
State Sanctioned Child Poverty and Exclusion

The case of children in state accommodation for asylum seekers

The logo for the Irish Refugee Council, featuring the text "Irish Refugee Council" in a bold, blue, sans-serif font. To the right of the text is a stylized orange graphic consisting of a thick, curved line that starts at the top left and sweeps downwards and to the right, ending in a triangular shape.

**Irish
Refugee
Council**

Samantha K. Arnold

*with foreword by
the Honourable Mrs Justice Catherine McGuinness*



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FOREWORD

In this welcome Report, Samantha Arnold provides a well-researched analysis of the difficulties faced by children and families who reside for considerable periods of time in the Direct Provision accommodation provided for asylum seekers in this country. There have been a number of previous reports on Direct Provision accommodation, some of which have concentrated on problems of over-crowding, diet, and other relevant issues. Ms. Arnold's Report is directed specifically at the effect of this form of lifestyle and environment on children. In this context it should be stated at the outset that over one-third of the residents in Direct Provision accommodation are children, and that at present the average stay in this accommodation is four years. Any parent knows that four years is a very long time in the life of a child.

In the Introduction to her Report, Ms. Arnold outlines the history of Direct Provision accommodation for asylum seekers. This accommodation is provided in former hotels or hostels in widely scattered areas throughout the country. It is to some extent understandable that at a time in the late 1990s, when there was a large increase in the number of persons seeking asylum in Ireland, a system of accommodation for those awaiting decision was set up. Had it proved possible for the Irish state authorities to deal with applications for asylum with reasonable expedition such a system could have been an acceptable solution. In the event, however, applicants for asylum found themselves locked into institutional living for periods of years, their only income being an allowance of €19.10 per week for an adult and €9.60 for a child. Over the years there have been many protests about the undesirability of prolonged residence in Direct Provision accommodation, and many proposals for reform both of the law on immigration generally and of the administration of the asylum system. Most efforts at reform by successive governments have suffered from the lack of enthusiasm normal in matters that have no great appeal for voters, and have been blighted by long delays and legal and political challenges.

Poverty and Exclusion paints a convincing picture of the damage done to children by years of living in institutional accommodation which is so far removed from the atmosphere of a normal family home. This is rendered even more damaging by the income poverty of their parents. It is good that the children in the main attend local national schools, but integration in the school community and formation of friendships is made difficult where there is no money to pay for the extras with which any school parent is familiar – school trips, sports equipment, birthday presents, contribution to school charities, etc. Further difficulty can be caused by families being moved from one centre to another in a different part of the country, meaning a change of school. Other actual dangers may threaten these children. As pointed out by the child protection expert Geoffrey Shannon, the children are living in joint accommodation, including in some cases shared bathrooms, with persons outside the family, and this gives rise to a danger of actual abuse of children.

It is helpful that Ms. Arnold refers in her Report to earlier research and reports that have been provided covering different aspects of Direct Provision. These have been written by human rights and legal rights organisations. The Report also provides a useful analysis over time of the many complaints made to the Irish Refugee Council by residents in Direct Provision accommodation. From my own point of view one of the best features of this Report is the way in which Ms. Arnold measures this way of living for children against the various international instruments which set standards for provision for children and for their families. Foremost among these, of course, is the United Nations Convention on the Rights of the Child (UNCRC). Ms. Arnold demonstrates the failure of the Direct Provision lifestyle to vindicate the rights set out in a number of the Articles of UNCRC. This argument is, unfortunately, somewhat weakened by the fact that, despite the fact that Ireland ratified this Convention in 1991, it has not been incorporated into Irish domestic law. Respect should be paid to the Convention, but its direct application was in essence ruled out by a Supreme Court judgment in December 2010. This difficulty, however, does not apply to Ms. Arnold's cogent argument that in the case of these children Ireland is also in breach of the family life rights set out in Article 8 of the European Convention on Human Rights. In this context it should be born in mind that a considerable number of the children living in Direct Provision accommodation are Irish citizens born in Ireland.

Ms. Arnold makes a number of recommendations in her Report, and calls for the establishment of an independent inquiry to investigate child protection concerns and grievances of these families. Many of her recommendations are practical and achievable. The picture which she paints of the present situation must give rise to concern, and indeed anger. There are, however, signs of hope in the intention of the present Minister for Justice and Defence to recast proposed new immigration legislation, and in the government's established plan to introduce a referendum on the rights of children. It is to be hoped that future changes will reduce the need for interim accommodation for asylum applicants by removing untoward delays in the system. In the meantime urgent attention should be given to improving the lot of children caught in the current trap of Direct Provision.

Catherine McGuinness

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The author owes a special thank you to the Honourable Mrs. Justice Catherine McGuinness for writing such an insightful foreword. Mrs. Justice Catherine McGuinness is a long-time supporter of the rights of children and of refugees' and asylum-seekers' rights and we are very grateful for all her support through the years.

EXECUTIVE SUMMARY

Of the 5,098 residents in State accommodation for asylum-seekers – known as Direct Provision - over one third, or 1,789, are children.¹ With the length of time in the asylum process ranging from less than a year to more than seven years, these children spend a significant proportion of their childhood in Direct Provision accommodation. Children living in these centres are not necessarily applying for asylum themselves, but are the children of asylum-seekers and may have been born and lived their whole lives in Ireland. Regardless of their or their families' status, these children did not choose to come to Ireland and they have no control over their circumstances.

All children need to be raised in an atmosphere where care providers offer emotional protection and support. In addition to a loving family life, children need stimulation, encouragement, instruction, rules and limitations. Moreover, care providers must be able to lead by example through their behaviour, exhibition of values and religious and cultural practices.² Parents in Direct Provision are unable to care for or govern the rules and customs of their family and the upbringing of their children due to the restrictions of living in centres.³ Direct Provision is an unnatural family environment that is not conducive to positive development in children.

The key themes identified by previous reports, media and complaints regarding the system of Direct Provision relate to concerns over the safety and overcrowding of the physical environment, family life, social exclusion, barriers to accessing and participating in education, diet and access to play space. Children in Direct Provision are often alienated as a result of enforced poverty and social exclusion.

Aside from the negative impact on child development, there are significant protection concerns. In his 2012 report, Geoffrey Shannon, Special Rapporteur on Children, highlighted the 'real risk' of child abuse in Direct Provision where single parent families are required to share with strangers and where families with teenage children of opposite gender are required to share one room.⁴

The Ryan, Murphy and Cloyne Reports exposed a dark past that carried over into recent Irish history. The laundries, the institutions and the reform schools painted a bleak picture of the way Ireland valued her children. For

1 Reception and Integration Agency (2012) 'Monthly Statistics Report: March 2012'. Available at: [http://www.ria.gov.ie/en/RIA/RIAMarch\(A4\)2012.pdf/Files/RIAMarch\(A4\)2012.pdf](http://www.ria.gov.ie/en/RIA/RIAMarch(A4)2012.pdf/Files/RIAMarch(A4)2012.pdf) (last accessed: 13 August 2012).

2 Kalverboer, M.E., Zijlstra, A.E. & Knorth, E.J. (2009). The Developmental Consequences for Asylum-seeking Children Living with the Prospect for Five Years or More of Enforced Return to their Home Country. *European Journal of Migration and Law*, 11, 41-67 [hereinafter Kalverboer 2009] p 65.

3 For example, parents cannot prepare meals for their children and have no control over meal times.

4 Shannon, G. (2012) 'Fifth Report of the Special Rapporteur on Child Protection'. Available at: <http://www.dcy.gov.ie/documents/publications/5RapporteurRepChildProtection.pdf> p 26.

more than a decade, agencies, organisations, advocates, ordinary citizens and asylum-seekers have tried to bring focus to the government's treatment of children in Direct Provision accommodation as well. The Children's First Guidance, which was introduced to halt and prevent future abuse of children, state: 'The threshold of significant harm is reached when the child's needs are neglected to the extent that his or her well-being and/or development are severely affected'.⁵ Direct Provision is an example of a government policy which has not only bred discrimination, social exclusion, enforced poverty and neglect, but has placed children at a real risk.

It is unlikely that an official inquiry into the treatment of asylum-seeker's children in Direct Provision accommodation would be instigated due to a simple lack of political will. However, the question remains: does the sustained and prolonged restriction of human rights and civil liberties inherent in the Direct Provision system amount to child abuse? This report calls on the Irish Government to establish an independent inquiry to acknowledge and investigate the long list of complaints, grievances and child protection concerns reported by the residents, children, non-governmental organisations and support agencies herein. It also highlights the need for a Government commitment to protection of the best interests of the child in all circumstances.

5 Department of Children and Youth Affairs, 2011 'Children First: National Guidance for the Protection and Welfare of Children' p 31.

RECOMMENDATIONS

1. Review the System of Direct Provision in line with Fine Gael and Labour commitments.
2. Ensure accommodation centres are in good condition. Heating, hot water and cleanliness should be guaranteed.
3. Ensure children have access to private toilet facilities.
4. Ensure children are provided with safe accommodation without exposure to other adults' aggression and inappropriate behaviour, including that of a sexual or violent nature.
5. Ensure families have adequate space and parents have separate rooms to their children.
6. Ensure children have play space and homework space.
7. Enable children to be able to host their non-resident friends in a safe home environment.
8. Ensure families and children are able to choose, prepare and eat healthy and nutritional foods as a family and at times appropriate to their needs.
9. Allow asylum-seekers who have been in Ireland for more than 12 months to work to enable parents to provide for their children.
10. Increase social welfare payments for families and reinstate child benefit for *all* children in Ireland.
11. Ensure children are able to fully participate in the Irish education system by ensuring they have the means to buy uniforms, buy school supplies including books and attend school trips (educational and otherwise).
12. Consider children and families religious and cultural needs in consultation with the family before dispersal.
13. If it is not possible to make these changes within the current accommodation centres, then it is necessary to remove all children from Direct Provision at the earliest opportunity.

KEY TERMS

Refugee: A refugee is 'any person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion is outside of the country of his nationality and is unable, or owing to such fear, is unwilling to avail himself of the protection of that country'.¹

Asylum-seeker: A person who is seeking to be recognised as a refugee. If they are granted this recognition they are declared a refugee.

Persecution: Persecution may equate to a threat to life or liberty, ie subjecting someone to severe human rights violations.

Direct Provision: Government accommodation for asylum-seekers. Full board with a weekly allowance of €19.10 per adult and €9.60 per child.

Self-catering: Government accommodation for asylum-seekers. Residents receive full social welfare payments consistent with that received by the indigenous Irish. This is not full-board and residents can cook for themselves.

Reception Centre: Baleskin Reception Centre is located near Dublin airport and is typically the first place of accommodation for asylum-seekers before dispersal. Here asylum-seekers can avail of medical assessments.

Dispersal: The policy of relocating newly arrived asylum-seekers to different locations around Ireland after a period in the reception centre.

House Rules: Rules designed by the Reception and Integration Agency that govern the behaviour and responsibilities of residents and management.

Reception and Integration Agency: Oversees the accommodation of asylum-seekers in Ireland under the aegis of the Department of Justice.

Community Welfare Officers: Employed by the Health Service Executive responsible for administering social welfare payments and services.

Habitual Residence Condition: An extra qualifying condition introduced in 2004 for all means-tested social welfare payments and Child Benefit. The applicant has to prove that he or she has established his or her 'centre of interest' in the State. The Department of Social Protection assesses this using five factors contained in legislation. However, asylum seekers cannot satisfy the condition while their application is pending.²

1. Convention Relating to the Status of Refugees (Geneva Convention of 28 July 1951 and Protocol Relating to the Status of Refugees of 31 January 1967) 985 UNTS 303 Article 1A(2).

2 See: Social Welfare Consolidation Act 2005, Section 246; Social Welfare and Pensions Act 2007, Section 30; and Social Welfare and Pensions (No. 2) Act 2009, Section 15.

INTRODUCTION

In 2000, the Department of Justice set up a system of accommodation for people claiming asylum, a system that has become known as 'Direct Provision'. At present, more than one third of residents in Direct Provision centres are children, many of them born in Ireland or very young when they first enter the system, their formative developmental years being spent in a form of institutionalised living. The impact on these children and therefore their families is significant and runs contrary to the attempts being made by Ireland in other areas of policy and practice to undo the damage that has been caused by years of neglect and abuse. At the moment, this group of children seems to fall outside of the State's concern. This report is intended to put the spotlight on them and their needs in the context of what we know children need.

'For the purpose of guaranteeing and promoting the rights set forth in the present Convention, States Parties shall render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities and shall ensure the development of institutions, facilities and services for the care of children'.

- Convention on the Rights of the Child Article 18.2

All children need to be raised in an atmosphere where care providers offer emotional protection and support. There must be bonds of attachment between the parents and the child. However, in addition to providing a loving family life, there are other conditions which must be satisfied to provide the child with adequate emotional protection that does not involve the relationship with the parent or parents. Children need to be supported in a flexible environment while also being offered a routine. Children need stimulation, encouragement, instruction, rules and limitations. Moreover, parents or guardians must be able to lead by example through their behaviour, exhibition of values and religious and cultural practices.⁶

Providing adequate care and protection for children engages a variety of variables, most fundamentally, providing access to a safe physical living environment. The developing child needs a place to live, clothing, food to eat and personal belongings.⁷ It is the family who should be able to provide these basic conditions. Parents should be 'free of worries about providing for the child's physical well-being'.⁸ Additionally, the Convention on the Rights of the Child requires States to provide 'appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities'.⁹ These basic developmental needs and internationally accepted norms also apply to children of asylum-seekers and asylum-seeking children.

6. Kalverboer, M.E., Zijlstra, A.E. & Knorth, E.J. (2009). The Developmental Consequences for Asylum-seeking Children Living with the Prospect for Five Years or More of Enforced Return to their Home Country. *European Journal of Migration and Law*, 11, 41-67 [hereinafter Kalverboer 2009] p 65.

7. Ibid.

8. Ibid.

9. United Nations Convention on the Rights of the Child 1990 [hereinafter UNCRC] Article 18.2.

A HIV-positive mother of a premature baby, born underweight and with severe neonatal chronic lung disease sought appropriate housing for herself and her child. As a result of numerous issues with her accommodation, the neonatal consultant refused to release the baby because the medical team felt Direct Provision was unsuitable considering the special needs of the baby and would prove detrimental to her health. (Table 1 J6)

1.1 The system of Direct Provision

The Refugee Convention does not state how applicants should be treated while their claim for refugee status is considered. But Ireland, like other signatories to the Convention, has a duty to treat those seeking protection in a humane way in line with human rights norms.¹⁰ Ireland has notably declined to opt in to Council Directive 2003/9/EC laying down minimum standards for the reception of asylum seekers.¹¹ This indicates Irish reluctance in making commitments to asylum-seekers in respect of their accommodation. Ireland and Denmark were the only countries to decline adoption of the Directive.¹²

Historically, Ireland has been a country of emigration and has only relatively recently experienced notable levels of immigration flows.¹³ Nonetheless, it has always been keen to play its part in the international community and ratified the 1951 United Nations Convention relating to the Status of Refugees in 1956.¹⁴ This means that it

10 For example: Universal Declaration of Human Rights 1948, Article 2: Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. Furthermore, no distinction shall be made on the basis of the political, jurisdictional or international status of the country or territory to which a person belongs, whether it be independent, trust, non-self-governing or under any other limitation of sovereignty.

