interview with the IPO, their
ability to fill out the Questionnaire, and their abilities to keep their stories ‘matching’ in their
first and second interviews. It is logical that, the longer time one spends in Ireland, the more
improved their language skills will become, even while living in the isolated conditions of DP,
considering English is the first language in these centres. As it takes about 2 years for the average
first-instance decision to be processed (see 3a), it is sensible to assume that the applicant’s
language skills will be significantly improved when they are undertaking their appeal. They will similarly be more familiar with Irish legal terminology at this stage of their application, since these are not the first legal forms to which they’ve been exposed in Ireland, and thus better able to fill out the relevant forms.

Similarly, the longer the applicant in question stays in Ireland, the more access to resources and community assistance they may have. Considering the lack of assistance provided to International Protection Applicants directly through the RIA and DP system, vital resources for one’s application can often only become available to them through community engagement. Groups such as MASI may provide legal advice to applicants, groups such as RAMSI may introduce International Protection Applicants to Irish citizen members of their community who can vouch for and look out for them, those in the system or those successful in obtaining refugee status may encourage the individual in question to go to Spirasi for the necessary medical records, if applicable. This is all dependent upon external individuals assisting International Protection Applicants, on their own time and dime, but it makes the difference of a death-sentence deportation order or safety in Ireland for almost half of the International Protection Applicants who are denied on the first instance (and thus have no right to work or right to education etc for the duration of their appeal/s). It should be the responsibility of the Irish government to provide all necessary resources and assistance, from qualified, non-discriminatory professionals, to every single applicant.

Despite statistics showing that almost half of these overwhelmingly-negative first-instance decisions are deemed wrong, the IPO has the power to deport essentially without further appeal. If the applicant in question is not granted refugee nor subsidiary protection, and is also refused leave to remain, they will likely appeal their decision. Once the Minister for Justice has analysed their appeal, however, they can be issued with a proposal of a deportation order. Though the individual in question should have the right to appeal this deportation order (particularly given Ireland’s proven track record of getting these decisions wrong) it is essentially impossible for them to do so due to the provisions of Section 5 of the Illegal Immigrants (Trafficking) Act, 2000 (eISB 2000). Section 5 of the Illegal Immigrants (Trafficking) Act, 2000 stipulates that: (i) there is a 28-day deadline to bring forth the decision to appeal from distribution of the order; and (ii) the decision cannot go to the court of appeal (eISB 2000).

In relation to point (i), the deadline, it is relevant to note that, because of the 5-day work week, these 28 days really become 25 days or less. In these 25 days or less, the person appealing their deportation order will need to do the following: receive the decision of their deportation order by post, try to book an appointment with their lawyer or someone who can provide legal advice on how to appeal a deportation order (they may also have to work around the schedule of a translator at this stage too), decide in conjunction with their advisors whether or not they have a case to appeal, present their case, have their appeal documents stamped by a solicitor, have these documents sent to Dublin by post, receive a decision by post of their hearing, and then travel to Dublin for their hearing, which they can only present on a Monday. Once the various steps of this process are outlined, it becomes rather obvious that 25 or less days is not an adequate period of time for such an appeal to be processed. Furthermore, without the interference of Section 5 of this Act (which shouldn’t apply to an International Protection Applicant in the first place considering not all applicants have been trafficked nor are they illegal) the person appealing this decision would have the normal 3-month window from distribution of the decision to bringing forth their appeal - a much more tenable deadline.
In relation to point (ii), the inability to go to the Court of Appeals, it is relevant to note that the alternative to being heard in the Court of Appeals here is to be heard instead by the same judge who made the initial negative decision on the individual’s application, and no other judge or jury. In other words, to have their deportation order revoked, the individual would have to argue, to the same judge that denied them already, that their own decision was wrong. Assuming someone could make it that far in spite of the deadline restrictions, the only further option in continuing their appeal would then be to apply to be heard in the Supreme Court of Ireland. Here, the decision to overturn one’s deportation order must be unanimous, so it only requires that one judge be discriminatory in order for the entire application to be rendered moot.

These multiple flaws in the application and appeals process must be addressed as soon as possible in order for International Protection Applications to be processed fairly, efficiently, and with minimal additional trauma imposed on the applicant.

4. White Supremacy and Postcolonial Ireland

The DP system is a racialised carceral system which punishes the ‘Other’ or othered subject through bureaucratic imprisonment and in turn reifies a sense of a true, genuine, known Irishness as a normative Western subjectivity in a violent manner (cf. Said 1979).

4a. Racialisation and Subject-Construction

Writers and activists frequently invoke the histories of Magdelene Laundries, Mother and Baby Homes, and Industrial Schools in contemporary discussions of the DP system. Furthermore, the independent Irish state has a lesser-known history of violence against non-white peoples in these institutions, in accordance with which the DP system may be understood. Founder of Mixed Race Ireland and mother and baby home survivor, Rosemary Adaser, is one of the only public figures to speak out against the racist abuse perpetrated by the Catholic Church and sanctioned by the Irish state through mother and baby homes, workhouses, and industrial schools. In her 2017 documentary on the topic, Adaser highlights that a number of children with white Irish mothers and black African fathers in the 1950s and 1960s were confined to a series of institutions, in which, separated from society, they were punished mentally and physically for being both Irish and black-skinned:

Our skin colour was beaten into us as nothing but pure evil. We were to be ashamed of it. We were illegitimate. Our mothers were whores. Our fathers were savages. And we had to pay for those sins. (Adaser 2017)

Adaser and her fellow survivors were punished for the supposed “sin” of miscegenation, which, like pre-marital sex, challenges conceptions of independent Ireland as a land of white-racialised Catholicism. In accordance with this, John Messenger argues that, following the overthrow of British rule, “Catholicism emerged as one of the significant symbols of Irish uniqueness and superiority” (Messenger 1969: 3). A nationalistic attempt to protect a sense of Irish identity in transition may therefore offer an explanation as to why these horrendous abuses have neither been recognised nor challenged by the Irish state. Vitaly, however, the isolation and punishment which the survivors of these abuses experienced acted to racialise Catholic Irishness as white, and, through punitive measures, to binarously posit the existence of Irish people of colour as a challenge to the construction of postcolonial Irish subjecthood. Like the DP system, therefore, these homes and institutions punitively constructed the Other by lack in the dialogical formulation of a normative Irish subject, who is still formulated as white, Catholic (or Christian), and documented.
This institutionalisation of the bodies of people of colour in Ireland by the Irish state, the Catholic Church, and the private firms who own DP centres, acts in accordance with and strengthens globalised white-supremacist narratives which ascribe non-belonging to people of colour in the West, thus facilitating increasingly racist far-right and alt-right violence (cf. Ahmed 2000). Boundaries, therefore, are central to the construction of strangeness, and of who, as a result, does not belong. The normative postcolonial Irish subject – they who are not ‘strange’ – has freedom of movement in Ireland because they are recognised as belonging; they are a visible citizen who can therefore access core social positionings. In relation to this, it is important to recognise that the ability to access this core is, too, a construction dictated by bureaucratic processes which have favoured this particular subject, as opposed to this unequal reality being something natural or fair according to narratives of neoliberal individualism. This favoured subject constructed as normative is, in other words, produced by enforced power relations which have the power to change, namely those with which the Irish people are already familiar, and under which they themselves have historically suffered: those of imperial capitalism. By conforming to white-supremacist narratives which bind whiteness to belonging in the construction of the normative postcolonial Irish subject, the Irish state has assimilated to imperialism and therefore uniquely constructed itself as simultaneously white-supremacist and postcolonial.

4b. Broken promises and responsibilities

In 2015, under Frances Fitzgerald, who was Minister for Justice at the time, Ireland made the promise to admit over 4000 refugees, in response to the crisis of mass death in the Mediterranean, and following the global outrage at the death of toddler Alan Kurdi (Russell 2015). In September of 2016, I was among anti-racist activists who gathered outside Frances Fitzgerald’s offices to protest over the fact that the government had accepted only 311 of the promised 4000. In June of 2017, admission rates for International Protection Applicants in Ireland was less than a mere third of the figure that was promised (Gartland 2017). To put that in perspective, in May of 2017 an estimate of over 1300 people had died trying to cross the Mediterranean, which is a larger figure than the number of International Protection Applicants offered admittance to Ireland from 2015 to 2017 (Gartland 2017; RTE 2017). In November of 2018, the figure had only increased to just under 2000 refugees admitted to Ireland (O’Halloran 2018). According to the Missing Migrants Project’s recorded data, the total death toll along migratory routes from 2015 to 2018 is 10,858 deaths (2019). Ireland is clearly doing nowhere near enough to adequately respond to the current crisis, with no intervention to make these migratory routes safer and minimal efforts made to meet a relatively small promise in the face of what some are terming “the new middle passage” (e.g. in comparison committed to taking in 800,000 International Protection Applicants in the same year) (Feffer 2015).

Considering Ireland’s failure to admit International Protection Applicants, we must do better going forward. Any reform of the DP system therefore must be fundamentally opposed to fast-tracking deportation or limiting admission of International Protection Applicants. Rather, reform and redesign of the DP system needs to be focused on improving the process for International Protection Applicants, assuming innocence always, rather than guilt, reducing the trauma, retraumatisation, and dehumanisation of the experience of being in the Irish system, and, finally, safely admitting far more International Protection Applicants than we have in the past.
PART II: POSITIVE DEMANDS

This section contains a summary of positive demands pertaining to the necessary reform and overhaul of the Direct Provision system. For further information or context to these demands please consult PART I of this Submission.

5. Reception Process

- Full information on arrival in Ireland - anyone arriving in Ireland seeking international protection should be provided with, at a minimum, all the information required regarding their housing situation and the legal processes of their application. This information should be provided to the individual in their own language, with the assistance of professional translators and interpreters.

- Abolition of RIA reception centres - rather than keeping applicants for months in confused and inadequate spaces of deportability beside airports as they await their call for first interview, the Department of Justice should ensure a stable setting in long-term accommodation as soon as possible.

- All International Protection Applicants should receive a legal assessment of their case before they present in their first interview.

- First interviews should happen as soon as possible, before the applicant in question enters a later stage of trauma memory processing.

- First interviews should always take place in the presence and counsel of at least one legal immigration expert assisting the International Protection Applicant, and one professional translator and interpreter. The Irish government should fund these services to ensure the relevant professionals have the capacity to adequately provide them on a regular basis.

- Documentation upon arrival - anyone arriving in Ireland seeking international protection should be immediately provided with a PPS number, a form of identification akin to a temporary IRP/GNIB card (without Irish Residency fee), with a new “Stamp 4” which recognises the individual’s right to work, rather than a work permit.

- Right to work upon arrival - all international protection applicants must be given the right to work from the beginning of their arrival (ie this new form of documentation akin to the GNIB card should double as a work permit). The applicant’s ability to work should be assessed and they should have the choice to apply for work and/or social benefits accordingly.

- Medical and psychological treatment and assessment by professionals on arrival - the Irish government should facilitate an initial assessment and provide ongoing medical and counselling services to international protection applicants where wanted, especially for those traumatised by the conditions of their migration and the migration route itself. Any medical documentation necessary for trials should be provided through this assessment and treatment.

6. Legislation and Application Process

- Ongoing legal immigration services and advice should be provided to all International Protection Applicants throughout all application processes and appeals, where relevant. The Irish government should fund professional legal advisors to make this possible.
- All International Protection Applicants should be regularly informed and reminded of all legal rights (even if in the form of some sort of informative video in their own language).
- No legal advice, trial, or proceeding should ever take place in the absence of a professional and non-discriminatory translator and interpreter.
- All International Protection Applicants should be allowed accompaniment in any meeting, interview, or hearing, including legal services and translation-interpretation services, at a minimum, but also pertaining to other forms of support where necessary.
- All legal proceedings should be carried out under the assumption of innocence and vulnerability, never guilt and criminality.
- The Department of Justice should be committed to the goal of improving the application process through these various means, with the intention of successfully processing applicants positively on the first-instance decision, rather than denying 80% and issuing positive decisions to almost half of those denied on appeal. The application process should therefore be significantly shortened with the view of granting refugee status and leave to remain to International Protection Applicants quicker, rather than speeding up the deportation timeline.

7. Treatment and Health Care
- Medical care should never be denied, and access to medical care should never be inhibited, for International Protection Applicants. This should extend to minor sickness as well as serious or ongoing illnesses, e.g. providing transport to treatment or closer accommodation to hospitals where necessary (cf. Kelleher 2019).
- Assessments and health care should be provided to all International Protection Applicants upon arrival. Counselling and further necessary medical services should be provided to these applicants by the Irish government (ie they should not be expected to pay for travel to access these services nor to pay for the services themselves).
- Recognition of trauma and vulnerability should be a prominent feature of the entire application process - An applicant should: not be aggressively addressed with unfair triggering questions and statements in trials (cf. Ndebele, in Fegan 2019); always have a lawyer on their side; receive any psychological treatment they require for their trauma; be able to switch to someone else if they’re unhappy with the doctor/counsellor/lawyer/translator, etc. assigned to them (e.g. if they’d prefer to work with a woman or member of LGBTQIA+ community); have privacy and security in their housing; be housed in humane conditions; be housed with their family, etc.
- Victims of trauma should have more positive social interactions and dealings with caring individuals who can help them rather than prison-like DP staff or police.

8. Independence & Access to the Public Sphere
- If they wish to work, and if they are able to work following their assessment, International Protection Applicants should be able to enter the work sphere from the moment they receive their documentation on arrival. This right to work should be genuinely accessible and not come with any of the various restrictions outlined in 1c. Full financial, housing, and relevant education support or services proposed herein should be provided to these individuals until such a time as they are capable of supporting themselves and (if relevant) their family on their own salary.
• Employment support should be provided to International Protection Applicants entering the work sphere (e.g. CV workshops, information on Irish application process for jobs, information on workers’ rights and trade union membership, etc.)

• Those who are unable to work (e.g. due to medical conditions or feel unable to psychologically) should be supported either in a form of allowance or social welfare (unemployment benefit, disability benefit, etc) of which they should be able to avail throughout their application process.

• All International Protection Applicants should have full access to necessary documentations and amenities such as driver’s licenses (where applicable), bank accounts, etc.

• Alternative housing schemes which allow individuals and families to be housed among Irish communities (either paying rent through their wages/salary or through government support) should be implemented.

• As well as any necessary classes (e.g. legal advice, English language learning) all International Protection Applicants should have access to education - children going to primary or secondary school should have materials, transport fees, etc provided; International Protection Applicants should be allowed to apply to any third-level course they wish; International Protection Applicants should never be expected to pay international fees for third-level courses; International Protection Applicants should be able to access grants for third-level education such as SUSI if they are not in possession of a Sanctuary Scholarship; education support (like employment support) should be provided to any applicants seeking to enter the Irish further education system.

• International Protection Applicants should not be denied access to the public sphere nor inhibited in their access to the public sphere through isolation and bureaucratic imprisonment. Specific efforts and services to assist in community integration should instead be encouraged.

9. DP System Reform

• The DP system should never be operated by for-profit private companies. It should be a transparent public system provided through the government directly.

• The living condition of DP centres are unsuitable and dehumanising. Conditions of isolation should be discontinued immediately in favour of alternative housing schemes - e.g. inclusion in the contemporary organisation of eco villages like Cloughjordan, accommodation with suitable, vetted host families, public housing and allowance, integrated and community-oriented rural dispersal schemes, etc., all with the intention of supporting an individual to eventually pay their own rent independently once they have received adequate support from their workplace or relevant social benefits (cf. Cloughjordan 2019; Room for Refugees 2019). Anyone who requires additional accommodation support (e.g. accessible entries for disabled individuals, extra privacy or security for vulnerable children, women, and/or LGBTQIA+ peoples) should be assisted with the provision of suitable accommodation in accordance with their needs.

• All International Protection Applicants should always have access to their own facilities (bathrooms, kitchen, and washing facilities) rather than being dependent on anyone to provide these services for them exclusively.

• Once in settled, long-term accommodation, housing location and access to facilities should not be under the control of DP officers, staff, or anyone who may use this to bully or
threaten International Protection Applicants. Any host arrangements etc. should therefore be regularly monitored and operated on a transparent, not-for-profit basis.

10. Regularisation, not Deportation

- In an effort to improve the process of applying for international protection, with the intention of speeding up this process as well as offering suitable and humane living conditions for those in the course of their application, the Department of Justice should set a goal of 18 months to process an individual’s application.

- Anyone not processed within 18 months, either in DP or living in Ireland on an undocumented basis for such a period of time, should be regularised with leave to remain.
PART III: REFERENCES


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SUBMISSION:

I am an Irish citizen, a mother, writer and feminist activist, most recently involved in the Repeal campaign, hoping to highlight and work against oppression and injustice to the best of my ability. My submission is informed by the work of various organisations working directly with those in Direct Provision and more importantly by listening to people living in Direct Provision themselves. I believe it is my duty as an Irish citizen to stand in solidarity with our brothers and sisters in Direct Provision and to add my voice to their call for full reform of the system. History will judge us harshly for allowing this system to go on for 20 years, we should be ashamed and embarrassed by it and it is now time to make amends.

Direct Provision should be abolished and replaced with nothing resembling DP. At a minimum this should mean a return to pre-2000 conditions where people seeking asylum were afforded the right to work and access welfare and housing supports. Those seeking refuge here should be entitled to the security of a home, not just a roof – any roof – over their heads. They need a place with space, privacy, their own cooking facilities, etc. Nobody should spend years and years in Direct Provision, sharing a bedroom or bathroom with strangers, unable to cook their own food, living in limbo without control or agency over their own lives.

The reception system is unfit for purpose and must also be abolished. It cannot be a ‘for profit’ enterprise, nobody should be making millions on the backs of refugees fleeing from horror. Instead, reception centres should have onsite access to legal assistance, psychologists, medical care, childcare, English language and literacy classes, and information on accessing education, accommodation and work – all of this should be provided by specialists independent of the Department of Justice. IPO interviews should be decentralised, applicants should not have to travel to Dublin from remote areas for these interviews. There should be a maximum four week wait for medical and psychological testing and reports, assistance should be available regardless of if a PPS number has been issued or not. People should not be in reception centres for longer than three months and should be helped to obtain housing in the community as soon as possible. Information about the asylum process should be available in all languages and there should be proper legal assistance in completing their application. Interviews should be held within six weeks of submitting the application and applicants should be given a card that includes a work permit and will be accepted as a valid ID to open a bank account or get a driving license.

There should be a change to how the legal process to claim asylum operates. It is vital that we move away from a system that treats people with suspicion to a system that treats people with respect and that is focused on vindicating people’s right to seek asylum and to live in safety. People are waiting up to 20 months for their interview and many months for a decision and then up to a year for that decision to be ratified by the Minister for Justice, all the while prohibited from working or getting an education. There must be serious and long term investment by the State into ensuring that high quality legal advice and representation is available freely to all people seeking protection in Ireland – not just a cursory 15 minute glance through their
paperwork. Lawyers and solicitors must be given equal payment for their work in asylum cases as they are in all other legal aid cases.

**Deportation of those in the asylum process should be ceased with immediate effect.** It is a brutal inhumane act that we as a country and a society should refuse to engage with or stand over.

**The current Right to Work system is not working** – as it exists now it is not working for people and it has restrictions that must be removed. The Right to Work must be automatically given to all people seeking protection from the beginning of the process, the 9-month wait is unnecessary and the current situation where a work permit must be renewed every six months should be amended to extend that time period. The current permit should be replaced with something similar to the IRP – (GNIB) card that includes the ‘stamp’ indicating permission to work and would also act as a valid ID to open a bank account. Those seeking asylum face racism and xenophobia in their everyday lives and this is compounded by the State’s refusal to allow them to work legally.

**All those seeking asylum should have full and free access to education and training in Ireland, the same as any citizen here.** This should not stop at Leaving Certificate age. All students in DP should be entitled to go on to third level education, regardless of how long they have lived here and how far along they are in the asylum process. There have been cases where Leaving Certificate students living in DP have achieved high marks and been granted a place in university, only to have to turn the place down as they have to pay high fees as their family is originally from outside the EU. They should be able to access third level education, the same as their Irish peers.

**The protection of children must be paramount to any reform of the system.** We cannot have a situation where children are being brought up in institutions with managers instead of in homes surrounded by their families. They deserve a carefree, happy, secure childhood and our Government must ensure this is a top priority.

I ask that you consider my submission carefully but above all else I ask that you give extra weight to the submissions you will receive from those living in Direct Provision currently and the migrant rights organisations working closely with them. It is their stories you should consider foremost and it is their faces you should see in your mind’s eye when you are making your decision.


[http://www.books.ie/this-hostel-life](http://www.books.ie/this-hostel-life)


I am a citizen of Ireland with a background in psychology and social care, who is concerned that Direct Provision is a cruel institution which harms some of the most vulnerable people in Ireland and which deeply shames our nation.

The history of the Irish state in the 20th century shows that the institutionalisation of vulnerable people such as people with a disability, single mothers (Magdalene Laundries etc) by the state has resulted in widespread human rights abuses. Direct Provision appears no different.

The Ombudsman report released this week of 28/05/2019 states that Direct Provision is not suitable for long term living and that asylum seekers should be accommodated within the community. Link: https://www.ombudsman.ie/publications/annual-reports/Ombudsman-AR-2018-ENG-Final-for-Web.pdf

This is not the only research to show that Direct Provision is a profoundly negative and harmful experience for people. Please see Chapter 2 of the Irish Refugee Council publication on a transition between direct provision and living in the community for a brief summary of the experiences of people;

“it is clear that long term detrimental effects result from a regime [Direct Provision] that removes people’s independence, ensures they are bereft of all but the most basic resources and at the same time, does not allow them to work, and limits their potential to learn or form social networks. For adults, children and the wider community there are lost opportunities for intercultural enrichment. Individuals suffer, as do family relationships, and for some poor physical and mental health are a consequence of the system.


Given reports of overcrowding, poor food and living conditions, the committee should look at value for money. Many people appear to profit immensely from the state providing direct provision contracts while people in direct provision suffer greatly. If people are profiting in the region of millions of euros, the state should see why some of this public money is not being used directly to support vulnerable people and not enriching an immoral middle man. (See Connacht Tribune, ‘Salthill Direct Provision Centre Earns €32 Million’, https://connachttribune.ie/salthill-direct-provision-centre-earns-e32-million/ )

Reportedly people in Direct Provision have to travel to Dublin to seek mental health treatment. Given the higher proportion of trauma caused before seeking asylum and trauma caused by the asylum process and living in Direct Provision in Ireland, mental health services for asylum seekers need to be available locally and free at the point of access for people.

I have also heard that staff working in Direct Provision centres have refused members of the public visiting friends in Direct Provision or stopped them from providing hobby supplies (eg
wool for knitting) to people living in DP. Given the importance of social relationships and social activities staff should not be allowed to restrict the autonomy of people in DP in this area.

LGBTQI+ accommodation for asylum seekers is inadequate. People vulnerable to homophobic, biphobic and transphobic bullying are often placed in situations where they encounter homophobia, biphobia and transphobia from staff and other residents. DP centres should work with LGBTQI+ organisations and advocates to educate staff and residents on LGBTQI+ inclusion. LGBTQI+ residents of DP should be accommodated in inclusive homes in the community as a matter of urgency and LGBTQI+ asylum applications should be fast-tracked by the Irish state given the massive increase in anti-LGBT+ violence across many parts of the world.

Asylum seekers should receive “social protection” equal to Irish citizens - they are no less than any Irish citizen and Ireland is not less expensive for them. Their payment should be increased immediately to be equal to the dole, plus any necessary extra accommodations for disability payments, children’s expenses etc. Asylum seekers right to work should be greatly increased, with no wage caps, and should be allowed to enter third level education on EU fees and be offered grants to cover the cost of education for second and third level.

Direct Provision should be abolished ASAP. It was a temporary measure decades ago. An immediate transition to community living (which will require joined up thinking with the Department of Housing massively increasing the amount of adequate public housing for everyone living in Ireland) should begin in the medium term while changes to improve the quality of live of people in Direct Provision being implemented in the short term.
Submission to the Committee on Justice and Equality on the issues of direct provision and the international protection application process

22/05/2019

Having a keen interest on social and environmental justice and equality, I stand as a concerned and engaged citizen with 8-years voluntary experience in Advocacy, Activism and Community projects. I also hold a MA in Public Advocacy and Activism from NUI Galway (2015), and have been involved for the past couple of years with The Melting Potluck Galway. Together we have organised and facilitated community dinners, multicultural celebrations and cooking projects involving residents of DP centres in Galway and the wider international Galway community. These have been partially funded by Healthy Ireland, The Big Hello, Mother Tongues, and a number of Galway Festivals.

I am making this submission because I firmly believe that the current system of Direct Provision (DP) in Ireland is damaging to Asylum Seeker’s health and wellbeing, undermines applicant’s credibility and sense of self, with no agency, space nor privacy in DP centres, leaving them living for years in desperation, enforced poverty and unacceptable limbo situations.

The system forces people to wait for years for each stage of their case, in uncertainty and with increasing hopelessness and frustration. There must be a timeline for people in the asylum process that specifies when people will receive decisions at every stage of their claim. This needs to be given legislative standing. The time that the process takes at all stages must be addressed. People need to have immediate access to psychological and medical assessment and high quality legal advice from professionals trained in immigration law when they enter reception, and the “major interview” should take place within 6 weeks in situ in the reception centre after such consultation and assistance has been availed of. Also, people should be able to bring an observer with them to the interview for transparency of the process. High quality, trained, impartial translators and interpreters in people’s languages and dialects must be made available to people seeking protection. Additionally, the right to work must be given as soon as the asylum process begins and it must remain valid until the person has left or been removed from the state.

Asylum seekers were supposed to live in DP Centres for no more than six months, but some have been there for over seven years, in cramped conditions, with no privacy, nor agency over their own lives, with the subsequent deteriorating mental health. In short, the reception system in Ireland does not fulfil its purpose. Centres where legal, psychological, medical, language, community and integration supports are available onsite to people in the asylum system need to be provided to people once they are through the reception process. These services must be free, accessible, and not for profit. Reception centres with on-site access to information; high quality legal assistance; psychologists trained in working with people who have been subject to violence, torture and trauma and sensitive to issues of cultural diversity; medical care; childcare facilities; English language and literacy classes; basic integration supports in relation to accessing work and workplace rights, accessing education and training; assistance for accessing accommodation. These services and supports must be provided by specialists who are independent of the Dept of Justice. Asylum seekers should be enabled to get housing in the community as early in the process as possible. Finally, the living space of the reception centre needs to be fit for purpose and must uphold the right to privacy and the dignity of people seeking asylum.

A particular area close to my heart that can be improved on with immediate effect for the residents in the reception system, is their right to cook and eat their own prepared meals, instead of industrial processed food from contractors, which by the way profits grossly from the current for-
profit system, food that is far from the traditional diets people would have been accustomed to in their country of origin. The right to cook would give back a sense of agency on a small but crucial aspect of everyday living and would lead to healthier and more empowered residents. There could also be access to gardens to grow food. Ultimately it comes down to the fact that the reception system for asylum seekers should never be at the hands of for-profit making enterprises, which neither serves people to live decent and empowered lives, nor the state to get value for money.

In summary, the system needs radical reform to ensure that:

- The rights of all international protection applicants are upheld.
- People are treated with respect and assumed eligibility instead of suspicion.
- The focus is on vindicating peoples’ right to seek asylum and to live in safety.
- The reception system for asylum seekers cannot be a ‘for-profit’ enterprise.
- The welfare and conditions of people in the reception system gives asylum seekers a sense of self, space, privacy and agency over their own lives, with a particular focus on the right to cook and access food of their choosing.
- The timeline in the reception system and processing of applications is communicated clearly at every stage of the process and is strictly kept under 6 months, as thought out initially.

Please find below a number of references for your perusal.

“In Ireland, refugees are organising to reform the asylum system.” 2019  

"'When I come home I am not allowed to cook for my children’ - the harsh realities of Direct Provision in Ireland” 2018  
https://www.thejournal.ie/donnah-vuma-direct-provision-4261538-Sep2018/

‘Cooking was a right that was taken away from us'  
https://www.irishtimes.com/life-and-style/health-family/cooking-was-a-right-that-was-taken-away-from-us-1.3522876

“The food is 'horrible' and the men are 'creepy' - Children in direct provision speak out”. 2017  

“A form of torture': life for asylum seekers in direct provision”. 2014  

“More than 140 people living in Direct Provision for over seven years”. 2019  
https://www.independent.ie/breaking-news/irish-news/more-than-140-people-living-in-direct-provision-for-over-seven-years-38029742.html

“Right to Work of People in Direct Provision – Commission welcomes Supreme Court decision”. 2017


Introduction

I am a lecturer in law at Maynooth University Department of Law and a member of the Ethical, Political, Legal and Philosophical Studies Committee of the Royal Irish Academy. My research focuses on migration law and human rights and I have published widely in these fields (further details available here).

I have no doubt that the Committee will receive wide-ranging and useful submissions from many of those who have have expert knowledge and/or experience of the systems of direct provision and international protection. In particular, I have seen draft versions of the submissions of (a) the Movement of Asylum Seekers of Ireland and (b) Dr Liam Thornton, which make compelling arguments for the abolition of direct provision and a radical overhaul of the reception system in Ireland.

In this brief submission, I focus on two discrete issues which I have examined in my own research:

(1) The implementation of the ‘right to work’ for international protection applicants, following the Supreme Court judgment in NHV v Minister for Justice and Equality [2017] IESC 35; and

(2) The practice of accommodating survivors of human trafficking in direct provision centres; and
1. **Full implementation of the right to work**

On foot of the Supreme Court judgment in *NHV v Minister for Justice and Equality*, the European Communities (Reception Conditions) Regulations 2018 transposed the EU Reception Conditions Directive and provided for a limited right to work for asylum seekers. Under the Regulations, a labour market access permission, for the purposes of employment or self-employment, may be granted if applicants have not received a first instance decision on their international protection claim after 9 months, through no fault of their own. In 2014, the UN Committee on the Elimination of Racial Discrimination recommended that Luxembourg reduce a similar period of nine months “so as to facilitate more rapid access for asylum seekers to the labour market”.\(^1\) The same Committee also commended Belgium in 2014 for introducing access to the labour market after six months\(^2\) (albeit that it appears that this statement was made in the context of many asylum seekers being barred from seeking work prior to 2010).\(^3\)

While the Supreme Court judgment acknowledged that the State might impose restrictions on the right to work of non-citizens for legitimate policy reasons, the nine month waiting period is arguably difficult to square with the inclusive concept of dignity and understanding of the right to work set out by the O’Donnell J. He states (at para. 15 of the judgment):

> “Much work is drudgery, often the subject of complaint rather than celebration, and most often an economic necessity as a means to live a chosen life rather than an end in itself. However even approaching the matter with a healthy dose of scepticism, it must be recognised that work is connected to the dignity and freedom of the individual which the Preamble tells us the Constitution seeks to promote.”

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\(^1\) UN Committee on the Elimination of Racial Discrimination, *Concluding observations on the combined fourteenth to seventeenth periodic reports of Luxembourg* (UN Doc CERD/C/LUX/CO/14-17, 13 March 2014).

\(^2\) UN Committee on the Elimination of Racial Discrimination, *Concluding observations on the sixteenth to nineteenth periodic reports of Belgium* (UN Doc CERD/C/BEL/CO/16-19, 14 March 2014).

He also refers to an extract from a General Comment of the UN Committee on Economic, Social and Cultural Rights, which he describes as “broadly consistent” with the thinking that underlies the Constitution (although he does not endorse the statement in all its aspects):

“The right to work is essential for realizing other human rights and forms an inseparable and inherent part of human dignity. Every individual has the right to be able to work, allowing him/her to live in dignity. The right to work contributes at the same time to the survival of the individual and to that of his/her family, and insofar as work is freely chosen or accepted, to his /her development and recognition within the community.” (General Comment No.18 on the Right to Work, adopted on 24th November 2005, at para.1)

Desmond Ryan and I explore the implications of the NHV judgment in greater detail in an article forthcoming in the UK legal journal Public Law. A copy of the article is on file with the authors if the Committee wishes to review it.

In my view, given the human dignity issues involved, attempts to determine an appropriate waiting period are inevitably arbitrary. The solution which best fits with a rights and dignity-based approach to reception conditions is to allow labour market access immediately.

2. Experiences of survivors of human trafficking of direct provision centres

Summary of submission: Plans to discontinue the practice of accommodating survivors of human trafficking in direct provision centres should be implemented as soon as possible.

In research recently published in the British Journal of Criminology, my colleagues and I interviewed survivors of human trafficking for the purposes of labour exploitation. We learned important information about some of these individuals’ experiences of direct provision centres. In short, this type of accommodation is wholly unsuitable for survivors of human trafficking, for the reasons set out in the extract below.

Moreover, the issues raised by the participants - including the disempowering effects of institutional living, as well as the trauma, isolation and lack of information experienced by some individuals – are likely to be more widely applicable to the experiences of other residents.

I understand that Department of Justice and Equality plans are in motion to reform the system of support for trafficking victims, including accommodation. This process should be expedited and the reforms implemented as soon as possible.

The relevant extract from the article is as follows (all references are provided in the article):

“The practice of housing trafficking victims in accommodation centres for asylum seekers has been criticised by GRETA and a number of national NGOs. (ICI 2014: 3; GRETA 2017:
Similarly, the interviewees felt that the Reception and Integration Agency (RIA) direct provision centres are not an appropriate environment for trafficking victims, and that separate services and accommodation are required. One interviewee pointed out that ‘you feel like it’s not safe there, because they’re very . . . stress and all that’ (Female, South Africa, Transcript 12), while another participant suggested ‘maybe separate them [asylum seekers] because their stories are quite different’ (Female, South Africa, Transcript 15). One participant reported that she did not really understand where she was, and described feeling very traumatized and isolated: ‘I wasn’t talking a lot you know, some people they were very nice and they were friendly and they wanted to be friends with me but I was very vulnerable’ (Female, Kenya, Transcript 6). This mirrored the confusion experienced by another woman, who also did not precisely understand where she was when she was in the direct provision centre.

More broadly, research in other jurisdictions reveals that ‘[s]afe accommodation for trafficked persons contributes to both physical security and mental recovery by giving them the feeling that their needs are being looked after and their worries are being taken seriously’ (Friman and Reich 2007: 124). However, consistent with research on the conditions in the Irish refugee reception system (Thornton 2007), the accommodation and support provided in the direct provision centres appears to be at the level of subsistence only. Indeed, many participants valued the basic amenities provided (Female, South Africa, Transcript 4; Female, South Africa, Transcript 12). One person noted: ‘It is good. I mean, I’m saying this comparing it to a man who is on the street, a man, woman or child who is on the street . . . It is warm. There is good heating. There are shared showers . . . I don’t want to sound ungrateful. Em, because as basic shelter it was okay’ (Female, South Africa, Transcript 2). However, this interviewee also revealed the disempowering effects of this type of provision, citing the lack of ‘control of your life’, and describing queuing at mealtimes as ‘like prisoners holding the tray, metal cereal bowls or whatever’ (Female, South Africa, Transcript 2).

Leaving aside the wider debate about the deficiencies of the direct provision system generally, (Thornton 2007) a dedicated accommodation unit for trafficking victims in Ireland, which would go beyond the level of ‘basic shelter’ and be tailored to the needs of trafficking victims, is clearly necessary. ... One interviewee who was accommodated in a direct provision centre suggested establishing a support group ‘maybe just with the other victims’ (Female, South Africa, Transcript 14), while another expressed the view that it would be beneficial for individuals if counselling was provided on-site, or even someone ‘just to encourage them, give them hope’ (Female, South Africa, Transcript 15). Other suggestions included English classes, training and skills opportunities, clubs (Female, Nigeria, Transcript 3) and sports activities (Female, South Africa, Transcript 15), and more information on Ireland and what life is like after the accommodation centre (Female, Kenya, Transcript 6). ... On a more long-term basis, victims need assistance with finding accommodation after the initial period of recovery. One participant remarked that one of the hardest things was finding a place to rent given the high rents and housing shortage in Dublin (Female, South Africa, Transcript 14).”
Submission on Direct Provision

Introduction:

I am an anthropologist working in Queen’s University Belfast. For the past ten years, I have worked on asylum and refugee issues in the Republic of Ireland (Maguire and Murphy 2012), Northern Ireland (Murphy and Vieten 2017; 2018, Vieten and Murphy 2019), France (Murphy 2017) and Turkey (Murphy and Chatzipanagiotidou 2017). I have, therefore, worked extensively with asylum seekers and refugees in different kinds of asylum systems and have accumulated wide comparative insights into how different asylum systems work in Europe and beyond. In particular, my work on the island of Ireland between the Republic of Ireland and Northern Ireland situates me perfectly to be able to comment on how the Irish system of direct provision fares comparatively. My work in the Republic of Ireland (conducted with Dr. Mark Maguire of Maynooth University, Principal Investigator of the Irish research council funded project After asylum: an ethnographic analysis of refugee integration in Ireland) was a longitudinal ethnographic study conducted from 2009-2011 examining the impact of direct provision on the everyday lives of refugees (and indeed, some who later became Irish citizens). We looked specifically at the issue of integration and examined specific integration spaces such as labour, education, religion, second generation experiences and politics. The majority of our research participants had spent periods of time ranging from a few months to a few years living in direct provision. Lengthy periods of time in direct provision is a key post-migration stressor on individuals and families’ well-being—one which endures long after they move out of the asylum system.

