

Direct Provision: Key issues

Unsuitable and dehumanising living conditions

- Overcrowded living conditions, with families sharing one single room; single adults sharing a dormitory style room with up to 8 people; families sharing rooms with other families.
- Food is served at set times, often with few exceptions.
- Reports of expired food, unsuitable food, re-heated leftovers regularly served.
- Rationing of basic goods such as toilet rolls, shampoo, soap etc.
- Broken and damaged equipment and facilities.
- Limited recreational/ living areas, some have only canteen for 'communal' area.
- Limited or no internet access.
- Lack of transport to village/ town/ city centre.

No independent inspections of Direct Provision centres

- Centres are inspected by the Reception and Integration Agency (RIA) of the Department of Justice, as well as by an independent company who specialise in safety, QTS Ltd. Inspection reports carried out by QTS are available on RIA's website and address issues relating to fire safety; hygiene; and food safety.
- Call for Direct Provision (DP) centres to be included under the remit of HIQA, allowing for Health Information & Quality Authority (HIQA) inspections and the creation of appropriate standards for the provision of asylum seeker accommodation and support services. At present, HIQA are responsible for setting standards and for carrying out inspections of residential centres that accommodate children, adults with disabilities and private nursing homes. The Health Act 2007 should be amended to include asylum seeker accommodation services under the remit of HIQA.

Children

- One third of all asylum seekers living in Direct Provision (DP) in Ireland are children.
- Social services have been alerted to more than 1,500 child protection or welfare concerns over young people living in centres for asylum seekers over the past five years (three to four times more than reported concerns about young people in the general community).
- The issues investigated by child protection staff include inappropriate sexualised behaviour among children, the inability of parents to cope, young people not being supervised and mental health difficulties.
- Authorities have been alerted to numerous cases of inappropriate sexual contact between adults and young people.
- Children share bathrooms with adult men and women.

- Children and teenagers share bedrooms with their entire family and/or other families.
- Children are often exposed to violent and sexual behaviour.
- Long stays can lead to poor mental health and psychological developmental issues.
- Children live in confined spaces.
- Lack of fresh nutritious food, such as vegetables and fruit, leading to risk of malnutrition.
- No child benefit for asylum seeker children.
- Witnessing and fear of deportation harms psychological development.
- Little access to play areas and/or preschool facilities.
- Children cannot invite their friends to play at DP centres.
- In 2013, the Ombudsman for Children's Office (OCO) dealt with complaints concerning children living in Direct Provision, despite the lack of clarity regarding its jurisdiction in the area of asylum and immigration. "The Department of Justice and Equality has not accepted that the OCO can address these as cases within the statutory complaints-handling framework of the Ombudsman for Children Act." [See OCO Annual Report 2013 for further details here: <http://www.oco.ie/wp-content/uploads/2014/03/AnnualReport2013.pdf>]

Mental health

- Depression and mental health issues among asylum seekers in the Direct Provision system are up to five times higher than in the wider community.
- In a study carried out by the Royal College of Surgeons, researchers found the length of the asylum process was associated with an increase in psychiatric disorders.
- The Committee on the Elimination of Racial Discrimination (CERD) found that the lengthy delays and poor living conditions placed asylum seekers at risk of health and psychological problems, which would lead to serious mental illness.
- Residents frequently speak about how the uncertainty of their future, the overcrowded living conditions, and the prolonged periods of inactivity impact upon their well-being and mental health.
- Relative to Irish medical card holders, asylum seekers are ten times more likely to suffer post-traumatic stress; five times more likely to be diagnosed with a psychiatric condition; and three times more likely to be diagnosed with anxiety.
- Prescription charge for medical holders makes it very difficult if not impossible for some to purchase necessary medication.

Dispersals and transfers

- Residents are regularly transferred from one centre to another in response to a resident filing a complaint, whether formally or informally. This issue was hugely evident throughout the course of events in Mount Trenchard. We spoke with residents who have been transferred over 10 times during their stay in Direct Provision.
- RIAs policy of dispersal and transfer negatively impacts upon asylum seekers in a variety of ways, including on their mental health.

- The relocation of an asylum seeker to another location/ county is hugely disruptive to the development of social networks.
- Transfers can lead to multiple assessments by different healthcare professionals, making it difficult to provide continuous consistent care (while also being a drain on financial resources).
- Asylum-seeking children may be forced to change schools and to say goodbye to the friends they have made.
- Transfers to other DP centres are sometimes regarded as ‘punishment’ for speaking out (see below).
- Transfers are generally at short notice (10 minutes notice was given to one resident transferred recently from Mount Trenchard)

No independent complaints mechanism

- RIA, the unit within the Department of Justice responsible for accommodating asylum seekers, operates the complaints procedure for asylum seekers.
- RIA house rules and procedures outline the procedures in place for making complaints in relation to standards of DP centres and behaviour of residents. He/she must make the complaint to management of the centre and then to RIA. Many asylum seekers are reluctant to complain due to a perceived fear of retaliation from management or RIA.
- Many asylum seekers are unaware of the complaints procedure operated by RIA.
- The UN expert on Human Rights Defenders addressed this issue during her official visit to Ireland in 2012 and stated that “asylum seekers under the Direct Provision system fear retaliation if they present complaints and try to claim their rights and the rights of their fellow asylum-seekers, to privacy, adequate standard of living, and adequate standards of physical and mental health”.