11 Council Directive 2003/9/EC laying down minimum standards for the reception of asylum-seekers, Recital 20.

12 Ibid, Recitals 20 and 21.

13 Applications surpassed 10,000 in 2000 in Ireland. Office of the Refugee Applications Commissioner, 'Annual Report 2011' p 65 [hereinafter ORAC 2011]. Available at: <http://www.orac.ie/pdf/PDFCustService/AnnualReports/Office%20of%20the%20Refugee%20Applications%20Commissioner%20-%20Annual%20Report%20-%202011.pdf> (last accessed 13 August 2012).

14. See: http://treaties.un.org/pages/ViewDetailsII.aspx?src=TREATY&mtdsg_no=V~2&chapter=5&Temp=mtdsg2&lang=en.

has an obligation to accept refugees who are fleeing persecution and not to return them to countries where their life or liberty would be at risk.¹⁵ Those seeking protection are commonly known as ‘asylum-seekers’, a status they keep until they are accepted as refugees or given some other form of permission to remain in Ireland. Those seeking protection in Ireland had been particularly few when compared to international and European averages.¹⁶ However, in the late 1990s and early 2000s, a record number of applications for asylum were submitted, leading to policy change in relation to accommodating applicants while their claims were considered.

Prior to 1999, destitute asylum-seekers were able to avail of mainstream social welfare entitlements such as housing allowance and maintenance allowance and were thus not treated differently to others dependent on the State for support. The Department of Justice,¹⁷ however, was concerned that the growing number of asylum-seekers, specifically in the capital, might start to become a burden.¹⁸ Direct Provision accommodation provides bed space and also meals available at fixed times in shared canteens. The Direct Provision portfolio consists of: purpose-built centres, former hotels or hostels, a caravan site and a former holiday site.¹⁹ The shared facilities in the centres, for example for play, vary considerably from one centre to another. The asylum-seekers themselves receive an allowance of €19.10 each week per adult and €9.60 per child, a rate that has not changed since the system was introduced over 12 years ago.²⁰ The Reception and Integration Agency was established in 2001 by the Department of Justice to oversee the system of Direct Provision. They were given the responsibility of sourcing and contracting centres and coordinating the services available onsite.²¹

15 Convention Relating to the Status of Refugees (Geneva Convention of 28 July 1951 and Protocol Relating to the Status of Refugees of 31 January 1967) 985 UNTS 303 [hereinafter Geneva Convention], Article 33.1 No Contracting State shall expel or return (“refouler”) a refugee in any manner whatsoever to the frontiers of territories where his life or freedom would be threatened on account of his race, religion, nationality, membership of a particular social group or political opinion.

16. See: Eurostat News Release (March 2012) ‘The number of asylum applicants registered in the EU27 rose to 301 000 in 2011’. Available at: http://epp.eurostat.ec.europa.eu/cache/ITY_PUBLIC/3-23032012-AP/EN/3-23032012-AP-EN.PDF (last accessed 13 August 2012).

17 The Department of Justice and Equality has undergone changes in name since 1999 and is therefore referred to as ‘the Department of Justice’ throughout this report.

18 Comhlámh (2001) *Refugee Lives: The Failure of Direct Provision as a Social Response to the Needs of Asylum-seekers in Ireland*, Comhlámh: Dublin [hereinafter Comhlámh 2001].

19 Presently, there are 2 self-catering accommodation sites (See: Reception and Integration Agency, ‘Annual Report 2011’ [hereinafter RIA 2011]. Available at: [http://www.ria.gov.ie/en/RIA/RIA%20Annual%20Report%20\(A3\)2011.pdf/Files/RIA%20Annual%20Report%20\(A3\)2011.pdf](http://www.ria.gov.ie/en/RIA/RIA%20Annual%20Report%20(A3)2011.pdf/Files/RIA%20Annual%20Report%20(A3)2011.pdf) (last accessed: 13 August 2012).) Asylum-seekers living in self-catering are able to apply for the standard social welfare allowance. Due to the small numbers residing in self-catering, this study only looks at full-board accommodation.

20. Free Legal Advice Centres (2009) ‘One Size Doesn’t Fit All’ [hereinafter FLAC 2009]. Available at: http://www.flac.ie/download/pdf/one_size_doesnt_fit_all_full_report_final.pdf (last accessed: 13 August 2012).

21 Nasc (2008) ‘Hidden Cork: The Perspectives of Asylum-seekers on

The policy of accommodating asylum-seekers has also included, and continues to include, a ‘dispersal’ element. When asylum-seekers arrive in Ireland, they are housed in a reception centre²² where there is a General Practitioner onsite for initial medical assessments (and for on-going medical needs). Asylum-seekers do not remain in the reception centres for protracted periods of time, except in exceptional circumstances, and are ‘dispersed’ to other long-term centres throughout Ireland. As of September 2011, there were 17 accommodation centres plus 1 reception centre and two self-catering centres in Ireland in 18 different counties.²³ The hostels are located in urban centres, towns, villages and in the country, sometimes significant distances outside ordinary residential areas.²⁴

Initially the system of Direct Provision was only intended to house applicants for six months.²⁵ However, asylum-seekers remain in the asylum process (and thus it may be inferred that the majority of this time is spent in Direct Provision accommodation) for an average of four years.²⁶ There are also cases where asylum-seekers have been in Direct Provision for over seven years.²⁷ During this time and with a few exceptions, single people (including single parents) share rooms with someone to whom they are unrelated. Families, including those with children over the age of 10, often share rooms.

In 2011, there were 1,290 asylum applications of which 387, or one third, were made by children.²⁸ At the end of March 2012, there were 5,098 residents in Direct Provision. 1,789 of these, or 35 per cent, were children under the age of 18.²⁹ Some of these children are spending a significant proportion of their childhood in Direct Provision accommodation. Children living in these

Direct Provision and the Asylum Legal System’. Available at: http://www.nascireland.org/wp-content/uploads/2011/11/dp_report.pdf (last accessed: 13 August 2012) p 4.

22 Presently there is only one reception centre, Baleskin located in North Dublin, due to the recent drop in numbers seeking asylum. See: RIA 2011.

23. Shannon, G. (2012) ‘Fifth Report of the Special Rapporteur on Child Protection’. Available at: <http://www.dcv.gov.ie/documents/publications/5RapporteurRepChildProtection.pdf> [hereinafter Shannon 2012] p 31; RIA 2011 p 26.

24 . RIA 2011 p 26.

25. See: FLAC 2009.

26 . Written Answers to Questions on Asylum Support Services. Wednesday 18 April 2012 Dáil Éireann Debate Volume 761 No 3: Minister for Justice and Equality, Deputy Shatter: In total, there are approximately 5,215 persons overall currently residing in RIA accommodation. In relation to the specific statistics sought, there are 539 persons residing in the direct provision system who made their applications for international protection less than one year ago; 630 between one and two years; 770 between two and three years; 945 between three and four years; 812 between four and five years; 670 between five and six years; 397 between six and seven years; and 272 more than seven years ago.

27. Ibid.

28. ORAC 2011 p 59.

29 Reception and Integration Agency (2012) ‘Monthly Statistics Report: March 2012’. Available at: [http://www.ria.gov.ie/en/RIA/RIAMarch\(A4\)2012.pdf/Files/RIAMarch\(A4\)2012.pdf](http://www.ria.gov.ie/en/RIA/RIAMarch(A4)2012.pdf/Files/RIAMarch(A4)2012.pdf) (last accessed: 13 August 2012).

centres are not necessarily seeking asylum. They may be the children of asylum-seekers and have no independent claim of their own; they may have been born in Ireland; or they may be the child of an asylum-seeker parent and an Irish or European parent. Children living in Direct Provision may also have been trafficked here either by family or persons posing as family. Regardless, these children did not choose to come to Ireland and they have no control over their circumstances.

In 2005, the Committee on the Elimination of Racial Discrimination called on Ireland to 'guarantee the equal enjoyment of the right to adequate housing for citizens and non-citizens, especially by avoiding segregation in housing'.³⁰ Where children are concerned, there are wider duties both under Irish law and international conventions which govern the way that they should be treated. This report looked back at the operation of the Direct Provision system over the last 12 years and asked whether Ireland is failing a very vulnerable group of children considering her obligations and commitments under the Children's First Guidance and the Convention on the Rights of the Child.

1.2 The approach adopted in this report

This study looked at the impact of Direct Provision on children living with their families. The main objective of this report was to review the findings from various reports, media sources and academic commentary from the last 12 years to review the conditions in Direct Provision from the policy's inception to the present day.

The majority of the research was carried out using secondary sources. This research was supported by conducting one-on-one interviews with 6 service providers working at Direct Provision centres or with children in a youth club setting and 2 managers of accommodation centres. During the course of the research 3 parents of children currently living in direct provision were interviewed using the one-on-one questionnaire.³¹ Two focus groups with resident families were also held in two separate accommodation centres. The focus group took the form of an open ended discussion. One focus group consisted of four participants, and the other consisted of five participants.

The secondary research and the interviews were supported by reviewing 12 years of complaints and concerns documented by the Irish Refugee Council. The nature of the complaints varied widely. Only complaints and concerns related to children and/or families had been selected for this research. Since 1992, the Irish Refugee Council has had an open-door policy for asylum-seekers and refugees, providing help, support or information relating to: the asylum process in Ireland, life in Ireland and living in Direct Provision. Asylum-seekers have

³⁰ Committee on the Elimination of Racial Discrimination (2005) 'Concluding Observations on Ireland'.

³¹ See: Appendix A: Interview Questionnaire.

consistently made complaints to staff and interns at the Irish Refugee Council and to the Reception and Integration Agency about the conditions in Direct Provision.³² Many complaints have related to children. Sometimes the Irish Refugee Council used the information to make a formal complaint to the Reception and Integration Agency. On other occasions the information was only used for policy purposes, or to inform the work of the organisation due to residents not wanting to take action at a particular time. These concerns and complaints have been anonymised and used for the purposes of reviewing and analysing concerns and complaints made by families living in Direct Provision documented by the Irish Refugee Council.³³

Research has also been conducted through the NGO Forum on Direct Provision, a network of non-governmental organisations working to improve the reception conditions of asylum-seekers.³⁴ Nasc, Doras Luimní, Crosscare Refugee Service and the Integration Centre all provided anonymous examples of complaints made to their organisations or concerns the organisations had in general, and in relation to specific families.³⁵

The first section of the report provides a brief overview of the conditions in Direct Provision in the first few years of its operation and the initial concerns highlighted by residents through complaints and reports. This review is used to provide a baseline to extract themes to address in the following sections.

The second section compares the accommodation centre model used by the Irish Government against traditional standards for safe environments in which the child is provided with physical protection. This section refers to physical dangers surrounding the child, specifically within the accommodation centre. This section also reviews the effect of Direct Provision on family life and children's diets. Finally, this section refers to the potential for abuse in Direct Provision Centres, be it at the hands of family or other residents, as a component of providing a safe environment.³⁶

The third section looks at the relationship between the policy of Direct Provision and child poverty and social exclusion. This section reviews children's experiences and opportunities for: play, education and the full participation in education through socialising with peers and getting involved in extracurricular activities.

³² The Reception and Integration Agency oversees the accommodation of asylum-seekers in Ireland under the aegis of the Department of Justice.

³³ See Table 1.

³⁴ See: <http://www.irishrefugeecouncil.ie/campaigns-policy/latest-campaigns/direct-provision/direct-provision-ngo-forum>.

³⁵ See Table 1. The complaints in Table 1 reflect those reported to the Irish Refugee Council. NB: The Council cannot know if other organisations have received the same complaints from the same individuals.

³⁶ Definition of 'safe physical environment' derived from Kalverboer 2009 'Best Interest of the Child- model', p 65.

1.2.1 Confidentiality

In order to respect the anonymity of the complainants the report only mentions vague details. Province, County and/or accommodation centre names are only mentioned where consent was obtained. Details regarding gender of children, size of the family, details of the complaint or names of illnesses may be omitted where the researcher deemed them identifiers.

1.2.2 Limitations

The research is based on examples of complaints made primarily to the Irish Refugee Council. These complaints have been made by residents of Direct Provision and documented by staff and interns at the Council. Complaints made to staff at the Irish Refugee Council are documented either in a log book used at reception, or in files (both hard and soft copies). Non-governmental organisations working in this area constantly review their policies and methods of work. Therefore, it is natural that filing systems and record keeping change overtime. Although the exercise of reviewing complaints and concerns for this research was exhaustive, the complaints catalogued here may not serve to demonstrate a complete picture; firstly, due to the ways in which information was stored and secondly, due to the fact that relatively few asylum-seekers avail of support from independent organisations. The explanation for the latter factor may be related to: the limited number of organisations working in this area in Ireland, the remote location of some of the centres and a reluctance to speak up about centres for fear of being punished by management or the Department of Justice.³⁷ In addition, it is possible that some complaints may have been overlooked as a result of changes in filing systems.

Some complaints were made in the resident's name and the Council has not always been privy to the outcomes - unless the resident contacted the Council after receipt of correspondence. Other complaints made in the Council's name may not have received a response from the Reception and Integration Agency. Alternatively, the complaint might have been reviewed and a solution agreed verbally and thus there is no documentation to show the outcome. Regardless of the outcome, the complaints indicate recurring problems within the accommodation centres. It is also difficult to judge whether or not complaints had been resolved or dealt with at a managerial level or within the Reception and Integration Agency as residents are reluctant to have their names attributed to their complaints. Therefore no direct correspondence can be linked to the initial complaints.

1.3 The origins of concern about Direct Provision: 1999 - 2001

From as early as 2001 the documented experiences of children living in Direct Provision highlighted conflicts with the United Nations Convention on the Rights of the Child. The Convention requires States to ensure that they 'respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind [...]'.³⁸ Specifically, the system has been criticised as being in breach of Article 3 of the Convention which requires that '[i]n all actions concerning children [...] the best interests of the child shall be a primary consideration'.³⁹ Researchers, non-governmental organisations and international reporting bodies have argued that the income poverty experienced by children in Direct Provision is a form of institutional discrimination and does not reflect the best interest of the child.⁴⁰

In 2001, the Irish Refugee Council published, 'Beyond the Pale: Asylum-seeking children and social exclusion in Ireland'. This study looked at the effect Direct Provision had on children through the lens of social exclusion. Direct Provision had only been fully operational for one year, thus the findings may be considered preliminary. However, the report provided indicators for the long-term effects of living in Direct Provision accommodation. The research was carried out in Cork, Ennis and Limerick where the researchers met with and interviewed 43 families in addition to holding focus groups with children. The study sought to gain insight into the 'nature and extent of social exclusion experienced by asylum-seeking children' living in Direct Provision.⁴¹ The main findings of the report included:

- parental worries resulting in vicarious worry experienced by children;
- child poverty due to reduced social welfare allowances;
- lack of language support and religious considerations in areas of dispersal;
- dietary problems ranging from weight loss amongst children and malnutrition amongst expectant mothers;
- families incapable of providing toys and outings for special occasions;
- lack of family privacy; inappropriate or non-existent space for play in the hostels; and
- the inability to have other children over to visit resulting in asylum-seeking children living in Direct Provision having difficulties making friends at school.

