



nasc

The Irish Immigrant Support Centre

Hidden Cork

**The Perspectives of Asylum Seekers on Direct
Provision and the Asylum Legal System**

NASC RESEARCH REPORT

Preface

Nasc is pleased to publish this piece of independent research on the Asylum System in Ireland and on living conditions within Direct Provision accommodation centres in Cork. Our research is based on interviews with people living in the asylum system in Cork City and hinterland. We are of course aware that there are many other actors in the system, legal practitioners, management and staff at Direct Provision centres, statutory agencies and Government departments. However, Nasc has a membership base and through our various sub-groups and contact with clients on a day-to-day basis we became increasingly aware of the need and desire of people in the asylum system to voice their opinion in their own words. As a result, this research is based on the views of the people whom we consider the most important players in the asylum system: those of the people who are seeking asylum.

Nasc would like to express its gratitude to all of the asylum seekers who gave their time for this research. Documenting the views of people in the asylum system is important too because many live in fear of expressing their opinion. They are amongst the most marginalised groups of people in Ireland. Very few people living in Ireland today would actually fear speaking in public or expressing their opinion. We hope that this research gives you a voice.

The other reason we commissioned this research is that when we negotiate with or talk to government officials and civil servants we often find that they ask us for “proof” of our comments. Although we meet people on a daily basis in Nasc, who come with a wide range of queries and issues, we felt it was important for this research to be completely independent so that we can provide as objective a view as possible from the perspective of people seeking asylum in Ireland. We hope that the findings will contribute in a positive way to the discourse on asylum rights and on direct provision in Ireland.

We commissioned the research in 2007 through an open tender process and we would like to thank Paul Dunbar and his team, Dave Walker and Kate Moynihan, for their work. We would like to acknowledge the support and advice of Dr. Jacqui O Riordan and Dr. Alistair Christie, both with the Dept. of Applied Social Studies UCC, who worked in an advisory capacity to Paul Dunbar and his team.

Much has been said about the quality of the Irish asylum system by Government and Government representatives. It is not the experience of Nasc, nor is it evident in this research, that the Irish asylum system meets best standards in terms of transparency, consistency and justice. Nasc’s own vision is to work for “an environment of social inclusion for all communities, based on the principles of equality, social justice and human rights”. We urge the Government and those working to promote human rights in Ireland to listen to the voices in these pages and to remember that, although their legal status is that of asylum-seekers, they are people in the first place.

This research will also inform a Campaign which Nasc is launching on the rights of Asylum Seekers. For further information on this Campaign visit our website: www.nascireland.org

Gertrude Cotter, Director, Nasc.

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Literature Review

Direct Provision and Dispersal in Ireland

By Dr Claire Healy

Since April 2000, every person who applies for refugee status in the Republic of Ireland has been subject to the 'Direct Provision and dispersal' system. Much of the existing research on this system for accommodating people awaiting an asylum decision was published during the period 2000-2002, coinciding with the introduction of the policy, and with the peak in the annual numbers of people seeking asylum in the country. This Review provides an analysis of research and information published by academics, non-governmental organisations, Government agencies and the media on this contentious policy, since its introduction. The Review examines the implementation of the policy, publications focusing on the Direct Provision system itself, issues relating to children living in Direct Provision, and coverage of the system in the media. While every effort was made to provide a balanced overview, remarkably few publications were found to provide a positive analysis of the policy. Nevertheless, the system of Direct Provision and dispersal remains in place, largely unchanged, to the present day.

Policy Overview

Prior to the implementation of Direct Provision, people seeking asylum had the same entitlements as Irish homeless people, in relation to emergency accommodation and subsequently supplementary welfare allowance and rent allowance (Faughnan & Woods, 2000: 6). In October 1999 the Eastern Health Board, then responsible for the Dublin area, reported a crisis situation, with 150 asylum seekers being turned away because of a lack of available accommodation (O'Connor, 2003: 8; Irish Refugee Council, October 2001b: 9). At that time, over 90% of people seeking asylum were located within the Eastern Health Board (Faughnan & Woods, 2000: 2). The process of the introduction of the policy has been criticised for the failure to consult any groups prior to its implementation (Fekete, 2000: 2; O'Connor, 2003: 8).

The system of Direct Provision and dispersal for the accommodation of people seeking asylum in Ireland was initiated on a pilot basis in November 1999. On 28 March 2000, the Department of Justice issued a press release establishing the Directorate for Asylum Seeker Services and announcing the implementation of Direct Provision (O'Connor, 2003: 9). The system was officially implemented on 10 April 2000 by ministerial circular, to coincide with the introduction of a similar policy in the United Kingdom. It was implemented in the context of a backlog of asylum applications in the State, and long waiting times for decisions. The only statutory provision on the policy is Section 13 of the Social Welfare (Miscellaneous Provisions) Act 2003, which provides that people seeking asylum shall not be entitled to rent supplement (O'Connor, 2003: 10).

The system provides for the accommodation of people awaiting a decision on their asylum application for ten to fourteen days in reception centres in Dublin. They are then 'dispersed' to Direct Provision centres – either purpose-built buildings, or more commonly, privately-owned hotels, hostels and guesthouses – throughout the country.

Three meals per day are provided to residents at specific times, together with a weekly social welfare allowance of €19.10 per adult and €9.50 per child. This allowance has remained unchanged since 2000. Recent research carried out in one particular Direct Provision centre in Waterford found that 90% of the men who responded felt that this allowance did not meet their needs (WAP et al, 2006: 42). Residents are not allowed to cook their own food and may be required to share bedrooms and bathrooms. People seeking asylum are required to reside or remain at their centre while their application is being processed. If a resident is absent from a Direct Provision centre for more than three consecutive nights, the Reception and Integration Agency will consider that that person does not require any assistance. (www.ria.gov.ie).

At the same time, the Government funds organisations to try to combat the isolation and exclusion caused by the Direct Provision and dispersal policies (Brady, 2002: 19-36). The author of a Government-funded report for ADM (now Pobal) specifically highlighted the fact that research had indicated that Direct Provision should not be a long-term solution, and being prevented from working has a severe impact on the quality of life of people seeking asylum (Brady, 2002: 13).

People living in Direct Provision are entitled to a medical card with entitlements similar to those of an Irish citizen on income support (ECRE & Danish Refugee Council, 2004). Exceptional Needs Payments may also be made by the social welfare authorities where appropriate. Child benefit is the only universal payment that people seeking asylum are entitled to, yet even this is not available to all, as examined below. Discretionary payments may be made by the social welfare authorities for urgent needs, however as of January 2003, no urgent needs payments had been made to people living in Direct Provision. In practice, in 2003, people living in Direct Provision received two exceptional needs payments per year, at an average of €100 per payment. One parent family payments and maternity supplies payments may also be made (O'Connor, 2003: 9, 14-15). In Cork, the vast majority of respondents to Nasc's research who were living in Direct Provision only received a medical card and were in receipt of no other benefits (Collins, 2002: 30).

On 2 April 2001, the Reception and Integration Agency (RIA) was established under the aegis of the Department of Justice, Equality and Law Reform to manage reception centres and disperse people from these to Direct Provision centres, to source, contract and monitor Direct Provision centres, co-ordinate provision of services at centres, and oversee programme refugee resettlement and the European Refugee Fund in Ireland (www.ria.gov.ie). The RIA does not provide services for separated children seeking asylum, as they are the responsibility of the Health Services Executive (HSE) (ECRE & Danish Refugee Council, 2004). As of the end of April 2007, there were 3,104 families living in Direct Provision accommodation, 2,017 single men and 745 single women, a total of 5,866 people (www.ria.gov.ie).

Direct Provision

A number of publications deal specifically with the Direct Provision and dispersal policy. Two recent case studies of Direct Provision centres in Galway and Waterford have contributed to the body of research in the area. One of the most recent and insightful articles on asylum seekers in Ireland was published by the *Notre Dame*

Journal of Undergraduate Research this year, and examines the identity of people living in Direct Provision from an anthropological perspective. The article places the policy within the broader context of international research on refugees and people seeking asylum, and provides an excellent case study of one Direct Provision centre in Clifden, County Galway, where the author lived for two weeks (Vanderhurst, 2007). Vanderhurst found little evidence of feelings of community or a common identity among the residents of the centre (Vanderhurst, 2007: 8). Vanderhurst suggests that the various resources and management policies at each Direct Provision centre have a significant bearing on the development of conflicts within centres (Vanderhurst, 2007: 15).

In late 2006, Waterford Area Partnership published research on the Viking House Direct Provision centre. The research found that the average length of stay by the men living there was fifteen months (WAP et al, 2006: 27). The findings built on Aoife Collins' research in Tralee and Cork, cited below, and found similar levels of dissatisfaction with accommodation, cooking facilities and food quality, though an improvement was evident in satisfaction with staff, interaction with Irish people and levels of integration (WAP et al, 2006: 29-33; 52-3). Concerns were raised by the respondents that some of the staff at Viking House did not speak English (WAP et al, 2006: 31).