My work in Northern Ireland (with Dr. Ulrike M. Vieten QUB) examined the everyday life experience of both asylum seekers and refugees in Northern Ireland. This was a piece of research commissioned by the Executive Office in Stormont. The findings of this research have fed directly into the development of Northern Ireland’s first refugee integration strategy, which will be launched once the political stalemate at Stormont is resolved. Beyond that, my other research in both Turkey and France has examined the specific experiences of asylum seekers and refugees in Calais and in Istanbul—very different contexts to Ireland and the UK—but nonetheless vital research sites for understanding the impact of the migration journey and the issue of post-migration stressors. My most recent research in the Republic of Ireland has concentrated on food and direct provision (Murphy 2018: 2019) and has examined the challenges of a lack of autonomy around food and nutrition in direct provision centres. In sum, my expertise and publications in this area highlight how radical changes need to be made in Ireland’s asylum system. All of my research, as an anthropologist, has been focused on engaging with people’s everyday experiences of asylum systems. Through voice, story, and narrative I have garnered a very clear sense of how lives entwined with direct provision have become lives stripped of dignity, rights, and autonomy. Below, I will detail the specifics with respect to direct provision and the findings of my various research projects.

Personal observations:

Over the past ten years of my research and work with asylum seekers and refugees in the Republic of Ireland, Northern Ireland, France and Turkey, I can say without reservation that the asylum system in Ireland is one of the most harmful asylum systems in Europe. With its’ emergency style management and ill thought out introduction in the early 2000’s came a complete lack of oversight in terms of the management of and contract provision for these centres. This coupled with an increase in the commercialization and privatisation of the system...
has meant the creation of one of the poorest quality asylum accommodation systems in Europe. These structural and policy issues (or dearth thereof) play an enormous role in negatively impacting the everyday experience and well-being of asylum seekers in Ireland. Direct provision is detrimental to individuals and families’ mental and physical health (see also Ombudsman report 2018). It is therefore a system poorly suited to serve the needs of people who have become forcibly displaced from their homes through conflict or other kinds of persecution. Further, it is a system devoid of humanity and dignity preventing people from enjoying their fundamental human rights to privacy and autonomy as individuals or families.

All of the research I have conducted points to the ways in which direct provision acts as a major post-migration stressor, thereby exacerbating mental and physical health issues, ultimately forcing people to question their self-worth and future. Direct provision is a system that steals hope from people thus compounding the impact of the trauma and loss of forced displacement in ways which infuse people’s lives long after they have passed through the asylum system. As such, the system as a whole does not provide adequate supports for the psychosocial needs of asylum seekers or later, as refugees. My research with Dr. Mark Maguire (Maguire and Murphy 2012) found that negative experiences in direct provision continued to bear on people’s sense of place in Ireland and self-worth for lengthy periods post asylum. If we are to take seriously issues of inclusion, we have to consider how asylum systems function in isolating and alienating people from Irish society. Direct provision centres play a direct role in diminishing people’s well-being but also serve as sites of exclusion. This also connects to how Irish society relates to issues of asylum seekers and refugees-with diminished contact-integration as a two-way process is often not possible. More recently, direct provision centres have garnered much negative attention through various fire attacks by far-right individuals and groups further working to alienate asylum seekers/refugees from mainstream Irish society.

Beyond some of the very many structural issues, the everyday life experiences of asylum seekers in direct provision is greatly diminished. In having to deal with overcrowding in shared rooms to the lack of nutritious food and abusive atmospheres (to name but a few of the issues), asylum seekers are confronted with an attenuated quality of life and an absolute lack of autonomy. Children are particularly impacted by many of these issues and will be dealing with the trauma of these experiences long into adulthood. The rise of asylum seeker led food and cooking groups such as ‘Our Table,’ and ‘Cooking for Freedom,’ and community gardens (to name but a few—for a more thorough overview see Murphy 2018) is a direct response to the lack of availability of nutritious and culturally suitable food in direct provision centres. Many of these groups have had to do independent fundraising to simply feed their own children healthy and nutritious food. No one seeking refuge from forced displacement should be put in such a situation.

In a country with a long and ignominious history of institutionalization, we can and should be doing better. People seeking refuge deserve an asylum system that does not strip them of their dignity or their rights. Arguments presented about ‘reform’ will only result in a sticky plaster approach and will not solve the fundamental issues with direct provision. At present, direct provision—as one of Europe’s most deleterious asylum systems—is not fit for purpose and should be abolished. In 2019, we should not be repeating the mistakes of Ireland’s difficult past by replicating a traumatic culture of containment and institutionalization. The rise of ‘Universities of Sanctuary’, ‘Places and Cities of Sanctuary’, ‘Sanctuary Runners’, ‘Anti-racism groups’, end direct provision activisms and protests, and asylum seeker/refugee networks (in particular MAS) throughout the country evidences the strong public support for ending this abhorrent asylum system. It is indeed time to act at all levels of society. Finally, I am willing to give an oral testimony to confirm all of which I have said in this statement given the urgent need to find remedy to the harm engendered by direct provision.
**Research findings:**

With ten years of research experience in the Republic of Ireland on issues pertaining to asylum seekers and refugees (see Maguire and Murphy 2012, Murphy 2018; 2019, Murphy and Vieten 2017, Murphy and Vieten 2018, Vieten and Murphy 2019) these are some of my findings as combined with the findings of a number of other reports and studies:

**Direct Provision centres are unfit for purpose due to the following range of issues (listed in no particular order):**

- Overcrowding (see McMahon 2015, Lally 2019)
- Lack of autonomy with respect to food and nutrition in spite of the introduction of RIA’s independent living scheme (Murphy 2018; 2019)
- Lack of oversight on how DP centres are being managed. RIA inspections and reports are often not thorough or lengthy enough in terms of giving appropriate insight into the everyday experience of asylum seekers in particular centres.
- Increased commercialization of system - in particular the amount being spent on these centres is incommensurate with the services being delivered resulting in huge profiteering of the system (this has been widely documented and reported on in the media, but little heed has been paid) (Hogan 2013).
- Abusive threatening environments cultivated by the management of a number of these centres. As a result, asylum seekers are often afraid to speak openly about the conditions in which they live as they fear it will impact on their asylum claims or indeed, that they might be moved to another centre (as happens frequently).
- Reports of gender violence (see AIKDWA 2008; 2010; 2012, Scriver 2014) Asylum seeking women have reported incidents of sexual violence in direct provision. This has also extended to young teenage girls and children. Further, many women report being targeted by men from outside direct provision centres in a sexually explicit fashion.
- Increase in suicides (plus refusal of the State to provide transparent statements on this).
- Isolation and exclusion - in refusal in rural areas with poor bus services/connections (Murphy 2018; 2019).
- Inadequate information distribution with people not fully understanding how to access essential services, in particular health services (Maguire and Murphy 2012).
- Challenging environments in which to raise children. Most centres have inadequate play areas or safe spaces for children. Families are often confined to tiny, inadequate living spaces. Ireland’s ‘Special Rapporteur on Child Protection’ has recommended that the system of direct provision should be abolished due to the levels of child poverty and inequality that asylum seeking children experience in direct provision (Shannon 2018).
- Inadequate and restrictive right to work policy implemented (Murphy 2018). Inadequate activities/training for people who have lengthy days to pass unable to access work outside of direct provision (Murphy 2018; 2018; 2019).
- Reports of labour exploitation in some direct provision centres.
- Lengthy waiting periods in direct provision in spite of some improvements after McMahon report (Thornton 2018)
Recommendations

Direct provision is not fit for purpose. It is a system of institutionalized living which endangers individuals and families in multiple but distinct ways. Many refugee councils throughout Europe point to how a well-developed housing base for asylum seekers is essential for integration and overall, quality of life. This is absent in an acute way in Ireland:

- My main recommendation is that an alternative accommodation system be created, and direct provision be abolished. While this will be a lengthy process, there are nonetheless much better models extant in terms of accommodating asylum seekers. Using the housing crisis in Ireland as an excuse not to do this is poor governance, direct provision should not be excluded from an examination of broader housing issues in Ireland, in fact the two can occur in tandem. Given that the Department of Justice does not have the appropriate expertise in the area of housing, other departments should be engaged in the consideration of this. If direct provision is to be abolished it would be important to implement research into alternative models and their suitability for the Irish context. This should be a model embracing of human rights and dignity. I would recommend in the very short-term future to establish an expert committee on alternative housing models for asylum seekers. This should be cross-cutting and engage experts (as well as asylum seekers and refugees) from across a range of sectors in Ireland, which could then work towards the replacement of direct provision by:

1. Examining independent housing schemes for asylum seekers which supply dedicated asylum seeker housing in other countries. While this is the model the UK uses (Murphy and Vieten 2017; 2019), it is flawed due to the commercialization of the system. My research in Northern Ireland with Dr. Ulrike M. Vieten (QUB) revealed challenging issues with the way in which the UK deals with accommodation contracts and housing for asylum seekers. I would be happy to testify to same should further research take place within an Irish context. However, it must be emphasized that while flawed in the way it is implemented in the UK, it is still a superior, more humane system than direct provision. It could, in fact, be differently implemented in an ameliorated fashion in Ireland as one anchored in fundamental human rights. In particular, there are models in Germany where alternative housing schemes have been introduced with great success in spite of a larger culture of institutionalized living for asylum seekers existing in the country. Some of these models are worthy of replication and would work efficiently in a smaller country such as Ireland. The development of the expert committee should lead to dedicated research on this and the subsequent implementation of suitable findings.

Shorter term recommendations:

While alternative asylum models are being analysed and modelled, there are many short-term issues that need to be resolved to better the lives of asylum seekers in direct provision:
The ‘European Reception Conditions Directive’ needs to be fully implemented in order to regulate and better everyday life experiences for asylum seekers.

Model better integration and inclusion strategies. The Scottish refugee integration strategy is a model example which considers integration as beginning from the day of arrival, understanding clearly that integration and inclusion is impacted by an asylum seeker’s experiences in the asylum system (Murphy and Vieten 2017). This is an essential consideration in the Irish context.

Improve the formal complaints mechanism and increase transparency around response and response time.

Addressing waiting times in direct provision is particularly key. Guaranteed time limits need to be put in place in terms of waiting for asylum applications to be processed.

Addressing overcrowding and creating safe spaces for women and children within direct provision centres. Further addressing the right to privacy and autonomy is an urgent requirement.

Addressing child poverty—this can be achieved in multiple ways, but particularly key would be the introduction of child benefit to all asylum seekers with children.

Better information networks in terms of accessing service provision

Increased training of staff working in centres, particularly with respect to understanding displacement issues and post-migration stressors.

Better supports for the psycho-social well-being of asylum seekers and thereafter, for refugees.

Kitchens in all direct provision centres with appropriate access to grocery shopping. Linked to this is the need to revise up asylum seeker’s weekly allowance.

Expand the remit of the right to work. One route to doing this would be to more directly engage trade unions in right to work issues (excellent examples in Northern Ireland) in order to improve the remit and extent of the right to work.

**Conclusion:**

Finally, while the short-term recommendations above need all to be accomplished urgently, the only key solution to the issues at hand is to abolish direct provision and replace it with an alternative model. Communal reception centres are only ever suitable for the very short term, and the impact of direct provision is such that it has been detrimental to the lives of very many people who have come to Ireland to seek safety, security, and refuge. Like industrial schools and magdalene laundries, direct provision has left an indelible stain on Irish society. We must now seek to urgently remedy the harm we have all been witness to as Irish citizens. To do so is the only appropriate moral and ethical response in a world of intersecting crises and conflicts.

**Publications:**


Murphy, F.(2019) Seeking solidarity through food: the growth of asylum seeker and refugee food initiatives in Ireland In : Studies in the Arts and Humanities . 4, 2, p. 69-82.


Submission by the National Collective of Community Based Women’s Networks – Consultation on Direct Provision and the International Protection Application Process

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Purpose of the submission:

The National Collective of Community Based Women’s Network (NCCWN) welcomes this opportunity to contribute to the consultation on Direct Provision and the International Protection Application Process. NCCWN receives core funding from the Department of Justice and Equality to work with women from a gender equality, anti-poverty, and social inclusion focus in 17 locations across the country. A core element of this work is working with women who are involved in the International Protection Application Process and living in Direct Provision.

Preparation of the Submission

This submission has been prepared referencing the 19 years of engagement the NCCWN projects have had with women living in Direct Provision. The recommendations arise from the many stories told to us in one to one conversations, group discussions and conference arenas. We acknowledge the expertise of other organisations to identify issues for other target groups such as LGBTQA, Disabilities or children and minors of which gender will be a factor.

NCCWN respectfully argues the following points;

1. Direct Provision should be abolished in total and should not be tendered to private, NGO, or advocacy organisations. For any applications outstanding or in review stages beyond an initial 6 month reception phase, provision in the main population and rights to social
protection, housing and education at all levels and the right to work should be instated. This should remain until the application process is completed and resolved.

2. In the interests of transparency all directors and beneficiaries of the current direct provision tender should be publicly declared. Unscheduled visits to direct provision sites by Department of Justice staff should be carried out to ensure quality service.

3. Immediate access to legal support prior to the processing of the International Protection Application upon arrival in Ireland should be provided. This may lead to decreased demand for access to the lengthy and costly appeal process.

4. Planning for a reasonable measured response to the increasing need for global population mobility is a priority for future Department strategies. 3618 people sought international Protection in Ireland in 2018. It is realistic to anticipate provision for 5,000 applications per year. Planning at this level should include a multi-disciplinary approach with all relevant Departments including Justice and Equality, Housing, Social Protection and Health.

5. All current direct provision centres for those in the reception phase, should include cooking facilities. All family centres should ensure that facilities will cater for family cooking activities. Cooking facilities should cater for all cultural, religious and dietary needs of residents.

6. Women currently report unsafe living conditions in Direct Provision environments. This is often in addition to prior trauma of sexual assault experiences of rape as a war crime or gender based violence in their country of origin. Single women and women parenting alone need measures to ensure their safety in communal areas such as laundries and play/recreation areas. Mixing disproportionately large numbers of single men amongst families, is problematic and should be reviewed. All living units should have ensuite facilities.

7. Direct Provision Staff should have mandatory training in Domestic Violence awareness and understand appropriate responses. Safety arrangements and refuge options should be made known to all women living in Direct Provision.

8. Unarranged room checks by staff of centres is a violation and should not be permitted unless high level risk is identified.

9. Women who have been trafficked for prostitution or domestic work should not be placed in direct provision centres where they are at continued risk of being identified to the perpetrator. Safe units should be provided until the women have completed the International Protection process.

10. Degrading practices such as refusing food/drink at night and withholding toiletries/toilet paper needs to stop immediately and without exception.
11. High levels of Mental Health supports need to be provided as a priority to all in direct provision in recognition of potentiality of prior trauma as well as the trauma of institutional living. 5% of those living in direct provision are there for 7 years or more, these people are most in need of specialist intervention.

12. Dedicated support staff need to be employed to assist people exiting the International Protection process. Areas of support needed may include housing, social welfare entitlements, life skills and money management in an Irish context. This may be of particular relevance to those who have long term parented in an institutional environment.

13. The practice of Provision Centre sites located at a distance from towns and local services needs to be reviewed. The current provision of transport is minimal and unsuitable to the needs of people in the process. Women report being unable to attend events or training in their area and children cannot integrate in their community by participating in after school activities. Transport needs to be responsive to the needs of the community it serves.

Location of Nationwide projects represented
From: Tina Ndlovu  
Sent: 28 May 2019 20:03  
To: directprov  
Subject: Submission on direct provision and the international protection application process

Good day

I am writing about "stop deportations"

Mosney accommodation centre  
Julian's town  
Co Meath

I have been in direct provision for 3 years and 4 months. I live with my husband and 3 children.

I am on deportation at the moment as I couldn't get enough references for my application due to health issues of which the department never wanted to take into account or consideration.

Even my partaking in the "birth restoration campaign" with TD Paul Murphy and his team, volunteering with the Inner City Helping Homeless, volunteering with Alan Laws, volunteering with assisting pregnant mother's in Mosney, distribution of Christmas presents for the kids in Mosney, my kids in the Gaelic clubs, schooling in Drogheda, having done a Psychology course with the DCU in the community, still my application hasn't been considered.

When I went for my interview I was told by the interviewer that my daughter Lwandle is entitled to South African citizenship as she was born there and I was very puzzled by this, as my son born in the island of Ireland is being refused citizenship and is on a deportation.

Why make parents suffer in this brutal way?? Why must we be signing petitions for us mother's and kids on deportation?

Mother's are the most vulnerable people in the society.

Please scrap DEPORTATIONS.

Sent from my iPhone
SUBMISSION TO THE OIREACHTAS JOINT COMMITTEE ON JUSTICE & EQUALITY - DIRECT PROVISION AND THE INTERNATIONAL PROTECTION PROCESS

Authors: Dr. Muireann Ní Raghallaigh & Dr. Karen Smith, School of Social Policy, Social Work and Social Justice.

Introduction

We are making this submission as two researchers with extensive experience of conducting research in relation to asylum seekers, refugees, childhood and inequality.

This submission is primarily based on a specific study which we recently conducted on the needs of refugee children who have arrived in Ireland via the Irish Refugee Protection Programme. The research involved interviews and focus groups with 14 parents with refugee backgrounds, 19 children and young people with refugee backgrounds and 44 stakeholders. The research was funded by the Children’s Rights Alliance and is due to be published in July 2019 (Ní Raghallaigh, Smith and Scholtz, forthcoming). While our research relates to Emergency Reception and Orientation Centres (used to accommodate refugees who arrive through resettlement and relocation schemes) the findings are equally applicable to Direct Provision centres and to alternative systems that are put in place.

While recognising the need for improvement in processing of asylum claims and for an end to direct provision as soon as is practicable, our submission is mainly focused on:

● “welfare and conditions of people in the international protection system”, with a particular focus on improvements in relation to (A) staffing of reception facilities and direct provision centres and (B) accommodation and facilities for families with children

Welfare and conditions of people in the international protection system

Existing research and analysis (e.g. Aikidwa, 2012; Arnold, 2012; Fanning et al., 2001; FLAC, 2009; O’Reilly, 2013; Shannon, 2018) as well as testimony from direct provision residents - including that provided to the Oireachtas Joint Committee on Justice and Equality - suggest the need to end the system of direct provision in order to improve the welfare and conditions of people in the international protection system. Provision for individuals and families seeking international protection must conform with obligations under international human rights law, in particular rights to dignity, privacy, an adequate standard of living, including access to appropriate and affordable housing, the right to education and the right to work. This said we recognise that reception centres for newly arrived asylum seekers are likely to remain a feature of a reformed system. We also recognise that the current system of Direct Provision will need to be phased out, ideally in a short time-frame. Therefore, immediate reforms to Direct Provision centres are required to safeguard the rights and welfare of existing residents, even if these are applicable only for a short, interim period while an alternative model of provision is put in place.

(A) Management and Staffing within Reception Facilities and Direct Provision Centres

Our research suggests that priority should be given to ensuring that reception facilities and direct provision centres are staffed by personnel with appropriate qualifications, experience and training.

Managers and staff members in reception and accommodation centres are at the frontline in interacting with residents who are often distressed as a result of both the pre-migration challenges
they have experienced, their difficult journeys to safety and the challenges of adjusting to life in Ireland. Residents are often traumatised, they are likely to be anxious about family members left behind, they are adjusting to a new and often very different cultural context, and they are doing so in the context of an environment which caters for a diverse group of individuals with different needs, including children of all ages, people with mental health difficulties, lone parents and unaccompanied young people who have moved from Tusla care to direct provision (see Ní Raghallaigh & Thornton, 20.

Accommodation for those in the international protection system is mainly provided within facilities formerly used as hotels. The settings themselves are not conducive to meeting the needs of asylum seekers and refugees nor to allowing asylum seekers and refugees to live their lives as they would wish to do so. The problems associated with the system of accommodation are exacerbated by the fact that management and staff employed directly by centres tend to have a hospitality background, rather than relevant professional qualifications. Our research suggests that managers believe that their experience and training in the hospitality sector means that they are appropriately qualified for the job. However, the analysis of data gathered in interviews with parents, children and external stakeholders for our study suggests that they often are not. Failure to have relevant qualifications contributed to the following (as is evidenced by our research):

- Staff regulating life in centres by making it clear who is in charge and by implementing rules beyond the Reception and Integration Agency’s ‘House Rules’. For example, in one centre a new rule was implemented whereby the playroom could not be accessed by children unless their parents were with them and remained with them; in another example a centre manager emphasised the importance that s/he “let them [the residents] know who is boss”.
- Residents being ‘helped’ in a way that patronises rather than empowers and which risks creating a sense of dependency.
- Stereotyping of residents based on their nationality/culture or traumatic experiences.
- Staff intervening in inappropriate ways in the lives of families, sometimes on the pretext of having a child welfare & protection obligation to do so (examples include, staff watching what food children are eating and telling parents not to allow their children to eat biscuits before mealtimes; staff making decisions in relation to access to medical treatment for children). While such interventions are often well-intentioned they can ultimately amount to a type of surveillance. They also infringe on families’ rights to privacy.
- Residents being warned/threatened that their children will be taken into care and/or that the parents will be deported if they do not supervise their children adequately and staff having unrealistic expectations as regards parental supervision of children.
- Managers not being equipped with the requisite skills to provide professional supervision and support to staff, resulting in a risk of staff acting inappropriately, and a risk of staff burnout and high staff turnover.

The testimonies of asylum seekers who appeared before the Oireachtas Committee on the 29th of May 2019 also evidence the negative encounters that many asylum seekers have with staff members in accommodation centres. Consistent with our research, examples were given of staff implementing rules and ‘petty processes’ that made daily life more even more challenging and ‘dehumanising’ for the residents of the centres. Previous research also points to these issues, with evidence of the inappropriate use of power by centre staff - for example, transfers to other centres or threats of such transfers when residents make complaints (Akidwa, 2010) or staff regulating food consumption
(Moran et al., 2017). The research literature also makes frequent reference to parents feeling disempowered and lacking a sense of agency (Moran et al., 2017; Ogbu et al., 2014).

While it needs to be emphasised that it is the direct provision system itself which causes these problems, thus evidencing the need for its use to be ended, the staffing of centres with untrained personnel exacerbates these issues. In particular, a lack of relevant training means that staff are likely to adopt a non-reflective approach to their work which means that they more likely to use their power inappropriately in a manner that results in the social control of residents.

**Recommendations:**

Given the complex range of tasks involved in managing or working in a reception centre or an accommodation centre for asylum seekers and refugees (whether this be Direct Provision, an EROC or an alternative reception arrangement that involves many families living together) we make the following recommendations:

(A1) It is essential that managers hold a relevant professional qualification in social care, social work, community work, community development or equivalent professional discipline, so that they can both respond to the needs of residents and also appropriately supervise and guide other staff working in the centre. Our research suggests that having managers with such qualifications and experience is essential. Having a qualification should mean that managers would have training in working cross-culturally and in working with residents who are experiencing mental health difficulties, as well as training that allows them to easily navigate the medical, social care and social welfare systems. Their training should also have covered communication skills and values that result in a compassionate and empathetic style of working. In addition, it would mean that managers would be better equipped for their child protection responsibilities and for their role as Designated Liaison Persons.

(A2) Managers should be experienced practitioners in one of the above-mentioned fields, with appropriate experience at management level.

(A3) While priority should be given to managers holding relevant qualifications, other frontline staff members working in centres should also be suitably qualified.

(A4) Managers and staff working in reception centres or accommodation centres should have access to ongoing relevant training and continuous professional development opportunities.

(A5) Managers and staff working in reception centres or accommodation centres should have regular reflective supervision provided by an experienced supervisor from a relevant discipline.

(B) Accommodation and Facilities for Families and Children in Reception Centres and Direct Provision Centres

Accommodation arrangements and facilities need to be improved for all residents of reception centres and direct provision. However, the focus of our recommendations here are on families with children. Making interim improvements to the existing system should not detract from the establishment of a more appropriate alternative system.
In our research, interviews with parents, children and stakeholders shed light on how difficult it is to maintain normal family relationships in an institutional ‘hotel-type’ setting. Families living in hotel-type accommodation lack private space other than bedrooms (which are often shared by all family members) and they generally have limited access to cooking facilities. Parents face particular challenges parenting in institutional ‘hotel-type’ accommodation. Trying to find a balance between allowing children to have appropriate levels of freedom while also supervising them is especially difficult in such contexts where space is shared with other families. Our research suggested that staff members often hold unrealistic expectations as regards supervision of children, often expecting parents to always be by their children’s side. In addition, indoor and outdoor recreational facilities and equipment are often inadequate to meet the needs of children and young people: some of the young people resident in Emergency Reception and Orientation Centres in our study reported being bored and lacking adequate onsite play or leisure facilities, which reflects the findings from consultations with young people living in Direct Provision centres (UCC Child Law Clinic, 2017). In our study parents were very eager that their children meet members of the local community: children and young people also expressed this desire.

**Recommendations**

We make the following recommendations regarding accommodation in reception centres or Direct Provision centres. We are of the view that these should apply to any alternative initial reception centres that are established but that while direct provision is being phased out these should also apply:

- **(B1)** Families should have own-door self-contained accommodation which includes private bathroom, kitchen and laundry facilities
- **(B2)** All accommodation centres should have adequate recreational spaces and facilities for children
- **(B3)** Staff in accommodation centres should be able to facilitate parents and children to access extracurricular activities, particularly those that enable children and young people to mix with local communities

**Summary**

Managers of accommodation centres for asylum seekers and refugees should be experienced practitioners who hold relevant professional qualifications. Other frontline staff members working in centres should also be suitably qualified. All staff should have access to ongoing relevant training and reflective supervision.

Families should have own-door self-contained accommodation. Accommodation centres should have adequate recreational spaces and facilities for children and children should have access to appropriate extracurricular activities.

**References**


FLAC (Free Legal Advice Centres) (2009). One Size Doesn’t Fit All: A legal analysis of the Direct Provision and dispersal system in Ireland, 10 years on. Executive Summary. Dublin: FLAC


We must work to seek an asylum system that upholds and vindicates the rights of all international protection applicants – family rights, the right to privacy, the right to education, the right to work, the best interests of the child, vulnerable persons, LGBT rights, women’s rights, the right to religious freedom.

Direct Provision must be abolished and nothing resembling Direct Provision can be accepted as an ‘alternative’ to Direct Provision. At the least, this means a return to pre-2000 conditions when people seeking asylum were afforded equal treatment with citizens, with the right to work and access to welfare and housing supports.

We work to ensure that people seeking protection in Ireland not be treated as ‘less than’ others and indeed less than human merely because of differences in nationality and citizenship. It is vital that we move away from an asylum system that treats people with suspicion to a system that treats people with respect and assumes eligibility; from a system that is focused on undermining applicants’ credibility, to a system that is focused on vindicating peoples’ right to seek asylum and to live in safety.

The reception system for international protection applicants cannot be a ‘for-profit’ enterprise that uses human beings as fodder for profit. It must respect people’s basic human rights including the right to privacy and agency over one’s own life, and it must not subject people to management by others and to the dictatorship of petty bureaucratic processes designed to dehumanise and break us.

High quality legal advice must be available to all applicants at all stages of the asylum process. The right to claim asylum is enshrined in international law; as the asylum process is a legal process, the right to high-quality legal advice and representation is at the core of the right to claim asylum.

RIA, the Reception and Integration Agency, is not fit for purpose and must be abolished.

The Department of Justice and Equality should have no part in anything to do with the accommodation of asylum seekers or with managing employment permits for people in the asylum process. The first should be overseen by local authorities, and the second by the Department of Business, Enterprise and Innovation.

We need to oppose deportations. Deportations are brutal and dehumanising. Deportation means returning people, often with the use of violent physical force, to situations where their lives are in danger, separating children from parents, removing people who have lived here for many years in a state of limbo, and returning children and young people to countries they have never even visited. No society can call itself civilised that condones the horrors of deportation.

We must have transparency, accountability and oversight of what happens at the border, when people are refused entry to the country to exercise their right to claim asylum. There is no transparency about the basis of such refusals, and these decisions are made by immigration officers who often have little knowledge of asylum law.
The immediate and full right to work must be given to ALL international protection applicants from when they have their first ‘small’ interview and must remain valid until they are given a positive decision or are removed from or leave the state.

Full and free access to education and training at all levels must be available to international protection applicants.

The protection of children in the international protection system must be a priority. Children should never be separated from their parents or deported. Children must be enabled to have a normal childhood. People must be enabled to live an independent family life and to have a home, not an institution overseen by ‘managers’.

My recommendations can be summarised below:

- Bring an end to the system of direct provision as we know it.
- Ensure we are supporting asylum-seeker-led initiatives that are outspoken on the needs of asylum seekers, such as MASI (Movement of Asylum Seekers in Ireland).
- The right to work must be immediate and unrestricted for all people seeking protection in Ireland

Together we can work to have Ireland to become a leading country in the way the state treats refugees and people seeking asylum, ensuring empathy and human rights are central in every action and decision made.

Reference links:
Hiding the fact they're gay and being harassed by other residents: People talk about life in Direct Provision - The Journal, March 10th 2019

Far from Home: Life as an LGBT Migrant in Ireland - Report from National LGBT Federation
Press summary
Report in full

LGBT+ Safe Accommodation Among Direct Provision Recommendations - GCN, August 17th 2018

‘I’m 35 years old and I feel like my life is turning into nothing’ Evgeny Shtorn - Irish Times, Nov 28th 2018
https://www.irishtimes.com/life-and-style/people/i-m-35-years-old-and-i-feel-like-my-life-is-turning-into-nothing-1.3707162
Friends of trans woman who died in direct provision celebrate her life - Irish Times, August 3rd 2018

Woman found dead at Galway direct provision centre - The Journal, August 3rd 2018

Living in Direct Provision: 'It's is a stain on Irish society. I'll never forget those still incarcerated' - Irish Examiner, Jan 3rd 2019

'After the second attack he became antisocial, children in Direct Provision are targeted' - The Journal, March 17th 2019

State paid firms 400 m to run direct provision centres - The Irish Times, 18th December 2017
Introduction:

We are making this submission as NUI Galway Students' Union, a representative body of over 18,000 students. In 2016, our student population voted by referendum to adopt the following stance regarding Direct Provision:

"The Students' Union condemns the direct provision system which is inhumane and denies asylum seekers their basic rights and calls for its abolition and replacement with a system which respects the human rights of asylum seekers. In line with policy supported by the Migrant Rights Centre and other concerned NGOs"

We have based this submission off consultation with our affected members, in particular through our University of Sanctuary Committee.

Recommendations to the committee:

Education:

-That the Government move immediately to recognise Sanctuary Status, so that deportations cannot be issued to someone seeking asylum who is on a scholarship in a University/Institution of sanctuary.

-The creation of a fund for scholarships for asylum seekers to access third level education.

-Ensure non EU international status is not applied to asylum seekers (this has implication on the fees someone would have to pay once they achieve refugee status).

Living conditions:

-Allow residents in Direct Provision centres to make their own meals, should they wish to do so. Also in this vein, not having strict meal times in the centres but a more flexible approach so residents don’t have to be present at certain times in order to receive food.

- Privacy for residents; ensuring there is adequate space and that one large family aren’t sharing a room.

-There is a need of study spaces for students in the centre.

-Remove curfew from Direct Provision Centres.
General:

- Provide mental health support to residents in Direct Provision through the provision of support workers.

- Look to extend the working entitlements of those in Direct Provision centres.

- Reduce the waiting time people spend in Direct provision. It would be our recommendation that a maximum period of a few months for a processing time be set and adhered to.

- Provide an accessible LGBT+ outreach worker to be provided to people in Direct Provision. (We include this point after consultation with Teach Solais LGBT+ Resource centre in Galway city. The staff there have identified that quite frequently LGBT+ people fleeing persecution from their own countries can encounter homophobia from other residents in Direct Provision).
Re: Call for submissions on the issues of direct provision and the international protection application process.

Dear Members of the Committee of Justice and Equality,

The National Women’s Council of Ireland (NWCI) is the leading national women’s membership organisation in Ireland. We seek full equality between men and women and we draw our mandate from a membership of over 180 groups and organisations across a diversity of backgrounds, sectors and locations. We also have a growing, committed individual membership.

Over the past 45 years, NWCI has developed strong evidence-based research resulting in the introduction of a range of policies advancing women’s equality and human rights. We will continue to bring forward evidence-based proposals, the perspectives of our members and the lived experience of women. In this way, we will work with Cosc, the Courts Service, An Garda Síochána the Department of Justice and Equality and the Policing Authority to support the modernising of the justice system in Ireland which meets the needs of women and advances equality for women in Ireland.

We welcome the opportunity to respond to the Committee’s call for information on the issue of direct provision and the international protection application process. Given our remit we will focus on the issue as it affects women and their families.

Issues of direct provision and the international protection application process:

Direct provision was originally introduced as an emergency measure in 1999. Men, women, children, and sometimes entire families, are forced to live in institutional centres for an average length of 4 years while their asylum applications are processed and finalised.

Women awaiting decisions on their asylum applications continue to endure unsuitable accommodation in the direct provision system. They face increased exclusion due to lack of money, lack of power and lack of access to resources including the particular difficulties associated with feeding your children without access to cooking facilities and culturally appropriate ingredients. Families living in direct provision have no access to child benefit. This should be available to all children irrespective of the status of the parents.

The experience of poverty for women and families living in direct provision is invisible and not measured in our poverty statistics. The current homelessness crisis directly affects women and their families who must continue to live in direct provision despite having obtained their papers, simply because there is nowhere for them to move on to. An estimated 700-800 people remain in
direct provision centres despite having received refugee status because of the lack of housing across the State. Despite this they are not counted in the official figures.

Of particular concern is the treatment of the victims of human trafficking. We do not believe that direct provision centres represent appropriate housing for them. However, at the same time, we understand that the national shelters and other services for domestic and sexual violence are not resourced in any way or formally involved in responding to migrant women in situations of human trafficking. This matter needs to be addressed urgently.

NWCI believes that direct provision should, at most, be a short term solution for people as they await decisions on their asylum applications.

With regard to recommendations we advocate for:

- Dismantle the Direct Provision System for asylum seekers entering Ireland.
- Until such as time as this is possible, ensure that women and children entering the system are provided with separate and secure accommodation.
- Expedite the applications of those already awaiting decisions under the current system.
- We defer to, support, and echo the key concerns made by the Immigrant Council of Ireland when they appeared before the Committee on Wednesday, 22 May 2019.¹ We further support both the long term and interim measures as outlined in their written submission to this Committee.
- We call for gender-specific accommodation services for trafficked women who are recovering from sexual exploitation and recognition of the support needs among that group. Nominating the women’s refuges for women fleeing domestic violence as emergency accommodation for rescued trafficked women and providing additional resources to these refuges for this purpose.
- We call for gender sensitive asylum procedures to be implemented to support the International Protection Act 2015. The guidelines should at a minimum be informed by best practice as set out by the UNHCR guide to best practice. Further it would be in line with Ireland’s obligations under the Istanbul Convention which explicitly calls upon State parties to take the necessary legislative or other measures to develop gender sensitive asylum procedures and gender guidelines.

We thank the Committee for their time and consideration of this important issue.

Yours sincerely,

Orla O’Connor
Director National Women’s Council of Ireland

¹ https://www.kildarestreet.com/committees/?id=2019-05-22a.611&s=%27direct+provision%27
Submission to the Department of Justice and Equality

On the Direct Provision and the International Protection Application Process

May 2019
Background
The National Youth Council of Ireland (NYCI) is the representative body for 52 voluntary youth organisations in Ireland (full list in appendix 1). Our member organisations work with and for up to 380,000 young people aged 10 to 24 years in every community with the support of 40,000 volunteers and 1,400 paid staff. NYCI functions to represent the interests of young people and youth organisations. NYCI's role is recognised in legislation (Youth Work Act) and we are recognised as a Social Partner and represented on the National Economic and Social Council. The NYCI aims through its member organisations and its representative role to empower young people to participate in society as fulfilled confident individuals. The work of NYCI is based on principles of equality, social justice and equal participation for all. In achieving these aims, the NYCI seeks the emergence of a society in which young people are valued citizens who can make a meaningful contribution to their community.

We are deeply committed to the promotion of human rights and espouse an ethos of respect and understanding in all aspects of our work. This submission is informed by our work on the ground with youth workers and our member youth organisations. It is also informed by the research undertaken by NYCI on the experiences of minority ethnic young people growing up in Ireland and our engagement with young people who participate in our Young Voices structural dialogue programme and in a recent consultation (April 2019) with young people on their experiences of racial discrimination in Ireland. In addition, our Direct Provision Mapping Project has provided us with key information in relation to this submission.

Introduction
NYCI welcomes the opportunity to contribute to the consultation on Direct Provision and the International Protection process. NYCI believes that this review is a critical opportunity to afford increased rights and positively impact on the lives of young people in Direct Provision – and any alternative accommodation solution - in Ireland. We advocate for all young people but in reference to this submission, we wish to focus on one distinct group of young people: Young adults aged 18-24, while also noting that our recommendations extend to children and young people as part of family groups.