38 UNCRC Article 2.

39 For example: FLAC 2009.

40 For example: FLAC 2009; Irish Human Rights Commission (2008) 'Submission of the Irish Human Rights Commission to the UN Committee on the Elimination of Discrimination against Women in respect of Ireland's 4th and 5th Periodic Reports under the Convention on the Elimination of Discrimination Against Women'; O'Connor, C. (2003) *Direct Discrimination? An analysis of the scheme of Direct Provision in Ireland*. Dublin: Free Legal Advice Centres [hereinafter FLAC 2003].

41 Fanning, B., Veale, A. & O'Connor, D. (2001) 'Beyond the Pale: Asylum seeking Children and Social Exclusion in Ireland' Dublin: Irish Refugee Council [hereinafter Fanning 2001] p 4.

37 Including fear of transfers from accommodation centres or deportation.

The researchers argued that ‘children dependent upon ‘direct provision’ experience[d] extreme income poverty as a matter of public policy’.⁴² The study did find, however, that although children living in Direct Provision often experienced financial barriers to integration in schools, children had had positive experiences with education.

Also in 2001, Comhlámh carried out a study looking at life in Direct Provision where they circulated questionnaires to 42 service providers in Ireland. 17 participants responded with one participant including the responses of 12 residents from one accommodation centre. The questions were focussed on how Direct Provision affected residents’ daily lives. They found that the accommodation was rated from ‘comfortable and well-equipped’ to ‘overcrowded’. These results, like the results of ‘Beyond the Pale’, were preliminary in nature as it was not envisaged that people would be residing in Direct Provision for several years. Some respondents reported inadequate heating and severe damp and frozen pipes. Other respondents highlighted overcrowding and lack of choice in dispersal locations. The report found that the food on offer did not adequately reflect the cultural and dietary diversity of the residents and often children had difficulties with the food prepared by the centres. Another common theme was the lack of privacy and entire families sharing one room, or single parent families sharing with other occupants. The overarching finding of the report was that many of the concerns would be manageable on a short-term basis, but spending months or more than one year in these centres could result in institutionalisation and have a negative impact on the health and well-being of asylum-seekers.⁴³

Additionally, a study carried out in 2002 by University College Dublin, entitled ‘Patching up the System: the Community Welfare Service and Asylum-seekers’, highlighted a number of concerns related to welfare and Direct Provision. 126 Community Welfare Services personnel participated in the research in addition to a consultative group primarily consisting of asylum-seekers. The consultative group and the Community Welfare personnel highlighted a number of concerns related to the accommodation of children in Direct Provision, including: lack play space, enforced poverty, overcrowding, lack of transportation and inappropriate food.⁴⁴

The above mentioned reports were some of the first reviews of the system of Direct Provision which highlighted a number of preliminary concerns. The purpose of including these findings here was to establish a baseline for the analysis of subsequent complaints and reports spanning the decade following these early findings. The following section adds to the baseline by looking at reported problems from closed accommodation centres

during their years of operation.⁴⁵ The complaints in the next section also provide early indications of the problems Direct Provision posed to residents and those working on their behalf.

1.4 Complaints and concerns documented from hostels that are now closed

The Reception and Integration Agency consistently reviews the demand for bed spaces and has closed a number of accommodation centres over time due to the decrease in numbers seeking asylum in Ireland. However, a large number of concerns were raised regarding the various centres prior to their closures. Several of these concerns are discussed in this section.

For example, Oaklands Hotel in Glenamaddy, County Galway, which closed at the end of 2004,⁴⁶ was the subject of a number of complaints. The hotel was located 61 miles from Galway City and the only transportation to the City was by bus three times a week at a cost of €14.50 per trip. Asylum-seekers would need to make this trip for a variety of reasons, including accessing legal services. If one family of four travelled into Galway City, they would spend nearly all of their social welfare payments as a family. Due to its remote location, very few services were available and no diverse cultural or religious institutions (eg Mosques or Temples) existed in the area. This left families and children with limited options to practice their religion. Moreover, there were no support services that might have linked children with Irish society, thus placing children at risk of social exclusion. One specific complaint from the Irish Refugee Council argued that the remote location and the lack of money for transportation put one pregnant woman’s health at risk, due to the length of time it took to get to the hospital and the lack of support in accessing medical services. Secondly, the hotel was adjoined to a pub, which made the residents feel unsafe. This Hotel was also criticised as being unhygienic owing to the lack of access to hot water for hygienic food preparation.⁴⁷ One complaint came from two minors living in the centre where they expressed concern over not being able to attend language classes and feeling isolated and terrified of their surroundings as they were experiencing racism and hostility from the accommodation staff.⁴⁸

Kilmarnock House in Killiney, County Dublin was originally a reception centre for asylum-seekers and in 2003 became a long-term accommodation centre. It was used to house separated young people⁴⁹ who reached the age of 18 and left the Old School House in Dun Laoghaire (a hostel for

45 The accommodation centres were not necessarily closed as a result of the complaints.

46 See: [http://www.ria.gov.ie/en/RIA/RIADec04\(A4\).pdf/Files/RIADec04\(A4\).pdf](http://www.ria.gov.ie/en/RIA/RIADec04(A4).pdf/Files/RIADec04(A4).pdf).

47 See: Table 1 A1a.

48 See: Table 1 A1b.

49 Southside Partnership (2004) ‘A Needs Analysis of Asylum-seekers Resident in Kilmarnock House, Killiney’.

42 Ibid p 7.

43 Comhlámh 2001.

44 Faughnan, P. Humphries, N. and Whelan, S. (2002) ‘Patching up the System: the Community Welfare Service and Asylum-seekers’, Social Science Research Centre UCD [hereinafter Faughnan 2002].

unaccompanied minors and other residents)⁵⁰ and other adults transferred from various accommodation centres across the country.⁵¹ In 2004, one third of its residents were children.⁵² The residents in Kilmarnock House made a formal complaint to the Reception and Integration Agency in 2004 citing that their children's movement was restricted to the point that they were denied access to certain areas in the centre where the parents felt the children should have freedom to play. The parents were also concerned that the food for children and babies was not appropriate. Many families were forced to supplement their children's diet using their €19.10, which was reportedly still not enough to provide their children with a well-balanced diet. Moreover, babies who slept through meal times were left without food for long periods due to management removing microwaves which were used to prepare formula and baby foods. The outcome of this complaint was unknown at the time of publication.

A similar concern regarding baby food was reported in 2005 in the Railway Hotel in Kiltimagh, County Mayo. A concerned Mayo resident wrote to the Reception and Integration Agency with a number of concerns, including the management's stipulation that once a child reaches 6 months, no baby or toddler foods would be provided. Instead, they were provided with food consistent with the rest of the residents at the designated meal times.⁵³ The response that followed was a letter from the Reception and Integration Agency that noted that they had carried out an inspection with no further information as to the outcome of the inspection. The only substantive response to the concerns of the residents were comments relating to the overall policies and conditions of the centre that had been copied in from a communication between the Agency and Bridgestock Ltd., the contractor responsible for the centre. A resolution to the problem was not reached on this occasion.

More recently, in 2009 residents of Beechlawn accommodation centre in County Wicklow (now closed), reported that the hostel did not have its own transportation and that the resident school-aged children were required to walk three kilometres to school every day even through the winter months. The road was reportedly busy and unsafe. Furthermore, there was no play space for the children onsite. The Reception and Integration Agency responded to the complaints by stating that the children in Beechlawn received the same treatment in terms of school transport as the indigenous Irish. However, it seems likely that local residents may have had greater access to private transportation than the children in Beechlawn. Regarding the play space, the Reception and Integration Agency stated that they were

50 Unaccompanied minors are children under the age of 18 who arrive in Ireland separated from their parents or guardians.

51 Southside Partnership (2004) 'A Needs Analysis of Asylum-seekers Resident in Kilmarnock House, Killiney' p 2.

52 Ibid.

53 Table 1 A4.

aware that the play space was inadequate and that they had been making efforts to move families with children and to provide play equipment, but that they would have to 'make the most of it'.⁵⁴ No play equipment was provided and the accommodation centre closed at the end of 2009.⁵⁵

Sarsfield hotel in Limerick closed in 2010. Doras Luimní, in their 2011 report entitled, 'Impact of the Transfer System in Direct Provision', noted that the hotel did not have any outdoor or indoor play areas, 'customised child centred space', study or homework area or private space for children. They argued that it was not suitable for children. Doras Luimní argued that 'a large group of children have been forced to develop and grow in a confined and gloomy area with limited stimulation'.⁵⁶ Although the hotel's closure in June 2010 was welcomed, many children were relocated with their families to other centres around the country. Not only were the children being moved from friends and their community in Limerick, they were moved during the academic year, some in the middle of exams. This caused undue stress to the families and young people.⁵⁷

It is unknown whether or not the accommodation centres were closed due to the complaints received from residents or if closures were based on financial or other considerations (or if contracts with the Reception and Integration Agency merely expired). If they were closed by the Reception and Integration Agency based on the complaints, or the centre not meeting Agency standards, it may be viewed as a positive response. However, the rationale for closures of these particular centres was unknown to the researcher at the point of publication.

In 2005, the Irish Refugee Council summarised some of the most prominent concerns identified by residents in Direct Provision across Ireland in an internal document. The two main concerns relating to children during this period were the lack of structured educational and recreational activities for children and access to preschool facilities. The Irish Refugee Council also noted that young single parents who had left the care of the Health Service Executive upon reaching the age of 18, were also particularly in need of support as they had left their friends, support networks and, often, schools and were in danger of becoming socially isolated.⁵⁸ The support they received during this time came through local non-governmental agencies or charities such as the Dun Laoghaire Refugee Project.⁵⁹

54 Table 1 B12.

55 See: [http://www.ria.gov.ie/en/RIA/PQ%2040687%20of%202010%20\(Nov%202010\)%20-%20App%201-3.pdf/Files/PQ%2040687%20of%202010%20\(Nov%202010\)%20-%20App%201-3.pdf](http://www.ria.gov.ie/en/RIA/PQ%2040687%20of%202010%20(Nov%202010)%20-%20App%201-3.pdf/Files/PQ%2040687%20of%202010%20(Nov%202010)%20-%20App%201-3.pdf) (last accessed 16 August 2012).

56 Doras Luimní (2011) 'Impact of the Transfer System in Direct Provision' Limerick: Doras Luimní [hereinafter Doras 2011] p 9.

57 Ibid.

58. Irish Refugee Council (2005) 'Direct Provision Information Note' Dublin: Irish Refugee Council p 5.

59 For more information see: <http://www.drpf.ie/>.

The key themes identified by early reports, media and complaints from closed centres relate to concerns over the safety and overcrowding of the physical environment, family life, social exclusion (eg barriers to accessing and participating in education), diet and access to play space. The following sections address each category thematically,

SECTION 2 SAFE ENVIRONMENT

'States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child'. Convention on the Rights of the Child Article 19.1

A study undertaken in the United Kingdom looking at the well-being of asylum-seekers suggested that overcrowding and communal living can lead to unhygienic conditions resulting in illness.⁶⁰ In 2007, The Irish Times reported on the inspections of some of the Direct Provision centres which were released under the Freedom of Information Act. The inspection reports highlighted serious health and safety concerns, including: flooded rooms, cockroaches, fire doors being propped open, kitchens not being up to national hygiene standards, mushrooms growing in a corridor, window chains broken with a reported risk of 'child[ren] falling out of the window' and general failings in cleanliness and hygiene. Nonetheless, The Irish Times also reported that the Reception and Integration Agency were 'generally satisfied that the centres [were] well-run'.⁶¹

In 2010, the Reception and Integration Agency reported that mobile homes in Athlone were damaged with hatchets after residents from neighbouring estates entered Lissywollen caravan site. This was reported in the Agency's 2009 report. The Reception and Integration Agency reported that the damaged property was repaired; however, the perimeter remained broken for some time after. (Athlone Voice, 'Asylum Centre labelled 'a high security risk', 6 January 2010)

There have been a number of studies on the home

60 Woodhead, D. (2000) The Health and Well-Being of Asylum-seekers and Refugees London, King's Fund in GCDB & HSE, 2006 'The Mental Health Promotion Needs of Asylum-seekers and Refugees: A Qualitative Study in Direct Provision Centres and Private Accommodation in Galway City' [hereinafter GCDB & HSE 2006] p 20.

61 The Irish Times, 'Health and safety risks exposed in asylum centres' 31 October 2007.

highlighting the experiences of child residents of Direct Provision, relying on feedback from interviews, non-governmental reports, academic commentary and documented complaints related to centres that are still in operation.

environment and its effect on child development. Modern social work identifies cleanliness and size as markers for the 'good life', both of which affect children's overall wellbeing.⁶² Numerous studies have pointed to the link between the quality of the 'home environment' and behavioural development.⁶³ Although it is accepted that a nurturing environment providing emotional support and cognitive stimulation may protect children from the negative effects of the physical home, children are still put at risk through their engagement with the social welfare system and poor physical environments.⁶⁴ However, Direct Provision is not a natural family environment⁶⁵ because families share confined spaces with numerous other residents from a variety of cultural, national, linguistic and religious backgrounds. For parents living in Direct Provision it is a challenge to act as a protective barrier from the harms to which children may be exposed in the hostel.

In 2010, Perpetua, a woman who was six months pregnant miscarried her twin babies while living in the Eglinton Hotel in Galway. She believes the miscarriage was caused by the stress of living in Direct Provision without enough space, privacy or quiet to sleep at night. She shared her room with her five year old daughter and another mother and her 18 month old son. (Irish Times, 18 June 2010)

The issues identified in 'Beyond the Pale' are still relevant today and in some respects 'home' environments have worsened due to hostel closures resulting in overcrowding in other centres; play areas being worn down from overuse

62 Helavirta, S. (2011) 'Home, children and moral standpoints: A case study of child clients of child welfare' Qualitative Social Work 10 [hereinafter Helavirta 2011] p 436-437.

63 Jones Harden, B. (2004) 'Safety and stability for foster children: A developmental perspective. The Future of Children 14(1) 39-47; Ryan, J. & Testa, M. (2005) Child maltreatment and juvenile delinquency: Investigating the role of placement and placement stability. Children and Youth Services Review 22(9-10), 227-249; and Wulczyn, F., Kogan, J., & Jones Harden, B. (2003) Placement stability and movement trajectories. The Social Service Review 77 212-236 in Jones Harden, B. and Vick Whittaker, J. (2011) 'The early home environment and development outcomes for young children in the child welfare system' Children and Youth Services Review 33 1392-1403 [hereinafter Jones Harden 2011] p 1394.