Most of the men surveyed in Waterford had not been able to access sufficient information on the asylum process, despite the fact that one of the few positives that researchers have noted about the Direct Provision system is the potential ease of information provision. A principal concern was that there was only one computer available in the hostel for internet access (WAP et al, 2006: 44-5). This situation has recently improved in Waterford with the establishment of a specialised Information Support Unit for refugees and people seeking asylum at the Edmund Rice International Heritage Centre (WAP et al, 2006: 46). A similar programme was put in place for those living in the Eglinton Hotel in Galway, where eight computers were donated to the centres, in partnership with Galway Centre for Independent Living (Siggins, 15.12.2005).

The report concludes by recommending that people who have spent protracted periods of time in Direct Provision should be facilitated in seeking private rented accommodation (WAP et al, 2006: 58). The Viking House report provides a number of constructive recommendations on the improvement of the situation of the men living at that centre and of the Direct Provision system as a whole (WAP et al, 2006: 57-65).

Boredom posed a major problem for the men surveyed in Waterford, and the report recommends the promotion of sporting and other activities by local voluntary groups (WAP et al, 2006: 54-5). High levels of dependency and boredom have led to family and relationship difficulties and mental health problems in accommodation centres (O'Connor, 2003: 34). Many of the men involved in the research in Waterford had been prescribed anti-depressants and sleeping tablets (WAP et al, 2006: 59). In 2005, research in Cork and Kerry found that 48% of immigrants surveyed had poor mental health, while experts have indicated that Direct Provision could 'do as much long-term damage to asylum seekers' mental health as the trauma from which they fled' (MacCormaic, 06.06.2007; Roche, 26.04.2005). Research conducted by the

Children's Research Centre at Trinity College Dublin in 2005 found that Direct Provision accommodation had been detrimental to one mother's psychosocial wellbeing (Smyth & Whyte, 2005: 51).

Overcrowding and lack of privacy was a particular problem for the men in Viking House in Waterford, as 90% of those surveyed shared a room with at least three others (WAP et al, 2006: 32). Single people and mothers of small children in centres in Galway often have to share bedrooms, while only women with husbands were entitled to a private room (Vanderhurst, 2007: 12). This had been highlighted as a problem as early as 2000 (Faughnan & Woods, 2000: 7), and continues to cause difficulties (Lucey, 05.10.2007; "200 asylum seekers....", 30.01.2007).

Medical services were satisfactory and a high proportion of the men in Waterford had attended services, usually a GP (WAP et al, 2006: 41). However, there was concern in 2004 that the dispersal policy had caused difficulties for people seeking asylum in accessing qualified and culturally sensitive healthcare workers (ECRE & Danish Refugee Council, 2004). This was also alluded to in the National Economic and Social Council's report on Migration Policy, which, while acknowledging that separate asylum seeker health services had been set up, warned that it was not good practice to provide separate services (NESC, 2006: 203).

One of the most comprehensive analyses of the Direct Provision system in Ireland was published by the Free Legal Advice Centres (FLAC) in 2003. The report examines the legal basis for the policy and its human rights implications. According to the author, the picture of the life of people living in Direct Provision is one of 'social exclusion, poverty and hopelessness' (O'Connor, 2003: 6). The report argues that the discrepancy between the money allocated to people seeking asylum living in Direct Provision and that allocated to other people living in state accommodation is a form of discrimination (O'Connor, 2003: 19).

The author of the FLAC report is also critical of the Department of Justice's interference in the statutory discretion of Community Welfare Officers, dictating that they implement a deterrence policy that should not be within their role. This criticism stems from the conclusion that the 'rationale behind the introduction of Direct Provision stemmed from the government's policy of discouraging asylum seekers.' The Department of Justice and the Department of Social and Family Affairs are therefore at cross purposes in this case (O'Connor, 2003: 25-6). The FLAC report therefore sees the Direct Provision system as a form of citizenship-based discrimination in the provision of social welfare services (O'Connor, 2003: 30). O'Connor also voiced the concern that the policy may be making seeking asylum so unbearable that people are forced to forego their right to apply for refuge (O'Connor, 2003: 36). The report concludes by recommending that the Direct Provision scheme be abandoned immediately (O'Connor, 2003: 41).

A report on good practice in housing refugees by the Department of the Environment and Local Government and City and County Managers Association in 2003 reported that in some areas of the country, people were allowed to move out of Direct Provision into private rented accommodation, particularly if they were pregnant or ill, or the accommodation was thought to be unsuitable. They were not however, entitled

to apply to local authorities for housing (Department of the Environment and Local Government and City and County Managers Association, 2003: 10).

Nasc, the immigrant support centre in Cork, published research by Aoife Collins in 2002, on the needs of people seeking asylum and the functioning of the Direct Provision system in Cork. In December 2001, according to this research, the RIA was accommodating over 5,000 people seeking asylum in 78 centres all over Ireland (Collins, 2002: 9). In early 2001, Cork had a higher capacity for accommodating people seeking asylum than Dublin – yet there had been no concomitant expansion in services provided (Collins, 2002: 10). Collins surveyed the accommodation food, education, work and health needs of people seeking asylum, together with their information, legal, social, cultural and support needs (Collins, 2002).

In Cork, 80% of respondents to Collins' research expressed dissatisfaction with the conditions of their accommodation (Collins, 2002: 16). The experience of communal living in close quarters led to tensions among residents, particularly the requirement to share rooms with strangers. The lack of cooking facilities and of adequate laundry facilities also caused problems (Collins, 2002: 17-18). Collins describes serious concerns as to the safety of single female residents (Collins, 2002: 19). There were mixed reports on the relationship between residents and staff, though in the main they were positive. The lack of variety and poor quality of food was a source of distress among many respondents (Collins, 2002: 20-3).

Overall, the people surveyed for the report provide an impression of social exclusion, poverty and inequalities, and the author recommends that Direct Provision be abolished as soon as possible (Collins, 2002: 61). In the meantime, it is recommended that people living in Direct Provision be allowed to cook for themselves and be given the right to work as soon as possible (Collins, 2002: 65). Collins researched a similar report for Partnership Trá Lí in 2001, assessing the needs of asylum seekers in Tralee. She found that 85% of her interviewees were unhappy with conditions and they had little or no access to specialised psychological support (Collins, 2001).

In late 2001, a year and a half after the official introduction of the Direct Provision and dispersal policy, the Irish Refugee Council produced a paper assessing the system. This document provides a broad outline of difficulties within the system, which – six years later – still apply. The Council called for Direct Provision to be abolished, as it did not meet the complex needs of people seeking asylum, and for it to be replaced with a network of 'Information, Advice and Accommodation Centres' as a first stage leading to independent housing (Irish Refugee Council, October 2001a: 3). Integration processes were seen to occur 'in spite of the Government's Dispersal and Direct Provision policies rather than because of them' and Community Welfare Officers were found to exercise a substantial degree of discretion with regional variations.

That same month, the Council published recommendations on a regional reception scheme for asylum seekers, which also provides useful – if a little dated – information on Direct Provision in Ireland, and calls for the policy to be abolished (Irish Refugee Council, October 2001b). This second report is based on 25 semi-structured interviews with voluntary workers, people seeking asylum, accommodation centre managers and health board staff, as well as on secondary sources (Irish Refugee

Council, October 2001b: 14). The report found that the Direct Provision policy excludes people from mainstream life and thus hinders their eventual integration into Irish society or their humane return to their country of origin (Irish Refugee Council, October 2001b: 16). A positive system of dispersal, based on consultation, should also be accompanied by the establishment of regional one-stop-shops to coordinate services in each region (Irish Refugee Council, October 2001b: 29).

Long-term stays may lead to institutionalisation, increased stress and possibly psychological damage (Irish Refugee Council, October 2001b: 23). It is argued that people seeking asylum should never have to remain in a communal reception centre for longer than six months, and where they find private accommodation, they should be financially assisted on the same basis as the rest of the population (Irish Refugee Council, October 2001b: 21). In early 2001, the Irish Refugee Council called for an end to the long waiting times for processing of asylum applications, the regularisation of the status of those who had applied prior to 31 December 1998 – effectively calling for these people to move out of the Direct Provision system (Irish Refugee Council, 18 January 2001).

Increasingly in recent years, Community Welfare Officers have been refusing applications for rent allowance for people to move out of Direct Provision centres (Irish Refugee Council, October 2001a: 5-7; ECRE & Danish Refugee Council, 2004). The financial situation of people living in Direct Provision was criticised by the Irish Refugee Council in 2001 as inadequate, as even a short return bus journey would use up most of someone's daily allowance (Irish Refugee Council, October 2001a: 6). The allowance has, however, remained unchanged in the six years since the publication of the paper.

