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Background:

Direct Provision has been in crisis for many years, the last 2 years have been particularly difficult with the rapid increase in emergency accommodation (currently more than 1,500 people).

There are over 80 locations where people are located: from large, long standing Direct Provision centres to small remote B and Bs and hotels. 7,700 reside in these centres, the highest number people in the system since approximately 2003.

The pandemic has highlighted how unsuitable congregated settings are as a way of accommodating people and ultimately the need to end Direct Provision. Viable alternatives exist. We will continue to advocate for this and look forward to this
commitment being contained in any Programme for Government and then implemented.

This document summarises some of the issues that people have encountered during the pandemic. These include: overcrowding, social welfare payments, healthcare workers, effect on children, lack of data on people’s vulnerabilities and health issues.

It also includes suggested questions and issues that remain outstanding.

The Irish Refugee Council’s Drop in Centre have provided support to approximately 500 people during the crisis. Several case studies, drawn from the people who have been assisted, are referenced in the annex.

**Overcrowding and inability to socially distance:**

As a congregated setting people in direct provision share intimate space, such as bathrooms, dining areas, communal living spaces and laundries. This means social distancing has been near impossible in many locations. More than two months since the pandemic began, 1,700 people, approximately 22% of the population of Direct Provision, continue to share a bedroom with non-family members. This is contrary to the advice given by the Chief Medical Officer that non-family members should not share intimate living space.

Legal advice (available [here](#)) obtained by the Irish Refugee Council states that the Irish government has obligations that include ensuring an adequate standard of living for people seeking protection and living in Direct Provision. This includes the provision of single or household occupancy accommodation as an essential measure to ensure social distancing and to limit the spread of the virus. We sent the advice with representations on the 24th April to Minister Harris and Minister Flanagan. Minister Harris’ office responded on the 27th April stating that the matter does not fall under their remit. We have not yet had a substantive response from Minister Flanagan.
When steps were taken to move people out from Direct Provision to allow residents additional space, this was largely achieved without consulting residents to understand whether they had work or educational commitments, were linking in with services or had any other ties. The notice provided was extremely short, and residents were not informed as to whether the move would be permanent or temporary in nature.

Ultimately it seems there are two standards during the pandemic: one for the general public where social distancing is the norm and one for people in residential settings including Direct Provision where sharing of intimate space is accepted and 'baked in' to policy.

Social welfare and exceptional supports to people in Direct Provision:
The Pandemic Unemployment Payment was not made available to people who were working and living in Direct Provision on the grounds that it is tied to jobseekers’ allowance. More than 40 organisations jointly wrote to Minister Regina Doherty requesting an increase of the Daily Expenses Allowance provided to international protection applicants living in direct provision by a modest €20.00. This was refused on budgetary grounds. Increased spend on cleaning items and medicine.

There are over 1,600 children in Direct Provision, many would normally be at school. Parents are facing increased expenditure as they try to provide and support children living in lockdown. People in Direct Provision have increased spend on food, mobile data, medicine and activities for children.

Both decisions give the strong impression that people in the protection process are not eligible for the exceptional support given to other people.

Lack of data on health issues and vulnerabilities:
The pandemic has highlighted the lack of information held by the Government on people’s vulnerabilities and health issues. Ireland, since transposing the European Union Reception Conditions Directive in summer 2018, is required (legally
obliged?) to conduct a vulnerability assessment of people’s special reception needs when they apply for international protection. To date, no vulnerability mechanism has been developed and no assessments have been undertaken. This meant that when the need to move people out of Direct Provision became clear, the Department of Justice and Equality had incomplete or no information to rely upon to assist in the process of identifying those with vulnerabilities or health conditions. In some circumstances centre managers were used to identify residents who had particular health issues, and many residents reported discomfort sharing sensitive medical data with their centre managers.

**Healthcare workers:**
From the onset of the pandemic, the IRC were particularly concerned about the situation of people working in the healthcare sector (the vast majority working in nursing homes) who were living in Direct Provision. We have worked with approximately 90 people in this situation. Approximately 40 people have been granted alternative accommodation under the HSE provided scheme, around 15 stopped working, some due to childcare issues, and some moved in to independent accommodation. While there have been problems with this scheme around responsibility for catering in the hotel and availability of facilities, it is our experience that people have been able to leave Direct Provision if working in the healthcare sector.