64 Ibid.

65 Service Provider, Appendix A: Interview Questionnaire.

In 2004, a resident living in a room with her two children requested to change rooms as the radiator was broken, resulting in uncomfortably high temperatures. The children's General Practitioner confirmed that the conditions in the room were the cause of the children's deteriorating health. The woman and her two children were not moved for seven months, despite the risks and ill-health. (Irish Refugee Council (2005) 'Direct Provision Information Note' Dublin: Irish Refugee Council p 5)

or from other residents and accommodation centres getting older. The Irish Refugee Council regularly receives complaints regarding physical conditions ranging from cleanliness to safety. Heating has also been a common theme through the years. For example, inadequate heating was reported in one Leinster accommodation centre, among other complaints affecting the wellbeing of child residents.⁶⁶ One young person was quoted in research undertaken by the Children's Research Centre of Trinity College Dublin commenting on the cold: 'Oh really cold, it was terrible. Really cold, because they didn't have a lot of heating in them, so it wasn't great you know, it was really cold in the night when you were sleeping, you needed a lot of blankets to keep warm'.⁶⁷

Parents living in Direct Provision are not provided with the support needed to adequately protect their children from the dangers of the environment around them. Families have very little control over the physical condition of the room that they share and they do not have any control over the condition of the centre itself. In a number of cases, children have been the victims of poor heating, poor insulation, damaged property and aggression from other residents. In some cases, children have lived in these circumstances for years. However, one must ask if prolonged exposure to poor ventilation, over or under heating, aggression from other adults and/or poor hygiene amounts to abuse, or neglect as defined in the Children First Guidance⁶⁸

Ireland is obliged in accordance with the Convention on

In early 2006, a sizeable section of a ceiling caved-in onto the parents' bed and very close to their baby's cot. According to the resident, they had reported the constant leak in the ceiling to the management on a number of occasions in the previous month. (Table 1 F1)

66 See: Table 3.

67 Whyte, J. and Smyth, K. (2005) Making a New Life in Ireland: Lone Refugee and Asylum-Seeking Mothers and their Children. Dublin: Children's Research Centre, Trinity College [hereinafter Whyte 2005] p 75.

68 Department of Children and Youth Affairs, (2011) 'Children First: National Guidance for the Protection and Welfare of Children' [hereinafter: Children First Guidelines] para 2.2.1 'Neglect can be defined in terms of an omission, where the child suffers significant harm or impairment of development by being deprived of food, clothing, warmth, hygiene, intellectual stimulation, supervision and safety, attachment to and affection from adults, and/or medical care'.

the Rights of the Child to 'take all appropriate legislative, administrative, social and education measures to protect children from all forms of physical or mental violence, injury or abuse, while in the care of parent(s), legal guardian(s) or any other person who has care of the child'.⁶⁹ Moreover, the main function of the Health Service Executive is to ensure that the welfare of children in Ireland is considered as paramount in accordance with the Child Care Act 1991 as amended. Section 3 of the Act requires the Health Service Executive to 'promote the welfare of children in its area who are not receiving adequate care and protection'.⁷⁰ The Health Service Executive must 'take such steps as it considers requisite to identify children who are not receiving adequate care and protection and co-ordinate information from all relevant sources relating to children in its area' (emphasis added).⁷¹ The extent to which this is being done in areas where Direct Provision centres are located is questionable

In 2007, one family's doctor requested that a family be moved from their accommodation, which was very warm during the day and cold at night with condensation on the inside walls which resulted in the children's beds becoming damp. The doctor attributed the child's recurring infections to the damp conditions in their accommodation (Table 1 B20).

In 2008, a family requested to move from the same centre due to illness among all family members, particularly the children. The family attributed the children's illnesses to the dampness of the accommodation. The outcomes of both cases are unknown. However, the centre is still open. (Table 1 B21)

2.1 Overcrowding & Family Life

'No child shall be subjected to arbitrary or unlawful interference with his or her privacy, family, or correspondence, nor to unlawful attacks on his or her honour and reputation'. Convention on the Rights of the Child Article 16.1

Family is a source of strength for many children and can provide protection from external pressures and threats. Children cope better with external challenges when their families are stable and 'in a position to offer support and encouragement'.⁷² However, where families are separated or where parents suffer from mental illness, children do not fare as well.⁷³ A Doctor based in Kerry found that 'rates of depression and anxiety among the town's asylum-seekers are 'much higher' compared with

69 UNCRC Article 19.

70 Child Care Act 1991 Section 3.1.

71 Child Care Act 1991 Section 3.2(a).

72 Whyte 2005 p 21.

73 Ibid.

native locals'. This Doctor argued that 'it starts with the situation they're coming from....Then they arrive here and they have all day long to be thinking about their situation... Their mental health definitely suffers as a result of that'.⁷⁴ This situation is not conducive to positive child development and growth.

The Irish Refugee Council has recorded an instance where teenage children were sharing one room with their mother who experienced mental health problems.⁷⁵ Two parent families also share confined spaces and often occupy one single room. Having a room of one's own, however, is generally considered to be standard for positive childhood development and growth (in Western societies).⁷⁶ Children living in Direct Provision rarely have their own room and are more often in a situation of severe overcrowding. Prolonged overcrowding in the hostels has brought with it a number of parenting and child protection problems. Families experienced tensions that affected the psychological wellbeing of the entire family. A doctor who dealt with a concerned family wrote in to the Minister for Justice citing a variety of concerns, but in relation to children, the doctor was mainly concerned with overcrowding (families living in one bedroom for extended periods of time leading to familial disputes and increased incidents of separations and physical and sexual abuse) as well as widespread childhood illness which spread quickly due to overcrowding.⁷⁷ FLAC found that dependency and boredom resulted in family and relationship difficulties as well as mental health problems.⁷⁸

A family of four seeking assistance in securing alternative accommodation as the mother was suffering from depression and post traumatic stress presented to the Irish Refugee Council in 2011. Her counsellor and the consultant psychiatrist both recommended the family be moved to more appropriate accommodation as both identified sharing one room with her husband and two children as a factor that has led to the exacerbation of her condition due to overcrowding and noise levels. Additionally, one of the children was unwell. (Table 1 B1)

The issue of space is very much at the forefront of asylum-seekers minds as it relates to their individual space in the centres as well as the centre as a whole as evidenced by numerous reports addressing conditions in Direct Provision.⁷⁹ In most cases, single mothers of small children share one bedroom with other mothers and their children.⁸⁰ The Community Welfare personnel in 'Patching up the System' highlighted their concern over children

74 Dr Bernard Ruane in The Irish Times, 'Bearing culture in mind', 5 January 2010.

75 See: Table 3.

76 Helavirta 2011 p 434.

77 Table 1 E3.

78 FLAC, 2003 p 34.

79 Tables 1-3.

80 Vanderhurst, S. 'Identity in Refuge: The Distinct Experiences of Asylum-seekers in Ireland' Notre Dame Journal of Undergraduate Research 2007 p6.

aged '6-12 years still expected to share with parents'.⁸¹ The consultative group in the same report noted that the challenges of maintaining family life 'within the confines of a small space and a general lack of control over such basic aspects of life as diet and daily routines' leads to stress among asylum-seekers with children.⁸² In addition, parents were unable to ensure dangerous items such as utensils were kept in safe places where children would not be able to reach them.⁸³

In 2011, the Irish Refugee Council received correspondence from a family's general practitioner stating that three children were sharing one bed in one room with their parents in a separate bed. The family requested a transfer to a different hostel or for an adjoining room based on overcrowding. The Irish Refugee Council was assured that the family was provided with an additional cot and that the room met the relevant codes and requirements. The family remains in one room. (Table 1 G3)

One mother interviewed reported living in a single room with her 12 year old son.⁸⁴ This is not an uncommon trend in the complaints received by the Irish Refugee Council and is also in clear conflict with Section 63 of the Housing Act 1966 which provides 'any two sic persons, being persons of ten years of age or more of opposite sexes and not being persons living together as husband and wife, must sleep in the same room' as an example of overcrowding.⁸⁵ Another young person interviewed for a study undertaken by the Children's Research Centre of Trinity College Dublin told the researchers that he was living in one room with his four member family. When they were first moved, the room had one big bed and one small bed. The family were given another bed at a later stage.⁸⁶

In 2005, a non-governmental organisation submitted a complaint to the Reception and Integration Agency arguing that a Direct Provision accommodation centre was not suitable for the expectant women and women with children using their services. They specifically noted that there were three family units in one small house which were occupied by one pregnant woman sharing with another woman who had recently lost her baby, one pregnant couple and one couple with two small children. They were very concerned about the lack of space as the living room was being used as a bedroom and there were no cooking facilities. The non-governmental organisation was concerned with the limited amount of space for the children, lack of privacy for all residents, the overcrowding and the cold temperatures. The children and mothers had been worried about being constantly unwell as a result of the cold.⁸⁷

81 Faughnan 2002 47.

82 Ibid.

83 Fanning 2001.

84 Resident, Appendix A: Interview Questionnaire.

85 Housing Act 1966, Section 63.

86 Whyte 2005 p 75.

87 Table 1 E1.

In 2009, the Irish Refugee Council worked with a single mother of two children, who was disabled and had difficulties with movement and minding her children in her accommodation centre as she was put on the first floor in a building with no lift. The outcome to her request to transfer is unknown. (Table 1 B9)

In 2007, the Irish Refugee Council, Integrating Ireland and the Refugee Information Service raised the issue of overcrowding and its effect on family life in a meeting with the Reception and Integration Agency. The Agency stated that they measured all rooms and abided by all legislation relevant to space per person.⁸⁸ Evidence would suggest the opposite, however. Overcrowding continued to be a significant concern from residents. In this same year, the Irish Refugee Council was working to support a family of 6 consisting of two parents, a twelve year old boy and three younger children who were all living in one bedroom.⁸⁹

In 2006, a child diagnosed with Down Syndrome lived with his parents and his sister in one room. The Early Years Support Team of the Health Service Executive provided recommendations stating that his 'living environment [was] very inadequate... Apart from preschool, he does not have sufficient opportunity to explore or develop his sense of curiosity. This level of social deprivation is a known risk factor for deepening intellectual disability'. (Table 1 B19)

Overcrowding has been the basis for complaints submitted to the Irish Refugee Council on many occasions. Although adults largely submit the complaints, it is not just the parents that become affected by the limited space. Children in Knockalisheen, a centre in County Clare, were asked to design homes by the Health Service Executive. The children prioritised a separate bedroom in their designs.⁹⁰ This was reported in 'Getting to Know You', a study carried out by the University of Limerick which 'underline[d] the major problem that arises from the kind of accommodation that is provided: it imposes an impoverishment of family life, and as both the children's designs and the focus group's complaints suggest, the lack of privacy is felt deeply'.⁹¹

Additionally, two of the key issues that arose in a series of 88 meetings between the Reception and Integration Agency and Integrating Ireland, the Irish Refugee Council and the Refugee Information Service, 14 August 2007.

⁸⁹ Table 1 B8. This family also had a long list of medical problems and needed to be near their doctors in another county. Two of their doctors provided letters requesting that the family be transferred to more suitable accommodation. However, the Reception and Integration Agency transferred the family to a different county where they found it very difficult to travel to attend their medical appointments. The result of the transfer was further stress for the family.

⁹⁰ In University of Limerick, 'Getting to Know You: A Local Study of the Needs of Migrants, Refugees and Asylum-seekers in County Clare' 2007 p 49.

⁹¹ Ibid.

of seminars hosted in late 2006 and early 2007 by the Reception and Integration Agency⁹² were challenging and disruptive behaviours and incidents of damage being done to the property.⁹³ However, the Agency identified mental health problems due to length of stay and the resulting depression and lethargy as the 'more fundamental problem'.⁹⁴ Doras Luimní also reiterated the unhealthy impact of 'forced idleness and poverty' which they linked to an incident in the now closed Sarsfield hotel where a 17 year old boy was killed and a 21 year old responsible for his manslaughter.⁹⁵ The concerns identified through these seminars affect the way children are raised in close quarters with other adults. Other residents ultimately play a role in parenting children due to overcrowding and lack of privacy.⁹⁶ Children have reportedly been scolded and disciplined by other residents in the centres.⁹⁷ In addition, children have been exposed to fights, both verbal and physical between residents, and other adults' aggression and tempers. Young people in one study noted that other residents in the accommodation centres have 'short-temper' and fight over the use of common space or the television. One young person commented on residents shouting over loud music and being able to hear everything that is going on outside of their room due to the congested space and thin walls.⁹⁸

In 2012, a concerned father reported that his children were living in close proximity to men (who are not known to them) and people with 'severe' mental health conditions. The children (along with their family) remain in this centre. (Table 1 G1)

Geoffrey Shannon, Special Rapporteur on Child Protection, highlighted the 'real risk' of child abuse in Direct Provision accommodation where single parent families are required to share with strangers and where families with teenage children of opposite gender are required to share one room.⁹⁹ Shannon goes on to cite a 14 year old girl in a centre in Mayo who became pregnant by a male resident in the same centre in September 2011.¹⁰⁰ In 2010, The

⁹² The seminars aimed to highlight issues and concerns arising from the system of Direct Provision. Reception and Integration Agency, 2007 'Information and Good Practice Seminars: Report of the Issues, Actions and Recommendations' [hereinafter RIA 2007].

⁹³ The RIA committed to 'identify[ing] those who have been in the process for 3 years plus and consider appropriate responses based on the profile emerging' by January 2008.

⁹⁴ RIA 2007 p 6.

⁹⁵ Doras Luimní 2011 p 10.

⁹⁶ Doras Luimní, the Irish Refugee Council and Nasc (2011) 'Submission for the Twelfth Session of the Working Group on the Universal Periodic Review: Ireland' [hereinafter: UPR 2011] Available at: http://www.rightsnow.ie/assets/72/F1F72A24-032A-87FA-683DD32A1E8ACA76_document/IRC_NASC_DL_uprsubmission.pdf (last accessed: 17 August 2012) para 21.

⁹⁷ Fanning 2001 p 6.

⁹⁸ Whyte 2005 p 76.

⁹⁹ Shannon 2012 p 32.

¹⁰⁰ See: The Irish Examiner, 'Asylum-seeker rape case raises security fears' 13 September 2011. Available at: <http://www.irishexaminer.com/ireland/>

Irish Times reported that female residents ‘regularly face abuse and sexual harassment’ as highlighted by a report published by AkiDWA.¹⁰¹

In 2012 a family reported that two children (both boys, one of whom was a teenager) were sleeping in the same room as the parents. The boys slept on bunk beds and the parents slept on two mattresses pushed together. They placed furniture between the beds to offer the parents some privacy. The parents were both suffering from depression, panic attacks and hypertension. Additionally, the windows were fixed closed and there was a lack of ventilation in the room. (Table 1 G2)

From as early as 2000 and 2001, when the first reports assessing Direct Provision were published, it became apparent that this system of accommodation restricted the parents’ ability to protect their children. One service provider noted that parents cannot ‘parent in a normal [way]’ and that their right ‘to be a guardian to their children is constantly undermined’.¹⁰² Family life is a fundamental right, one that is enshrined in the European Convention on Human Rights. Article 8 states that ‘[e]veryone has the right to respect for his private and family life, his home and his correspondence’ and that ‘[t]here shall be no interference by a public authority with the exercise

In 2009, the Reception and Integration Agency sent a letter to residents of Lisbrook House in Galway informing them that lone parents would henceforth be sharing their bedrooms ‘for operational and bed management reasons’. This letter received expressions of concern from various children’s charities. (Table 1 B10)

of this right except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others’.¹⁰³ The ability of residents of Direct Provision to act as a family as defined in this Convention is severely limited by this government policy. Families do not enjoy a life without interference in these centres. There have been recorded instances of Department of Justice officials entering into family homes and rooms unannounced;¹⁰⁴ forced transfers for ‘bed management reasons’; set meal times where the centre, rather than the parents, severely limits the choice

kfgbqlcwidoj/rss2/ (last accessed: 20 August 2012) in Shannon 2012 p 32.