Telephone translation facilities and language services were considered both inadequate and inappropriate (Irish Refugee Council, October 2001a: 10). Pregnant women experienced serious difficulty in breastfeeding due to the food provided, yet were unable to afford expensive baby formula (Fanning et al, 2001: 6). There was a significant inconsistency in services available at different centres, where those based at rural centres in particular suffered from poor public transport (Irish Refugee Council, October 2001a: 13). In some centres, for example, people had to share a room with up to five other people, while other centres offered private bedrooms (Irish Refugee Council, October 2001b: 11). At the time that the Refugee Council's report was written, in 2001, there was no formal, transparent complaints procedure in place for residents to complain about staff (Irish Refugee Council, October 2001a: 17), though this has since been rectified.

Refugee Lives: the failure of Direct Provision as a social response to the needs of asylum seekers in Ireland was published by Comhlámh in 2001, and provides a highly critical analysis of Direct Provision in terms of the quality of life and health of people seeking asylum. A poem about living in Direct Provision is also available on the Integrating Ireland website (O'Kelly, 2001), providing a more personal perspective on the system.

Shortly after the introduction of the Direct Provision system in Ireland and the United Kingdom, the Institute of Race Relations published a special edition of the *European Race Bulletin* on the two countries. This bulletin highlighted the paradox that Ireland

and the UK were introducing this system at the same time as serious concerns were being raised about similar policies in the Netherlands and Germany, and argues that the state was promoting xenophobia. The policy was framed within a 'profoundly negative debate about asylum-seekers, describing them as a 'flood' and stereotyping them as criminals – 'bogus' and 'illegal' claimants' (Fekete, 2000: 2).

Fekete also provides a useful contemporary overview of local reactions to the introduction of Direct Provision and dispersal, and of the local residents' committees formed in particular areas to respond to the accommodation of people seeking asylum in their areas (Fekete, 2000: 4-11). More than 550 Community Welfare Officers threatened to boycott Direct Provision when it was first implemented, while the policy was roundly criticised by trade unions (O'Connor, 2003: 36). A report by Faughnan and Woods published in 2000 similarly provides some initial impressions of the Direct Provision system, as the research was undertaken during late 1999 and 2000 when the policy was first put in place. People who had been placed in Direct Provision reported that they were very unhappy and felt that they were at an extreme disadvantage due to the level of their allowance (Faughnan & Woods, 2000: 6).

Children

The safety and wellbeing of children living in Direct Provision centres has only recently been a policy concern, a quite alarming situation in view of the length of time that the system has been in place. In October 2005, six years after the system was first piloted, child protection training was introduced for centre staff, and child protection policies and breast-feeding guidelines were put in place. The RIA also decided to introduce play areas and pre-school facilities at this time (Lucey, 21.11.2005; O'Brien, 22.10.2005). Despite this stated objective, Vanderhurst in her research in 2007 found that only two Direct Provision centres provided an on-site preschool (Vanderhurst, 2007: 10).

The fact that child benefit is not granted to many children living in Direct Provision has been criticised in the media (O'Brien, 21.06.2007; MacCormaic, 31.01.2007; O'Brien, 02.02.2006). The impact on children of the forced unemployment imposed upon their parents has also been underlined: 'Children are growing up without ever having seen a parent go out to work or indeed cook a meal' (O'Mahony, 24.05.2006). The Children's Research Centre report cited above also found that young people's experience of Direct Provision was that the accommodation was very poor quality, meals were unhealthy and the atmosphere was stressful (Smyth & Whyte, 2005: 75-6).

In 2004 an article by Bryan Fanning and Angela Veale on children of asylum seekers living in Direct Provision was published by the journal *Child Care in Practice*. The article assesses the policy of Direct Provision in relation to child poverty and the United Nations Convention on the Rights of the Child. The authors' research was based on first-hand interviews conducted in Cork, Limerick and Ennis together with socio-economic statistics, and concluded that children living in Direct Provision were experiencing extreme poverty, material deprivation and social exclusion. The policy of Direct Provision is therefore seen to run counter to the United Nations Convention on the Rights of the Child, the National Children's Strategy and the National Anti-Poverty Strategy (Fanning & Veale, 2004).

In 2001, the Irish Refugee Council published research funded by the Combat Poverty Agency on the connections between the Direct Provision system and child poverty among children whose families were seeking asylum. The research compared the experiences of children in this situation with that of children of households in receipt of the full supplementary welfare allowance. One of the most serious difficulties highlighted in the research is the lack of play facilities or even space for play activities in Direct Provision centres, as well as lack of privacy as detrimental to family life (Fanning et al, 2001: 6; Irish Refugee Council, October 2001a: 18).

Because of the low allowances given to families seeking asylum, the researchers found that the special dietary needs of some children resulted in considerable financial hardship to the rest of their families (Fanning et al, 2001: 5). The researchers concluded with a damning indictment of the policy and called for it to be abolished: ““Direct Provision” flies in the face of all best practice in addressing child poverty and social exclusion. Children dependant upon “Direct Provision” experience extreme income poverty as a matter of public policy’ (Fanning et al, 2001: 7, 9).

In a separate policy paper on Direct Provision, the Irish Refugee Council highlighted that many Direct Provision centres provided inadequate space for children to play or study (Irish Refugee Council, October 2001a: 12). The paper argues that children living in unsuitable Direct Provision accommodation experience difficulties with integration, education and health (Irish Refugee Council, October 2001a: 13). The Irish Refugee Council has also stated that communal accommodation centres are not in the best interests of the child, and that medical and psychological services should be available according to the same standards applied to Irish children (Irish Refugee Council, October 2001b: 39-40).

Media

Due to the relative paucity of up-to-date research on Direct Provision in Ireland, it is necessary to refer to a number of newspaper articles published during the past three years in order to understand recent developments. *The Irish Times* has published a number of articles on Direct Provision and dispersal during that period. The living conditions in Direct Provision have received particular attention, with reports of hunger strikes and protests by people seeking asylum in Tralee, County Kerry, Knockalisheen, County Clare, and Foynes, County Limerick (Lucey, 05.10.2007; “200 asylum seekers...”, 30.01.2007; O’Brien, 22.04.2005). The quality of food provided in Direct Provision has also been the subject of criticism (Lucey, 05.10.2007; MacCormaic, 06.06.2007).

The difficulties of surviving on the small allowance allocated to people living in Direct Provision have been highlighted in the media. Mothers particularly reported problems in providing food for young children, as well as phone cards being practically unaffordable, preventing families from keeping in touch with relatives in their countries of origin (O’Brien, 02.02.2006). The allowance prevents most people from accessing mainstream social facilities, and may do long term damage to their health (Roche, 26.05.2005).

The fact that centres are often isolated from mainstream society and the protracted lengths of time spent by many people living in Direct Provision have been criticised, with warnings as to the long-term consequences of such marginalisation (O'Mahony, 24.05.2006). The impact of living in Direct Provision is seen to be damaging to mental health and to prospects of integration (McDonagh, 12.12.2006). As one woman living in Direct Provision described it: 'We're just fading away' (MacCormaic, 06.06.2007). When a number of family centres were re-designated as men-only centres in 2006 due to a reduction in numbers, there were concerns that this would severely disrupt the lives of school-going children (Murphy, 23.05.2006). Families living in Direct Provision in New Ross, County Wexford were given short notice and no explanation for the fact that they would be moved to another centre within six days (Keane, 16.08.2005).

It is also clear from a survey of articles on the policy that Direct Provision is a costly and wasteful system. It was reported in late 2006 that despite the dramatic decline in the number of people applying for asylum during 2001-2004, the annual cost of the accommodation per person had tripled during that period (Hennessy, 04.12.2006). A columnist in *The Irish Times* dubbed Direct Provision a 'system that is both pointlessly cruel and woefully expensive,' and suggested an amnesty for all those who have been in Ireland for longer than two years (O'Toole, 19.04.2005).

Some scattered evidence of more positive aspects of the policy is provided by media coverage of Direct Provision. For example, there was objection by the HSE to the closure of the main reception centre for people seeking asylum who have not yet been dispersed in Baleskin in Dublin city, as it was considered to have the best medical and therapeutic facilities for people seeking asylum in the State (Wall, 21.11.2006). Similarly, when a decision was made to close the North Quay Place centre in Cork City in summer 2005, Nasc stated that it was 'one of the few centres which has good access to services, offers some level of independent living, and is by far the most popular one in the Cork area amongst the asylum-seeking community' (O'Brien, 31.08.2005). A UNHCR Ireland news article indicated that Ireland was providing better care for people in Direct Provision than the UK (O'Brien, 6 July 2005).

Conclusion

As mentioned above, much of the research on Direct Provision and dispersal in Ireland is now over five years old. The only recent research or information that can be referred to is Vanderhurst's study in Clifden and Waterford Area Partnership's survey of men living in Viking House, together with articles in the media. Perhaps motivated by the lack of up-to-date research on Direct Provision and dispersal, the network organisation Integrating Ireland has commissioned research on the issue, to inform an advocacy paper, due to be completed by early November of this year.

