

“Powerless”

Experiences of Direct Provision During the Covid-19 Pandemic
August 2020

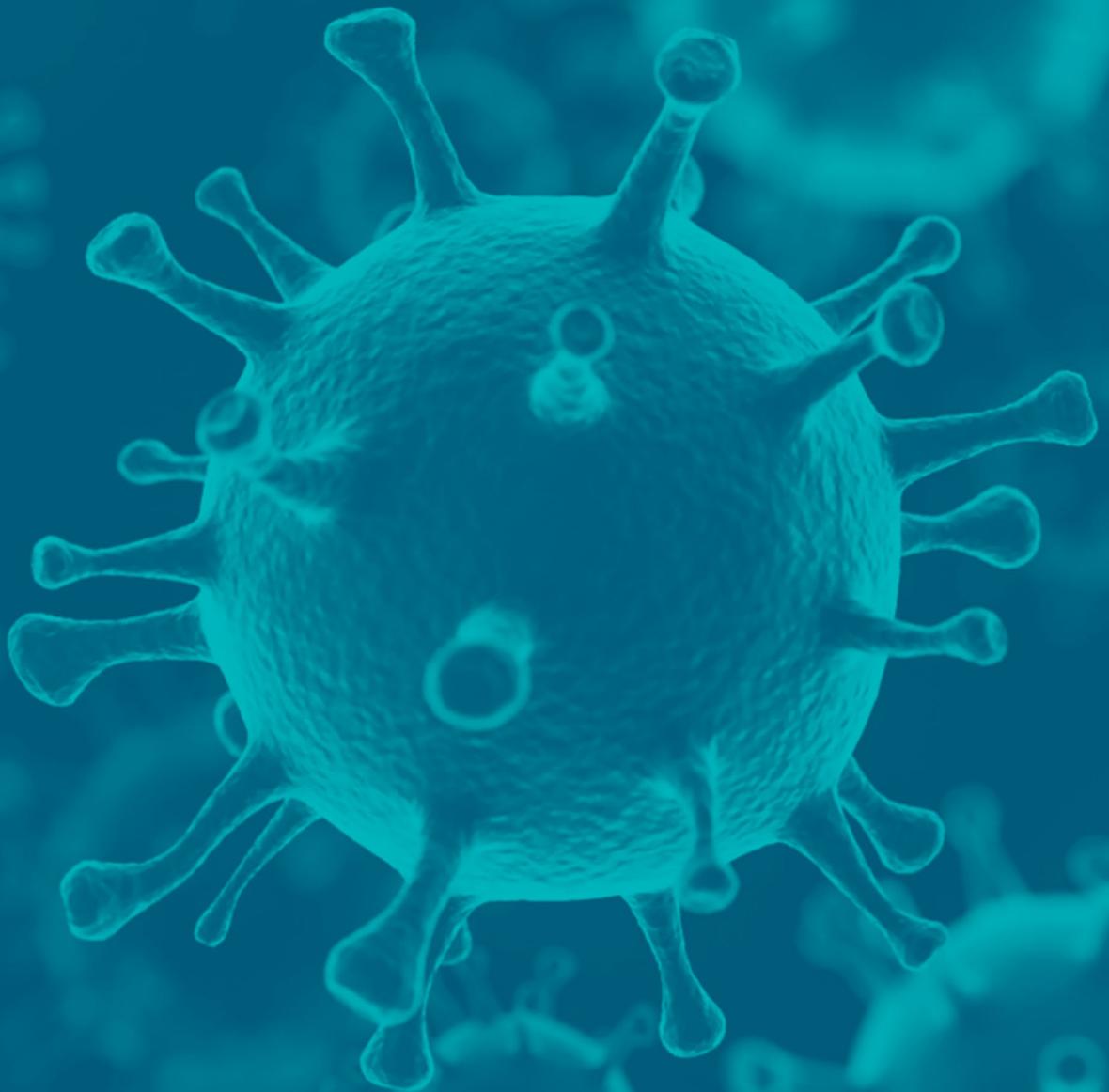


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Section 1

Introduction



This report details the findings of a survey of people's experiences of Direct Provision during the Covid-19 pandemic. It aims to provide a picture of what it is like to live in the Direct Provision system at this time.

While the Covid-19 pandemic has limited the choices we make in our lives, it has highlighted in new ways the problems of Direct Provision and further entrenched the lack of agency of people living in the system.

One of the strategic goals of the Irish Refugee Council is that the direct voice of people living in Direct Provision is heard and the experience of those affected is amplified. In this respect, it is the qualitative responses to the survey that are most striking and give a picture of what it was like to be in the eye of the storm at the height of the pandemic.

The most striking theme of responses was fear and trepidation caused by an inability to control what happened to them during the pandemic. Sharing essential living spaces exposed people to a greater risk of contracting the disease. Parental responsibilities and challenges increased. The Direct Provision 'daily expenses allowance' came under greater pressure. Concerns about the future of their protection application were heightened.

Meanwhile, the pandemic continues and Direct Provision and emergency centre accommodation, after nursing homes and meat processing factories, are particularly vulnerable to outbreaks as demonstrated by the outbreaks in centres in County Kildare. Issues and problems identified by respondents in this report still exist and are likely to do so for the foreseeable future. People living in Direct Provision, because they live in an at risk congregated setting through no fault of their own, also remain subject to significantly tighter controls around movement and quarantine than other members of society.

Despite the majority of feedback to the survey being negative, some respondents state that centre management helped them during this period and took extra steps to ensure their safety. The majority of respondents also stated that they had received adequate information about the pandemic.

Looking back on policy decisions made during the pandemic, it is hard not to come to the conclusion that there are two standards during the pandemic. One for the general public, where social distancing is encouraged and another for people in residential settings such as Direct Provision, where sharing of intimate space is implicitly accepted.

Blame for this lies in the past as much as the policy decisions of today. For too long, Ireland has deemed institutional accommodation settings such as Direct Provision as acceptable. One silver lining of the pandemic should be that congregated settings are no longer acceptable, except when strictly necessary.

The case for ending Direct Provision is more compelling than ever, and the recently agreed programme for government commits to ending it. We hope this report will be read by all policy makers involved as a salient reminder of the problems with the current system and the need to implement a new type of accommodation as soon as possible. Whatever replaces Direct Provision will also have to be, as far as possible, pandemic proof. We also hope this report will be a useful resource in any historical analysis or reporting on Ireland's experience of the Covid-19 pandemic.

This report was written and edited by Vikki Walshe and Nick Henderson, and designed by Eamonn Hall. The Irish Refugee Council are very grateful to Rethink Ireland for their support in preparing and publishing this report.

The report is dedicated to people living in Direct Provision, in particular to the men and women who played their part doing essential work during the pandemic particularly in nursing homes but also in hospitals and as cleaners and shop assistants.

I would also like to publicly thank the staff and volunteers of the Irish Refugee Council who have worked so hard during the pandemic. It is a privilege to work alongside them. Annex 3 of the report highlights some of the work the organisation has undertaken during the pandemic.

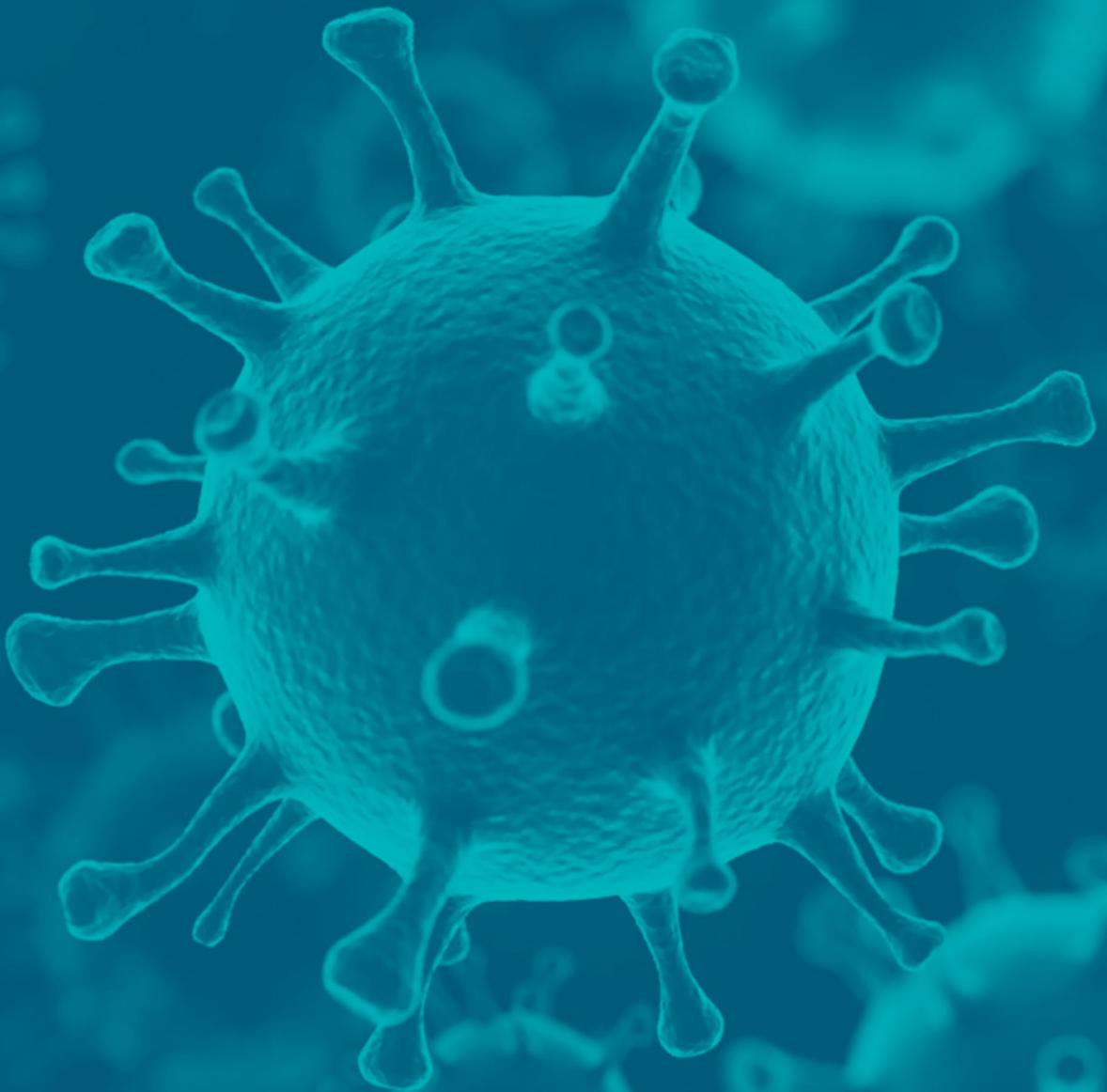
Nick Henderson,

Chief Executive Officer, Irish Refugee Council

August 2020

Section 2

Survey Methodology



The survey was established online using Google Forms. It was circulated to and completed by those living in Direct Provision through a network of people who use the Irish Refugee Council's services as well as other support organisations' networks. The survey was also shared publicly online via the Irish Refugee Council's social media channels for approximately two weeks prior to closing. It was not translated, due to lack of resources in translating qualitative responses back to English. However, in the introduction to the survey, a link was provided to Google Translate so that a respondent could translate any questions in to their language.

After identifying and eliminating 23 duplicate responses, there were 418 unique respondents to the survey. The number of people living in Direct Provision and emergency accommodation as of 26 May was 7,700. Therefore, approximately 5.4% of the population of people living in Direct Provision and emergency accommodation completed the survey.

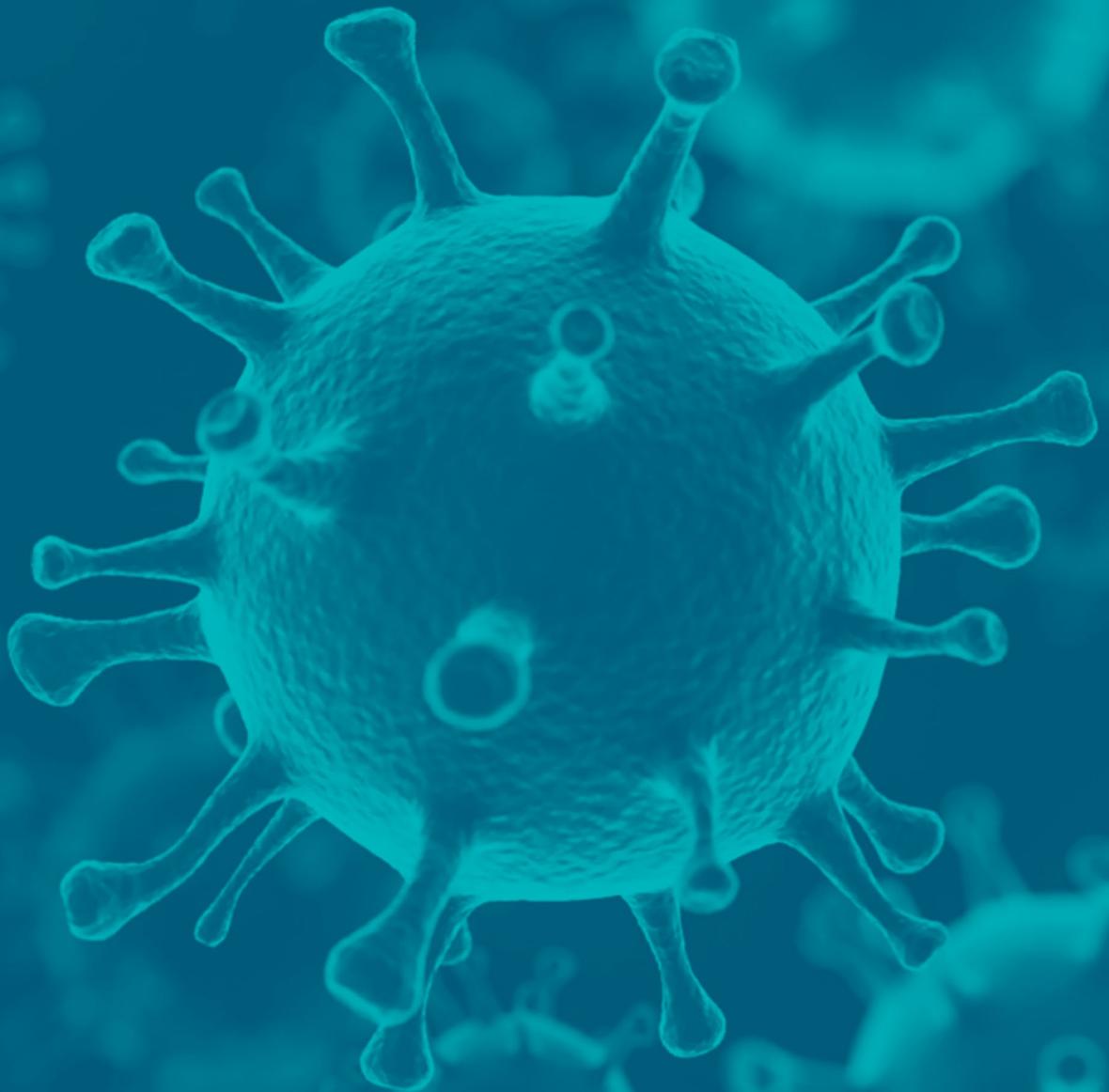
There were respondents from 38 Direct Provision centres, 22 emergency accommodation centres and three hotels that people were moved to during the pandemic. There are approximately 84 locations where people seeking protection are currently accommodated. Therefore, there were respondents from approximately 63% of all locations.

It is important to emphasise that, as a survey based on a relatively small proportion of the wider population, this report does not represent itself as a definitive representation of everyone's experience during the pandemic. In addition, the survey was live from 1 April to 7 June and people's experiences and situations may have changed during this time. For example, healthcare workers living in Direct Provision were given the opportunity to move out of their accommodation into temporary accommodation for the duration of the pandemic.

The survey collected both quantitative data in the form of responses to binary questions and multiple choice tick box questions and also qualitative data in the form of written responses. Any personal data contained in the quotes which would allow a person to be identified has been removed.

Section 3

Executive Summary



This report is broken down into five sections in alignment with the survey's key questions and responses; Safety and Space During the Covid-19 Pandemic; Mental Health, Stigma and Racism; Children, Schooling and Parenting; Supports and Recommendations. The report also contains several annexes. Annex 1 is a chronology noting some of the key dates relating to Direct Provision and the pandemic. Annex 2 are copies of key pieces of correspondence. Annex 3 is a summary of the work done by the Irish Refugee Council during the pandemic. Annex 4 is an overview of responses to social distancing and cleaning measures being implemented in Centres. Annex 5 is a copy of the survey itself. Some of the key report statistics are:

RESPONDENT NUMBERS AND LOCATION

- 5.4% of the population of Direct Provision completed the survey between 1 April and 7 June
- Respondents were from 63% of all Direct Provision and emergency centre locations across Ireland

SPACE DURING THE COVID-19 PANDEMIC

- 55% of respondents felt unsafe during the pandemic
- 50% of respondents were unable to socially distance themselves from other residents during the pandemic
- 42% of respondents stated they shared a room with a non-family member
- 46% of respondents shared a bathroom with a non-family member

WORK

- 19% of respondents who were working had lost their employment due to the Coronavirus crisis

THE DIRECT PROVISION DAILY EXPENSES ALLOWANCE

- 85% of respondents stated that the daily expenses allowance of €38.80 was not enough to live on

INTERNET CONNECTIVITY

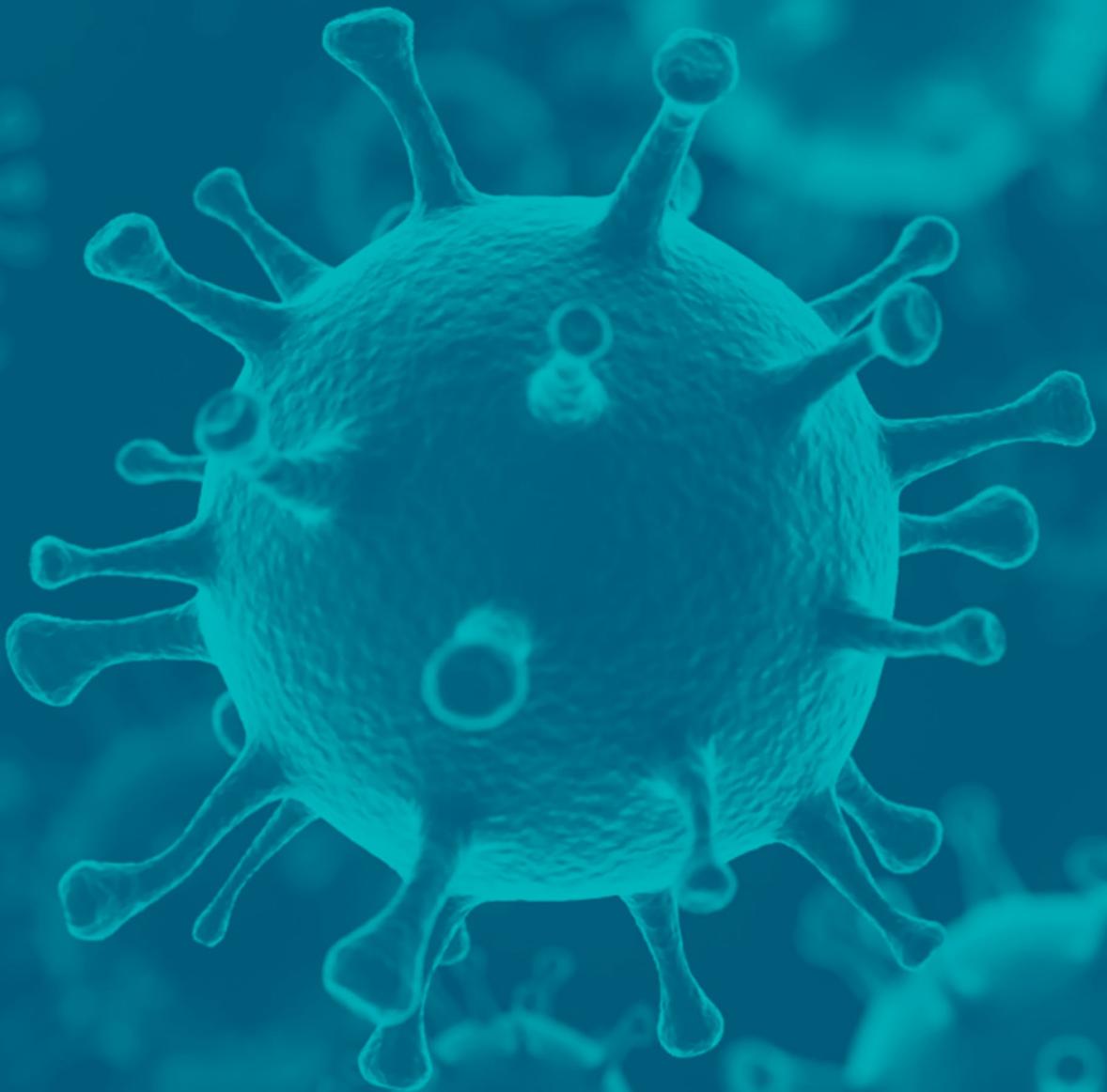
- 63% of respondents had access to a reliable WIFI connection

PUBLIC HEALTH INFORMATION

- 85% of respondents stated they felt that they had received enough information about Covid-19
- 78% have had access to sanitizer

Section 4

Safety and Space During the Covid-19 Pandemic



INTRODUCTION

The survey began by asking respondents if they felt safe where they were living during the crisis. Over half of respondents to the question, 55.7% of 396 respondents, stated that they did not feel safe. Several factors seemed to influence whether people felt safe, in particular the number of people they were sharing accommodation with and what type of accommodation they were in.

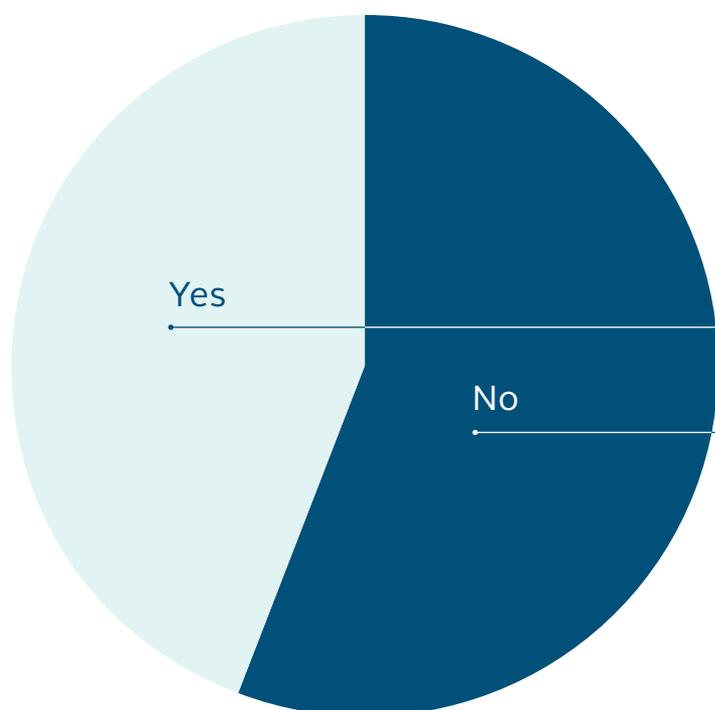
Respondents were asked to say where they lived, picking the location from two lists, one for Direct Provision accommodation and one from emergency accommodation. A greater percentage of people (55%) living in Direct Provision stated they felt unsafe compared to those in emergency accommodation (45%). This difference could be due to hotel style accommodation being more suitable for social distancing.

Respondents who felt unsafe were asked what made them feel unsafe and what concerns and worries they had. A lack of space that prevented them from being able to social distance was of most concern to respondents. In particular, the inability to keep up adequate social distancing of 2 metres between themselves and other non-family or household members in accordance with HSE guidelines. Just under half of respondents, 49.7% of 395 respondents, stated they were unable to 'socially distance' themselves from other people.

“No one is safe in Direct provision. We share kitchens, rooms, toilets.”

“It’s Direct Provision, we are sharing...what scares me is the fact we come last.”

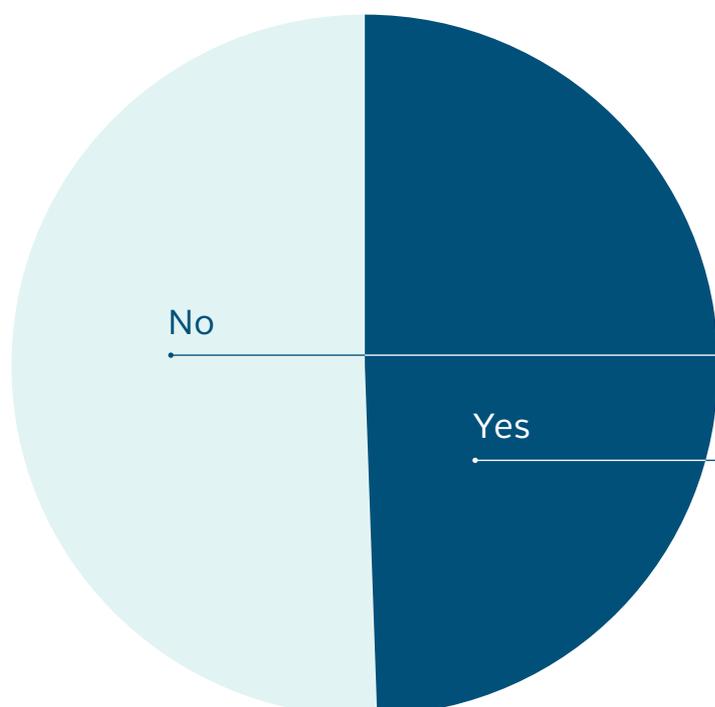
“This place is packed, people are coming in everyday and they bring them here and put us at risk of corona. I feel like our well being is not important to them. We share the same canteen, a lot of people share bathrooms and toilets. The truth of the matter is we are at risk of dying more than anyone else.”

**Question**

Do you feel safe where you're living during this crisis?

44.3%

55.7%

**Question**

Are you able to socially distance yourself from other people in your centre?*

49.7%

50.3%

* Social distancing means keeping a space of 2 metres between you and other people. We understand that this may not be possible in many Direct Provision centres.

“We live in a much crowded place, we have to share rooms (minimum three people) and toilets, we have a small shop downstairs that is too small, in the corridors there’s like a thousand doors you have to open before reaching your room. There’s no way you can stay in the room without going out, the cooking stations are far away from the rooms and you have to go outside to get to the toilet. It’s very hard to lock kids aged (3-11) in these small rooms.”

“We could only tackle this virus using social distancing but in the centre there isn’t any social distancing. Living [with] three / four people in the room is not [the] proper way to avoid this virus in my opinion. So staying [in] Direct Provision is not very good in this time because if one get the virus then it can be easily spread out.”

“Plenty [of] adults and children living under the same roof, people share a lot [of] facilities that may not allow proper social distancing. If one person gets infected it will be hard to control the spread no matter the measures taken.”

“Social distancing is impractical especially in the kitchen, laundry & dining place.”

“We are powerless, just sitting ducks waiting to die.”

SHARED BEDROOMS

42.1% of 391 respondents shared a room with one or more non-family member. Of the 223 respondents to the question about how many people they shared a room with, 39.2% shared with 1 other person. 36.5% shared with two people. 15.3% stated that they were sharing with 3 people. 5% of respondents stated they were sharing with four people. One respondent stated they were sharing a room with 11 people.

The number of people each person shared a room with seemed to have an influence on whether they felt safe. 71% of respondents who shared a room with three or more people felt unsafe compared with 51% of respondents who shared a room with one person feeling unsafe.