¹⁰¹ The Irish Times, ‘4,000 living in ‘inhumane’ centres’, 26 March 2010.

¹⁰² Ibid.

¹⁰³ European Convention on Human Rights, Article 8.

¹⁰⁴ Irish Refugee Council (2010) ‘Without Rights or Recognition: A report by the Irish Refugee Council on the compulsory transfer of residents from Mosney Accommodation Centre by the Reception and Integration Agency, part of the Department of Justice and Law Reform’ Dublin: Irish refugee Council. Available at: <http://irc.fusio.net/wp-content/uploads/2011/08/Mosney-Without-Rights-or-Recognition.pdf> (last accessed: 14 August 2012).

of what a child can eat; and families forced to share their family space with other adults or other families. Families in Direct Provision do not have meals together separate from other residents. Parents do not cook for their children. Children do not see their parents in the role they traditionally embody. Research shows children are disadvantaged by growing up in an institutional setting and Direct Provision is another example of this and a clear breach of the child’s Article 8 rights.

2.2 Food and Malnutrition

‘To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents’. Convention on the Rights of the Child Article 24.2(e)

All children need basic conditions met to survive, specifically: shelter, food and water. These conditions are enshrined in the Convention on the Rights of the Child. As discussed in the previous section, children require a home, but more specifically a ‘safe physical environment’ which provides the child with adequate protection from physical and harmful threats. The child should also be provided with clothing and enough food to eat - as a minimum. Lack of appropriate food and the inability of parents to provide food for their children is a common theme in residents’ lives in Direct Provision. The result of the inadequate provision of food has been: instances of malnutrition among children and expectant mothers, ill-health related to diet among babies and young children, weight loss among children, hunger among adults (as a result of family rationing) and chronic gastric illness among children of all ages.

Between 2009 and 2010, an emotional father presented with concern for his son’s health to a number of non-governmental organisations. The child was not eating in the hostel and was under weight and underdeveloped. Their request for transfer based on medical evidence was refused a number of times. This case was only resolved after a solicitor became engaged. However, this did not occur for nearly one year after the initial application. (Table 1 G4)

Several studies have highlighted the need to address the issue of food in Direct Provision centres as the food provided to children (and adults) contain high levels of calories and fat and limited vegetables and fruit.¹⁰⁵ In May 2012, Metro Eireann published an article written by Ronit Lentin on the conditions in the Eyre Powell hostel in

¹⁰⁵ Daughters of Charity, (2004) ‘The Needs of Mosney’s Preschool Children’ p 15.

Newbridge, County Kildare. The residents had expressed a number of concerns ranging from intimidation from the management to the provision of non-nutritional foods. Regulation 1.7 of the Reception and Integration Agency's House Rules, the rules that govern the accommodation centres, states that accommodation centres must provide 'varied and nutritious breakfast, lunch and dinner' as well as a varied and nutritious packed-lunch for school-going children.¹⁰⁶ However, the residents in the Eyre Powell reported having only 'a steady stream of chicken nuggets, white rice, ketchup, vegetables and chips... and a distinct lack of toddler appropriate foods'.¹⁰⁷ Young people in another study noted that they always had chips, sometimes with beans or sausages or 'fast foods'.¹⁰⁸ The Irish Refugee Council has worked with several families who have had concerns over the appropriateness of the food including families with concerns over the health of their children.¹⁰⁹

In 2012, a child presented hungry to the Irish Refugee Council on two occasions because she said she could not eat the reheated fried food provided for lunch. She could not sleep at night due to the noise at the centre and slept in until 1pm missing breakfast as a result. The child was afraid to report this due to her fear of being transferred. (Table 1 G7)

A study undertaken by Fanning & Veale in 2004 found that 92 per cent of respondents living in Direct Provision found it necessary to supplement the meals provided by the kitchens in the accommodation centres with their social welfare payments. Many of the children in the families that responded had special dietary requirements and where possible, families would use a portion of their €19.10 to provide the necessary foods.¹¹⁰ In 'Patching up the System' the Community Welfare Service reported that in 2002, 43.1 per cent of the then €19.05 per adult and €9.52 per child payments was spent on food for children.¹¹¹ One respondent from the Community Welfare Service stated that '[t]he weekly payment is inadequate to meet the personal needs of adults and particularly those with child dependants'.¹¹¹ Doras Luimní, the Irish Refugee Council and Nasc made a joint 'Submission for the Twelfth Session of the Working Group on the Universal Periodic Review: Ireland' where they highlighted their concern over the lack of appropriate food served at set meal times. They noted that it was especially problematic for children with particular dietary needs or for children who need to eat regularly and not at fixed times.¹¹²

106 The Reception and Integration Agency, (2009) 'Direct Provision Reception and Accommodation Centres: House Rules and Procedures' para 1.6.

107 Lentin, R. in Metro Eireann 'End Direct Provision' 1 May 2012.

108 Whyte 2005 p 75.

109 Ibid.

110 Fanning, B. & Veale, A. (2004) 'Child Poverty as Public Policy: Direct Provision and Asylum-seeker Children' Child Care in Practice 10(3) 241-251.

111 Ibid p 50.

112 UPR 2011 para 15.

Cases where children with gastroenteritis and an inability to tolerate the food provided in the accommodation centres are highly prevalent as well. Malnutrition in children appeared in a number of requests for transfer and or complaints and often they were accompanied by letters from medical professionals.¹¹³ For example, in one case where a Doctor wrote on behalf of a child with gastroenteritis and intolerance to the food prepared by one centre, the Reception and Integration Agency denied the request to be moved to self-catering accommodation. The letter only dealt with the mother's circumstances and did not address the child's ill-health.¹¹⁴ The Reception and Integration Agency's policy in relation to transfer requests states that they 'will consider transfer requests on grounds of medical needs and other special needs. In the case of a transfer request on medical grounds, the information will be sent to an independent medical referee for assessment and decision'.¹¹⁵ Letters of support from general practitioners, psychiatrists and doctors from other disciplines are commonly submitted with applications for transfers to self-catering accommodation related to childhood illness due to inappropriate foods. However, few submissions have been resolved.

In 2007, The Connacht Sentinel reported on the death

Between 2011 and 2012, one family has been repeatedly refused a transfer to self-catering accommodation on the basis that the Reception and Integration Agency has a limited number of self-catering units available. The refusals did not address the issue of the youngest child who suffers from a chronic and life-threatening illness. The management was informed of the child's dietary requirements but instead of varied vegetables she was given spinach every day for two weeks. This case has not been resolved. (Table 1 G5)

of Brenda Kwesikazi Mohammed, an asylum-seeker, and mother of a two year old daughter, living in the Eglinton Hotel in Galway. The Sentinel reported that Brenda died of malnutrition. Reportedly, efforts had been made to place the family in Mosney in Meath where they would have a kitchen. The family had turned down the transfer offer as they would still not have had control over the choice of food. The family had requested a transfer to self-catering accommodation with support from a social worker and a psychiatrist. It was noted that there were only 500 places for self-catering despite over 6,000 asylum-seekers living in Direct Provision accommodation in 2007.¹¹⁶ Despite the limited number of places for families struggling with malnutrition, the Reception and Integration Agency have continued to reduce the number of self-catering options.

113 See: Table 1.

114 Table 1 B6.

115 Reception and Integration Agency, (2007) 'Information and Good Practice Seminars: Report of the Issues, Actions and Recommendations' p11.

116 The Connacht Sentinel, 'Inquest returned a verdict of death by malnutrition in asylum-seeker tragedy' 23 October 2007.

SECTION 3 EXCLUSION AND POVERTY

Article 6 of the Convention on the Rights of the Child which requires States to protect the child's right to life and survival and development,¹¹⁷ may be engaged in cases of food deprivation resulting in malnourishment. It also qualifies as neglect in accordance with the Children First Guidance.¹¹⁸

In one case, a young pregnant woman experienced constant vomiting related to her pregnancy which resulted in weight loss, insomnia and psychological problems. She could not tolerate the food in the hostel. Her doctors and social worker requested a transfer into self-catering accommodation. The Irish Refugee Council supported their requests for either self-catering or for the management to ensure her specific dietary needs were met during the last months of her pregnancy. (Table 1 B13. The outcome is unknown)

Section 3 looks at the non-physical, non-survival aspects of child development and child poverty. Section 3, looks at indicators for social exclusion and enforced child poverty, focussing on play, development, education and the child's participation in education. Play, education and how both affect child development were also noted as important in the baseline research and it was also a notable trend in the complaints reviewed for this report.

In 2012, residents in one accommodation centre reported that the lack of a balanced nutritious diet led to many people cooking in their rooms. This was a safety concern for the parents as they did not have appropriate or safe cooking facilities. (Table 1 G6) .

One woman and her two young children received temporary leave to remain. However, delays in registering prevented her from being able to access social welfare or new accommodation. She received several extensions on her permission to stay in her Direct Provision accommodation. She was eventually evicted as the Reception and Integration Agency stated she had had 'sufficient time' to sort out her registration. She was forced to move into a refuge at this point, which was only temporary as she wasn't receiving social welfare. After leaving Direct Provision, she made a complaint against the management of the accommodation centre for abusive verbal bullying by the House Manager and damage to her property. Following an investigation, the Reception and Integration Agency found no evidence to substantiate allegations. There were significant delays on the part of the Agency in responding. (Table 1 J2)

*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'.
Convention on the Rights of the Child Article 27.1*

*'States Parties shall recognize for every child the right to benefit from social security, including social insurance, and shall take the necessary measures to achieve the full realization of this right in accordance with their national law'.
Convention on the Rights of the Child Article 26.1*

When Direct Provision was introduced as a full-board scheme, the Department of Justice determined that the social welfare needs of residents of Direct Provision were akin to those living in long-term institutional care. The rate for those living in institutional care was then £15, which became the rate given to asylum-seekers. However, Comhlámh argued that the £15 was meant for "hospital comforts" and did not take into account the full-range of needs asylum-seekers may have as they were not institutionally bound to their centre.¹¹⁹ On 27 March 2001, a spokesperson for the Department of Justice stated that they might have made an error in arriving at this figure and had convened a working group to consider the amount.¹²⁰ As a result, an increase was expected. However, the figure did not change and has not changed. In Comhlámh's 2001 study they argued that £15 was limiting as there were few to no entertainment facilities onsite and limited funds to participate in any offsite activities. In 2007, non-governmental organisations, including the Irish Refugee Council, sought an increase in the social welfare payments to asylum-seekers as they had not seen an increase in 8 years.¹²¹ Member of the European Parliament, Proinsias De Rossa called the government's refusal to increase the payment as 'shameful' and noted that '[i]t is the children who will suffer most'.¹²²

Each adult receives an allowance of €19.10 and €9.60 per child. Section 13 of the Social Welfare (Miscellaneous Provisions) Act 2003 provides that asylum-seekers shall not be entitled to supplementary welfare allowance.¹²³

¹¹⁹ Comhlámh 2001.

¹²⁰ There is no record of the outcome of this working group in the Irish Refugee Council's files.

¹²¹ The Irish Times, 'Council seeks rise in asylum-seeker payment' 28 November 2007.

¹²² Statement by Proinsias De Rossa, MEP, 'Government's refusal to raise asylum-seekers allowance shameful' issued 7 December 2007. Available at: <http://www.labour.ie/press/listing/1197031909645626.html> (last accessed 16 July 2012).

¹²³ Social Welfare (Miscellaneous Provisions) Act 2003, Section 13: Section 179 (as amended by paragraph 3 of the Sixth Schedule to the Principal Act) of the Principal Act is amended by inserting the following after subsection (2): "(3) Without prejudice to the generality of subsection (1) and subject to subsection (4), regulations under

¹¹⁷ UNCRC Article 6.

¹¹⁸ Supra note 76.

3.1 Children and Poverty

However, other exceptional needs payments are at the discretion of the individual Community Welfare Officer. Some examples of payments that may be received by families with children are for back to school clothing and footwear and exceptional payments for travel (eg to see a lawyer or for medical appointments), clothing, school books and prams.¹²⁴ Some individuals or families were able to access Lone Parents Allowance and Disability Allowance before the introduction of restrictions related to the Habitual Residence Condition.¹²⁵¹²⁶ Other needs were met on an ad hoc basis. However, a report in Cork found that the majority of respondents who were residents of Direct Provision had not received any additional payments.¹²⁷

One benefit of the social welfare regime in the early years of Direct Provision was the Child Benefit Allowance. Asylum-seeking families were eligible for the full allowance, which allowed parents to provide for their children in the same way Irish parents provided for theirs in terms of clothing, food supplements, field trips, toys, school supplies and outings for birthdays and special occasions. However, asylum-seekers are no longer able to avail of Child Benefit payments.¹²⁸ In 2007, then Minister for Social and Family Affairs, Martin Cullen, referred to the restriction in the Habitual Residence Condition relating to Child Benefit payments as a means of ensuring that policies did not lead to opening 'potential floodgates': 'If there was no restriction, many more people would try to come to this country to access the welfare system, which is quite generous and is a good one by any international standards'.¹²⁹ This policy has been criticised by service providers and researchers as it is believed that the difference in social welfare entitlements between residents of Direct Provision and residents of other forms of state-funded accommodation is a form of discrimination.¹³⁰

The National Children's Strategy 2001 recognises the importance of cultivating the development of the child in respect of a broad range of developmental needs including: emotional, behavioural, cognitive, educational, capacity to develop social relationships, physical and mental. Some indicators through which to assess the level of a child's inclusion in society and level of poverty are: participation in after-school activities, outings, separate bedrooms for older same-sex siblings, and a safe area to play, including with friends.¹³¹ Poverty can also have an effect on the child if it creates a stress factor in the family life.¹³²

It is also crucial to consider some asylum-seeking children's backgrounds before arrival to Ireland. Some children have witnessed or experienced war, violence, separation from family and significant deprivation. The 'social and emotional' adjustment of these children is influenced by these experiences and that which is experienced in the country of arrival.¹³³ The displacement and stress associated with seeking asylum, in addition to transfers and dispersals from one accommodation centre to the next, can affect the child's on-going process of developing their personality and coping mechanisms. These feelings may be compounded by witnessing removals for deportation and a fear of deportation. This disruption and insecurity can harm the child's physical, intellectual, psychological, cultural and social development.¹³⁴

Social exclusion and child poverty cannot strictly be measured in relation to income. However the earnings of a family can greatly influence the level of exclusion and poverty children may experience. Children also experience child poverty as a result of insufficient participation in society.¹³⁵ Children therefore experience child poverty and social exclusion when they do not have the means necessary to participate in activities or have appropriate living conditions as accepted by the society in which they live. Children suffer from exclusion by experiencing atypical 'living patterns, customs and activities', for example, where their access to resources is significantly below the national average.¹³⁶ The overall health, well-being, education and development of children who are restricted from full participation in society are adversely affected.¹³⁷

subsection (1) may provide for the payment of a supplement towards the amount of rent payable by a person in respect of his or her residence. (4) (a) A person shall not be entitled to a payment referred to in subsection (3) where— (i) the person is not lawfully in the State, or (ii) the person has made an application to the Minister for Justice, Equality and Law Reform for a declaration under paragraphs (a) or (c) of section 8 (1) of the Refugee Act 1996

124 Northern Area Health Board (2001) 'Embracing Cultural Diversity in Public Health Nursing: Caring for Refugees and Asylum-seekers, the Challenges and Opportunities'. [hereinafter Health Board 2001] p 22.