NYCI is concerned that the needs of young adults/youth aged 18-24 in the international protection system are not explicitly stated (including in the Draft National Standards for Direct Provision). This group, which is a significantly high population within the Protection System, has particular needs. Primarily they need to be seen as young people/youth rather than treated as other adults. This follows Government commitments under key policies and strategies related to children and young people. In each of the Government strategies detailed below young people are defined as those aged 12-24, and the strategies also highlight the particular needs of asylum seekers (up to the age of 25) thereby explicitly

1 NYCI Direct Provision Mapping Project [www.youth.ie/articles/online-interactive-map/](http://www.youth.ie/articles/online-interactive-map/)
positioning them as a group that should be considered as having similar developmental and social needs alongside children up to age 18:

- The National Youth Strategy 2015-2020
- Participation Strategy 2015-2020
- LGBTI+ National Youth Strategy

In the National Youth Strategy 2015-2020 and Better Outcomes, Brighter Futures 2014-2020 those between the ages of 18-24 years are understood as being at a “critical transition point” and those with the benefit of a stable environment, community involvement and supportive networks are more likely to develop a strong sense of self-worth, trust in others, the ability to handle stress and to develop and maintain relationships and achieve good outcomes. NYCI notes that the National Youth Strategy 2015-2020 is built around the experience of transitions in the lives of young people.

As an organisation committed to supporting young people, we have previously made a submission to the Draft National Standards on Direct Provision. This submission builds on the recommendations we submitted at that time which focussed primarily on addressing the specific needs of 18-24 year olds.

**NYCI Response on Direct Provision and the International Protection Application Process**

This submission proposes the following recommendations on this strand:

**Welfare and the conditions of people living in the direct provision system.**

In focusing on the welfare and the conditions of people living in the direct provision system strand our recommendations are made in the context of this being a model that will be in existence for some time going forward. However, we would like to say at the outset that we recommend that such accommodation be kept to a minimum by radically shortening the length of time that young people are in the asylum decision process and that alternatives to direct provision that allow for supported independent living be provided with priority for families with children and young people aged 18-24.

**Key Recommendation 1: That the Draft National Standards be implemented fully, without delay, and with independent assessment by HIQA (or equivalent)**

i. Furthermore, in reference to Indicator 1.4.2 of the Draft National Standards on Direct Provision, NYCI repeats its recommendation that in an audit of the

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implementation of the Standards, the outcomes for children and young people (up to and including those aged 24) are assessed against how they are meeting the five Outcomes for Children and Young people in Better Outcomes, Brighter Futures.

Key Recommendation 2: That young people aged 10-24 should be housed in Accommodation Centres that are connected effectively to support services, communities and amenities.

i. We are concerned that for young people aged 18-24, who are at a critical transition from childhood to adulthood, the location and lack of adequate transport services, of some accommodation centres is exacerbating the isolation of individual young people who could otherwise have opportunities for engagement with community services e.g. with youth work organisations, and with employment (if applicable), if they lived in more integrated areas in the community.

ii. Isolation for young people living in Direct Provision is detrimental to their well-being. In accordance with the National Youth Strategy 2015-2020, we would like to bring the attention of the committee to the following national policy statement on young people and community life:

‘Active involvement in arts, sports and cultural activities is important in supporting the transition from childhood to adulthood, as it enables young people to discover their own voice and place in the world. As well as providing enjoyment and contributing to well-being, this kind of engagement enables young people to develop social, physical and technical skills that will benefit them throughout life and allow them to reach their potential in terms of learning and development. In turn, engagement enriches society and provides an important means through which young people can be connected, respected and contributing to their world. Young people’s participation in youth work activities can also be important for personal and social development. This includes developing core social skills and emotional competencies such as self-motivation, communication skills, collaborative working, critical thinking and problem-solving skills. Involvement in youth work can enhance young people’s connection with and contribution to their community, and enable them to be confident individuals, effective contributors, successful learners, and responsible and active members of society.’

iii. Using data from the Growing Up in Ireland longitudinal survey, the ESRI (2016) highlight the importance of social integration and interactions among migrant children in Ireland. They explain that “social interaction provides a variety of


**protective functions – a sense of belonging, emotional support, and a source of information**” (p.189)\(^4\).

iv. In NYCI’s Make Minority a Priority research report minority ethnic young people noted the value of having youth workers “to make sure we are on the right path”\(^5\). They noted that mental health was a key concern for them and they needed to be able to engage in out-of-school youth settings. They noted the importance of youth work “That’s what this group is about, bringing everyone together,... getting different perspectives... and just like voicing things you wouldn’t voice like on the kitchen table\(^6\). Issues they spoke about ranged from support in filling in forms, to dealing with issues of personal identity. Critically, they noted the importance of youth work particularly for those aged 18-24, as this is the age when they begin to understand and articulate what they have experienced in their lives and to work through it\(^7\).

We note that this recommendation aligns with the objectives under Theme 7 of the Draft National Standards on Direct Provision: Individual, Family and Community Life. NYCI recommends that the indicators under Theme 7 extend their scope to expressly include young people aged 18-24 years.

**Key Recommendation 3: That specific issues in relation to emergency accommodation are addressed in relation to education pathways, access to medical care;**

i. We are concerned that with the advent of emergency accommodation as part of an accommodation response within the International Protection system, that it increases the risk of young people and children having poor transitions through education due experiencing inconsistent and broken pathways. ‘Supporting transitions through the education system and from education to work’ is a key National Outcome under the National Youth Strategy. In addition, it is also an important aspect of Theme 9 of the Draft National Standards: Health, Well-Being and Development.

ii. In addition, we are concerned about the physical and mental health well-being of young people and their families in emergency accommodation, specifically where they have difficulty in accessing medical services. As it stands, GP services are over-subscribed in many counties, and our concern is that the health of young people and their families in emergency accommodation will be negatively impacted

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\(^5\) NYCI ‘Make Minority a Priority’ www.youth.ie/documents/makeminorityapriority-complete-research-final-0/ pp 81

\(^6\) Ibid NYCI ‘Make Minority a Priority’, pp 87, 90

\(^7\) Ibid NYCI ‘Make Minority a Priority’, pp 97-98
where access to medical services is limited. This goes against the National Youth Strategy’s target, keeping young people ‘Safe and Protected from Harm’ and also, does not conform to recommendations at Theme 9 of the Draft National Standards on Health, Well-Being and Development.

iii. We have an additional accommodation related concern that relates to Direct Provision Centres and Theme 4 of the Draft Standards, Indicator 4.1.4. We submit that young LGBTI+ people should not share accommodation with people of a similar ethnic background where such exposure puts them at risk. This is in accordance with best practice identified in the LGBTI+ Youth Strategy.

We also include here two key recommendations from our submission under the consultation to the Direct Provision Draft National Standards which have relevance in relation to this current submission.

NYCI very much welcomes the Draft National Standards for Direct Provision and is for the most part is supportive of them, however we have the following concerns

1. The indicators do not set out measurable, time bound, or outcome focussed actions – the what, who, how, and when of each indicator is absent. Nor are any of the proposed indicators mandatory.

NYCI recommends that the service providers be asked to provide an implementation plan matched against each standard and its indicators as part of the tendering process or continuous improvement commitment against which they can be subsequently evaluated. This will also set out clearly what residents can expect.

2. A key need for children and young people as set out in our National Strategies (BOBF and NYS) is for support as they transition through life.

NYCI recommends that a strategy (rather than the current indicator) be developed that focuses specifically on transitions as it applies to young people in Direct Provision – covering support around transfers, attending new schools, finding access to education post-secondary school and developing life skills especially in relation to life after Direct Provision (de-institutionalising skills).

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Appendix 1

NYCI MEMBERS LIST 2019

FULL MEMBERS (with voting rights)

1. An Óige
2. BelongTo
3. Blakestown and Mountview Youth Initiative
4. Boys Brigade
5. Catholic Guides of Ireland
6. Church of Ireland Youth Department
7. CoderDojo Foundation
8. Colaiste na bhFiann
9. Crosscare (Catholic Youth Care)
10. ECO – Unesco
11. EIL Intercultural Learning
12. Feachtas
13. Foroige
14. Gaisce
15. Girls’ Brigade Ireland
16. Girls’ Friendly Society
17. Involve Youth Service Ltd
18. Irish Association of Youth Orchestras
19. Irish Congress of Trade Unions (Youth Committee)
20. Irish Girl Guides
21. Irish Methodist Youth and Children’s Department
22. Irish Red Cross Youth
23. Irish Second Level Students’ Union
24. Junior Chamber Ireland
25. Killinarden Community Council Youth Project
26. Labour Youth
27. Localise
28. Macra na Feirme
29. Migrants Rights Centre
30. No Name Clubs
31. Ógra Fianna Fail
32. Ógras
33. Order of Malta Ireland
34. Phoenix Youth Project
35. Scouting Ireland
36. Sphere 17 Regional Youth Service
37. SpunOut
38. St Andrew’s Resource Centre
39. Swan Regional Youth Service
40. The West End Youth Centre
41. Union of Students in Ireland
42. Voluntary Service International
43. YMCA Ireland
44. Young Christian Workers
45. Young Fine Gael
46. Young Irish Film Makers
47. Young Social Innovators
48. Youth Theatre Ireland
49. Youth Work Ireland

AFFILIATE MEMBERS (no voting rights)

1. Amnesty International
2. Enable Ireland
3. Irish Wheelchair Association
My name is Jean O’Brien and I work in communications in the non-profit sector, including with organisations that have worked with asylum seekers and separated children.

- The direct provision system is not fit for service, is inhumane and degrading, and should be abolished
- Persons entering Ireland to seek asylum should not be segregated
- Direct provision removes individual’s rights to family and private life
- Short term reception centres may be appropriate for new arrivals under the international protection system, but there should be a strict, short time limit on this
- The daily expenses allowance should be 1) increased to provide a reasonable living wage for asylum applicants who cannot work and 2) constantly reviewed and increased in line with cost of living expenses
- Parents/Guardians of children within the international protection system should be paid child benefit in order to fully adhere to Ireland’s international human rights obligations.
- In order to comply with minimum human rights obligations, Ireland should permit asylum seekers to work, where no first instance decision has been reached, within six months.
- Aged-out separated children, who are awaiting a determination on their international protection claim, should not be placed in direct provision, and should be entitled to the same aftercare supports available to other care experienced children in Ireland.
INTRODUCTION

My name is Madi O’Carroll and I work as an actor and writer in Dublin. I grew up in Wexford and came to Dublin in 2013 to train in theatre and have lived here since. I have encountered many people living in or having once lived in the Direct Provision system, and it is my belief that this system must be abolished for the reasons I will outline below. Within this document I will list the issues that I have found in the current systems, and will provide alternative systems and procedures for the safe integration of refugees, asylum seekers and migrants into life in Ireland.

ISSUES

• Upon reception to the country, many individuals who come to the Direct Provision system have suffered mental or physical harm. Many arrive in dangerous mental states, suffering trauma on the journey or indeed in the place that they have come from. Access to mental and physical healthcare is not sufficient presently and access to Spirasi (a body which treats individuals suffering from trauma or having experienced torture) is nothing more than a long waiting list.

• Each individual who enters the system is not provided with sufficient legal advice. Most applications are rejected first time round and once they are in the process of appealing, they may be waiting months or even years. This waiting has a disastrous effect on the mental health of any individual, and has mentioned above there is not enough mental health support available to the residents.

• The state refuses to invest in legal support for people seeking protection. Lawyers who take on asylum cases are paid about 10% of what the state legal aide system pays in any other legal circumstance; lawyers’ travel costs to Dublin are not paid in asylum cases; and for appeals, lawyers are paid 400 euro which must be split with the barrister on the case. It is no wonder that it is so difficult for people to access even adequate legal support in the asylum system given that the state legal aide system is clearly designed to discourage lawyers from providing such support.

• Vulnerable individuals are being interviewed often alone with members of the Department of Justice. Without another acting as an observer, this can be a very vulnerable situation and with a clear power dynamic in action here, may lead to dangerous and unsafe experiences. From speaking with people I know who have lived in Direct Provision, the tone of the interviews come from a place of accusation and doubt.

• Following a court case in 2017 the Supreme Court ruled that a ban on the right to work for asylum seekers in Ireland was unconstitutional and this ban has been lifted. However, there remains some restrictions which must be removed. At the moment, right to work is not granted immediately upon arrival but can often take up to a year to receive. The permission to apply comes only when a person has been waiting 9 months for the first decision, which is the very maximum under EU ruling. This very maximum suggests to me an unwillingness on behalf of the state to engage in these individuals’ right and need to work. If and when this permission to work is granted, the work permit is awkward and makes employment quite challenging. The permit exists as a long letter to potential employers and must be renewed every 6 months. This puts employers off, and does not give a fair chance to those living in Direct Provision who are competing with people with residencies in Ireland.

• People living in Direct Provision can’t hold driving licenses.

• Safety and privacy is not a priority of the current Direct Provision system. When it comes to persecution and trauma, many vulnerable individuals come from a place that may have rejected and abused them because of their personhood, eg. persecution on the basis of their sexuality for an LGBTQ+ asylum seeker. I have heard stories of members of LGBTQ+ community coming to Direct Provision and being placed in a room along with homophobic, abusive roommate(s) and this obviously has a huge harmful effect on individuals already suffering from their migration. This kind of abuse and activity is not acceptable.
• Deportation is inhumane and must be abolished. Deportation is returning a person who has come to Ireland seeking help, seeking safety, to the place they have chosen to leave for whatever reasons. Deportation often involves violent or physical force, separating children from families, removing people from the limbo-lives they have made in Ireland, and returning families/children to places they have never even visited. There is nothing civilised, nothing caring or good about a society than condones the atrocity that is deportation.

SOLUTIONS

• Evaluations of mental and physical health should be done upon reception. There should be no more than a 4 week wait for these medical/psychological testing and reports. At the moment, people are being denied assistance until they have a PPS number. This is a unnecessary and harmful limitation to put on vulnerable people, and regardless of holding a PPS number these individuals must be treated with the healthcare they need.
• There is no need for waiting lists that go on for years. A waiting period of no more than 3 months should be put in place for the appeal system in Direct Provision. Currently it is a harmful system that does detrimental damage to those seeking a home in Ireland, and there must be a timeline established for each individual in the system. Without clear stages in the process, Direct Provision is simply an indefinite prison sentence.
• An investment from the state into legal assistance must be put in place. At present the support is pitiful and there should be a care from the government to provide asylum seekers, migrants and refugees with legal representatives specialising in immigration law.
• Those brought in for interview should be accompanied by an observer. This process should not be invisible, as this raises the chances of xenaphobia, racism and intimidation.
• The right to work must be immediate upon arrival into Ireland. It is a common understanding that the ability to work and contribute in a society is something that gives us all a sense of purpose and value, and to deny this to an individual who has come to Ireland seeking a new life is inhumane and reductive. The current permit should be replaced with something more attractive to an employer, perhaps something like the Irish Residence Permit (or now GNIB) which is clearer and also works as a valid ID for opening a bank account. Additionally, the right to work must remain available to an individual even if they have received a negative decision at appeal and/or have been issued a deportation order. Some deportation orders are left for years hanging over a person in this system, some are overturned and the right to remain is granted, and some are deported. The reality of these three possible outcomes means that the right to work should not be revoked until the person has left the state.
• The ability to obtain a driver’s license must be available to people, especially considering how remote the majority of Direct Provision centres are.
• There must be a careful system put in place whereby vulnerable people are not put at risk of more abuse when they are brought into this country.
• Fundamentally the existence of the appeal system (of all appeals put through, 25% of these are positive results) and eventual deportation is barbaric and should be abolished. The only difference between any member of the Department of Justice and Equality and a person who comes to Ireland seeking asylum is where they are born. The capacity to live, to give, to make a home and participate in a society is not determined by birthplace, and I believe this reality has been completely forgotten by this current system.

CONCLUSION

The current Direct Provision system is a failure. It has not placed the safety and wellbeing of the incoming migrants at the heart of its existence. It kills people mentally and physically, and participates in enforced poverty (pitiful weekly allowance of €29.80 for children and €38.80 for
adults) and decimated mental health. It is so blatantly a for-profit system, outsourcing the state’s obligation to private interests and currently serves to enrich Irish businesses rather than provide integration for asylum seekers and migrants coming into our country. It’s a shameful system that either must take onboard the solutions I have (and many other letters have) supplied in this document. If there is to be a system replacing Direct Provision, it can in no way resemble the current one.

The Department of Justice and Equality should have no part in the accommodation of asylum seekers or managing employment for these people. This should be handled by local authorities and the Department of Business, Enterprise and Innovation. A person or family who arrives into Ireland as asylum seekers, refugees or migrants should be considered ‘homeless’ and thus should be cared for at the same level in our current homeless crisis. There should be no preference in this homeless crisis for those who were born in Ireland. Everyone must be given equal opportunity and care in the access to homes.

Legal, psychological, medical, language and integration supports must be available to people in the asylum system. These services must be free, accessible and not for profit. Agency and autonomy must be the focus of the Irish asylum system. The right to work is integral in this, as is access to community, a home and to education.

It is vital that we change the asylum system immediately in order to improve and save the lives of those who come to Ireland. The current system is something we as the people of Ireland should be ashamed of, and carries a legacy of neglect and abuse. This is a legacy that Irish history is already too familiar with; incarceration of the most vulnerable of Irish society in laundries and institutionalisation of young, vulnerable children. Let us not repeat history; let’s be of the few who manage to learn from it.
Dear Oireachtas Committee
I wish to make a submission on the Direct Provision system for the management of accommodation and basic needs of asylum-seekers in the Irish Republic. I think it is a very bad system as it is too costly and it is basically unjust and inhumane.

Asylum-seekers arrive to this country having gone through untold hardship and difficulty, very often with little or no possessions or money, often no papers, and have left their country because of war or in fear of their lives. They are vulnerable and in need of stability and security, and need to regain some dignity. They are held for far too long in these so-called temporary housing arrangements while the Irish system takes YEARS to process their claim for Refugee status.

This Direct Provision arrangement should have a maximum timeline in all cases of 9 months by which their case MUST be processed. If it is not processed within this timeframe, the asylum-seeker should have an entitlement to claim full social welfare or to work. People should not be allowed to be deported once this time period is up. No family or individual should be in a position where they have to endure Direct Provision for YEARS, it is inhumane and very detrimental for children and youth to experience in the longer term, and it is unfair for parents and other individuals, who suffer mental health problems as a result.

Families living in direct provision should be able to claim child benefit. Families should be able to cook their own food, and be able to access state funded English classes, and other education courses or apprenticeships, so they can maximize their earning potential.

The current process is a shameful system and I do not want it continued in my country in my name. It makes me ashamed to be Irish. It adds to the suffering endured and they are deprived of basic human rights, like being able to cook for their family, being able to earn a living, learn new skills, and make a life for themselves.

These Direct Provision centres cost the state far too much and do more harm than good, Ireland should use this money instead to provide social housing which is badly needed. There should be state-funded half-way house accommodation temporarily
available for those given Refugee status to help them get on their feet. We should do more to help these people, it would be Ireland’s gain in the long term.

I recommend a maximum timeline for processing asylum seeker cases of 9 months, with the onus on us to achieve this, after 9 months people have a right to work or claim social welfare, and reside in this country.
I recommend that direct provision centers should be phased out and closed altogether, and the system replaced with a *temporary*, fairer and more humane arrangement for families and individuals seeking asylum in Ireland.
Asylum seekers should be able to claim child benefit from the get go, this will help feed and clothe children and help with school expenses. Children should not suffer. Families should be able to cook for themselves.
Once they have Refugee status they should be supported initially towards housing costs and to get a job.
College costs should be covered and childcare costs supported too.

Signed: Anne O’Doherty
A chairde,

I would like to recommend to the Committee the abolition of Direct Provision with all haste. This system is the latest in a long line of systems for punitive institutionalisation in the history of our state. In a decade or two the government will again be apologising for this breach of human rights and Irish people will again be wondering how on earth we let this gross abuse of human rights happen under our noses, the same as with the Magdalene laundries, the same as with the industrial schools.

Compounding the affront to human dignity that asylum seekers are forced to endure for years is the existence of Direct Provision centres run by private companies for profit. That role should be given to a company that is financially incentivised to invest as little as possible into the welfare of those under its care is perverse.

The recent case in Mosney demonstrates the need for change. Our European neighbours have more humane systems that Ireland is perfectly capable of emulating rather than merely tweaking or reforming our present one. I strongly urge the Committee to propose the dismantling of Direct Provision as soon as it can be done.
Submission to the Oireachtas Committee on Justice and Equality on Direct Provision and the International Protection Application Process

This submission focuses on children living in Direct Provision and aspects of childhood that are impacted upon due to the International Protection process currently in operation in Ireland.

We have extensive experience as lecturers at the School of Applied Social Studies, University College Cork where we work on the BA Early Years and Childhood Studies and have carried out several research studies into aspects of childhood including that on migrant children and participation.

Our concerns can be summarised under the following headings:

- Limitations on children’s ability to play and develop meaningful friendships
- Barriers to their social and educational participation and transitions because of the limitations imposed upon them through Direct Provision
- The traumatising impact of Direct Provision on children
- Particular invisibility of older children

Limitations on children’s ability to play and develop meaningful friendships

Play is now increasingly being acknowledged as significantly important for children’s development and flourishing. However, the conditions, rules, regulations that are current and those that are being developed in Direct Provision centres at the very least limit and more often obstruct children’s ability to play. Direct Provision Centre environments often have little or no open outdoor spaces where children can play safely. Where they do, house rules tend to restrict play possibilities. Indoor environments are geared towards adult socialisation, where communal recreational spaces are available and are unsuitable for children. The result is that children are commonly confined to their family rooms for extended periods of time, have little opportunity for exploratory, active play. Moreover, these spaces are often overcrowded and offer little or no room for privacy. In research that we have undertaken we found that children value their privacy and having a diversity of spaces to play and relax was very important to them. (Horgan et al 2018). Such opportunities are not afforded to children in Direct Provision centres, adversely impacting on their development and further marginalising them.
We recommend:

- The provision of a diversity of outdoor and indoor play areas for children that are child-led and afford the opportunity for indoor, outdoor, structured and creative play.

- Development of resourced access to outdoor and indoor play areas within the community for children that are child-led and afford the opportunity for indoor, outdoor, structured and creative play.

**Barriers to their social and educational participation and transitions because of the limitations imposed upon them through Direct Provision**

While children are entitled to access to pre-school, primary and secondary school, significant issues remain with regard to their full participation. Transport limitations lead to restrictions on the schools that they can attend. Limited financial support negatively impacts on their ability to attend school. Uniforms and books are costly and we know of children who have had to delay going to school because their parents have been unable to afford these costs. We also know that children are feel marginalised because of the lunches that are provided by the centres. These, they attempt to hide from their peers as their mundaneness makes their minority status visible. We also know that children are slow to disclose to their peers that they are living in Direct Provision centres because of the fear that if this is known they will suffer discrimination and bias. So, they keep their living conditions and localities vague as possible. These factors contribute significantly to singling children out as different and inferior to their peers and are factors that impede the development of meaningful friendships. Moreover, they are not in positions to invite any friends they do make to the Direct Provision Centres, nor then do they get reciprocal invitations from their peers. To participate in education meaningfully goes beyond attendance at class, and their meaningful participation is impeded.

Furthermore, those children who do go through the lower levels of education often have little or no knowledge that their educational entitlements cease once they have completed their leaving certificates. Asylum-seekers taking the leaving certificate, and qualifying for a place in higher education, are not able to take up a place unless they have spent the last five years in second level education in Ireland. There is a very low uptake on this initiative and has been since its instigation. Following DCU’s lead several universities and institutes of technology are now offering Sanctuary Scholarships to Direct Provision residents: AIT, UL, UCC, CIT, UCD and TCD are among those that now offer free-fee opportunities to some asylum-seekers. Some of the scholarships also provide a level of financial support to asylum-seekers.
We recommend:

- Policy movement from accommodation of asylum seekers in Direct Provision centres to facilitation of independent living within the community where adults have access to employment opportunities and are facilitated to support their children’s individual educational needs and wishes.

The traumatising impact of Direct Provision on children

Within Direct Provision there are children who have fled their places of origin with their families as well as those who are born here in Ireland. Cognisance must be taken of the trauma that children who have fled difficult situations with their families. The current system offers them no support to address traumatic events they might have encountered pre-migration or during the migratory journey. There is ample evidence to alert us to the danger that is often involved in migratory journeys. However, when children travel with their families, they become all but invisible and such experiences are not addressed through any specialised, child-focused and family-oriented trauma/counselling services. Those children who are born in Ireland spent significant portions of their lives in Direct Provision and it frames their childhoods. To be direct: they grow up in institutionalised settings. Ireland had a long history that alerts us to the damage living and growing up in institutionalised settings has on people. Yet, even with this knowledge and experiences we are currently ensuring that asylum-seeking children are institutionalised. We know of some children who have spent all their formative years living in Direct Provision and of one boy who lived his whole short live in such conditions. Living in Direct Provision and its environs have very negative consequences for children’s wellbeing as well as their social and emotional development and outcomes. In an increasingly trauma informed environment we are engaging in further traumatising children.

We recommend:

- The provision of child-centred and specialised trauma counselling for asylum seeking children and young people.

Particular invisibility of older children aged between 16-18

We wish to draw attention to the particular invisibility of older children (16-18) and who fall outside the remit of the Education and Welfare Act. These children have quite significant barriers to cross. Their ages are queried leaving them anxious that they will be separated from their families, or the members of their families with whom they are still here with. We do know that in fleeing difficult situations families already have to separate. While they have access to secondary school, there is little or no support for their integration into the Irish school system. The lucky ones who speak English have some advantage, as it is the language
of instruction. However, support goes beyond language support and no cognisance is taken of their needs in integrating into Irish education. They might have come to Ireland having had their education interrupted, they might be accustomed to a very different education system, their existing education experiences might not be recognised. There is also evidence that they are i) placed in grades that will later exclude them from progression to higher level education ii) are placed in Youthreach centres which are totally inappropriate for their needs. Effectively, these young people’s educational needs are not being addressed in any meaningful way and they are ageing out now at a considerable disadvantage and without any educational qualifications.

We recommend:

• The development of specific educational supports that meet the needs of older children.

Summary of Recommendations

• The provision of a diversity of outdoor and indoor play areas for children that are child-led and afford the opportunity for indoor, outdoor, structured and creative play.

• Development of resourced access to outdoor and indoor play areas within the community for children that are child-led and afford the opportunity for indoor, outdoor, structured and creative play.

• Policy movement from accommodation of asylum seekers in Direct Provision centres to the facilitation of independent living within the community where adults have access to employment opportunities and are facilitated to support their children’s individual educational needs and wishes.

• The provision of child-centred and specialised trauma counselling for asylum seeking children and young people.

• The development of specific educational supports that meet the needs of older children.
Maybe I can offer sheer length of horrified and obviously ineffectual engagement with the shortcomings and cruelties of Ireland’s treatment of vulnerable immigrants and refugees.

I first came across The Aliens Office in the late 80s. It was in Garda HQ in Harcourt Street Dublin. I accompanied my Kenyan friend Dan there to renew his permission to stay. Some detective called Mick had his back and was looking after him so long as he didn’t do anything stupid. It was a tiny packed anteroom with two interview booths, and a ticket machine that ran out after the first five minutes. If you didn’t get a ticket, you had to come back next day. All the nations of the earth were there, like the Statue of Liberty’s huddled masses. And burly low-gravity special branchmen muscled their way through every now and then with Uzis nestled in their armpits and handguns sticking out of the their gray pants waistband.

It was state criminalisation of vulnerable immigrants by placement. Here is where you belong, under the closeup gaze of the hard edge of Justice. It hasn’t changed.

Ahmed was a refugee from the factional war in Somalia. He suffered PTSD so visibly it was painful to watch as his eyes grew constantly wider at the horrific wonders passing through his mind. He was afraid of the trees on Wellington Road.

In 1993 I wrote Asylum! Asylum! about a Ugandan asylum seeker in Dublin. It was based on reports I read in an Amnesty International annual report. Most people didn’t know the term “asylum seeker” at that time. It was a flag-raiser - look, we have a problem here we need to fix.

At the time, asylum seekers ended up in Mountjoy Jail. This became more publicly known after English fans rioted at a 1995 match in Lansdowne Road and about 20 of them were held overnight in Mountjoy. The set-up photo-op of shame next morning on their release was spoiled somewhat by one of them shouting:- “You call us racist? There’s a Chinese asylum seeker who’s been locked up in there for seven months”. It was true.

The first reading of Asylum! Asylum! was a fundraiser in the City Arts Centre for the Bosnian Support Group after the outbreak of the Serbian ethnic cleansing against Bosnian Muslims. Within a few years, my daughter would be sitting beside a Bosnian refugee in first year on secondary school.

When Asylum! Asylum! went on in the Peacock, we succeeded in what we considered a coup by having campaign groups such as Irish Refugee Council, then a desk and a phone in a room on Arran Quay womanned by Nadette Foley, and Ireland-East Timor Support Campaign, Trocaire and Amnesty International and others run information stalls in the Peacock foyer. The play drew small audiences thanks to some lousy reviews (I’m looking at you, Patsy McGarry, you called me a Nazi) but the reaction of refugees, and the running of awareness-raising seminars (very necessary) on Saturday afternoons during the run, made it feel like a milestone.

In 1998 I wrote and directed a theatre piece Farawayan that ran during the Dublin Theatre Festival (but not as part of it as it wasn’t accepted) in the Olympic Ballroom produced by Calypso Productions. It was an immersive piece where the audience went on promenade about the experience of being faraway from home. It ended with Faraya being deported in a straitjacket, as happened to Joy Gardner in London a couple of years before, and she died of constriction. It also played Belfast, Cavan and Galway. The second night in Dublin, Caomhne be Barra of Trocaire (now director of it) brought along a young Ugandan woman who was attending a workshop for youth leaders in Dublin. The look of impressed wonder on her face as she watched, and the feeling of empathy she had with what we were doing, I still recall as the reason I continue to try to use theatre to address issues of public negligence.

In 1999 I was asked by Comhlamm to say a few words about a booklet they were launching. It dealt with new Justice regulations that were being quietly brought in. I read it. It was called “Direct Provision”. I could not believe it was for real. I could not believe Irish ministers and public servants had worked together on this plan. That was twenty year ago, when 19 Euro was 15 Punts, the
weekly allowance for international seekers of protection on top of their food at set times and their bedding in a crowded room somewhere in Ireland.

It was obvious, nine years after Charles Haughey toasted his Department of Justice officials for the success of the Dublin Convention during the culmination of his presidency of the EU in the first half of 1990, that pull-factor deterrence was the permanent strategy of the Department in relation to asylum seekers. “Stop them from coming here, and for those that make it, make them deter their friends”. This is still the basic institutional strategy in my opinion, despite the window-dressing of theoretical due process, the mushrooming of quasi-independent offices such as IPO, IPAT, RIA, INIS and GNIB, and the negligence of some highly-funded organisations in complying with the dysfunction by silence or inaction. it doesn’t work on any level. Direct Provision has prospered (for the owners of the DP companies) because deliberate negligence is what the whole system is based on since 1990.
Oireachtas Committee on Justice and Equality:

Examination of Direct Provision
and the International Protection Application Process

Submission by the Ombudsman for Children’s Office

May 2019
1. Introduction

The Oireachtas Committee on Justice and Equality (Committee) recently published an invitation to stakeholders and interested parties to make written submissions to the Committee on Direct Provision and the international protection application process. The Committee has clarified that the focus of its deliberations is on what can be done in the short to medium term to improve:

- the welfare and conditions of people living in the Direct Provision system
- the efficiency of the current system of processing international protection claims, in order to bring policies, practices and laws into line with international best practice and standards.

With regard to the Direct Provision system, the Committee has indicated that it wishes to look beyond the current system and to consider whether there are better models or alternatives that could be pursued in Ireland.¹

The Ombudsman for Children’s Office (OCO) welcomes the Committee’s decision to examine these important issues. With regard to Direct Provision, the OCO welcomes in particular the Committee’s decision to examine not only what measures could be taken to improve conditions for and the welfare of people living in Direct Provision, but also whether there are better models than Direct Provision that could be pursued.

The OCO is an independent statutory body which was established in 2004 under the Ombudsman for Children Act 2002 (2002 Act). Under the 2002 Act (as amended), the Ombudsman for Children has two core statutory functions. These functions are:

- to promote the rights and welfare of children under the age of 18 years living in Ireland
- to examine and investigate complaints made by or on behalf of children in relation to the administrative actions of public bodies, schools and voluntary hospitals, which have or may have adversely affected a child.

Following clarification of the OCO’s complaints remit in 2017, the OCO has been in a position to accept complaints made by or on behalf of children living in Direct Provision since April 2017.²

The OCO is cognizant of the diverse experience and expertise of stakeholders and interested parties who may make submissions to the Committee. Accordingly, the main aim of this brief submission is to highlight to the Committee a range of issues affecting children and young people under 18 living in Direct Provision that have been brought to the OCO’s attention since April 2017.

The issues and concerns outlined in this submission have been raised with the OCO by children and young people living in Direct Provision and/or by their parents/guardians in the context of:

• direct engagement by the OCO’s Complaints and Investigations Unit with people living in Direct Provision for the purposes of raising awareness of and discharging the OCO’s statutory complaints function
• direct engagement by the OCO’s Participation and Rights Education Unit with children and young people under 18 living in Direct Provision for the purposes of raising awareness of children’s rights, in accordance with the OCO’s statutory duty under section 7(1)(d) of the 2002 Act.

This submission also includes two case studies regarding complaints to the OCO about Direct Provision.

The OCO hopes that the issues and concerns of children, young people and parents/guardians living in Direct Provision that are outlined in this submission will usefully inform the Committee’s deliberations.

As the Committee is aware, Direct Provision was established by the Government in 2000 in light of a very significant increase in the number of protection applications and a serious shortage of accommodation in the Dublin area to house protection applicants, including families. Direct Provision was introduced as a scheme to meet the main needs of protection applicants and it was accompanied by a policy of dispersal that saw protection applicants being dispersed to different parts of the country. When Direct Provision was introduced, it was anticipated that protection applicants would live in Direct Provision accommodation for no more than six months while their applications were being processed.

Since its introduction almost twenty years ago, Direct Provision has evolved from a scheme into an embedded system. The OCO is aware that measures have been taken to try to improve conditions for and the welfare of people, including children, living in Direct Provision. However, as the Ombudsman for Children highlighted recently, it is the OCO’s view that Direct Provision is not a suitable arrangement for anyone, in particular for children who are spending a significant proportion of their childhoods living in circumstances that are not optimal for their development or for family life and functioning.3

Taking into account relevant international standards, including the UN Convention on the Rights of the Child (UNCRC) that Ireland ratified in 1992,4 it is clear that a wide range of children’s rights are engaged in and by the Direct Provision system. Among these rights are:

- children’s right to non-discrimination
- children’s right to have their best interests treated as a primary consideration in all actions concerning them
- children’s right to life, survival and development
- children’s right to be heard in all decisions affecting them and to have due weight given to their views in accordance with their age and maturity
- children’s right to know and be cared for by their parent(s) unless this is contrary to their best interests
- children’s right to identity, including family relations
- children’s right to privacy
- children’s right to be protected from all forms of harm, abuse and exploitation
- children’s right to an adequate standard of living, including adequate nutrition, clothing and housing
- children’s right to the highest attainable standard of health
- children’s right to education
- children’s right to practice their own language, culture and religion
- children’s right to play and rest.

The OCO strongly encourages the Committee to maintain a clear focus on children and the realisation of their rights in the context of a) seeking to identify measures that could improve conditions for and the welfare of people living in Direct Provision and b) examining whether there are better models to Direct Provision that could be pursued in Ireland.

2. OCO’s engagement with children and their families living in Direct Provision

Since April 2017, the OCO has sought to engage with children and families living in Direct Provision through our statutory complaints function by visiting Direct Provision accommodation centres and conducting outreach complaint clinics. In accordance with the Ombudsman for Children’s remit under section 7(1)(d) of the 2002 Act, the OCO has also conducted children’s rights awareness workshops on an outreach basis with children living in Direct Provision accommodation.

The OCO has conducted complaint outreach visits to 27 Direct Provision accommodation centres since April 2017. Outreach complaint clinics involve OCO staff communicating with accommodation centre management to plan for a given visit and to provide advance notice to centre residents of the visit. On the day of the visit OCO staff provide an overview of the OCO’s role to centre residents and conduct a complaint clinic for individual centre residents to raise any complaints that they may have.

Where a complaint is made, OCO staff take the details of the complaint and follow up with complainants remotely by telephone or in writing. The OCO engages interpretation services where necessary. Between April 2017 and December 2018, the OCO received approximately 40 complaints made on behalf of children living in Direct Provision accommodation centres. To date, the number of official complaints received by the OCO about the administration of the Direct Provision system is low. However, the OCO does not believe that this is an indicator of an effective complaints handling
culture or of fair and effective administration for children living in Direct Provision. Rather, we are of the view that the low number of complaints that the OCO has received is due to a perception among residents that making complaints could impact negatively on their living conditions or lead to an undesirable transfer within the system.

Since 2017, the OCO’s Participation and Rights Education Unit has conducted a programme of outreach workshops with children and young people living in Direct Provision. These workshops aim to raise awareness of children’s rights and the OCO among children and young people as well as to provide an opportunity for children and young people to speak about their experiences of living in Direct Provision accommodation. Since October 2017, the OCO’s Participation and Rights Education Unit has visited 22 Direct Provision accommodation centres, engaging with 350 children and young people as well as 30 parents/guardians.

3. Issues and concerns raised by children and their families living in Direct Provision

This section offers a brief overview of key issues affecting children living in Direct Provision that have been raised in complaints made to the OCO and/or that have been communicated by children and families to the OCO in the context of our delivery of children’s rights awareness workshops in Direct Provision centres.