‘MOVE THE VULNERABLE OUT’ CAMPAIGN

From the beginning of the pandemic, many organisations and individuals campaigned for vulnerable people to be moved out of Direct Provision, highlighting the particular risk the pandemic posed to them.¹

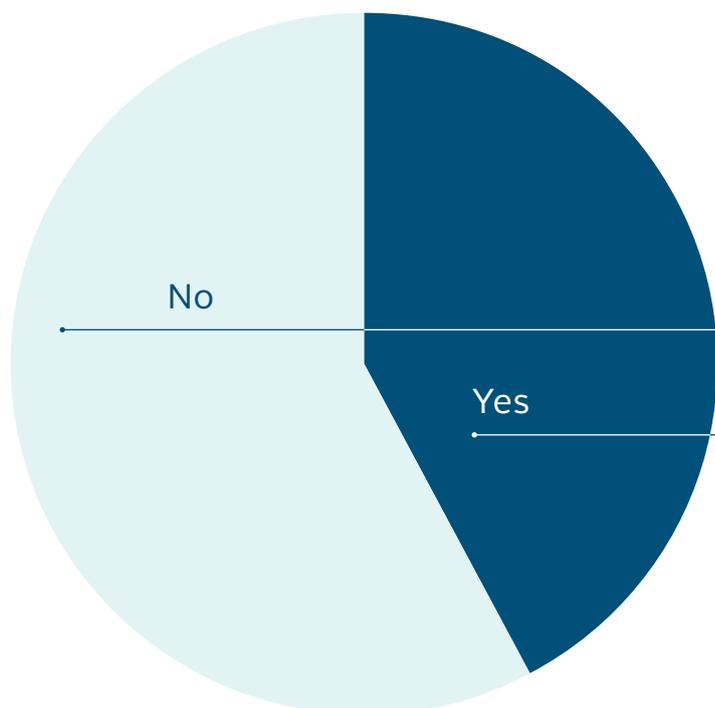
On 5 May, RTÉ reported that 1,700 people in Direct Provision and Emergency Accommodation were sharing bedrooms with non-family members. This figure accounts for approximately 22% of the total population living in the Direct Provision and emergency accommodation system. The Irish Refugee Council highlighted via a press release the direct contradiction between the fact that many people were sharing bedrooms with non-family members and the advice given by Ireland’s Chief Medical Officer, on 29 April at the daily press conference, that non-family members should not share intimate space.²

At the beginning of the pandemic, the Irish Refugee Council sought legal advice on the State’s obligations to people living in Direct Provision. Written by Michael Lynn SC and Cillian Bracken BL, the advice³ stated that these obligations include ensuring an adequate standard of living for people seeking protection and living in Direct Provision. The advice also states that the obligations include measures which guarantee their subsistence and protect their physical and mental health which includes the provision of single or household occupancy accommodation as an

1 See Irish Refugee Council, Nasc, [The Sanctuary Runners Press Release, Move the Vulnerable Out Now, 22 March: Movement of Asylum Seekers Ireland Press Release, Statement on the Irish government’s response to COVID-19 in Direct Provision, 27 March](#); social media hashtag: #movethevulnerableout

2 RTÉ, Concern over numbers sharing bedrooms in Direct Provision, Tuesday 5 May

3 See Annex 2

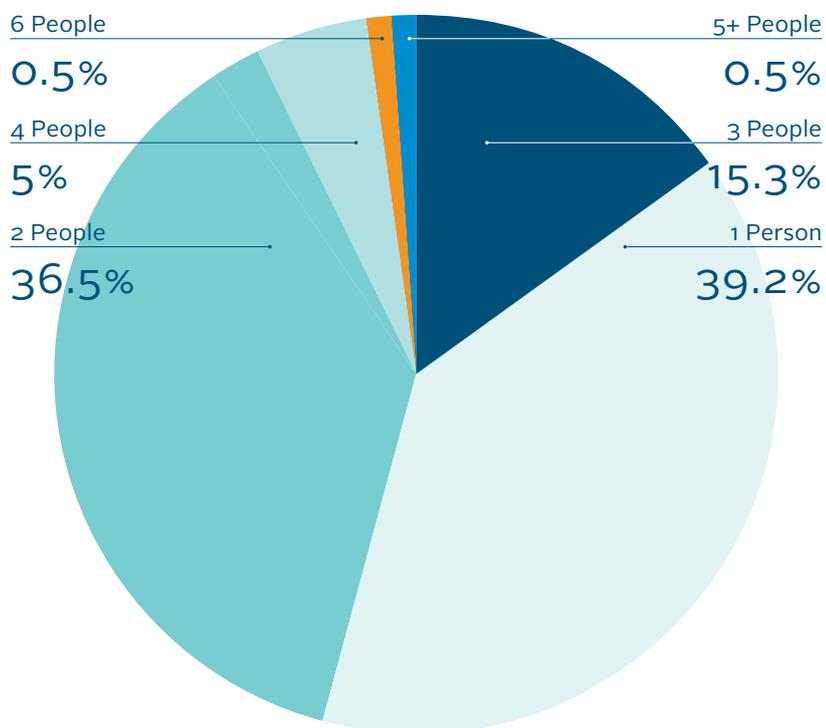


Question:

Do you share a room with a non-family member?

57.9%

42.1%



Question:

If you do share a room, how many people do you share with?

39.2%

36.5%

15.3%

5%

0.5%

0.5%

essential measure to ensure social distancing and to limit the spread of the virus.

The Irish Refugee Council sent this legal advice to the Department of Justice and Equality and the Department of Health on the 24 April.⁴ Minister Simon Harris' office responded that the matter does not fall under the remit of the Department of Health and directed the matter to the Department of Justice and Equality (as it was then named). The Department of Justice have not responded to the letter or the legal opinion.

During the week of 27 April, the Health Service Executive (HSE) National Social Inclusion Office stated that non-family members sharing a room in Direct Provision are deemed a household. The Irish Refugee Council criticised this guidance for two reasons.

Firstly, intentionally or not, it seemed a workaround to the statement made by the Chief Medical Officer, Dr Tony Holohan, at a press conference on the 28 April, who said if someone is sharing sleeping quarters with people who are not part of the same family, it is not possible to social distance. The consequence being that there is less or no need to obtain accommodation for people where they cannot socially distance themselves.

Secondly, it suggests that people of completely different backgrounds, languages and cultures are deemed to be a household. As the qualitative findings of this survey show, this assumption is flawed and does not reflect the reality of the situation for those sharing rooms with non-family members. Regular family households are able to exercise open communication and establish rules and ways of living in relation to Covid-19 restrictions and requirements for the protection of all. People sharing a room may experience difficulty in broaching the topic of necessary precautions with those they share a living space with.

The following testimonies also highlight the tentative situation those living in Direct Provision can find themselves in, predating the current crisis; sharing living quarters with relative strangers, some of whom have preexisting mental health issues and/or demonstrate abusive behaviour.

“Here we struggle because we share with different religions in our rooms, which comprises our staying and prayer sections.”

“I asked the management to give me privacy since I take sensitive medication and I’m sharing a room with a very abusive guy who gives me a headache time and time again... I’m not comfortable in staying with someone who has no respect and does whatever he feels like doing anytime. I try to self quarantine but he’s in and out as he wishes ... I’m in a state of giving up now and depressed.”

“I’m in the room with a colleague. Unfortunately he is a kind of person [who] seems to have problems with emotional control. He can’t stand still. During the day he goes out more than 15 times [and] can open the door more than twenty times a day and goes down in five laps. I try to stay at home and in my room to try to protect myself and protect him too. Unfortunately the other side does not cooperate so it’s difficult to find security.”

“We [are] crowded in a very small room. We are three but the room is very small for three people and my bed is next to the bathroom by the corner so there’s no ventilation. I’m always sick because of the lack of clean air to breathe.”

“The rooms are too small, the beds are very close to each other which makes it difficult for people to keep the social distance.”

“Living in [a] small room that is meant for 1 person sharing with some only a metre apart.”

“There are 3 of us in the room. You cannot keep social distance.”

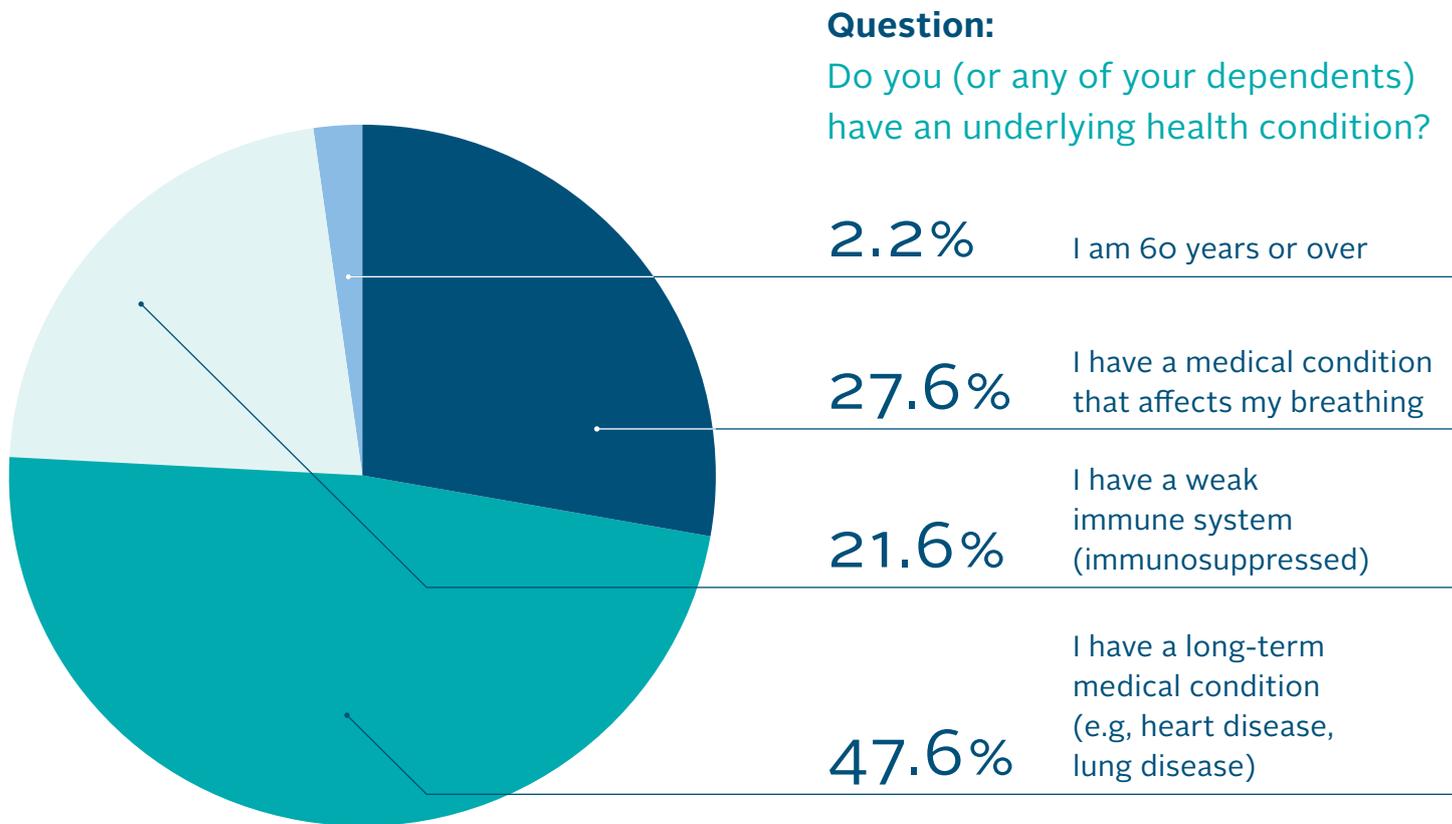
“Overcrowded room. 12 people in a room and no ventilation. Roommates were coughing badly and possible infections. In fact, I caught [an] infection from those coughing.”

“I am living in the Direct Provision centre for about 2 years and there are different problems in different hostels. But the main problems in the hostels are sharing rooms with other people and there are many problems in sharing like snoring, talking on the phone or watching television when another person is sleeping or opening the window when another person doesn't want it or not cleaning the toilet and room. Another problem is the Bunk Beds as it's impossible to sleep in a Bunk bed for many people because when one person moves during the sleep in the bed, the whole bed moves and another person wakes up.”

“If I could be moved to a place where both me and my kids can be in one house as my son is sharing a room with a stranger, it's so difficult for him. We need a place where we can cook for ourselves, my kids struggle with the food cooked in the hotel.”

Overcrowding and shared rooms was also a major cause for concern for those with preexisting health conditions. 135 respondents indicated they have an underlying health condition or are over 60 years of age, putting them at particular risk of severe complications or death should they contract Covid-19.

“The room is very small and I'm sharing it with 2 people. I am asthmatic and the doctors told me that my left lung has collapsed and I'm still waiting for the Respiratory specialist at the Hospital. It's very hard to breathe fresh air because my bed is closer to the bathroom so the other people are next to the window which is always closed. There's no ventilation at all.”



A number of respondents who were pregnant or supporting a pregnant person expressed their concern over conditions.

“I am pregnant and live in constant fear of being infected, as I have to go and use the shared kitchen, utensils and microwaves with 105 if not more other residents. I still have to go and crowd in the shop queue to buy food, social distancing is impossible in this place, the fridge is shared, safety is not guaranteed. My son has to constantly stay indoors as common living rooms aren’t safe. There is no information provided for me or any other resident on what will happen if we get infected.”

“It has been difficult for my pregnant wife.”

SHARED FACILITIES

As well as shared bedrooms, people living in Direct Provision share cooking, dining, bathroom, washing and laundry facilities with non-family members. Respondents highlighted not being able to adequately distance themselves when using these facilities.

“It’s easy for this coronavirus to spread as we are sharing toilets, kitchen and using the same bus.”

“We are so many in the centre, we go to the canteen for food, we use the same machines for laundry. With this we can’t keep social distances.”

“[We are] sharing the kitchen and laundry room with other residents making it difficult to maintain the 2m social distancing.”

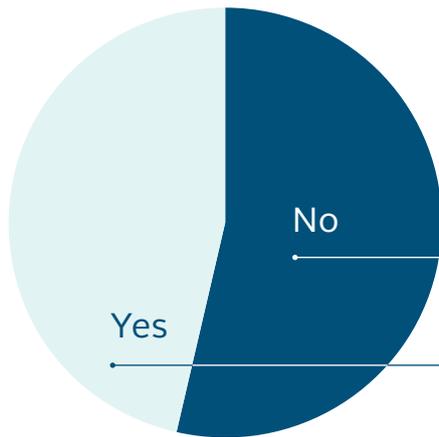
“[It’s] hard to practice social distancing in a DP [Direct Provision] setting, using communal kitchen and sharing rooms.”

“We use the same dining, laundry, lift etc. Nothing is personal and suitable for self isolation.”

“Social distancing is impossible in the kitchen and dining place.”

SHARED BATHROOM AND WASHING SPACE

53.5% of 392 respondents stated that they were sharing a bathroom and washing space with non-family members.



Question:

Do you share a bathroom and washing space with non-family members?

46.5%

53.5%

“We are mixing bathing with more than 20 people.”

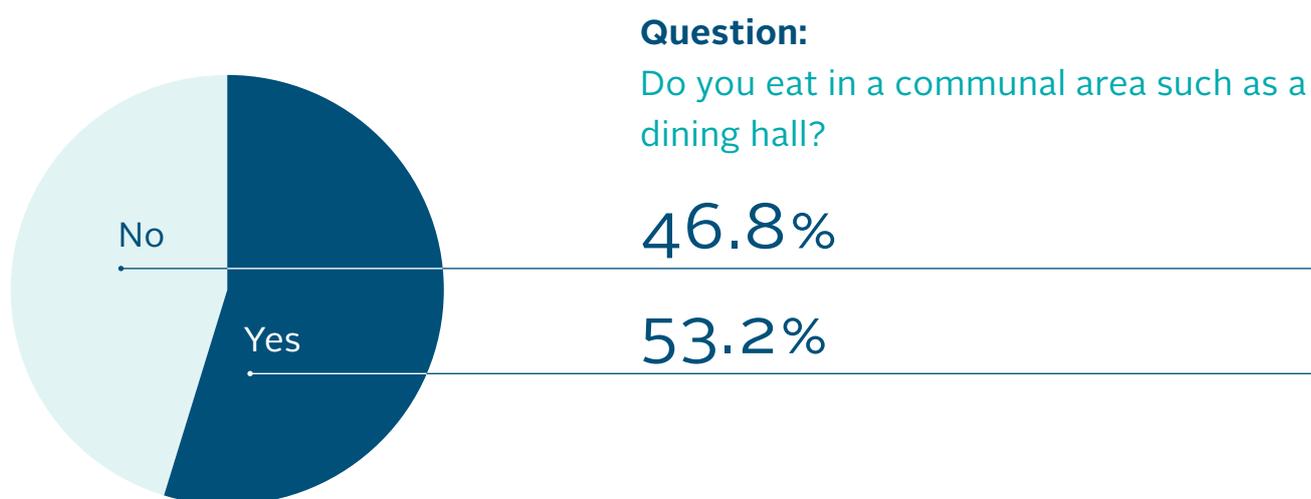
“Social distance and we share bathrooms and toilets.”

“I share bathroom with my roommate and kitchen with everyone.”

“I share a room, bathroom and a toilet with two other females and there is no social distancing between us. Also I am an essential worker.”

COMMUNAL DINING

Just over half (53.2%) of 396 respondents stated that they ate in a communal dining area with non-family members. 85.6% of 389 respondents, reported they were permitted to eat in their room.

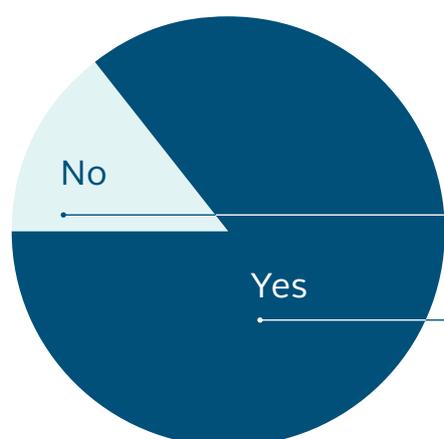


“We eat at the same dinner hall and there is no social distancing between us [because] it is a small hall.”

“We share the dining hall with 100 more people. The door to the dining is always closed, forcing everyone to touch it. The hand sanitizer is not always available. For tea we use only 1 urn, they removed all the kettles from the rooms so for tea everyone has to go to the dining and use 1 urn, even for milk and coffee so more than 100 people touch that urn everyday. We share cutlery and cups/glasses (which are hardly clean). They should put hand sanitizers in the laundry as well since it’s being used by everyone.”

“We eat in a dining hall with only 1 hand sanitizer, no basin for washing hands. The cutlery is provided in a large basin and everyone picks a spoon from there. Most of the hand sanitizers are empty, currently only 3 [are] working for over 100 residents. Our beds are not even a metre apart from each other. The hand sanitizers are only downstairs not on the corridors. No tape that shows the social distance 2 metres apart.”

“As long as people live in a building with a lot of people no one is safe. We share the kitchen. We try our best to keep to ourselves, cook when no one is in the kitchen but that is hard when it is shared between 6 families with 2 stoves.”



Question:

Are you allowed to eat in your room to avoid contact with people?

14.4%

85.6%

“The centre consists of 112 people who share the two microwaves provided by the centre and the cooking hours are short, which forces everyone to be in the shared kitchen at the same time hence hindering the social distance protocol.”

“8–10 people are using the same one cooker and cannot maintain two metres social distance. So it is a very worrying situation.”

“We are sharing the same kitchen with the same kitchenware, sometimes it’s hard to have social distance.”

“It is a very difficult time as I share accommodation with other people and it’s not easy to social distance, we share cooking and dining space. I live in fear that I might get the virus at any time.”

CONCERN ABOUT THE BEHAVIOUR OF OTHER RESIDENTS

Respondents expressed concern about the behaviour of their fellow residents. In particular, they felt they had no control over fellow residents’ irresponsible or risky behaviour.

“The staff do everything they can to keep us safe. [We] thank them for that. But people here don’t have a high sense of responsibility. So I don’t feel safe.”

“Despite protection measures taken by management, we still notice many unsafe behaviours from some people i.e. spitting in the ground, smoking in public, sharing lighters.”

“A lot of people don’t seem to be bothered about the virus.”

“Not all residents comply with quarantine and basic safety rules.”

“I do not feel safe because I am not sure that all residents comply with quarantine requirements. I have to use common areas: laundry room and dining room.”

“Too many people going in and out which might spread the virus.”

“Some of the residents don’t abide by the centre and health rules during this crisis, they leave the centre for days and weeks and come back to

the centre more especially on the weekends when there is no one from the management available. We were all given a chance to leave and not come back until this is over but people won't listen and I don't see any steps taken by management because those people are still here. They go and come back as they want to."

"It's a hotel fully packed with people. Even though we maintain social distance, we cannot be sure because all people use the same common areas on transit, lift, tea making area, food collection area. It's not a private property or house [of] which we have control. Not only for covid 19, even after I don't think I can have a healthy life here. I'm with my 3 year old kid and wife, I find it's very difficult living here."

"For us living here it's very stressful because we are all the time in contact with other residents because we need to collect food, we need to go to laundry which is outside and not all the residents are careful and keep the hygiene and the distance."

Respondents also expressed concern over the lack of control over the centre management's hygiene standards and the risk of staff or delivery personnel bringing the virus in to a centre.

"Our management sends people from outside to come check for things that are not important. This bring germs etc and increased chances of being infected as they roam outside, go room to room. [They] can be carriers and we don't have the right to say no. Please we are scared and don't want to die."

"The shop and office staff live outside the centre and I don't know if they are tested."

“The staff cooks our food, I haven’t stepped in the kitchen for 3 weeks because I don’t know if whoever is making the food is infected but not showing symptoms.”

“The staff going home and coming back scares me because I [can] stay at home and I know my movement [but] what if they contacted someone that has it in their various homes, how do I know? It’s really worrisome.”

WORKING RESIDENTS

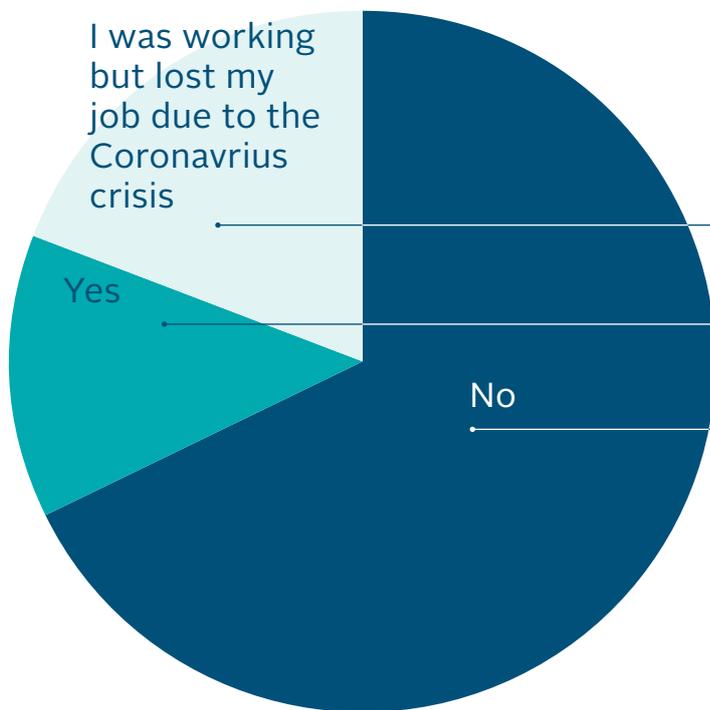
Another issue of concern to respondents was that of essential and frontline workers living in the centres who have continued working throughout the crisis. Of the 204 respondents that stated they were working, 21.2% were working in hospitals, healthcare or the care sector. Sharing living space with frontline workers was of particular concern to fellow residents.

“People are still working going every day and come back every evening, nobody checks them.”

“Some people are going to work in different places, they could spread the virus easily.”

“I share a room with two other people. One is a healthcare worker and at times goes to work. When she comes back we are not sure whether she is safe or not. We share the bathroom and the same living space. It’s hard to keep social distance in the same room.”

“I’m in a room with 2 other people so in total we are 3 in the room. The other lady I share with is a healthcare assistant, we all go out at times and we can’t restrict each other and anyone one of us could come with the virus at any time.”

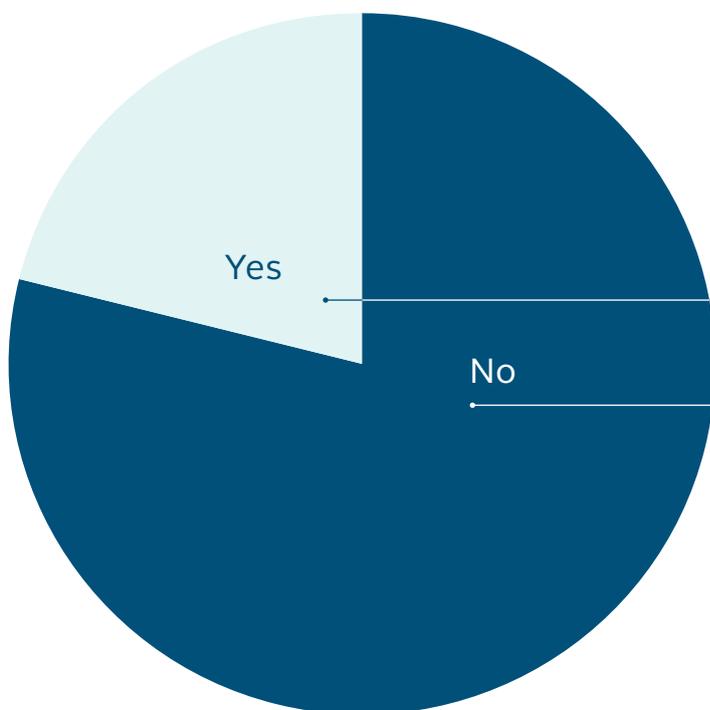


Question:
Are you working?

19.3%

13.0%

67.7%



Question:
If you are working, are you working in hospital, the healthcare or care sector?

21.2%

78.8%

“It’s overcrowded and my roommate is into healthcare and might contract it while at work and spread it to me or one of [the other] centre members.”

Frontline workers themselves were equally concerned that fellow residents might infect them and thereby put their patients at risk.

“We are 4 in the room, I work in Dublin and cannot rest because my roommates always make noise. They go out all the time and do not tidy up the room. I am a healthcare worker and I am scared that if one of us gets infected, the people I look after will be exposed.”

“I have asked to be relocated to Dublin but nothing is being done about my request. At this time when the country and community need me on the frontline, they are sending me further away. What about the vulnerable people who depend on my services? I am very worried. Mentally, physically, emotionally and psychologically I am exhausted because no one is seeing the big sacrifice I am making to serve my community. At this time so many healthcare workers have stopped working fearing the Covid-19 but I decided to stay on the frontline to give my services, why are they sending me away again? They keep on transferring me from centre to centre. I always reach the centre around 11pm due to the transport crisis, sometimes we get stuck on the road if the engine is faulty and we can wait for hours before another bus arrives to pick us up and at 4am in the morning I have to get up for my next shift. I have so many issues. We share the same bathroom, toilet and kitchen. We meet different people in the kitchen, what if someone is infected? My roommates don’t clean the bathrooms and sometimes we fight over cleaning issues.”

On 9 April, the Health Service Executive announced a temporary accomodation scheme for healthcare workers, and specified that those

living in Direct Provision Centres could apply.⁵ The Irish Refugee Council invited healthcare workers wanting to move out of Direct Provision to provide their details to them via an online form. They then directed them to the relevant accommodation contact in the Community Healthcare Organisation.

According to Irish Refugee Council records, 41 people had accessed HSE accommodation, two were offered accommodation that was deemed inappropriate, two had submitted their application to the HSE but were still waiting for a response, six had accessed accommodation independent of the scheme, 12 had stopped working and three had stopped working due to childcare issues. Experience of the scheme has been mixed, some users have had problems accessing cooking and laundry facilities, others have benefited from the space and privacy that the scheme has offered and that allows them to continue working safely.⁶

MOVEMENT OF PEOPLE DURING THE PANDEMIC

19 respondents had been moved to a temporary hotel or other location during the Coronavirus crisis. Some respondents raised concern over the experience in the new location, including issues around sharing bedrooms and food. One respondent, who was not sharing a room, said that having their own room made them feel safer and contrasted it with their experience in Direct Provision accommodation. 12 out of the 19 respondents said they felt safe.