125 The Habitual Residence Condition was introduced in 2004. For asylum-seekers, this meant that they were not automatically entitled to certain types of welfare payments, including child benefit. See FLAC 2009 p 53-62 & Social Welfare and Pensions (No. 2) Act 2009 Section 15.

126 Health Board 2001 p 22.

127 Nasc (2008) 'Hidden Cork: The Perspectives of Asylum-seekers on Direct Provision and the Asylum Legal System'. Available at: http://www.nascireland.org/wp-content/uploads/2011/11/dp_report.pdf (last accessed: 13 August 2012).

128 FLAC 2009.

129 Priority Question 4 December 2007 [32582/07].

130 FLAC 2003 p 19.

131 Nolan, B. (2000) *Child Poverty in Ireland*. Dublin: Oak Tree Press.

132 McLoyd, V. (1990) 'The impact of economic hardship on black families and children: Psychological distress, parenting and socioemotional development'. *Child Development* 311, 61.

133 Whyte 2005, p21.

134 UNHCR 1994 'Guidelines on Refugee Children' 38-39.

135 Piachoud, D. (1987) 'Problems in the definitions and measurement of poverty' *Journal of Social Policy* 16(2) 161 in Fanning, B. & Veale, A. (2004) 'Child Poverty as Public Policy: Direct Provision and Asylum-seeker Children in the Republic of Ireland' *Child Care in Practice* 10(3) 241, p 243.

136 Callan, B. & Nolan, B. (1994) *Poverty and policy in Ireland*. Dublin: Gill and McMillan.

137 Fanning, B. & Veale, A. (2004) 'Child Poverty as Public Policy: Direct

The extreme income poverty inflicted on asylum-seeking families has resulted in significant material deprivation for children living in Direct Provision accommodation. Families in Direct Provision are unable to purchase toys and pay for outings for special occasions.¹³⁸ The Irish Refugee Council argued in their submission to the European Commission against Racism and Intolerance that children were being raised in poverty in addition to experiencing a form of institutionalisation.¹³⁹

The following sections look at play and education and the ways in which the personal and social development of children in Direct Provision has been affected by lack of opportunity, isolation and enforced and prolonged poverty.

3.2 Play and Development

'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'
Convention on the Rights of the Child, Article 31.1

Developmental needs of preschool children can be divided among various areas: cognitive, language, personal, emotional and social development and creative and aesthetic development. All four categories are underpinned by 'play'. A child's play patterns reflect their development in all four areas. For example, a child who plays on his or her own may be associated with 'low positive emotion, high asocial behaviour, and high peer exclusion'.¹⁴⁰ Children need both positive interaction and early relationship building with adults and other children to ensure an effective learning environment. Play Ireland suggests that play fosters development in the areas of relationships, health and strength, intellectual development, imagination and emotional development.¹⁴¹ However, child residents in direct provision do not have easy access to safe space for play. Several reports have argued that children are disadvantaged by these circumstances.¹⁴²

Residents and non-governmental organisations have highlighted the lack of play space and social interaction in a variety of accommodation centres. The Irish Provision and Asylum-seeker Children in the Republic of Ireland' Child Care in Practice 10(3) 241, p 243.

138 Ibid p 245. Appendix A: Interview Questionnaire.

139 Irish Refugee Council, (2012) 'Submission to the European Commission on Racism and Intolerance'. Dublin: Irish Refugee Council [hereinafter ECRI 2012] para 2.11. Available at: <http://www.irishrefugeecouncil.ie/wp-content/uploads/2011/08/Submission-to-the-European-Commission-against-Racism-and-Intolerance-Nov11.pdf> (last accessed: 17 August 2012).

140 Daughters of Charity 2004 p 10.

141 http://www.playireland.ie/about_play.asp (last accessed: 29 August 2012).

142 See for example: Daughters of Charity 2004 and Fanning 2001.

Refugee Council found in 2001 that the space provided for children to play was inadequate and that communal accommodation centres were not in the best interest of the child.¹⁴³ The Daughters of Charity study found that most children were spending large portions of the day sleeping or watching television. This was attributed to the financial constraints on the parents symptomatic of their living situation. The study argued that the abnormal living circumstances of children in Mosney resulted in stunted personal and social development evidenced by observing low level of play and interaction among preschool aged-children.¹⁴⁴

In 'Patching up the System' the Consultative group was concerned over the lack of childcare and recreational activities. They also noted that some centres did not provide playrooms for children.¹⁴⁵ The Community Welfare Personnel also expressed their concern for the accommodation provided to families and those with new born babies.¹⁴⁶ In 2002, residents of one centre sent a letter to the United Nations citing several concerns relating to the provision of services and the condition of the accommodation centre including their concern for the lack of play space for children. They felt the space was not appropriate, dirty, and there were not enough toys for the number of children at the centre. The toys in one centre were either broken or dirty.¹⁴⁷ In one centre in 2002 a resident noted that there was not 'even one single toy for the children'.¹⁴⁸

One centre in Munster does not have play areas for children and often children took to playing in the parking lot.¹⁴⁹ In 2006, it was reported that one centre had an outdoor swing set and other playground equipment, but no play facilities when it was too cold or wet to play outside. One study found that play space in another centre was unsafe and that a child had fractured a leg due to building equipment being left around outside. In the same report, children reported feeling lonely because they could not play outside when the weather was bad nor could they invite friends over to their room to play.¹⁵⁰ In 2003, another letter of concern was submitted to the Irish Refugee Council highlighting that the only outdoor play area comprised swings on the border of the driveway situated on a bank that drops a few hundred feet to a railway line.¹⁵¹

Additionally, access to preschool has been an on-going concern for asylum-seekers living in government accommodation centres. 2005 saw the first preschools

143 Irish Refugee Council, (2001) 'Direct Provision and Dispersal- 18 Months On'. Irish Refugee Council, (2001) 'Policy Recommendations on Regional Reception of Asylum-seekers in Ireland'.

144 Daughters of Charity 2004.

145 Ibid p 46.

146 Ibid 47.

147 Table 1 2002 E2.

148 Faughnan 2002 p 46.

149 Table 1 C5.

150 Whyte 2005 p 75

151 Table 1 E4.

and play areas being introduced in Direct Provision, six years after its introduction at the pilot stage.¹⁵² However, in 2007, only two Direct Provision centres had onsite preschool facilities.¹⁵³ One hostel manager in 2011 noted that their toddler groups and preschool had closed due to lack of funding.¹⁵⁴ In one centre there was a preschool crèche but it was not able to cater for the large numbers of preschool aged children.¹⁵⁵ Some service providers interviewed were concerned with the fact that parents were overwhelmed by their children's constant presence and the lack of activities available.¹⁵⁶ Additionally, the service providers worried that child welfare referrals were made because children were left alone due to the lack of child care options onsite. Parents are unable to work in order to pay for child care.¹⁵⁷

One mother living in a Direct Provision centre commented on the fact that her 12 year old son could not ride one of the bicycles provided by the centre. There were several bicycles, but children under 14 years were not allowed to cycle around the centre without being supervised by their guardian. The mother complained of feeling bad that she 'can't give freedom to [her] child'. She noted that 'they say this is a home, but it's not a home', the 'rules and guidelines [are] only for residents'.¹⁵⁸ One service provider stated that the children were constantly surrounded by others and without privacy. There was no space to 'do what teenagers do'. This youth worker believed that this has an effect on the development of young people's confidence.¹⁵⁹ Another study found that the boredom and idleness can induce low self-esteem and isolation.¹⁶⁰

One hostel manager noted that parents were reluctant to register their children for football, etc. The manager identified money as the main barrier stating that they could not afford the fees or the transportation to get to the pitch.¹⁶¹ Service providers also stated that transportation was a key issue in one accommodation centre. The children were unable to access parks, play areas or practice for sports.¹⁶²

The main barriers for young people accessing mainstream youth services was the family's financial situation (not having pocket money to go along on free trips or money for sports equipment) and lack of transportation between Direct Provision centres and town centres. Often the centres were isolated and the young people and parents were thus dependent on infrequent free transportation

152 The Irish Times 'Asylum Staff to be trained in protection of children' 21 November 2005 & The Irish Times O'Brian, C. 'Asylum agency aims to improve facilities for children', 22 October 2005.

153 Vanderhurst 2007 p 10.

154 Hostel Manager, Appendix A: Interview Questionnaire.

155 Ibid.

156 Service Provider, Appendix A: Interview Questionnaire.

157 Ibid.

158 Mother, Appendix A: Interview Questionnaire.

159 Service Provider, Appendix A: Interview Questionnaire.

160 GCDB & HSE 2006 p 23.

161 Hostel Manager, Appendix A: Interview Questionnaire.

162 Service Provider, Appendix A: Interview Questionnaire.

from the centre. The bus schedules typically did not allow for young people to participate in homework clubs or afterschool activities. In one centre, the last bus from the centre was reportedly at 14.30.¹⁶³ The young people also complained that they were unable to undertake activities over the summer or part-time work like their Irish friends. One hostel manager stated that the children mix well in school, but not enough outside of school.¹⁶⁴ The main barrier identified by the young people to socialising with friends was the bus times from the centre. For this reason, many of the older children felt isolated.¹⁶⁵

Another service provider noted that, in addition to money and transportation, children and parents were intimidated to link in with clubs- 'to make the first step'.¹⁶⁶ Additionally, one youth worker noted that parents do not like their girl children going to co-ed activities.¹⁶⁷ The same service provider noted that it is also the isolating locations and construction of hostel accommodation which breeds prejudice and begrudging. They felt the 'different coloured skin exacerbated these problems': 'Integration is a huge wall to be climbed'.¹⁶⁸

In interviews conducted in 2011 with hostel managers, youth service providers and residents of Direct Provision, the respondents noted that activities were available onsite in some centres, such as week-long summer camps, parties for holidays and some preschools. Although this was welcomed by many respondents it was not viewed as sufficient or an adequate solution. Children were 'spending too much time here in Direct Provision'.¹⁶⁹ In 2012, a number of women in one accommodation centre raised concerns in relation to the impact growing up in Direct Provision had on their children, specifically: social exclusion (attached with living in such accommodation for prolonged periods of time - up to eight years); not being seen to have appropriate accommodation by the wider community and being without the means necessary to participate in activities.¹⁷⁰

The 2001 Comhlámh report also highlighted concerns related to integration, noting that there were few opportunities to mix with Irish communities as centres were often outside town or village centres and transportation was infrequent and unaffordable. Asylum-seekers who were dependent on reduced social welfare payments simply did not have enough pocket money to engage in activities where they might meet Irish people.¹⁷¹ Additionally, children and young people were not able to bring friends back to play or stay with them due to the inadequate living space and the House Rules.¹⁷²

163 Service Provider, Appendix A: Interview Questionnaire.

164 Hostel Manager, Appendix A: Interview Questionnaire.

165 Whyte 2005 p 52-53.

166 Ibid.

167 Service Provider, Appendix A: Interview Questionnaire.

168 Service Provider, Appendix A: Interview Questionnaire.

169 Mother, Appendix A: Interview Questionnaire.

170 Table 1 J1.

171 Comhlámh 2001 p 25.

172 Residents and Service Providers, Appendix A: Interview

One respondent stated that the Church gave a lot of support to local families.¹⁷³ In another region, there were activities through the local primary schools.¹⁷⁴ However, in the same region, the manager of a centre noted that there were no activities outside of the centre while also commenting that ‘you can’t have kids going into school without integrating with other kids’.¹⁷⁵

Young people did make friends in the accommodation centre, but the Trinity College Children’s Research Centre study noted that there was ‘little security’ as families were regularly moved to new accommodation centres, this made some of the young people interviewed angry.¹⁷⁶ Families living in Direct Provision typically do not remain in one accommodation centre for the entire duration of the asylum application process. Families move around the country. Children must then move to new schools and leave classmates, teachers and friends behind each time.¹⁷⁷ Over the past number of years principals from various schools have also highlighted the disruptive effect of transferring school-going children to a different centre after they have already linked in with schools.¹⁷⁸

In 2008, residents in one centre complained that the children needed a play space. The management informed the residents that it was impossible to make these changes as they could not meet the necessary requirements set out by the Health Service Executive (Table 1 B17).

Access to safe play space and space to interact with peers is essential for the healthy development of children and young people. Children living in Direct Provision who do not have access to either developmental outlet may be denied adequate ‘intellectual stimulation’ as set out in the definition of neglect in the Children First Guidance.¹⁷⁹ It has long been argued that Direct Provision puts children at a developmental disadvantage. This section of the report reiterates those findings and argues that children growing up in Direct Provision have suffered neglect resulting from inadequate cognitive stimulation. Denying children ‘play’ space is a breach of Article 31 of the Convention of the Rights of the Child.

3.2.1 Education and Participation

*‘States Parties recognize the right of the child to education, and with a view to achieving this right progressively and on the basis of equal opportunity’
Convention on the Rights of the Child, Article 28.1*

Questionnaire.

173 Service Provider, Appendix A: Interview Questionnaire.

174 Service Provider, Appendix A: Interview Questionnaire.

175 Hostel Manager, Appendix A: Interview Questionnaire.

176 Whyte 2005 p 76.

177 Ibid p 80-81.

178 Table 1 C2.

179 Supra note 76.

The Convention on the Rights of the Child requires States to ensure education is offered to all children and that it should be directed at developing the ‘child’s personality, talents and mental and physical abilities to their fullest potential’.¹⁸⁰ However, life in Direct Provision is not conducive to active participation in education and limits children from taking full advantage of their school experiences to reach their full potential as prescribed by the Convention. Although, many children and young people identify school as a positive influence in their lives in Ireland,¹⁸¹ several barriers exist to the full enjoyment of the child’s right to education. Children are not fully engaged with their schools and local communities as parents cannot provide the means necessary to participate.¹⁸²

This section looks at the difficulties that have arisen for children in respect of education as an indirect result of the policy of Direct Provision. The majority of the complaints and reports surrounding education highlight:

1. Access to education

Many reported problems securing places in local schools due to large numbers of children being placed in a hostel in smaller towns or villages. In 2007, Laois Today reported that schools surrounding the Montague hotel were not able to cope with children moving into the (newly opened) centre.¹⁸³ As early as 2002, the Irish Examiner printed an article which quoted a teacher in a Dublin school who was concerned that not enough resources were being made available to schools with significant numbers of refugee and asylum-seeking children to support their integration.¹⁸⁴

2. Transportation

In many cases, transportation to school has been a recurring issue. One accommodation centre is located approximately 12 kilometres outside of the town centre and does not have adequate transportation for school aged-kids. One mother noted that her son must take two buses to school and has been stranded when there has been a change in the school schedule. The bus stop where her son must wait is not safe and the children have to walk on the road as there is no footpath or pedestrian crossing.¹⁸⁵

3. Participation in Education

There is no space in the centre for school children to do their homework and parents have noted that they

180 UNCRC, Article 29.1(a).

181 Whyte 2005.

182 ECRI 2012 para 2.21.

183 Laois Today, ‘Children first casualty of Montague asylum move’ 15 November 2007.

184 The Irish Examiner, ‘Young refugees coming to school weak with hunger’ 4 April 2002.

185 Resident, Appendix A: Interview Questionnaire.

must pay for work-books for their children out of their €19.10.¹⁸⁶ Covering the cost of school supplies was noted as a stressor for mothers living in Direct Provision.¹⁸⁷ One parent was very upset as she was unable to provide school books, homework supplies, copy books, etc.¹⁸⁸ In 2008, the residents of a Munster centre reported delays in receiving the Back to School Allowance and some residents were having difficulties proving their eligibility for the scheme.¹⁸⁹ Moreover, children were arriving to school hungry and without uniforms due to social welfare problems.¹⁹⁰ Service providers also noted that funding for homework clubs had been stopped in one centre and children could not avail of school homework clubs because they would miss the bus back to the centre.¹⁹¹

Access to education is enshrined in the Convention on the Rights of the Child.¹⁹² However, it is the level to which asylum-seeking children (or children of asylum-seeking parents) participate in their education that determines the level of social exclusion and child poverty. Young people have identified education as a positive influence in their lives and service providers have noted that it is education that provides them with an avenue for integration. In contrast, it is the lack of available funds and transportation for participation in school trips, small projects, school plays, social outings and extracurricular activities and clubs that places resident children on the periphery of Irish society, barring them from full inclusion and engagement with their educational experience.