Accommodation centre transfers
A number of complaints made to the OCO on behalf of children living in Direct Provision accommodation centres relate to transfers between Direct Provision accommodation centres. These complaints relate both to where a decision to transfer residents has been made by the Reception and Integration Agency (RIA) or where a resident has made a request to RIA for a transfer to another accommodation centre. A key concern raised regards a lack of clarity in relation to RIA’s transfer policy. Residents have told the OCO that they felt no clear reasons were given to them by RIA about a proposed transfer to another accommodation centre or about why a request by them for a transfer to another accommodation centre was refused by RIA.

Complaint handling in Direct Provision accommodation centres
Residents living in Direct Provision have told the OCO that they do not have confidence in local complaint handling procedures in Direct Provision accommodation centres. In this regard, residents have told the OCO that they believe that if they made a complaint to centre management this might have a negative impact on their living conditions within their accommodation centre. Residents have also told the OCO that, if they want to make a complaint against accommodation centre management to RIA, it is not clear to them how the complaint will be dealt with by RIA and who within RIA is responsible for following up on their complaint.

During OCO’s rights awareness workshops, children told the OCO that they did not feel that they were being listened to when they lodged complaints with centre managers. In this regard, several children said that repairs would be made when centre inspections were expected, but not until then. Also, children in some centres told the OCO that facilities, for example playrooms, were locked and unavailable except when inspections or visits were taking place. Some parents/guardians also said...
that they were worried about making a complaint to the OCO because they thought that doing so could have negative repercussions for them and their children.

**Quality of accommodation services**

The OCO has received a number of complaints about the quality of facilities and services in Direct Provision accommodation centres. Complaints have related to poor heating, the unsuitable size of rooms, the unsuitable size and quality of beds and mattresses, the quality and availability of food, the availability of local transport services and the absence of appropriate recreation spaces and services for children.

In the context of the OCO’s delivery of children’s rights awareness workshops, a number of parents/guardians with babies explained that their children were learning to crawl, but that they did not want to put them on the ground because the carpets were old and dirty. In this regard, one parent/guardian explained that they put clean clothes on the ground so that their baby could crawl. Children frequently spoke about their rooms being very small and cramped.

Nearly all of the children who the OCO engaged with through our rights awareness workshops spoke about their frustration with a lack of privacy. Some spoke about having to share beds with siblings and the frustration of having to share a small room with their entire family. Children explained that they could hear people in the rooms next to them. Parents/guardians said that it was much easier to share a room when their children were younger and that it was increasingly difficult to share a room with their children as they become teenagers. Both children and parents/guardians felt that the rooms are not adequate for families. A small number of children talked about not having privacy from the centre managers as they had keys to their rooms.

In many centres where the OCO has held rights awareness workshops, older children said that there was a lack of resources and facilities and that, where there were facilities, they were in a state of disrepair. Concerns in this regard included references to football pitches with no nets and to broken and unsecured play areas. Teenagers frequently raised the issue that there was no designated space for them. Older children often told us that they were bored and felt isolated. Some children told us that boredom led to fighting between the children. In some centres, both parents/guardians and children communicated that the playrooms and homework rooms were frequently locked. While residents understood that the younger children needed to be supervised in the playrooms, older children were frustrated that they could not access homework rooms on their own.

**Financial supports**

Residents in Direct Provision accommodation have expressed concerns about the adequacy of the financial support available through the Direct Provision allowance in meeting the needs of children. Direct Provision residents have told the OCO that the limited financial supports available add to pressures on families and, in particular, restrict the ability of children living in Direct Provision accommodation to participate in social, sporting and educational activities. For example, residents have told the OCO that they have had difficulties securing school books for their children and supporting their children to go on school tours as these require payments and engagement with schools or DEASP representatives (formerly Community Welfare Officers) to seek supports.
In the context of the OCO children’s rights awareness workshops, young people approaching their Leaving Certificate often raised concerns regarding access to and the costs associated with third level education. Some families described delays in receiving a medical card, which put families under financial pressure. In several rural Direct Provision centres, parents said that there was no public transport to travel to see their GP. They explained that in some instances their taxi costs may be covered by the centre. Where this is not the case taxi costs made it difficult to attend medical appointments.

**Inclusion and integration into Irish society**

Through the OCO’s rights awareness workshops, some older children identified racism, bullying and discrimination as issues that they faced. Many of the children kept their accommodation a secret from school friends due to embarrassment and stigma. Some children felt that they were easily recognisable as living in Direct Provision due to their race and/or ethnicity and a number of children expressed frustration with the racism that they faced. In one centre in particular, both parents and children expressed concern that they were not integrated into or accepted by the community.

### 4. Complaints to OCO about Direct Provision: Case Studies

The following case studies were first published in the OCO’s 2017 Annual Report.5

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**Case Study 1:**

**John: Sleep disturbances, difficulties cooking meals, and transfer application procedures**

John is a 10 year old child living in a Direct Provision centre with his siblings. His mother made a complaint to us and raised concerns about the following:

- Difficulties John’s family were experiencing in the Direct Provision centre included sleep disturbances due to noise and difficulties with cooking meals for the children
- Lack of general family support
- John’s mother applied for a transfer to another centre to alleviate these issues
- She was offered a transfer to a different centre to the one she had requested
- John’s mother was unsure if she had the option of refusing this transfer location.

**What we did**

We contacted RIA and requested clarification on the above points. We were particularly concerned about how the transfer offer was communicated by letter to John’s mother. She was offered a transfer to an unrequested centre and advised that she should make arrangements to move in a week’s time. The letter did not indicate why a different centre was offered than the one requested and whether the offer could be declined.

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RIA responded and explained the reasons that John’s family were offered a different location than the one that had been requested. RIA felt the sleeping arrangement and cooking facilities in the new location might better suit John’s family’s needs. RIA accepted that the letter did not make clear why the new centre was being offered or why RIA considered it might suit the family. It was also accepted that the letter did not explain whether there was an option to refuse the transfer offer.

We also enquired as to whether John’s family transfer application to the original chosen location remained open as this was not communicated to the family. We also looked for clarification on what steps could be taken locally to alleviate the family’s concerns while they remained in the centre.

**Outcome**
RIA acknowledged it should have outlined its reasons for offering John’s family an alternative transfer. This letter should also have made John’s mother aware of her right to refuse this transfer. RIA has advised it will insert this information into future transfer letters.

RIA also advised us that it contacted the management of the centre in which John’s family is currently residing to arrange changes locally to support John’s family. These changes included advising John’s family that when an appropriate room became available at a quieter side of the building, they would be given the opportunity to move. The family were given the option of having catered meals put aside for a time that’s more convenient for them.

On foot of our examination, RIA agreed to assess if an exception could be made to arrange a transfer to their chosen location, provided there was space available.

We were in a position to conclude the case at this point based on the commitments given by RIA regarding improved communication to transfer applicants. We also recommended that RIA continue to seek supports for the family from the appropriate agencies.

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**Case Study 2:**

**Fatima: Shared a room with her mother in accommodation centre**

A mother raised concerns on behalf of her daughter Fatima, aged eight. She was worried about the impact her own ill health was having on her daughter who shared a room with her in a Direct Provision centre. The mother advocated that her child needed her own room in terms of her ability to play, to rest, for privacy and to minimise the child’s concerns arising from the mother’s health.
The mother made a request for a transfer to larger accommodation within the centre. The centre management could not advise of the timeframe that larger accommodation would become available and the only suggestion made to the family was to seek a transfer to a different centre. The mother explained to us that she wished to stay in the same centre as her children had settled well in the area with friends and schools.

The mother contacted RIA through its website about this situation but did not receive a response. In addition, a number of medical professionals contacted the centre to advocate on behalf of this family in light of their complex needs.

**What we did**

We contacted RIA outlining the complaint and exploring the possibility of local resolution. RIA responded that the centre management resolved the issue by providing the family with larger accommodation within the facility.

**Outcome**

We closed the case as redress was offered to the family. Notwithstanding this, we were concerned that RIA did not respond to the mother’s online contact. In addition, RIA was copied to correspondence between the centre management and a medical professional where the sleeping arrangements were confirmed and the complex needs referred to. While the centre management and RIA stated that they were not informed of the specific needs of the family, they did not seek any clarifications from the mother about her concerns. We encouraged RIA to ensure that it responds directly to all contact it receives and to provide appropriate information in a timely manner.
“Addressing psychological wellbeing of asylum seekers and refugees in Direct Provision”

1. Introduction
This submission is written on behalf of Places of Sanctuary Ireland (PoSI) by Corry de Jongh, Clinical Psychologist, HSE Adult Mental Health Services, and Coordinator of PoSI’s Mental Health Project. PoSI, which is registered charity, is an umbrella organisation founded in 2015 to support a network of groups in cities, towns and local communities whose primary aim is to create a culture of welcome and safety for refugees, asylum-seekers and other immigrants.

This submission responds to the recent call of the Committee on Justice and Equality for submissions on Direct Provision and the International Protection application process, and - in particular, to the Committee’s request to hear the views and recommendations of organisations and individuals to improve the welfare and conditions of people living in the direct provision system.

The McMahon Report stated that “Mental health issues featured prominently in the consultation process” (2015, Mc Mahon report, p221) and recommended a coordinated approach. Similarly, the HSE Second National Intercultural Strategy document of 2018 highlights the need for improved health and support services for asylum seekers and refugees (3.4.1). It is apparent that the psychological wellbeing of asylum seekers has been an issue of concern for the Department of Justice and the HSE for some time.

This submission outlines our perspective on the need for an improved, specialist mental health service for asylum seekers and refugees. We make proposals for the improvement of the provision of mental health services for asylum seekers and refugees living in Direct Provision. As a introduction to the rationale for this submission and our recommendations we present some relevant evidence from research in Ireland and the findings from the PoSI mental health seminars.

PoSI is of the view that Direct Provision, as currently provided, is not the appropriate way to meet the needs of asylum seekers but that, so long as DP continues, the recommendations proposed in this submission should be adopted as rapidly as possible.

2. The PoSI Mental Health Project
In view of the increasing prominence of mental health issues, the PoSI movement is working to promote positive mental health for asylum seekers and refugees, regardless of their status in Ireland. As a project we have organised half day
seminars in four locations, where there are active local PoSI groups. This mental health project has been made possible with a grant from the Community Foundation of Ireland.

These seminars bring together asylum seekers, refugees, volunteers and interested health professionals to participate in a dialogue about mental health and mental wellbeing issues for asylum seekers and refugees, trying to establish a life in Ireland. The seminars seek to reach a better mutual understanding of these issues and to facilitate more effective connections with existing services. A further aim is to explore the barriers to accessing mental health services and to discuss how agencies can work together towards a more integrated, responsive, local mental health service for asylum seekers and refugees.

Although there are due to be two further seminars, the Committee’s deadline for submissions means that our recommendations can only take account of the two seminars, in Dublin and Port Laois, that have taken place to date. It is clear, though, that the evidence gathered in these two seminars is consistent.

3. **Rationale for this submission**

This submission follows on directly after the first two PoSI first seminars, as it became very clear that there is a real shortage of available psychological support and an urgent need to bridge the wide gap between refugees and mental health service providers. It became apparent that a different, broader and innovative approach is needed to inform these services. It is clear that more local and more specialised resources are required to bridge this gap. This submission makes a case for additional resources to be put in place as a matter of urgency.

The rationale for this PoSI submission is that:

3.1 It follows the concerns about mental health challenges for asylum seekers as expressed in the McMahon report (2015) and the recent HSE Second Intercultural Health Strategy (2018).

3.2 It fits in well with the ethos and mission of PoSI, which is to provide a welcome for refugees in Ireland and to promote psycho-social wellbeing of refugees. In order to achieve this, PoSI recognises the need for increased funding for mental health projects for refugees.

3.3 Ireland has signed up for the UN Convention on Refugees (1951) and should recognise the rights of refugees to live a decent life in their host country. As is well researched and documented (see the section below), the system of Direct Provision is not conducive to humane treatment or a decent life, and is therefore not conducive to psychological wellbeing.

3.4 From an economic point of view, it makes sense to invest in the mental health of asylum seekers as these new immigrants are willing and ready to make a useful contribution to Irish society with their skills and talents. Active participation in society is definitely beneficial for mental health and lack of
adequate provision of mental health services inhibits the active participation of significant numbers of asylum seekers.

3.5 There is a need both for a more efficient and integrated approach, making better use of available resources and for additional resources, promoting more collaboration between statutory agencies, semi state bodies and registered charities.

3.6 The evidence is that there is a great need for in-house mental health support in DP to bridge the gap with existing mental health services in the community. This submission attempts to address this issue.

3.7 A better use can be made of volunteers and leaders in the refugee community, who are attempting to provide wellbeing projects and mental health support for asylum seekers and refugees. These people need to be organised in a coherent framework, trained and supervised.

3.8 Lastly and importantly, the number of refugees in the DP system is not huge and the required additional funding would not create a major burden on society.

It is important to highlight that this submission is based on the result of the author’s research in mental health issues of refugees, of interviews with refugees, of professional observations, self-reports of refugees and witness reports of life in Direct Provision. Added to these findings are the results of two recent seminars, held in Dublin and Port Laois. The strength of this submission lies in the fact that these findings are based on direct, lived experience of residents in Direct Provision as well as research based reports from various Irish agencies and professional bodies with a vast experience of the mental health challenges encountered by refugees.

4. Some conclusions from Irish research into mental health of asylum seekers in DP:

4.1 It is generally agreed, that being a refugee is highly stressful. Signs and symptoms of stress are physical, psychological and behavioural. All these symptoms affect the individual’s body, mind, behaviour and their relationships with significant others. All reports and research highlight that refugees show a much higher incidence of mental health symptoms of anxiety, depression, psychosis, PTSD and suicide than the general population in Ireland.

4.2 A qualitative study, as a follow up from the Mc Mahon report in 2015 (which signposted mental health as a major issue for asylum seekers), was carried out in 2018 by Nasc (Linking migrants to their rights), in conjunction with the Irish Human Rights and equality Commission. The report notes that there was still a lack of mental health support. One DP resident is quoted: “For the mental health support. We don’t have it here. Sorry I am here since five years and I never saw someone to come here” (2018, Nasc, p14)

4.3 The adverse effects on mental health, resulting from living in DP over a prolonged period are widely documented by various NGOs (Irish Refugee Council) and professional bodies (Medical Council of Ireland, College of Psychiatrists, Psychological Society of Ireland, British Psychological Society.
Residents also give accounts of their mental health challenges in DP. For example, Okorie describes in ‘This Hostel Life’ (2018) in her own words her struggle to survive during her 8½ year stay in a DP hostel.

4.4 The present system of DP curtails the resident’s autonomy in their most basic daily activities: Cooking, shopping, housekeeping, study, private conversation and meetings. The incidence of mental health issues amongst asylum seekers in DP is found to be even higher than in the more settled refugee population. One Irish study concludes that asylum seekers living in DP reported significantly more mental health symptoms than settled refugees in Ireland (Crumlish, Bracken, 2011). These authors attribute this to uncertainty about status, loneliness and discrimination. Figures of mental health problems depend on self-reporting of symptoms and it is likely that, for various reasons, these are underreported. A more recent study of African asylum seekers concluded that “Post-migratory conditions in Ireland severely reduce asylum seekers’ sense of purpose, efficacy, value, worth and belonging “(2018, Murphy, p18).

4.5 Lack of trust and experiencing mistrust is mentioned as one of the reasons of under reporting and also as a barrier to forming connections with Irish people (Ni Raghallaigh, 2013). The importance of building trusting relationships is mentioned in many articles reviewing mental health care for refugees (2017, Robertshaw and Jones). Trusting relationships are important facilitators for mental health.

4.6 The College of Psychiatrists of Ireland, in their 2017 position paper state clearly that the needs and circumstances of asylum seekers are not comparable to those of Irish Citizens and therefore require a different, more nuanced and special response. They emphasise that in “Ireland, we have neglected the needs and support requirements that many of this vulnerable population require (College of Psychiatrists, 2017, p5). They also conclude that “there is no clear pathway for sharing of information between health professionals” (p4) and that information about designated psychological services is not available to local services.

4.7 One of the main points in this paper, concurring with our findings and supporting the proposals of our submission, is the conclusion that “There is no proactive or outreach programme within the present structure” (College of Psychiatrists, 2017, p4). The recommendation is to set up regional mental health teams.

4.8 A further recommendation is to “identify and work equitably with potential leaders and advocates with experience coming to and living in Ireland “(p8). This fits in with the ethos of Places of Sanctuary to promote refugee agency and refugee leadership.

4.9 In order to achieve and realise these recommendations, the College concludes that the needs of refugees cannot be “adequately addressed by existing generic mental health services without additional expertise, training and funding” (p8).

5. Findings from the PoSI mental health seminars.
The following findings demonstrate alignment with the research findings above.
5.1 Recurring themes emerging from the seminars.

- Loss: of home, of family, of community, of status, of independence. The loss of a sense of identity is significant for all.
- Feeling in limbo, waiting for decisions, for a job, for housing.
- Lack of rights and entitlements, lack of finance.
- The need for meaningful activity, working, volunteering, contributing to the community.
- Lack of respect for residents as people, racist attitudes.
- Lack of independence and agency in DP, lack of privacy.
- Loss of pride and shame about not being able to look after oneself and one’s family.
- Their voice is not being heard, they are not part of decision making.
- Their education, skills and talents are not gainfully used for themselves, nor for or by the community.
- These mental health challenges lead to frustration, feeling useless and hopeless, consequently to psychological symptoms of depression, anxiety, psychosis and suicide.

5.2 Particular issues highlighted by the asylum seekers and service providers in the seminars:

- Information about mental health services is not presented in a simple and clear way, it is often not understood, or processed, nor encouraged or facilitated to be followed up. There is a stigma about mental health in some cultures and the language should be adapted.
- Statutory mental health services have long waiting lists.
- Psychological distress is presented as physical symptoms, like pain, sleeping problems etc. A referral to the GP often leads to prescribing medication, not to a referral for counselling or therapy.
- Specialised therapy in Spirasi is only available in Dublin, which is out of reach of most DP residents.
- Some DP centres have no local transport available to get to local appointments.
- Respectful and humane treatment by RIA staff and management is often lacking. There does not seem to be accountability for staff’s behaviour, not a consistency in facilities, practices and guidelines for behaviour. It is difficult to make a complaint as there is fear of repercussions from the staff.
- DP staff needs to be trained to be more sensitive and aware of mental health issues of residents.
- Residents need active involvement in the running of their DP ‘home’, they want to be involved in decision making, there is a need to set up residents committees.
- Lack of trust is a big obstacle where the residents have not met or are familiar with the service provider. The threshold is too high for most residents to leave the confines of DP to travel alone to an appointment.
- To achieve trust, and this was also confirmed in the seminars, mental health professionals need to show a presence in the DP centres for
information sharing, for engagement with the residents and to provide on-site support for residents and staff of a DP centre.

- Institutionalisation is reported to be a big problem for those who lack support in DP, who feel isolated and isolate themselves, who have a poor knowledge of the English language, or who are suffering from trauma which renders them feeling powerless and without agency. Learned helplessness is a common phenomenon in those DP centres where residents are totally dependent on the centre to provide for their needs. This prevents many residents from taking part in organised activities or asking for help for mental health issues.

- There seem to be barriers inside the DP centres for many residents getting involved in any organised activities, including requesting assistance for mental health issues.

6. Conclusions and recommendations

The findings from the seminars concur with the findings from professional, NGOs and mental health professionals and fit with the conclusions of the McMahon report. There is clearly a need to set up a specialised, locally situated mental health service for asylum seekers, to which the DP residents have easy access. There is also a significant gap at present between service users and providers; professionals need to connect more closely and directly with residents in DP. Wide-spread institutionalisation is observed in DP centres, leading to lack of participation, agency, social isolation and mental health problems. Providing extra funding is essential, but in itself is not enough, as the approach to providing a mental health service at present does not fit in with the challenges and personal experiences of asylum seekers, living in DP.

The following are our recommendations:

6.1 We propose a framework of integrated mental health care, a tiered system concept that ranges from self-help, support from other trained refugees, psycho-social and family support services to psychotherapy, specialised trauma therapy and psychiatric care.

6.2 Best practices for an integrated mental health service for refugees in other countries should be explored and, where appropriate, adopted. Examples include Mind Cymru (www.mind.org.com) in Wales; ARQ (www.arg.org) and Pharos (www.pharos.nl) in Holland; and Fedasil (www.fedasil.be) in Belgium. The UNHCR has also issued a useful report with many examples of best practice of mental health and psychosocial support examples in Europe (Findings and highlights from the ‘Building Communities of Practice for Urban Refugees’ report, 2016).

6.3 Some extra personnel and extra funding will be needed for a specialised mental health service. We suggest that a national coordinator with a steering group be set up to organise such a mental health service for asylum seekers in DP centres and that a regional pilot project be commenced this year.
6.4 Based on a tiered service plan, regional mental health care teams should be formed, assigned specifically to work with asylum seekers and refugees in DP centres and to provide the different levels of mental health service involving:

- Locally based HSE Counselling in Primary Care (CIPC), to provide short term individual counselling and therapy.
- Locally based family therapists, in association with the Clanwilliam Institute’s service across Ireland, to provide family and couples therapy.
- National Counselling Service, with local teams across Ireland, to provide specialised trauma based therapy. This will involve designated staff of these agencies on a part time basis only.

6.5 We suggest that these regional teams include a type of ‘DP home care’ approach where regional team members hold weekly open ‘clinics’ for residents in DP centres to build up a connection and trust, pick up referrals and discuss mental health related issues with residents and DP staff. This could be a mobile clinic moving around to visit different DP centres in the region. This initiative could be co-funded by the HSE, NGO’s, charities, donations or local sponsorship. See for an example the Cordelia Foundation’s ‘On the Go’ mobile clinics visiting refugee centres on a regular basis (www.cordelia.hu).

6.6 If indicated by a team member, or by a referral of a local GP, a local HSE psychiatrist can provide an assessment, medication or hospitalisation. Also, if required, a referral to a local HSE cognitive behavioural therapist or another allied health professional can be made by a regional team member.

6.7 As noted in all documents referred to in this submission, well trained translators need to be available on-site to assist asylum seekers and service providers.

6.8 At all levels of the proposed mental health service, effective communication with local NGOs, with trained volunteers and with trained community leaders from inside and outside the DP centres in the provision of psycho-social support for the residents is of prime importance.

6.9 Training for the staff and management in the DP centres is essential so that they can both understand asylum seekers’ psychological distress and how to deal with the residents in a more humane, respectful and collaborative manner.

6.10 It has been requested by residents that residents committees be organised to ensure so they are represented in decision making about their ‘home’, their residence. This will promote agency and empowerment, leading to better mental health.

6.11 There needs to be an effective, confidential, complaints procedure for the residents without fear of reprisals. This will enhance trust and better relationships with RIA staff.

6.12 There needs to be a private meeting room in every DP centre where consultations with mental health professionals can take place, as well as conversations and meetings between residents and staff.

About the author of this submission
Corry de Jongh is a clinical psychologist with an additional qualification in systemic family therapy. She worked for two years in Holland with refugees from Chile in the
mid 70’s. Living in Ireland, she has over 40 years of experience in child and family and in adult mental health services, supervision and training, based in the Clanwilliam Institute for Family Psychotherapy. She supervises different family therapy teams in Ireland as part of the HSE adult mental health service. She has two additional Masters’ degrees: one in Management Consulting and more recently, in International Peace Studies. For this study she produced a dissertation researching the effect of a humanitarian approach on agency of refugees in reception in Ireland. She started a therapy project in the Clanwilliam Institute with asylum seekers and refugees from DP in Dublin. In 2018, she joined the Places of Sanctuary in Dublin to initiate and lead this mental health project.

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To Whom it may concern,

I am appalled and ashamed to be Irish when we treat immigrants so poorly as they arrive into our country.

The Direct Provision system is purely an Apartheid system with the purpose being to exclude and alienate people from the community.

It is no longer enough to claim ignorance on this issue. People are living in this system for years on end and this is basically institutionalising innocent human beings. There is no sense of humanity for these people who are merely seeking a better life or escaping harm in their home countries.

Please abolish this appalling system and set up measures to facilitate these individuals to be able to get on with their lives.

Kind regards

Jenny Power
Written submission on the issues of Direct Provision and the international protection asylum process, on behalf of Queer Action Ireland (QAI)

Dear Mr. Byrne,

On behalf of Queer Action Ireland (QAI) I would like to make the below submission in relation to issues of Direct Provision and the international protection asylum process. The covering letter I have attached along with this submission letter provides an overview of Queer Action Ireland and the relevance of our decision to make a contribution.

In a broad sense, the system of Direct Provision has been widely criticised by domestic and international human rights organisations who have conducted research on it. It is a system which has been utterly condemned by those who have experienced, or continue to experience, it directly. In spite of this repeated criticism and condemnation, it is clear that steps towards the abolition, or indeed even reform, of Direct Provision have moved at an unsatisfactory pace.

Our friends in the Movement of Asylum Seekers in Ireland (MASI), which was established in 2014, calls for an end to Direct Provision, the right to work and education, residency for all in the system, and an end to the brutal current deportation system. We unconditionally support MASI in their demands and, as a preface to the below, would like to echo their frustrations at being excluded from the various reports and investigations which have been conducted in recent years. We believe that those directly affected by any system must be the voices we listen to as a priority.

The McMahon Report, published in 2015, made a total of 173 recommendations based on a lengthy process of consultation with members of the Working Group on the Protection Process and Direct Provision. ¹ NASC, the Migrant and Refugee Rights Centre, subsequently published a working paper on the progress of Implementation of the McMahon Report, in 2017. A summarisation of its findings indicates that out of 173 total recommendations in the report, 20 (12%) could be verified as ‘Implemented’. ²

In the Eleventh Report of the Special Rapporteur on Child Protection ³, submitted to the Oireachtas in 2018, Dr. Geoffrey Shannon raised concerns that many children in the Direct Provision system are living in State-sanctioned poverty and in environments that could prove
highly damaging. He noted that “we are in a situation where we treat children in direct provision as being second-class citizens”. In his summary of recommendations, he notes:

“Ireland should abolish the ‘direct provision’ system of accommodation for asylum seekers and ensure adequate provision for children’s standard of living. In the interim, the Reception and Integration Agency must ensure agreements with commercial contractors in relation to compliance with section 42 of the Irish Human Rights and Equality Commission Act 2014 and ensure high standards of accommodation. Direct provision should be placed on a statutory footing, and a time limited period (6-9 months) introduced after which an individual who has not yet received a first instance decision on his/her status should be able to leave the direct provision system and live independently and access relevant social welfare payments.”

As an organisation working towards the liberation of LGBTQ+ people, QAI is especially mindful that there are a multitude of issues with the Direct Provision system which specifically negatively affect the lives of its resident who identify as LGBTQ+. The isolation that naturally occurs under this system - in which residents’ movements are monitored, transport links are often inadequate, and in-house supports and resources are not widely available - hampers opportunities to integrate, build networks and socialise with other LGBTQ+ people. It is often a dangerous environment, wherein residents feel compelled to conceal their identities for fear of facing violence and intimidation.

Louise Sarsfield Collins of Maynooth University published a substantive report which examines these issues, entitled *The Law and Everyday Experiences of LGBTQ Asylum Seekers*. She notes that “these physical and material barriers to engaging fully with the local community are felt by all asylum seekers in Direct Provision. However, for many LGBTQ asylum seekers, homophobia serves to further imprison people. This homophobia can be both internal and external.”

The McMahon report also outlined issues that are faced by LGBTQ+ asylum seekers in Direct Provision. These issues included a lack of individual lockers for the storage of personal items including papers relating to residents’ claims which they said were a cause of “real anxiety”. Safety and isolation were also highlighted as serious issues to LGBTQ+ asylum seekers, especially in cases where they had to share bedrooms and bathrooms. They also reported serious issues of concern around disclosure of their sexual orientation and the response to those disclosures.

In August 2018, a trans woman, Sylva, died suddenly in a Direct Provision centre. She had been resident in a male centre, having come out as trans roughly two months after arriving in Ireland. Her loss is mourned by all of us in the LGBTQ+ community, many of whom knew her personally, especially in the Galway area.

The physical and mental healthcare needs of LGBTQ people are unique and it is imperative that sufficient resources are available to those in the asylum process.

As an organisation, Queer Action Ireland supports the call for the abolition of Direct Provision. We support and wish to amplify the demands of the Movement of Asylum Seekers in Ireland. We call for LGBTQ+ specific support networks, resources and healthcare to be available and accessible to asylum seekers.

We believe the above submission offers a substantive argument for these demands.
Is Mise le Meas,

Eoin O’Faogain

on behalf of Queer Action Ireland

Bibliography


Refugee and Migrant Solidarity (RAMSI)

Submission to the Oireachtas Joint Committee on Justice and Equality - Direct Provision and the International Protection Process

Introduction

Refugee and Migrant Solidarity (RAMSI) is a grassroots group that has been working with people on the move since 2015. The group began as a community response to the border crisis in Calais, where migrants were (and still are) facing daily violence at a militarized European Union border. Since 2016, our focus has shifted to working with people living in Direct Provision in Ireland.

The majority of our work in Ireland has taken the following forms:

- Working with the Movement of Asylum Seekers in Ireland (MASI) to establish Solidarity Dinners. These are community dinners organised by people going through the asylum process, and people living in Ireland with papers. These dinners have now been running for almost 3 years and act as a method of challenging the isolation and segregation that the direct provision system creates. Dinners take place in Dublin on a regular basis, and we have supported the founding of similar projects in Kilkenny and Killarney.
- Working with parents in Hatch Hall Direct Provision centre to organise a summer camp for children resident there.
- Supporting the women who founded Cooking for Freedom - a project started by women living in direct provision which addresses the fact that many centres continue to deny residents access to cooking facilities.
- Running Solidarity Sessions - a series of events organised with musicians living in Direct Provision, which aimed to give a platform to newly arrived musicians and an opportunity to meet others.
- Facilitation of workshops on Direct Provision and other issues affecting migrant communities.
- Participation in a variety of campaigns, such as, one to force the state to meet its obligations to resettle and relocate refugees, protests against the criminalisation of humanitarian and search and rescue work, and supporting the campaign to offer safe routes to Ireland for unaccompanied minors living in Calais.

We are a non-hierarchical organisation that prioritises working with people directly affected by borders and other restrictive immigration regimes. We envision a world where people can move freely and by choice. We believe that migration is a part of the human experience and should never be forced by war, extractive capitalism or any kind of oppression based on race, gender, sexual identity, political or religious beliefs. We also believe that a person’s ability to migrate safely and with dignity should not be controlled or curtailed by the type of document they may or may not hold.

The Issues
RAMSI sees 4 major concerns related to Direct Provision and the International Protection process. These are: reception, the International Protection legal process, the right to work and direct provision. These will be addressed in order below.

1. Reception

Reception refers to services offered during the initial period of time in which a person seeking asylum arrives in Ireland. It can and should include accommodation, holistic health supports covering both mental and physical trauma, and comprehensive accessible information about the Irish asylum system. It must be seen as distinct from direct provision - which accommodates asylum seekers long term in inadequate and often unsafe conditions.

Issues

- Currently, only one reception centre exists in Ireland- Balseskin. It lacks sufficient capacity and resources to support people.
- In some instances, people have not been accommodated in Balseskin upon arrival, and placed in other accommodation- usually hotels or B&Bs. These are not fit for purpose, and make it impossible for individuals to access PPS numbers, health screening, or even basic information about Irish society and the asylum system. This issue is a clear violation of the European Union Reception Conditions Directive, which Ireland opted into in 2018¹.
- In many cases, people submit their application for International Protection during their stay in a reception centre. This is because they are under perceived pressure to do so because of an administrative (not legislative) deadline enforced by the International Protection Office, and often the reception centre is the place where they will access the most advice on this process. In spite of this, the advice and support offered to applicants often amounts to nothing. This lack of support and advice, plus the pressure to submit an application is why so many applications are refused on first instance, leading to appeals.

Recommendations

- We recommend an expansion and decentralisation of reception centres in Ireland. The current situation, whereby one centre exists to cater for all persons seeking asylum, is untenable. Investment in the current reception centre combined with opening of new centres in regional cities and towns would be an important step towards offering appropriate support to people seeking refuge in Ireland. Expansion of reception centres must occur in tandem with the decentralisation of IPO interview facilities, as many applicants currently struggle to travel to Dublin for interviews and submissions to the IPO.

● Reception centres must have adequate on-site access to information; high quality legal assistance; psychologists trained in working with people who have been subject to violence, torture and trauma and sensitive to issues of cultural diversity; medical care; childcare facilities; English language and literacy classes; basic integration supports in relation to accessing work and workplace rights, accessing education and training; assistance for accessing accommodation. These services and supports must be provided by specialists who are independent of the Dept of Justice.

● Full and adequate access to legal support should be ensured during a person’s time in the reception centre. In absence of this support, no deadline (administrative or otherwise) should be imposed on prospective asylum applicants. Arrival in a new place after forced migration can often be a difficult and traumatic experience and people should be given sufficient time to recover and recuperate.

2. The International Protection Legal Process

By legal process, we are referring to each action a person seeking asylum must take to make their application for asylum. This begins at the point at which a person claims asylum and ends with a favorable decision or a person’s removal from the state. This system has changed dramatically since the introduction of the International Protection Act (2015).

Issues

● Since the introduction of the International Protection Act (2015), new powers have been given to immigration control staff at ports of entry to Ireland. Immigration officers can now deem would be asylum seekers inadmissible at ports of entry. This essentially means that people can be refused the chance to apply for asylum before entering Ireland.

● The act also gives immigration officers the power to arrest or detain individuals if they suspect that they will act, or intend to act in a way that will undermine the system for granting persons international protection in the State. These broad terms coupled with the fact that it is extremely difficult to make a complaint about the behaviour of an immigration officer (no specific ombudsman exists, and they are not Gardaí) has created an unjust and imbalanced power dynamic where officers are free to discriminate against people with little consequences.

● Denials of opportunity to apply for asylum are impossible to count, as there is no independent monitoring system at our country’s borders. However, given the legal framework in place, and the anecdotes of pushbacks of asylum seekers in both Dublin airport and Rosslare port, it is an issue of serious concern.

● Once a person has entered the state, applicants for international protection often encounter serious difficulties with their application, beginning with the fact that the

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process begins with an assumption that the applicant is lying. This makes for a very hostile environment for people who have fled violence and oppression.

- The system of free legal aid for asylum seekers is oversubscribed and underfunded. Prior to submitting an application, applicants relying on free legal advice can hope for a solicitor to briefly read through their application at best, and no legal advice at worst. The lack of quality legal advice on the application, which is a complex process, leads to incorrect applications, which leads to appeals, which slows down the entire asylum system. This places an unfair burden on applicants and is in nobody’s best interests.

- The insufficient free legal advice creates a two tier system that privileges applicants who have the resources to fund a private solicitor. Seeking asylum is a serious matter, often one of life and death, yet currently a two tier system exists which gives those with wealth a better chance of success. This is deeply unjust.

- The end result and worst case outcome of this unfair system is deportation. Deportations are the forced removal of people from the state. It is particularly troubling that deportation notices seem to be issued most often in August, a month that sees many in the legal profession take holidays.

Recommendations

- We recommend that information regarding how to claim asylum be made visible and accessible in plain English and a variety of languages be made available at all ports of entry to Ireland. Currently at Dublin Airport information on public health issues like contagious diseases is visible when approaching immigration control. The same approach could be taken with basic information on how to claim asylum and a person’s rights and entitlements when doing so.

- We recommend that independent observers be allowed to be present at Irish ports of entry on a regular basis to ensure greater transparency regarding border forces’ behavior at our ports of entry.

- We recommend comprehensive investment in a system of free legal aid for asylum seekers. A system must be created that gives people adequate support and advice from the beginning to the end of their application.

- We recommend that applicants should be allowed to bring an observer to their interviews for international protection. The interview process as it currently exists is cloaked in secrecy and often involves an unaccompanied applicant being questioned by a barrister working for the IPO. This is an unfair dynamic and can easily lead to abuses of power. The presence of an observer is something that could immediately bring a level of transparency to this process and has been called for by groups such as the Movement of Asylum Seekers in Ireland. We echo their calls.

- We call for an end to all deportations and coerced departures from the state. We believe that a society which grants people permission to remain in a state based on the place they were born and type of identity documents they hold is fundamentally oppressive and hierarchical. We call for a world in which the root causes of forced migration are

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challenged—war, oppression, climate change and capitalist extraction of wealth. People who have been forcibly displaced do not deserve punishment, actors who perpetuate forced migration do.

3. The Right to Work

In 2017 in the case taken by N.H.V., a Rohingya man who was in the asylum system for eight years before being finally granted full refugee status at judicial review stage, the Supreme Court ruled that the total ban on the right to work for asylum seekers in Ireland was unconstitutional and that the government had to give some access to work to people seeking protection. What that access would look like was left to the government. Eventually, the government decided to implement the right to work by transposing the EU Reception Conditions Directive into Irish law.

Issues

- Currently, people can only apply for permission to work if they have not received a first decision on their case within 9 months. This is already a long period of time and enough to seriously demoralise and deskill people who want to work.
- The work permit itself put employers off immediately as it is different to the normal system by which non-EEA nationals can work freely in Ireland (Stamp 4).
- The permit has to be renewed every 6 months and this is a deterrent for employers concerned about potential breaches of labor laws.
- The right to work is currently revoked if a person is issued with a negative decision at the appeal stage, or issued with a deportation order that is not enforced. People can exist in this limbo for years.