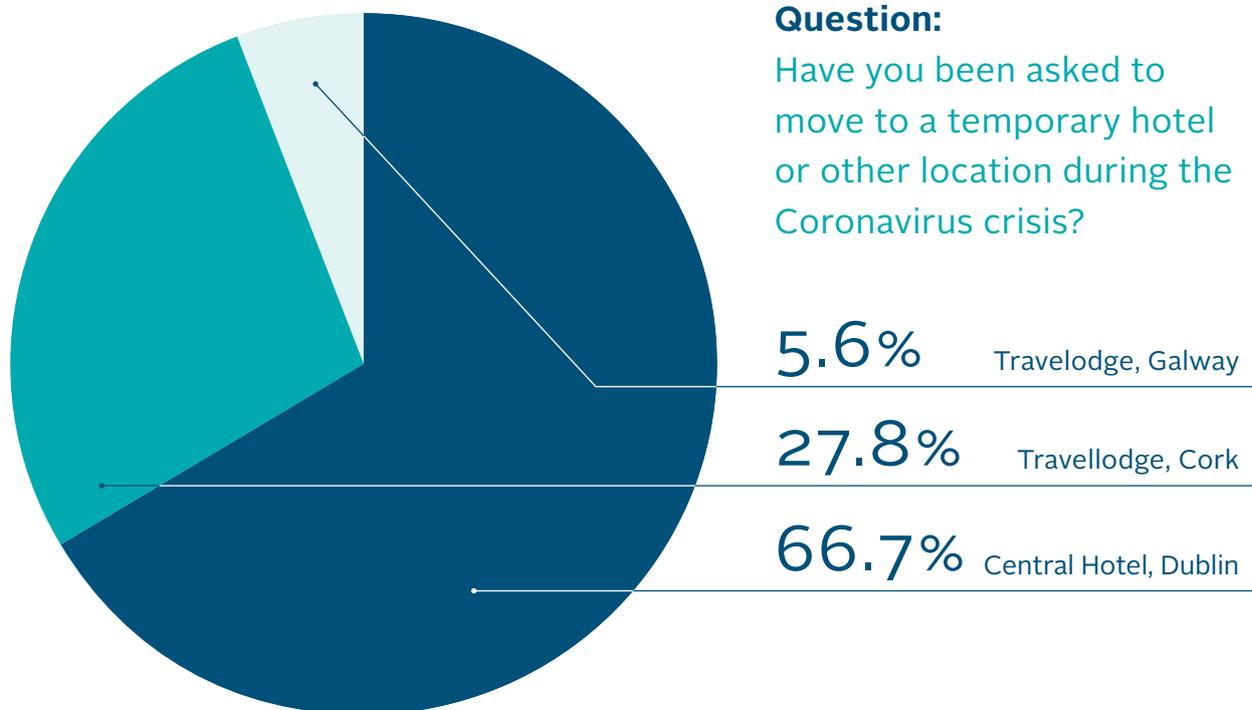
“I am feeling safe as I am for the first time I’m on my own in the room alone. And nobody stays with me. Because I am living in Direct Provision centre and always was sharing with others. But here for the first time I got a small room with a single bed. But I am afraid that they will change my room in the future and I will be in trouble again. As sharing a room is

⁵ [Health Service Executive, Temporary accommodation for healthcare workers during COVID-19](#)
⁶ See RTÉ News, Healthcare workers raise temporary accommodation concerns, 11 June 2020

the biggest trouble in the Direct provision centres. As there are problems of Bunk beds, talking on the phone or watching television when another person wants to sleep, busy toilet and so on.”

“This place is packed, people are coming in everyday and they bring them here putting us at risk of corona. I feel like our well being is not important to them, we share the same canteen, a lot of people share bathrooms and toilets. The truth of the matter is we are at risk of dying more than anyone else.”

“They moved people from the hotel and promised not to bring new people in the centre as they were creating space for isolation in case we had any cases but they are [still] bringing in new people to the centre. We are scared as we do not understand what is really happening.”



“People were moved out of the hostel for social distance purposes. You would expect that we would have a room to ourselves [but] that is not the case, I am still sharing my room with someone. The owners have only brought in the builders to refurbish the empty rooms while they pack people in 2 or 3 to a room. They might as well not have moved people out. It seems the management are using this to their benefit instead of the health and wellbeing of the hotel residents. The renovations are still on and no idea when it would end.”

“People have been moved to other centres but we still see new people coming into our centre. I thought the whole point of moving people was to minimise the number of people in hotels.”

“They keep bringing new people while in the centre, while we have been isolating already.”

“It’s absolutely terrifying not knowing where I stand, we were forced to move regardless of being in college and no information provided except threats that we will be homeless if we refuse to move. One can only live in peace by accepting that seeking asylum strips off basic human rights, we don’t have the power nor choice to direct our lives, the government does that for us. It wasn’t until now I realised as long as I am in the system the government controls my present and my future, regardless of how hard I fight. College is the only meaningful thing [that has] ever happened to me but right now in this town life seems hopeless with a blurry future.”

HYGIENE AND SAFETY IN CENTRES

Respondents were asked to state what protective social distancing and cleaning measures had been implemented in the place they were living. See Annex 4 for full data set of responses.



Of 398 respondents, 77.1% had regular access to soap and hand sanitizer, while 22.9% did not. When asked about their safety concerns, respondents expressed concern over the lack of personal protection equipment and hygiene provisions.

“They don’t keep the doors opened, don’t wash the dishes properly in the kitchen, the food is not good and not enough. Sometimes [there is] no water in the toilet, and [we are] sharing rooms which increases the danger of being infected.”

“We have not been provided PPE.”

“No hand sanitizer given to us.”

“No disinfectant in bathrooms and toilets [no] hand soap.”

“No soap in rooms, and sanitizer available only in common place.”

“Bathrooms and dining facilities still shared and very limited sanitising stations or provision of sanitisers.”

“As a mother I feel I cannot give exact caring for my child. [The] buffet food we give the child, I don’t know how clean it is. In this hotel there are more than 120 people and only around 10 staff. So they cannot maintain a good hygienic standard. We can easily identify [this] by seeing the table, floor, equipment etc.”

“There is not enough sterilization in the centre.”

“Even the laundry room has no sterilization.”

CENTRE MANAGEMENT RESPONSE

Some respondents expressed concern over their centre’s management response to the crisis and handling of positive Covid-19 cases. Concerns included a lack of information and transparency.

“I feel concerned that there is an isolation room with one person just opposite our room on the second floor. It would be best if the isolation room would be placed somewhere else, not next to the rooms of other residents.”

“There is no isolation room.”

“Now some of the residents are having Covid symptoms and nobody has helped them. No access to tests for covid because it’s not available and

GP prescribed just panadol for a resident that has been coughing for over 10 days and suffering from breathing problems. We feel we are just goods for IPAS and business people in Ireland. We are treated like Irish cattle, no human feeling by IPAS, HSE nor management of centres.”

“Negligence of the hostel operators which can lead to someone being sick here.”

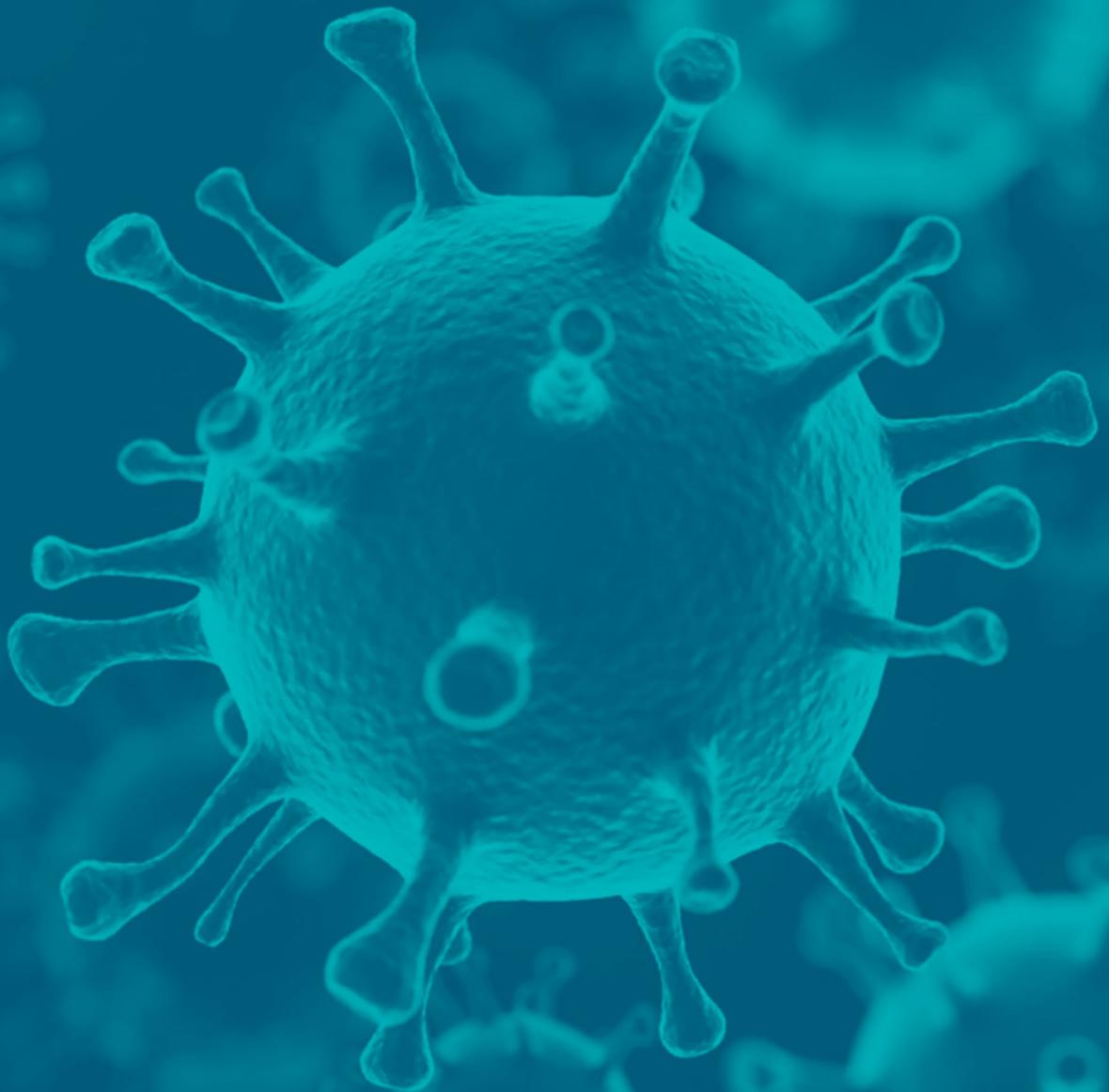
“There is no visibility from management about the number of cases in the centre, we see ambulances coming, a lot of rumors rounding between people.”

“No communication with managers about covid 19.”

“People having the wrong information about the pandemic which puts everyone in danger because of their ignorance.”

Section 5

Mental Health, Stigma and Racism



INTRODUCTION

The Covid-19 pandemic and the subsequent disruption and changes to our daily lives and society at large is impacting significantly on the mental health of the population. Initial research in April found that 51% feel the pandemic has had a negative or very negative impact on their mental health with mental health problems commonly cited including meaningful levels of depression, anxiety, post-traumatic stress and feelings of isolation and loneliness.⁷ In May, the United Nations report on 'Covid-19 and the Need for Action on Mental Health' highlighted that those most at risk were front-line healthcare workers, older people, adolescents, and young people, those with preexisting mental health conditions and those caught up in conflict and crisis.⁸

The preexisting burden of mental illness experienced by people seeking international protection in Ireland is disproportionately high; studies have found that those seeking asylum were five times more likely to be diagnosed with psychiatric illness than Irish citizens and six times more likely than refugees to report symptoms of PTSD and depression or anxiety due to the disproportionate exposure to post-migration stressors such as insecure residency and the denial of the right to work.⁹

The adverse impact the Direct Provision system has on the mental health of those seeking asylum has been exacerbated by the Covid-19 pandemic. Respondents to this survey reported experiencing increasing or returning mental health issues due to the impact of living within the Direct Provision system during the pandemic, compounded by incidences of stigma and racism. Respondents also mentioned that people in the local community

7 Researchers from Ireland (Maynooth University and the Centre for Global Health, Trinity College Dublin), Northern Ireland (Ulster University), Scotland (Edinburgh Napier University), and England (University of Sheffield) have released the first wave of the Irish COVID-19 Psychological Survey; a multi-wave study running throughout the COVID-19 outbreak to better understand how people are responding, understanding, and coping with the pandemic.)

8 <https://unsdg.un.org/sites/default/files/2020-05/UN-Policy-Brief-COVID-19-and-mental-health.pdf>

9 Bredin, Molly & Duffy, Richard & Crumlish, Niall. (2016). Refugees, the asylum system and mental healthcare in Ireland. BJPsych International. 13. 35-37. 10.1192/S2056474000001082.

perceived them to have Covid-19 due to the fact they lived in a Direct Provision centre.

“I have never experienced so much depression in my life!”

“Its depressing I feel traumatized, I feel not safe in [this] place.”

“My already appalling experience has worsened. I currently have mental issues.”

“The way people treat us like we are the ones spreading coronavirus, I am stressed and depressed.”

“The community did not treat us well.”

“When we [go] outside they think we have coronavirus.”

“People around outside don’t treat us nice, they say we bring the Covid-19. I am depressed, if they see you coming they will run.”

“I do not want to send my child to school here, we had a bad experience while the community rejected us saying ‘covid people’. [Threw us] out of the supermarket and told us not to come out of the building. It’s a stigma on us to continue here.”

“I have 4 kids...I am suffering because of the small house. I feel depressed because they eat and play in the same place. I am sick and tired, we are 6 in a caravan.”

“[It’s] traumatising and scary.”

“It’s an usual experience, very scary.”

“This situation is very difficult because we are living in one space. It’s depressing and claustrophobic.”

“It is overwhelming to be stuck in one room.”

“It’s the most difficult environment to be living in at present with this death threat looming over all of humanity. There is less peace of mind having to live in an institution where everyday is a challenge to survive.”

“My experience is so saddening. [There are] 22 Covid cases here. We cry out to be moved for safety in vain. I am still living in an infected room for my roommate tested positive of Covid. The local residents are scared of us we are in total lock down and not safe. I am always in a state of fear.”

“I just feel squashed, suffocated, at risk and neglected.”

“Stressful, depressing and so difficult.”

“It’s a difficult situation, living in fear.”

“The Coronavirus crisis is really heartbreaking, giving us depression. Hope God will intervene soon.”

“Traumatising. I am afraid I will die and never see my other children again. The thought of the possibility of dying and never to see them kills me each day.”

“Stressful and unsafe.”

“Very bad vibe here.”

“Inactivity and boredom are sickening.”

“We [are] living in constant fear.”

“I have been keeping myself in [my] room all time, I’m so worried.”

“Going through fear and stress when I tested positive for coronavirus.”

“It is sad. Totally sad. NGOs must cry out on behalf of Asylum seekers before we are treated with humane and dignity. It is so shameful.”

“Direct provision should be closed and people should get [a] house facility which is safe and good for healthy living & also for mental health.”

“We are very stressed with all this, for us it’s impossible to be in quarantine.”

“There is zero stimulation, we are going out of our minds with boredom. People are losing their patience.”

“Whatever that is happening in the world right now having to do with isolation this is how I have been living for the past 8months...the isolation of living in an environment where you cannot socialise, the way people are depressed now is how often I fall into depression and fear. I am in pain that I fear I might die soon and nobody would really know the truth about what happened.”

“It’s depressing I feel traumatized, I feel not safe in this place.”

“It is so hard for me because, I used to go to work as part of my stress management. I was trying to keep myself busy to avoid thinking too much about the delay or the slow Asylum system. But now I can’t go out, I can’t do anything, it’s like I’m back to that stress again and I’ve added another stress of this virus, I’m so depressed. Can’t even associate with friends,

no reliable Internet to socialise. There are no proper restrictions here in our centre about travel like other centres have done. It is good to say if you visit friends or work, in other words if you travel for unnecessary reasons, you must remain there until the end but people are still travelling to work and come back with the infection and pass it over to the roommates. There's no control over it, and it's really affecting some of us who have chosen to remain indoors."

"Lonely, depressed, no activities to begin with."

"I think living in a Direct Provision Center for a long time is cruel and very frustrating having a family ... It is worse in Corona Virus Time sharing the same kitchen breathing the same air in the tiny space with more than 30 people is insane. A father I thank the Irish government for all support but [it] is time in this situation to act more responsible with people sharing, the virus can spread quickly."

"Since I have come into Direct Provision, it has been not easy at all, very stressful. I came here for protection and am traumatised here as well. For now, I don't have pieces of [my] mind, I feel like am no longer needed in this world. I don't want to go anywhere, sometimes I feel like maybe am I dreaming? I am losing my mind here, keeping us for a long time without any answer (from the minister of justice), every day I am living in fear."

IMPACT OF THE PANDEMIC ON THE PROTECTION PROCESS

As well as concerns over their health and safety during the Covid-19 crisis, respondents were also concerned about the effect the crisis will have on the outcome of the protection process, in particular that an already slow process will be made slower. Some also stated that the pandemic had demonstrated the need to make the protection process quicker.

“The uncertainty of the future, whether you [will] be taken back home after all this horror or you’ll get permission to remain in the country or you won’t make it to see the verdict.”

“Our wish is for the government to take the opportunity and grant us all leave to stay including those on appeal so that we find our own accommodation, work and pay our taxes to help the state. We plead with the state.”

“It’s a bit difficult keeping yourself safe in the centres because life is so integrated in the accommodations. There isn’t a space for social distancing at all. I suggest that the asylum seeking process must be sped up so people will get permits faster so they could live by themselves to make it possible to prevent chances of infection in the near future. It is not safe in times like this in the accommodations provided.”

“We hope the government will grant us the leave to stay or proper documentation so that we can look for our own accommodate out of this centre.”

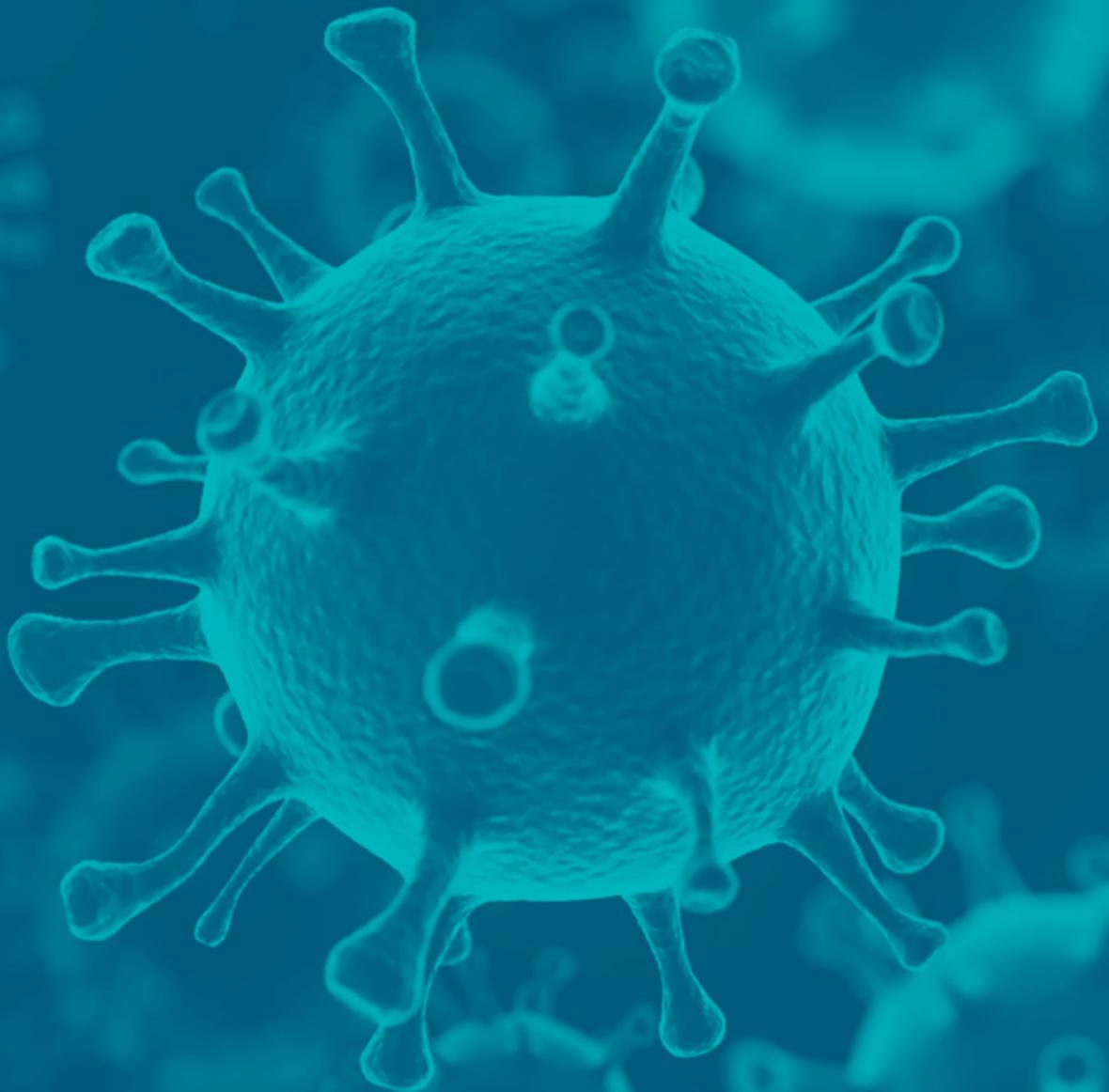
“This place is hell and I don’t wish it to the devil himself, it’s very hard to be in DP [Direct Provision]. We are facing corona and the Justice Department keep sending negative answers, can’t they wait and let us deal with corona first then they can send whatever they want. It’s so stressful to be an asylum seeker.”

“I suffer from many mental and health ailments because I have been suffering from being in the Direct provision centre for more than eight months now. My response to medication has become very difficult, which is reflecting negatively on my health and myself. Despite my urgent and innovative calls to several quarters, I did not receive any response and I am still suffering until now. What I urgently need is to get my papers from

the ministerial decision unit in the Ministry of Justice and Equality, with the recommendations received from the International Protection Office two months ago to date. My health is declining and deteriorating day by day due to that delay.”

Section 6

Children, Schooling and Parenting



CHILDREN AND EDUCATION

On the 12 March, the Irish Government announced that schools, colleges and other public facilities would close indefinitely in the wake of the Covid-19 outbreak. Since then, parents of school-going children have had to care for and support their children at home all day, in most cases without childcare, and asked to initiate some form of homeschooling by their children's schools. The situation for parents of children in the Direct Provision system is exacerbated by issues of space and overcrowding, internet connectivity and additional pressures that the system exerts on children.

54% of 381 respondents to the survey have children. 42% of 269 respondents stated their children normally attend school.

SPACE AND OVERCROWDING

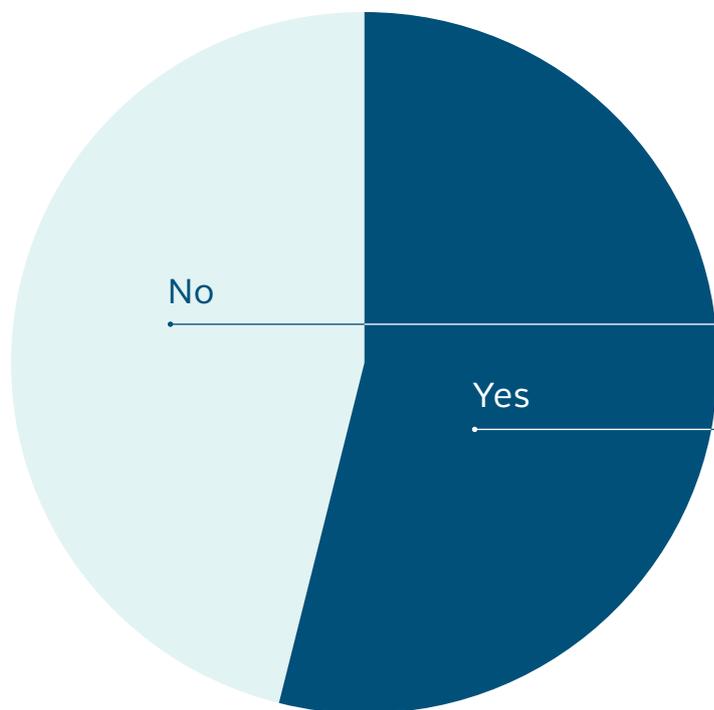
The physical, mental and psychosocial hazards of overcrowded living in Direct Provision centres is well documented, most recently in the report by the Ombudsman for Children, 'Direct Division'.^{10, 11, 12, 13} Families often share extremely confined spaces, occupying one single room in the case of two-parent families and share with numerous other families in the case of single-parent families. Children rarely have their own room and often experience overcrowding.

“It is very difficult for the children because they have to stay in one room the whole time, the three of us share one room. It is difficult for me to keep them happy at all times, one has to do phonics, one has to read so in one room, it's very difficult. I worry at times about how they really feel

¹⁰ [Direct Division, Children's views and experiences of living in Direct Provision A report by the Ombudsman for Children's Office 2020](#)
¹¹ [Ombudsman for Children Press Release, 20 years later Direct Provision, a temporary solution, continues – Ombudsman for Children, 13 March 2019](#)

¹² [Faculty of Paediatrics at the Royal College of Physicians of Ireland, Children in direct provision, 11 December 2019](#)

¹³ [Irish Refugee Council, State Sanctioned Child Poverty and Exclusion: The case of children in state accommodation for asylum seekers, 2012](#)

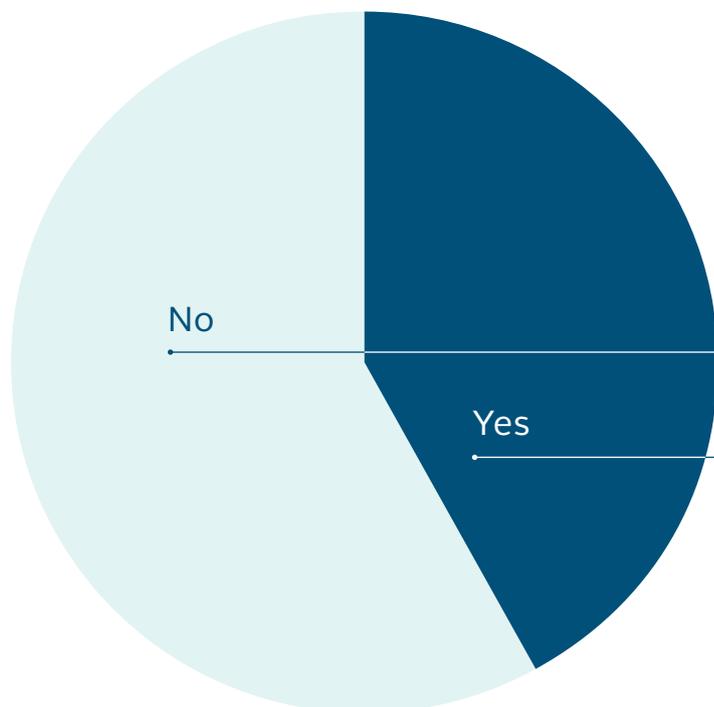


Question:

Do you have children?

46%

54%



Question:

Do your children normally go to school?

58%

42%

inside and at the same time there is nothing I can do. All I can do is to be strong for them even when all I want is to break down.”