186 Ibid.

187 AkiDwA 2009 p 15.

188 Resident, Appendix A: Interview Questionnaire.

189 Table 1 C1.

190 The Irish Examiner, 'Young refugees coming to school weak with hunger' 4 April 2002.

191 Service Provider, Appendix A: Interview Questionnaire.

192 UNCRC, Article 28.1 States Parties recognize the right of the child to education, and with a view to achieving this right progressively and on the basis of equal opportunity.

SECTION 4 CONCLUSIONS: PUTTING CHILDREN FIRST

'At the end of the day, wherever vulnerable people reside, there is an imbalance of power between residents and staff in charge. In the absence of robust care standards or frequent inspections, residential homes will remain fertile ground for potential abuse, mistreatment or neglect.'

Published in 2011, 'Children First: National Guidance for the Protection and Welfare of Children', set out to 'promote the safety and well-being of children'.¹⁹³ The guidance material is aimed at the parent as the person primarily responsible for the welfare of their children, but notes that sometimes the State must intervene or support parents where they are unable to provide adequate care. The Guidance hold that 'A proper balance must be struck between protecting children and respecting the rights and needs of parents/carers and families. Where there is a conflict, the child's welfare must come first'. The Guidance also state that 'Parents/carers have a right to respect and should be consulted in matters that concern their family'.¹⁹⁴ Parents in Direct Provision are unable to care for or govern the rules and customs of their family and the upbringing of their children due to the restrictiveness of hostel life. Parents cannot set a time for dinner, cook for their children, sit down as a family and share a meal or autonomously discipline their children. The family life of Direct Provision residents is undermined by this policy and the parents have no control over the physical environment in which they raise their children. It is not only evident that Direct Provision is not conducive to positive well-being, but that parents are not consulted in matters concerning their children.

The Guidance defines 'neglect' as a situation where 'the child suffers significant harm or impairment of development by being deprived of food, clothing, warmth, hygiene, intellectual stimulation, supervision and safety, attachment to and affection from adults and medical care'. Harm is defined as 'the ill-treatment or the impairment of the health or development of a child. Whether it is significant is determined by his/her health and development as compared to that which could reasonably be expected of a child of a similar age'.¹⁹⁵ In line with the Children First Guidance, significant food poverty

193 The Department of Children and Youth Affairs published 'Children First: National Guidance for the Protection and Welfare of Children' in 2011 updating former versions of the same guidance. The Minister for Children and Youth Affairs, Frances Fitzgerald TD, states in her foreword to the most recent version of 'Children First' that her Department has a responsibility, above all, to ensure children's safety. Minister Fitzgerald, TD also notes that while it is impossible to prevent harm to children, it is the Government and our society's responsibility to do everything in their power to prevent such harm.

194 Children First Guidance p 31.

195 Ibid.

resulting in malnourishment and underdevelopment can be construed as significant ill-treatment restricting the child's right to survive, develop and, in some cases, participate in society.

Families in Direct Provision are often under a lot of stress. They share one room in a hostel and parents are often idle from day-to-day as they cannot work or study. The lack of opportunity leads to boredom and loss of confidence. This stress often affects the children as well. The stress caused by the conditions in the centres has led to various behavioural problems and difficulties where emotions and the child's development are concerned. Other residents' aggression and mental health issues also affect children in Direct Provision.

The Children First Guidance is very strong on child protection and the prevention of abuse. Direct Provision has been shown to be unsuitable for children. Children witness violence, verbal aggression and sexually explicit behaviour. The centres do not provide separate bathrooms which results in children sharing communal bathrooms with grown men and women. Despite the introduction of the Reception and Integration Agency's child protection policy, parents are often too afraid to complain due to feared repercussions in terms of their accommodation (threat of transfer from managers) or impact on their case for protection or leave to remain.¹⁹⁶

The Children First Guidance state, as a matter of fundamental principle, that 'early intervention and support should be available to promote the welfare of children and families, particularly where they are vulnerable or at risk of not receiving adequate care or protection. Family support should form the basis of early intervention and preventative interventions'.¹⁹⁷ The circumstances of children living in Direct Provision does not allow for adequate care or protection. The system puts them at a distinct disadvantage in comparison with other Irish children as their parents are not empowered to provide adequate care in a family setting. 77 per cent of asylum-seekers spend more than 3 years in Direct Provision. During this time, parents are not able to provide ethnic food, bring their children on outings, buy clothes or school necessities or give gifts to their children to mark special occasions.

Free Legal Advice Centres, the Irish Council for Civil Liberties and the Irish Penal Reform Trust published a 'Shadow Report to the Third Period Report of Ireland under the International Covenant on Civil and Political Rights' where they highlighted a number of failings of the Irish system of Direct Provision including the lack of

196 See: NGO Forum on Direct Provision, 'Protection Asylum-seekers in Residential Institutions'. Available at: http://www.flac.ie/download/pdf/ngo_dp_forum_campaign_leaflet.pdf (last accessed: 20 August 2012).

197 Children First Guidance p 4.

transparency and accountability.¹⁹⁸ In reference to Article 24 'Rights of the Child' of the International Covenant on Civil Political Rights,¹⁹⁹ the group recommended that Child Benefit should be restored for all children.²⁰⁰ They also argued for the amendment of the Constitution to include a provision that ensures 'the best interests of the child are protected in all circumstances' (emphasis added).²⁰¹

The Guidance also note that gender, age, development, religion, culture, race and family circumstances 'should be considered when taking protective action. Intervention should not deal with the child in isolation; the child's circumstances must be understood within the family context'.²⁰² However, as highlighted throughout Section 3, it is clear that the child's religion, culture, race, development, age or family circumstances are not considered in determining where to accommodate a child with their family. Often children are nowhere near a Mosque, a cultural centre or near activities, schools or youth groups. Although Direct Provision is not considered a 'protective action', culture and religion should still be a consideration within the context of this particular group of children.

Additionally, the Guidance states that 'Children have a right to be heard, listened to and taken seriously... Where there are concerns about a child's welfare, there should be opportunities provided for their views to be heard independently of their parents/carers'.²⁰³ Children, including Irish children, living in Direct Provision are often alienated as a result of enforced poverty and social exclusion. This is to do with many factors, but mainly limited transportation from often remotely located centres and no pocket money to join friends or go on school trips. These children are often not given a voice or listened to due to their parents' circumstances and live silent and excluded lives.

The Children's First Guidance state: 'The threshold of significant harm is reached when the child's needs are neglected to the extent that his or her well-being and/or development are severely affected'.²⁰⁴ Direct Provision is an example of a government policy which has bred discrimination and indifference to social exclusion, enforced poverty and neglect. The harm suffered by children living in government run or supported

accommodation has become banal and those having to carry out the work have become blind to its inhumanity. Children ought not to be subjected to any form of State-sanctioned discrimination or harm. Children should have their rights promoted and upheld. They should have access to play, to school and have equal opportunities in the country they live in and the country they are growing up in. Children living in Direct Provision are paying the price of an ill-conceived policy. This price will prove to cost children their youth.

Child abuse, institutionalisation and exploitation are all terms that have been associated with Ireland in the eyes of the world over the last few years. The Ryan, Murphy and Cloyne Reports exposed a dark past that carried over into recent Irish history. The laundries, the institutions and the reform schools painted a bleak picture of the way Ireland values her children. For more than a decade, agencies, organisations, advocates, ordinary citizens and asylum-seekers have tried to bring focus to the government's treatment of children in Direct Provision accommodation as well. Although a wide variety of reports and complaints have come to light through lobbying efforts and the media, nothing has changed for the children who, through no fault of their own, are living with their families in accommodation provided by the Irish government for those seeking asylum. Despite not having chosen to live in Ireland or seek asylum here, the children living in and growing up in Direct Provision are subjected to a cacophony of challenges disadvantaging them from the wider society of children growing up in Ireland today. These child victims have been largely invisible and certainly silent.

The Irish Refugee Council undertook this study, because a State inquiry into the treatment of asylum-seeker's children in State accommodation is unlikely due to lack of political will. However, the question remains: does the sustained and prolonged restriction of human rights and civil liberties inherent in the Direct Provision system amount to child abuse? We encourage the Irish Government to establish an independent inquiry to acknowledge and investigate the long list of complaints, grievances and child protection concerns reported by the residents, children, non-governmental organisations and support agencies herein. The government need to recognise that the system is not fit for children. Children should be removed at the first possible opportunity. Direct Provision needs to be replaced by a more fair and equitable system. It also highlights the need for a Government commitment to protection of the best interests of the child in *all* circumstances.

198 Free Legal Advice Centres, the Irish Council for Civil Liberties and the Irish Penal Reform Trust (2008) 'Shadow Report to the Third Period Report of Ireland under the International Covenant on Civil and Political Rights' p 7. 199 International Covenant on Civil and Political Rights 1966, Article 24: 1. Every child shall have, without any discrimination as to race, colour, sex, language, religion, national or social origin, property or birth, the right to such measures of protection as are required by his status as a minor, on the part of his family, society and the State. 2. Every child shall be registered immediately after birth and shall have a name. 3. Every child has the right to acquire a nationality.

200 Ibid 9.

201 Ibid.

202 Children First Guidance p 4.

203 Children First Guidance p 4.

204 Children First Guidance, p 31.

Table 1: Breakdown of complaints related to children by description

| Year | Individual | Family | Group | Nature of Complaint | Code |
|------|------------|--------|-------|--|---------|
| ND | X | | | Health of a pregnant woman. | A2 |
| ND | | X | | Overcrowding and hygiene. | D1 |
| ND | X | | | Mental health and sharing room with teenage children. | H12 |
| ND | | X | | Autistic child, very sensitive to noise, needs specific foods. Referred by Consultant Psychiatrist. | H13 |
| ND | X | | | Health of a peHealthregnant woman. | H14 |
| 2001 | | | X | Medical, food, overcrowding, psychological, privacy, social rights and access to a social worker. | E3 |
| 2002 | | | X | Transport, management, hygiene, food/diet, medical, physical conditions (noise - late, hard to sleep), social rights and entitlements - payments delayed. | E2 |
| 2003 | | | X | Overcrowding, medical, no play area, management, privacy (of medical records in hostel), lack of facilities for babies and inappropriate location of hostel. | E4 |
| 2004 | | | X | Access to food (including baby food). | A3 |
| 2004 | X | | | Temperature, medical, overcrowding, management, food, safety and hygiene. | B2 |
| 2004 | | | X | Safety, personal security, management, health, religion, isolation, medical, hygiene and food. | A1a |
| 2004 | | X | | Safety, food, hygiene, religion, medical and social services (including financial/welfare). | A1b |
| 2004 | X | | | Food, hygiene, baby food and management. | B3 |
| 2004 | | | X | Insufficient food for babies. | F2 |
| 2005 | X | | | Overcrowding, physical conditions (cold), management and privacy. | E1 |
| 2005 | X | | | Hygiene, safety, food, medical, baby food, management and security. | A4 |
| 2005 | | X | | Food (including baby food) and management. | B4 |
| 2005 | X | | | Overcrowding and threat by management. | F1 |
| 2006 | | | X | Management, food (including baby food) psychological, hygiene, medical and privacy. | C2 (C5) |
| 2005 | | | X | Insufficient food for babies. | F1 |
| 2005 | X | | | Resident asked to leave resulting in a disruption in education for her children. | F2 |
| 2006 | | X | | Physical conditions: ceiling caved in due to leak. | F1 |
| 2007 | | X | | Food, medical, mental health, hygiene and noise. | B6 |
| 2007 | | X | | Habitual Residence Condition and social welfare payments. | B7 |
| 2007 | | X | | Medical and overcrowding. | B8 |

| | | | | | |
|------|---|---|---|--|---------|
| 2007 | X | | | 30 weeks pregnant with complications, distressed by distance to hospital. | H1 |
| 2007 | | | X | Christmas payment lower than other accommodation centres. | B14 |
| 2007 | X | | | Medical, transport and pregnancy. | B16 |
| 2007 | | X | | Medical, hygiene, overcrowding and transport, psychological. | B20 |
| 2007 | | | X | Overcrowding, hygiene, access to crèche and social rights and entitlements. | C3 (C6) |
| 2007 | X | | | Overcrowding: mother ill and sharing with two teenage children. Transfer confirmed (positive outcome). | X10 |
| 2008 | X | | | Noise, food, health, no outside play facility and supports for child with special needs. | B5 |
| 2008 | X | | | Medical and legal. | B15 |
| 2008 | | X | | Management, transport and medical. | B17a |
| 2008 | | | X | Food, laundry, hygiene and management. | B17b |
| 2008 | | X | | Medical, food and overcrowding. | B11 |
| 2008 | | X | | Medical and transport. | B18 |
| 2008 | | X | | Medical, overcrowding and education. | B19 |
| 2008 | | X | | Medical, hygiene, damp and food. | |
| 2008 | | | X | Food, hygiene and laundry facilities. | B21 |
| 2008 | | | X | Entitlements: back to school allowance. | C4 |
| 2008 | X | | | Need to be near Crumlin Hospital for daughter's medical needs. | H2 |
| 2008 | X | | | Minor with serious heart condition which requires surgeries in Dublin. Very difficult for family of 2 adults and 5 children to travel to Dublin. Request transfer to Dublin. | H3 |
| 2008 | X | | | Wife pregnant, suffering from depression. Unable to sign into accommodation. On day of release from hospital, transfer order from RIA. | H4 |
| 2008 | | | X | No education courses, inadequate bedding, poor laundry facilities, disrespectful staff, poor food variety, rationed toiletries and baby products, and inadequate transport. | H5 |
| 2008 | X | | | Accused of being abusive to management, moved away from Health services with pregnant wife. | H6 |
| 2008 | X | | | Ordered to be transferred due to health and safety incident, 33 weeks pregnant and could not travel. | H7 |
| 2008 | | | | Issued a transfer because missed sign in (baby very sick in Dublin). | H8 |
| 2008 | | | | Refused single room for woman and child. | H9 |
| 2008 | X | | | Overcrowding: lone parent living with others. | X1 |

