

Children Growing up in Direct Provision

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"When we look back in 10 years' time, we may ask ourselves how we allowed the system to exist"

Dr. Geoffrey Shannon, Special Rapporteur on Child Protection, 2016 on the treatment of children in The Direct Provision System

The Direct Provision (DP) system is the means through which the Irish State provides accommodation, food and personal expenses to international protection applicants (IPAs, formerly "asylum seekers"). When DP was introduced it was estimated that people would stay within this system for up to six months while their applications were being processed. It was never planned or anticipated that children would be brought up in DP. Yet after twenty years, despite multiple damning reports and concerning research, this dysfunctional system still exists, and thousands of people, half of whom are women and children, have spent many fraught years living in DP¹⁻⁴.

The world is currently experiencing the largest migrant crisis since World War II. In 2017 there were 68.5 million forcibly displaced people worldwide, 85% of whom were hosted in developing countries. 52% of migrants entering Europe in 2017 were children⁵.

Prior to the establishment of DP, IPAs were entitled to social welfare and allowed to source their own accommodation, with over 90% settling in Dublin. DP was established in 2000 to deal with increasing numbers of applications for international protection, which had risen from 424 in 1995, to 10,938 in 2000¹. Under DP, IPAs were moved away from Dublin, and social welfare was replaced with centrally allocated food and housing^{1,2}. Most DP centres are converted buildings, including hotels, convents, nursing homes, mobile and holiday homes².

In 2015, 41% of the 3,607 people in DP had been in the system for 5 years or more, with a median duration of stay of 51 months¹. By 2018, this had improved, with 5.8% residing in DP for 5 years or more².

In 2018, there were 3,673 international protection applications, including 840 (23%) children - 70.3% of these applications were rejected, 6.73% were granted subsidiary protection, and 23% were granted refugee status. 99% of Syrian applications were granted refugee status, while all other countries had 82-99% rejection rate². By the end of 2018, there were 6,405 people, including 1,778 children, living in DP⁶. The system is above capacity (capacity: 6,209 people)², with even less appropriate emergency alternative accommodation now being used – a situation not helped by a rise in local opposition to DP centres in small rural communities.

The 2015 McMahon report was highly critical of the DP system and published 173 recommendations for improvement¹. By 2017, the Irish Immigrant Support Centre claimed only 51% of recommendations had been implemented⁷. Improvements had been made regarding waiting times, living conditions, and development of national standards for DP centres^{2,4,7}. However, DP centres are sub-contracted to private firms who self-audit, and there is no enforcement mechanism for non-compliance with national standards. In July 2018, Ireland allowed IPAs access to the labour market for the first time, but only if they were awaiting a first instance decision for longer than 9 months.

Weekly income in excess of €97 will necessitate a contribution towards accommodation. Current weekly allowance is €38.70 per adult, and €29.80 per child^{2,4}.

Although entitled to a medical card, IPAs have many barriers to accessing healthcare^{1,8}. Mental health is a huge concern for the migrant population. Forced migrants suffer ten times the rate of post-traumatic stress disorder, and three times rate of psychosis compared to the general population⁹, with 53% of IPAs reporting torture prior to arriving in Ireland. Reported stressors include legal status, separation from families and discrimination.

Direct Provision is not a suitable environment for raising children in. Children thrive if they have opportunity to live in families, safe communities and supportive environments that provide the right conditions and opportunities to reach their full potential. These elements and supports are crucial in the prevention of mental health issues, and other challenges. DP settings cannot provide this milieu.

Research has shown that children growing up in DP are at high risk of child poverty and extreme deprivation, social exclusion, overcrowding and related problems, such as stress-related illness and burns. There have been longstanding concerns regarding families living in DP. Areas of concern include: family life, nutrition, play facilities, untrained staff, impact of involuntary transfers between DP centres, and parental mental health. Parents report boredom, and feeling unable to parent properly due to their inability to work^{1,4,7,10}.

Children in DP feel most included in society while at school, but are excluded from many social and extra-curricular activities due to funds, transport, strict meal times and a visiting ban to DP centres.

Consultations with children and young people living in DP were carried out in 2015 by the Department of Children and Youth Affairs. Children and teenagers reported feeling stigmatised, isolated and unsafe; they were unhappy with the lack of privacy, and felt anxious about their education prospects, and delays in the application process¹⁰.

HIQA and the Special Rapporteur on Child Protection have expressed grave concerns regarding children in DP, which are borne out by very disturbing statistics. Children in DP are nine times more likely to be referred to Tusla than children not living in DP. The child protection concerns encountered included physical abuse, supervision, domestic violence and proximity of children to unknown adults³.

Multiple professional bodies have voiced concerns about the welfare of children within Ireland's DP system. A recent report by the Joint Committee on Justice and Equality found that the DP system was not fit for purpose and calls for *"fundamental reform of the flawed system"*⁴. As a country with such a significant history of harm done to children in institutional care, it is regrettable that we seem to not have learned from our past experiences.

Migrant children are extremely vulnerable and should be placed in family appropriate housing with appropriate supports to ensure mental health and their ongoing emotional development.

Our system of placing children in direct provision is unethical, stigmatising, and needs to end.

Keywords: migrant child health, children's rights, refugee health, child protection

Abbreviations: DP – Direct Provision, IPA – International Protection Applicant

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