“Now our children do not go to school and this is a problem for us, they do not receive education and can not study remotely because we do not have the opportunity to do so. It is impossible to organize training in one room where there are 4 people in a locked room.”

“It is overwhelming to be stuck in one room. Doing school work on beds.”

“Our 14 year old shares a room with us and has online classes. It is very frustrating for all of us as we need to give her space in the room and vice versa. We are cramped in our room and none of us have any privacy.”

“It’s hard entertaining them in a little room.”

MISSING SCHOOL

School, as well as being an educational resource, is often a welcome reprieve from the confines of living in the Direct Provision system; it is a safe space where children feel free to learn, play and interact with their peers and receive support and guidance from their teachers and other school staff members. With the indefinite closure of schools during the Covid-19 crisis, children living in the Direct Provision system have lost this space and the sense of normalcy and interaction that comes with it. This is having an adverse impact on their wellbeing and mental health.

“Not easy at all. My boy is always looking out from the window hoping that his teacher would come and get him.”

“We’re trying to make the best out of this challenging time. It’s hard for the kids to be away from school. There they get to be ‘normal’ and free and partake in activities that other kids do unlike being confined at a centre.”

“My children are finding it hard being at home all the time instead of school because they love it at school. They miss their school activities a lot.”

“They are finding this situation very difficult because we are living in one space. It’s depressing and claustrophobic.”

“She misses school and playing.”

Some families were moved out of accommodation in Dublin at the beginning of the pandemic and raised the impact on children of changing schools at short notice. Some respondents also raised the issue of having no access to printers.

“Our daughter has online classes and much of her work needs to be printed. We only have a laptop and used to use the library for printing. Access to a printer and perhaps a separate study room for her would be first prize.”

INTERNET CONNECTIVITY

Another impediment to education is the issue of internet connectivity. As most schools transitioned to online classrooms or learning resources, children and parents living in Direct Provision accommodation found it difficult to keep up with online classes due to poor internet connectivity and WiFi signal strength in their centres.

“We are having problem accessing internet as it is very slow and disconnects every 5 minutes.”

“Network it’s a very big problem in my house.”

“The network reception is bad which also affects the wifi.”

PARENTING ISSUES

Respondents were asked whether they are encountering any other parenting issues during the crisis. Parents of children living in Direct Provision, like parents across the country, are faced with the challenge of explaining the Covid-19 crisis, self-isolation and social distancing to their children. This situation is compounded by the nature of living in Direct Provision accommodation during such a crisis. Parents are concerned over a lack of space, overcrowding and mental health and well-being of their children, as well as their own..

“Trying to convince a 6 year old to stay indoors is challenging.”

“My children don’t understand why they have to be kept indoors, they can’t even play outside.”

“The child does not have enough communication with peers.”

“Yes it difficult to keep them motivated.”

“Yes it’s scary and kids are bored . Nobody comes to give some kind of encouragement or education apart from what we read or see on news.”

“This place is like a hostel where families are living with their kids, it’s not safe for the kids at all. The food is bad, just isn’t fit for my child who is a toddler. I don’t have any support here, I feel intimidated and insecure, no friends and no one to help me through this difficult time.”

“It’s difficult to explain to children about the pandemic, that’s a problem on its own but then not being able to sit out in the provided living rooms because they are overcrowded is even [more] stressful.”

“Being confined to a room since the beginning is affecting him and it’s hard to explain to him how dangerous it is going outside.”

“It’s not easy having to lock my children up in one room and they are just 2 years. They can’t go out to play or even in the corridor, it’s really stressful trying to entertain them.”

MENTAL HEALTH AND WELLBEING

Parents reported the adverse impact of the crisis on their children’s mental health and ability to cope due to the restrictions and limitations of living in the Direct Provision system. One respondent commented on the letter received from the Department of Justice and Equality about who would care for their child if they became ill. Others raised the issue of having to share a bedroom with their children, including teenage children.

“I have [been] over 4 years in direct provision. [The] first time I got scared in this country [is] when I got a letter from the justice department about the virus. They asked me who will care for my children if me and my wife got the virus. We don’t have people to whom we can trust to care for our children, every day is stressful for us. God bless all the world.”

“Staying in one room for weeks, it’s a terrible situation. A large family should live in a proper house where the kids can have a proper childhood, not in a single room. The situation is now worse as they have to be indoors because of the pandemic. As a mum, it’s hard to control the kids and still take care of myself physically and mentally.”

“Just the fact that it is most difficult to raise a child in a room and have to eat and sleep in the same area.”

“All I can say is being stuck in a single room like this in times like this is killing me mentally and emotionally.”

“I’m stressed and frustrated because there’s no breathing space, as a single mother I share one room with two kids.”

“Living with my family and I am pregnant with my second baby in only one room is difficult under normal circumstances so let’s imagine how it can be at this tough time. My daughter wants to play and she can’t, everything has changed. Coping also with my mental health issues I have had before is not easy at all. Anyway we are trying our best and hope everyone is safe for now. We know the best thing is living and isolating ourselves in a proper house but at the time this is what [cannot] be done at all.”

“We’re on top of each other and familiarity breeds contempt.”

“My child is very depressed as we can not protect ourselves from the virus. We are now forced to drink bathroom water as we are prohibited to use the kitchen after meals and not allowed to have sneaks in our rooms.”

“Yes, most of them [children] are in depression about this location and conjunction.”

“My child is depressed about it. He doesn’t sleep at night.”

“My children have gone back to being anxious and tearful.”

“They are locked in a single room for over 3 weeks now. They are going bananas. Mental health is compromised. Showing signs of distress living in one room.”

“Yes my son is concerned about the way we are leaving here. He is very depressed as they were taught about coronavirus at school.”

“There are many problems, we don’t have resources for children to keep them busy, [it’s] really hard to keep children in a home. They are getting aggressive day by day. This makes us [very] depressed.”

“My child needs a doctor because she has a problem in her ear, so she needs to go to the doctor every year. She is 13 years old, we are sleeping in the same room.”

Parents were also concerned about issues regarding the lack of provisions, hygiene and food.

“Shortage of diapers as we are not able to go to town and [not enough] hand sanitizers in the house.”

“Not getting enough points to buy food and snacks for the whole week.”

“We don’t have enough snacks and food is not allowed in our room.”

“I have to give the baby cold food, no access to the kitchen (microwave) or they only leave hot water and milk outside the kitchen.”

“Food [is a] problem, eating the same thing everyday.”

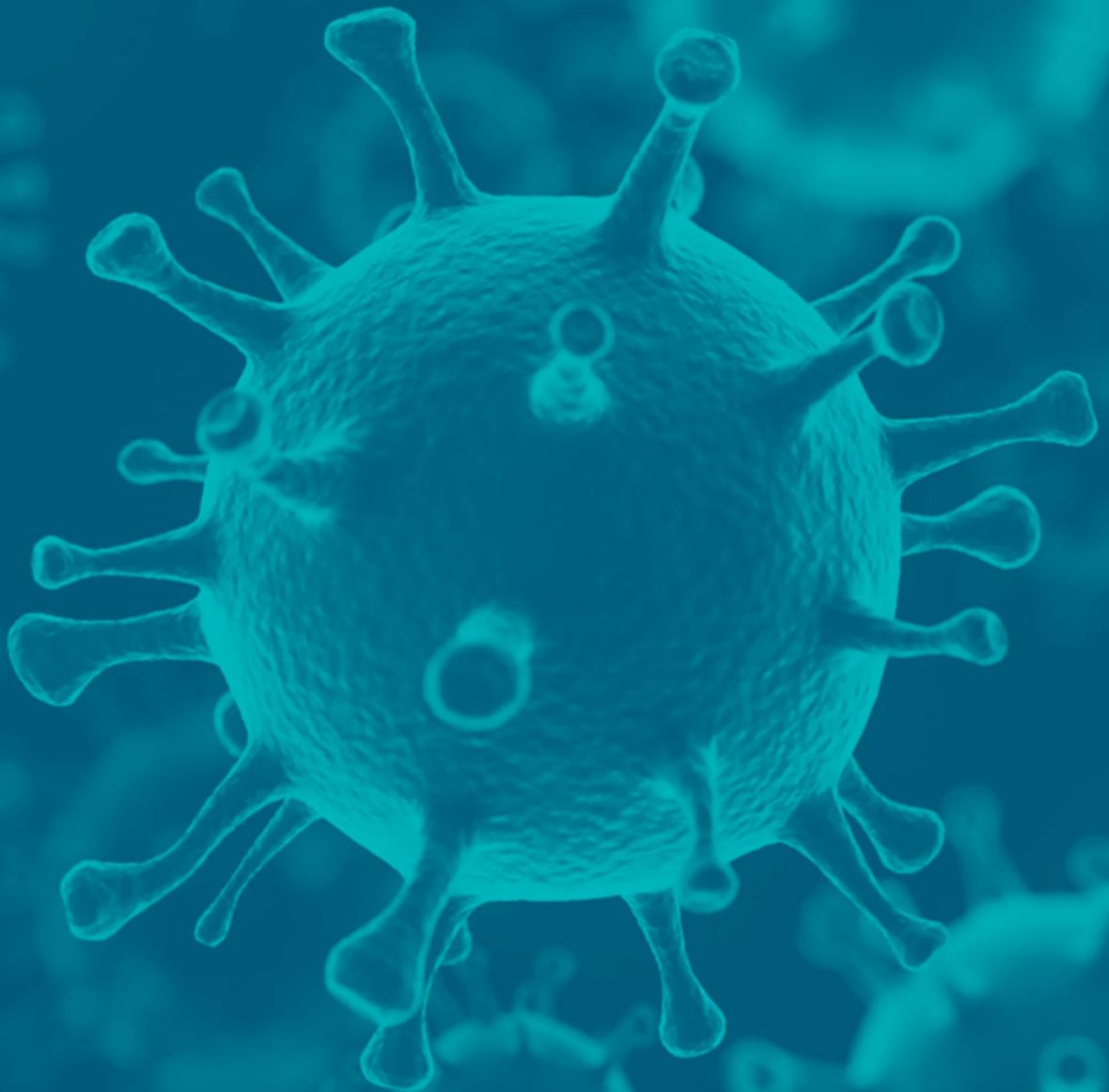
Some parents expressed concern over their children’s welfare should they, as a parent, become ill.

“Just the worry of I am a single parent I can’t afford to get sick.”

“We as parents are afraid if one of us gets infected our baby will get infected as well. [It] is very scary what can happen in the situation that we are in.”

Section 7

Supports



INTRODUCTION

This section details support and assistance and a lack thereof, affecting those living within the Direct Provision system during the pandemic, including the Direct Provision centre's management and centre shops, the daily expenses allowance and external support.

DIRECT PROVISION CENTRE SHOPS

The majority of Direct Provision centres have an independent shop within the centre which supplies basic groceries and essential items for residents. When asked if there were any issues with their centre's shops, some respondents reported positive experiences with their centre shop's management including enforcement of social distancing measures and creation of a delivery and collection service to minimise risk to customers.

“They try to put signs and marks on the floor to keep the distance at the shop.”

“They are doing their best by delivering food rather than we go collect for ourselves.”

“Staff bring the items to the rooms.”

“They created a delivery system so we don't have contact with personnel.”

“We make a list and they deliver to your house apartment.”

The remaining respondents highlighted concerns around the lack of provisions and suitable items, lack of adequate social distancing measures and hygiene, the extra expense of centre shop items as well as unhelpful attitudes and rules of the centre shop's management and staff.

Lack of Provisions

Respondents detailed the lack of access to food and hygiene and sanitation items essential for personal protection during the Covid-19 crisis.

“The shop has been out of stock with the basic necessities like food, potatoes, hand washing gels, sanitizers, drinking water and many more essentials.”

“Lack of items such as daily food or occasionally rotten chicken meat.”

“Often food is out of date, forcing people to go into local shops to buy food.”

“Sometimes they don’t have certain items which is very stressful.”

“Shortage of basic food commodities.”

“Sometimes products like chicken are separated into small amounts of chicken legs and put in a plastic bag. We don’t know the way they do it and we don’t feel safe from the hygiene techniques.”

Social Distancing

Respondents reported an inability to social distance due to the size of the shop and a lack of enforcement of social distancing measures by shop management as well as adherence by fellow resident customers.

“They just allow two people inside at once. But all I am saying is every individual in the centre enters that shop and not everyone takes this Covid-19 seriously, putting people at risk.”

“[The] shop is very small. It’s nearly impossible to keep a 1-2 metre distance”.

“[The] shop only opens for 15 hours in the whole week. People form long queues which makes it difficult to social distance. People have to pass when we are in queues and they do not maintain 2 metre distance.”

“They are not supplying hand wash in order for us to buy [which causes a] problem of queuing at the same time.”

“My big concern is about space. This room does not allow more than two metres [from] another person.”

Shop Centre Prices

Respondents reported the extra cost of basic items in their centre’s shops as compared to regular market prices and having to spend their weekly allowance on cleaning and hygiene products.

“The prices are very high and it’s difficult to buy the essential things each week.”

“Things are [more] expensive than in any other shop out there.”

“I recognised that we have some raised prices for the products. Even they are double priced compared with other shops.”

“Everything is overpriced, more expensive than normal grocery shops.”

“I do not have enough points to buy products and hygiene products.”

“We have a shop but we have points, very few for 4 people. [My] small child is 10 months but she already started a normal meal and she only has 15 points in a week and her supplement milk costs 12 points which she needs every week as well.”

“If you buy food today, tomorrow it will [cost] 2 points if you come another day it will be 3 points or more.”

“We feel isolated, there’s no access to buy other essential needs. We

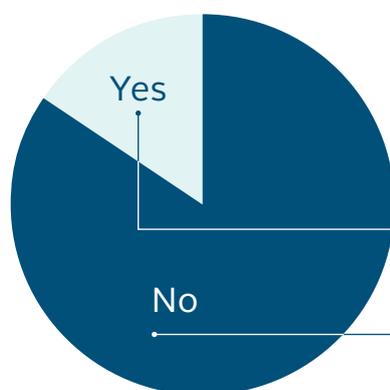
spend so much on cleaning agents and paracetamol. There's no access to hospital."

"We have a shop in our Hotel where we buy the products. My family and I do not have enough points to buy products in our shop, what we have is enough for just 3 days and I am forced to go to another shop in the city to buy products, soap and everything that we need, that is not safe."

"The management protected themselves only. We are supposed to call them, not through their reception window, email them for groceries but we have asked for doors to be left open, that didn't happen. I have to open 4 doors when going to collect my groceries and I don't want to touch anything."

SUFFICIENCY OF THE DIRECT PROVISION DAILY EXPENSES ALLOWANCE

Adults living in Direct Provision receive €38.80 per week to cover their daily expenses, children receive €29.80. 84.6% of respondents stated this weekly allowance has not been enough to live on during this time of crisis. Some respondents also raised the fact that the weekly allowance was low and therefore meant that they had to shop more frequently, putting them at increased risk.



Question:

Has your weekly allowance of €38.80 been enough to live on?

15.4%

84.6%

“I am depressed and stressed and social welfare allowances is not enough. €38.80 is not enough is better €50 it can help during this pandemic.”

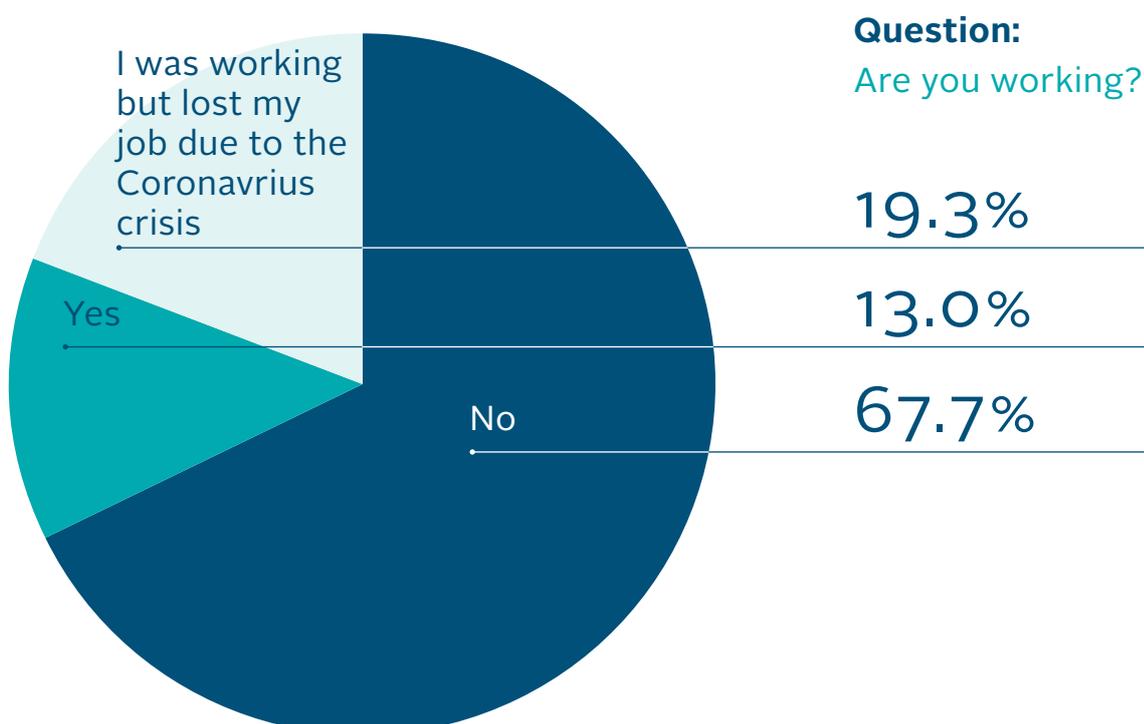
“The only thing that bothers me is that I do not have enough points to buy products and hygiene products.”

On 6 May a letter, signed by 40 organisations, was sent to the Department of Employment Affairs and Social Protection requesting a €20 increase to the weekly allowance for the duration of the pandemic.¹ The letter highlighted that over 1,600 children live in Direct Provision, that many would normally be at school and that parents are facing increased expenditure as they try to provide for and support children living in lockdown. An increased spending on cleaning items, medicine and food, mobile data was also raised. This request was refused by Minister Regina Doherty.²

LOSS OF WORK DUE TO COVID-19

19.3% of 400 respondents lost employment due to the Covid-19 crisis. The Covid-19 Pandemic Unemployment Payment was not made available

¹ See Annex 2
² See Annex 2



to people living in Direct Provision. The Irish Refugee Council wrote to Minister Regina Doherty three times requesting that the payment be made available to people living in Direct Provision but no response was received.

SUPPORT, ASSISTANCE AND INFORMATION DURING THE PANDEMIC

Respondents were asked what, if anything, had supported them during the Covid-19 pandemic. Responses ranged from centre management staff, to external support organisations, physical activity, faith and their studies. Some respondents were critical of centre staff.

Support from Direct Provision Centre Management

Direct Provision centre and emergency accommodation management and staff was cited in some instances as a source of support during the crisis.

“The great tremendous team of staff we have in our centre has kept me going.”

“The hotel manager has been very good to me.”

“The Administrator in my centre helped me with my monthly medication refill.”

“Management are excellent.”

“I think our managers are really good and are trying their best to inform us about the Coronavirus, I personally appreciate their effort.”

“Since I moved [centre] I have had no bad experience during the Coronavirus crisis. I really appreciate being here and all measures taken, I feel safe to be here.”

“[They] have been professional & gone the extra mile to protect us residents.”

“The centre staff here have been very good with informing us on the virus and with trying to keep us safe. My mom is over 65 and they check on her regularly and offer to cook for her. I feel very safe here.”

“To be honest it could have been worse but I have been taken care of by Ireland and I am happy. The care I’m receiving would not have been the same if I was in my home country. Thank you Ireland as a whole.”

“Was awesome. I feel safe and I am pleased with our management team and whoever has helped us with anything. Thank you so much for the concern.”

“I must acknowledge that the management of my centre is doing the best to protect us from Covid-19.”

“I am happy with the set up in our centre, the staff is extra nice and helpful.”

“They do assist, even call the ambulance.”

Lack of Support from Centre Management and Staff

A significant number of responses provided reports of no support, misinformation, mistreatment and interpersonal conflict with centre management and other support staff.

“Not much. Just hotel management shouting orders at us.”

“There is no stimulation and we just sit around all day waiting for this to be over. There is nothing offered in the centre or community.”

“If you [make] any mistake [the manager] always calls the Garda as a weapon, when she talks to people she uses the F word and she’s a racist and people are scared of her. Her behaviour is not acceptable, she needs to be removed.”

“No, nothing at all. It’s everyone for himself/herself, God for us all. We live in fear. No welfare officer. The welfare officer is only an office based officer. She does nothing for us but instead intimidates us. She uses her narrow views to deny us so many privileges designed to help us.”

“Yes on the 21st of March we were told if we have family or friends we can move in with them for 14 days then we can come back but we [have] just been informed we [are] not allowed to come back any more. I lost my bed not even allowed to take my stuff as I have medication in my bags as well.”

“Departments are releasing measures, doing transfers carelessly without seeing the family, individuals and healthcare workers. They want to do their job and go home.”

“No mental support given.”

“When you raise a complaint to management you become an enemy.”

“The management seems to be ignoring my pleas.”

“There is zero stimulation, we are going out of our minds with boredom. People are losing their patience. The food has been disgraceful. Management is far from sympathetic, we are made to feel guilty for asking for basic human rights. We are cut off from the rest of society with zero transport options.”

Support and Assistance from External Organisations

Respondents cited external organisations, agencies and support groups as a source of the supporting during the Covid-19 pandemic. These included the Irish Refugee Council, Sanctuary Runners, Movement of Asylum Seekers Ireland (MASI), Doras, Refugee and Migrant Solidarity Ireland (RAMSI), Tusla, Ruhama, Longford Youth Centre, New Horizons Athlone, Killarney Immigrant Support Centre (KASI), LGBT Ireland, Guide Clinic, Mayo Development Company in Ballyhaunis as well as individual and community support.

Support provided by these organisations, individuals and communities included distribution of hygiene and sanitation products (hand sanitizers and gels, soaps and disinfectants), Personal Protective Equipment (masks and gloves) as well as peer and mental health support, medical guidance, technology and, in some cases, assistance in securing accommodation.

“Sanctuary Runners gave us some sanitizers, soaps, etc.”

“MASI group brought some hand gels, soaps and gloves for residents and the centre also provided the hand sanitizers and gloves by the corridors.”

“Help with some supplies (soap) from the Longford Youth Centre.”

“Many individuals and NGOs really supported us. Likes of Masi, RAMSI, Doras etc.”

“Yes we have a NGO, Natalya always supports us does her very best she with Tusla.”

“Support groups like New Horizon and Irish Refugee Council etc.”

“I do art, and I talk to my psychologist online every Thursday. I am in contact with my LGBT peer support group (LGBT Ireland) online also.”

“I had support from someone from the community that brought baby nappies and food for my daughter. And also a support from the Irish Refugee Council that topped up my phone to be able to get data and connect to do an online study programme as we have very poor wifi connectivity here.”

In some instances, the Irish Refugee Council has assisted people who had been made homeless after being denied re-entry to Direct Provision accommodation during the strictest phases of the pandemic response roadmap.

“I had lost my accommodation due to the mistakes of management in the hostel because I was away for one night and the management had given me permission in the first place but the next day they called me [and said] that I lost my accommodation due to the new rules of IPAS. But Irish Refugee Council helped me and they gave me accommodation again.”

“Irish Refugee Council supported me because I was sleeping rough outside and had no accommodation.”

Personal protection equipment (PPE) was reported as a support in itself, giving respondents a sense of security and agency over their own personal protection efforts.

“What has been supporting me [is] regularly using my mask and washing hands.”

“I was working as a Healthcare assistant and we were given the PPE to protect ourselves, so when I stopped, I had remained with some of

the gloves and Aprons that have helped me since the beginning of the lockdown due to this virus in Ireland until they're finished. I'm just worried about where to get them again because we don't even have access to the Masks and Gloves, we're using tissues now to open the doors and our scarves to cover the mouth and nose when we go outside the rooms. We're just trying hard on social distancing and the use of hand sanitisers."

INTERNET AND INFORMATION

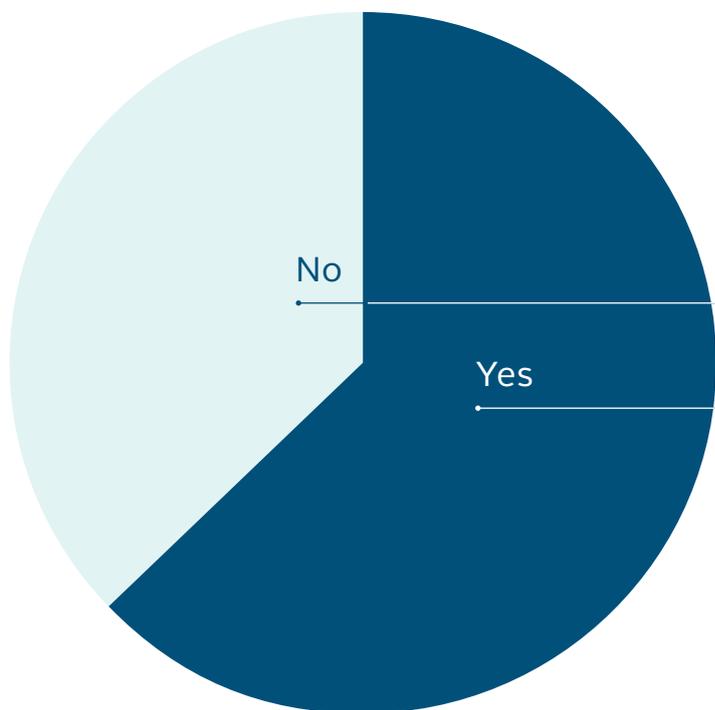
63% of 401 respondents stated they had access to a reliable WiFi connection, while 37% experienced issues with internet connectivity.

"Really trying to cope with the current situation and Internet problems are not helping."

"The major problem is the inability to have access to wifi in the room which is very poor, the connection to wifi in the room is not strong enough, sometimes we find ourselves on the stairs to get hold of strong network connection."

85.1% of 397 respondents feel they have received enough information about Covid-19 and how to stay safe, while 14.9% felt they have not. Online news was cited as a significant support regarding instant and easy access to information and media reporting on Covid-19 and safety measures. The social engagement and entertainment element of ICT was also reported as a form of support.

"Reliable WIFI in my centre has really helped me during this period because it enables me to be up to date on issues concerning the Coronavirus pandemic."

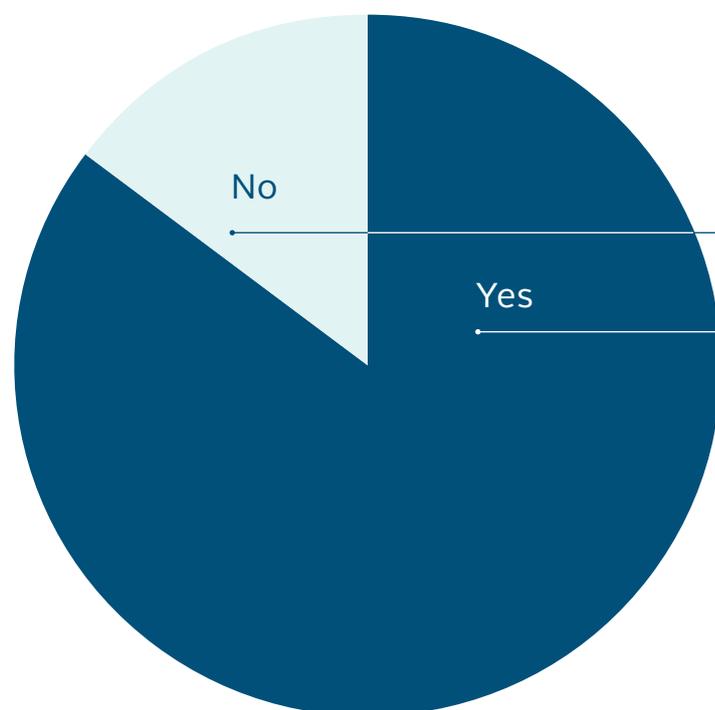


Question:

Do you have access to a reliable WIFI connection?