| | | | | | |
|------|---|---|---|--|-----|
| 2008 | X | | | Transfer while pregnant. Overcrowding: lone parent living with another lone parent. | X2 |
| 2008 | | X | | Threat from other resident family. | X3 |
| 2008 | | | X | Inconsistency in social welfare payments between centres. | X4 |
| 2008 | X | | | Mother absent from accommodation centre due to baby's illness and given transfer order. Payments were also stopped. | X5 |
| 2008 | X | | | Separation of family. | X6 |
| 2008 | X | | | Isolation: mother and children. | X9 |
| 2009 | | | X | Transport, medical, hygiene, food, heating, security and management. | B12 |
| 2009 | X | | | Medical, diet, mental health and pregnancy risk issues. | B13 |
| 2009 | | X | | Medical and management. | B9 |
| 2009 | | | | Children's non-governmental organisation complaint about overcrowding and its impact on children. | B10 |
| 2009 | | | X | Lack of transportation to nearby village/school, isolation, inadequate clothes washing facilities, poor quality food, inadequate English language learning opportunities, inadequate heating, no night security and lack of play facilities. | H10 |
| 2009 | X | | | Medical and dietary problems during pregnancy. Requested self-catering. | H11 |
| 2009 | X | | | Medical needs: child needed to be near Crumlin Hospital. The Reception and Integration Agency stated there were no compelling reasons to remain in Dublin. | X7 |
| 2009 | X | | | Medical: mother and children suffer from chronic illnesses and child's diet. Requested transfer, but was refused because there was no 'medically compelling need'. | X8 |
| 2011 | | X | | Psychological health affected by overcrowding and noise. | B1 |
| 2011 | | X | | Living in a room with his wife and three children and soon to be fourth. Wanted assistance in getting larger accommodation. | I1 |
| 2011 | | X | | Mother separated from her children due to failed deportation. | I2 |
| 2011 | | X | | Husband, expectant wife and 2 children in one room. | I3 |
| 2011 | | X | | Overcrowding and child's diet. | I4 |
| 2011 | X | | | Disabled parent unable to care for children due to inappropriate accommodation for wheelchair bound residents. | I5 |
| 2012 | | X | | Concern for child's welfare living in close proximity to men and those with mental health issues. | G1 |
| 2012 | | X | | Overcrowding and lack of ventilation. | G2 |
| 2012 | X | | | Overcrowding. | G3 |
| 2012 | | X | | Diet, malnutrition and overcrowding. | G4 |

| | | | | | |
|---------------|---|---|---|--|----|
| 2011/ 2012 | | X | | Diet, medical, overcrowding and management. | G5 |
| 2012 | | | X | Safety and diet. | G6 |
| 2012 | X | | | Diet and noise. | G7 |
| 2012 | | | X | Social exclusion and poverty. | G8 |
| 2012 | | X | | Overcrowding and family separation, child's medical condition and dietary needs of sick child. | G9 |

From organisations outside Dublin :

| | | | | | |
|------|--|---|---|--|----|
| 2012 | | X | | Physical conditions, hygiene, overcrowding, social exclusion and social poverty and mother's medical concerns. | J1 |
| 2012 | | X | | Abusive management, damage of property and breach of privacy. Managerial bullying in front of children. | J2 |
| 2012 | | X | | Overcrowding, room too small for parents and 4 children. Milk given to child was out of date. | J3 |
| 2012 | | | X | No food left out for those observing Ramadan. | J4 |
| 2012 | | X | | Play area for children closed down for the last two years. | J5 |

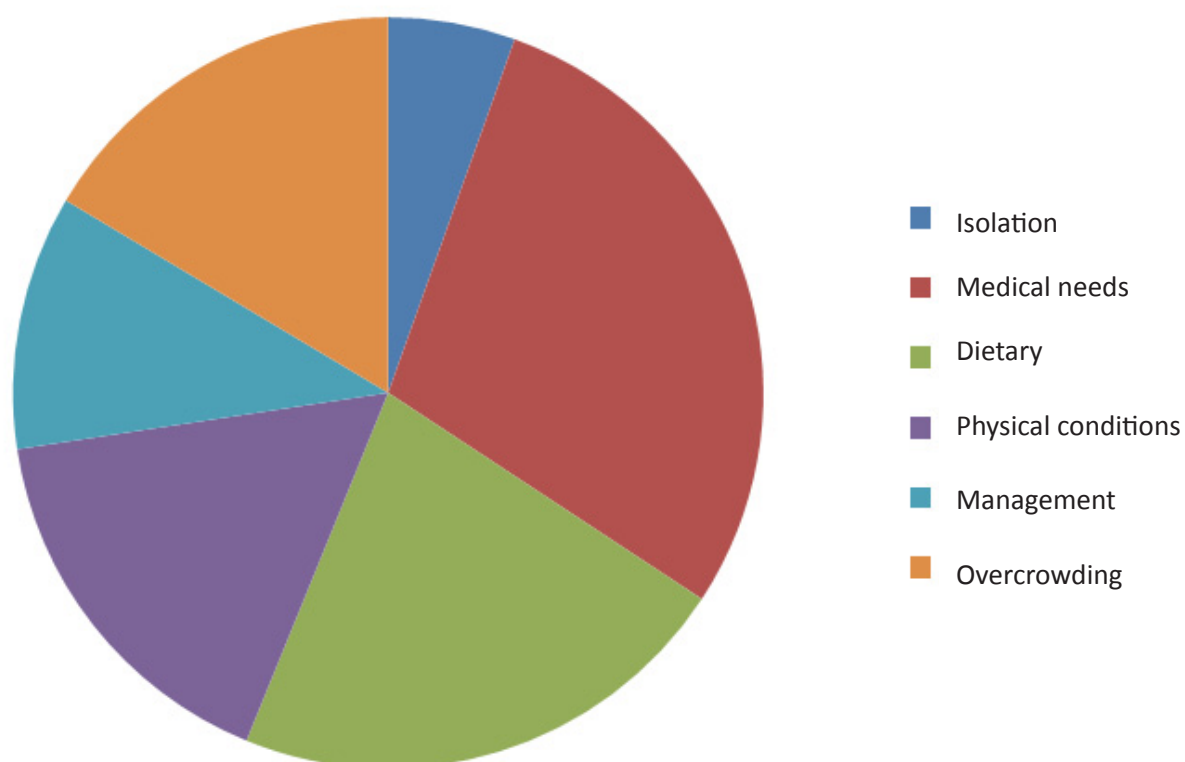
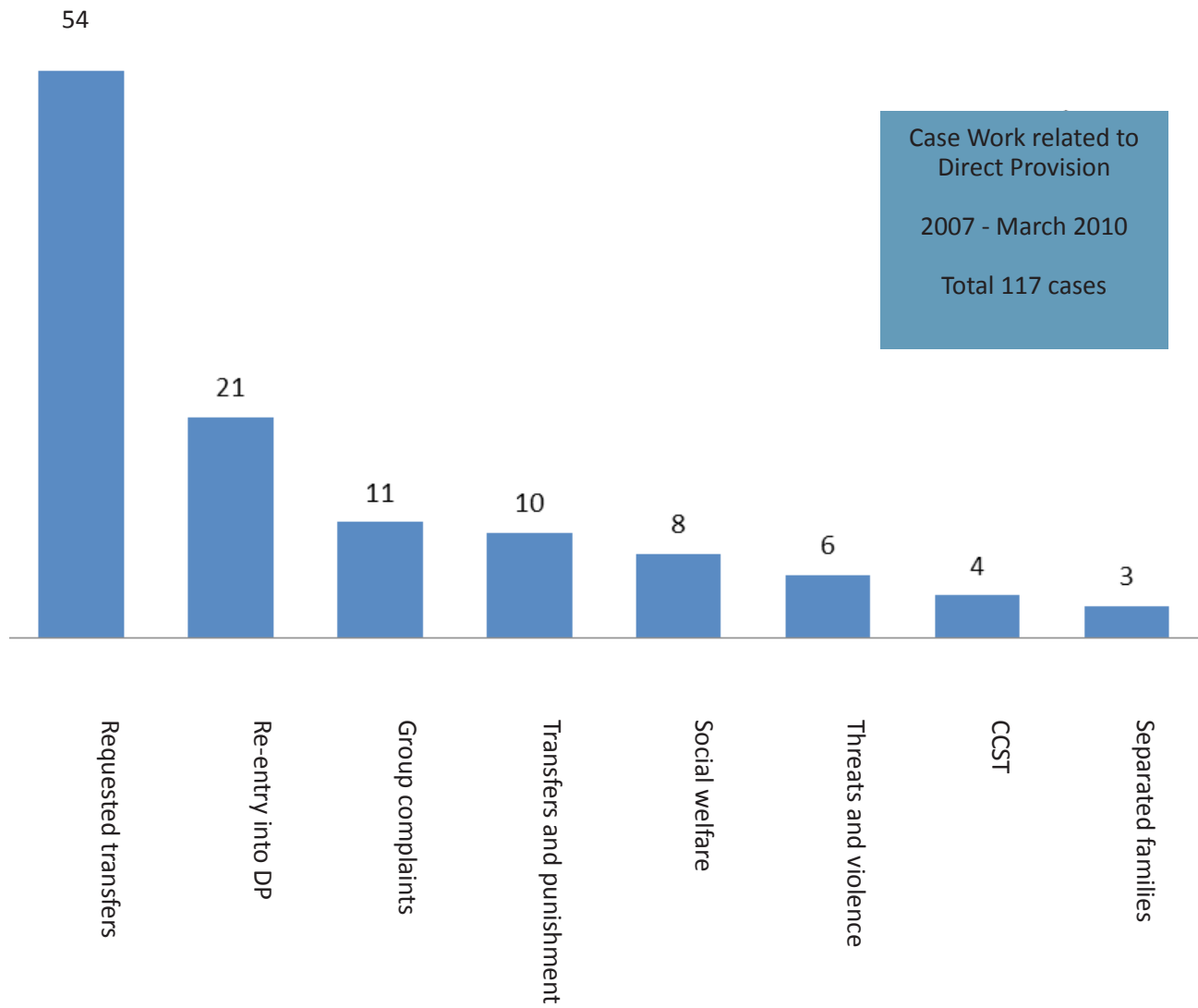


Table 2: Review of the Irish Refugee Council Complaints 2007 - 2010

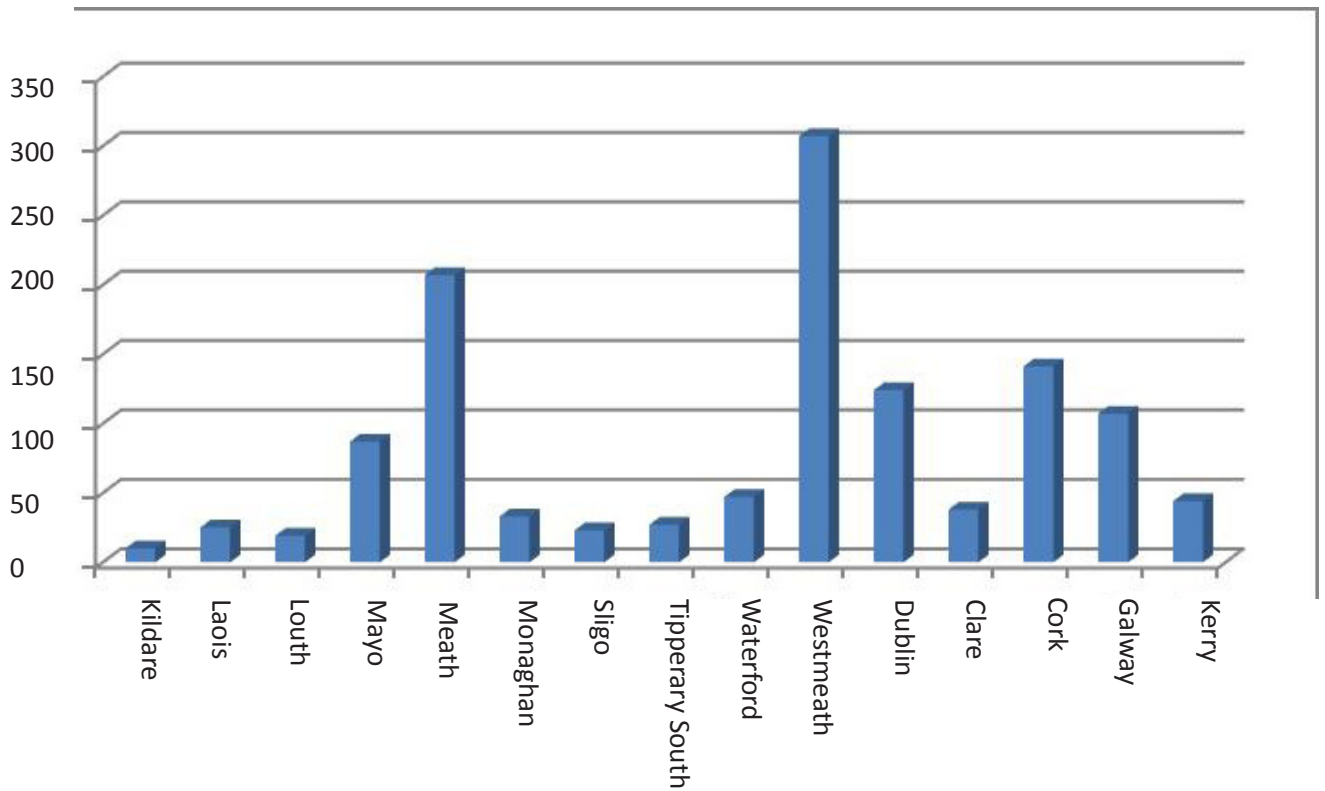


APPENDICES

Appendix A: Interview Questionnaire

1. How many children use your services or are in your hostel? Can you provide a breakdown of age?
2. What types of activities are available in the community and also provided by your centre?
3. Do children and families avail of the activities? If yes, which ones and under what conditions? If no, why do you think families and children are not engaging?
4. Why are youth services needed?
5. What types of issues have you identified within this demographic?
6. What types of activities are children and families interested in? What is most popular?
7. Do you think children living in DP are involved and integrating into their communities? If yes, what are the indicators? If no, why do you think this is the case and what could be done to facilitate integration?
8. Do you think children are disadvantaged by living in DP?
9. How would you describe childhood in DP?
10. What do you think could improve a child's childhood in DP?
11. What do you see as the long term implications of growing up in DP?
12. Suggestions to facilitate integration and improve the situation for children in DP-

Appendix B: Children living in Direct Provision¹



¹ Statistics from RIA 2011.

ENDORSEMENTS



Educate Together



Integration Services Unit, Waterford



NOTE: All of the views expressed in the report do not necessarily reflect the policies and positions of each endorsing organisation

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