The lack of recent research is perhaps an indication of the frustration felt by researchers and people seeking asylum alike. Despite the overwhelming consensus in research available that Direct Provision and dispersal should be abolished, almost eight years after it was first implemented, the system remains in place. The authors of the report on Viking House argue that it is therefore essential to act upon research findings, in order to avoid feelings of desperation among people seeking asylum (WAP et al, 2006: 58).

Despite the volume of research that has been conducted in this area, little has been done to plan for the long-term impacts of Direct Provision and dispersal, whether residents of the centres ultimately are granted permission to remain in the country or return to their country of origin. Issues such as the effect of living in Direct Provision in terms of the prospects for integration, as well as the planning implications of the influence of dispersal on a person's subsequent choice of private housing, have yet to be considered. In view of the stark findings in the literature reviewed here, and of the reduction in numbers of people applying for refugee status in recent years in Ireland, it is evident that it is time for the Government to seriously reconsider the Direct Provision and dispersal system.

Research Methodology

This research was commissioned by Nasc and conducted independently by a team of 3 researchers. Through working closely with asylum seekers since its inception in 2000, Nasc is aware of a number of issues of concern for this group of migrants. The focus of this research is to document the perspectives of asylum seekers on the Direct Provision system, and the asylum application process in general. The research began in early August 2007 when a research team was assembled to provide a broad range of social expertise.

Research Focus

The research was focused on the following issues, as outlined by Nasc in the tender documentation:

- To investigate whether or not, in the view of asylum seekers living in Direct Provision (DP) centres, the conditions outlined in Appendix A do apply in practice in DP centres in the Cork city and county area
- To identify the key issues for asylum seekers in relation to living in DP accommodation in the Cork city and county area, including a consideration of:
 - The influence of length of time living in DP centres on their experiences
 - The influence of other variables, such as for example, family status, age, gender, cultural background, on experiences of living in DP centres
 - To what extent are the particular needs of families, parents, people with disabilities and children being met in the DP accommodation system
 - If the centre is in rural/urban, does this make a difference?
- To allow people in the system an opportunity to identify and propose solutions to problems in relation to living in DP centres
- To document asylum seekers' experiences of the asylum application process, taking into consideration their current stage in the asylum process
- Their experiences of negative decisions

This research is not concerned with the grounds on which asylum seekers claim asylum. Rather, the focus is to analyse the experiences of asylum seekers in terms of their everyday lives in the DP centres and also their interaction with the state in terms of their understanding, and experiences of, the asylum application process.

Research Design

The project began with a meeting at which all of the researchers and advisors from UCC were present. The tender document for the research stipulated the number of asylum seekers to be interviewed. As such, the first task of the research team was to establish what nationalities needed to be interviewed in order to arrive at a broadly representative sample of the asylum seeker community in Cork. Figures requested

from the Reception and Integration Agency listed the top five nationalities in each DP centre in Cork city and county, and also the top five nationalities of asylum seekers overall in Cork city and county. These figures were used as the sampling basis for the research. Further to the requirement for a representative sample of nationalities, there was also a need to ensure that asylum seekers with different needs and care responsibilities were represented in the research. To this end, interviewees were sought who might fall into the following categories: mothers/fathers with children, elderly people, people with disabilities, young people.

Data Collection Methods

Having established a sample set of desired interviewees, the next issue for the research team was to design the interview format. It was agreed that in-depth interviews would best provide the kind of data which was sought i.e. asylum seekers' perspectives and experiences on the Direct Provision system and on the asylum application process. Interview questions were drawn up which would provide a basis upon which to discuss the various issues surrounding Direct Provision and the asylum application process. These questions covered the following topics: relations with staff/management, relations with other residents, facilities/amenities, dietary provision, social welfare provision, general understanding of the asylum application process, communications with the Office of the Refugee Commissioner and Refugee Appeals Tribunal, and access to information. Discussions with asylum seekers were not limited to material covered in the interview questions and interviewees were encouraged to raise any issues which they themselves felt were important.

A focus group session was also convened in order to bring a number of asylum seekers from different DP centres together to discuss general issues, and issues which may be specific to their respective DP centres. This session was useful in the sense that it offered an opportunity to present some of the preliminary findings of the research to asylum seekers living in Direct Provision. The people who attended the focus group had an opportunity to comment on these findings and to highlight any issues they felt had been overlooked. As such, asylum seekers had an opportunity to participate in the final report.

Interviewees were sourced through a variety of means: users of Nasc's services were informed of the research and asked to participate; contact was made with the various Minority Ethnic-Led Organisations (MELO)¹ in Cork; contact was also made with asylum seeker support groups such as Le Cheile in Millstreet, Co. Cork. People who agreed to be interviewed were asked to notify others within their accommodation centre or social group who might be interested in participating. A number of issues arose in connection with the sourcing of interviewees. For example, one objective of the research was to analyse the letters of refusal for asylum which had been received by asylum seekers from the Office of the Refugee Commissioner or the Refugee Appeals Tribunal. Most of the interviewees were unwilling to offer letters of this nature regardless of the assurance that their anonymity would be preserved. This was understandable because many may have considered the letters to be of a private or personal nature. In other cases, the interviewees had mislaid or disposed of the letter.

¹ MELO groups are commonly formed by ethnic minorities in order to assist and provide support to members of this community.

Other interviewees were reticent to be interviewed for fear that it may jeopardise their asylum application. Again, anonymity was guaranteed but some prospective interviewees felt that their case was so unique that even with the use of pseudonyms, it may have been possible to identify who they were. The names of all interviewees whose interviews were used in this document have been changed, as have any reference to specific DP centres.

Interviewee Details

Nigeria	5
Burundi	2
Cameroon	2
DR Congo	2
Somalia	2
Georgia	1
Ghana	1
Iraq	1
Kenya	1
Liberia	1
Pakistan	1
Palestine	1
Togo	1
Zimbabwe	1
Anonymous ⁺	1
Total	23

⁺ This interviewee requested that their country of origin not be stated out of concern that they may be easily identified.

Chapter 1 – Direct Provision

By Paul Dunbar

Issues Relating to DP Centres

Inconsistencies Among DP Centres

One of the most consistent findings of this research was the significant differences in the services provided by the DP centres in Cork city and county. The most common differences cited by the interviewees were: DP centre occupancy, dietary provision, availability of transport and amenities, availability of education/classes/courses, and management style. A number of interviewees had lived in more than one centre in Cork, or in different parts of the country, and were thus in a position to make comparisons. Differences in the services provided by DP centres appeared to have a direct impact on the lives of the people living in the respective hostels. For example, residents in DP Centre A, located approximately 4 Km from Cork city centre, have access to a frequent bus service which will bring them to the city centre free of charge. However, residents in DP Centre B, which is located approximately 8 Km from Cork city, have no such facility. They are forced to either travel by train or bus at their own expense.

DP Centre A is the largest in the Cork region. Through its greater size relative to the other centres, DP Centre A appears to have access to greater resources than the other centres. For example, there is a full time education coordinator working in DP Centre A who has responsibility for organising various classes and courses in line with the *White Paper on Adult Education (2000)*². Furthermore, DP Centre A residents have the use of a gym in which classes are regularly conducted by a fitness instructor. This is in marked contrast to other centres in which many of the interviewees stated that they had very little to keep them occupied.

The research found that there is also a marked difference between DP centres in terms of management style. The majority of residents in DP Centre A who were interviewed stated that relations between staff/management and residents were poor. On a positive note, most of these interviewees agreed that the recent appointment of a new head manager at this DP centre had greatly improved matters. However, DP Centre A was consistently characterised as having poor relations between residents and staff. This is contrasted with hostels such as DP Centre C, which is located in Cork city centre, and DP Centre D, which is approximately 70 Km from Cork city, in which the residents interviewed appeared to have relatively good relations with the staff and management. An example of the contrast in management styles is the requirement by some hostels, such as DP Centre A, for residents to sign-on every day. However, in DP Centre C, there is no such requirement. Interviewees who live in DP Centre A stated that the requirement to sign-on added to the feeling that they are living in an ‘open prison’, whereas residents in DP Centre C approve of the more relaxed atmosphere as a result of not having to sign in.

² This government white paper makes specific reference to asylum seekers when it states that they should have “free access to adult literacy, English language, and mother culture supports”.

DP Centre Location

Opinions among interviewees were mixed in relation to the location of their accommodation. In general, the people interviewed for this research preferred to be as close as possible to Cork city. However, there were other factors which led some interviewees to state a preference for living in a DP centre in a rural area. The single biggest factor cited by interviewees against living in a rural setting was access to transport. As noted above, there are less facilities and amenities for asylum seekers to use in the smaller occupancy settings, which are commonly the rural centres. Therefore, if a resident wishes to access education, for example, they are required to travel. This difficulty is further compounded by the fact that the expense of the travel has to be borne by the asylum seeker out of their social welfare allowance. One interviewee told of how she knew a woman who travelled, at her own expense, from the DP centre in Millstreet to Cork city to attend classes in UCC.