37%

63%



Question:

Do you feel you have received enough information about Covid-19 and how to stay safe?

14.9%

85.1%

“Reading the internet on what I should do to protect myself from the virus.”

“RTÉ news, Irish Refugee Council Facebook page, Sky News and DRP and computer.”

“Following reliable information via local stations and live broadcasts from government.”

“I got support from Ruhama. I didn’t have a smartphone to be able to reach out to my teachers and classmates. But I received a smart phone from Ruhama a few days ago which has helped me stay connected and gotten more information about the virus.”

“My phone, being able to entertain myself in my room. Available information on the crisis at hand.”

“In my accommodation, we have constant information on staying safe to protect ourselves and others who may be at high risk.”

Social Supports

Family, friends, fellow residents, faith-based and educational support were cited widely by respondents as being highly supportive, especially the ability to connect with people online.

“My family and friends are looking for information about my health. This has given me a lot of strength.”

“Our pastor has been sending motivational messages and scriptures.”

“I’ve also been getting spiritual and emotional help from church.”

“The children’s teachers have been sending materials and links of activities to educate and entertain the kids.”

“My friends and a few people in the community.”

Other supports mentioned included personal positivity, daily exercise, nutrition, medical support as well as workplace support for those that continued to work. Some respondents reported they were not able to take exercise.

“Keeping positive... Hope”

“Going out for runs & exercises.... Physical exercise”

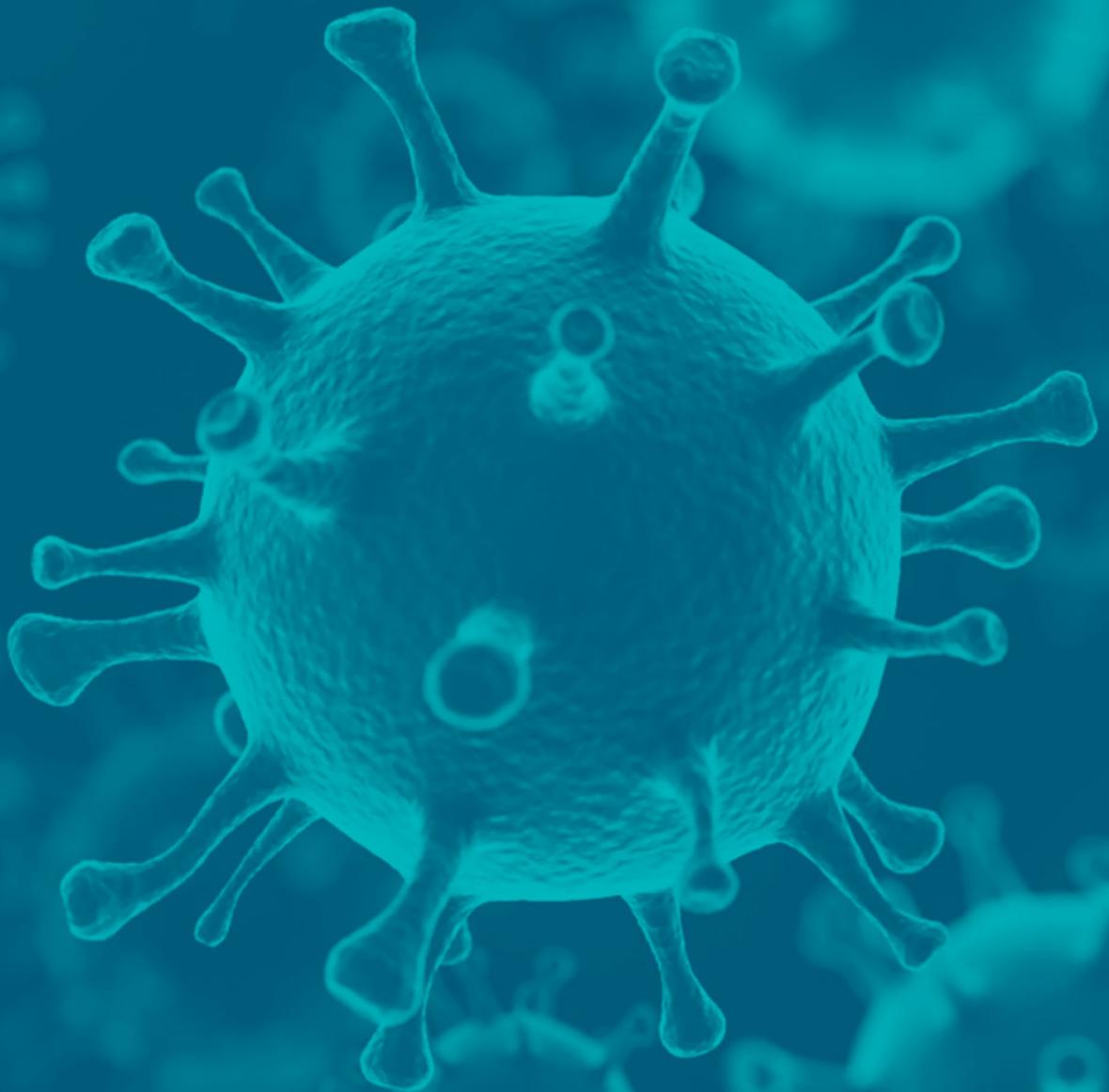
“Frequently using ginger, lemon, garlic, vicks, hot water, etc”

“My workplace... My GP”

“It’s very tense as kids cant go outside to play as usual and I can’t jog outside because am Asthmatic”

Section 8

Recommendations



PROVISION OF SINGLE OR HOUSEHOLD OCCUPANCY ACCOMMODATION

- The pandemic continues and will do so for the foreseeable future. Direct Provision and emergency centre accommodation, after nursing homes and meat processing factories, are particularly vulnerable as demonstrated by recent outbreaks. At least 1,600 people remain sharing bedrooms. The legal advice received by the Irish Refugee Council is that obligation on the Irish government is to provide single or household occupancy accommodation as an essential measure to ensure social distancing and to limit the spread of the virus.
- **Recommendation:** Ongoing review of Direct Provision accommodation with a view to ending shared living space with immediate effect in order to decrease the risk of the virus spreading.

ENDING DIRECT PROVISION

- The commitment to end Direct Provision in the programme for government is very welcome and is a highly significant step in the campaign to end Direct Provision.
- **Recommendation:** While Direct Provision cannot end overnight, the Government should meet its target of delivering a white paper by the end of 2020, at the very latest.

CLOSURE OF THE SKELLIG STAR HOTEL, CAHERSIVEEN AND REVIEW AND CLOSURE OF OTHER EMERGENCY LOCATIONS

- As the recent hunger strike demonstrates, the situation in the Skellig Star Hotel remains intolerable. The recent statement of Minister Helen McEntee TD is very welcome.
- **Recommendation:** The Skellig Star Hotel is closed as soon as possible and residents are moved out. Other emergency accommodation locations, such as the Central Hotel in Milton Malbay should be urgently reviewed.

REVIEW OF THE GOVERNMENT'S HANDLING OF COVID-19 AND DIRECT PROVISION

- The Department of Justice has received much criticism of its handling of Direct Provision during the pandemic, including from the Irish Refugee Council. Simultaneously, we know that Department staff worked extremely hard in difficult circumstances. As the introduction states, blame for the Government's handling of the crisis lies in the past as much as the present. The Direct Provision and emergency accommodations system, tolerated by various different political parties, is completely inappropriate for a pandemic: congregated settings of different forms in 80 plus locations many without adequate supports. Nevertheless, as the Cahersiveen situation demonstrates significant errors have been made.
- **Recommendation:** A constructive internal inquiry in the Department of Justice's and wider government's handling of the pandemic with a view to forward looking recommendations .

UPDATED TESTING STRATEGY

- A copy of the HSE's testing strategy is contained in the annex.
- **Recommendation:** Update and review if necessary the testing strategy for Direct Provision. Changes to this strategy should also be communicated to people living in Direct Provision.

EXTEND AND CLARIFY THE TEMPORARY ACCOMMODATION SCHEME FOR HEALTHCARE WORKERS

- While the introduction of the temporary scheme was very welcome, beneficiaries of the scheme have had different experiences. In addition, on current guidance, people in the scheme who want to return to Direct Provision accommodation must quarantine for 14 days which will affect their ability to keep working.

- **Recommendation:** Extend the scheme and issue updated guidelines for people using the scheme and allow for changes of location or provision of support if necessary.

PERMISSION TO REMAIN FOR HEALTHCARE WORKERS

- People in the protection process who have worked in healthcare settings have been part of a wider, national effort of all our essential services.
- **Recommendation:** Grant permission to remain to all people in the protection process, who are unsuccessful in their refugee or subsidiary protection application, and who have worked in the healthcare sector during the pandemic as a recognition of their work and contribution to Irish society.

PANDEMIC UNEMPLOYMENT PAYMENT

- Several months have passed since the Pandemic Unemployment Payment was introduced. It is likely to continue until April 2021. The reasons given by the Department of Employment Affairs for not allowing people living in Direct Provision have been criticised as being possibly unlawful. The Taoiseach's announcement on 4 August that Direct Provision residents will be treated the same as any other citizen in terms of social protection supports when it comes to COVID-19 is very welcome, however clarification and more detail is necessary.
- **Recommendation:** Retrospectively allow people who live in Direct Provision and who lost work due to the pandemic to apply to the Pandemic Unemployment Payment.

INCREASE THE DIRECT PROVISION DAILY EXPENSES ALLOWANCE

- People living in Direct Provision currently receive €38.80 per week through the Daily Expenses Allowance. As the results of the

survey demonstrate, this allowance is insufficient in covering the additional costs people are encountering due to the nature of living with this pandemic, putting them under severe pressure. Some of these additional costs and issues include: parents facing increased expenditure as they try to provide and support children living in lockdown; increased spending on essential hygiene and cleaning items; increased spend on medicine; increased spend on food.

- **Recommendation:** An increase of at least €20.00 to the daily expenses allowance for both children and adults for at least the duration of the public health emergency.

VULNERABILITY ASSESSMENT:

- Despite being a legal obligation since transposing the Reception Conditions Directive in to Irish law in 2018, no vulnerability assessment is in place. One of the consequences of this was that, during the pandemic when people were being moved, there was little data that the Department of Justice and Equality could use to identify vulnerability.
- **Recommendation:** Implement a vulnerability assessment as soon as practicable, as required by law.

DIRECT PROVISION, QUARANTINE AND THE PANDEMIC:

- People living in Direct Provision, because they live in an at risk congregated setting through no fault of their own, remain subject to significantly tighter controls around movement and quarantine than other members of society. For example, a resident who is absent from the centre one night or more without notifying the manager will not be permitted to return to the centre and will have to formally apply to IPAS to be re-accommodated. This will include a required 14 day quarantine period in an appropriate isolation location.

- **Recommendation:** Relax the rules for people living in Direct Provision, where possible, to allow people to move with the same ease of someone living in wider society.

CONTINUE TO ENSURE ACCESS TO THE PROTECTION PROCESS:

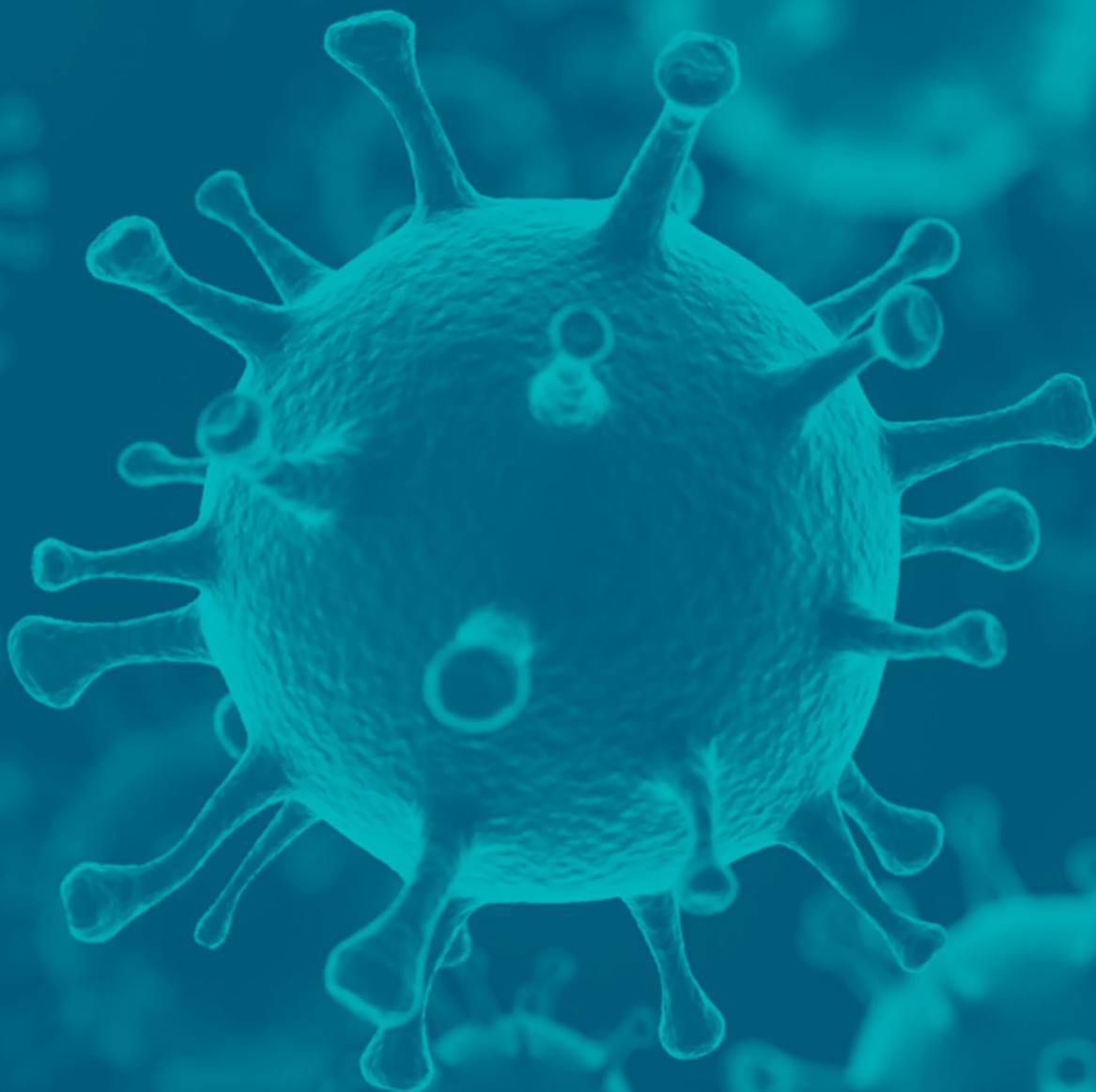
- Applications for protection in Ireland have plummeted during the pandemic. 221 people applied for protection in March, April and May in 2020 compared to 1086 in the same months in 2021. A terrible human rights consequence of the pandemic is that people fleeing persecution have not been able to leave their country due to curtailment on travel. Experience of the Irish Refugee Council is that people who have tried to apply for protection during the pandemic have been given access to the procedure.
- **Recommendation:** Continue to provide access to the protection procedure to people applying for protection and follow UNHCR's guidance on access to the protection process during the pandemic.

RESTARTING THE PROTECTION PROCESS

- As respondents articulate in this report, another consequence of the pandemic is that decision making processes slowed or stopped completely. Delays have long afflicted the Irish protection process. As noted above, fewer people have been applying for protection. While this is of concern, it does give decision making bodies like the International Protection Office and the International Protection Appeals Tribunal the opportunity to work through a back log of cases.
- **Recommendation:** Where possible and safe, continue to re-start decision making processes.

Section 9

Annex 1 - Chronology of Key Events

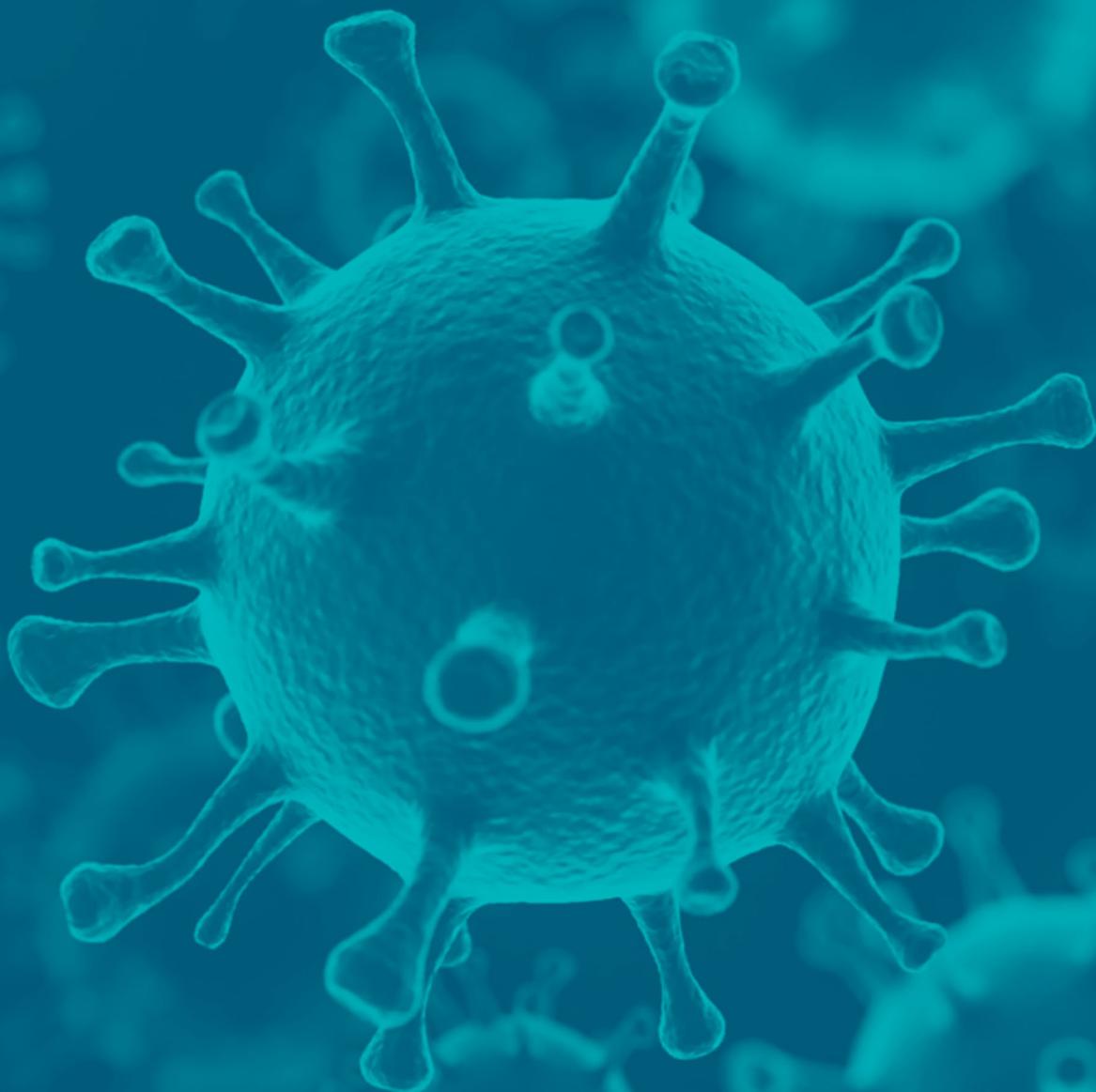


- 12 March** Taoiseach Leo Varadkar announced the closure of all schools, colleges and childcare facilities until 29 March
- 22 March** Irish Refugee Council email to Minister Flanagan requesting vulnerable people be moved out of Direct Provision
- 31 March** Open letter from 200+ academics to the Irish Government about open social distancing and Direct Provision
- Department of Justice announce more than 650 new beds secured to 'facilitate greater social distancing & isolation where necessary'
- 9 April** Announcement of Health Service Executive Temporary Accommodation Scheme for healthcare workers
- 15 April** Health Protection Surveillance Centre guidance on homeless and other vulnerable group settings published
- 23 April** Ombudsman annual report on Direct Provision published
- 24 April** Irish Refugee Council letter sent to Minister Charlie Flanagan enclosing opinion of counsel
- 28 April** Statement made by Chief Medical Officer that sharing a bedroom with non-family members does not allow for required social distancing
- 28 April** Irish Refugee Council letter to Bernard Gloster, CEO of Tusla, raising concerns about child protection in Direct Provision during Covid-19
- 30 April** 62 cases of Covid-19 in Direct Provision
- 6 May** Joint letter to Minister Regina Doherty, Department of Employment Affairs and Social Protection, requesting increase in daily expenses allowance of €20

- 8 May** Irish Refugee Council letter to Dr Colm Henry, Health Service Executive on testing strategy for Direct Provision
- 8 May** Joint letter from 30+ organisations and individuals calling for Skellig Star Hotel in Cahersiveen to be closed
- 11 May** Irish Human Rights and Equality Commission make statement on Direct Provision and Covid-19
- 15 May** Response from Dr Colm Henry regarding testing strategy for Direct Provision
- 15 May** Response from Minister Regina Doherty
- 19 May** 13 clusters, 171 cases of Covid-19 reported in Direct Provision centres
- 26 May** Oireachtas Special Committee on Covid-19 on Congregated Settings
- 28 July** Residents of the Skellig Star Hotel go on hunger strike
- 30 July** Department of Justice Minister McEntee states that residents of the Skellig Star Hotel are to be moved
- 4 August** Approximately 31 people reported as testing positive for Covid-19 in the Eyre Powell Hotel, Kildare

Section 9

Annex 2 - Key Documents



Document 1	Cover letter enclosing legal opinion of Michael Lynn SC and Cillian Bracken BL
Document 2	Conclusion of legal opinion of Michael Lynn SC and Cillian Bracken BL
Document 3	Joint letter from 40 organisations requesting increase to Direct Provision daily expenses
Document 4	Response from Department of Social Protection and Employment Affairs to joint letter
Document 5	Letter to Dr Colm Henry, HSE Chief Clinical Officer regarding testing strategy for Direct Provision
Document 6	Response from Dr Colm Henry regarding testing strategy
Document 7	Joint letter from organisations and individuals requesting the closure of the Skellig Star Hotel, Cahersiveen
Document 8	Letter from Minister Charlie Flanagan and Minister David Stanton
Document 9	Letter to Bernard Gloster, CEO of Tusla
Document 10	Response from Bernard Gloster to Irish Refugee Council

Document 1:

24 April 2020

Minister Charlie Flanagan
Department of Justice and Equality
51 St. Stephen's Green
Dublin 2
D02 HK52



37 Killarney Street
Dublin 1

Tel: 00 353 1 764 5854
Fax: 00 353 1 672 5927
Email: info@irishrefugeecouncil.ie
Web: www.irishrefugeecouncil.ie

CC: Minister Simon Harris

By email to: charles.flanagan@oir.ie

Dear Minister Flanagan and Minister Harris,

My name is Nick Henderson, I am CEO of the Irish Refugee Council.

As you will be aware the Irish Refugee Council and other organisations have raised the issue of the impact of COVID-19 on people living in Direct Provision since the crisis began. I wish to acknowledge the considerable work both your departments have undertaken to address the impacts of the disease. I also want to acknowledge that measures have been taken to transfer persons out of Direct Provision and to cocoon vulnerable people. In addition, both your departments have been forthcoming with regular briefings and information which have been helpful.

However, since the beginning of this crisis, our Information and Support Service and Law Centre have received calls from residents of Direct Provision about their inability to socially distance in the accommodation provided to them. In

Document 1:

response, our Law Centre sought an independent legal opinion from counsel, though the Public Interest Law Alliance, on the State's legal obligations to protect the health and safety of persons living in State-provided congregated settings in a situation of a public health crisis. In addition, one of our values as an organisation is the international human rights law framework and we try to embed our work in the law as much as possible.

We wish to share that legal opinion with you, which was written by Michael Lynn SC and Cillian Bracken BL. The opinion states that a number of positive obligations arise by virtue of Irish, European Union and International Human Rights law. These require that adequate safeguards are put in place by the State to protect those in State-provided accommodation during the currency of the COVID-19 pandemic, with particular emphasis on adherence with the State's own guidelines.

Furthermore, the opinion states that those obligations extend to ensuring, in line with Article 17(2) of Directive 2013/33, the Reception Conditions Directive, an adequate standard of living for those in receipt of reception conditions, which guarantees their subsistence and protects their physical and mental health.

The opinion states that this, in line with the State's guidelines, and indeed the restrictions it has put in place, requires the provision of single or household occupancy accommodation as an essential measure to ensure social distancing and to limit the spread of the virus. The opinion states that the need to restrict human interaction and contact is clear from the prevailing expert advice, nationally and internationally.

It is acknowledged that the opinion pre-dates various measures being taken to protect this vulnerable group. However, it remains our concern that further measures are needed, on an urgent basis, to protect the health and well-being

Document 1:

of those who remain in Direct Provision and cannot socially distance to ensure the State's actions are compatible with the State's national, European, and international legal obligations.

Yours faithfully,

Nick Henderson
Chief Executive Officer

Document 2:

OPINION OF COUNSEL

To: Irish Refugee Council

Re: COVID-19 FAQs for those in State-provided Accommodation

Date: 8 April 2020

A. BRIEF

1. The Irish Refugee Council ('IRC') seeks the opinion of counsel as to the obligations placed on the State with regard to those in Direct Provision and emergency accommodation centres in light of the risks posed by Coronavirus/COVID-19 in circumstances where those living in such accommodation are unable to adequately socially distance and so may be at risk of serious illness from COVID-19.
2. IRC has posed the following questions:
 - i. What obligations, if any, exist in domestic, international or EU law to protect the health and safety of persons living in State-provided congregated settings in a situation of a public health crisis?
 - ii. Do the State's obligations extend to providing single room accommodation to persons vulnerable to suffer from the public health emergency?
 - iii. What level of protection in times of a public health emergency does the law relating to the accommodation of people seeking international protection provide?
 - iv. Are the measures which are being taken by the State to protect people seeking international protection adequate to meet its obligations in respect of non-discrimination?
3. For obvious reasons, this Opinion has had to be produced within an extremely short time period. Accordingly, whilst both counsel are satisfied as to its general accuracy, it may be that nuances and qualifications may emerge. However, both counsel are satisfied that their conclusions are well grounded.

B. BACKGROUND

4. There are currently approximately 7,600 people living in Direct Provision and emergency accommodation centres throughout the State. The majority of these people live in shared rooms with others who may not be members of their household and are provided with board in communal eating settings, rendering effective social distancing impossible. Further, given the nature and capacity of these accommodation centres, many do not have the space to provide for self-isolation units. A number of residents work in healthcare settings and other front-line work, with a heightened risk of exposure to COVID-19. Additionally, residents may be placed under a psychological burden in circumstances where they may reside with others that they do not know and are now unable to absent themselves during the day. Accommodations centres are both State-provided and privately run, a number of which are former hotels.