Recommendations

- The introduction of an immediate and unrestricted right to work for all people seeking protection in Ireland. As long as a deportation regime exists, a person’s right to work must also remain valid if they hold a deportation order.
- Harmonization of the IRP (GNIB) cards and the current temporary residence cards issued to asylum seekers. This would lessen confusion with employers regarding a person’s ability to work.
- Introduction of a system of permission granting that does not need renewal every 6 months, like the current permit system does.

4. Direct Provision
Direct Provision is the system that has been used to accommodate asylum seekers in Ireland since 1999. Introduced as a temporary and emergency measure, it is not fit for purpose and has been roundly criticized by national and international groups.5

Issues

- Direct Provision is a system of social apartheid that creates spaces of isolation. People living in direct provision are often housed in centres that are far from towns and cities or in places far from public transport links. This restricts residents’ opportunities to socialise, study, work or do any of the things that help people to find their feet in a new community.
- Direct provision concentrates people into small enclosed spaces that make it easy for the state and private companies that run centres to monitor, police and control the lives of asylum seekers.
- The system of direct provision which is privatised and run on a for-profit model, has allowed wholly unqualified persons and businesses to provide accommodation. A model which sees profit as its end goal will never have the best interests of residents at heart6. In such a system, residents are seen as a thing that can earn somebody a profit from.
- People are regularly housed in shared rooms or in close quarters with people that they feel uncomfortable with. Examples of this are: LGBTQ+ asylum seekers sharing rooms with people from the culture they may have fled from, or with people who hold homophobic or transphobic views7, or the case of a transgender woman who was forced to live in an all-male direct provision centre8.
- Direct provision has been consistently criticised an unsafe environment for children to be raised in, as they have little open space, often no access to cooking facilities, and face uncertainty about school attendance due to the fact that residents are often transferred from one centre to another at short notice9

Recommendations

- We call for the abolition of the Direct Provision system and a system in which asylum seekers are at least treated the same as residents and citizens of Ireland.
- We call for a system in which all asylum seekers have guaranteed immediate access to a reception centre upon arrival in the state. However, a reception centre should be a temporary accommodation which a person should stay in for a maximum of 12 weeks before being able to access housing in a community in Ireland.

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• Asylum seekers should have immediate access to local council housing social housing lists, and any housing supports that are accessible to the broader community.
• We recognise the scale of the housing crisis in Ireland at present, and echo MASI’s statement that people in Direct Provision are homeless in the same way that people living in family hubs or long term homeless accommodation are homeless. A fair and just asylum system must be accompanied with a fair and just approach to housing in this country- an approach that no longer sees housing as a commodity, but as a basic human need. This is something that we all need to fight for and build together.
• We recognise that just like the broader community, some asylum seekers will have a requirement for voluntary assisted living that extends beyond their time in a reception centre. Any future assisted living spaces must be run on a not-for-profit model, and have accessible services on-site. This should include legal, psychological, medical and social supports.
• Any future system or framework for facilitating access to accommodation for asylum seekers should; allow for autonomy, independence and personal agency, and ensure that asylum seekers can live as a part of communities immediately after leaving a reception centre.

Conclusion

We hope that this submission is well received by the Oireachtas Joint Committee on Justice and Equality. We are under no illusions that many of the proposals included in the submission are radical. Including these proposals is not a choice, it is a necessity. Radical change and a radical imagination are necessary when we confront extreme injustices, and that is exactly what Direct Provision and the International Protection process are. Radical change to both systems is required, not incremental reform. History will judge harshly those in government that implemented or tolerated the current systems, which we know are actively and profoundly damaging thousands of lives.
I am an early career academic completing an MA in Gender and Sexuality at SOAS (School of Oriental and African Studies) in London, focussing on sexual violence; my work concerns trauma, gender, disability and race, especially of women and lgbtq+ people. I previously received a first class honours in a BA in Philosophy from Trinity College Dublin, where I wrote a dissertation on sexual violence in Ireland.

Through my academic work, I have also focussed specifically on issues around migration, diasporas, state violence and border control. My academic expertise in these fields is what I am drawing from in order to strongly critique the Direct Provision system through this forum.

Ireland has moved and continues to move towards anti-immigrant policies that treat immigrants as a threat rather than as valuable members of society who deserve the right to privacy and dignity. People seeking asylum are particularly vulnerable given the violence and danger they are fleeing from. The system of Direct Provision is retraumatising for people who have already experienced trauma.

The Direct Provision system, in keeping people for up to years at a time in centres that are often isolated, disempowers people and treats them without dignity, infringes on their right to privacy and puts unnecessary barriers to agency and self-determination.

In denying people the right to work and isolating them from Irish citizens, the state is limiting people’s ability to contribute to Irish society and integrate into local community life. Policies that isolate asylum seekers from Irish citizens stoke rising anti-immigrant sentiment and alienate people from each other.

The right to privacy and dignity is particularly being denied to applicants seeking asylum and these rights can only truly be honoured by a complete elimination of the current Direct Provision system and a return to the pre-2000’s system with a full right to work and access to welfare and housing supports.

In summary, the system of Direct Provision is based off of the idea of immigrants as a threat which is why I strongly oppose it and call for its complete abolition.
Submission on direct provision and the international protection application process
31 May 2019

Introduction

The following submission emerges from the experiences of a group of asylum-seeking residents currently living in a direct provision accommodation centre. Following the State’s call for submissions on direct provision and the international protection application process, this group of residents decided to make a submission to highlight key issues and challenges based on their direct experiences, and to propose a number of potential solutions.

The topics and suggestions raised throughout this submission emerged from a resident-led discussion that also involved Nasc, the Migrant and Refugee Rights Centre, and Cork City Public Participation Network. The views expressed are solely representative of the residents present, and cover a wide range of live issues relating to direct provision and the international protection application process, all of which have been thematically grouped.

Overview of Challenges Identified

The challenges identified by the residents present can be grouped broadly within two main headings, in accordance with the submission title:

1. Engaging with the International Protection Process
2. Living in Direct Provision Accommodation

With the primary themes arising for them being:

- Limited communication from the Department of Justice and Equality
- Lack of clarity on the rules being applied, and
- Indefinite and seemingly inconsistent application processing times

The combined effect of these factors has led to considerable stress and frustration, and has negatively impacted residents’ opinions of wider public services, civil society, and community organisations.

Against this backdrop, the following issues arose, with the residents identifying potential solutions they would like to see implemented in both the direct provision and international protection processes.
1. Engaging with the international protection process

“I don’t understand their system, that is the problem”
Accommodation Centre Resident

i. Length of time taken to process applications

Processing Time Limits

Application processing time length was identified as the single most significant issue by the group. The lack of set processing time for applications – both relating to international protection and access to the labour market – was highlighted as a major cause of frustration and stress for residents. Indeed, one resident of the centre recounted an instance where they went so far as to provoke a State official to deny their application for international protection simply to bring the process to a close.

Another noted their desire to begin a family and move on with their life, but cited the lack of certainty over how long they would remain within the process as a key barrier to doing so.

Not knowing if or when the application process will come to an end, therefore, remains a defining issue for members of the asylum-seeking population in Ireland.¹

One resident recounted that the stress of the process had resulted in their having suffered a heart attack while en route to an interview with the International Protection Office. Their medical team has warned they are currently at risk of a repeat heart attack, and they fear they will die while awaiting a decision on their application, which is something they have heard of happening in the centre they are currently living in.

Variability

The residents also highlighted the variability in the length of time taken to process applications as a key issue for them. Frustration was expressed at instances where they could see no material difference between the facts of cases, yet processing times varied, sometimes to the tune of years. This perceived inconsistency gives rise to exasperation, resentments, and attempts to rationalise differences on the basis of any

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¹ See also: McMahon Working Group Report (2015)
factor that can be identified, with country-of-origin assumed to be a significant factor in decision making.

**Recommendation**
- Residents expressed an unqualified desire to see an upper limit placed on the processing time for international protection applications
- Such an approach would create a clear, overarching structure for the process, ensuring each applicant would know when the process would come to an end, irrespective of the outcome.

ii. **Limited Communication from the Department of Justice and Equality**

Residents expressed frustration at the lack of information on the progress of their cases. This related both to the near absence of Department-initiated contact and lack of response to their requests for updates.

As a result, one resident noted a general lack of faith in engaging with any organisation, including those from civil society, due to a general sense that their inquiries would not be responded to.

*Again, this added to the sense of frustration, uncertainty, and lack of control over the lives of those engaged in the process.*

**Recommendation**
- A general improvement in responsiveness to communications is recommended
- A more proactive approach to clear information provision on the part of the Department would be the preferred way of staving off the frustrations of residents and, in turn, limiting the need for them to generate large volumes inbound requests for updates to the Department.
- This could be achieved, for example, through automatically generated status updates at regular intervals throughout the process and/or the creation of an online portal where applications could be tracked online.

iii. **Little understanding of how the decision-making process works**

It was unclear to residents what criteria and standards are applied by the International Protection Office (‘IPO’) when processing applications for international protection. This lack of clarity again generates frustration among protection applicants in Ireland.

The shortage of information around the variability in processing times can also lead to resentment and a sense of preferential treatment towards certain nationalities. Some residents in the group felt their applications were treated with less credibility than residents from other jurisdictions, which was considered by them to be unfair and a
driver of unnecessary divisions. This speaks to a lack of trust in the quality of decision-making within the IPO. A number of residents expressed that they had come to believe people hailing from Pakistan, India, and Bangladesh were particularly badly affected by questions surrounding the credibility of the evidence they provided in their applications. This was reinforced by anecdotal evidence from people known to them in other centres, who also believed residents hailing from these countries were in the system for the greatest length of time. The lack of information surrounding how decisions are made only serves to reinforce such perceptions.

**Recommendation**
- Periodic group orientation and information sessions for those entering the application process would help to build understanding and knowledge of how the application process works.
- Holding these sessions in groups would provide peers from a cross-section of backgrounds with a forum within which to ask questions and share their experiences, which would increase cross-community understanding of common challenges.
- Improved communications from the Department would also help to fill the informational void and create a general understanding of the different points that exist within the process.

iv. **Logistical and financial difficulties caused by Dublin-based interviews with IPOs**

Residents also highlighted the difficulties they encounter in having to attend interviews at the International Protection Office in Dublin.

One resident in particular highlighted that, as their return bus ticket would cost €24, attending interview at the IPO would mean spending almost their entire personal weekly allowance on travel to and from Dublin, placing them, their partner and children under pressure for that week. While a representative from the Department of Employment Affairs & Social Protection stated they would provide monies to cover these travel costs, this was to be done in the form of a refund rather than a prospective grant. Therefore, the weekly allowance would have to be spent and clawed back.

This was a common issue for the residents, with a general sense that other arrangements ought to be made for those based outside Dublin.

**Recommendation**
- Locate International Protection Officers outside Dublin to facilitate interviews with applicants based at centres around the country.
- Should it prove prohibitive to decentralise this function on a permanent basis, a similar approach could be taken to that of the Circuit Court where justices travel
to satellite locations on set dates. International Protection Officers could conduct periodic interviews in regional centres, thereby reducing or removing the need to travel to Dublin to see them.

- It was suggested that electronic forms of communication, such as video conferencing, be introduced as an option for these interviews.

2. Living in direct provision

‘Every day I am an asylum seeker here, but out there it was only one part of me’
Accommodation Centre Resident

i. Lack of routine and purpose

Combined with the stresses and frustrations arising from their experiences of the international protection process, residents highlighted that lack of routine and purpose was a major source of stress. There was a feeling that life was on hold and that the time spent awaiting a decision on their application was wasted.

Additionally, community-based approaches to managing the drivers of stress were recommended by residents, such as educational, training, and recreational activities. This is highly consistent with the newly emerging trend in wider Irish society towards addressing challenges related to poor mental health, trauma, and stress through measures such as social prescribing.

Recommendation

- Residents would like to use their time constructively by working and learning practical skills that might be of use to them and wider society should their applications be granted.
- Practical courses such as those offered through the State’s Education and Training Boards were mentioned frequently, with desirable courses ranging from woodwork, bike-fixing, and construction-related courses, to childcare, hair dressing, barbering, and so on.
- Coordinated social activities were also seen as something that could help to fill the days and weeks spent waiting, these ranged from group outings to regular events at the centres.
- Greater linkage with existing initiatives and social outlets across local communities would help to make a broad range of activities and opportunities available to residents.
- As coordinating such access to existing activities and courses, and arranging them in-house requires quite a degree of work, it is recommended that consideration be given to the development of Wellbeing Officer posts for direct provision centres.
• This post could be shared between centres that are geographically close to one another, with a range of creative approaches available to limit the costs involved.

ii. Access to the labour market

Lack of clarity and limitations around access to the labour market, even following the transposition of the European (Recast) Reception Conditions Directive into law in 2018, was a noted issue among residents. One resident noted that the ability to access the labour market would significantly reduce the sense of redundancy and purposelessness. However, they noted uncertainty over when their application for access to the labour market would be processed and what the outcome would be. Others added that they were unclear on who was eligible to apply for labour market permission. One individual, who has been in the international protection process for several years, considered the first instance recommendation limitation on access to the labour market to be unfair and counter-productive for those residents who had been languishing in the international protection process for years.

In addition, another resident noted the barriers in place around accessing driving licences. This particular resident had experience as a van courier and therefore noted that a lack of driving licence would prevent him from becoming successfully self-employed. But, equally, he emphasised that even with other jobs and roles, in centres that are not well connected by public transport to economic hubs, a lack of driving licence was a severe hinderance to residents.

Recommendation

• More clarity around who has access to the labour market and additional accessibility, e.g. for those who have already received first-instance recommendations so they can actively participate in the labour market.
• Driving licences should be accessible to residents and/or non-Irish driving licences should be recognised without the need to undergo a second exam. This would enhance mental wellbeing, a sense of independence and effective access to the labour market.

iii. Conflicts arising from close-quarter living in multi-bed rooms

The multi-bed rooms within the centre gave rise to considerable disquiet amongst residents, who cited a range of issues that arise from unrelated adults co-habiting in relatively small spaces.

One resident highlighted that their asthma could not be managed as their room-mate was unwilling to address dust issues in the room and preferred to have the heating on high rather than having fresh air circulating. Others spoke of cultural issues to do with residents who drink being housed with those who don’t, causing ongoing late-night disturbances and tensions.
**Recommendation**

- A move towards individual rooms for all individuals and family units.

iv. **Lack of night-time access to suitable common areas**

While common areas were available to residents during the day and up to midnight, they were closed from that point until early morning leaving residents with their sleeping quarters as the only option for late night socialising or activities.

Issues ranged from those observing Ramadan having to undertake the bulk of their night-time activities in their rooms, to social occasions spilling over into sleeping quarters, and those who simply could not sleep having limited options on how they could spend their waking hours.

**Recommendation**

- Residents expressed a preference for common areas to remain open into the night to facilitate the differing cultural and social needs of the variety of nationalities sharing the centre.
- It was felt this would help to decrease incompatibilities between room-mates with different needs and lifestyles.
- It was also felt this would help to keep social and waking activities away from sleeping areas, thereby minimising disruption to the wider community of the centre.

v. **Lack of fora for residents to raise everyday issues arising from co-living**

Many of the issues spoken of by residents in relation to their experiences of living within the direct provision centre were the sorts of challenges that would naturally be expected to arise for individuals inhabiting co-living environments.

These challenges were small but pervasive, and the sole means of seeking help in resolving them lay with residents going to staff and asking for assistance, the efficacy of which was believed by residents to be patchy. For example, one resident who has a severe medical condition that causes them daily discomfort, and who has been in the centre since 2017, has asked staff whether he can change to a single room based on his condition. He is acutely concerned about the effect that the discomfort and coldness of his current living environment will cause to his leg. However, he has been told that 'it doesn’t work like that' and that physical conditions do not effect whether a resident has access to a room transfer or not.

This exacerbates the feeling that residents' lives are not within their control and that
any improvement in their situation was within the sole gift of centre staff; equally, again there is a perceived lack of logic and humane discretion to the system, one in which physical conditions have no material effect on accommodation standards.

Recommendation

- Provide information on developing a Residents’ Association at which grievances could be aired and, where necessary, mediated by a third party.
- It was felt this would give residents a sense of ownership over their living space and a constructive means of self-advocating.

Summary of Recommendations

- Residents expressed an unqualified desire to see an upper limit placed on the processing time for international protection applications.

- Such an approach would create a clear, overarching structure for the process, ensuring each applicant would know when the process would come to an end, irrespective of the outcome.

- A general improvement in responsiveness to communications is recommended.

- A more proactive approach to clear information provision on the part of the Department would be the preferred way of staving off the frustrations of residents and, in turn, limiting the need for them to generate large volumes inbound requests for updates to the Department.

- This could be achieved, for example, through automatically generated status updates at regular intervals throughout the process and/or the creation of an online portal where applications could be tracked online.

- Periodic group orientation and information sessions for those entering the application process would help to build understanding and knowledge of how the application process works.

- Holding these sessions in groups would provide peers from a cross-section of backgrounds with a forum within which to ask questions and share their experiences, which would increase cross-community understanding of common challenges.

- Improved communications from the Department would also help to fill the informational void and create a general understanding of the different points that exist within the process.
• Locate International Protection Officers outside Dublin to facilitate interviews with applicants based at centres around the country.

• Should it prove prohibitive to decentralise this function on a permanent basis, a similar approach could be taken to that of the Circuit Court where justices travel to satellite locations on set dates. International Protection Officers could conduct periodic interviews in regional centres, thereby reducing or removing the need to travel to Dublin to see them.

• It was suggested that electronic forms of communication, such as video conferencing, be introduced as an option for these interviews.

• Residents would like to use their time constructively by working and learning practical skills that might be of use to them and wider society should their applications be granted.

• More clarity around who has access to the labour market and additional accessibility, e.g. for those who have already received first-instance recommendations so they can actively participate in the labour market.

• Practical courses such as those offered through the State’s Education and Training Boards were mentioned frequently, with desirable courses ranging from woodwork, bike-fixing, and construction-related courses, to childcare, hair dressing, barbering, and so on.

• Coordinated social activities were also seen as something that could help to fill the days and weeks spent waiting, these ranged from group outings to regular events at the centres.

• Greater linkage with existing initiatives and social outlets across local communities would help to make a broad range of activities and opportunities available to residents.

• As coordinating such access to existing activities and courses, and arranging them in-house requires quite a degree of work, it is recommended that consideration be given to the development of Wellbeing Officer posts for direct provision centres.

• This post could be shared between centres that are geographically close to one another, with a range of creative approaches available to limit the costs involved.

• A move towards individual rooms for all individuals and family units.

• Residents expressed a preference for common areas to remain open into the night to facilitate the differing cultural and social needs of the variety of
nationalities sharing the centre.

- It was felt this would help to decrease incompatibilities between room-mates with different needs and lifestyles.

- It was also felt this would help to keep social and waking activities away from sleeping areas, thereby minimising disruption to the wider community of the centre.

- Driving licences should be accessible to residents and/or non-Irish driving licences should be recognised without the need to undergo a second exam. This would enhance mental wellbeing, a sense of independence and effective access to the labour market.
Submission Document

Students Against Direct Provision (SADP) is an independent group of student unions and student organisations unified under our collective goal of demanding for the end of the current direct provision system in Ireland. SADP is a platform for students and asylum seekers to work together to ensure those in education have a voice to call for change. SADP advocate for access to education for asylum seekers and opposes deportations of students under our remit.

As student representative bodies, advocating for student’s welfare and academic performance is a core part of our role. For our students that live in direct provision centres, a number of different factors come into play that can hinder these. While our main focus is on the educational aspect of those living in direct provision, we also feel it is our remit to advocate for systemic change in the direct provision system in its current form.

In order for students to meet their academic potential, they need to be in an environment that is conducive to this success and have access to supports that can help them develop. The direct provision system is not such an environment. It is a system that institutionalises and dehumanises residents and strips them of autonomy.

There is an urgent need for private rooms for all families and residents. The practice of co-living in small rooms with no privacy and no self-catering options, is constantly sighted as one of the main issues that contributes to poor welfare for those living in direct provision. This is even further worsened for those who are waiting years for their international protection claims to be processed. Every room should have self-catering facilities to allow for residents to make and eat food that is in line with both their cultures and their dietary preferences.

From an educational stand point, the current system where food is served at set times throughout the day does not cater for students who are travelling to and from school and college. For some, they will miss their breakfast meal to get the bus to college, miss their lunch while they are at college and cannot afford to buy food on their €38.80 allowance, and miss their evening meal if they need to stay in college to access the library or meet with other students for group projects.

Having to share a room with others, or the lack of any sort of quiet room in the direct provision centre means that there is no private study space for students to do homework/project work outside of college hours. Each centre and each room should have stable and reliable WiFi internet connections in order to facilitate students being able to continue their academic study when home from school. These lack of basic services can hinder students’ academic performance, as well as negatively affect their physical health and wellbeing.

Co-living with other people can also cause problems if someone is seeking asylum due to their political beliefs or due to their identity. Putting LGBTQ+ asylum seekers that are seeking refuge from countries with anti-LGBTQ+ laws and customs, in living with people from the same country or other anti-LGBTQ countries leads to bullying, homophobia, biphobia and transphobia. Gender identity and
gender expression should be respected and accommodated accordingly in the direct provision system.

Those seeking asylum should be allowed to work and make a living for themselves. The current right to work is too limited and only benefits the small number of asylum seekers that can afford work permits and meet the restrictive conditions of employment. Opening the possibility of work to all would strengthen and diversify Ireland’s workforce, but it would also empower those in direct provision while they contribute to Irish society.

Asylum seekers who are engaged in education of any kind should be allowed to complete their education without the fear of being given deportation orders. Deportations tear lives apart and can often put this individual in immediate danger, particularly if they are seeking asylum due to their identity or political/religious beliefs.

**Recommendations to the Committee:**

- Improving standards in all direct provision centres.
- Providing private rooms for all residents.
- Providing self-catering facilities in all centres.
- Ensuring WiFi is available throughout all the centres and there are designated quiet study spaces for children and students.
- LGBTQ+ identities need to be respected and accommodated to.
- Removing barriers to the right to work for those seeking asylum.
- Stop deportations for asylum seekers in education.
Hello,

Please be advised of the following:

Direct provision is, in my opinion, a violation of human rights. It is yet another stain on the character of the people of Ireland, and represents another crisis of conscience that future generations will exclaim of us, here and now, "how could they not have known?"

We do know, and I ask that you do whatever is in your power to put a stop to this inhumane program.

James Scully-Lane
I am submitting this document as I have a firm belief that the present system is not working and is causing mental and physical harm to people in long term Direct Provision. I have made some connections with pregnant women and new mothers in the system who are vulnerable and in need of support and care in a very difficult environment.
As stated in my first page of this document I have made connections with women in need in the Direct Provision system particularly in Mosney centre.

My area of expertise is in post partum support for new mothers and birth support and ante-natal education. I have volunteered in the community sector for nearly 20 years and facilitate monthly meet ups to provide education and support to new mothers in the area of breastfeeding and parenting.

I have worked in the area of Early Education for many years.

In the past 2 years I have regularly visited Mosney and the women that live there. I have been supported with gifts of clothes, blankets and personal care items from many friends, colleagues and members of my local community when the needs of the women arise.

To date we have distributed:
200 school shirts/blouses Back to school Aug 2018.
14 Maternity packs (details of pack below)
20 Post-natal packs (details of pack below)
12 small bags of clothes for a specific ages and needs eg: Girl aged 3, Girl aged 7
Adult female clothes to 4 different women
Football boots for male teen
Adult Male: Under winter clothes
Personal care items

The issues are as stated below:

No Social Worker on site to assist families with difficulties
No Community Welfare Officer on site to help new residents access payments
Sporadic GP surgery hours and medical services not always available

Description of the problems arising from above issues:

When Social Welfare payments are delayed for weeks and new arrivals have nothing, residents have to help and/or contact me. I have recently had two different women arrive to the reception centre with nothing and no idea where to go or how to get help.

Mother A had delivered a baby girl one week previously and had no baby clothes, no warm clothing for herself and no shoes that fit her and were warm and dry. The weather was exceptionally cold at the time. The chalets in Mosney are very warm but it is the walking to the laundry area and queuing that can be difficult especially for new mothers with a small baby.

Mother B was recently arrived in Baleskin Reception centre, she was pregnant and unwell so was admitted to a Dublin Maternity hospital, she had no idea where she was or what was happening. She got in contact with me through my Mosney friends and asked me to help her as
she had no underwear, clean clothes to change into, personal care items, nightclothes or anything for her baby. She had no family in Ireland and was all alone.

The problems that I encounter are depression, loneliness and fear because of the unusual set up in the Direct Provision centres. The women are vulnerable and afraid as there is anti-social behaviour and a very diverse mix of people from all different backrounds.

**What is Needed :**

The Women need support in a practical way but also emotional and social support . My local community and network of friends have been trying to host social evening and talks that include the women from Mosney and there have been 2 to date. We are not an official organisation and have no funding or back up and find it difficult to get information regarding the needs of the people “existing” in Direct Provision.

A dedicated Social Worker for Mosney is vital and a Community Welfare officer to see that no new arrival is left standing in flip flops and a t-shirt in the middle of winter due to lack of support.

The residents need to be able to discuss their issues with some person that is not Management and that will not disclose private information or worries. If the residents have an issue at present and they discuss with Management they feel that they are at risk of being punished by being moved to a different centre.

The area of Mental Health and stress is not being addressed and there are no provisions made for this.

**Recommendations:**

I recommend that in the case of Mosney Direct provision centre a Committee/panel be set up to survey the needs of all the residents and the issues arising. I propose that this be done in a private or anonymous way so the the residents can feel safe and secure.

A format similar to the National Census with questions that could be filled in by each household and the answers collated by an external panel , without the input of the management. The Management should be a part of the discussions arising from the information but the results will be very different if they are involved in the data collection.

Mental Health issues need to be addressed and supported with a dedicated person/team. Mosney is very big with a huge diversity of people and this can be problematic.

I propose that the existing tennis courts in Mosney be resurfaced and a small injection of resources would help children, young people and adults to be more active and involved in sport which in turn would help alleviate boredom and inactivity.
Note:

Maternity Pack includes:
7 vests, 7 babygros, 2 baby hats, 1 baby blanket, baby socks, 1 cardigan, 1 pack of nappies, 1 pack baby wipes, cotton wool, 1 pack Maternity sanitary pads, 1 nightdress, 1 nursing bra, muslin cloths, nappy cream, baby cream, toothbrush, toothpaste, lip balm and extra items when available.

New Mother Pack:

Babygros for 0-3 months, vests for 0-3 months, suitable clothes for the time of year eg: winter snow suits, woolly hats or sun hats, nappies, baby wipes, shampoo, socks for the mother, personal care items and extra items when available or if specifically asked for eg: baby bath, feeding bottles, handpump, Epsom Salts, Carrot cake.

Summary:

The care of a new mother is very important in my personal life and work I believe this to be especially true when living under the strain of Direct Provision. My community and network of other mothers feel the same way and so we do what we can to show the women that they are not forgotten. The residents of Mosney have a voice and a right to dignity, respect and care the same as everyone who would visit our own homes.
SUBMISSION ON DIRECT PROVISION AND THE INTERNATIONAL PROTECTION PROCESS

TO THE COMMITTEE ON JUSTICE AND EQUALITY

May 2019
Social Justice and Policy Team
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Part 1:

Introduction

The Society of Saint Vincent De Paul (SVP) welcomes the opportunity to engage with the Committee on Justice and Equality on the issue of direct provision and the international protection application process. Established in 1844, we are the largest, voluntary, charitable organisation in Ireland with over 11,000 volunteers. The society’s mission is to provide friendship and support to those experiencing poverty and social exclusion, to promote self-sufficiency and to work for social justice.

Part 2:

Improving the welfare and conditions of people living in direct provision and efficiency of the current system of processing international protection claims.

Asylum Seekers spend on average 24 months in direct provision with many having spent up to 10-12 years.\(^1\) One of the most damaging aspects of direct provision is the experience of institutionalisation and the loss of control over life.

Many residents of direct provision report mental health problems and the experience of stress, much of which is exacerbated by the inability to exercise ordinary choices and make basic decisions about one’s life.

SVP Recommendations:

- Better departmental communication and known processing time limits, even in the absence of a reduction in wait times would assist asylum seekers living in direct provision.\(^2\)
- The direct provision system is provided by for-profit agencies with no expertise in social care, mental health training etc. This is unacceptable and needs to be urgently reviewed in light of the additional support needs of asylum seekers.
- Direct provision centres wherever possible should be located in areas that are close to support services, communities and amenities.
- Centre Shop/’Points’ system to be implemented in all Centres. Ensure culturally appropriate foods are available to residents.
- Centres should support celebrations for the residents (in consultation with the residents and where relevant and appropriate), for example, children’s birthdays, religious celebrations such as Christmas and significant life events.

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• Increased funding for legal services providing advice to asylum seekers at the initial stage of their asylum application process.

Children and Young People in Direct Provision:

The Special Rapporteur on Child Protection, Geoffrey Shannon, has raised concerns about the detrimental effect of Direct Provision accommodation on children. He describes the system as amounting to institutional poverty. Article 42A of the Constitution enshrines the principle that the State must protect and vindicate the rights of ‘all children’. However, child benefit is not extended to children in the asylum system. Child benefit was paid alongside the direct provision payment until 2004 when it was discontinued.

In 2017 SVP spent €3.6 million on education, supporting children and young people at pre-school, primary, secondary and third level as well as supporting further education and training, second chance education and promoting lifelong learning opportunities for the people we assist. SVP members see education as a critical enabler out of poverty and social exclusion.

SVP members cite the cost of education at all levels as a major barrier for marginalised groups and individuals to access education and reach their potential. The Vincentian Partnership for Social Justice (VPSJ) estimate that the cost of education for a primary school student is €349 per year and for a secondary student this increases to €849. This is excluding the estimated cost of €260 for a computer which brings the total cost to €1,458 for the year. According to the 2016 EU SILC survey, 61% of respondents in Ireland said they had difficulty meeting education costs at all levels, significantly above the EU average of 40%. This figure rises to 84% for households living below the poverty line.

SVP work closely with schools as well as families to ensure children’s education is not negatively impacted due to school costs. However, successive budgets since the economic crisis have failed to restore core capitation rates to 2010 levels following a 15% cut resulting in schools having to ask parents for ‘voluntary’ contributions. This impacts low income families the most, which includes families living in direct provision. It also causes a stressed and negative attitude towards education for children and young people.

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4 Correspondence from VPSJ May 2018
A further issue which SVP members have highlighted is the lack of proper space for children and young people to complete homework and study in direct provision. The communal areas are wholly inadequate as they can be noisy and busy during the evening time with families and individuals congregating. The bedrooms are also unsuitable to carry out study as other family members are generally present as they have few other places to relax within the centres. SVP members have supported families to find alternative places to study such as local resource centres and libraries.

Children that are waiting for a decision on their asylum application can attend primary and secondary school, but they are not entitled to free fees for college and must pay non-EU fees which is a considerable barrier. There are fees for PLC courses as well. The Department of Education and Skills provides a pilot student support scheme for young people in the asylum process. The scheme is intended to facilitate young people in direct provision to move on to third level education after finishing school. However, since its commencement in 2015, only 5 people have been granted support from a total of 59 applications due to the restrictive nature of the eligibility criteria attached to it. The Irish Refugee Council (IRC) have advocated that the residency requirement attached to the scheme be reduced from 5 years to 3, as well as reducing the requirement for time spent in the school system from 5 years to 2 years, reflecting the leaving certificate cycle. These changes would bring it in line with the SUSI residency requirements (3 years).

SVP Recommendations:

- Reinstate Child Benefit for children living in Direct Provision to help reduce poverty and deprivation among families in the protection process.
- Ensure all children living in direct provision, irrespective of the type of school they attend, (DEIS/Non-DEIS, urban, rural) have the necessary materials and supports to participate fully in the Irish education system.
- Conduct a review of the Pilot Support Scheme. Make recommendations to ensure more applicants can successfully access financial support to attend Higher Education and Further Education and Training (FET).

Asylum Seekers current right to work

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6 Correspondence from Irish Refugee Council 7 November 2018
7 https://www.education.ie/en/learners/services/pilot-support-scheme
In light of a recent Supreme Court case the Government have now opted into an EU Directive that includes a right to work for people in the asylum process. However, the international protection appeals tribunal has significant delays, this will mean that some of the people who have been in Ireland the longest, will not be able to avail of the right to work. SVP members who support individuals and families in direct provision have reported their concerns about the pay and conditions of employment which asylum seekers have gained. They have stated some asylum seekers are working in very poor conditions with low pay despite having good education levels and previous professional work experience. SVP members have also reported the lack of transport as a major barrier for asylum seekers accessing interviews and potential job opportunities.

**SVP Recommendations:**

- Conduct an independent evaluation of the type of employment accessed by asylum seekers under the current right to work initiative.
- Promote integration, support employment and combat social exclusion by extending the Free Travel Scheme to all people in the protection process.

**The Housing and Homeless crisis**

Approximately, 12% of people residing in the accommodation centres provided by the Reception Integration Agency, (over 700 people), have permission to remain in Ireland. However, they are unable to leave direct provision as they cannot find alternative accommodation. This delays the integration process even further, trapping them in an institutionalised environment, impeding integration and leaving their lives in limbo.

The housing and homeless crisis continues to affect the most vulnerable in Irish society. SVP members visit families and individuals in emergency accommodation, some of whom have been living in direct provision and are currently unable to source private rented accommodation or local authority housing. In other cases, SVP report supporting people who are in the international protection process and are in one night only emergency accommodation. In all cases, SVP members are supporting people who are very vulnerable, experiencing severe stress and are facing uncertainty for their future.

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8 [https://www.kildarestreet.com/debates/?id=2018-07-05a.17&s=asylum+seekers+right+to+work#g21](https://www.kildarestreet.com/debates/?id=2018-07-05a.17&s=asylum+seekers+right+to+work#g21)
9 Communication with SVP National Social Justice Committee Meeting November 24th, 2018
10 [https://www.kildarestreet.com/wrans/?id=2018-12-19a.546&s=asylum+seekers#g550.r](https://www.kildarestreet.com/wrans/?id=2018-12-19a.546&s=asylum+seekers#g550.r)
SVP Recommendations:

- Ensure sufficient funding is available to NGOs to assist people leaving direct provision.12
- Ensure that adequate funding is provided so that every homeless family and individual in emergency homeless accommodation is assigned a case manager to support them to move on from homelessness.

Part 3:

Alternatives to direct provision:

Sweden provides self-catering apartments and on-site transport within its reception facilities. Access to services and appropriate supports must be included in any future provision for asylum seekers. The department need to be cognisant of the low level of personal allowance of €38.80 for adults and €29.80 for children, when assessing whether leisure and other activities are accessible to residents, as supports other than transport may be required for residents to participate.

SVP Recommendation:

SVP recommends that a cost-benefit analysis be undertaken on the feasibility of providing a similar service in Ireland.

Part 4:

Concluding Remarks & Key Recommendations

The waiting times and the uncertainty around cases processing are among the most significant concerns for asylum seekers in Ireland today while having to live in an institutional type setting. Other concerns and areas for improvement are largely structural and include access to education and meaningful access to the labour market. Also, the additional needs of people leaving the direct provision system should be considered by policy makers and adequate resources and supports be implemented on a continuous basis.

SVP recommends that the above recommendations and insights be given due consideration by the Committee on Justice and Equality to ensure the human rights of asylum seekers and those in the international protection process are protected.

12 https://www.kildarestreet.com/wrans/?id=2018-12-19a.546&s=asylum+seekers#g550.r
Submission to the Committee on Justice and Equality on direct provision and the international protection application process

May 2019
St. Patrick’s Mental Health Services (SPMHS) is Ireland’s largest independent, not-for-profit mental health service provider. St. Patrick’s Mental Health Services’ vision is a society where all citizens are given the opportunity to live mentally healthy lives. SPMHS works to provide the highest quality mental healthcare, to promote mental wellbeing and mental health awareness, and to advocate for the rights of those experiencing mental health difficulties. SPMHS achieves this through a human rights-based approach, through the enhancement of evidence-based knowledge, and by striving to be at the cutting edge of new initiatives and advances in the field.

SPMHS is committed to furthering the development of the competencies of those choosing to work in mental health and of the organisations providing mental health care services, and to enhancing partnership with service users. Our strategic plan for 2018-2022 – ‘Changing Minds. Changing Lives’, is firmly rooted in these principles and commitments.

SPMHS welcomes the opportunity to contribute to the Committee on Justice and Equality’s consultation on direct provision and the international protection application process. This submission will focus on the welfare and conditions of people living in the direction provision system within the context of mental health and wellbeing.
Mental Health Needs of Refugees and Asylum Seekers

A Vision for Change, the document that sets out Ireland’s mental health policy, clearly identifies a strategic imperative to address the mental health needs of culturally diverse groups. SPMHS encourages future development of services for those accessing direct provision and the international protection application process to prioritise the mental health needs of these individuals.

As is well acknowledged, those accessing Ireland’s direct provision and international protection application process may be fleeing from war, violence (including gender-based violence and torture), chronic poverty or natural disaster. Many will have encountered trafficking, exploitation or abuse along the way. The impact of experience of adversity and trauma, as noted in the McMahon Report (Final Report of the Working Group to Report to Government on Improvements to the Protection Process, including Direct Provision and Supports to Asylum Seekers), and an increased risk of mental health difficulties including for the development of anxiety, depression, psychosis, and post-traumatic stress disorder (PTSD) are pertinent. Additionally, the risk of compounding experience of trauma as a result of environmental factors associated with living in direct provision has been acknowledged in the McMahon Report. SPMHS agrees with the McMahon Report in relation to the need for prompt mental health services that fit the needs and relative risk of mental health difficulties in this population, and also shares the concern that there are long waiting lists for some such services.