Of the interviewees who expressed a preference to be accommodated in a rural DP centre, the principal reason offered was the low number of residents relative to the city DP centres, and the perception that the staff in the rural centres were friendlier. Victoria, from Kenya, had experienced numerous health problems while living in Direct Provision in DP Centre D. She spoke very positively of the staff in this centre, who she felt showed a genuine interest in her well-being while in hospital in Cork city. Victoria's condition meant that she was moved to DP Centre A in order to be closer to the medical facilities in the city. Victoria noted a significant difference in the treatment she received from the staff in DP Centre A compared to DP Centre D. This ultimately led her to conclude that she would have preferred to remain in DP Centre D.

Amenities and Education

The facilities available to asylum seekers in terms of amenities and education varies considerably depending on the DP centre in question. As noted in the literature review (above), asylum seekers are prohibited from taking up employment and have limited access to education. As a consequence, the provision of various amenities and activities is a crucial element of the Direct Provision system. The research found that the amenities provided fall far short of the level necessary to meet the obvious demand. Virtually all of the interviewees expressed a wish to pursue full-time education, something they could only do if they can pay international student fees which are commonly 3 times greater than fees for an Irish citizen.

The most common type of courses which asylum seekers enrol for are English classes, computer courses, and various short-term diploma courses within UCC such as Community Development or Irish Political Issues. Some of the courses are provided within the DP centres themselves, but this is again dependent on the resources available in each centre. Some interviewees who had taken up education were critical of the facilities offered to them within the DP centres: "the place you are living, for example, after the course you have to study, so you don't have that space in the hostel, you are 4 or 3 in the same room" (Jean, DR Congo). Further to this, Jean stated that students who take short part-time courses within UCC, usually of a four to six week duration, are not entitled to access the library or the computer facilities.

Thus, asylum seekers have limited, if any, access to appropriate facilities in which they can study and research.

While some interviewees took up education to simply alleviate boredom, there were a significant number who stated that they did it in an attempt to improve their job prospects should they be granted refugee status. The lack of access to full-time education was frustrating in this regard, particularly for people who had been in Direct Provision for a number of years.

Apart from education, there does not appear to be many other activities available to asylum seekers: “the place where we live...it is in the countryside, there is no school, nothing...The town is very small, we can not do sport [sic]” (Mahmoud, Palestine). As with other issues covered in this research, the quality of facilities available to an asylum seeker is largely dependent on the DP centre to which they are sent.

Findings

- Facilities, resources, and management styles differ significantly between DP centres
- The location of a DP centre directly impacts upon the quality of life of the resident
- All things being equal (i.e. transport provision, management style), asylum seekers generally prefer to be accommodated closer to Cork city
- DP centres with high occupancy levels are considered inferior to centres with lower occupancy levels
- A significant number of interviewees expressed a wish to pursue full-time education
- Asylum seekers take up education both as a way of alleviating boredom and of improving their job prospects should they be granted refugee status
- The environment of a DP centre is not conducive to studying or completing course work
- The opportunity to partake in sports or other such recreation is limited for asylum seekers, and is largely dependent on the resources available in their DP centre or the local community

Issues Relating to the Operation of DP Centres

Relations with Staff and Management

Of the asylum seekers interviewed for this research, most had almost daily contact with staff and management. Again, as with other issues covered in this research, relations between residents and staff/management appears to vary significantly between DP centres. According to interviewees, the appointment of a new manager in DP Centre A in 2006 appears to have greatly improved matters at that centre: “the new manager is a nice man, sometimes if you complain he will see if there is something he can do” (Michel, Cameroon). Of the interviewees who were resident in that centre before the appointment of this new manager, almost all spoke of the poor relations between management and residents: “he was treating us like an animal [sic], not like a human being” (Michel, Cameroon).

Some interviewees raised concerns about the level of training among the staff they had contact with. According to the interviews conducted, it appears evident that the staff employed in the DP centres have no specific training for dealing with problems which may arise. A number of the interviewees stated that staff were often unable to deal with disagreements or conflicts which would arise between residents. This usually resulted in the staff contacting the Garda Síochána when in fact the situation often did not merit this action. This issue arose in the focus group session and it was suggested that staff would benefit from some training in mediation or conflict resolution. Further to this, a number of interviewees stated that some staff were regularly rude and unhelpful.

As noted elsewhere in this report, the degree to which residents are included in the day-to-day running of the DP centres appears to be problematic. Some hostels have no formal mechanisms whereby residents can communicate problems or complaints to staff/management. Other interviewees spoke of the arbitrary nature of some management decisions, particularly in relation to transfers: “if you have arguments, even if you don’t say ‘thank you’ or something, he can do whatever he wants. He just say [sic] ‘I don’t want this person here’” (Mahmoud, Palestine). Francois, from Burundi, raised similar concerns about the lack of opportunity to raise concerns with management: “he [the manager] didn’t want to listen to me to explain the problem. That is another frustration when you are in a situation, you want to explain, they don’t want to listen to you. You can’t complain anywhere”.

Room Sharing

The research found that the practice of accommodating several people within one room is commonplace among the DP centres in the Cork region. This issue was a recurring theme throughout the interviews and appears to be one which has a deleterious effect on a resident’s well-being. Some interviewees stated that they had to share rooms with up to four other people. Families were also often accommodated in small rooms, one interviewee had a family of five who were sharing one room. A small number of interviewees had secured their own private rooms but this was commonly due to the fact that they had a medical condition or had already shared a room for a prolonged period, usually more than two years.

Difficulties with sleeping appeared to be the most common complaint in relation to room sharing. Most interviewees who share, or have shared rooms in the past, found that the people they shared with had different sleeping patterns. This often led to a situation where some people may be trying to sleep while others would be watching TV or listening to music:

living with different people, you have to be very careful...we have different cultures, we have different ways of living. I like to go home and sleep at 10, the other guy wants to watch TV until 6 o'clock in the morning...the other guy wants to play loud music (David, Burundi).

Some interviewees stated that they would be awoken early in the morning by people of the Muslim faith who would rise to say their dawn prayers. Further problems were created if the people sharing rooms did not have a common language:

we always spoke English...It was a good way of learning it at the same time...It was a bit difficult because if you found someone who could not actually speak English...it was a bit difficult for them (David, Burundi).

Another significant difficulty with room sharing was the fact that the rooms were often of an inadequate size to accommodate the number of people allocated to them, leading to overcrowding. Ventilation also appeared to be a problem in some instances.

Dietary Provision

The Direct Provision system provides for three meals per day for residents, all of which are at allocated times. The vast majority of interviewees expressed dissatisfaction with the quality and variety of food provided for them. As with other issues, the degree of dissatisfaction with dietary provision appears to depend to a large degree on the DP centre being discussed. Interviewees from DP Centre D stated that the management make an effort to cater for all of the requirements of each cultural group living there. In one case, Muslims were given food and allowed to prepare their own meals at a time of a religious festival. However, this appears to be the exception rather than the rule. The research found that the limited resources within the DP centres usually means that the type of food provided is directed towards one specific group, usually the group comprising the majority in a centre. For example, the majority of residents in DP Centre D are African. Fatima, from Pakistan, spoke of how African food is alien to her: "it's very difficult, we can't eat the African food".

A number of interviewees stated that their general health had deteriorated as a result of the food provided for them in DP centres. Mahmoud, from Palestine, spoke of his weight loss: "I used to be 79 Kg, now I'm 66 Kg". Other interviewees stated that their appetite had diminished because of living in Direct Provision. This appeared to be due to the fact that the food provided was generally the same every day and little effort was made to provide a variety of meals: "every day it is rice or potato [sic]...I don't blame the chef...I blame the management in the place because, the chef, he is preparing what they give them to prepare" (Michel, Cameroon). The provision of food for children is an issue of concern for parents in Direct Provision. Some interviewees who had small children stated that baby food was unsuitable and usually consisted of the same mashed vegetables every day. Roberta, from Kenya, stated that parents are given a ration of milk each week for their children, and that they had to

strictly administer this ration to their children because no more would be given by the management.

The strict meal times within DP centres was also an issue which arose during the interviews. For example, DP Centre A had breakfast from 8 am – 10 am, lunch from 12 pm – 2 pm, and dinner from 5 pm – 7 pm. These arrangements meant that residents of this centre had to be present at these times if they wished to have a meal. Given the location of DP Centre A, some interviewees stated that they would often have to miss a meal if they needed to travel into Cork city to attend classes or an appointment. This placed further strain on their financial situation because they may have to pay for food using their social welfare allowance. Residents are also forbidden from taking food from the dining area, which some stated that if this was permitted it may give them more freedom to plan their day: “if you are going somewhere...you are not allowed to take food out of the dining area” (Michel, Cameroon). Some other interviewees raised concerns about the provision of food in DP centres outside of meal times. For example, residents are permitted to make tea/coffee in a specified tearoom. However, many interviewees stated that not enough milk was provided in this tearoom. This meant that if the catering staff were finished work residents would have to ask the security staff for extra milk.