Document 2:

78. The Siracusa Principles, adopted by the UN Economic and Social Council in 1984, and UN Human Rights Committee general comments on states of emergency and freedom of movement, provide authoritative guidance on government responses that restrict human rights for reasons of public health or national emergency. Any measures taken to protect the population that limit people's rights and freedoms must be lawful, necessary, and proportionate. States of emergency need to be limited in duration and any curtailment of rights needs to take into consideration the disproportionate impact on specific populations or marginalized groups.
79. No state party shall, even in time of emergency threatening the life of the nation, derogate from the ICCPR's guarantees of the right to life; freedom from torture, cruel, inhuman or degrading treatment or punishment, amongst others. These rights are not derogable under any conditions even for the asserted purpose of preserving the life of the nation.
80. On 6 April 2020, the CESCR adopted a statement, UN Doc. E/C.12/2020/1, on the COVID-19 pandemic. It stated that States are under an obligation to take measures to prevent, or at least to mitigate, the impacts of the pandemic. No one should be left behind in taking the measures necessary to combat this pandemic. In particular, the Committee noted that indigenous peoples, refugees and asylum seekers, and those living in conflict-affected countries or regions are particularly vulnerable during this pandemic. These populations frequently suffer higher rates of chronic illnesses and underlying health conditions that place them at greater risk of developing severe health complications from COVID-19.
81. The Committee recommended that where the measures adopted limit ICCPR rights, such measures must be necessary to combat the public health crisis posed by COVID-19 and be reasonable and proportionate. State parties are under an obligation to devote their maximum available resources for the full realization of all economic, social and cultural rights, including the right to health. As this pandemic and the measures taken to combat it have had a disproportionate negative impact on the most marginalized groups, States must make all efforts to mobilize the necessary resources to combat COVID-19 in the most equitable manner, in order to avoid imposing a further economic burden on these marginalized groups. Allocation of resources should prioritize the special needs of these groups.
82. All States parties should, as a matter of urgency, adopt special, targeted measures, including through international cooperation, to protect and mitigate the impact of the pandemic on vulnerable groups such as the elderly, persons with disabilities, refugees and conflict-affected populations, as well as communities and groups subject to structural discrimination and disadvantage.

H. CONCLUSION

83. On the basis of the above, the following conclusions can be drawn in response to the specific questions posed.

Document 2:

- a. In relation to the first question, a number of positive obligations arise by virtue of Irish, European Union and international human rights law requiring that adequate safeguards are put in place by the State to protect those in State-provided accommodation during the currency of the COVID-19 pandemic, especially in compliance with the State's own guidelines.
 - b. In relation to the second and third questions, the State's obligations do extend to ensuring, per Article 17(2), an adequate standard of living for those in receipt of reception conditions, which guarantees their subsistence and protects their physical and mental health. This, in line with the State's guidelines, and indeed the restrictions it has put in place, requires the provision of single or household occupancy accommodation as an essential measure to ensure social distancing and to limit the spread of the virus. The need to restrict human interaction and contact is abundantly clear from the prevailing expert advice, nationally and internationally.
 - c. In relation to the fourth question, in circumstances where the measures being taken by the State to protect those seeking international protection in accommodation centres appear on their face to directly contradict the State's own guidelines and seem to be markedly different to that approach being taken to those in homeless emergency accommodation would seem to be contrary to its obligations in respect of non-discrimination.
 - d. Finally, judicial review proceedings would be the most appropriate method of vindicating the rights set out above.
84. Accordingly, we are of the opinion that domestic, European and international human rights law places a number of obligations on the State to ensure it protects those in shared State-provided accommodation centres during the COVID-19 pandemic.
85. For the time being, nothing further occurs.

Cillian Bracken B.L.
Michael Lynn S.C.
8 April 2020

Document 3:

6 May 2020

Minister Regina Doherty
Department of Employment
Affairs and Social Protection,
Áras Mhic Dhiarmada,
Store Street,
D01 WY03

Nick Henderson
Irish Refugee Council
37 Killarney Street
Dublin 1
nick@irishrefugeecouncil.ie

By email to: regina.doherty@oir.ie

CC: John McKeon, secretary.general@welfare.ie

Dear Minister Doherty,

Re: increase of the daily expenses allowance for people seeking protection

As more than 40 organisations and individuals working with people seeking protection in Ireland we write with a joint request to increase the daily expenses allowance (DEA) by €20.00.

The Government, led by your Department, has rightly committed to short-term measures that will offer security to individuals and families in this time of instability. However, we are very concerned that people seeking protection in Ireland are generally not entitled to these measures and they remain exceptionally vulnerable during this crisis.

In our experience people are encountering additional costs that are putting them under severe pressure. Some of these additional costs and issues include:

Document 3:

- There are over 1,600 children in Direct Provision, many would normally be at school. Parents are facing increased expenditure as they try to provide and support children living in lockdown.
- Increased spend on cleaning items. Sanitizer has been provided to some Direct Provision centres but feedback is that this is insufficient.
- Increased spend on medicine.
- Increased spend on food. An increase would also allow people who can cook to purchase items in larger quantities to avoid frequent trips to shops.
- Increased use of mobile data. Many people would use libraries or other space with free Wi-Fi that is now closed. While some Direct Provision centres provide WiFi, feedback is that this is patchy. Organisations and legal representatives are giving support and advice online. Public health guidance is provided online and via TV. Schools are using online platforms to provide lessons. People are using media platforms to try to pass time. All of which increase data use.
- It should also be mentioned that, despite advocacy to you and your Department, the Covid-19 Pandemic Payment is not available to people living in Direct Provision. We urge you to re-consider this decision. In the meantime an increase in the DEA would be of some assistance to people.

We are recommending an increase of at least €20.00 to the DEA for both children and adults for at least the duration of the public health emergency.

We look forward to hearing from you.

Yours sincerely,

Signatories:

Document 3:

Nick Henderson, Irish Refugee Council

Tinu Achioya, Cultur Migrants Centre

Ann Hayes, Waterford Integration Network

Fiona Finn, Nasc, the Migrant and Refugee Rights Centre

John Lannon, Doras

Gerry Callaghan, New Horizon Refugee & Asylum Seeker Support

Roos Demol, International Community Dynamics

Janet Kehelly, Croí na Gaillimhe Resource Centre

Piaras Mac Éinrí, Cork City of Sanctuary Covid-19 Task Force

Brian Killoran, Immigrant Council of Ireland

Edel McGinley, Migrant Rights Centre Ireland

Philip Berman, Places of Sanctuary of Ireland

Natalya Pestova, Mayo Intercultural Action

Eugene Quinn, Jesuit Refugee Service Ireland

Sarajane Mc Naboe, Longford Community Resources Co Longford Youth Service

Most Rev Bishop Alphonsus Cullinan DD, Waterford and Lismore

Rory Halpin, Spirasi

Máire Leane, UCC University of Sanctuary Working Group

Rachel Doyle, Community Work Ireland

Rosemary Kunene, Voice of Migrants Ireland

Professor Brian Hughes, Galway Anti Racism Network

Sarah Clancy, Clare Public Participation Network

UCC Failte Refugees

David Lynch, South Dublin County Partnership

Tanya Ward, Children's Rights Alliance

Document 3:

Colm O’Gorman, Amnesty International Ireland

Marie Collins, Brij Asylum Support, Cork

Breege Keenan, Crosscare

Nadette Foley, Welcome Cafe

Naoimh Mc Namee, CEO Glencree Centre for Peace and Reconciliation

ATMOS Collective, Galway

Bríd O’Brien, Irish National Organisation of the Unemployed

Paul Ginnell, European Anti-Poverty Network Ireland

Dr Chris Noone, School of Psychology, NUI Galway

Dr. Lorraine McIlrath, Community Knowledge Initiative, NUI Galway

Dr Muriel Grenon, School of Natural Sciences, NUI Galway

Dr. Cassie Smith-Christmas, Marie Skłodowska-Curie Fellow, NUI Galway

Karen Kiernan, One Family

Joanie Barron, Wallaroo Child and Family Project Cork

Tracey Holt

Shauna Gillan, Safe Haven Voyages

Joe Murray, Afri, Action from Ireland

Niamh Conaghan, Newbridge Asylum Seekers Support Group

Marie Flynn BL

Document 4:



Oifig an Aire Gnóthaí Fostaíochta agus Coimirce Sóisialaí
Office of the Minister for Employment Affairs and Social Protection

Nick Henderson
Irish Refugee Council
37 Killarney Street
Dublin 1

15th May 2020

Dear Nick

I refer to your recent correspondence regarding an increase in the rate of the Daily Expenses Allowance.

Daily Expenses Allowance is payable under the European Communities (Reception Conditions) Regulations 2018 (S.I. No. 230 of 2018), which transposes the conditions for the reception of applicants for international protection set out in the EU (recast) Reception Conditions Directive (RCD) (2013/33/EU).

As you know, the current rate payable for Daily Expenses Allowance is €38.80 per adult and €29.80 per child. There are approximately 4,700 adults and 2,000 children residing in the system of direct provision in respect of whom daily expenses allowance is being paid. Any increases to the rate of Daily Expenses Allowance would have to be approved by Government and considered in a budgetary context.

As part of measures introduced in response to Covid 19, IPAS allows protection applicants stay with family or friends on a temporary basis and retain their place within the IPAS accommodation system. In order to support this arrangement my Department has stated these protection applicants can continue to receive the Daily Expense Allowance during this period. In addition, it is possible to request to move the weekly payment to a different Post Office during this period, or to have it paid to a bank account.

I regret to inform you that there are no plans to grant entitlement to the Covid-19 Pandemic Unemployment Payment for those in receipt of Daily Expenses Allowance. Protection applicants residing in accommodation provided by the International Protection Accommodation Service (IPAS) of the Department of Justice & Equality receive accommodation, food and other services while as well as the Daily Expenses Allowance. The Covid-19 PUP is an enhanced payment for jobseekers and eligibility is aligned to jobseeker payments. It is paid to people who, in most cases, have no other source of income.

Document 4:



Oifig an Aire Gnóthaí Fostaíochta agus Coimirce Sóisialaí
Office of the Minister for Employment Affairs and Social Protection

Protection applicants residing in the community who have the right to access the labour market and have lost employment or self-employment due to the Covid-19 Pandemic are entitled to apply for the Covid-19 PUP. They are not entitled to the Daily Expenses Allowance as it is only payable in respect of protection applicants who reside in accommodation provided by IPAS.

Protection applicants can also access Exceptional Needs Payments, as the habitual residence condition does not apply to these payments. My Department may make an Exceptional Needs Payments to help meet essential, once-off expenditure which a person could not reasonably be expected to meet out of their weekly income. Payments are made at the discretion of the officers administering the scheme taking into account the requirements of the legislation and all the relevant circumstances of the case.

Exceptional Needs Payments are administered by the Community Welfare Service (CWS) within my Department, which also administers the Daily Expenses Allowance. Protection applicants who require additional financial assistance with necessary and essential expenditure should contact the office in the CWS that deals with their accommodation location.

I have forwarded your correspondence to Simon Harris TD, Minister for Health, in relation to the matters raised concerning increased spend on medicine. I have also forwarded your correspondence to Charles Flanagan TD, Minister for Justice and Equality, in relation to the matters raised concerning Direct Provision accommodation facilities and operations as these issues come within his responsibility.

Yours sincerely,

Regina Doherty T.D
Minister for Employment Affairs and Social Protection

*The Minister is a Designated Public Official under the Regulation of Lobbying Act, 2015
(details available on www.lobbying.ie)*

Áras Mhic Dhiarmada, Sráid Sráis, Baile Átha Cliath 1, D01 WY03
Áras Mhic Dhiarmada, Store Street, Dublin 1, D01 WY03
minister@welfare.ie | + 353 1 704 3000 | www.welfare.ie

Document 5:

7 May 2020

Dr Colm Henry
Chief Clinical Officer
Health Service Executive
By email to: cco@hse.ie

Nick Henderson
Irish Refugee Council
From email: nick@irishrefugeecouncil.ie

Dear Dr Henry

My name is Nick Henderson, I am CEO of the Irish Refugee Council.

We have written to the both the Department of Health and the Department of Justice and Equality several times in recent weeks raising concerns about Direct Provision. In our representations we have called for people to be moved out of Direct Provision to accommodation where they can socially distance themselves. Until and unless this happens it is our respectful opinion that the risk of the disease spreading will always be considerably higher than elsewhere in society. RTÉ reported this week that 1,700 people were sharing bedrooms with non-family members.

We are concerned about the possibility of 'vicious circles' occurring where people become infected and are moved out but, due to living in proximity to others, they infect others and the chain of infection continues. What has happened at the Skellig Hotel in Cahersiveen is a possible example of this.

In the absence of people being moved out, I am writing with some respectful suggestions about how the testing strategy for people in Direct Provision could be developed. These include:

Document 5:

1. A testing strategy should be published.
2. Testing of all residents of all centres is recommended, at the very least testing should occur at the hint of an symptoms being shown in a resident. The ratio between the number of tests conducted to number positive results should also be published.
3. Any testing should coincide with a public health campaign. This could be a leaflet, translated in to languages, stating why testing is taking place, that it is safe and necessary. The International Protection Accommodation Service of the Department of Justice and Equality have a newsletter to residents. Anecdotally we have heard that some people are sceptical of testing. In extreme cases we have heard that people think testing may infect them.
4. As far as I know several different organisations are undertaking testing (the ambulance service, Safety Net and the HSE themselves). Obviously this is a good thing but it may mean there is a lag in results being fed back to the HSE. If possible this should be improved and rectified.
5. The strategy should be mindful of the fact that, we understand, a significant number of people in Direct Provision do not have access to a GP. This is particularly the case for people in emergency accommodation and for people who have been recently moved.
6. Thought should be given to how positive tests results are communicated to people. The information material mentioned above could include a description of the pathways for people in the event of a negative or positive test.
7. There are approximately 1,600 children in Direct Provision. The approach to testing children should also be carefully considered.
8. Testing should also be done on a periodic basis. While other parts of Irish society are starting reopen, the risk is likely to persist for people in Direct

Document 5:

Provision because they are sharing intimate space. There is also the 'vicious circle' potential mentioned above.

I appreciate your time which must be under severe pressure.

Thank you,

Yours faithfully,

Nick Henderson,

CEO

Irish Refugee Council

CC: Ann O'Connor, Dr Ronan Glynn, Oonagh Buckley, Mark Wilson, Philip Crowley

Document 6:



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Office of the Chief Clinical Officer
Dr Steevens' Hospital|Steevens' Lane|Dublin 8|D08 W2A8
email: cco@hse.ie

Oifig an Príohoifigeach Clínicíúil Eatromhach
Ospidéal Dr Steevens|Lána Steevens|Baile Átha Cliath 8|D08 W2A8

By Email Only

15th May 2020

Nick Henderson

Chief Executive Officer
Irish Refugee Council
37 Killarney Street
Dublin 1

Email: Nick@irishrefugeecouncil.ie

Dear Mr Henderson,

Many thanks for your letter dated 7th May. We have outlined your queries below with our responses.

1. A testing strategy should be published.

Testing strategy appended

2. Testing of all residents of all centres is recommended, at the very least if someone presents with symptoms. Testing should occur at the hint of symptoms being shown in a resident. The ratio between the number of tests conducted to number positive results should also be published.

We agree that we should test early anyone with symptoms. Testing people who are asymptomatic has not tended to help us control spread.

For COVID-19, persons may present for test on the basis of GP or individual risk assessment in the local Emergency Dept. If a resident or staff member in an IPAS accommodation setting is a suspect or COVID-19 detected case, it is important to adhere to public health advice regarding self-isolation and contact tracing. Local or national Public Health/ Social Inclusion team will inform DOJE if there is a newly notified case in a centre where possible. However, it is more likely Centres/ IPAS will know of a case first as the patient is contacted directly first and told of the diagnosis.

Note that some people get a COVID test in a variety of means such as a community assessment hub which may not be apparent to the clinician as a direct provision centre. Residents should feel safe to inform centre management if they are concerned about possible COVID-19 or have been diagnosed.

3. Any testing should coincide with a public health campaign. This could be a leaflet, translated in to languages, stating why testing is taking place, that it is safe and necessary. The International Protection Accommodation Service of the Department of Justice and Equality have a newsletter to residents. Anecdotally we have heard that some people are sceptical of testing. In extreme cases we have heard that people think testing may infect them.

When it is decided to carry out Covid testing in an IPAS centre, leaflets in appropriate languages are distributed to each resident. These leaflets show what time and date the test will take place and also provide basic information about Covid. All IPAS centres have been provided with significant quantities of Covid posters, information sheets and materials to assist social distancing. These resources are

Document 6:



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email: cco@hse.ie

Oifig an Príohoifigeach Cliniciúil Eatromhach
Ospidéal Dr Steevens|Lána Steevens|Baile Átha Cliath 8|D08 W2A8

displayed within and outside IPAS buildings to support the ongoing public health campaign. Some HSE staff have encountered a minority of residents who initially do not want to get tested. This opposition to testing is usually resolved by addressing the resident's questions and concerns.

4. As far as I know several different organisations are undertaking testing (the ambulance service, Safety Net and the HSE themselves). Obviously this is a good thing but it may mean there is a lag in results being fed back to the HSE. If possible this should be improved and rectified.

Very strenuous efforts are being made to accelerate the testing and tracing process.

5. The strategy should be mindful of the fact that, we understand, a significant number of people in Direct Provision do not have access to a GP. This is particularly the case for people in emergency accommodation and for people who have been recently moved.

We are very aware that some people in DP and out of DP do not have a GP. That is why we made a deal with the IMO stating that anyone could sign up with any general practice for a COVID Test.

6. Thought should be given to how positive tests results are communicated to people. The information material mentioned above could include a description of the pathways for people in the event of a negative or positive test.

When a resident has a confirmed positive test, the result will be relayed by the GP who requested the test or the HSE PH who arranged mass testing. The resident may inform the staff member and also PH staff member will liaise with manager in order to support the resident. Additionally the process of referral for self-isolation is explained in detail to the resident. If the resident appears medically unwell at this time, a GP is called immediately to assess the situation.

With respect to contact tracing, Public Health Contact tracing will work in an individual case. In a cluster however Centre staff will be involved and will try to establish/trace contacts of the case as far as possible. IPAS accommodation is a congregated setting and Local Public Health consider all residents and staff as close contacts (see HSE Close Contact). Management of close contacts is detailed in the Vulnerable Groups Guidance and involves restricting movement for 14 days and actively monitoring for symptoms. Self-isolation can be provided on site but sometimes there is insufficient or unsuitable accommodation and referral to City West SI may be needed.

7. There are approximately 1,600 children in Direct Provision. The approach to testing children should also be carefully considered.

The HSE approach to testing children in all circumstances including IPAS centres is always to ensure the rights of children are protected. HSE staff who undertake the testing of children have received appropriate training.

8. Testing should also be done on a periodic basis. While other parts of Irish society are starting reopen, the risk is likely to persist for people in Direct Provision because they are sharing intimate space. There is also the 'vicious circle' potential mentioned above.

Document 6:



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Approach to testing referred to above will persist throughout the pandemic.

I hope that this clarifies your queries. It was good to meet with you previously. We are seeking through Joe Barry to meet again with you to keep you informed and to hear your perspective on the current situation.

Dr Philip Crowley
Acting National Co Lead, Public Health Response to COVID-19
National Director of the National Quality Improvement Team

On behalf of the Chief Clinical Office

Document 6:



Feidhmeannacht na Seirbhíse Sláinte
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Appendix 1:**Managing pandemic Covid 19 in direct provision centres and the role of viral testing**

From early January the HSE has been active in using its experience and previous learning with DOJE to be prepared and to mitigate against more serious consequences of the disease in direct provision. Testing has an important role to play in the COVID response for Vulnerable Groups. However, it is but one tool in the response.

During preparation the emphasis was on getting information out to centre managers and residents, supporting prevention and hygiene measure especially handwashing and social distance. Centres had resident numbers reduced, vulnerable residents were cocooned and medical supports were provided to those at risk.

Control depends on what people do both to protect themselves and others. This includes restricting movements, maintaining social distance in recreation etc and complying with government measures. For this reason, the HSE developed Guidance early on in letter form, social media and HPSC website. Early action and response to a single case remains a very important tool in the fight

The use of testing to control viral spread in direct provision:

Where there is more than one case in a congregated setting in which there is considerable intermingling and likelihood of rapid viral spread, there may be a case for enhanced testing of residents and staff. The judgment to test all residents and all staff ultimately is a decision to be made in conjunction with the Local Public Health Directorate. This will identify anyone living or working in the centre who has not identified that they have symptoms or who are asymptomatic but who are positive for the virus. The workers will be excluded from work and the residents isolated for 14 days.

On the other hand, if a centre has separate living and catering facilities for families you would only test the close contacts of a positive case. This is where local judgement comes in.

Testing in a DP centre must only be undertaken with the agreement of the local public health department.

Principles of testing

There should be effective communication within HSE and DOJE plus residents, centre management and staff

- 1.1 Preparatory work by HSE Public Health and Social inclusion with DOJE, residents and staff explaining context of testing, precaution measures and what the testing involves (see resource page for English and translated version of '[what happens during a test](#)' for residents and staff).
- 1.2 Communication on what will happen if people are tested positive; that if people need to move facility arising from the test result, that they will be able to return to that centre post isolation (unless advised otherwise by Public Health). Translation facility may be required.
- 1.3 Confirmation of where the testing will take place (i.e. through GP, National Ambulance Service, [SafetyNet Primary Care](#), Regional CHO/primary care or a static community assessment or test centre). If in a test centre, off site transport arrangements will be required.
- 1.4 Notification from Public Health and HSE /IPAS to send to residents and staff re testing.
- 1.5 If a person refuses a test a Public Health or Social Inclusion staff member will provide additional counselling / support.
- 1.6 Database for testing - inputting information onto Health link (through Public Health/GP)
- 1.7 Notification of test results. Delivery of results will be by phone.

Dr Margaret Fitzgerald and Dr Philip Crowley
10-05-20

Document 7:

8 May 2020

Minister Charlie Flanagan
Department of Justice and Equality
51 St. Stephen's Green
Dublin 2
D02 HK52

By email to: charles.flanagan@oir.ie

Contact: Nick Henderson
CEO, Irish Refugee Council
nick@irishrefugeecouncil.ie

CC: Minister Simon Harris

Dear Minister,

We, the undersigned, write to express our deep concern in relation to the situation in the Skellig Star Hotel, Cahersiveen.

We are particularly shocked by a letter given by the HSE to residents in the last 24 hours which extends the quarantine until 20 May. The letter infers that responsibility for the quarantine having to be extended lies with residents because they are not adhering to social distancing. This plainly ignores that social distancing in this environment is not possible.

We want to draw attention to the following:

- Reports that people are not able to leave the hotel, or are given the strong impression that they can not leave;
- People, including children, spending all day in hotel rooms;
- No deep clean of the hotel following 22 residents testing positive for Covid-19 two weeks ago or following positive tests this week;
- Non family members sharing rooms;
- Reports that food provided is not suitable to the needs of residents;

Document 7:

- Risk of a contagion ‘vicious circle’: people become infected and are moved out but, due to living in proximity to others, they have already infected others and the chain of infection continues. This chain could continue for weeks if residents are not moved out urgently to more appropriate accommodation.

Both people in the hotel, and the local welcome committee, have repeatedly called for the use of the hotel as a Direct Provision Centre to be ended.

In line with these calls, and in line with the obligations of the Government under the EU Reception Directive (2013/33/EU) to ensure that “reception conditions provide an adequate standard of living for applicants, which ... protects their physical and mental health”, we also strongly recommend that the hotel is closed.

Yours faithfully,

Nick Henderson, Irish Refugee Council

Liam Herrick, Irish Council for Civil Liberties

Graham Clifford, The Sanctuary Runners

Fiona Finn, Nasc, Migrant & Refugee Rights

John Lannon, Doras

Dr Liam Thornton, Associate Professor, School of Law, University College Dublin

Roos Demol, International Community Dynamics

Anne McShane Solicitors

Úna O’Brien, Sinnott Solicitors

Elizabeth Mitrow, Abbey Law

Brian Killoran, Immigrant Council of Ireland

Carol Sinnott, Sinnott Solicitors

Dr Piaras Mac Éinrí, Committee member, Cork City of Sanctuary and UCC

Document 7:

Mike FitzGibbon, UCC Sanctuary Working Group and Cork City of Sanctuary member

Dr. Chris McDermott, Law Lecturer, Athlone Institute of Technology

Wendy Lyon, Solicitor, Abbey Law

Dr Dug Cubie, School of Law, University College Cork

Dr Claire Dorrity, School of Applied Social Studies, UCC

Colm O’Gorman, Amnesty International Ireland

Seamus O'Halloran Solicitors

Lisa McKeogh B.L.

Saul Woolfson B.L.

Janet Kehelly, Croi na Gaillimhe

Conor Ó Briain Solicitors

Sarah Clancy, Clare Public Participation Network

Breege Keenan, Crosscare Refugee Service

Dr. Gertrude Cotter, Centre for Global Development, UCC

Rose Gartland, Immigration & Human Rights Caseworker, DLCM Solicitors

Mary Henderson, Solicitor

Dr Ciara Smyth, School of Law and Irish Centre for Human Rights, NUI Galway.

Document 8:

An Roinn Dlí agus Cirt
agus Comhionannais
Department of Justice
and Equality

Óifig an Aire | Office of the Minister



Mr. Nick Henderson
CEO of the Irish Refugee Council
& others.

nick@irishrefugeecouncil.ie

Re: Skellig Accommodation Centre, Caherciveen, Co. Kerry

12 May 2020

Dear Nick,

I refer to your letter of 8 May 2020, regarding the Skellig Accommodation Centre in Caherciveen sent on behalf of your organisation and a number of other interested organisations and individuals.

Firstly, let me say that both Minister Stanton and I appreciate how disappointing it will have been for residents to receive the letter from HSE Public Health last week which extended the period of current restrictions. The current restrictions are difficult for residents – as they are for anyone required to quarantine during this pandemic – but the purpose of this HSE guidance is to protect the health of all residents, staff and the wider community.

In line with our agreed policy with the HSE, anyone with a positive COVID-19 result has been transferred to an offsite self-isolation facility where they are cared for until such time as the HSE considers that they can safely return to their centre. We have four dedicated facilities in Dublin, Cork, Limerick and Dundalk as well as the use of the HSE City West facility, as appropriate. The advice for the remaining residents in the Skellig Accommodation Centre to quarantine is public health advice, provided by public health authorities. The HSE has confirmed that there should be no movement into or out of the centre at this time, unless directed by public health.

It is important to say that no one is being prevented from leaving the centre. Centre management has confirmed that the main entrance door is on a thumb lock and residents have access to leave freely if they wish to do so. However, the guidance from the HSE at this time is that residents should self-isolate and staff do remind residents of this public health advice.

51 Faiche Stiabhna, Baile Átha Cliath 2, D02 HK52
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Document 8:



Where cases of Covid-19 arise in the community, the HSE's Outbreak Control Team (OCT) manage the response. In addition to health professionals, this OCT also includes representatives from my Department and from centre management. We are all focused on ensuring the health and welfare of residents and restoring a sense of normality for our residents as quickly as possible. To achieve this, we need the cooperation of all residents and staff. We understand that self-isolation is very difficult. Nothing about this terrible pandemic is easy.

There are currently 69 residents (including 9 children) onsite in the centre, which has capacity for 150 residents, and 56 bedrooms. Residents are a mix of single people and small sized families. All single residents have been offered their own bedroom and all bedrooms in the centre are en-suite. Some have declined this offer and have indicated that they wish to self-isolate with their roommate as a family unit. We continue to encourage these residents to accept the offer of their own room at this time.

Guidance has been provided by the HSE to centre management on the enhanced cleaning arrangements required at this time including through an onsite visit by a HSE infection control specialist. This applies to bedrooms, corridors, staircases, the dining room, kitchen, laundry room, lift, public toilets and reception and public areas. This is being strictly adhered to by centre management and staff. Full details of the cleaning regime during this time is appended below.

We are working closely with the HSE and centre management to provide additional supports for residents during this time. There is a HSE Community Development Worker onsite at the Centre seven days a week to monitor the health of residents. This person is supported by a wider healthcare team. Additional outdoor space has been opened up with some seating provided and, this week, exercise equipment is being set up in the outdoor area, which is expected to be ready for residents' use by the end of this week. This outdoor equipment is being installed with the knowledge and support of HSE public health, and will be operated under their direction for safe use.

The residents are provided with three meals per day and snacks are provided to residents daily. In line with overall policy objectives the service provider plans to introduce independent living arrangements with cooking facilities for residents in the coming period. In the meantime, we have asked centre management to work with residents to find out about preferred meals and we have asked staff to source and provide ethnic snacks for residents. Kettles have been provided in rooms so that residents can make refreshments throughout the day rather than using communal facilities and meals are also being delivered to rooms. The centre has a good Wi-Fi service and phone credit has also been provided for residents so that they can keep in touch with family and friends.