SPMHS encourages the provision of a trauma-informed care model for all persons who have experienced trauma, and supports the recommendation within the HSE’s Second National Intercultural Health Strategy to ‘promote provisions of programmes’ to staff in this regard. Knowledge about trauma should be fully integrating into policies, procedures, and practices and all future considerations around the provision of services to this population should actively seek to resist re-traumatisation. In this regard, it would be of benefit if training around issues of trauma be extended to key staff working in direct provision centres to complement the “understanding of basic mental health issues” recommended for centre managers.

SPMHS agrees with the assertion within A Vision for Change that mental health services need to reach out to culturally diverse communities. SPMHS further supports the recommendations made by the College of Psychiatrists of Ireland in their position paper on mental health requirements for asylum seekers, refugees and migrants, in particular the recommendation that “psychological assessment at point of arrival should be carried out, appropriate treatment given and relevant information communicated to mental health services subsequently involved in a timely manner”.

Cultural Competence and Health Literacy

The launch of the HSE’s Second National Intercultural Health Strategy 2018-2023 is welcomed, and the attention therein to the health needs of those living in direct
provision and the necessity for cultural competence training for healthcare staff important. Notwithstanding the acknowledged pressures on, and resource limitations of, mental health services currently, additional barriers to accessing mental health care when needed are noted amongst asylum seekers\(^\text{12}\). These include informational barriers, such as receiving information about entitlements and available services in formats that are not accessible. Cultural barriers may contribute to stigma associated with mental health needs. Health literacy is acknowledged as a factor which can impact both access to, and engagement with healthcare services\(^\text{13}\). Ensuring availability of information in varied formats (e.g. classroom format, simplified written and pictorial formats) and from a variety of sources (e.g. community and religious groups), would be a practical measure to increase health literacy amongst those living in direct provision\(^\text{14}\). Similarly, these approaches could be employed for any stigma-reduction efforts focussed on people living within direct provision.

Social Participation and Meaningful Occupation

In the context of occupation as encompassing meaningful productive, leisure, social and self-care activity, the notion of ‘occupational deprivation’ has been asserted by occupational therapists and occupational scientists as a human rights issue inordinately experienced by those living within the asylum-seeking process \(^\text{15}\). Meaningful occupation, including social and productive roles and outlets, are recognised as being key to mental wellbeing and thus where someone is precluded or restricted from participation in these spheres of life, a negative impact on health can result. The World Health Organisation highlights the significance of social integration and employment as a key area of mental health intervention and promotion. It notes an association between social isolation and unemployment with higher prevalence of mental disorders in long-term refugees \(^\text{16}\). This is further highlighted in Mental Health Reform’s 2014 report on the mental health needs of ethnic minorities – “Representatives reported that male and female asylum seekers regularly link feelings of anxiety, depression and more serious mental health difficulties to their experience of long term communal living and forced inactivity (without the right to work) in the direct provision system of accommodation”\(^\text{17}\).

The enhanced access to the labour market for asylum seekers introduced by the government in 2018 is very welcome, however this still entails a period of nine months’ exclusion from the labour market. The importance of facilitating participation in meaningful occupation during this time to wellbeing and mental health should be recognised, and varied programmes to this end are outlined in the WHO’s 2018 technical guidance on mental health promotion and health care in refugees and migrants\(^\text{18}\). Further, the improvements outlined in the final progress report on the implementation of the McMahon Report\(^\text{19}\), to enable culturally meaningful participation in meal preparation tasks within accommodation centres is also positive, and it is important this is maintained and enhanced where needed.

Enabling access to social activity within local communities, and to meaningful productive activity via educational, voluntary and paid employment opportunities is vital for supporting the wellbeing of people currently living within the direct provision system. Access to occupational therapy services as part of health supports available to those living in direct provision would be of great benefit to enable displaced people “to
participate in valued occupations that help bridge a former life to the current situation”.

**Gender-based violence and women’s mental health**

A high risk of experience of gender-based violence has been evidenced amongst women and girl refugees, occurring prior to displacement, and during the process of migration and seeking asylum. There is a strong association between occurrence of mental health difficulties with experience of gender-based violence however research indicates this is under-identified within mental health services generally and research indicates this is under-identified within mental health services generally. Increasing awareness and understanding of health professionals and others working with those in direct provision about issues of gender-based violence would be of great benefit in increasing access of those who may need related support. This should include awareness of additional barriers to women and girls living in direct provision around disclosure or seeking support. Cultural taboos or the impact of requiring an interpreter may be prohibitive to disclosure or accessing support.

**Children and young people living in direct provision**

The impact of displacement and living in a direct provision system on children has been well-documented, and the vulnerability and health and development needs of children living in direct provision highlighted. SPMHS endorses the European Network of Ombudspersons for Children’s (ENOC) position statement on ‘Child Mental Health in Europe’ which states that -

“protecting and enhancing children’s mental health is not only a key component of promoting their rights, including their best interests, but also has immense advantages. It gives children the best opportunity to live a happy, fulfilled life. It enables them to make the most of their childhoods and of growing up to be productive and happy adults.”

Children living within direct provision centres have been acknowledged “as among the most vulnerable in Irish society,” and the importance of access to timely mental health support when needed cannot be overstated. Similarly, culturally meaningful efforts to promote mental wellbeing and decrease any associated stigma are to be encouraged. The suggestion of collaboration with the Office of the Ombudsman for Children “in respect of children living in direct provision centres and emergency, reception and orientation centres” within the HSE’s Second National Intercultural Health Strategy is most positive, and SPMHS supports such efforts to ensure the voices of children and young people are heard and supported.

The need for additional temporary support for young refugees on turning 18, to enhance social inclusion and ensure continued access to necessary services such as healthcare including psychological supports, has recently been highlighted by the Council of Europe’s Committee of Ministers in their recommendation on supporting young refugees in the transition to adulthood. They further highlight as particularly vulnerable young people who are unaccompanied or have been separated from their families, and young refugee women.
Summary of Recommendations

- Enhance outreach efforts of mental health services for those in direct provision.
- Increase awareness and understanding of trauma-informed approaches amongst health care professionals and staff directly working with people living in direct provision centres.
- Develop practical approaches to increasing health literacy and decreasing stigma, including availability of mental health information in varied formats and from a variety of sources, if not already sufficiently accessible.
- Enable participation in meaningful occupation, particularly during the time a person is precluded from accessing the labour market; include timely access to occupational therapy services as part of health supports available.
- Increase awareness and understanding of gender-based violence, related supports available, and challenges to disclosure.
- Support children and young people’s engagement with advocacy outlets.
- Implement anti-stigma and mental health promotion strategies for children and young people.

END

Ruth Cleary, Assistant Psychologist, SPMHS
Louise O’Leary, Advocacy Manager, SPMHS
References

8 Ibid
14 Ibid
29 Ibid (p.29)
30 Recommendation CM/Rec(2019)4 of the Committee of Ministers to member States on supporting young refugees in transition to adulthood (Adopted by the Committee of Ministers on 24 April 2019 at the 1344th meeting of the Ministers’ Deputies)
https://search.coe.int/cm/Pages/result_details.aspx?ObjectID=09000016809416e1
31 Ibid
Committee on Justice and Equality
Committee Secretariat,
Houses of the Oireachtas Service,
Kildare Street,
Dublin 2,
D02 XR20

Written submission on the issues of Direct Provision and the international protection asylum process, on behalf of the Small Trans Library (STL)

Dear Mr. Byrne,

On behalf of the Small Trans Library (STL) I would like to make the below submission in relation to issues of Direct Provision and the international protection asylum process. The covering letter I have attached along with this submission letter provides an overview of the Small Trans Library and the relevance of our decision to make a contribution.

In a broad sense, the system of Direct Provision has been widely criticised by domestic and international human rights organisations who have conducted research on it. It is a system which has been utterly condemned by those who have experienced, or continue to experience it directly. In spite of this repeated criticism and condemnation, it is clear that steps towards the abolition, or indeed even reform, of Direct Provision have moved at an unsatisfactory pace.

Our friends in the Movement of Asylum Seekers in Ireland (MASI), which was established in 2014, calls for an end to Direct Provision, the right to work and education, residency for all in the system, and an end to the brutal current deportation system. We unconditionally support MASI in their demands and, as a preface to the below, would like to echo their frustrations at being excluded from the various reports and investigations which have been conducted in recent years. We believe that those directly affected by any system must be the voices we listen to as a priority.

The McMahon Report, published in 2015, made a total of 173 recommendations based on a lengthy process of consultation with members of the Working Group on the Protection Process and Direct Provision.¹

NASC, the Migrant and Refugee Rights Centre, subsequently published a working paper on the progress of Implementation of the McMahon Report, in 2017. A summarisation of its
findings indicate that out of 173 total recommendations in the report, 20 (12%) could be verified as ‘Implemented’. ²

In the Eleventh Report of the Special Rapporteur on Child Protection ³, submitted to the Oireachtas in 2018, Dr. Geoffrey Shannon raised concerns that many children in the Direct Provision system are living in State-sanctioned poverty and in environments that could prove highly damaging. He noted that “we are in a situation where we treat children in direct provision as being second-class citizens”. In his summary of recommendations, he notes:

“Ireland should abolish the ‘direct provision’ system of accommodation for asylum seekers and ensure adequate provision for children’s standard of living. In the interim, the Reception and Integration Agency must ensure agreements with commercial contractors in relation to compliance with section 42 of the Irish Human Rights and Equality Commission Act 2014 and ensure high standards of accommodation. Direct provision should be placed on a statutory footing, and a time limited period (6-9 months) introduced after which an individual who has not yet received a first instance decision on his/her status should be able to leave the direct provision system and live independently and access relevant social welfare payments.”

As an organisation working towards the liberation of LGBTQ+ people, STL is especially mindful that there are a multitude of issues with the Direct Provision system which specifically negatively affect the lives of its resident who identify as LGBTQ+. The isolation that naturally occurs under this system – in which residents’ movements are monitored, transport links are often inadequate, and in-house supports and resources are not widely available – hampers opportunities to integrate, build networks and socialise with other LGBTQ+ people. It is often a dangerous environment, wherein residents feel compelled to conceal their identities for fear of facing violence and intimidation.

Louise Sarsfield Collins of Maynooth University published a substantive report which examines these issues, entitled The Law and Everyday Experiences of LGBTQ Asylum Seekers . She notes that “these physical and material barriers to engaging fully with the local community are felt by all asylum seekers in Direct Provision. However, for many LGBTQ asylum seekers, homophobia serves to further imprison people. This homophobia can be both internal and external.”

The McMahon report also outlined issues that are faced by LGBTQ+ asylum seekers in Direct Provision. These issues included a lack of individual lockers for the storage of personal items including papers relating to residents’ claims which they said were a cause of “real anxiety”. Safety and isolation were also highlighted as serious issues to LGBTQ+ asylum seekers, especially in cases where they had to share bedrooms and bathrooms. They also reported serious issues of concern around disclosure of their sexual orientation and the response to those disclosures.

In August 2018, a trans woman, Sylva, died suddenly in a Direct Provision centre. She had been resident in a male centre, having come out as trans roughly two months after arriving in Ireland. Her loss is mourned by all of us in the LGBTQ+ community, many of whom knew her personally, especially in the Galway area.
The physical and mental healthcare needs of LGBTQ people are unique and it is imperative that sufficient resources are available to those in the asylum process.

As an organisation, STL supports the call for the abolition of Direct Provision. We support and wish to amplify the demands of the Movement of Asylum Seekers in Ireland. We call for LGBTQ+ specific support networks, resources and healthcare to be available and accessible to asylum seekers.

We believe the above submission offers a substantive argument for these demands.

Is Mise le Meas,

Kate Kiernan
on behalf of STL

Bibliography


I’m not writing as an expert, just as a citizen.

Direct provision treats asylum seekers and refugees differently to anyone else on the island. They have no option but to live in centres where they may not leave for more than two nights in a row, may not cook their own meals, may not have the privacy of sharing their own room, children cannot have friends over from school, and are under the control of centre managers with no experience in helping people who have experienced trauma. And many of these centres are run for profit and far from towns and villages making it difficult for residents to integrate. Intelligent and skilled asylum seekers and refugees are prohibited from adding to the workforce, or even using skills like cooking as centres do not have kitchen residents can use. Residents are left to rot. Direct provision means that residents can be moved at any time for any reason, breaking up bonds that may have developed between the residents. It’s like a prison.

There is no way for the separate treatment of regular citizens and asylum seekers and refugees to be humane and so direct provision needs to end. Instead asylum seekers and refugees should have the right to work, access to welfare and housing supports and have equal treatment with Irish citizens. The recommendations by the Special Rapporteur for Child Protection that asylum seekers be given access to welfare supports so they can leave Direct Provision must be implemented. The conditions that asylum seekers and refugees lived in pre-2000 in Ireland need to be restored.

The right to work must be given to all international protection applicants from when they have their first ‘small’ interview and must remain valid until they are given a positive decision or are removed from or leave the state.

People must be enabled to live an independent family life and to have a home, not an institution overseen by managers - people seeking asylum do not need to be ‘managed’, they need to be allowed to make a new life. People should be out of reception centres and into communities within one month, the longest they should be in a reception centre should be 12 weeks; asylum seekers and refugees should have the independence and autonomy to rebuild their lives. The Reception Integration Authority should be abolished as the Department of Justice should have no part in the accommodation process. People in Direct Provision fear if they complain about their living situation the Department will be informed and it will negatively impact their applications.

Summary of recommendations
End direct provision and allow asylum seekers to work while giving proper housing and welfare supports if needed.

Abolish the RIA to end involvement of the Department of Justice in accommodation process.

Have asylum seekers and refugees in a reception centre for no longer than 12 weeks so they may begin to piece their life together independently and without management.

Allow asylum seekers and refugees the right to work.

References
A. Recommendations

In this submission, I focus on issues of the system of direct provision, and issues relating to law, administration and human rights. The following are the recommendations I make to the Oireachtas Committee on Justice and Equality:

**Recommendation One:** The direct provision system is not fit for purpose. The system of direct provision should be abolished. Alternatives to the system must respect, protect, vindicate and fulfil all human rights, civil, political, economic, social and cultural, while persons within the international protection system have their claims for international protection assessed. Failures in state administration for timely determination on international protection claims are no defence to rights violations.

**Recommendation Two:** If the system of direct provision is to be abolished, segregation of persons in the international protection process within housing must be avoided.

**Recommendation Three:** The system of direct provision impairs fundamental rights relating to private and family life. The communal nature of the system, the testimony from those within the system documenting the significant levels of social control upon the most intimate aspects of private and family life, mean such an institutional system is a gross breach of human rights.

**Recommendation Four:** While short-term reception centres, for a strictly time limited period, would be appropriate for international protection applicants entering Ireland, it is wholly inappropriate to be continued beyond a short period of time.
**Recommendation Five:** The daily expenses allowance/direct provision allowance for those within the direct provision system must be kept under constant review. If the system of direct provision accommodation is abolished, the appropriate rates of reference as to the precise level of daily expenses allowance should be equated to appropriate rates provided to persons in receipt of social welfare assistance payments in Ireland.

**Recommendation Six:** Parents/Guardians of children within the international protection system should be paid child benefit in order to fully adhere to Ireland’s international human rights obligations. This can be achieved through amending to the Social Welfare (Consolidation) Act 2005.

**Recommendation Seven:** In order to comply with minimum human rights obligations, Ireland should permit asylum seekers to work, where no first instance decision has been reached, within six months. It is further recommended that Ireland go beyond this minimum and reduce this time limitation further so as to acknowledge the importance of work to a sense of identity, self-worth and acknowledging the inherent dignity of persons within the international protection process.

**Recommendation Eight:** Any international protection applicant, who had been awaiting a first instance decision on their protection claim over the nine month period, even before the 2018 Regulations had come into effect, and even if they received a negative determination at first instance, should be permitted to work until the finalisation of the protection claim before the International Protection Appeals Tribunal. It will be necessary to specifically amend the European Communities (Reception Conditions) Regulations 2018 Regulations to ensure this.

**Recommendation Nine:** Aged-out separated children, who are awaiting a determination on their international protection claim, should not be placed in direct provision, and should be entitled to the same aftercare supports available to other care experienced children in Ireland.
B. Direct Provision: Law, Administration and Human Rights

The system of direct provision for those seeking international protection has been much commented upon for almost twenty years. The system was predicated on the notion that all international protection applications would be assessed within a six-month period. It was envisaged as a very short-term solution to meeting the needs of international protection applicants. Through examination of ministerial correspondence from the late 1990s, the creation and evolution of the system of direct provision, was trumped as a means,¹

“to tackle the perception that Ireland was a soft touch in terms of welfare tourism, … [and] to limit exposure of Ireland’s welfare state to fraud.”

This has been the mainstay political reaction to the creation and maintenance of the system of direct provision since its inception.

However, from years of evidence, we know that international protection applicants are likely to spend many years, rather than months, within direct provision. From the very first report by Prof Bryan Fanning and Dr Angela Veale in 2001, Beyond the Pale, we have known that the system of direct provision significantly impairs several fundamental rights: the right to privacy, the right to autonomy in decision making, and the right of children to grow up within a non-institutionalised family environment. From other reports by various non-governmental organisations,² the system of direct provision has given rise to serious concerns as regards Ireland’s compliance with international human rights legal obligations as they pertain to the right to social assistance and the right to work. Various governments between 2000 and 2019 have had significant notice of the rights violations that occur due to the system of direct provision. Various bodies and persons tasked by the State with ensuring that various human rights are respected, protected and vindicated have also commented exceptionally negatively on the operation of the system of direct provision.³ Most recently, the Special Rapporteur on Children, Prof. Geoffrey Shannon in his 11th
The McMahon Report of 2015, heralded as a major systemic review of the system of direct provision, proceeded on the basis that the system of direct provision was the only way Ireland was going to meet its international human rights legal obligations towards persons seeking international protection. Some of the implemented recommendations within the Report have undoubtedly had a positive impact upon persons within the direct provision system. However, significant caution needs to be taken, in my view, to this report. A significant number of recommendations (many not implemented) were ‘subject to contractual obligations’, subject to provisos that rights would be recognised “in so far as is practicable”. The McMahon Report, due to its limited terms of reference, was unable to fundamentally challenge a system of set meal times, of unnatural institutional living, of fully respecting, protecting and fulfilling the human rights of all person’s subject to the system of direct provision, of living for years within a modern economically liberal democratic society without access to the labour market, or an adequate standard of living, subject to such a limited weekly payment, known now as a daily expenses allowance (previously labelled direct provision allowance).

The Oireachtas legislated to withdraw various social assistance rights from those seeking international protection in 2003 and 2009, yet never legislated positively to provide for the social and economic rights of persons within the international protection system until 2018. While the placement of the social and economic rights of persons who are seeking international protection on a legislative footing in the European Communities (Reception Conditions) Regulations 2018 is most welcome, it has not in my view fundamentally dealt with the significant violations of international human rights obligations that continue to occur due to the very existence of the system of direct provision.

In the words of Lauterpacht, international human rights law has allowed the,
“...recognition of the worth and human dignity of the individual...[and an] acknowledgement of the worth of human personality as the ultimate unit of all law...”

The Vienna Declaration on Human Rights confirms that,9

“[r]espect for human rights and for fundamental freedoms without distinction of any kind is a fundamental rule of international human rights law.”

Acknowledging the inherent dignity of individuals within the international protection process is neither value free nor cost free. There is no point in pretending that creating a rights compliant system for the reception of persons seeking international protection will be less costly that direct provision. Respecting, protecting and vindicating the human rights of those purposefully marginalised by the political system, the legal system, and indeed by Irish society, will mean that political choices will have to be made as regards whether Ireland will comply with its freely accepted international human rights legal obligations. That so many other European Union states so fragrantly disregard not only their obligations under European Union law, but also under international human rights law, is in no way a defence for Ireland to continue operating the system of direct provision.10 Tinkering with systems and processes that may ensure safe or more pleasant institutional living conditions, in my view, misses the point. The system of direct provision is a significant violation of human rights. Only the dismantling of direct provision will ensure that the rights for all international protection applicants are respected, protected and fulfilled.

**Recommendation One:** The direct provision system is not fit for purpose. The system of direct provision should be abolished. Alternatives to the system must respect, protect, vindicate and fulfil all human rights, civil, political, economic, social and cultural, while persons within the international protection system have their claims for international protection assessed. Failures in state administration for timely determination on international protection claims are no defence to rights violations.
C. Private and Family Life & the Direct Provision System

Ireland’s legal obligation under European Union law, is to provide some form of shelter to persons seeking international protection. Reception/accommodation centres are specifically envisaged as a means of providing applicants for international protection with shelter. However, as has been known since the early days of direct provision, and has in no way changed since the coming into force of the European Communities (Reception Conditions) Regulations, the prolonged nature of stay within accommodation centres significantly impacts on significant human rights entitlements for those seeking asylum. In July 2014, the UN Human Rights Committee stated that Ireland must “ensure that the duration of stay in Direct Provision centres is as short as possible.” A key issue within Ireland, is the segregated nature of accommodation for those within the international protection system. Ireland has significant international legal obligations under the International Convention on the Elimination of Racial Discrimination (CERD). Under General Recommendation No. 30, UN Committee on the Elimination of Racial Discrimination categorically stated that an obligation upon States parties, including Ireland, is to,

“…[g]uarantee the equal enjoyment of the right to adequate housing for citizens and non-citizens, especially by avoiding segregation in housing...”

Yet, the system of direct provision is specifically premised on institutionalizing non-citizens, who are within the international protection process, within segregated accommodation settings. In abolishing the system of direct provision accommodation, the issue of segregating international protection applicants within particular areas, must be avoided.

**Recommendation Two:** If the system of direct provision is to be abolished, segregation of persons in the international protection process within housing must be avoided.
The communal nature of the system of direct provision impacts fundamentally on the autonomy of persons within the international protection system. As the UN Independent Expert on the Question of Human Rights and Extreme Poverty, Magdalena Sepúlveda Carmona, has noted, direct provision,\textsuperscript{14}

“…limits the autonomy of asylum-seekers and impedes their family life, as most accommodation centres have not been designed for long-term reception of asylum-seekers and are not conducive to family life.”

Prolonged periods of having to share bedrooms with strangers, under scrutiny from managers within direct provision accommodation centres are a fundamental attack on the aspects of the right to private life. The concept of private life escapes precise definition, but as noted by the European Court of Human Rights,\textsuperscript{15}

“…it can embrace aspects of an individual’s physical and social identity…a right to establish and develop relationships…[and] the notion of personal autonomy is an important principle underlying the interpretation…”

That such intimate life decisions, such as where you sleep, when you eat, who prepares your food for you, who you share your personal space with, who you report your comings and goings to, is something that seems hard to equate with any sort of meaningful right to private life. Yet, the system of direct provision, in particular the House Rules, precisely envisage such an all-encompassing institutionalisation of individuals’ private life. Private life is set at naught within the system of direct provision accommodation.

As well as the issues highlighted above, as part of a consultation with children living in the system of direct provision, children have noted that they lack any sort of privacy, sharing one room with parents and other siblings, acknowledge the rather ‘alien’ nature of their living arrangements, the fact that many had never tasted their parents cooking, and could not invite friends to accommodation centres.\textsuperscript{16} Families in direct provision accommodation have no choice of who they live with, how they live and relax, sleeping in shared hostel style accommodation, have no control over what they eat if food preferences are not contained in the accommodation centre’s menu, while often feeling ‘watched’, under surveillance, and parentalautonomies and choices questioned by staff within accommodation centres.\textsuperscript{17} Direct provision accommodation
centres are situated by Nedejkovic as a ‘total institution’, wherein decisions on
everyday life, become entangled with broader societal impulses to confine and
contain.\textsuperscript{18} This at time permeates outside accommodation centres, with parents of
school going children feeling under intense scrutiny from teachers within their
children’s schools.\textsuperscript{19}

\textbf{Recommendation Three:} The system of direct provision impairs fundamental
rights relating to private and family life. The communal nature of the system, the
testimony from those within the system documenting the significant levels of
social control upon the most intimate aspects of private and family life, mean
such an institutional system is a gross breach of human rights.

All this occurs within a system of private profit. However, I urge the Committee not to
simply replace the private for profit direct provision accommodation model, with a
‘public’ model of direct provision. No matter how ‘nice’ or how ‘pleasant’ communal
direct provision may be, under direct government control, or under control of non-
governmental not-for-profit bodies, it is an institution. Ireland must stop seeking to
propose institutionalisation solutions to issues, that may be difficult to plan for, but
wherein the fundamental human dignity of a person is protected. This, to my mind, can
only be done through provision of non-communal accommodation. This of course, in
no way will impair the State from offering temporary, time-limited communal
accommodation to persons seeking to apply for international protection, who are
unable to ensure their own subsistence upon arrival in Ireland. However, such a stay
must be strictly time-limited.

\textbf{Recommendation Four:} While short-term reception centres, for a strictly time
limited period, would be appropriate for international protection applicants
entering Ireland, it is wholly inappropriate to be continued beyond a short period
of time.
D. Right to Social Assistance and Right to Work

Socio-economic rights are those rights recognised under international law as forming part of the corpus of human rights. These include (but are not limited to) the following:\textsuperscript{20}

- The right to social assistance and social security (art. 22 \textit{Universal Declaration on Human Rights}, art. 9 \textit{International Covenant on Economic, Social and Cultural Rights}),
- The right to work and to fair conditions of work (art. 23 UDHR, arts. 6 & 7 ICESCR), The right to rest and leisure (art. 24 UDHR),
- The right to an adequate standard of living, including food, water, clothing and shelter and medical care (art. 25 UDHR, arts. 11 & 12 ICESCR),
- The right to elementary education (art. 26 UDHR, art. 13 ICESCR),
- The family has a right to adequate social protection since it is the “natural and fundamental group unit of society” (art. 10 ICESCR).

1. \textit{Aspects of the right to social assistance}

The increase in the rate of daily expenses allowance/direct provision allowance in Budget 2019 was most welcome.\textsuperscript{21} However, the rate of payment, at €38.80 per week per adult and €29.80 per week per child, leaves much to be desired in terms of ensuring persons seeking international protection can be included within Irish society.

The Committee on Economic, Social and Cultural Rights have stated that differences of treatment in the enjoyment of socio-economic rights may be justified where these differences are \textit{reasonable, objective} and \textit{proportionate}.\textsuperscript{22} It is not fully clear whether nationality or asylum status in and of itself would be reasonable, objective and/or proportionate means of restricting access to socio-economic rights. In the Committee’s \textit{General Comment on Social Security},\textsuperscript{23} it seems to be implicitly recognised that there can be differences in the enjoyment of social security between different groups within society.\textsuperscript{24} The Committee has stated that social security systems should not infringe on the right to an adequate standard of living for immigrants, including asylum.
seekers, and has raised concerns about the living conditions of asylum seekers in reception centres, and their exposure to racial discrimination. The Committee on Economic, Social and Cultural Rights have stated that persons seeking international protection must enjoy “equal treatment in access to” the labour market, healthcare and non-contributory social security benefits.

In Saciri, the CJEU held that the level of material reception conditions available to asylum seekers, where an EU Member State decides to provide financial allowances in the form of vouchers or monetary payment, must:

“ensure that the total amount of the financial allowances covering the material reception conditions is sufficient to ensure a dignified standard of living and adequate for the health of applicants and capable of ensuring their subsistence…”

Testimony from persons living within direct provision provides ample evidence as regards how the low rates of daily expenses allowance/direct provision allowance impact upon social inclusion within Irish society. Even if the system of direct provision accommodation continues, there is a need for the Department of Employment Affairs and Social Protection to explain and justify how it has come to the current rates of payment. Where the system of direct provision accommodation is abolished, rates of minimum social assistance payments to those within the international protection process should be benchmarked to the minimum rates of social assistance payments provided to others in the State.

**Recommendation Five:** The daily expenses allowance/direct provision allowance for those within the direct provision system must be kept under constant review. If the system of direct provision accommodation is abolished, the appropriate rates of reference as to the precise level of daily expenses allowance should be equated to appropriate rates provided to persons in receipt of social assistance payments in Ireland.

Prior to 2004, all persons with children in the State, regardless of legal status, were entitled to child benefit. With the introduction of the habitual residence conditions, children of those seeking international protection were no longer entitled to receive child benefit.

Article 22(1) of the United Nations Convention on the Rights of the Child provides:
“States Parties shall take appropriate measures to ensure that a child who is seeking refugee status...whether unaccompanied or accompanied ... receive appropriate protection and humanitarian assistance in the enjoyment of applicable rights set forth in the present Convention and in other international human rights or humanitarian instruments to which the said States are Parties.”

Ireland has very clear international legal obligations that asylum seeking children/children in a family who have a member claiming asylum, must be treated equally vis-à-vis citizen children. In Ireland to date, law and administration, has rejected such a rights-based approach to children in direct provision. In 2015, the UN Committee on the Rights in its examination of Ireland’s report, directed Ireland to,

“Proportionately increase the child allowance provided to asylum seekers to ensure that it correlates with the cost of living in [Ireland].”

The UN Committee on the Rights of the Child, has determined that the UN Convention on the Rights of the Child “prohibits differences in treatment on grounds that are not arbitrarily and objectively justifiable, including nationality”. In all dealings with asylum seeking children, the best interests of the child is to be the primary consideration and emphasises that special care needs to be taken of already disadvantaged groups within society and this includes refugee and asylum seeking children. The Committee on the Rights of the Child has seemingly rejected any attempt to differentiate between the socio-economic rights of children in asylum-like situations.

While the increases in daily expenses allowance for children within the direct provision system is welcome, this partially equates to the child top up payment for social assistance payments. It does not include an entitlement for children within the direct provision system to be entitled, through their parents/guardians, to child benefit. This could be easily achieved through an amendment to the Social Welfare (Consolidation) Act 2005 (as amended) to provide parents of children subject to the direct provision system with child benefit payment.

**Recommendation Six**: Parents/Guardians of children within the international protection system should be paid child benefit in order to fully adhere to Ireland’s international human rights obligations. This can be achieved through amendment to the Social Welfare (Consolidation) Act 2005.
2. Aspects of the right to work

In seeking to declare the absolute prohibition on international protection applicants entering employment to be unconstitutional, Hogan J., in the minority in the Court of Appeal, stated that constitutional fundamental rights guarantees could not be reduced, \(^{35}\)

“…to pure platitudinous statements of benevolent goodwill which could easily be overborne once any attempt to take these rights seriously was likely to prove inconvenient or might thwart policy choices made by the Oireachtas or the Government.”

The seven judge Supreme Court in a single decision declared the legislative prohibition on asylum seekers accessing employment was unconstitutional. \(^{36}\)

Reliance was placed on the *Botta* decision \(^{37}\) of the European Court of Human Rights, and for the first time ever in an Irish Court, a General Comment of the UN Committee on Economic, Social and Cultural Rights. \(^{38}\) In CESCR’s General Comment on the right to work, the Committee stated, \(^{39}\)

“The right to work is essential for realizing other human rights and forms an inseparable and inherent part of human dignity. Every individual has the right to be able to work, allowing him/her to live in dignity. The right to work contributes at the same time to the survival of the individual and to that of his/her family, and insofar as work is freely chosen or accepted, to his/her development and recognition within the community.”

The Supreme Court said that while not fully endorsing the Committee’s conception of the right to work under Article 6 ICESCR, did state that “the thinking is broadly consistent with that which was the background to the Constitution”. \(^{40}\) Linking the freedom to work under Article 40.3.1 of the Irish Constitution, with the (limited) \(^{41}\) equality guarantees under Article 40.1, \(^{42}\) O’Donnell J. stated, \(^{43}\)

“…it cannot be said that the legitimate differences between and asylum seeker and a citizen can continue to justify the exclusion of an asylum seeker from the possibility of employment. The damage to the individual’s self-worth and sense of themselves is exactly the damage which the constitutional right seeks to guard against.”

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Aside from the provision in law of a daily expenses allowance in law, the second most significant impact of the 2018 Regulations had been granting ‘applicants’ the right to apply to access the labour market.\(^4^4\) Where there is not a first instance status determination decision within nine months,\(^4^5\) and this delay cannot be attributed to the applicant,\(^4^6\) then an applicant, which can include those under 18,\(^4^7\) will be entitled to a labour market access permission.\(^4^8\) This is an exceptionally positive move. The labour market access permission subsists for a period of six months,\(^4^9\) and will be renewed, once an applicant does not have a final determination of their protection claim,\(^5^0\) and has complied with various obligations, as regards informing the Minister for Justice and Equality of their salary,\(^5^1\) and making requisite financial contributions towards their material reception conditions.\(^5^2\)

The UN Committee on the Elimination of Racial Discrimination has expressed concerns as regards a nine-month time limit for asylum seekers accessing the labour market.\(^5^3\) However, the CERD Committee welcomed changes in other legal systems that limited this time period for accessing the labour market to six months.\(^5^4\) The EU Reception Directive (and therefore the 2018 Regulations), I argue, is not wholly rights compliant. Yet, on the right to work for asylum seekers, it is probably not far off being rights compliant. Therefore, it is strongly recommended, at a minimum, that asylum seekers access to the labour market be reformulated, to ensure that those awaiting a first instance decision can effectively access the labour market within six months (and preferably sooner).

**Recommendation Seven:** In order to comply with minimum human rights obligations, Ireland should permit asylum seekers to work, where no first instance decision has been reached, within six months. It is further recommended that Ireland go beyond this minimum and reduce this time limitation further to acknowledge the importance of work to a sense of identity, self-worth and acknowledging the inherent dignity of persons within the international protection process.

A significant ‘transitional’ issue has emerged as regards the 2018 Regulations and the right to work. Where a person had entered Ireland, awaited a first instance decision on an international protection application for over nine months, but received a negative determination, prior to the coming into force of the 2018 Regulations, she will not be
entitled to access the labour market. This is regardless of how long it took the International Protection Office (or indeed the former Office of the Refugee Applications Commission), to determine the protection claim.

In Albania,\(^5^5\) the protection applicant had applied for international protection on 23 October 2017 and received a first instance determination on 08 August 2018. The 2018 Regulations would have been in effect since 30 June 2018. The application for a labour market access permission had been denied by the Minister, and this denial was upheld by the Review Officer. The Tribunal Member for IPAT, noted that the Reg. 11(17) and Reg. 11(16) simply required that an appellant must be waiting nine months or more for a first instance recommendation from the International Protection Office at the time of applying for labour market access permission.\(^5^6\) Relying on Reg. 11(4) of the 2018 Regulations, the Tribunal Member determined that,\(^5^7\)

“If the first instance decision is still outstanding after the expiration of the nine months from the date of the application….an [international protection applicant] is eligible to apply for a labour market access permission. To find otherwise would be contrary to Regulation 11(4)… and Article 15 of the [Reception Recast] Directive.”

In Georgia,\(^5^8\) where the international protection applicant had waited almost 12 months for a first instance decision. The first instance decision was issued in May 2018, some two months before the right to work under the 2018 Regulations came into effect. Nevertheless, the international protection applicant was granted the right to work by the International Protection Appeals Tribunal.

However, in Bangladesh 2019,\(^5^9\) the Tribunal Member resiled from this decision. In Bangladesh, the appellant had applied for refugee status on 19 October 2015, was interviewed by the former first instance determination body in July 2016, the Office of the Refugee Application Commissioner, however no decision was issued.\(^6^0\) With a move to a single determination process, the applicant was interviewed by the International Protection Office in February 2018 and a negative determination was issued in March 2018.\(^6^1\) The protection applicant awaited a first instance determination for over two years. The Tribunal Member concluded,
“…following the letter of the law...the Tribunal has concluded that its approach in its previous decision was incorrect and that it would therefore be unlawful and misleading to follow that decision”.

The situation in Bangladesh 2019, while clearly not on all fours with the factual situation of Mr. N.H.V. in the Supreme Court decision on freedom to work for asylum seekers, nevertheless indicates that a proportion of asylum applicants, who waited more than nine months (and often years) for a first instance decision, received a negative determination, who are now awaiting an outcome of their appeal before the International Protection Appeal Tribunal, cannot qualify for a permission to enter the labour market.

**Recommendation Eight**: Any international protection applicant, who had been awaiting a first instance decision on their protection claim over a nine-month period, even before the 2018 Regulations had come into effect, and even if they received a negative determination at first instance, should be permitted to work until the finalisation of the protection claim before the International Protection Appeals Tribunal. It will be necessary to specifically amend the 2018 Regulations to ensure this.

**E. Aged-Out Separated Children & Direct Provision**

Aged-out separated children are persons who entered Ireland under the age of 18, would have been in the care of Tusla (Child and Family Agency), but upon reaching 18, will be placed within the system of direct provision. In Ireland, a discretionary system of aftercare for those leaving care has been in place since 1991. In the case of aged-out separated children, many of these elements of aftercare are extremely limited. Since 2011, the HSE National Policy and Procedure Document for Aftercare Service Provision has purported to limit the discretion of the Child and Family Agency in stating categorically, that aged-out separated children will be accommodated under the direct provision system. One of the most concerning recommendations in the McMahon Report, as regards aged-out separated children is that foster carers should receive training in order to build the independence and resilience of aged-out separated children to cope with moving into direct provision. So, while providing an extensive list of noted issues that arise with placing aged-separated children in direct provision, noting the “lack of purpose” these young people will experience, a key solution is to propose ‘independence and resilience training’ while they are children in order to facilitate them as young persons to move into the institutionalised living space
of direct provision. Dr Muireann Ní Raghaillagh has documented extensively the significant concerns surrounding the anticipated move of separated children into direct provision. As one interviewee in Ní Raghaillagh’s study noted,

“There are lots of kids who are doing really well, both from an education point and the foster care placement, and purely, from what I can see are budgetary reasons, they’re now being moved to direct provision at 18. And very often they’re moved to a hostel that’s completely outside of where they’ve been living. So they lose all the supports that they have around them. So you nearly go, “What’s the point of putting in two or three years of foster care?” … to actually just pull it straight out from underneath their feet.”