Private contractors

- Ireland has paid over €850 million to private contractors for accommodating asylum seekers.
- Many of these private contractors have previous experience in property development, hotel and hostel management. They are required under contract to provide bed and board, as well as complying with food hygiene and health-and-safety laws only.
- At least five of the larger firms have beneficial owners in offshore jurisdictions such as the British Virgin Islands and the Isle of Man.
- Many of the contractors own multiple DP centres, with some having received over €100 million in state funding for accommodation services.
- Some contractors have moved to unlimited company status and therefore have no obligation to publish account information.
- Details of individual contracts are not publically available. Names of companies who have been privately contracted for 2013 are available on page 25 of RIA Annual Report here: <http://www.ria.gov.ie/en/RIA/Pages/Statistics>.
- There are four DP centres in the Limerick region, one of which is state-owned.

DP Centre	Owner	Contractor	Total DP centres contracted by company
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Knockalisheen	State-owned	Campbells Catering (t/a Aramark Ltd.)	3 (Kinsale Road; Athlone)
Mount Trenchard	Commercially-owned	Baycaster Ltd.	5 (Clonakilty Lodge; Birchwood House; Ashbourne House; Glenvera)
Hanratty's Hostel	Commercially-owned	Hi-Tech Dry Cleaners Ltd.	1
Westbourne Holiday Hostel	Commercially-owned	Westbourne Holiday Hostel Ltd.	1

Mount Trenchard Direct Provision centre

- Adult single males from a variety of cultural backgrounds are required to share dormitory rooms with up to eight persons.
- Location of Mount Trenchard in relation to Foynes village and Limerick city, compounded by inadequate provision of transport services further adds to the severe isolation experienced by asylum seekers and hinders any possible interaction and integration with native population.
- Lack of adequate internet access has been reported by residents, further compounding the isolation they experience.
- Food is a major problem in Mount Trenchard and in centres nationwide. Reports of expired food, reheated leftovers, and a lack of nutritious options have been heard/ observed by Doras.
- Several issues relating to management have been expressed.
- Used as 'punishment' centre.
- Regarded as the worst of the 34 Direct Provision centres nationwide by many working with asylum seekers.
- 27 transfer requests from residents of Mount Trenchard this year.
- A retired High Court judge, Ms. Justice Maureen Harding Clark has said she previously asked the former Minister for Justice Alan Shatter to establish an inquiry into Mount Trenchard direct provision centre due to her serious concerns over conditions there.
(Article in Irish Times: <http://www.irishtimes.com/news/social-affairs/retired-judge-sought-mount-trenchard-inquiry-1.1928847>)

Alternatives to Direct Provision

- The Irish Refugee Council has put forward an alternative reception system for asylum seekers in its report "Direct Provision: Framing an alternative reception system for people seeking international protection" (available at www.irishrefugeecouncil.ie).

Proposed alternative reception system (Long-term)

- Length of stay in reception centre should ideally not exceed 6 months, as far as practicable;
- After 6 months, persons should be allowed to seek employment and access third-level education;
- If unable to secure employment, rent allowance and social welfare should be provided;

- Reception centre facilities to provide the following:
 - self-catering accommodation with their own sanitary facilities;
 - availability of early legal advice;
 - appropriately qualified and experienced staff;
 - Early assessment and identification of special needs and particular vulnerabilities;
 - specialised services that address the needs of asylum seekers, particularly those with special needs and vulnerabilities.
- The reception centre's should respect family life and embody the best interest of the child.
- Staff should be trained and experienced in working with vulnerable people.
- Independent complaints mechanism and independent inspections by HIQA to be carried out.

Transition to proposed alternative system (Short-term)

- Review all current centres with regard to shared sanitary facilities; sleeping space and living space;
- Centres that do not meet basic standards to be closed immediately/ contracts not renewed;
- Health Information & Quality Authority (HIQA) to inspect all centres;
- HIQA to develop national quality standards and review all centres in line with same;
- Residents who have been living in DP for three years or more are given support to move out into private rented accommodation; granted the right to work and access to third-level education; welfare and rent allowance available in the absence of employment; with preference given to families;
- Separated children are not placed in DP when they reach 18 years. They are to be offered independent living or specialised facility, if foster care cannot continue;
- State invites tenders for pilot self-catering reception centre, run on not-for-profit basis, with funding potentially made available through ERF / AMF;
- Universal child benefit restored for children of asylum-seekers;
- Review living conditions in all centres as they relate to specifically to children;
- Weekly allowance increased in line with inflation and increases in social welfare since 1999;
- Single protection procedure introduced ASAP to reduce application processing time of new arrivals;
- Introduce separate procedure to deal with back-log of existing cases before the High Court;
- Bring children living in Direct Provision under the jurisdiction of the Ombudsman for Children;
- Sample budget of proposed transition system based on 2013 figures, shows that total cost would be €52 million, as per IRC report. This would represent a saving of approximately €8 million annually.