We appreciate that the current restrictions are especially difficult for children, many of whom are too young to understand what is happening. In addition to the upgrades to the outdoor space, toys and puzzles are being provided for children and a laptop will be made available to each family. The Tusla official seconded to work with my Department has

Document 8:



contacted the families to see what additional supports they need and to discuss any concerns they might have.

Department officials intend to begin Zoom clinics with residents this week and a telephone service for residents with the Jesuit Refugee Service (JRS) is also being established. While these services are starting in Caherciveen, it is intended to roll-out this service regionally and nationally to all centres in the coming period.

We will continue to work hard with centre management, health agencies, and NGOs to provide every support possible to residents in Caherciveen and in all centres at this difficult time. I hope that you will work with us in this regard.

Yours sincerely,

Charlie Flanagan, T.D.
Minister for Justice and Equality

David Stanton, T.D.
Minister for State for Justice and Equality
with special responsibility for Equality, Immigration, and Integration

Document 8:

**Appendix I – Cleaning Regime**

Specific guidance has been provided by the HSE specialists to Centre Management. A check list for cleaning requirements in each area is displayed and checked off by the cleaning staff as they complete each task.

- **Bedroom Corridors & Staircases:** Vacuuming and cleaning of both areas at 12noon and 10pm. Antibacterial spray is used for all door handles, lifts areas and railing areas.
- **Dining Room:** Detergent Sprays and Bleach are used to clean Tables, Chairs, Serving Areas, Counter Tops, & Floor three time per day.
- **Kitchens:** Detergent Sprays and Bleach are used to clean all cooking equipment including hobs, combi-oven and, all cooking utensils, wet and dry stores and floors twice daily.
- **Public Toilets:** Public toilet areas are thoroughly cleaned every 2 hours using appropriate detergents and bleach.
- **Public Area & Reception Areas:** Floors are cleaned twice daily. All counter tops, seating areas and touch points - including door handles - are regularly wiped down with appropriate anti-bacterial products. Sanitizer is in place in the reception area and at the lift entrances on each floor.
- **Laundry room:** Only one person allowed in at one time. Cleaned fully twice per day with appropriate antibacterial agents and vacuumed and mopped with detergent and bleach.
- **Lift:** A member of staff is present at the lift at all times to ensure one only resident or family unit uses it at a time. All touchpoints are disinfected after every use (there are also three sets of stairs in the hotel).

Rooms vacated by Residents have been cleaned in line with HSE recommendations using appropriate detergents and bleach.

Residents have been provided with a supply of anti-bacterial wipes to wipe down touchpoints in their rooms in line with advice given by the HSE.

In addition to specific advice given to Centre Management, general HSE advice on managing COVID-19 in Direct Provision settings is contained in their document "COVID-19 Guidance for Vulnerable Groups Settings", which is available on the HPSC website at the following link: <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/vulnerablegroupsguidance/COVID-19-Guidance-for-vulnerable-groups-settings.pdf>

Document 9:

28 April 2020

Bernard Gloster
Tusla, Child and Family Agency
Heuston South Quarter,
St John's Rd W,
Kilmainham,
Dublin



37 Killarney Street
Dublin 1

Tel: 00 353 1 764 5854

Fax: 00 353 1 672 5927

Email: info@irishrefugeecouncil.ie

Web: www.irishrefugeecouncil.ie

By email to: ceo@tusla.ie

Dear Bernard,

Re: Urgent Child Protection and Welfare Risks in for Families living in Direct Provision

My name is Nick Henderson. I am CEO of the Irish Refugee Council.

I am writing to you to raise concerns about the immediate and real risk to the protection and welfare of children living in Direct Provision.

From the earliest stages of the crisis, the Irish Refugee Council has given suggestions to the Department of Justice and Equality to identify solutions for vulnerable Direct Provision residents which needs to happen as a matter of urgency.

We welcome the fact that the people living in Direct Provision are now recognised by Minister Simon Harris and the HSE as a priority group, and that additional bed capacity has been made available. However, we remain extremely concerned that it is not feasible to practice adequate social-distancing in many Direct Provision centres and also the direct impact on

Document 9:

children There are more than 80 Direct Provision and Emergency Accommodation centres across Ireland accommodating approximately 8,000 people approximately 1,600 of whom are children.

From feedback we have received, parents are understandably anxious about their ability to continue to protect and care for their children due to struggles experienced on a daily basis to socially distance and, if needed, self-isolate in these shared accommodation settings. Additional strain caused by school closures and limited access to social/recreational facilities are compounding existing issues caused by a system long recognised by the Ombudsman for Children as detrimental to family life. The Daily Expenses Allowance that people seeking protection receive is also under extreme pressure with additional costs such as washing and cleaning products and also costs for children who would otherwise be at school

These concerns are shared with many others including the Irish Association of Social Workers (IASW), and the Children's Rights Alliance.

As a pre-emptive measure, the Department of Justice has issued a letter to all parents residing in Direct Provision to nominate someone to care for their children should they contract the virus and need to be admitted to hospital. Many people living in Direct Provision have limited social networks and may be unable to identify a suitable carer should they become ill. It will, in such circumstances, fall to Tusla to provide alternative placements for children should an emergency situation arise.

We are additionally concerned at the impact on children of conducting their lives entirely in one room, without access to outdoor spaces, communal living areas, and the negative impact such containment measures have on the mental health of both children and young people and their parents. We would ask that the Government put in place measures to ensure access to some leisure activities, and that children are permitted to exercise while respecting social distancing.

We are concerned at the disproportionate impact, from an educational perspective, that the school closures are having on children living in Direct Provision. We would ask that steps are taken to ensure that children are supported in their learning process through ensuring English language

Document 9:

supports, IT equipment, internet connections, access to reading, arts and crafts materials are made available in each of the direct provision centres. We are conscious that schools, NGOs and other organisations are undertaking this work on an ad hoc basis, and that the Department of Children and Youth Affairs is putting in place measures to access vulnerable children and young people. We would welcome input in to how we could potentially support the Child and Family Agency work in this area.

I am happy to communicate with you to discuss how we can work together to minimise the risk to families and to support Tusla in identifying appropriate solutions informed by Children First, should parents find themselves unable to care for their children.

Finally, I would like to acknowledge the commitment of Tusla, particularly casework staff, who continue to provide essential services to vulnerable children and families under these extraordinary and challenging conditions.

I look forward to your response.

Yours sincerely,

Nick Henderson

Document 10:



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Mr Nick Henderson
CEO
Irish Refugee Council
37 Killarney Street
Dublin 1

11 May 2020

Re: Urgent Child Protection and Welfare Risks for families living in Direct Provision

Dear Mr Henderson,

I am writing in response to your correspondence of April 28th 2020. I have consulted with relevant Tusla staff and am advised as follows. In relation to families living in IPAS Accommodation Centres it is important to stress that all children living in those centres are living with their parents or guardians. The role for Tusla is in relation to children who may be at risk and to respond to any case where a child is experiencing child abuse or neglect. In order to fulfil these responsibilities Tusla has a full time secondee at TL grade managing the Child and Family unit in IPAS and a TESS Education and Welfare secondee recently joined the service. Local Tusla child protection services are also engaged with children and families in IPAS centres across the country.

I am aware that the International Protection Accommodation Service (IPAS) has developed a Strategic Framework for Engagement on Child and Family Issues in the context of the school closures and social distancing requirements put in place during the COVID-19 crisis. The two secondees from Tusla, as well as the Manager of the IPAS Education Unit and the Principal Officer of the International Protection Accommodation Service developed this framework to support families living in the centres. In preparing the framework there has been communication with key stakeholders including centre managers, Tusla, the Department of Children and Youth Affairs, the Department of Education and Skills, the Department of Rural and Community Development, the HSE, the Children's Rights Alliance, One Family, Barnardos and UNHCR. The framework encompasses three broad themes under which actions will be rolled out: child and family welfare, identifying education requirements, and the general provision of activities for children.

The Child Welfare and Protection secondee is responsible for actions under child and family welfare. The Manager of the Education Unit and the TESS EWO Secondee are responsible for the education actions and they are collectively responsible for the actions under the general provision of activities for children.

An Ghníomhaireacht um Leanaí agus an Teaghlach / Child and Family Agency
Urlár: 2-5, Foirgneamh Brunel, An Ceantar Theas, Baile Átha Cliath 8
Floors 2-5, Brunel Building, Heuston South Quarter, Dublin 8
T. +353 (0) 1771 8500 F. +353 (0) 1771 8610 / info@tusla.ie
www.tusla.ie

Document 10:



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

In your correspondence you refer to the Policy on Supporting Parents during the Covid 19 Pandemic to guide local management teams and residents in how to facilitate quarantine, social distancing, self-isolation and alternative care for the children where the parent needed to go to hospital or was too unwell to care for their children and this policy has been developed in consultation with the Tusla Senior Management link to IPAS. All accommodation centres have been provided with copies of the Child Protection and Welfare Policy of IPAS and IPAS was overseeing a training programme for staff in all centres in Children First in the run up to the pandemic.

All staff in all centres have been requested to complete the Introduction to Children First eLearning module on the Tusla website and forward their certification to the Child and Family Services Unit.

Given the restrictions on children's lives as a result of COVID 19 work is ongoing to provide resources to children across all centres and some of this is being coordinated nationally. There have been activities in local communities often led and financed by Tusla which have produced games, technology, books, art materials and sports equipment for children in the centres. The Children's Rights Alliance has agreed to provide play mats to all babies and toddlers in our centres. One Family have offered phone based and email parenting advice and support.

TUSLA Education Support Service (TESS) in liaison with IPAS are working jointly to ensure that the most vulnerable children living in IPAS Centres and EROCs are identified and supported in relation to the provision of education during the Covid-19 crisis. In addition, TESS has identified EWO's in each region to work alongside the TESS EWO secondee to IPAS to respond to educational issues which may have arisen for vulnerable children within the IPAS system. Information to identify the families who need support regarding education has already been provided from IPAS to TESS.

The work involves contacting a number of centres, primary and post primary schools as necessary and on occasion parents within each region (5/6 centres allocated per EWO) and the 3 key areas identified for attention are:

1. **No school places:** There are some children across the IPAS accommodation centres who require school places. These families require support from EWO's to find school places in the local area.
2. **6th Year Students:** Where consent is provided EWO's are contacting the parents and schools of 6th year students with a view to ensuring that students can access educational materials and have the support they require from the schools where they are enrolled.

Document 10:



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

3. **6th Class students:** EWO's contacting the centres where 6th class students reside to establish if they have an onward school placement for 1st year in their local area. Where required support will be provided to ensure these students have a secondary school place for September 2020.

The work to support the completion of the actions are ongoing, liaison with schools, centre managers and parents, liaison with other support agencies, recording of work using recording tools provided by TESS management. TESS work with IPAS will continue to be supported by the IPAS EWO secondee. In addition, there is a management lead for this program.

In conclusion it is clear that there is a lot of good work taking place across the country. Of course it is a time of great difficulty for everyone and children are obviously being impacted significantly by this crisis as well, but I am very hopeful the work undertaken by Tusla and IPAS will significantly alleviate the stress and anxiety that many are feeling.

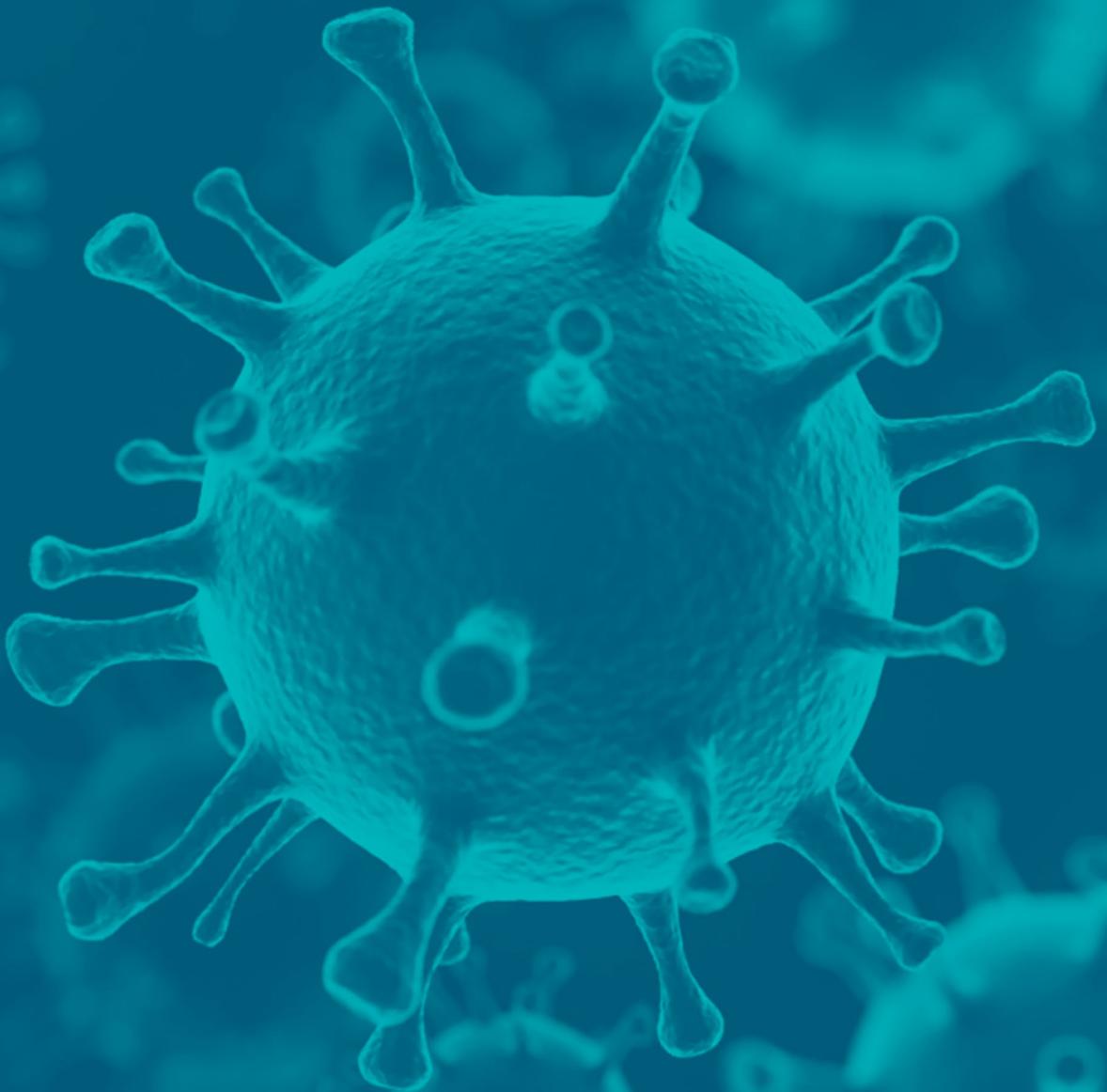
Yours Sincerely,

A handwritten signature in black ink, appearing to read 'Bernard Gloster'.

Bernard Gloster
Chief Executive

Section 9

Annex 3 - Work and impact of the Irish Refugee Council During the Pandemic



SERVICE AND SUPPORT TO PEOPLE IN DIRECT PROVISION:

- Answered more than 2,000 telephone calls and more than 1,000 emails
- Convened two online meetings of the Asylum Support Network (more than 20 support organisations across Ireland) and shared information regularly through a facilitated message board
- Advocated, in partnership with other organisations, for vulnerable people and healthcare workers to be given space to isolate and moved out of Direct Provision
- Coordinated more than 40 organisations to request an increase of €20 to the Direct Provision weekly allowance

LEGAL SUPPORT AND INFORMATION:

- Support to people who are particularly 'at-risk' and liaising with the relevant authorities to secure safe and appropriate accommodation
- Assistance to homeless people who were unable to re-access their bed in Direct Provision.
- Assisted persons who have been wrongly excluded from Direct Provision in accessing accommodation
- Direct advice to protection applicants regarding access to the Covid-19 emergency social welfare payment
- Direct advice to applicants wishing to make new applications on how to access the international protection procedure in the current circumstances
- Sought legal opinion on the State's responsibilities to people in congregated settings during the pandemic and submitted to Minister Flanagan and Minister Harris
- Published the Asylum Information Database report for Ireland, a detailed report analysing Ireland's protection process

COMMUNICATIONS:

- Partnered with 'We Make Good' and the 'Textile Studio' on a 'buy one, gift one' face mask initiative, with more than 1,700 masks being distributed
- Partnered with Centra to deliver more than 3,000 Easter Eggs to children in Direct Provision
- Multiple media interviews including RTÉ and the BBC World Service

YOUNG PEOPLE AND EDUCATION:

- Two meetings with the University of Sanctuary movement discussing how student accommodation could be used for people in Direct Provision
- Released our 2020 Education Information Booklet
- Communicated with stakeholders on the broadening of the SUSI regulations which we have been advocated for
- Checked in with and provided support to young people including applying for the Covid-19 payment

EMPLOYMENT:

- Ran 3 online Women's programmes between May - July, attended by 42 women.
- Met with 8+ employers around partnering for inclusive employment opportunities for refugee women
- Provided suite of casework/career guidance and holistic supports to isolated clients
- Advocacy to the Departments of Health Justice for easier registration of health care professionals
- Assisted with ad hoc recruitment, including HSE recruitment campaign applications, and supporting persons made redundant

- Information sharing and referrals made for clients across range of issues affected by Covid 19 pandemic
- Conducted 23 phone interviews and questionnaires with refugee women, employers and external stakeholders as part of consultation process for our “Integration from Day 1” project
- Worked with more than 90 healthcare workers to access temporary accommodation so they could continue their important work and not live in Direct Provision

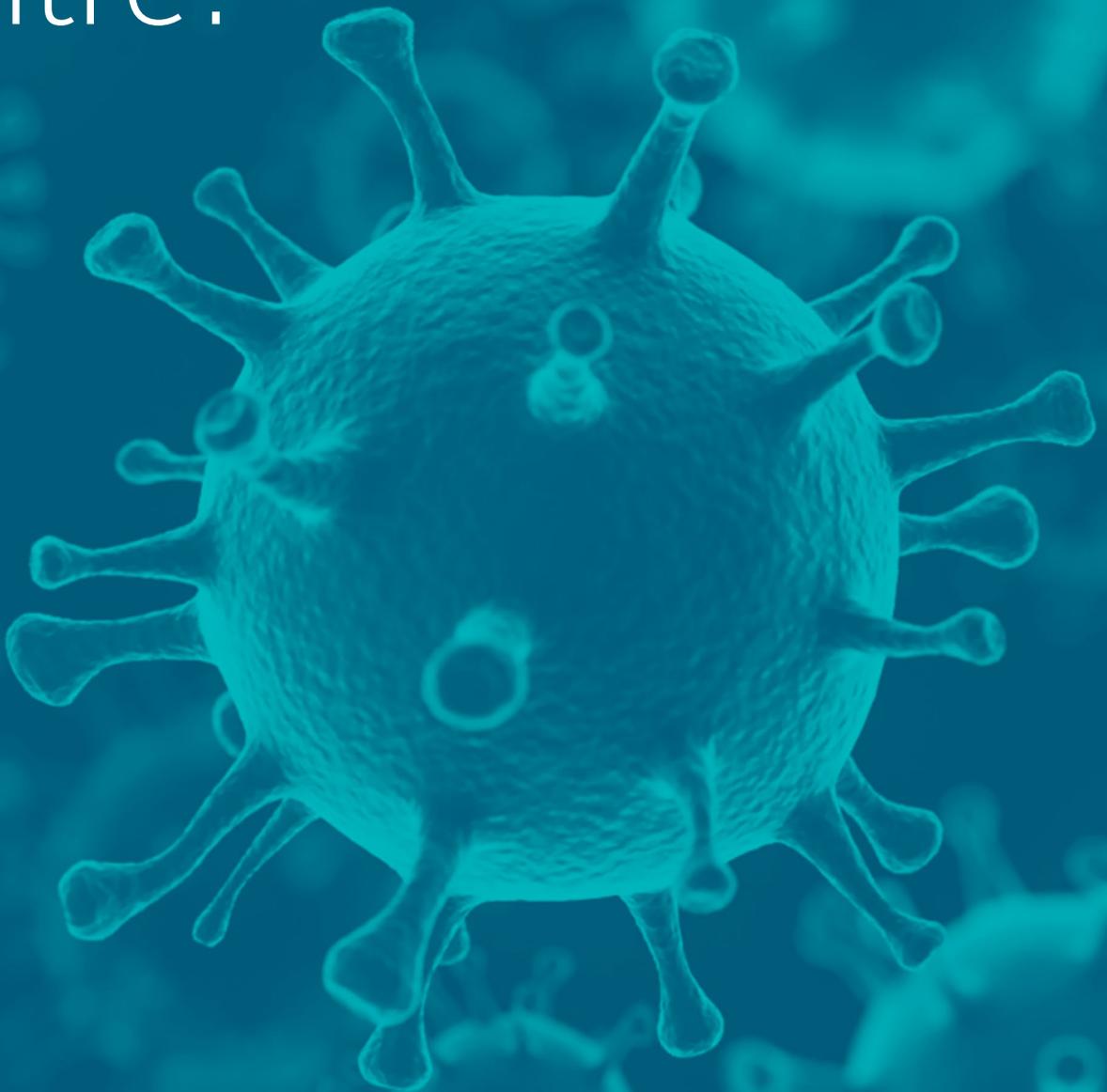
RESETTLEMENT AND COMMUNITY SPONSORSHIP:

- Ongoing support to both community and family that arrived pre-Covid.
- Continued engagement, support and training to nine CSG’s working towards welcoming a family when resettlement resumes.
- Resources and capacity that CSG’s had available were redirected to support individuals and families that required emergency assistance. Support included accommodation and funds.

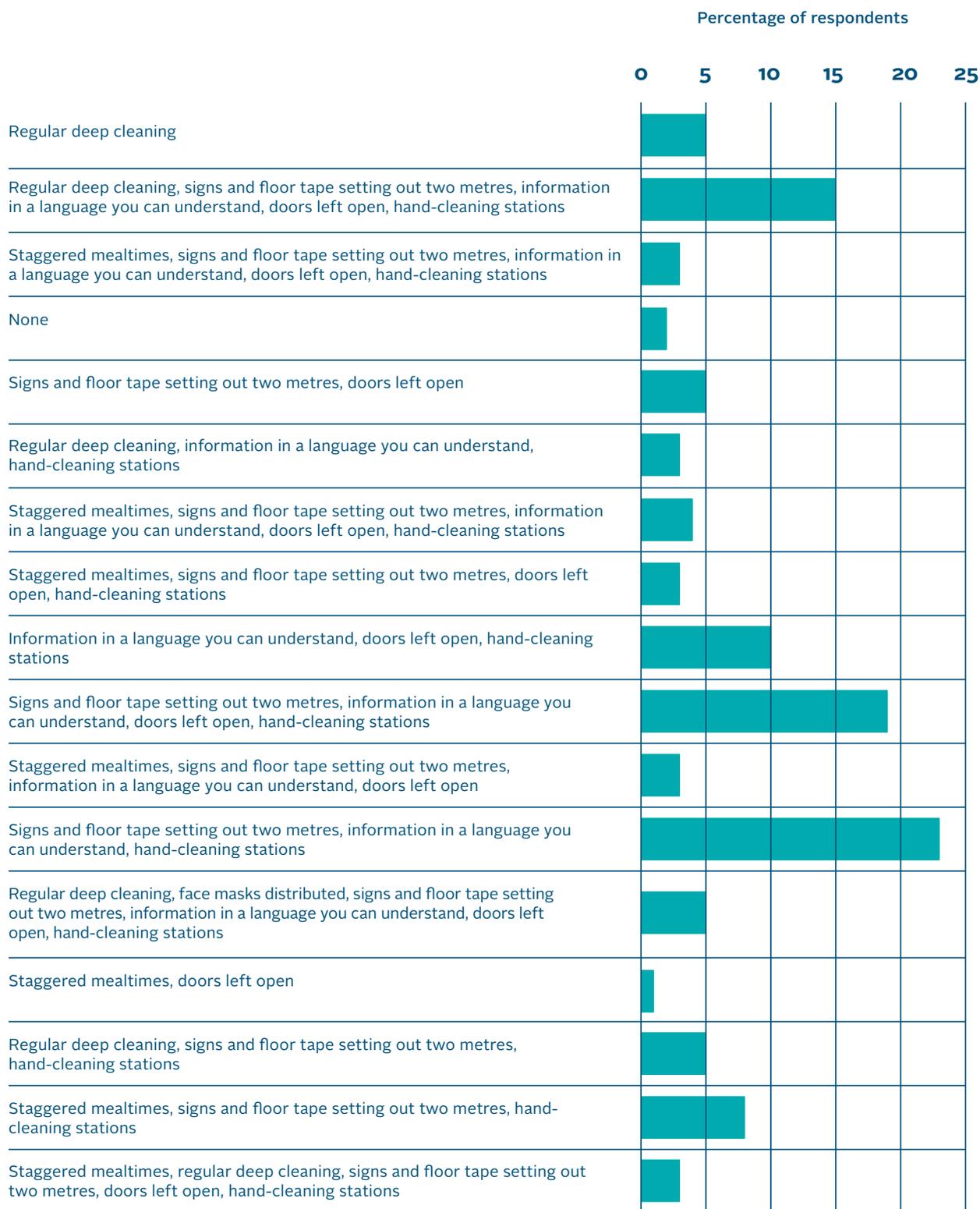
The Irish Refugee Council are grateful for the funders and supporters of our work. These include the Department of Community and Rural Affairs’ Scheme to Support National Organisations, the European Social Fund, the Asylum, Migration and Integration Fund, Rethink Ireland, the Oak Foundation and A&L Goodbody.