Relations with Other Residents

Some interviewees raised concerns about relations and interaction with other residents. Problems appear to be most pronounced in relation to the sharing of rooms. Practical issues such as the inadequate size of shared rooms, the lack of clean air, and people without a common language sharing rooms together arose as issues for a number of residents. Asylum seekers who have been here for a number of years stated that more attention is now given by management to the allocation of residents to shared rooms. Whereas once they may have given it little consideration, there now appears to be an effort to put people of similar cultures together. However, a lack of resources within DP centres means this is not always possible.

Outside of room sharing, interaction between residents of different cultures and religions appears to cause problems. A small number of interviewees spoke in a manner which illustrated the tensions between certain groups within the hostels:

There is too much [sic] African people...they don't like the staff...but I like the staff...They [the staff] are very cooperative and these people are fighting with each other (Fatima, Pakistan)

I have problems with the Muslim people...the way Muslim people do things...sometimes they feel everything they do, they are right. If you go to the tearoom...you can't even make tea there cause they mess up everywhere (Michel, Cameroon)

This resident who gave the latter statement advocated the segregation of religious groups within the DP centres. Other interviewees stated that they only mix with residents of their own nationality and that a lot of people are “sceptical about making friendships” (Margaret, Nigeria). There were other instances during the interviews where relations between certain groups appeared to be fractious. These can most commonly be described as comments indicating that one ethnic group was arrogant or

had no respect. It should be noted that relations among residents of different cultures and religions appeared to be most strained in the DP Centre A.

The issue of resident representation also arose during the focus group session conducted as part of this research. It appears that some DP centres have resident representatives that have meetings with management on a regular basis. However, it is also clear that some DP centres have no such facility for residents. Of the centres that did have such representation, there appeared to be problems with who was chosen as resident representatives and what contact these representatives had with staff/management. The general consensus among those who attended the focus group was that representation worked effectively only for a certain section of residents.

Children

Interviews with children were beyond the terms of reference for this research. However, the issue of child welfare did arise with interviewees who had children living with them in Direct Provision. As noted in the literature review (above), children of asylum seekers are entitled to free primary and second level education on the same terms as an Irish citizen. Some DP centres provide a crèche facility for children who are too young to attend primary school. However, during the focus groups session it emerged that the parents of very young children often had to remain in the crèche with their children which it was felt defeated the purpose of a crèche.

Winston, from Nigeria, spoke of how his son has difficulties with the food provided in his residence:

my son, who is Irish, has serious dietary problems...He can't eat rice, he can't eat some of the food he gets in the kitchen, and I don't have the money to buy him anything. The last time the nurse came she was like 'this boy is not in good condition' (Winston, Nigeria).

Other parents spoke of how their children have very little opportunity to interact with others: "they can't even go out and mingle and meet with their friends...right now, where I live there's no playground. The accommodation centre where I stay have [sic] no bus, so where do you go to?" (Winston, Nigeria).

Findings

- The quality of relations between residents and staff/management are largely dependent on the DP centre
- Some DP centres have no formal procedures for asylum seekers to make complaints or raise issues
- Staff within DP centres are often not trained for the situations they may have to deal with e.g. conflicts between residents
- Residents are dissatisfied with the requirement to share rooms with others
- Shared rooms are often too small to accommodate the number of people allocated to them. In addition, residents may have different sleeping patterns which effects the quality of sleep of the other residents
- There is widespread dissatisfaction among asylum seekers about the quality of food they receive in Direct Provision
- The food offered was characterised as bland and monotonous, and often culturally inappropriate
- The availability of food only at certain times of the day means that asylum seekers must plan their days around mealtimes in order to ensure they will not miss a meal
- In general, interviewees expressed a desire for some form of self-catering facility
- Relations among residents within DP centres were strained in some cases, particularly in the larger occupancy centres
- Asylum seekers tend to form social groups based on a common ethnicity or religion
- The manner in which some DP centres select resident representatives was a cause of concern for some interviewees
- Asylum seekers who have children with them are concerned about the development of their children while in Direct Provision

Continued over...

- Crèche facilities are not provided in every DP centre. Where they are provided, parents are sometimes required to remain in the crèche with their children
- Outside of school, the children of asylum seekers have little or no interaction with other children
- The facilities available for children, both within a DP centre and its environs, varies significantly between centres

Issues Unrelated to DP Centres

Social Welfare

As noted in the literature review (above), asylum seekers receive €19.10 per week, plus €9.60 for each child. This payment was introduced in 2000 as part of the DP system for the accommodation of asylum seekers. Without exception, all interviewees stated that this payment fell far short of their weekly requirements. This payment is intended for expenses which are exclusive of food, accommodation and medical expenses, which are all covered within the DP system. Social welfare allowance was most commonly spent on items such as mobile phone costs, hygiene products, cigarettes, and medicines not covered under the DP system:

some medicines, the doctor can't prescribe, so we have to buy them on our own. Especially as a mother it is very difficult. Some school things...the books are so, so expensive. Sometime the school asks for extra money for drama...we must pay these things (Fatima, Pakistan)

Ironically, with regard to smoking, one interviewee pointed out that she knew a number of residents who took up smoking due to the boredom experienced as a result of living in Direct Provision.

Other interviewees raised issues relating to access to their Community Welfare Officers (CWO)³. While the majority of interviewees spoke positively of their relationship with their CWO, many stated that it was very difficult to access them. This appears largely to be as a result of a lack of resources within this department of the Health Service Executive (HSE). One interviewee stated that it was often necessary to get up very early in order to queue for the CWO. There would often be large queues for the CWO, and the CWO would only see people up until a certain time in the day which meant that some days you may not be seen, regardless of the problem you had (Margaret, Nigeria).

The research also found that provision of information on social welfare rights and entitlements was inadequate. For example, asylum seekers are entitled to an allowance for clothing, payable every 6 months. However, most interviewees who had availed of this stated that they had become aware of this payment through other residents, not through the Department of Social Welfare. Other interviewees were unaware that they could avail of dental care through their medical card.

Transfers

A number of interviewees highlighted the issue of transfers. There appears to be a perception among asylum seekers that transfers between DP centres are used as a disciplinary measure. The most common reason for a resident being transferred, according to the interviews conducted for this research, appears to be a failure on the resident's behalf to sign-in at their DP centre for a period of more than three days. In

³ Community Welfare Officers are employed by the Health Service Executive and are responsible for the day-to-day administration of community welfare services. These services include supplementary welfare allowance, mobility allowance, and rent supplement.

most cases, transfers appeared to exacerbate problems rather than alleviate or remedy them.

Another issue which arose in connection to transfers was the lack of opportunity for the resident to offer an account of their whereabouts. One interviewee stated that he was never asked to offer a reason for his absence, he was merely given a letter from the RIA stating that he was being transferred because he had been absent from his DP centre. Winston, from Nigeria, also raised concerns about the lack of opportunity to offer his version in the event of a dispute or threat of transfer:

if you have a problem with the manager...they take decisions without consulting you. If the manager reports to the RIA that 'this is the situation', whether they are true or lies, they act on that. No interrogation, nobody will come to you and find out what actually happened (Winston, Nigeria).

During the focus group session for this research, there was a consensus that the use of transfers had decreased in recent times. This seems to be as a result of lobbying on behalf of various support groups against the practice of using transfers as a disciplinary measure. There appears to be no change to the lack of opportunity for a resident to offer their version of events when a dispute arises.

Provision of Information

When asked about levels of information provided on the system, rights and entitlements, access to local services, and even local transport, the majority of interviewees said that they got most of their information from other residents. "When you claim asylum, nobody sits you down and explains your rights and entitlements [you find out] only through word-of-mouth" (Margaret, Nigeria). For example, there is no information on bus or train times or even on the availability of bus and train services. Interviewees also stated that there is no information provided on local support services e.g. Nasc or Cois Tine. Most interviewees understood their entitlements to medical cards and the services this provided, but on access to social welfare payments e.g. for clothes, most only found out by asking other residents: "if you don't know about it you don't get it and nobody from social welfare tells you about it" (Michel, Cameroon).

When asked about levels of information provided to residents in the hostel by the hostel management, Margaret from Nigeria replied: "[it's] non-existent because the staff are unfriendly, you don't feel you can approach them, [you] have to rely on other residents". Elizabeth, from Zimbabwe, stated that "nobody informed me about the system when I came here, I got all my information through people who were already in the DP centres" (Elizabeth, Zimbabwe). It appears evident that asylum seekers rely on social networks within their accommodation to obtain information. Assaf, from Somalia, stressed the importance of having members of one's own community already here as a source of support, advice and information. Jacques, from Burundi, remarked that "if you wait for someone to come along and give you information, you'll sit and wait a long time".