It is a welcome that while under eighteen, separated asylum seeking children in Ireland are not subject to direct provision. The political, societal and legal indifference to the rights of aged-out separated children is unfortunately not surprising, given Ireland’s long history of confinement of those who are deemed to be ‘not like us’.

**Recommendation Nine:** Aged-out separated children, who are awaiting a determination on their international protection claim, should not be placed in direct provision once they turn 18, and should be entitled to the same aftercare supports available to other care experienced children in Ireland.

### References


2. See for example: Free Legal Advice Centres (FLAC), Direct Discrimination? An Analysis of the Scheme of Direct Provision in Ireland (July 2003) and FLAC, One Size Doesn’t Fit All - A Legal Analysis of Direct Provision, 10 years On (November 2009). Irish Refugee Council (IRC), State Sanctioned Child Poverty and Exclusion (September 2012); NASC, the Irish Immigrant Support Centre, Hidden Cork: The Perspectives of Asylum Seekers on Direct Provision and the Asylum Legal System (2008).


6. See, Reg 2, European Communities (Reception Conditions) Regulations 2018.

7. For an overview of issues relating to the non-legislative nature of the system of direct provision, pre-2018, relying extensively on documents received through Freedom of Information requests, see: Thornton (2013), with updated commentary in Liam Thornton, “A View from Outside the EU Reception Acquis: Reception Rights for Asylum Seekers in Ireland” in P. Minderhoud and K. Zwaan (eds), The


10 See each EU Member State country report on the degree of compliance with EU law on reception conditions for asylum seekers here. I have previously argued that European Union law in this arena, does not comply with minimum international human rights obligations, see: Liam Thornton, “EU Asylum Policy: Reception Conditions for Asylum Seekers” in Tamara Lewis, Report on coherence of human rights policymaking in EU Institutions and other EU agencies and bodies (September 2014), pp. 105-111. [Large-Scale FP7 Collaborative Project, GA No. 320000, 1 May 2013-30 April 2017]


12 The UN Human Rights Committee also stated that an independent complaints mechanism must be introduced, see further, Concluding Observations, ICCPR, Ireland, UN Doc. ICCPR CCPR/C/IRL/CO/4 (July 24, 2014), para.19. This has now been satisfied with new review processes under House Rules and Procedures for dealing with complaints, and extension of the remit of the Ombudsman and Ombudsman for Children.

13 General Recommendation No. 30, CERD, Discrimination against Non-Citizens UN Doc. CERD/C/64/Misc.11/rev.3 (February/March 2004), para. 32.


15 Pretty v. United Kingdom, European Court of Human Rights, para. 90.


20 These rights are also protected under various other thematic human rights treaties on Race, Women, Children and Disability, as well as being protected (to varying degrees) by the European Social Charter (Revised) and acknowledged under the European Charter of Fundamental Rights (EUCFR).

21 For background and comment, see: Liam Thornton, Enhancing the Rights of Asylum Seekers in Budget 2019, 10 October 2018.


24 Ibid., see in particular, para. 9, para. 24, para. 37 and para. 64.


Case C-79/13, Federaal agentschap voor de opvang van asielzoekers v Selver Saciri and others, judgement of the CJEU, 24 February 2014.

Case C-79/13, Federaal agentschap voor de opvang van asielzoekers v Selver Saciri and others, judgement of the CJEU, 24 February 2014, para 46.

See e.g. McMahon Report, Chapter 2 (2015); UCC Child Law Clinic, Report of DCYA consultations with children and young people living in Direct Provision (2017)


[2018] 1 I.R. 246 at 317. Between the decision of the Court of Appeal and the hearing before the Supreme Court, Mr. N.H.V. had been granted refugee status. In addition, the Refugee Act 1996 was no longer in force, having been replaced by the International Protection Act 2015. The 2015 Act contained the exact same legislative provision absolutely barring an asylum seeker from entering the labour market. The Supreme Court decided to hear the appeal, even those Mr. N.H.V, now as a refugee, had a right to work. O'Donnell J. noted that the applicant had been effected by the prohibition for several years, and although now not applicable to him, may maintain his challenge to the constitutionality of the legislative provision, see [2018] 1 I.R. 246 at 308-310.

Botta v Italy (1998) 26 E.H.R.R. 241, relying on the European Court of Human Rights more general approach to human rights as being placed ultimately about the full and free development of human personality.


See generally, Oran Doyle, Constitutional Equality Law (Dublin: Roundhall, 2004).

Article 40.1 of the Irish Constitution provides: “All citizens, shall, as human persons, be held equal before the law. This shall not be held to mean that the State shall not in its enactments have due regard to differences of capacity, physical and moral, and of social function.”


Regulation 11 (labour market access permission) and Regulation 12 (withdrawal of labour market access permission) of the 2018 Regulations. The 2018 Regulations draw a distinction between those within the substantive status determination system awaiting decisions on their protection claim, who are entitled to work, and those persons subject to a non-executed Dublin transfer (i.e. removal to another EU Member State), whether the delay in transferring crosses the nine-month labour market access permission period so as to enable these persons access the labour market. This issue is awaiting determination in the Court of Justice of the European Union, due to a reference in K.S. (Pakistan) v Minister for Justice [2019] IEHC 176. The International Protection Appeals Tribunal had determined in its S.S. decision (on file with author) that persons under a non-executed Dublin transfer order are entitled to access the labour market. Given that Humphrey’s J. indicated in K.S. (Pakistan), that such persons should not be permitted to access the labour market, in April 2019, the International Protection Appeals Tribunal made its own preliminary reference to the Court of Justice of the European Union (that decision is on file with author) as the Tribunal Member disagreed with the analysis of Mr. Justice Humphrey’s.

Reg 11(4)(a) of the 2018 Regulations. The nine-month period is calculated from the receipt by the Minister for Justice and Equality of the applicant’s duly completed application for international protection (Reg. 11(16) and Reg. 11(17) of the 2018 Regulations).

Reg 11(4)(b) of the 2018 Regulations. The concept of delay attribution is further defined in Reg. 27 of the 2018 Regulations, on three expressed grounds (albeit that this reads as indicative, rather than exhaustive). First, where an applicant fails to make reasonable efforts to establish her identity. Second, without reasonable excuse, an applicant is deemed to have delayed the processing of her international protection application. When read with the International Protection Act 2015, it appears that this could include a failure by the applicant to co-operate with the assessment of her international protection claim under s.27 of the 2015 Act may include circumstances where an applicant has not submitted all documentation relevant to her application as soon as reasonably practicable, a failure to co-operate with her application assessment (i.e. without adequate justification not attending interviews or otherwise
engaging with the status determination body, the International Protection Office (see Section 38 of the 2015 Act). The third ground, within Reg. 27 provides that an attributable delay may occur, where the applicant is “otherwise failing to comply with an obligation under an enactment” relating to her international protection application. This appears to be a ‘catch-all’ provision, with necessary justification necessary from the Minister as to the precise obligation(s) that may be upon the applicant.

47 Reg.16 of the 2018 Regulations. Young persons under 18 who are employed, benefit from the same employee obligations towards young employees under the Protection of Young Persons (Employment) Act 1996.

48 The application must be made in the prescribed form set out in Sch. 3 of the 2018 Regulations.

49 Reg. 11(7) and Reg. 11(8) of the 2018 Regulations.

50 Reg 11(8) of the 2018 Regulations. It should be noted that Reg. 11(8)(a) appears to make it a condition of a renewal that no first instance decision has been reached. However, considering implementation to date, as well as from Sch. 5, Section 3 of the renewal form, this seems to be an error in the 2018 Regulations. Given that Article 15 (3) of the RCDr 2013 makes it clear that access to the labour market “shall not be withdrawn” during appeals, this is implemented in practice, coupled with the requirement under Reg 2(7) of the 2018 Regulations [incidentally incorrectly numbered as 2(6) within the published Regulations], the correct interpretation is that Reg 11(8)(a) should be seen as simply restating the requirement that upon initial labour market access permission application, no first instance decision should have been arrived at.

51 Reg 11(9) of the 2018 Regulations.

52 Reg. 12(1)(b) of the 2018 Regulations.


55 Decision of IPAT concerning the interpretation of Reg. 11 of the 2018 Regulations, ATLM Number Redacted, 09 October 2018, Cindy Carrol (Tribunal Member) (hereinafter Albania 2018- as names are redacted, decisions of IPAT on the 2018 Regulations will refer to the country of origin of the appellant). This decision is on file with the author.


57 Albania 2018, para 16.

58 Decision of IPAT concerning the interpretation of Reg. 11 of the 2018 Regulations, ATLM Number Redacted, 23 October 2018, Cindy Carrol (Tribunal Member) (hereinafter Georgia 2018- as names are redacted, decisions of IPAT on the 2018 Regulations will refer to the country of origin of the appellant).

59 Decision of IPAT concerning the interpretation of Reg. 11 of the 2018 Regulations, ATLM Number Redacted, 21 January 2019, Cindy Carrol (Tribunal Member) (hereinafter Bangladesh 2019).

60 Bangladesh 2019, para 7.

61 Bangladesh 2019, para 8.


63 Child Care Act 1991, as amended by Child Care (Amendment) Act 2015.

64 It should be noted that the High Court has determined that there is no requirement upon the (then) HSE to offer aftercare for aged out separated children in Enguye v Health Services Executive [2011] IEHC 507.

Asylum Seekers’ journey through Direct Provision in Ireland

A system for emergency accommodation that has developed into long term institutional living

Application Process

Info & Challenges

Initial interview on arrival, sometimes up to a 3 month wait. A 62 page application form has 121 questions. Issue is access to any legal support tends to be much later in the process e.g. on appeal. An applicant may not have access to all the details or have trouble remembering, sometimes after a traumatic journey spanning years. Any gaps or discrepancies can result in delays or rejection.

Centres are not suitable for long term living. Of 37 centres in the country, only 3 were built with the purpose of accommodating asylum seekers. Buildings include: hotels, hostels, convents/nursing homes, a mobile home site [1]. In the case of repurposed hotels often families are living in a single room with no cooking facilities of their own.

Living rules are applied by centre management. E.g. curfews, no visitors in room, you can’t be away from your place without permission for more than 3 days or you may face eviction.

Average wait times are between 20 months and 2 years for first interview [2].

Majority of Asylum Seekers get negative decision on first application. Ireland has one of the lowest acceptance rates, well below the EU average. E.g. during the 3 year period of the migrant crisis (2015-2017) there were 5,400 asylum applications but only 1,575 positive first instance decisions [3].

Key Issue: From the start there is uncertainty and lack of information around timelines for your case.

This is where most Asylum Seekers are ‘stuck’ in the system – waiting for a follow up interview on appeal. Many have been stuck in this loop for years. An Asylum Seeker can appeal the initial rejection if there are sufficient grounds, e.g. further documentation to be provided, proof of conditions in home country. They are more likely to get legal advice as part of an appeal.

When people are successful in their application, their journey of integration into Irish society begins, even if they have been living there for years. The first step is to find somewhere to live. As of February 2019, approximately 700 people with papers are still living in Direct Provision accommodation because of the housing crisis [9].

Arrive in Ireland

Sent to Baleskin Reception Centre

Dispersed to Direct Provision Centre

Wait to hear from International Protection Office

Outcome / Interview

Wait

Rejected

Accepted

Appeal?

Yes

No

Deported

Leave to Remain?


Integration

Info & Challenges

Travel/Location Barrier

Most centres are situated a long distance from large urban centres making it difficult to access most work & education options. E.g. weekly living allowance is €150 [4]. A single bus return ticket from Mosney to Dublin for example is €15. Also Asylum Seekers are not permitted to hold a Driver’s Licence so independent transport is not an option.

Right to Work

There have been some improvements with the relaxing of some previous salary & sector restrictions however various practical challenges remain. You can only apply for a permit for 6 months at a time which restricts the types of jobs you can go for and discourages employment. Applications are refused due to documentation issues - you can’t retain a Passport or Driver’s Licence when you are in the system so it’s very difficult to set up a bank account, and there are often prejudicial barriers due to racism and/or coming from Direct Provision.

Impact on Children

There have been multiple independent national and international reports calling out the Direct Provision System as being detrimental to children’s wellbeing and development [5][6]. Also, children share bedrooms with their parents and have very little space of their own. Due to the confined living circumstances they are more likely to witness domestic violence [7].

Living Conditions & Mental Health

There is one female-only accommodation centre, and seven male-only ones: the majority of centres are mixed [8], with shared bedrooms and overcrowding [9]. Single people typically have no say who they share with often resulting in inappropriate, frightening and/or unsafe dormitory accommodation conditions. Many residents are dealing with trauma and in some cases PTSD from experiences including torture and sexual violence.

Cooking & Autonomy

In most centres food is supplied by service providers in communal settings. There are recognised issues with the nature, quality and quantity of food provided - often associated with cost-cutting by private providers. Lack of autonomy and cramped communal living spaces are not appropriate for long-term living [7].

Following appeal, successful applicants are granted subsidiary protection or in some cases ‘leave to remain’, if it is determined that it would be unsafe to return to their country of origin.

Application Process

[2] [13/12/2017 Irish Refugee Council CEO Nick Henderson, online article - “Refugee decision making waiting times at crisis point”
[4] 24/10/2018 - Budget 2019 - Citizens Information - weekly allowance for adults to increase from €21.60 to €38.80 from 25/03/2019
[9] [13/02/2019 Irish Times Article by Conor Lally - “Tensions rise in direct provision centres as asylum claims hit 10-year high”]

April 2019
Who we are:

UCD Centre for Gender, Feminisms and Sexualities (CGFS) is based in the School of Social Policy, Social Work & Social Justice and the School of English, Drama & Film at University College Dublin. In its work, CGFS is actively engaged with activists, social movements and civil society organisations to contribute to social change. A core principle of the Centre is our commitment and obligation to contribute to discourses on cultural and social issues and to engage in the process of achieving social change based on the principles of gender equality, cultural diversity and social justice. We regularly collaborate and stand in solidarity with grassroots organisations such as MASI – Movement of Asylum Seekers in Ireland and MERJ – Migrants and Ethnic Minorities for Reproductive Justice whose members comprise or include people who are or have been in the asylum and Direct Provision system. We consider the rights of people seeking asylum to be inseparable from gender justice and LGBTQI+ rights, and in particular we recognise the intersectional operations of power that place women and LGBTQI+ persons are particular risk of violence, trauma, and unsafe decisions on their cases within the Direct Provision system as well as within the International Protection process.

We support our collaborators and colleagues in MASI and MERJ in their recommendations for the practical and human rights-based changes that are urgently required to the International Protection process and Reception Conditions in Ireland. We hold that Ireland should aspire to being an international leader in setting best practice in the state’s treatment of people seeking protection. This entails as an urgent necessity the abolition of Direct Provision. We believe that there needs to be an urgent
shift in the fundamental orientation of the international protection process in Ireland, from one based on suspicion and on undermining the credibility of the person seeking protection and refuge, to a system the seeks to vindicate the fundamental human rights of all people to seek asylum and to live in safety.

➢ EDUCATION

As academics whose main work is in education and research, we are deeply concerned at all class, ethnicity, race, and residency status-based inequalities in access to education in Ireland. There are, however, particularly gross inequalities in access to education and training for people seeking asylum. Access to further education is inconsistent and depends on where people are living. In some places, people are barred from taking courses higher than FETAC level 3. In other places, people have free access to level 6 courses. Even where people manage to access such courses or even manage to get places in third level courses, on a local level managers in many centres take active steps to prevent people from taking up training and education through petty bureaucratic methods. People seeking protection have been excluded from third level education as they are treated as ‘international’ for fee purposes and thus liable to the extremely high ‘international student’ fees (usually in the region of 17-20K per year). This means that children who have grown up in Direct Provision and often been born in Ireland (like their peers who are undocumented) have been routinely excluded from further education. In 2015, the then Minister for Education made a minor change to policy, stating that children who had been in the Irish school system for 5 years and who did not have a deportation order were eligible for Irish/EU fees at third level. Given that many people in the system for 5 years will be living with an unactioned deportation order and given that these conditions still leave third level completely out of reach for children living in direct provision, the uptake on this ‘scheme’ has been negligible – a risible 2 people entered third level under these conditions last year. Several universities now have a limited number of scholarships of varying quality for people who are refugees, asylum seekers, or former asylum seekers. However, this is not sustainable and puts access to third level education on a charitable grounding that can be leveraged as PR for third level institutions, rather than establishing the right to meaningful access to further education and third level education for people in the asylum process. This access and the necessary attendant supports must be provided for by the state. Apart from being vital in terms of the vindication of the rights of those seeking asylum, the future social and economic health of the state is at stake in the dereliction of the right to education for current and future residents and citizens of this country.

➢ THE RIGHTS OF WOMEN, GENDER MINORITIES & SEXUAL MINORITIES IN THE ASYLUM PROCESS

Many people seeking protection in this country are doing so to escape gender-based violence and persecution on grounds of gender identity and/or sexual orientation. The state’s proclaimed progressiveness on issues affecting women, gender minorities and sexual minorities does not extend at present to the state’s treatment of people seeking asylum. People in Direct Provision are subject to sexual harassment and gender-based violence both within and outside the accommodation centres. We are particularly
concerned about violence against women and children that is fostered and enabled by the conditions in which people are forced to live in direct provision. We know of cases where women have been raped and have had to continue to live in the same centre as their rapist. We know of mothers who engage in transactional sex to secure basics for their children such as school uniforms or new shoes. A large proportion of women in Direct Provision are mothers raising their children alone. The difficulties of raising children in the enforced dependency and extreme poverty of Direct Provision have been well-documented. In relation to LGBTQI+ people in Direct Provision, the majority live closeted and in fear. Bulelani Mfaco, an organiser with MASI – Movement of Asylum Seekers in Ireland, has written and spoken about the homophobia he and others have experienced within Direct Provision, having come to Ireland seeking protection from persecution on grounds of sexual orientation and/or gender identity. The state may promote itself as a beacon for LGBTQI+ rights, but again this does not apply to people seeking asylum. Reports of the substantive interview demonstrate this: people asked to ‘prove’ their sexuality, for instance, by knowing where The George is, or by providing video or photographic evidence (which a person fleeing their home country to escape sexual or gender-based persecution will of course not bring on their person, it should go without saying), or being told that they are too ‘feminine’ or too ‘masculine’ to be LGB. Furthermore, the information on what is and is not a ‘safe’ country in this respect is hopelessly (and perhaps deliberately) incomplete. For instance, South Africa has wonderful charters for LGBT rights written into its constitution, but legislative aspiration on paper and lived reality on the ground do not meet as LGBT people of colour in particular are at severe risk of violence and murder. As Mfaco points out, the problem is not homophobia or transphobia within the Direct Provision centres – homophobia and transphobia continue to exist throughout Irish society, as we well know from our work. The issue is the Direct Provision system itself which keeps people in de facto detention conditions that exacerbate such prejudices and place people at elevated risk of violence and re-traumatisation, and a dysfunctional legal process that seeks to undermine applicants’ credibility rather than seek to vindicate peoples’ basic human right to safety and asylum.

We believe that these issues are most properly and effectively addressed not in terms of special accommodation centres or other piecemeal reforms that will create new ghettos within the already-existing ghettos. The issues can only be addressed by abolishing Direct Provision and supporting people to live in the community just like everyone else.

➢ **RECOMMENDATIONS**

We strongly believe that those best qualified to inform us on what needs to change in the asylum process and how it needs to be changed are those people who are living through the dehumanising process of getting protection from the Irish state. In line with this belief, we fully support and reiterate the recommendations of our colleagues and collaborators in MASI – the Movement of Asylum Seekers in Ireland.

- Direct Provision must be abolished and nothing resembling the Direct Provision system can be accepted as an ‘alternative’ to Direct Provision. At the very least, this means a return to pre-2000 conditions when people seeking asylum were
afforded equal treatment with citizens, with the right to work and access to welfare and housing supports.

❖ The Department of Justice and Equality must not be involved in any way in the accommodation of asylum seekers. That should be overseen by local authorities. The reception system for international protection applicants cannot be a ‘for-profit’ enterprise that uses human beings as fodder for profit. It must respect people’s basic human rights including the right to privacy and agency over one’s own life, and it must not subject people to management by others and to the dictatorship of petty bureaucratic processes designed to dehumanise and break those consigned to the de facto detention system of direct provision.

❖ The Reception and Integration Agency (RIA) is not fit for purpose and must be abolished.

❖ The immediate and full right to work must be given to ALL international protection applicants from when they have their first ‘small’ interview and must remain valid until they are given a positive decision or are no longer residing in the State.

❖ High quality legal advice must be available to all applicants at all stages of the asylum process. The right to claim asylum is enshrined in international law; as the asylum process is a legal process, the right to high quality legal advice and representation is at the core of the right to claim asylum.

❖ Full and tuition fee free access to education and training at all levels must be available to international protection applicants.

❖ There must be transparency, accountability and oversight of what happens at the border, when people are refused entry to the country to exercise their right to claim asylum. There is no transparency about the basis of such refusals, and these decisions are made by immigration officers who often have little knowledge of asylum law.

❖ Deportations are brutal and dehumanising can have no part of an ethical and human rights centred approach to asylum and migration. Deportation means returning people, often with use of violent physical force, to situations where their lives are in danger, separating children from parents, removing people who have lived here for many years in a state of limbo, and returning children and young people to countries they have never even visited. No society can call itself civilised that condones the horrors of deportation.

➢ In keeping with the above, we recommend the following:

1. People must get free, independent, early and expert legal advice before they submit their questionnaire and throughout all stages of their case.

2. The time that the process takes at all stages must be addressed. There is no reason that the major interview cannot happen much earlier. People need to have immediate access to psychological and medical assessment and high quality legal advice from
professionals trained in immigration law when they enter reception, and the interview should take place within 6 weeks in situ in the reception centre after such consultation and assistance has been availed of.

3. The lack of any time limit or timeline for how long the process will take is one of the most damaging aspects of life in the direct provision and asylum system in Ireland. There must be a time limit placed on how long a person seeking asylum can be left waiting for a decision on their case, and there must be consequences for the failure of the IPO to provide a final decision within a reasonable time frame.

4. Pursuant to this, a statutory provision must be made to require the Minister to grant long-term residency/permission to remain to any international protection applicant who has been awaiting a final decision for at least 18 months. This should be applied retrospectively as well as in future cases. The asylum process continues after the Minister has granted permission to remain. This would end legal limbo for those who are currently in the system and guard against the limbo people are subjected to when decisions at all stages of the application process are not forthcoming.

5. There must be a serious investment by the state into ensuring that high quality legal advice and representation is available freely to all people seeking protection in Ireland. We recommend a benchmarking exercise to compare how the legal aid available in asylum cases stacks up against criminal cases (taking into account the costs of attendance at hearings, the cost of expert medical reports, and so on).

6. Section 5 of the Illegal Immigrants (Trafficking) Act 2000 as amended must be removed and parity created between immigration and non-immigration timeframes and grounds for judicial review.

7. People should be able to bring an observer with them to interview. We do not want people interacting with the Department of Justice alone. We do not want the process to be invisible anymore. Civil servants would not treat asylum seekers the way they do if an Irish person, particularly a white Irish person, was observing the proceedings. These proceedings should not be cloaked in mystery with often highly vulnerable people pitted against trained barristers operating on behalf of a system that is based on an assumption of their ‘guilt’ and lack of credibility.

8. High quality, trained, impartial translators and interpreters in people’s languages and dialects must be made available to people seeking protection.

9. The Right to Work must be automatically given to all people seeking protection from the very beginning of the process. At the moment, people can only apply for permission to work if they have not received a first decision on their case within 9 months. This has left many people without any hope of the right to work, people who have been in the system longest and whose skills, sense of self, and physical and psychological well-being have already been affected by the direct provision and asylum system.

a. The 9-month wait is unnecessary and is the very maximum allowed under the EU directive. Research shows that people begin to lose skills and psychological wellness rapidly after 6 months in DP-like environments. Immediate permission to work is the answer.
b. Even when people have permission to work, the majority are finding it impossible to find work. People have to contend with racism and xenophobia (see O'Connell (2018), McGinnity, Grotti, Groarke, and Coughlan, (2018)), and as well as the stigma of being seen as an ‘asylum seeker’, and with lack of recognition of their qualifications and experience.

c. The work permit itself puts employers off immediately (rather than the card that employers are used to, this work permit is a long letter with many warnings to potential employers about the consequences of breaking employment law).

d. Currently, the permit must be renewed every 6 months. This puts employers off. The renewal period must be extended.

e. People often can’t open a bank account and asylum seekers are not allowed to hold a driving license – two items absolutely vital for people working and living in remote places with no transport.

10. The current permit must be replaced with a temporary Irish Residency Permit (IRP) card indicating that the bearer has permission to work full-time. The new IRP card would replace the current Temporary Residency Card (‘blue card’). This would make the permit instantly recognisable to potential employers and would allow international protection applicants to prove residency for the purpose of obtaining a driving licence and opening a bank account.

11. Currently, the right to work is revoked if a person is given a negative decision at the appeal stage and/or is issued with a deportation order. In the Irish asylum system, people are often left for years with a deportation order hanging over them. Sometimes this is overturned and people are given permission to remain. The right to work must be given as soon as the asylum process begins, must be valid for a minimum period of 12 months, and it must remain renewable until the person has an alternative IRP or is no longer residing in the State.

12. International Protection applicants must be allowed to hold a driving license. Some Direct Provision centres are not accessible by public transport. And if the government is to abolish Direct Provision, then people would have to be allowed to drive.

13. International Protection applicants must have access to vocational training and education. At present, some Education and Training Boards only allow international protection applicants to enrol for courses up to level 6 whereas others only allow only level 3. There must be no disparities in the provision of these courses.

14. There are children born in Ireland whose families have been served with deportation orders. The children know no other country but Ireland as their home. The Minister has discretionary power to grant permission to remain to any non-EU national. We recommend that the Minister for Justice and Equality introduces a scheme to regularise undocumented people in Ireland. This would end their legal limbo. Many of them are working in care looking after vulnerable people in the State. Regularisation as already done for undocumented students in Ireland, only affects people who are already in the State.
15. Legal advice on claims and legal assistance with completing the IPO questionnaire and preparing for the major interview must be provided to all when required, and not limited.

16. Provision of full and expert advice and supports. The IPO interview should happen while in reception, within 6 weeks of submitting the IPO questionnaire.

17. People should not be in reception for longer than 3 months and should be enabled to get housing in the community as early in the process as possible.

18. The living space in reception centres needs to be fit for purpose and must uphold the right to privacy, dignity, and integrity of the person for everyone in the international protection process.

19. People should have the right to delay the first interview if based on vulnerability assessment and or Spirasi type of services, they are traumatised or need more time.

a. **Reception centres must provide:**

20. access to information;

21. high quality legal assistance;

22. psychologists trained in working with people who have been subject to violence, torture and trauma and who are sensitive to issues of cultural diversity;

23. childcare facilities, play spaces and homework spaces for children;

24. Good quality and neutral translation services;

25. English language and literacy classes;

26. Supports for training, education and employment;

27. Library space with access to internet, computers, etc.;

28. Community Welfare and social workers; assistance with accessing accommodation post-reception. These services and supports must be provided by trained specialists who are independent of the Department of Justice & Equality.

29. People seeking asylum in Ireland should have access to the same housing supports via their local authorities as is the case for homeless people. Direct Provision centres and a reception centres are not homes. No free and healthy human being should be institutionalised and subjected to dehumanising petty bureaucratic processes daily.

30. Unaccompanied minors must be accommodated in reception centres for children, and the State must encourage foster care and adoption where possible because every child deserves to grow up in a loving home, not an institution where their lives are governed by rules that other children in the State experience.

31. When an unaccompanied minor turns 18 with or without a positive decision on their asylum claim, they must be supported to live independently.
Education in Direct Provision

This proposal is being sent on behalf of UCC’s University of Sanctuary Committee. The University of Sanctuary Committee advocates for a sustained approach to addressing barriers to education for asylum seekers and refugees, through fostering a culture of welcome and inclusion, both in UCC and beyond. The University of Sanctuary works collectively to challenge societal assumptions and strives to bring about change through a range of initiatives cultivated at providing spaces of learning, inclusion and integration within further and higher education institutions. Furthermore, for the past two decades, a number of UCC staff and student societies have been engaging locally with asylum seeker and refugee communities, supporting them in the daily challenges they face, creating initiatives to promote their integration, while also raising awareness both nationally and internationally on the adverse impact of Direct Provision on the lives of asylum seekers.

Within this proposal, we as a committee acknowledge that there are a number of significant international frameworks that recognise education as a basic human right. In making this submission, we draw attention to the very many ways in which Ireland’s asylum system obstructs educational access, participation and inclusion and thus, serves to marginalise an already very vulnerable and excluded group. It is our intention in this submission to bring attention, most specifically, to the need to open up access to education for asylum seekers as a way of ensuring their participation, inclusion, and integration into Irish society.

Education: A Fundamental Right

The *Universal Declaration of Human Rights* (UDHR) of 1948 was the first document to comprehensively address fundamental human rights and recognise rights requiring universal protection. In particular, Article 26 sets the agenda for educational rights and states: ‘Everyone has the right to education’. It also highlights education as ‘directed to the full development of the human personality and to the strengthening of respect for human rights and fundamental freedoms’ (UDHR, 1948:8). In Europe, Article 2 of the first *Protocol of the European Convention on Human Rights* (ECHR) (1952) highlights the importance of the right to education, establishing an entitlement to education as a human right. It states that ‘[n]o person shall be denied the right to education’ (ECHR, 1952:18). In 1960, the UNESCO *Convention against Discrimination in Education* (Article 1(2)) recognised the importance of education at all levels and highlighted need to address access to education. It defines education as ‘all types and levels of education, (including such) access to education, the standard and quality of education, and the conditions under which it is given’ (Beiter, 2005: 19). This wider meaning of education has also been in addressed in Article 1(a) of the UNESCO (1974) *Recommendation concerning Education for International Understanding, Co-operation and Peace and Education relating to Human Rights and Fundamental Freedoms*.

More recently, the Irish Human Rights Commission (2011) highlighted the need for a comprehensive approach to human rights in education and one that emphasises not only the need for knowledge about human rights and the mechanisms that protect them, but also the need to recognise the skills required to promote, defend and apply human rights in daily life (Irish Human Right Commission, 2011). Their report argues that the State by its very membership of the United Nations (UN) has a duty to adhere to a range of international human rights treaties and conventions.
The UNESCO *Nagoya Declaration on Higher Education* (2014) calls for urgent action to further strengthen and reinforce Education for Sustainable Development (ESD), in order to give both current and future generations the capacity to fulfil their potential through empowering learners to transform themselves and the society in which they live, through developing knowledge, skills, and competencies to enhance global citizenship (UNESCO 2014).

The right to education is also highlighted as one of the key principles underpinning the Education 2030 Agenda and Sustainable Development Goal 4 (SDG4), which have recently been adopted by the international community. SDG 4 is rights-based and seeks to ensure the right to education as fundamental to achieving sustainable development.

It is within this context that this submission takes its starting point in addressing education as a fundamental human right of all those seeking the protection of the Irish State, including those residing within Direct Provision Accommodation Centres and those resident in EROC Centres.

For clarity the submission is organised under the following headings, with specific recommendations linked to each section:

- Factors Common to Accommodation Centres that Obstruct Learning
- First and Second Level Education
- Transitioning to Higher and Further Education

### Factors Common to Accommodation Centres that Obstruct Learning

While examining the issue of asylum seekers accessing higher education, it is imperative to also examine the impact of their more general education experiences so as to better support the transition between the different education levels. The main issue in this regard, is that it is clear that the conditions that those living in direct provision or EROCs are subject to, are not conducive to engaging in effective or meaningful study or, at the very least, pose significant barriers compared to others in the education system.

With regard to the location of Direct Provision centres, several of them are located outside of urban centres and in places where there is very limited access to public transport. Given that the weekly financial allowances are so meagre, this acts as significant barrier to participation in education, limits the educational options people can consider and prohibits involvement in campus life more generally.

Something that affects people residing in Direct Provision or EROC centres, at all stages of education, is the lack of study spaces and in direct provision centres. This has a negative impact on study in numerous ways: primary and second level children and adolescents being distracted from their study and homework, but also that they themselves may distract their parents from further and higher education study.

The regimented nature of meal times does not take cognisance of the food needs of people who are studying, and their education/study schedules. We know of people who effectively had little or no access to centre meals for the duration of their educational programme because they had to travel in the mornings before breakfast times and were not able to return to the DP centre until after the evening meal had been served. This situation continued for four years while the resident was attending higher education. That they found a way to manage this is testament to their considerable motivation and determination to fulfil their educational ambitions.
A further barrier that has to be crossed is the lack of childcare / after school clubs / homework clubs for parents. Parents are not in a position to further their educational ambitions when they do not have the resources to have their children cared for. While childcare is also an issue for the general population, it is further accentuated for parents living in Direct Provision because of the restrictions they face and in particular, the limitations on work visas and very limited financial support.

Very limited access to work visas places restrictions on students participating in university, where students now commonly engage in part-time work. As indicated, participation in further and higher education goes beyond access to programmes and involves full participation in student activities. The prohibition on working limits participation and furthermore, limits their ability to access the workplace post-graduation when status is achieved. Therefore, the conditions that make up the system of Direct Provision work against integration and inclusion.

Moreover, it is now well recognised that it has a long term and negative impact on people’s confidence, self-esteem and further traumasises an already vulnerable population (FLAC 2009). The psychological impact of insecurity and institutionalisation undermines people’s capacity to study and engage in any intellectual activity to the best of their abilities.

**Recommendations**

- The need for better on-site support, whether in DP and EROC centres or in community-based assistance.
- Resourced provisions should be made to allow those living in direct provision to engage with extra-curricular activities.
- Areas suitable for study should be provided, and after school homework clubs should be set up.
- Flexibility and accommodation of the food needs of residents attending education.
- When examining opportunities for asylum seekers to access educational institutions, consideration must be given to proximity to Direct Provision centres and the opportunity for asylum seekers to transfer to centres situated within acceptable travel distance to educational institutions must be prioritised.
- Provision of transport cards to all asylum applicants.
- Provision of a valid ID card to all asylum applicants.

**First and Second Level Education**

Looking past the adverse and very basic living conditions in Direct Provision centres, there are also other factors that warrant attention – a lack of information on educational opportunities, a lack of study spaces, a lack of asylum seeker-specific supports, and a lack of focus on integration, participation and inclusion. The State undertakes to provide access to primary and secondary education for all those in the asylum process. However, any holistic definition of primary and secondary education recognises that access to education must address the formation of the whole person and accommodate the capacity to fulfil a person’s full potential (UNESCO, 2014). In contemporary society, an adequate primary and secondary education does not simply mean the acquisition of some knowledge of a set of core subject areas and skills; it also includes the identification and exploration of pathways to life after second level. These pathways should enable the young person to make the choices
best suited to her/his talents, abilities and interests, including the options of further education; entry into apprenticeship or other training programmes; and direct entry into the workforce.

Participation and inclusion

When a family is trying to survive with €38.80 a week per adult and €29.80 a week per child, it is near impossible for children and adolescents to engage with extracurricular activities. If given the opportunity, they could learn some useful skills and deeply benefit from the experience. They could become familiar with socialising, integration, and a distraction from life in direct provision. However, when they are excluded from these activities and opportunities, there is also a much deeper effect. There is an “othering” of this vulnerable group, where children and adolescents feel isolated and are seen as different (Arnold 2012) – if integration is a goal, surely this is something we need to avoid?

Particular issues will arise for those children who may find themselves in the Irish educational system in senior cycle, especially if they have spent time in conflict situations, or (for instance) in refugee camps or other difficult situations before their arrival in Ireland. This category may include persons with different kinds of legal status. Some may arrive in Ireland as fully-fledged programme refugees, while some may come here as a result of relocation or resettlement programmes and may be housed in an EROC in Ireland before settling in the wider community. In such cases, their educational, psychological, linguistic and intercultural profiles and needs may be different from that of the child in Direct Provision and may present additional challenges. It cannot be assumed that such children can simply be enrolled in a class of their own age cohort and be expected to reach their full potential unless specialist supports are provided in such areas as language training, intercultural knowledge and awareness (including a knowledge and understanding of host country culture and procedures) and psychological support.

In certain cases, it may happen that enrolment in regular Leaving Certificate and Applied Leaving Certificate subject areas may need to be supplemented by other options such as QQI (FETAC) Level 5 courses provided via distance learning organisations or in other fora outside the conventional second level system (an example would be the Life Centre in Cork https://corklifecentre.org). Such options do exist, but a particular issue has arisen insofar as such courses may, in many cases, not be open to asylum seekers because of conditions related to ESF funding. In the case of online courses, consideration would need to be given to additional supports to enable students to function in an online pedagogical environment.