**Homelessness:**
Particularly in March and April we assist several people who had been made homeless during the pandemic. In some circumstances people were not readmitted to a Direct Provision centre after being absent (see example in Annex). Some people who had been relying on friends and family were told to leave accommodation. People in this situation were extremely distressed. Most of these cases, with sustained advocacy, have been resolved.
Cahersiveen:
The Irish Refugee Council and many other organisations have called for the Skellig Star Hotel to stop being used as a place to accommodate international protection applicants. Various issues have been reported about the hotel prior to its opening: the rushed opening of the centre, repair issues, lack of running water and heating, staff not Garda vetted. People were also moved at very short notice from Dublin. Also that they were all initially sharing rooms with one another

When people arrived issues included: Reports that people were not able to leave the hotel, or were given the strong impression that they could not leave; people, including children, spending all day in hotel rooms; no deep clean of the hotel following 22 residents testing positive (see below example case study). While the ‘quarantine’ has ended. People in the hotel and the local community continue their campaign for the hotel to be closed and we support their campaign.

The impact of the pandemic on children in Direct Provision:

More than 1,600 children live in Direct Provision. Many families will find it impossible to adhere to social distancing when living in direct provision centres or emergency accommodation. Alternative accommodation should be sought as a matter of urgency.

School, as well as being an educational resource, is often a welcome reprieve from the confines of living in the Direct Provision system; a safe space where children feel free to learn, play and interact with their peers and receive support and guidance from their teachers and other school staff members. With the indefinite closure of schools during the coronavirus crisis, children living in the Direct Provision system have lost this space and the sense of normalcy and interaction that comes with it. This loss is having an adverse impact on their wellbeing and mental health.

Parents of children living in Direct Provision, like parents across the country, are faced with the primary challenge of explaining the coronavirus crisis to their
children and their children’s comprehension of the crises’ accompanying self-isolation and social distancing restrictions.

Survey of people’s experiences of Direct Provision during the pandemic:
The Irish Refugee Council circulated a survey to gauge people’s experiences of Direct Provision.

The survey is an informal tool that has been online for most of the pandemic, experiences have therefore changed over time and it does not proclaim to be immediately representative of the situation at this time. Nevertheless, it provides a useful window in to people’s experiences. It will be published in full in the coming weeks. As of 25th May, 409 people had completed the survey from more than 54 centres. Findings included:

- 57% of respondents stated they did not feel safe in Direct Provision during the pandemic.
- 50% of respondents stated they were unable to socially distance themselves from others.
- 44% of respondents shared a room with non-family members.
- 22% did not have regular access to soap and hand sanitizer.
- 55% of respondents shared a bathroom with non-family members.
- 48% of respondents shared a communal eating area, 84% of those were permitted to eat in their room.
- 19% of respondents had lost work due to the Pandemic.
- 36% of respondents did not have access to reliable WiFi.
- 83% of respondents said they did have access to information about the pandemic.

Effects and consequences of the pandemic:
The pandemic will have a long lasting effect on the international protection process. These include:
- While Irish society regains some normality as restrictions begin to be lifted, those in Direct Provision will continue to live in congregated settings making them more exposed to the disease for the foreseeable future.

- Few people are claiming protection. The number of applicants in 2020 is likely to be far fewer than 2019, possibly a quarter of last year’s total of 4,700. The protection process has stopped. There are currently 5,680 people with a live application for asylum status. Past experience, in particular the shift to a single protection procedure at the beginning of 2017, is that the process can take some time to recover from changes to the decision making process. However, given that few people are applying for protection, this is an opportunity for radical changes and improvements to be made.

- The international resettlement process has stopped. It is unclear when this will re-start but Ireland’s resettlement and community sponsorship programmes have ceased.

**Relationship between the Health Service Executive and Department of Justice and Equality:**

The Department of Justice and Equality have offered regular information briefings to NGOs and other bodies which have been helpful. However at times it has been unclear who is taking the lead on decisions on public health and the degree of coordination between the two organisations, particularly in the early phase of the pandemic.

**Outstanding questions and issues:**

- How is the Chief Medical Officer’s advice that social distancing is impossible if you share a bedroom with non-family members compatible with the fact that 1,700 people living in direct provision are still sharing bedrooms?

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1 See Granting of refugee status delayed due to Covid-19
- Why was the Pandemic Unemployment Payment denied to protection applicants who were living in Direct Provision and who lost work because of the pandemic? Was consideration given to any flexibility around this?
- Why was an increase of €20.00 to the Daily Expenses Allowance denied on ‘budgetary grounds’?
- Will there be an investigation into the appropriateness of the Skellig Star Hotel in Cahersiveen continuing to be used as a place to accommodate people seeking protection?
- How will the international protection process re-start and how will the balance between Covid-19 precautions and the need to re-start the process be achieved?
- Will additional resources be provided to International Protection Office and International Protection Appeals Tribunal to avoid re-emergence of long delays in the protection process?
- Is Wifi available in bedrooms in all centres to ensure access to education, remote working, access to support services and social connection?
- Will people who have worked in healthcare and nursing homes be given permission to remain as a recognition of their work?
- Has a needs assessment of children in direct provision taken place? What steps were taken on foot of that? Will supports be provided during the summer to children living in direct provision to address educational disadvantage which has arisen over the past months?