Findings

- The social welfare payment to asylum seekers is wholly inadequate to meet their needs
- Accessing Community Welfare Officers is difficult and often requires lengthy queuing times
- Asylum seekers are often not fully aware of their social welfare and healthcare entitlements
- Transfers to other DP centres are sometimes used by the Reception and Integration Agency as a disciplinary measure, most commonly in situations where asylum seekers fail to sign-in at their DP centre for more than 3 days
- This practice does not appear to be as prevalent as it was in the recent past
- Asylum seekers have no opportunity to offer their version of events or account for their whereabouts should they be threatened with a transfer
- Asylum seekers obtain most of their information from other asylum seekers and not from state bodies or institutions
- The social networks of asylum seekers are important for the dissemination of information

Chapter 2 – The Asylum Application System

By Dave Walker and Paul Dunbar

Processing Time

All interviewees who had been in the system for more than 1 year felt that the system took too long, especially in relation to deciding on cases on Humanitarian Leave to Remain (HLR) grounds. Most interviewees were waiting for HLR and had been waiting for periods ranging from 1 to 5 years, with one interviewee saying they know of people waiting for 7 years. Almost all of the interviewees stated that the length of time awaiting a decision compounded the difficulty of not being allowed to work or to access education and training. Several interviewees spoke of the demoralising effect this had on their emotional and mental states:

“It’s like in a limbo, you don’t know actually when [your case will be processed]. Many people get depressed” (Jane, Kenya);

“this delay is like a punishment” (William, Liberia);

“they are torturing people...now it’s nearly 4 years since I applied...and no answer. You don’t know where to go and ask...just torture and nothing else” (Elizabeth, Zimbabwe).

6 months is hard, very hard... [I am] waiting almost 1 year for HLR decision was told it would take 3 months...Waiting is with no information, no contact [from officials], [it would be] better if we had someplace we could ask. You don’t know what’s going to happen and nobody tells you. (Assaf, Iraq).

Most interviewees agreed that the initial process of application, interview, and decision had become faster in recent years. Of the interviewees who were in the asylum application system process a short time, most had attended their first interview within 6 weeks of applying for asylum. However, as stated above, most of the asylum seekers that were interviewed for this research were currently awaiting a decision on HLR grounds. There were also a number of interviewees who had applied for Subsidiary Protection⁴. It is too early at this juncture to assess the speed with which Subsidiary Protection cases are being processed. This is because the EU Directive on Subsidiary Protection was only introduced in Ireland in October 2006. However, it is evident from this research that decisions on HLR grounds are extremely slow to be processed. Furthermore, there does not appear to be any explanation for this inordinate delay. When asked, interviewees could not suggest any reasonable explanation as to why they felt their application was taking such a long time to be processed.

The stress of waiting such lengthy time periods for a decision appears to be exacerbated by the fact that there is no contact from the relevant authorities during this period. Several interviewees stated that they had contacted the Department of Justice in an attempt to get an update on their case. The response from the Department of Justice was invariably dismissive, including comments which indicated that cases were being processed or simply stating that the case was with the Minister for

⁴ Subsidiary Protection is an EU Directive which allows an asylum seeker, who may not meet the criteria which would class them a refugee, to apply for protection in an EU country.

Justice's office. One interviewee suggested that there should be some contact with the person dealing with their case periodically, in order to update them as to the progress of the case. A number of other interviewees suggested that there should be some undertaking from the Department of Justice to deal with cases within a specific time-period. However, some other interviewees had the perception that if their case was slow to be processed, it meant they had a greater chance of receiving a positive decision. The perception was thus created among asylum applicants that if cases were somehow forcibly speeded up, this might lead to cases not being properly considered by the Department of Justice and, thus, a higher number of negative decisions.

Interviews

Interviewees raised a number of concerns with how interviews are conducted with the Department of Justice. Several interviewees were critical of the interpreters provided. One interviewee stated that an interpreter was provided without the interviewee having been asked or having given their permission. They were also concerns relating to the quality of the interpreters used: "three or four times the [Department of Justice] interviewer said that the translator was not doing a good job" (Fatima, Pakistan). Another interviewee had enough English to realise the interpreter was not translating what was being said accurately: "I was talking about copper, 'cuivre' in French, but he thought I was saying 'cuire' - leather and was saying leather to the interviewer" (Pierre, DR Congo). Another interviewee stated that the interpreter provided for their second interview spoke poor English: "the interpreter was no good...didn't speak English well, so I spoke myself" (Interviewee wished for the name of their country to be omitted from the report for fear of identification).

Although some interviewees felt the interview process was fair in general, the majority stated that they had negative experiences during their interviews: "[the] interview is most [sic] scary part of it... get short of breath...questions coming left and right" (Margaret, Nigeria). Some interviewees felt that the interview was too brief, sometimes lasting only 15 minutes: "I don't think they give you enough time to explain yourself" (David, Burundi), while others had interviews which lasted up to 5 hours (Mohammed, Somalia). One man who had a recognised medical condition stated that he was not allowed a break for food during his 3 hour interview.

Other interviewees felt that the staff seemed to be going through the motions and held preconceived notions about the people they were interviewing: "they already had something in their mind" (James, Ghana) and assumed you were "probably lying" (David, Burundi). There appeared to be a widely held perception among the asylum seekers interviewed for this research that the interviewers from the Department of Justice assumed people were lying. Fatima (Pakistan) stated that her interviewers openly accused her of lying, stating that they did not believe what she was telling them. There was also widespread belief that the interviewers were trying to 'trick' the interviewees, or 'catch them out': "no matter how often, they ask the same question just to confuse you" (Margaret, Nigeria).

Many interviewees felt that the representatives of the Department of Justice were unfriendly and also that the decision they received was dependent to a large degree on the interviewer. Further to this, there appeared to be an impression among the interviewees that the interviewers, and those who make the decisions, are looking for

any reason, no matter how trivial, to refuse claims for asylum: “they will find something unimportant and make a big deal of it... [they are] looking for any reason to refuse you”. A number of interviewees also raised concerns about having to travel to Dublin to attend the interviews. They felt that this added to the stress, especially because they had been forced to live elsewhere (Michel, Cameroon; James, Ghana; Margaret, Nigeria).

Legal Representation and Advice

Most of the asylum seekers interviewed were critical of the legal representation they received and questioned whether the Refugee Legal Service (RLS) was actually representing the asylum seeker or just going through the motions: “these lawyers work like machines and do not genuinely care about the person” (Fatima, Pakistan), or that “these solicitors are not serious about fighting for asylum seekers” (Elizabeth, Zimbabwe). In another example the RLS solicitor assigned to Jacques, from Burundi, was unable to attend an appeal hearing. Jacques said the RLS office sent along another barrister, whom he had never met, and who only met him for the first time 20 minutes immediately before the hearing took place. Jacques said he would have preferred to postpone the hearing in order to better prepare: “looking back I would challenge the representation I received but I didn’t know what was right or what to expect” (Jacques, Burundi). William, from Liberia, said he was advised against applying for an oral appeal hearing and was told by his RLS solicitor to apply for a written hearing. William expressed a preference for an oral hearing as he felt this would give him the opportunity to better present himself and his case. William sought independent advice through a free service provided by a community group only to discover that the same solicitor was advising their clients.

Several people felt that their case would have gone better, or would have been handled differently, if they had had access to a private, independent solicitor. However, most interviewees did not have access to the necessary funds. “RLS said unless [I] go for a private solicitor [I] can’t go for Judicial Review [but a] private solicitor would cost €1,500, so [I] applied for Humanitarian Leave to Remain” (Mohammed, Somalia).

During the focus groups session, the issue of the reasons cited by the Department of Justice for a positive or negative decision for asylum arose. Communications regarding a decision on asylum from the Department of Justice are often lengthy documents, citing a number of sources of information which are used to substantiate a decision. According to the focus group contributors, these documents were sometimes official government publications from the state they had fled. Furthermore, some of the documents were a number of years old, which could lead to concerns about their relevance and accuracy.

Josef, from Georgia, had contacted the RLS when he received the first form which asks the asylum seeker for all relevant information with regard to their application (prior to first interview). This form is a binding legal document submitted to the Department of Justice by the asylum seeker. Any subsequent deviations from the information given on this form are taken as evidence of dishonesty and therefore have negative consequences for the asylum seeker’s application. This form has a submission deadline and he informed the RLS of this. However, the RLS did not

contact him until after this deadline had passed. As a consequence, Josef filled out the form himself with the help of other residents and with no legal advice. He stressed that “[I] needed help and they (RLS) didn’t help” (Josef, Georgia).