Transitioning to Higher and Further Education

A key issue in addressing the progression from second-level to higher education is the lack of information and supports provided to those living in direct provision. There is a lack of information on what is available to asylum seekers when they finish secondary school – this takes both the form of not knowing the range of courses and initiatives available, and also a misunderstanding that certain avenues may not be accessible to them. This can be partly due to teachers having a poor knowledge of this area, and also of not being fully cognisant of barriers that living in Direct Provision present for children and their educational participation (O’Riordan et al 2013).
Asylum seeking children should therefore be offered the same advice and supports as are available to all other students in second level. In particular, they should be enabled to have a full understanding of the operation of the various access routes to life after the Leaving Certificate, including the operation of the points system and the standards required to pursue particular study and career pathways. Such rights and access should apply, say, to taking honours options and maximising their chances within the points system – as it would to any other student. Supports, whether through homework clubs, linguistic reinforcement or other measures, should aim to include all such students so that they are not in any way disadvantaged compared to their classmates.

Currently, nationally, apart from the very limited access routes to higher education that are open to second level students, asylum seekers are subject to Non-EU fees for higher or further education. This requirement effectively ensures that they cannot enter higher education, while their second-level classmates progress. Asylum-seekers taking the leaving certificate, and qualifying for a place in higher education, are not able to take up a place unless they have spent the last five years in second level education in Ireland and there is a very low uptake on this initiative, meaning that most young people are left in limbo. Until June 2018, asylum-seekers were facilitated in attending QQI programmes, and some post-second-level students undertook such programmes. These also provided qualification routes to higher education through QQI; for many, particularly mature students, being the only qualification route open to them.

In response to these barriers, several universities and institutes of technology followed the precedent set by DCU in 2017 in offering Sanctuary Scholarships to Direct Provision residents: AIT, UL, UCC, CIT, UCD and TCD are among those that now offer free-fee opportunities to some asylum-seekers. Some of the scholarships also provide a level of financial support to asylum-seekers.

However, since Ireland opted into the EU (recast) Receptions Conditions Directive, new measures have been implemented regarding eligibility with regards to the right to access education; it is now restricted to those who have been given the right to work, i.e., those who qualify for the Vocational Training Opportunities Scheme. Other European States operate similar procedures. However, there is a significant difference, in that asylum-seekers may access the labour market after a relatively short period (for example, access to work is made available to asylum-seekers after as little as 7 days in Portugal). In Ireland, the restrictions of access to a right to work for the majority of people in Direct Provision ensures that most Direct Provision residents can no longer access QQI programmes.

English language proficiency also creates barriers to access to education, and while some level of voluntary education in the English language is often provided, this does not deliver sufficient technical proficiency for entry into most programmes in higher education. It is usual to require that people who do not have English as their first language provide some certification of proficiency, such as the International English Language Testing System (IELTS) certificate.

Any approach to the education of asylum seekers, which does not seek fully to address these pathways, is not an adequate preparation for life after formal secondary. Moreover,

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1 It is worth noting that a means of identification is required to complete the IELTS asylum-seekers, who have paid for the test, have been refused entry to complete it, because their ID states that it is not a valid form of identification
there is a danger that, if such pathways are not fully recognised and incorporated into the educational process at secondary level, as they are for other pupils, asylum seekers may experience marginalisation within the school system, of a kind which may prevent them from developing their talents and abilities to the full.

Recommendations

- **Students should have a right to take up opportunities in further and higher education institutions.**
- **Information on requirements for access to higher education should be provided to those living in direct provision. Information should also be provided on what pathways are accessible to those living in direct provision. This should include a one-stop information site where all information relating to access to further or higher education can be easily accessed by asylum seekers.**
- **Provide similar access routes to higher and further education for asylum-seekers as are available to others, such as those from disadvantaged backgrounds.**
- **For people whose first language is not English, provide access to full English-language training, facilitating their attaining the IELTS to the required standard.**
- **Reinstate access to QQI programmes.**
- **Provide proper and prompt recognition of qualifications.**
- **Include asylum seekers in SUSI grants and fees applicable to Irish students, regardless of the three-year rule.**

Concluding Remarks

Direct Provision was designed as a short-term response: asylum-seekers were not meant to spend beyond six months in the Direct Provision system. It is clear that, while there is a real need for State support in integrating new arrivals into our society, the Direct Provision system effectively prevents this from taking place. In essence, it excludes, discriminates, and separates asylum seekers from the rest of society (Dorrity, 2018, Lentin, 2015). This has significant implications for asylum seekers accessing education. There is a need for programmes that provide new arrivals with access to information about our culture, but also embracing diversity, facilitating asylum seekers and migrants to become full members of our society. This approach recognises Irish heritage while also bringing together differing cultural practices to enhance the meaning of Irishness through embracing and promoting equality and diversity. In 2017, the Minister of State at the Department of Justice and Equality, with special responsibility for Equality, Immigration, and Integration, David Staunton, launched the Migrant Integration Strategy – “A Blueprint for the Future” (2016-2022). This strategy specifically focuses on supporting and encouraging migrants to become active and participate in Irish society. It also emphasizes ensuring migrants are facilitated to play full and active roles with integration and participation considered core principles in achieving this goal. The strategy states: ‘Its primary objective is to ensure that barriers to full participation in Irish society by migrants or their Irish-born children are identified and addressed’ (Department of Justice and Equality, 2016: 8).

We argue that these principles of inclusion and participation must be central to any initiatives to address the inclusion and integration of asylum seekers. As it currently stands, the very system of Direct Provision detracts from this. We argue that Direct provision has caused Ireland international embarrassment: the structure and conditions under which the Direct
Provision system operates, including a lack of access to the labour market, has also ensured that for many years, Ireland was unable to become a signatory to the common European Asylum System, joining the CEAS only in 2018. Ireland has been and is consistently criticised by CERD regarding the failings of the Direct Provision system. Ireland’s approach has always appeared to be that it would undertake the minimum necessary, whether it be to become a signatory to the CEAS or to respond to CERD.

For the past 19 years, Ireland has wasted significant and valuable human resources; has damaged adults and children and infantilized parents through their long-term institutionalisation in Direct Provision; and has prevented children and adults from developing their talents by restricting their access to education and training.

At a time when anti-immigrant sentiment is being publicly stirred up in several states in Europe, it would be appropriate to counter this with a generous, open and integrative set of new approaches to the management and welcoming of asylum-seekers and refugees. Addressing the issues detailed above will offer Ireland the opportunity to adhere to our human rights obligations and develop routes and supports within our educational establishments that fully address the needs of migrant and asylum-seeking students.

Recommendations (Summary)

• The need for better on-site support, whether in DP and EROC centres or in community-based assistance.
• Resourced provisions should be made to allow those living in direct provision to engage with extra-curricular activities.
• Areas suitable for study should be provided, and afterschool homework clubs should be set up.
• Flexibility and accommodation of the food needs of residents attending education
• Provision of transport cards to all asylum applicants
• Provision of a valid ID card to all asylum applicants
• Students should have a right to take up opportunities in further and higher education institutions.
• Information on requirements for access to higher education should be provided to those living in direct provision. Information should also be provided on what pathways are accessible to those living in direct provision. This should include a one-stop information site where all information relating to access to further or higher education can be easily accessed by asylum seekers.
• Provide similar access routes to higher and further education for asylum-seekers as are available to others, such as those from disadvantaged backgrounds.
• For people whose first language is not English, provide access to full English-language training, facilitating their attaining the IELTS to the required standard.
• Reinstate access to QQI programmes.
• Provide proper and prompt recognition of qualifications.
• Include asylum seekers in SUSI grants and fees applicable to Irish students, regardless of the three-year rule.
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Universal Declaration of Human Rights UDHR (1948)
On behalf of NUI Galway’s University of Sanctuary Steering Committee, I would like to submit a list of suggestions to the Joint Committee on Justice and Equality on issues relating to Direct Provision and the International Protection Application Process.

1) That the Irish Government ceases the current structure of Direct Provision, and permit International Protection Applicants (IPAs) the right to work upon entry to Ireland. Allowing immediate access to the labour market will promote dignity and independence, assist fiscal preparedness for access to education, and promote better integration into Irish society.

2) That the Irish Government greatly reduces the length of time for IPAs within the International Protection Application process, and end deportations completely. Issues findings of Leave to Remain for IPAs who do not meet the criteria for Refugee status or Subsidiary Protection.

3) That the Irish Government considers time spent in Direct Provision as time normally resident in the Republic of Ireland for the purposes of the EU rate of Fees at third-level, access to SUSI grants, and other benefits allocated to those normally resident in the Republic of Ireland who wish to access third-level education.

4) That the Department of Justice & Equality recognises “Sanctuary” statuses in colleges, universities, institutions, etc, and implements a policy of non-deportation for IPAs who are attending third-level education. In particular, IPAs in receipt of scholarships should be left to pursue their studies with peace of mind.

5) That the Irish Government recognises the particular vulnerability of LGBT+ IPAs, and ensures that all actions are taken to prevent discrimination, harassment, and both physical and verbal abuse from occurring in Direct Provision centres. Placing vulnerable LGBT+ International Protection Applicants in centres where they may be exposed to homophobia must cease immediately. LGBT+ IPA’s should be given particular attention, and the Irish Government should recognise gender as identified by the individual.

Sincerely,
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Written Submission to the Committee on Justice and Equality on the issues of direct provision and the international protection application process

May 2019

The Union of Students in Ireland (USI)

The Union of Students in Ireland (Aontas na Mac Léinn in Éirinn) is the national representative body for third-level Students’ Unions in Ireland. Founded in 1959, USI now represents more than 374,000 students in Further and Higher Education Colleges across the island of Ireland. The goal of USI is to work for the rights of students and a fair and equal post-secondary education system in Ireland. USI is a full member of the European Students’ Union (ESU) which represents students from 46 National Students’ Unions in 39 countries, and a member of Eurodoc, the European Council for Doctoral Candidates and Junior Researchers.

The Union of Students in Ireland (USI) welcomes the invite of written submissions on the issues of direct provision and the international protection application process, particularly as many members of USI are asylum seekers in education. USI firmly believes that improved access to education would improve the lives and welfare of people living in the direct provision system.

Congress condemns the direct provision system as it currently stands.

Asylum seekers, direct provision and education

Although there are not enough asylum seekers in education due to a lack of access and many limiting barriers, there are schemes in place to assist asylum seekers in attaining a third-level education, including the University and College of Sanctuary schemes being set up by institutions around the country.
An exact number of students who are living in direct provision is difficult to ascertain as there is evidence from Welfare Officers in students’ unions that there are instances of students studying in third-level education who are living in direct provision and are not on a scholarship scheme from the institution, using charity as a means for funding their fees.

**Student Fees**

As it stands currently, asylum seekers’ tuition costs are extortionately high as asylum seekers are considered to be international students/non-EU students and do not qualify for the ‘Free Fees Initiative’. This means that costs for asylum seekers to study in third-level education could be anywhere from €9,750 to €54,975 at undergraduate level, depending on the area of study. Additionally, non-EU fees do not remain static and have been seen to increase year after year in some institutions.

This financial barrier has prevented asylum seekers from entering higher education. Second-level students who are seeking asylum and complete their Leaving Certificate unable to accept college offers and progress to third level to further their education because of the financial barriers that exist as a result of having an international student status.

The 2019 Eurydice Report ‘Integrating Asylum Seekers and Refugees into Higher Education in Europe: National Policies and Measures’, noted that top level steering documents covering higher education in Ireland do not refer explicitly to asylum seekers and/or refugees. The Report also points out that Portugal classifies asylum seekers as domestic students,

“Portugal covers refugee rights to higher education as a section within a recent (2018) policy decree on international students. The objective is to treat refugee students as equivalent to Portuguese students and hence eligible to receive state social support”.

Other countries have limited specific policy on asylum seekers, meaning institutions are obliged to support students who are asylum seekers themselves. This can be seen in Ireland where institutions and corporations have sponsored study via scholarships.

**Recommendation**

The Department of Justice and Equality to work with the Department of Education and Skills to produce new policy that would consider asylum seekers and refugees
as domestic students when it comes to fees. The tuition cost for students with domestic fee status and eligible for the ‘free fees initiative’ is €3,000.

**Student Support**

**The Pilot Student Support Scheme**

The Pilot Student Support Scheme has been in place since 2015. This scheme is problematic and restrictive because of the five year residency requirement.

**The 1916 Bursary**

The 1916 Bursary is available to refugees but they are only considered as one part of seven target groups. The seven groups which this bursary is shared with are:

- Socio-economic groups that have low participation in higher education
- First-time mature student entrants
- Students with a disability
- Irish Travellers
- Those entering on the basis of a further education award
- Lone parents who have been confirmed by DEASP as holding a means-tested social welfare payment (at least 20% of the bursaries must be targeted at lone parents)
- Ethnic Minorities (including refugees)

Funding is provided for the award of 200 bursaries in each of the three academic years commencing 2017/18. Each bursary will be in the amount of €5,000 per annum. This fund is not available to those living in direct provision who are seeking asylum status and in the protection system.

**The SUSI Grant**

The Student Universal Support Ireland (SUSI) Grant is available to refugees but there are again issues with this support because of its restrictive nature. These conditions are limiting and restrict asylum seekers from accessing SUSI. The conditions are as follows:

- You must have a stamp 4 Visa.
- You must reside in Ireland 3 of the last 5 years.
- You need to follow an approved full-time course at an approved college.
- Your education must be progressing (Level 6, then Level 7, etc.)
All of the above supports are too restrictive for asylum seekers to be able to access this support and engage with the Irish education system.

**Recommendation**

Requirements for state support should be made less restrictive to increase access among asylum seekers and those living in direct provision. The Leaving Certificate is a two-year curriculum so therefore there should be no requirement to have been in the school system for more than two years.

**Scholarships**

On an institutional level, some institutions and universities have created scholarship programmes for asylum seekers. The full list of scholarships for 2018 have been compiled by the Irish Refugee Council:


At undergraduate level, there are 54 scholarships throughout the country:

- University College Dublin - 20 Scholarships
- Dublin City University - 5 Scholarships
- National University of Ireland Galway - 4 Scholarships
- University of Limerick - 15 Scholarships
- University College Cork - 7 Scholarships
- Athlone Institute of Technology - 3 Scholarships

There are varying conditions attached to these scholarships based on age, number of years spent in Ireland, and whether you have completed an access programme previously.

**Recommendation**

While these scholarships are welcome on an institutional level, there is no national scholarships nor national policy on the issue of asylum seekers in higher education. The Committee on Justice and Equality to recommend a national policy on asylum seeker and refugee integration into higher education.

**Threat of Deportation**
Students who are living in direct provision who are studying under the University of Sanctuary scheme have been issued deportation orders.

In October 2018, an undergraduate student in Dublin City University, Shepherd Machaya, studying under the University of Sanctuary scheme was issued a deportation order. Shepherd was in his second year of study and performing well in college. The threat of deportation caused extreme distress for Shepherd and his friends in college and Dublin City University Students’ Union, with the support of students’ unions across the country and the USI began to campaign for Shepherd’s stay to be extended.

Recommendation

USI recommends that special consideration be given to asylum seekers who are currently studying in third level education before issuing deportation orders.

Place of Residence

Students living in direct provision centres should be able to request that they reside in a centre of close proximity to their place of study. USI ran a student ‘think-in’ event in November around the issues of direct provision. At this event there were students who travelled from centres in Athlone to study in Dublin City University and centres in Waterford to study in University College Dublin.

Although many institutions are funding study for asylum seekers through scholarships, the majority of these scholarships do not cover accommodation or travel.

Recommendation

Member states have authority to decide the residence of asylum seekers in the application process, therefore USI recommends the Department of Justice and Equality to create procedures for asylum seekers to apply for residence nearer to their third-level institution.

LGBTI+

USI as an organisation has supported the LGBTI+ community since its foundation and realises that there are members of the LGBTI+ community all over the world, some of whom are seeking asylum in Ireland and living in direct provision centres. There are very different cultures among those living in direct provision and in some
cultures it is prohibited to be LGBTI+. Many LGBTI+ asylum seekers have spoken out about feeling unsafe in their rooms because of open homophobia and some must hide their sexuality in the centres.

Many LGBTI+ people have fled their own country because of a threat to safety, persecution and violent homophobia. These people should not be forced to endure similar threats when in the protection system.

If the government continue to allow LGBTI+ asylum seekers to live in fear for their lives in Ireland, it is essentially state-sponsored homophobia.

Recommendation

It is the role of the Department of Justice and Equality to protect those seeking asylum and USI recommends safety measures be put in place to ensure members of the LGBTI+ community do not feel unsafe in their rooms. If someone requests to change their room on grounds of homophobia, transphobia or other grounds relating to gender identity and sexual orientation, they should be accommodated.

The Committee should also look at the feasibility of offering cultural awareness workshops and LGBTI+ workshops which could possibly decrease levels of homophobia in the centres. Education and information can be the key to understanding.

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References

I am Mr Oghenetano John Uwhumiakpor, I was once in the direct provision centre when I came to Ireland in 2006.

I spent some months in one of the provision centres in the country, during that period, the experience was so difficult, coupled with the constant fear of what would the outcome of the asylum and seeing and hearing others who has been there for years their unpleasant experiences usually unsettled once hope and some who were already having psychological issues. Been placed on depressant medications.

Direct provision is causing a lot of health issues with those who have spent more years in those centres, which appears to have taken their rights and freedoms of self dignity and respect and been treated as people with criminal tendencies.

Some people living in direct provision are losing their minds as they can't cope with the situation of being hopeless after fleeing conflicts and persecution in their home country which in recent times, people are attempting suicide.

There should be more dignified ways and approaches in dealing with asylum seekers as their circumstances must have compared them to ran away from their home country.

Better polices should be put in place to address the direct provision situation in the country and set a best standards in Europe.

People's lives matter irrespective of what the situation is like.

I sincerely hope that the direct provision situation in this country will be given an urgent consideration.
Various individuals and organisations

As organisations and individuals that work with refugees, asylum seekers and other migrant rights in the Britain and Northern Ireland, together we have decades of relevant experience in working on these issues.

We recognise that in it’s almost twenty years of existence, the denial of basic rights in the Direct Provision system has been raised by the United Nations, European and Irish human rights bodies, and most importantly by ex- and current-residents. The Ombudsman for Children has already declared direct provision “wholly unsuitable” for children.

These human rights abuses include, but are not limited to, the long periods people are forced to live in direct provision (average of two years, with over half waiting 5 years), the restrictions on work, the restrictions on cooking and quality of food provided, shared rooms, lack of adequate facilities for children, the extremely low weekly allowance (c.£20 per week), restrictions on accessing third level education, the intimidation residents face when they raise grievances, and the overall enforced dependency and institutionalisation that the system creates.

In regards to improving welfare and conditions of people seeking asylum in Ireland, our recommendations for the Committee are to heed the ‘Key principles for justice and dignity in the asylum process’ put forward by the Movement of Asylum Seekers in Ireland (MASI):

1. We seek an asylum system that upholds and vindicates the rights of all international protection applicants – family rights, the right to privacy, the right to education, the right to work, the best interests of the child, vulnerable persons, LGBT rights, women’s rights, the right to religious freedom.

2. Direct Provision must be abolished and nothing resembling Direct Provision can be accepted as an ‘alternative’ to Direct Provision. At the least, this means a return to pre-2000 conditions when people seeking asylum were afforded equal treatment with citizens, with the right to work and access to welfare and housing supports.

3. We ask that people seeking protection in Ireland not be treated as ‘less than’ others and indeed less than human merely because of differences in nationality and citizenship.

4. It is vital that we move away from an asylum system that treats people with suspicion to a system that treats people with respect and assumes eligibility; from a system that is focused on undermining applicants’ credibility, to a system that is focused on vindicating peoples’ right to seek asylum and to live in safety.

5. The reception system for international protection applicants cannot be a ‘for-profit’ enterprise that uses human beings as fodder for profit. It must respect people’s basic human rights including the right to privacy and agency over one’s own life, and it must not subject people to management by others and to the dictatorship of petty bureaucratic processes designed to dehumanise and break us.

6. High quality legal advice must be available to all applicants at all stages of the asylum process. The right to claim asylum is enshrined in international law; as the asylum process is a legal process, the right to high quality legal advice and representation is at the core of the right to claim asylum.

7. RIA, the Reception and Integration Agency, is not fit for purpose and must be abolished.

8. The Department of Justice and Equality should have no part in any thing to do with the accommodation of asylum seekers or with managing employment permits for people in the asylum
process. The first should be overseen by local authorities, and the second by the Department of Business, Enterprise and Innovation.

9. We fundamentally oppose deportations. Deportations are brutal and dehumanising. Deportation means returning people, often with use of violent physical force, to situations where their lives are in danger, separating children from parents, removing people who have lived here for many years in a state of limbo, and returning children and young people to countries they have never even visited. No society can call itself civilised that condones the horrors of deportation.

10. We demand, at a minimum, transparency, accountability and oversight of what happens at the border, when people are refused entry to the country to exercise their right to claim asylum. There is no transparency about the basis of such refusals, and these decisions are made by immigration officers who often have little knowledge of asylum law.

11. The immediate and full right to work must be given to ALL international protection applicants from when they have their first ‘small’ interview and must remain valid until they are given a positive decision or are removed from or leave the state.

12. Full and free access to education and training at all levels must be available to international protection applicants.

13. The protection of children in the international protection system must be a priority. Children should never be separated from their parents or deported. Children must be enabled to have a normal childhood. People must be enabled to live an independent family life and to have a home, not an institution overseen by ‘managers’.

14. We want Ireland to become a leading country in the way the state treats refugees and people seeking asylum.

Signed,
Daniel Holder and Úna Boyd of the Committee for the Administration of Justice (CAJ)
Bernadette McAliskey, civil rights activist
Participation and Practice of Rights (PPR)
Professor Colin Harvey, School of Law, Queen’s University Belfast
Dr Bethany Waterhouse-Bradley, lecturer in Social Policy at Ulster University
Housing4All
End Deportations Belfast
Right to Remain
Migrant Voice
South Yorkshire Refugee Law and Justice
African Rainbow Family
Alan Curtis, Secretary, Barnsley Borough City of Sanctuary
Coventry Asylum and Refugee Action Group (CARAG)
John Grayson, South Yorkshire Migration and Asylum Action Group (SYMAAG)
Unis Resist Border Controls
Lesbians and Gays Support the Migrants (LGS Migrants)
Unity Centre Glasgow
Migrants Organising for Rights and Empowerment (MORE), Glasgow
Govan Community Project
To the Oireachtas Committee on Equality and Justice

Below we summarise our concerns about the Direct Provision system in Ireland and outline our reasons why we believe that the system must not just be ‘improved’ but terminated and call for a system based on true justice and equality be implemented.

1. Inhumane living conditions. The following concerns about poor living conditions in Ireland’s Direct Provision centres were cited by Amnesty International in its 2017/18 Annual Report on Refugees and Asylum seekers:
   - limited living space
   - lack of privacy
   - No cooking facilities
   - lack of recreational facilities

There have been many other reports on the poor conditions in these centres over the course of the last 20 years including those by The Irish Refugee Council (IRC) and in the media. The IRC has drawn the government's attention to the negative institutional effect of the DP system in its residents and the negative impacts it has on their mental health.

The IRC has consistently ‘urged a more humane approach to the accommodation of those seeking international protection, arguing that the human and the financial cost of Direct Provision is too high and is failing to meet Ireland’s international obligations towards refugees and those who face a risk of “serious harm” if returned to their own countries’. (Direct Provision: Framing an alternative reception system for people seeking international protection).

2. Right to Work.

We are asking that the right to work and earn a living be allowed to all those of working age in Direct Provision centres. This is also fundamental in facilitating the integration of new arrivals to Ireland whoever they may be. The state body charged with integration acknowledges this:
- ‘Employment is a key part of the integration process and is central to the participation of immigrants, to the contributions immigrants make to the host society, and to making such contributions visible’
  (Office of the Minister for Integration, Migration Nation: Statement on Integration Strategy and Diversity Management (Office of the Minister for Integration, 2009)

However asylum seekers have been prohibited from working until such time as they their applications have been successfully granted which for many can take years. The Amnesty annual report referred to the ban on asylum seekers right to work. Although the Supreme Court found the absolute ban on working unconstitutional in 2017 however the restrictions subsequently imposed by the state in effect prohibits most asylum seekers from seeking work.
Asylum seekers can contribute to our economy and society as valued members rather than being seen as a burden and this will encourage our citizens to welcome them and promote unity within our communities. These restrictions must be lifted fully.

3. Lack of freedom through a system of restrictions and controls.

Those living in Direct Provision centres are subject to various controls and restrictions which limit their freedom and dignity. Residents are at risk of being institutionalised which had long terms effects on family life, health and well being. The inability to cook ones own food is included. In DP centres large groups of people of various nationalities and ethnicities being forced to eat unfamiliar food in impersonal canteen style facilities. A family who have the ability to cook their own food and to be able to sit together promotes positive mental health for the family group. It also enables them to be in control of their own diet which has positive health benefits.

We are calling for:

1. An end to the demoralising and dehumanising Direct Provision system
2. The same rights allowed to refugee and asylum seekers as any other person resident in our state
3. Support by way of rent and supplementary benefits to enable residents in Direct Provision to find alternative accommodation with all the facilities afforded to any other person living in our state
4. The right to work without limitations as any other person resident in Ireland
5. The right of refugees and asylum seekers to seek child benefit for any child under 18
6. The right for children to play in a safe environment
7. The right to enjoy preparing and eating food of their own choice
8. The right to education irrespective of age
9. The right to welfare and educational supports to those who turn 18
10. End the commercial, for profit provision of accommodation for people.

End the inhumane system of Direct Provision now.

John Dorman and Eileen Vaughan
May 31st 2019
Submissions to the Committee on Justice and Equality on Direct Provision and the International Protection Application process

Submission on behalf of Voices of Migrants Ireland
Portlaoise 31 May 2019
Introduction

Voice Of Migrants Ireland (VOMI) is a group mainly comprising of asylum seekers and refugees who have taken the lead on addressing and improving positive well-being, and community participation. We use intercultural events as a platform for people to get to know each other and remove the walls/ barriers. The more people spend time together the more they learn to embrace each other’s similarities and accept the differences. We encourage people in the asylum-seeking process, refugees and migrants (especially those who have been affected by long stay in Direct Provision) not to focus on their problems but to keep active and focus on the positive side of life.

Our mission is to promote positive mental health and bring about connections that would break the barriers to inclusion for people living in Direct Provision System, refugees’ and other migrants. The group’s vision is positive mental health, inclusion and community participation of all migrants.

Submission writing process

The Voices of Migrants Ireland organised a consultation event for residents of three direct provision centres in the Midlands. On the 12th of May, 18 people from the Hazel Hotel, (Monasteravin), Montague, (Emo), and Hibernian Hotel, (Abbeyleix) participated in the consultation event. The Voices of Migrant Ireland gave a platform to people to speak about their first-hand experience of living in the direct provision system. The participants were also speaking on behalf of their children who have limited opportunity to voice their opinion and needs. The participants gave ideas for improvement both to their daily lives and to the international protection application process. All information given in this submission is in relation to the experiences of people living in the three accommodation centres. The participants of the consultation event have been living in the direct provision system between 9 months and 5 years.

Statement on the direct provision system
The Voices of Migrants Ireland recognise the system of direct provision as a system of oppression and human rights violation. The system of direct provision is infringing our rights to security, protection from degrading treatment, privacy, family lives, and adequate standard of living. The system of direct provision is dividing communities and building walls that stop integration and inclusion of one of the most vulnerable members of our communities. The institutional living created in the direct provision system is corrupting adults and children, and is preventing them to form a meaningful ties and relationships with families and society at large. The direct provision system is humiliating and taking dignity away from people exercising their right to seek an international protection due to war, violence or persecution. We are calling for an ultimate end to the system of direct provision.

Submission outline:

1. Location of the accommodation centres
2. Living space
3. Standard and management of facilities
4. Quality of food and access to cooking facilities
5. Access to labour market
6. Access to information
7. Interview process

1. Location of the accommodation centres

All three direct provision centres are located in rural areas with limited public transport options. This is creating a sense of isolation for the residents. The limited public transport options are an obstruction in accessing services, education and leisure activities. The location in rural areas means fewer employment opportunities, in rural areas there are also fewer public services available e.g. healthcare, resident are sometimes waiting up to a week for a doctor’s appointment. The rural location is often lacking a good broadband access which is essential maintaining a regular contact with family members, and for most people is their main source of mental support. The lack of good broadband access is also
Voices of Migrants Ireland - Submissions to the Committee on Justice and Equality on direct provision and the international protection application process, May 2019

impacting on access to education. Many educational institutions are offering tuition free courses to asylum seekers through the Universities of Sanctuary network. Many courses are delivered through on-line channels so without a reliable broadband connection asylum seekers cannot avail of this opportunity. Locating accommodation centres in urban areas or areas with a much better public transport connection would not only address the issues mentioned above but it would also provide access to support networks, integration projects, and most important entrepreneurial opportunities. Many people living in direct provision system are highly skilled and driven entrepreneurs and professional with ideas waiting for an opportunity to realise. The Asylum Seekers band would not be able to form in an isolated dispersed accommodation centres in rural areas.

We are calling for:

- locating accommodation centres in urban areas or areas with a much better public transport connection.

2. Living space

The very limited living space has a profound impact on people’s mental well-being, children’s development, safety, and relationships and family ties. People are cramped in rooms that were designed for a much smaller number of occupants. Single people are forced to share their living space with strangers of different cultural backgrounds and habits. Families with adult children are still sharing one room. There is overall lack of privacy, and opportunity for intimacy between couples leading to conflict and breakup of relationships. Children cannot develop their natural sense of curiosity nor fulfil need for physical activity. Parents have to constantly reprimand children to stop any extensive movements or activities in a small space, due to worry of accidental self-harm or damage to the furniture. Cramped living condition also impact on children’s ability to do their homework and to study. Female participants in particular expressed their concerns about safety issues. Currently there is no gender separation of rooms’ allocation so male and female rooms are next to each other. That is creating a sense of lack of safety for women (especially single women) and children. The lack of gender separation is also culturally inappropriate for some of the residents.
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We are calling for:

- accommodation of people in rooms according to its designed capacity;
- provision of additional living space for parents with small children;
- provision of separate living space for adult children;
- provision of play and homework areas for children;
- gender separation of rooms’ allocation e.g. separate floors

3. Standard of facilities and service provision

The standard of facilities is varying from centre to centre. Some centres have better building maintenance regime than others and that is impacting on comfort, quality of life, health and safety. Additionally, the management and staff provide different standard of service to residents. The is a significant difference between the centres in terms of staff and management providing information about basic rights and entitlements, being attentive to the needs of residents (including crisis situations). The attitudes to and treatment of culturally diverse residents is also varied. Participants of the consultation event recalled instances where the management of one centre assisted particular resident in accessing education, whereas residents of other centres had no such support available to them. Another resident described a situation where the management refused calling an ambulance to a person experiencing symptoms of a seizure. All participants expressed regrets about instances of disrespectful treatment and lack of cultural awareness by the staff and the management of the direct provision facilities.

We are calling for:

- setting up a national standard framework for maintenance of the direct provision facilities;
- setting up national standard for inspection and audit of the direct provision facilities, including collecting a feedback from the residents;
- setting up a national standard of service provision by the management in terms of access to information and support of integration projects and services;
- compulsory unconscious bias and cultural awareness training to all staff and management working in the direct provision facilities.
4. Quality of food and access to cooking facilities

Food is one of the most important aspects of our lives. Food is a medium to connect, build and sustain relationships and express emotions. Food has the ability to trigger memories and can have a healing aspect for peoples’ metal well-being. Food is also essential to maintain physical health. The quality of food in the direct provision is problematic in terms of nutrition, variety and cultural appropriateness. The type and quality of food served at different accommodation centres varies and depends on the cooking skills and knowledge of the kitchen staff. Residents require not only food that is rich and varying in nutrition, equally important is that they can access culturally appropriate food. Culturally appropriate food doesn’t only mean food prepared according to religious or cultural standards, it means also food that is prepared according to culturally traditional recipes that would bring the taste of home to dispersed people. Accessing culturally appropriate food is essential not only for the emotional health but also for the physical health. Studies have found that changes to diet can have a huge impact on migrants’ physical health exposing them to issues like irritable bowel syndrome, diabetes and cardiovascular disease. Restricted access to cooking facilities is another issue that need to be addressed. People living in the direct provision may have different lifestyles, habits dietary requirements and eating habits. For that reason they need access to a fully equipped kitchen at flexible times to cater for their food needs. The type of food products available to residents should also reflect their cultural background to allow them to cook traditional recipes from home country. Residents of one particular centre expressed regrets about limited access to drinking water during night time. The issue of access to drinking water is another example of the variety of standards amongst different centres, but most of all it shows the limiting and controlling nature of the direct provision system.

We are calling for:

- increased variety of nutritious and culturally appropriate food,
- access to a fully equipped kitchen at flexible times

5. Access to labour market
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The legal changes to the access to labour market were a significant and welcomed change to the integration and mental well-being of asylum seekers. However there are still many obstructions for the full realisation of that right. The localisation of the direct provision centres in rural areas not only offers limited options for locally based employment. Reduced access to public transport is another obstruction to seeking employment locally or in neighbouring areas. Asylum seekers are legally prohibited from obtaining a driving licence which is further limiting their employment opportunity. Since the introduction of access to the labour market people found that potential employers are reluctant hire them because they are lacking an Irish workplace experience. Initiatives like the Learning for Life for Refugees that offer skills bridging training and work opportunities may be effectively employed to tackle the issue of an Irish workplace experience. Most important employers are unfamiliar with the changes of law and they are unfamiliar with the work permit letter that is issued to asylum seekers. Many employers still believe that it is still illegal to employ asylum seekers and/or they do not recognise the work permit letter as a valid document due to a different format than other work permit documents. Many people living in direct provision system are unable to open a bank account which also impacts on their employability as many employers operate bank transfers only salary payment system. Some people are able to open a bank account if they live in an area where the bank manager has knowledge and awareness about the international protection process.

We are calling for:
- changes to the driving licence ban laws:
- targeted labour integration support that would offer skills bridging opportunities;
- awareness rising campaign for potential employers;
- awareness rising campaign for banks.

6. Information provision

There is a systematic issue with information provision on issues relating to the international protection process and asylum seekers integration. Participants at the consultation event reported that they have very limited comprehension of the process and its different stages. They feel left in limbo not knowing what and when will happen with their application. They
also find difficult to find information about their rights and entitlements, the systems of public services (e.g. the education system for children), and integrational supports available. Some staff and management may provide the information or support the access to that information, but this is not an universal practice across all centres. Asylum seekers also are missing on integration opportunities due to limited information about their rights and entitlements across different sectors of Irish society. The issues with work permits and bank accounts (described above) are only few example of the lack of national standards and information provision for the integration of asylum seekers.

We are calling for:

- comprehensive information provision to new international protection applicants on the process;
- introduction of orientation courses for all new international protection applicants;
- awareness rising campaigns for a variety of sectors.

7. Interview process

A lot of people who have gone through interviews/ oral hearing process have expressed the experience of humiliation faced during the interviews/ hearings. One example is one of the experiences spoken by one of the IPA, where she has gone for 4 interviews since the introduction of the single application. There is a lot of contradictions in the reports which proves that there is a need to have standards on how interviews are carried out. She felt she was denied the opportunity to show some evidence which was in question and was asked to send it to her solicitor instead, yet the information was in the laptop in the same room where the hearing was taking place. She was humiliated by being asked, why would she be referred to as a “Microenterprise Development Specialist” at home as she had a simple mobile kitchen. ‘Who are you?’ Asked the tribunal member. Some tribunal members ‘harass’ applicants which instils fear and that no doubt affects and influences the way the applicant will answer questions. This should be looked into if the integrity of IPAT as a fair platform is to be maintained. It will be quite essential as well to make the tribunal staff aware of different contexts of things between Ireland and different countries.

We are calling for:

Setting up a national standard on how interviews should be conducted with the aim of monitoring International protection staff to make sure that fair and transparent processes
are being followed when dealing with protection cases and to ensure that dignity and respect is maintained for both staff and applicants.

Summary

1. Locating accommodation centres in urban areas or areas with a much better public transport connection;
2. Accommodation of people in rooms according to its designed capacity;
3. Provision of additional living space for parents with small children;
4. Provision of separate living space for adult children;
5. Provision of play and homework areas for children;
6. Gender separation of rooms’ allocation e.g. separate floors;
7. Setting up a national standard framework for maintenance of the direct provision facilities;
8. Setting up national standard for inspection and audit of the direct provision facilities, including collecting a feedback from the residents;
9. Setting up a national standard of service provision by the management in terms of access to information and support of integration projects and services;
10. Compulsory unconscious bias and cultural awareness training to all staff and management working in the direct provision facilities;
11. Increased variety of nutritious and culturally appropriate food;
12. Access to a fully equipped kitchen at flexible times;
13. Changes to the driving licence ban laws;
14. Targeted labour integration support that would offer skills bridging opportunities;
15. Awareness rising campaign for potential employers;
16. Awareness rising campaign for banks;
17. Comprehensive information provision to new international protection applicants on the process;
18. Introduction of orientation courses for all new international protection applicants;
19. Awareness rising campaigns for a variety of sectors.
20. Setting up a national standard on how interviews should be conducted with the aim of monitoring International protection staff to make sure that fair and transparent processes are being followed when dealing with protection cases and to ensure that dignity and respect is maintained for both staff and applicants.