Nick Henderson, Chief Executive Officer, 0858585559
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Annex 1: Case studies:

These case studies are drawn from the caseload of people we have worked with over the last 10 weeks. Some were pre-existing clients of our services, some are new clients:

- Woman and children moved from their temporary accommodation in Dublin to Cahersiveen, where communal facilities with other residents were shared. One child tested positive for covid-19 and the family were moved to self-isolation facilities for 3 weeks. Fearing re-infection if returned to live in communal facilities, they requested a transfer to a self-contained family unit. The thought of returning to shared facilities caused the woman and her children significant distress. The request to return to non-communal facilities was initially refused. Only with strong advocacy by the IRC and other agencies, and the threat of litigation from the woman’s solicitor, was the decision reviewed and changed to offer self-contained accommodation.

- Woman with very significant health needs applied for international protection in January 2020. Was moved to a remote town without an assessment of her medical or other needs (a vulnerability assessment) in March, and was not facilitated to access a medical card or medical care in the town. Rather, she was told by the manager of the accommodation that she could not see a GP and that there is no proper health service in the current situation. No-one speaks her language in the centre or the wider community, and there is nobody with whom she can communicate.

- Woman who has been placed in 4 different temporary accommodation centres was transferred from her centre to a shared room in a temporary hotel following the outbreak of Covid-19. Being moved to shared room at a new location caused her a lot of anxiety around her health status as a person who is immune-compromised, and around accessing her medication. Her new roommate contracted Covid-19. This caused the woman to be extremely
scared. She was then transferred to a further location for self-isolation. Following the two-week period, she was transferred back to her original accommodation, where she is again sharing. She has been informed that there are no single rooms available in that part of the country.

- Man who had been staying with friends at the start of the pandemic. Could no longer stay there as it was unsafe to do so in terms of available space in the accommodation. Applied for re-accommodation in direct provision. Was re-accommodated at a hotel newly opened by IPAS where he was asked to share a room with another resident who he did not know. His new roommate tested positive for covid-19 and both were then moved to Citywest to self-isolate.

- Woman who was living in Cahirsiveen sharing a room with another resident. Management asked her to move to another room to facilitate social distancing. The room where she was asked to move to had previously accommodated a person who tested positive for covid-19 before being moved to a self-isolation unit. The woman had to clean and disinfect the room herself as there was no deep or professional cleaning carried out. She reports that she found it a very distressing experience.

- A woman’s a roommate was experiencing a serious cough for several days. The woman reported it to management but no action was taken. One night the roommate became very ill and was displaying Covid-19 related symptoms. The woman approached a security guard for assistance and they proceeded to ring management. Following management’s advice, they then rang a doctor and a hospital. They were advised that there was little to be done other than give the woman over the counter medication every few hours. As there was no one to assist, the woman stayed up all night to assist her sick roommate and ensure she took the medication. She then found a spare bed in another room the following morning sharing with another resident. She reports her roommate, who did not speak or understand English well, only stayed in isolation for approximately 4 days. 15 days after the incident, the woman who
assisted her roommate was tested for Covid-19. A couple of days later she was informed she had tested positive and was to be transferred to a self-isolation facility.

- With very short notice, a man was instructed to transfer from his current accommodation centre to another in another city as part of IPAS efforts to better facilitate social distancing measures in direct provision. The man was in full-time employment and had been living in his current location for over 2 years. He extremely distressed at the idea of being transferred. Ultimately, despite intervention by IRC and other agencies, it was only when man refused to physically leave the centre that he was allowed to remain.

- With very short notice, another man was instructed to transfer from his current accommodation centre to another in another city as part of IPAS efforts to better facilitate social distancing measures. At the time of the transfer the man had already committed to work that day so he decided he would make his own way to his new accommodation centre that evening, after work. However, he then realised that public buses between the 2 locations had ceased. Unsure of how to proceed, the man ended up living in his friend’s car for several weeks while a re-accommodation request was being processed.

- A woman obtained permission from her Centre manager to leave her accommodation for several days to visit family. However, when she tried to return to her centre she was informed by management that due to new instructions from IPAS she would have to make a formal request to IPAS for accommodation.