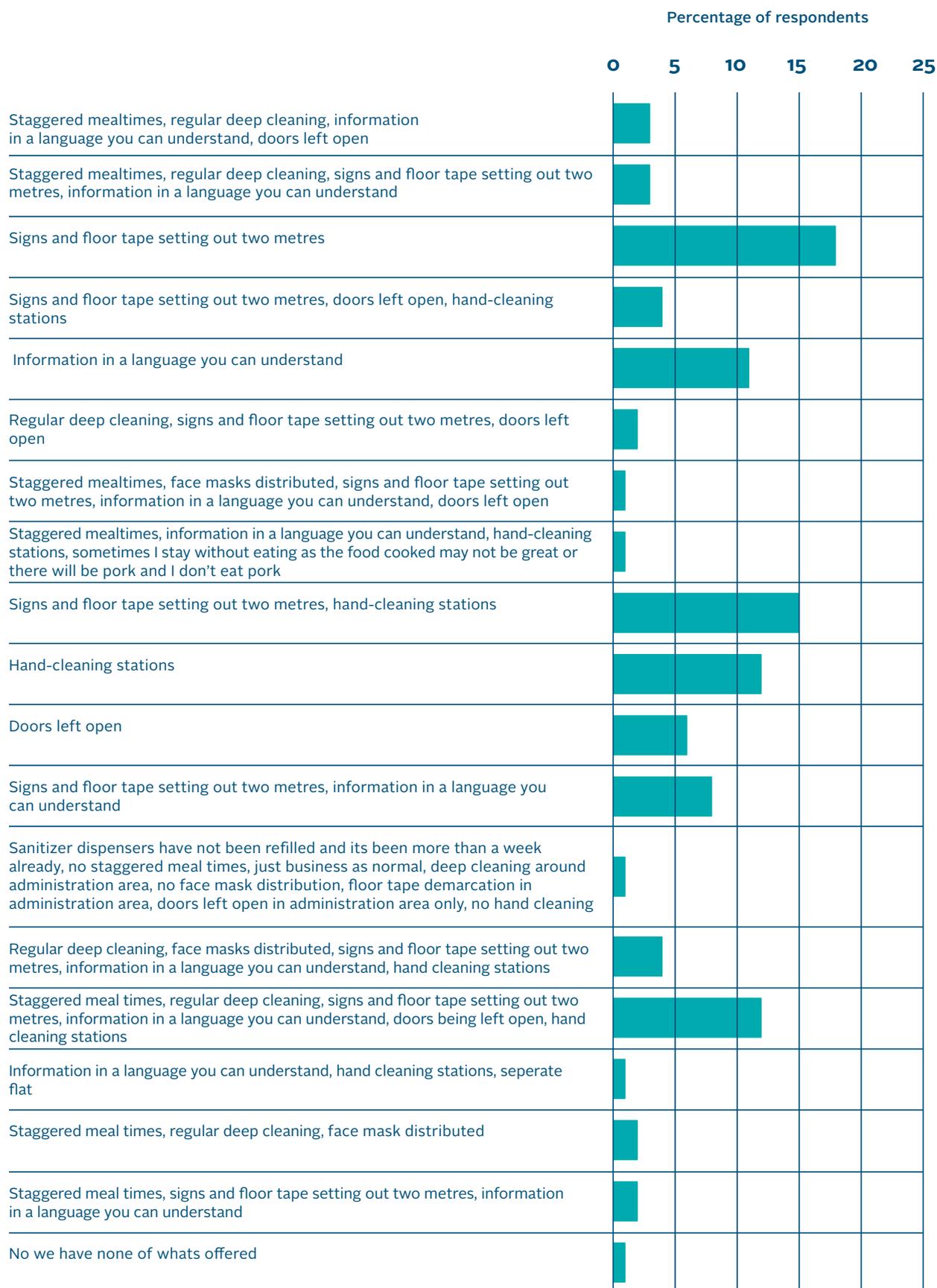
Section 9

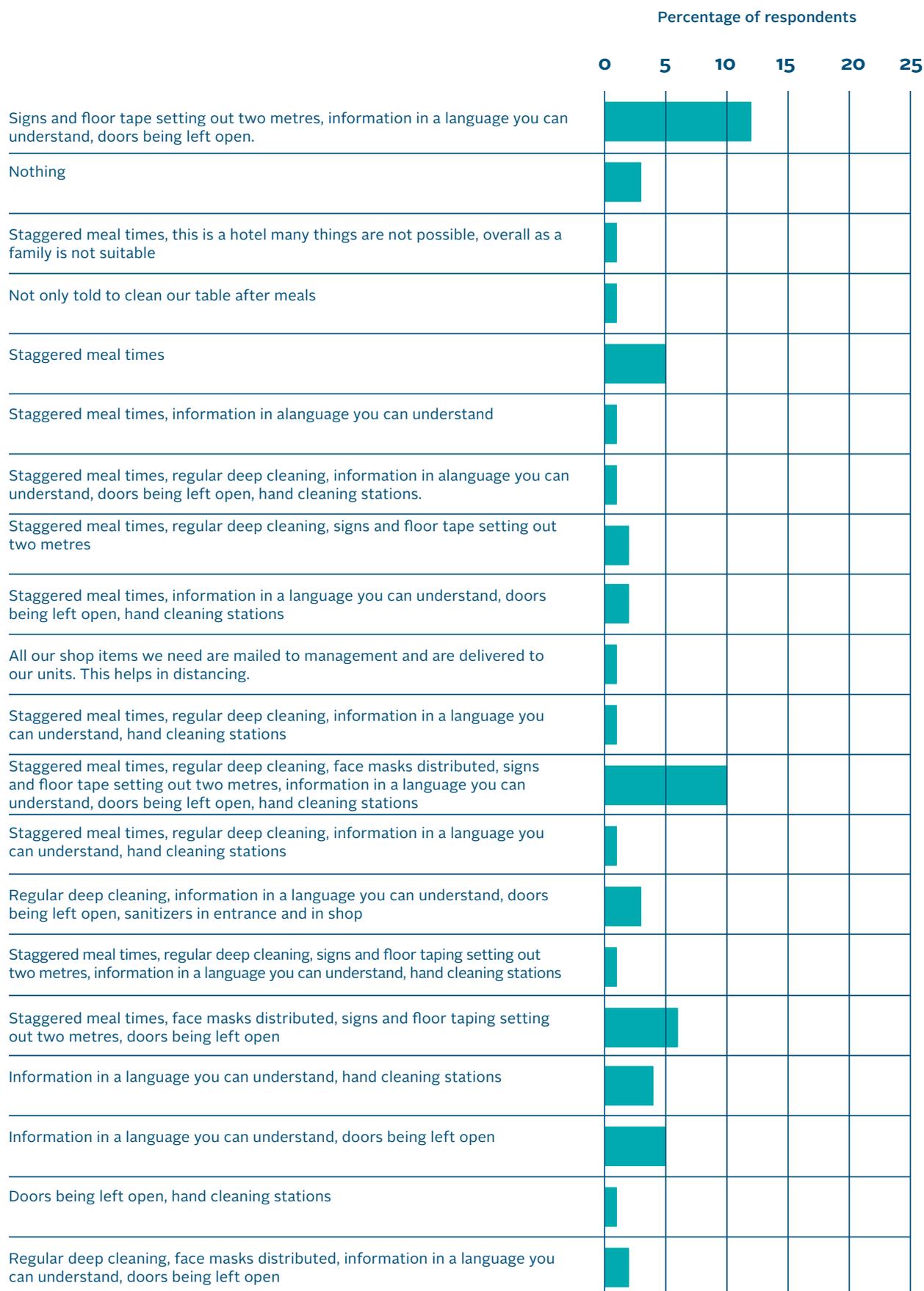
Annex 4 - Have Social Distancing or Cleaning Measures Been Implemented in your Centre?

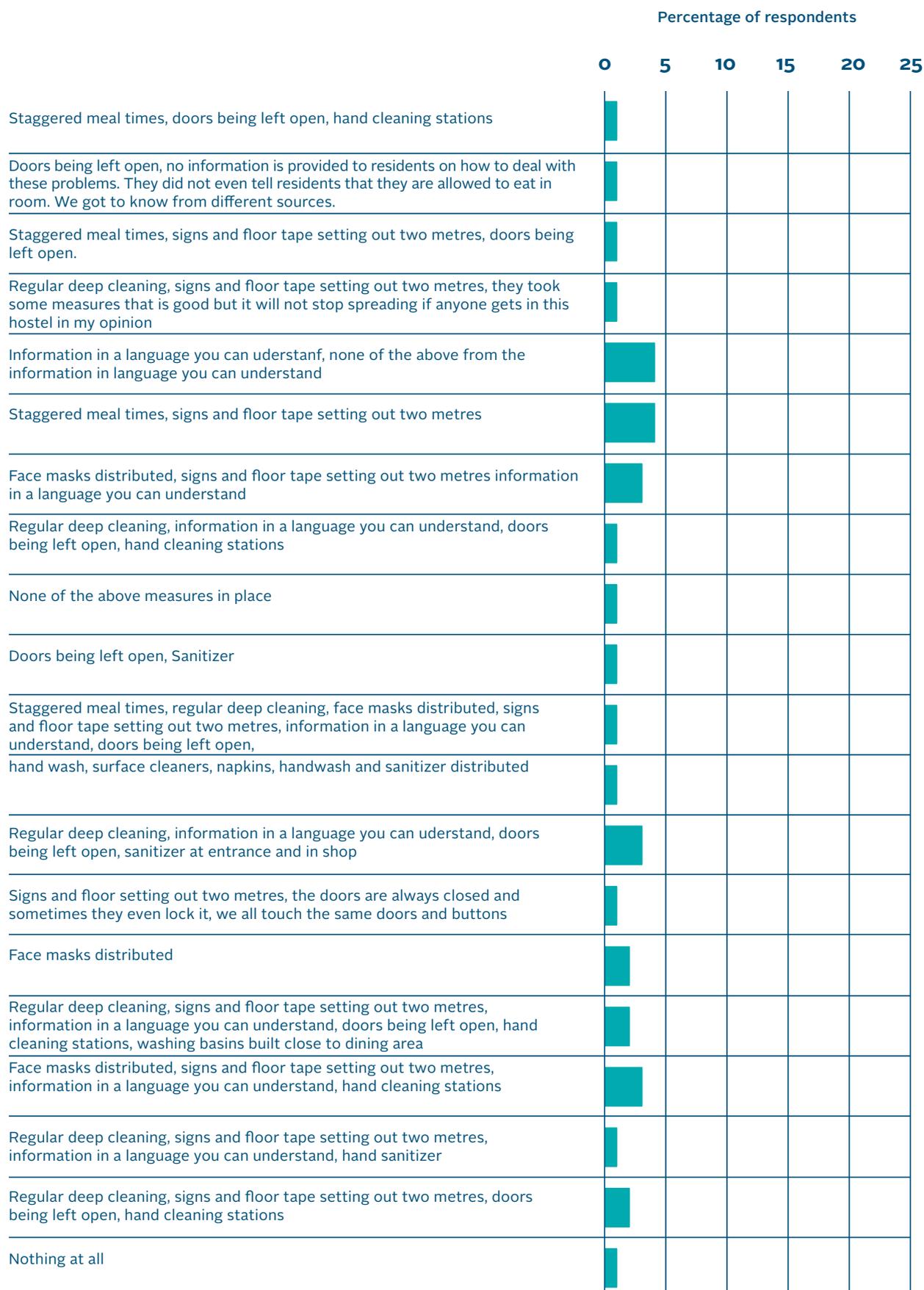


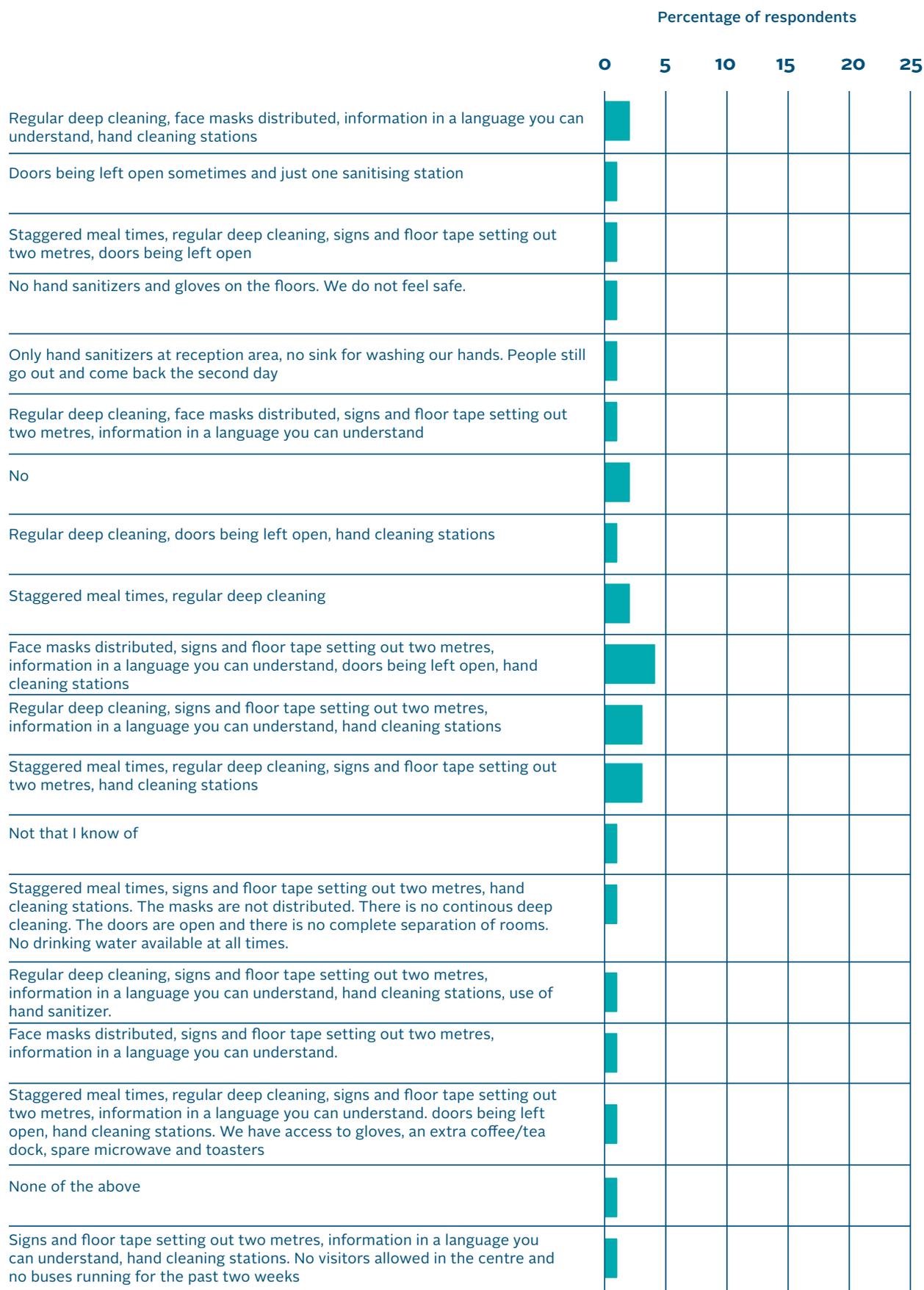
HAVE SOCIAL DISTANCING OR CLEANING MEASURES BEEN IMPLEMENTED IN YOUR CENTRE?

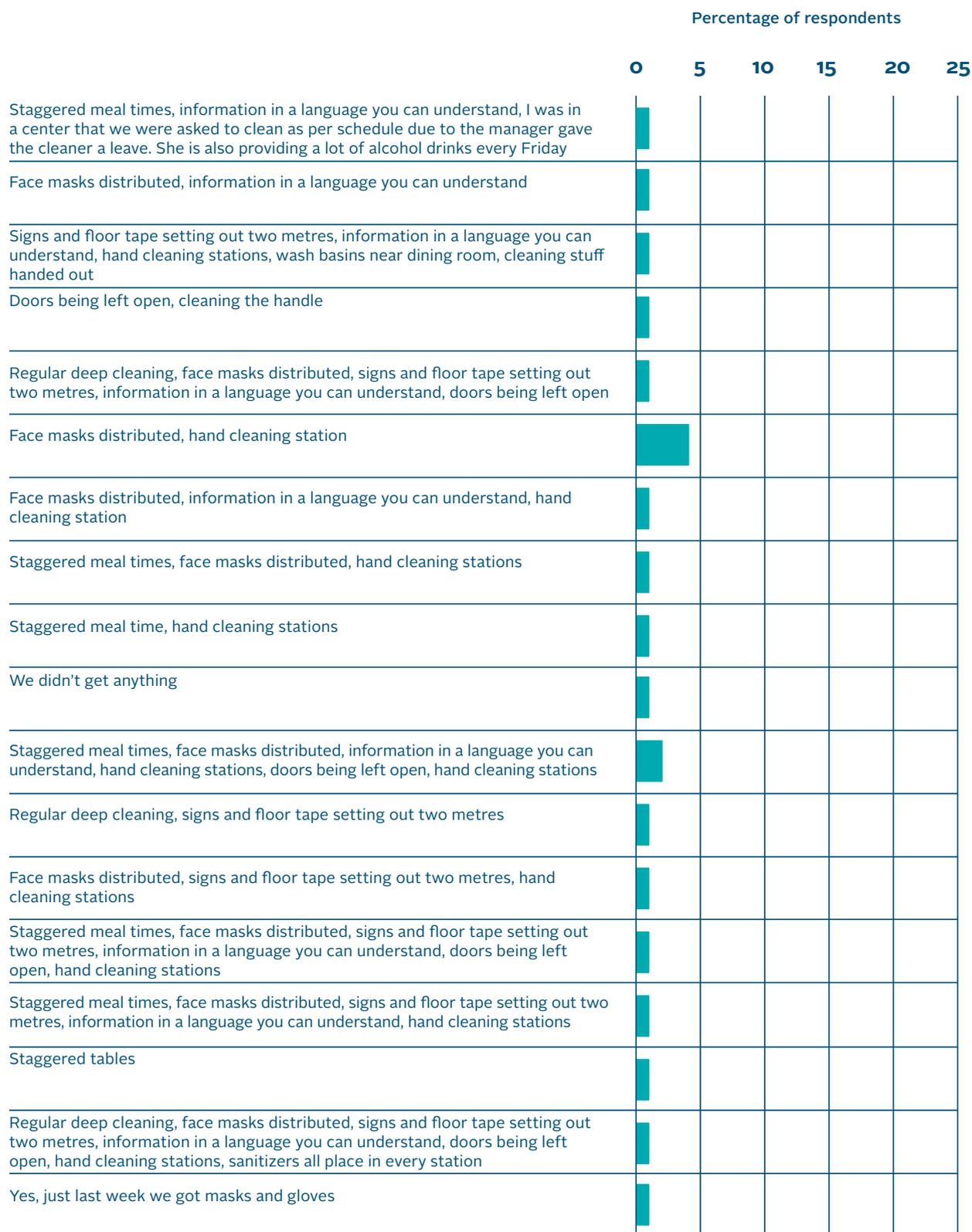






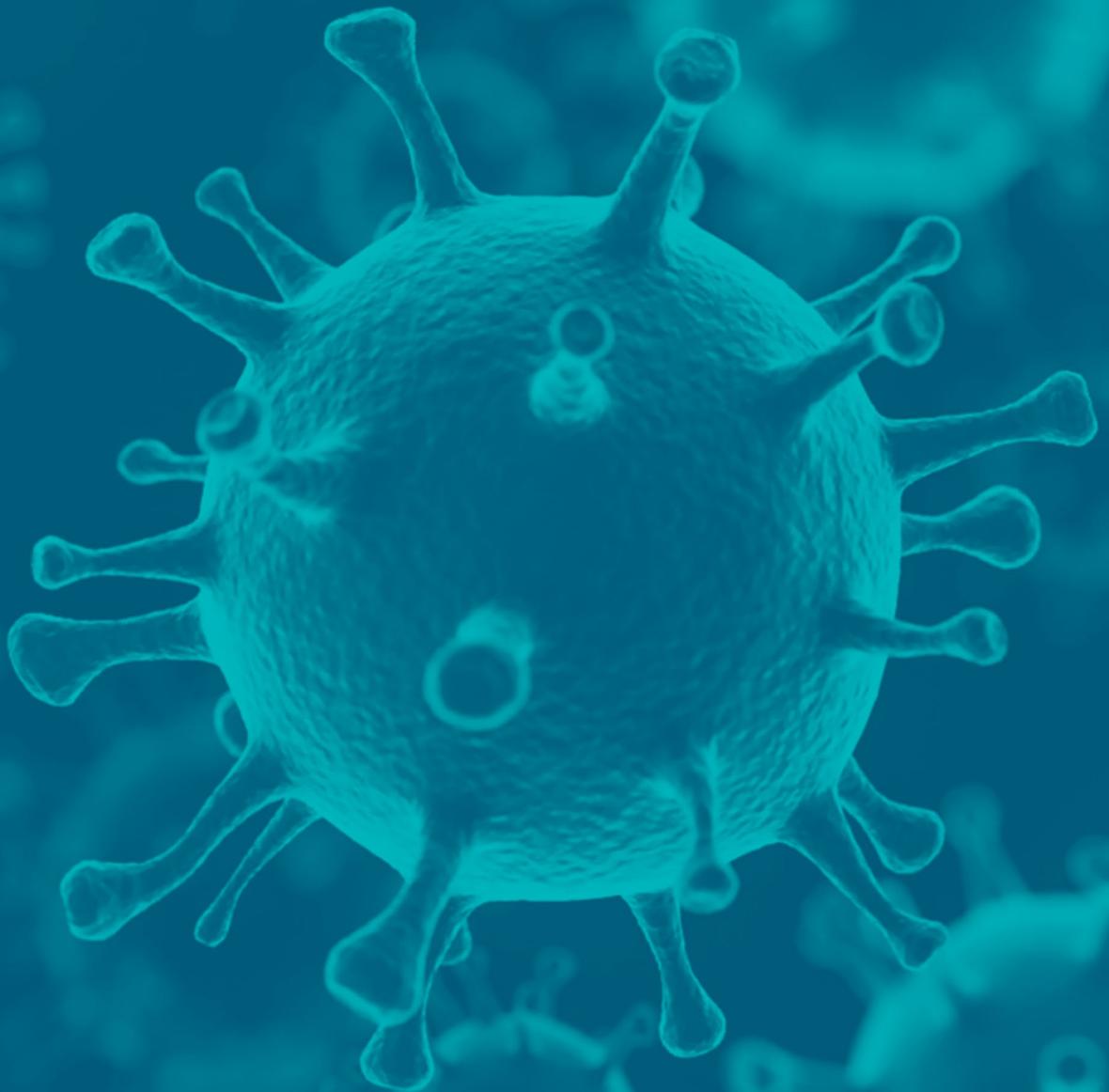






Section 9:

Annex 5 - Survey



4/6/2020

Experiences of Direct Provision during the Coronavirus crisis

Experiences of Direct Provision during the Coronavirus crisis

This survey aims to collect information about the experience of people in Direct Provision during the Coronavirus crisis.

Information collected will be used to advocate for people and for conditions and treatment to be changed or improved. This data may be used in a public document.

Please read the statement below carefully before completing the survey.

We are trying to get the survey translated. In the meantime you can download the google translate extension (عربي, shqiptar, اردو, Kiswahili, ქართული) by clicking here: <https://bit.ly/39B0Jj3> This will allow you to read and complete the survey in your language.

Please share with your friends and fellow residents.

Contact nick@irishrefugeecouncil.ie for information about the survey.

If you would like advice or help or want to raise a particular concern about Coronavirus please email nick@irishrefugeecouncil.ie and give your name and number and we will call you back.

Thank you.

4/6/2020

Experiences of Direct Provision during the Coronavirus crisis

1. The Irish Refugee Council wishes to collect and process the information and personal data that you provide in this survey, for the purpose of working to improve conditions for people living in direct provision or emergency accommodation during the Coronavirus crisis. To achieve this purpose, the information that you provide in this survey may be published and shared with third parties including the Irish Government, for example as a statistic in combination with information submitted by other people. The information you submit will be used in this way only in a manner that does not identify you personally. To fulfill the purpose set out in the first line above, your information may be kept by the Irish Refugee Council for up to three (3) years, after which time it will be deleted. If you consent to the use of your personal information in the manner described above, including the use of any special category personal information, such as information you provide about your health, please indicate your consent by ticking the box provided below. You can withdraw your consent to this use of your information at any time, by emailing nick@irishrefugeecouncil.ie If you do not wish for your personal information to be used in the manner described above, please do not complete this survey.

Check all that apply.

I agree for any personal data to be processed as stated above

4/6/2020

Experiences of Direct Provision during the Coronavirus crisis

2. Which Direct Provision centre do you live in? This information will help us identify trends and issues for advocacy. If you would rather not say, please leave blank.

Mark only one oval.

- Ashbourne House
- Athlone
- Atlantic House
- Atlantic Lodge
- Atlas House Killarney
- Atlas House Tralee
- Baleskin Reception Centre
- Birchwood House
- Bridgewater House
- Carroll Village
- Clonakilty Lodge
- Clondalkin Towers
- Davis Lane
- Eglinton Hotel
- Eyre Powell
- Georgian Court
- Glenvera
- Globe House
- Great Western House
- Hanratty's Hotel
- Hatch Hall
- Hibernian Hotel
- Johnson Marina
- King Thomond Hotel
- Kinsale Road
- Knockalisheen
- Linden House
- Millstreet
- Mosney
- Mount Trenchard
- Ocean View

4/6/2020

Experiences of Direct Provision during the Coronavirus crisis

- Park Lodge
- Richmond Court
- St. Patrick's
- Skellig Star Hotel, Cahersiveen
- Temple
- The Grand Hotel
- The Hazel Hotel
- The Montague Hotel
- The Old Convent
- The Towers
- Viking House
- Watergate House

4/6/2020

Experiences of Direct Provision during the Coronavirus crisis

3. Which emergency centre do you live in? This information will help us identify trends and issues for advocacy. If you would rather not say, please leave blank.

Mark only one oval.

- Ballsbridge Hotel
- Ciúin House
- Clayton Airport
- Clayton Liffey valley
- Cluskey's B&B
- Commercial Inn
- Dun A Rí House
- Gallery BnB Courtown
- Hotel Rosslare
- Lake House B&B
- Lake View
- Leitrim Lodge
- Lisanisk House
- Maldron Hotel Limerick
- Maldron Hotel Dublin
- Maldron Hotel
- Rathmore Holiday Village
- Setanta Guesthouse
- Shannon Lodge Hotel
- The Central Hotel
- The Courtown Hotel
- The East End Hostel
- The Esplanade
- The Fiddlers Elbow
- The Lodge
- The White House
- Travel Lodge Swords
- Treacys Hotel
- Westenra Arms
- Other

4/6/2020

Experiences of Direct Provision during the Coronavirus crisis

4. Have you been asked to move to a temporary hotel or other location during the Coronavirus crisis? If you would rather not say, please leave blank.

Mark only one oval.

- Central Hotel, Dublin
 Travelodge, Galway
 Travelodge, Cork

5. If your centre, hotel or location is not on the list you can enter the name here:

6. Do you feel safe in the place that you are living during this crisis?

Mark only one oval.

- Safe
 Not safe

7. If you do not feel safe, please say what concerns and worries you.

8. Do you have children?

Mark only one oval.

- Yes
 No

4/6/2020

Experiences of Direct Provision during the Coronavirus crisis

9. Do your children normally go to school?

Mark only one oval.

Yes

No

10. If your children normally got to school, how are they finding this? Are you or your children encountering problems?

11. Are you encountering any other parenting issues during the crisis?

12. Do you share a room with a non-family member?

Mark only one oval.

Yes

No

4/6/2020

Experiences of Direct Provision during the Coronavirus crisis

13. If you do share a room. How many people do you share with?

Mark only one oval.

- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 people
- 7 people
- 8 people

14. Do you have regular access to soap and hand sanitizer?

Mark only one oval.

- Yes
- No

15. Do you share a bathroom and washing space with non family members?

Mark only one oval.

- Yes
- No

16. Are you able to 'socially distance' yourself from other people in your centre?
Social distancing means keeping a space of 2 metres between you and other people. We understand that this may not be possible in many Direct Provision centres.

Mark only one oval.

- Yes
- No

4/6/2020

Experiences of Direct Provision during the Coronavirus crisis

17. Do you eat a communal area such as a dining hall?

Mark only one oval.

Yes

No

18. If your centre has a shop, has there been any issues with this?

19. Are you allowed to eat in your room to avoid contact with people?

Mark only one oval.

Yes

No

20. Have social distancing or cleaning measures been implemented in your centre?

Check all that apply.

- Staggered meal times
- Regular deep cleaning
- Face masks distributed
- Signs and floor tape setting out two metres
- Information in a language you can understand
- Doors being left open
- Hand cleaning stations

Other: _____

4/6/2020

Experiences of Direct Provision during the Coronavirus crisis

21. Are you working?

Mark only one oval.

- Yes
- No
- I was working but lost my job due to the Coronavirus crisis

22. If you are working, are you working in hospital, the healthcare or care sector?

Mark only one oval.

- Yes
- No

23. Do you (or any of your dependents) have an underlying health condition?

Mark only one oval.

- I am 60 years of age or over
- I am 70 years of age or over
- I have a long-term medical condition (for example, heart disease, lung disease, diabetes, cancer, cerebrovascular disease, renal disease, liver disease or high blood pressure)
- I have a weak immune system (immunosuppressed)
- I have a medical condition that affects my breathing

24. Do you feel you have received enough information about Coronavirus and how to stay safe?

Mark only one oval.

- Yes
- No

4/6/2020

Experiences of Direct Provision during the Coronavirus crisis

25. Do you have access to a reliable WIFI connection?

Mark only one oval.

Yes

No

26. What, if anything, has supported you during this time?

27. If you want to share any photos of your experience or issues in your accommodation please upload them here.

Files submitted:

28. Thank you for completing the survey. Please add any other information about your experience in Direct Provision during the Coronavirus crisis.

This content is neither created nor endorsed by Google.

Google Forms

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The Irish Refugee Council (IRC) was established in 1992 to create a just, fair and inclusive society for people seeking asylum.