Findings

- Asylum seekers were extremely unsatisfied with the length of time it takes to process their application
- The lack of contact from the Department of Justice and general uncertainty with regard to the processing of an asylum seeker's application leads to greater stress and anxiety for asylum seekers
- A significant number of asylum seekers felt that the manner in which interviews with the Department of Justice are conducted is hostile and unfriendly
- Some interviewers from the Department of Justice and the Refugee Appeals Tribunal appear to hold preconceived notions about an asylum seekers case. Others appear to presume that asylum seekers are not telling the truth
- Several interviewees raised concerns about the quality and professionalism of the interpreters provided for them
- Asylum seekers held the perception that lawyers assigned to them by the Refugee Legal Service were operating more in the interests of the state than for the asylum seeker
- A barrister assigned to a particular asylum seekers case may be replaced with another who is unfamiliar with the case. In such instances, the new barrister has a limited amount of time with which to familiarise themselves with the case
- The majority of asylum seekers held the perception that hiring a private solicitor would greatly improve their chances of being granted asylum
- The general provision of advice and assistance in relation to proceeding with a case and completing forms is substandard
- Some interviewees were unhappy with the requirement to travel to Dublin for their hearings, stating that it added to the stress

Conclusion

It is evident from this research that the system of Direct Provision warrants serious reform, if not complete closure and the adoption of a new system of accommodation and provision for asylum seekers. The findings of this research raise serious doubts about the compatibility of Direct Provision with one of the core principles of human rights, that of dignity⁵. There is also cause for concern surrounding the compatibility of Direct Provision with the UN Convention on the Rights of the Child (1989), which the Irish state has ratified in full. On numerous occasions, interviewees for this research referred to the system of Direct Provision as tantamount to an open prison. Many others expressed feelings of helplessness, hopelessness, isolation, poverty, social exclusion, and complete and utter dependence on the state. The fact that an asylum seeker may experience these feelings for a prolonged period of time, in some cases up to 7 years, demonstrates the unsuitability of such a system, a system which is intended to accommodate people seeking refuge, some of whom may have experienced severe trauma in the country from which they fled.

The most common problems which arose during the interviews conducted for this research are all related, either directly or indirectly, to the fact that asylum seekers have little or no autonomy and limited access to rights and entitlements which are enjoyed by the rest of the population. Dissatisfaction with dietary provision, a lack of input into decisions on the day-to-day running of DP centres, insufficient social welfare payments, and the prohibition from taking up employment all contribute to a state-imposed system of complete dependence of asylum seekers on the state. The detrimental effect this has on the welfare of asylum seekers is evident throughout this research.

Poor dietary provision within Direct Provision was one of the most common themes during interviews for this research. The dissatisfaction with the food provided undoubtedly contributes to the overall negative perception held by asylum seekers of Direct Provision, particularly because it is something they experience everyday. Furthermore, the quality of food has implications for health and nutrition, particularly in relation to children (Mandahar et al, 2006).

Interviewees generally held the perception that they were excluded from Irish society while in Direct Provision. Factors such as the location of the DP centre, the lack of suitable amenities and education, inadequate social welfare allowance, and prohibition from working all contribute to a situation whereby an asylum seeker's contact with the rest of the population is minimal. The lack of free transport in some DP centres exacerbates this problem. Where education is provided, it is often in a setting with other asylum seekers and not with the rest of the population, thus minimising any opportunity for meaningful integration. Children of asylum seekers are allowed to participate in primary and secondary education. However, as was shown in this research, the extra costs involved in books, uniforms, and extra-curricular activities places a significant strain on an asylum seeker's financial

⁵ Article 1 of the United Nations Universal Declaration of Human Rights states that: "All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood."

resources. The lack of opportunity for children of asylum seekers to interact with other children outside of school raises concerns about their development.

The research also found that the supply of information to asylum seekers is problematic. The majority of interviewees obtained their information from other asylum seekers, rather than from state institutions. Not only is there a lack of information regarding rights and entitlements in terms of social welfare and education, but there is also only a minimal attempt made to familiarise an asylum seeker with the DP centre to which they are being sent and the facilities available to them in the surrounding area. As a result, asylum seekers are often expected to attend to their own welfare, even though this is supposed to be the responsibility, through Direct Provision, of the state.

Relations within DP centres, both between residents, and between residents and staff/management, were a recurring theme throughout the interviews. Interviewees were often reluctant to apportion blame to staff members if they felt aggrieved about a particular issue. Rather, they tended to highlight the lack of resources available within DP centres and the decisions of management as being the cause of their problems. Another issue of significance which arose in this context was the lack of participation in the day-to-day running of the centres, and the lack of formal channels through which to make complaints. This added to the perception among many of the interviewees that the DP centres resembled open prisons. Relations with other residents are also an area of concern. A number of interviewees expressed prejudiced attitudes towards other ethnic groups. These views may well have been something which the asylum seeker brought with them from their country of origin. However, it is clear that the system of Direct Provision, and the stress it places on the residents, only serves to further enflame these sentiments. Furthermore, there appears to be no effort on the part of the DP centres to foster cross-cultural awareness and promote greater understanding between the ethnic groups within Direct Provision.

Aside from concerns over the Direct Provision system of accommodation of asylum seekers, the research also uncovered a number of problems with the asylum application system. Almost as soon as they arrive in Ireland, asylum seekers are unclear and unsure of what lays ahead of them in terms of the asylum application process. Interviews with the Department of Justice appear to be conducted in an unfriendly and sometimes hostile atmosphere. Furthermore, it is evident from this research that asylum seekers feel they are often not afforded a fair hearing in their interviews, and that interviewers appear to presume asylum seekers are not telling the truth. This raises serious doubts about the quality and fairness of these hearings. The recent case involving three asylum seekers who were granted the opportunity to not have their case heard by one particular member of the Refugee Appeals Tribunal appears to add credence to these claims⁶.

The quality of translation and interpretation during interviews was also an issue which asylum seekers highlighted as problematic. There were a number of instances recounted in the process of this research in which the quality of interpretation

⁶ As reported in the Sunday Tribune (9th Dec, 2007), three asylum seekers won the right not to have their appeal heard by one particular member of the Refugee Appeals Tribunal, who “has reportedly never given a positive decision in over 1,000 cases” (Rafter, 9.12.2007).

available to asylum seekers could possibly have impacted negatively upon their case. At the very least, there is the perception among asylum seekers that some interpreters were incompetent and lacked professionalism. Interviewees appeared to regard the legal advice and representation they received as minimal and directed more towards the smooth operation of the system as opposed to the right of the asylum seeker to a fair and comprehensive hearing of their application.

Recommendations

The key recommendation of this research is the complete abandonment of the Direct Provision system and its replacement with a system which delivers a greater degree of dignity and autonomy to asylum seekers. However, given that this is an unlikely eventuality, it is necessary to offer a number of recommendations which it is deemed would improve the welfare of asylum seekers.

Recommendations on Issues Relating to DP Centres

- Introduce a code of practice for all DP centres which will ensure a greater standardisation among centres
- Ensure that the facilities and amenities available to asylum seekers in each DP centre are approximately equivalent
- Reduce the occupancy levels of the larger DP centres
- Locate more DP centres closer to major urban centres
- Provide study spaces within DP centres that may be used by asylum seekers who are participating in education
- Provide language supports in all DP centres
- Forge links with local community and sports groups which would facilitate greater interaction between asylum seekers and the local community

Recommendations on Issues Relating to the Operation of DP Centres

- Introduce training for staff and management which will familiarise them with cultural issues which may arise and with issues concerning asylum seekers in general
- Establish formal procedures through which asylum seekers may make complaints or raise issues of importance for them
- Provide greater privacy for asylum seekers by phasing out the policy of residents sharing rooms
- Improve the quality and variety of food available within Direct Provision and include asylum seekers in decisions on dietary provision
- Provide opportunities for children within Direct Provision to interact with other children in order to aid their development
- Provide quality crèche facilities within each DP centre, particularly for parents of very young children
- Introduce greater flexibility to mealtimes which would permit asylum seekers greater freedom to plan their day
- Address the fractious nature of relations between certain groups of residents by fostering greater interaction and cultural awareness
- Establish formal procedures for electing resident representatives or committees
- Provide free transport at the times which asylum seekers will need it to urban centres from all DP centres

Recommendations on Issues Unrelated to DP Centres

- Increase the social welfare payments to a level commensurate with asylum seekers' needs
- Allow asylum seekers to access employment if they have been in the Direct Provision system for more than 6 months
- Increase resources within the HSE which will allow greater access to Community Welfare Officers for asylum seekers
- Dramatically improve the provision of information to asylum seekers in relation to social welfare, education, healthcare, and the asylum application process. This should be the responsibility of the Reception and Integration Agency (RIA)
- Discontinue the use of transfers between DP centres as disciplinary measures
- Allow for fair hearings for asylum seekers who are adjudged to have broken rules or regulations

Recommendations on the Asylum Application Process

- Allocate more resources to the relevant bodies who are charged with investigating claims for asylum in order for them to efficiently process claims
- Facilitate greater transparency of the decision-making process by regularly updating asylum seekers on the current status of their case
- Conduct a comprehensive quality review of the interview process for asylum applicants
- Ensure a higher level of quality and professionalism in the interpretation and translation of interviews at the Department of Justice and Refugee Appeals Tribunal
- Facilitate greater contact between an asylum seeker and their Refugee Legal Service appointed solicitor
- Improve the assistance available to asylum seekers when completing documents and forms which are important to their case

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