

Opening Statement
Oireachtas Special Committee on Covid-19 Response
26 May 2020

Chairman, members of the Committee,

Thank you for inviting the Department to participate in this session of the Oireachtas Special Committee on Covid-19 Response, and specifically to discuss how the Department, working alongside the relevant officials of the HSE, has worked to reduce the risk to residents in our centres and address any instance of infection that occurred.

As Committee members will be aware, the Department has been working for some time to try and address the weaknesses in how we accommodate and provide services to applicants for international protection, while at the same time trying to manage a huge increase in numbers applying and seeking accommodation. It has also been working, in an environment of a reduced number of people with permission to be in the State leaving our centres due to problems with sourcing housing in the wider community. As a consequence, we have been reliant on centres which have been working at almost 100% capacity for the past couple of years augmented by a series of hotels and B&Bs which provided emergency accommodation. Some of that accommodation was rooms in hotels that continued with their normal commercial business.

When faced with the pandemic, and conscious of the heightened challenges that all congregated settings have in that context, particularly centres like ours where people leave every day to work, study and engage with the local community, our key priority was, and continues to be, to ensure the safety and wellbeing of our residents, centre staff and the wider communities in which they live and work. This has motivated every action we have taken during the pandemic.

Our centres are following the guidelines prepared by the HSE's Health Protection Surveillance Centre for residential settings with vulnerable residents. I want at this

point to acknowledge the support the HSE has provided to us, in particular their National Social Inclusion Office. Working together, we developed and continue to develop the appropriate policies and responses for the benefit of our residents.

Congregated or residential settings do pose specific challenges during this pandemic, but this is not unique to Direct Provision settings. Shared accommodation is common in homeless and disability services, in student accommodation and, indeed, in private rented accommodation.

Given that reality, the HSE's advice on all congregated settings is that during the COVID crisis, non-family members sharing a room in centres are considered to be a household. This means they should implement social distancing measures from other households, i.e. residents in other rooms, and they should self-isolate if they are displaying symptoms or if directed by the HSE.

One of our first objectives was to work to cocoon our most vulnerable residents. The Department could readily identify older residents – in fact we worked to put in place solutions for residents over the age of 65, rather than 70. As we do not hold medical information about our residents, residents considered especially vulnerable to this virus on medical grounds and identified to us by the HSE have also been cocooned for their protection.

We then sought to address the issues around providing isolation facilities given the inevitability that in a pandemic our residents, interacting as they do on a daily basis with the communities around them, might contract the virus. We therefore required facilities for self-isolation, both on and off-site. Centre managers were instructed to provide up to three rooms on site.

Given the occupancy pressures in the centres, there was also a need for offsite facilities where residents could be cared for until it was safe for them to return to their centre. We identified four suitable premises in Dublin, Cork, Limerick and Dundalk with capacity for 299 people and in conjunction with local HSE officials, put in place

the necessary supports for isolating residents. Each of these facilities has a non-profit organisation onsite providing psychosocial supports to residents and being supported by HSE healthcare professionals.

We also knew that we had to reduce the density of residents living in our centres. So we have in the past number of months procured over 1,550 permanent and temporary new Direct Provision beds. We have relocated over 600 of our residents, about 7% of our total population over a period from mid-March to early April, to support social and physical distancing in centres and enable cocooning measures to be out in place for the most vulnerable. This I know has caused some controversy as we moved residents with much less notice than normal and with less of the interactions with local communities that have become part of a better engagement with communities as we work to try and ensure decent accommodation for our residents.

By doing this, we have brought the maximum occupancy in any room to no more than three single people in any centre. In addition, we limited the numbers of single persons sharing a room to two for the new locations we have opened in response to the pandemic.

We have worked hard to try to ensure that residents in our centres, who are as worried as we all are, about the effects of this virus, have the tools and knowledge to help to prevent outbreaks or reduce their impacts if they occur. Residents in all centres have been made aware of the need to practice social and physical distancing, good hand hygiene and coughing/sneezing etiquette, etc. Translations of public health advice have been provided to all centres. We are communicating with residents and centre managers via regular newsletters, which are also available on our website www.accommodationcentres.ie. The newsletters have provided practical information on implementing social and physical distancing and promoted shared learning and best practice across our network of centres. Visitors are not permitted in our centres since 19 March.

To help their personal needs for support, a telephone support service for residents run by the Jesuit Refugee Service has recently been launched. Department officials have also begun virtual clinics to engage more directly with residents.

Centre managers and staff, who are critical essential workers during this time, have had to learn new skills in this area too. Managers have been asked to increase the standard and frequency of cleaning throughout the centres, paying particular attention to communal areas. A regular supply of hand sanitiser is in place for all centres and this is distributed by the Department. Other PPE is also distributed as required and in line with HPSC guidelines on its appropriate use in residential settings. Centre managers have put in place measures to stagger meal times and visits to communal laundries and so on. Where someone is symptomatic and awaiting test results, additional protocols are applied, including around meals and cleaning.

In partnership with the HSE and Safetynet, we have put in place a national clinical telephone service to provide public health advice to support centre management and their staff. It is also being used to advise, support and work with locations where vulnerable groups are present, relating to the implementation of COVID-19 guidelines and measures.

I would like to thank centre managers and staff for continuing to work hard during this period so that the residents of our centres continue to get the services they need.

Committee members will be aware of the efforts Ministers' for Justice and Equality, most recently Ministers Flanagan and Stanton, have made over the last few years to try and improve the Direct Provision system, in particular driven and building on the recommendations made by Mr. Justice McMahon in his report in 2015. At this stage, about a quarter of our residents have own door accommodation. Around half have access to kitchens and food shops so they can live independently. Thousands have access to the labour market; indeed dozens of our residents are also acting as carers at this time. New National Standards for accommodation providers were published last August, and are due to come into force at the beginning of next year. While the

process of reform has increased, the Ministers and indeed the officials of the Department here today fully acknowledge that further improvements are required and will continue to achieve this.

An expert group chaired by Dr. Catherine Day is establishing best practice in other European States in the provision of services, including accommodation to international protection applicants and is looking at longer term trends and solutions. An Interdepartmental Group was established to ensure that all Government Departments are proactively delivering on their responsibilities to international protection applicants, and the short-to-medium term options which could be implemented to improve the system. Its report is ready to be submitted to a new Government. Despite the crisis conditions imposed by the pandemic, the work of these two Groups is advancing at pace.

My colleagues and I are happy to answer any questions you may have.

Thank you.