



**FACULTY OF
PAEDIATRICS**

ROYAL COLLEGE OF
PHYSICIANS OF IRELAND



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OF IRELAND**

Children in direct provision



A position paper by the Faculty of Paediatrics, Royal College of
Physicians of Ireland | December 2019

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“When we look back in 10 years’ time, we may ask ourselves how we allowed the system to exist. The debate sparked by the Tuam mother and baby story should prompt us to reflect on the manner in which all children are treated in Ireland, not merely citizen children.”

Dr Geoffrey Shannon, Special Rapporteur on Child Protection (2016)

Definitions

Here you will find definitions of important terms used in this policy paper.

The **Faculty of Paediatrics** at the Royal College of Physicians of Ireland is the national training and professional body for Paediatrics in Ireland.

Refugees are people who are outside their country of origin and require international protection. They have been granted refugee status following an investigation of their claim for international protection. Refugees are entitled to social welfare and have the right to work.

An **international protection applicant**, formerly 'asylum seeker', is a person who has applied for refugee status, but whose claim has not yet been approved. International protection applicants can legally stay in the host country while their application is pending.

A **migrant** is any person who has moved from their place of residence, irrespective of their legal status, or whether the movement was voluntary or forced.

This paper will deal with **forced migration**, which entails an element of coercion, including threats to life and livelihood. Any reference to migrants or migrant children hereafter, refers to those who have undergone forced migration.

Executive Summary

The Faculty of Paediatrics calls for the direct provision system to be abolished and instead for children and their families to be placed in community-based, family friendly, secure accommodation.

Children and young people thrive if they can live in families, safe communities and supportive environments that provide the right conditions and opportunities to reach their fullest emotional and developmental potential.

These elements and supports are crucial in the prevention of adverse childhood experiences and long-lasting mental health challenges. Direct Provision settings cannot provide this environment as it cannot adequately meet the needs of children and their families in terms of security, family autonomy, nutrition and access to education and health services.

To ensure children's rights and their health needs are upheld in the interim, we call for the following:

Accommodation

- Provide families with own-door accommodation and a private living space
- Ensure access to self-catering facilities

Resources

- Make baby-related items freely available
- Increase the allowance for families for school and clothing expenses
- Improve access to translation and transport services

Health

- Improve access to psychotherapy and psychological services throughout the country
- Make funding available for additional vaccinations

Education

- Remove the waiting period for Post Leaving Certificate schemes for children completing secondary school wishing to pursue third level education
- Waive non-EU fees for international protection applicants to third level

Introduction

The world is currently experiencing the largest migrant crisis since World War II (1).

In 2017 there were 68.5 million people forcibly displaced worldwide, of whom 25.4 million were refugees, and 40 million were internally displaced.

Five countries accounted for 68% of displaced people (Syria, Afghanistan, South Sudan, Myanmar and Somalia), and 85% were hosted in developing countries (2), with Germany being the only EU country in the top 5 hosting countries.

Up to 20% of migrants die while migrating due to murder, illness or accidents, with one death for every 14 sea arrivals to Europe in 2018 (1, 3, 4).

By the end of 2017 there were over 6 million people in a refugee-like situation in Europe, approximately half (52%) of whom were children (2).

This paper was prepared by the Faculty of Paediatrics to highlight the needs of, and the difficulties faced by, children currently spending their formative years in the direct provision (DP) system.

A report published in 2017 on Consultations with Children in Direct Provision (DP) reviewed the experiences of 110 children (aged 8-18 years) from 11 DP centres. Quotes from that report are highlighted throughout this paper (5).

The Irish International Protection System

“The fact that people stay so long in this system is not fair. There’s other little children born in this system. Their whole lives are based on four walls, one room. They don’t know what the outside world looks like”

[13-18 years] (5)

The Direct Provision (DP) system was established in 2000. Prior to DP, international protection applicants were entitled to social welfare payments and allowed to source their own accommodation, with over 90% settling in Dublin. Under DP, most international protection applicants were moved away from Dublin and social welfare was replaced with centrally allocated food and housing. It was anticipated that people would spend up to six months in DP while their application was processed. The application process is regulated under the International Protection Act 2015 (6, 7).

International protection applicants are first sent to the Baleskin reception centre in Dublin where they can avail of medical screening and counselling, and subsequently to peripheral centres, whose management is subcontracted to private firms. Due to capacity issues, since 2018 many asylum seekers are being sent straight to peripheral centres, bypassing initial screening opportunities. Most centres are repurposed buildings. Although they are not obliged to use accommodation provided through the Reception and Integration Agency (RIA), reception benefits are only available to international protection applicants living in DP. In practical terms, with no immediate access to the labour market, most international protection applicants have no other viable option available to them (8).

In July 2018, Ireland adopted the European Receptive Conditions Directive. This allowed international protection applicants access to the labour market for the first time, but only if they were awaiting a first instance decision for greater than 9 months. Weekly income in excess of €97 will necessitate a financial contribution, with weekly income greater than €600 requiring full board payment of €238 per week (8, 9). Current weekly allowance is €29.80 per child, and €38.70 per adult, which was increased from €21.60 (per adult or child) in March 2019 (8).

Irish statistics

From 1992-2015 there were 100,000 asylum applications. In March 2016, 600 people (13.4%) had been in DP for more than 8 years. Average length of stay was 38 months (6). By December 2018, length of stay had improved, with 23% in DP for less than 6 months, and an average length of stay of 14.3 months, and 5.8% of applicants were in DP for 5 or more years (8). In 2018 there were 3,673 first instance asylum applications in Ireland (men 52%; women 25%; children 23%), with 5,660 applications pending at the end of 2018 (8). In October 2018 there were 6,405 people living in DP, including 1,778 children.

“I want to live in a house with a garden so I can play football”

[8-12 years] (5)

They were accommodated in 37 centres and 5 temporary accommodation centres across 18 counties (10). In 2018, the most common countries of origin were Albania, Georgia, Syria, Zimbabwe and Nigeria. 70.3% of asylum applications were rejected, 6.73% were granted subsidiary protection, and 23% were granted refugee status. 99% of Syrian applications were granted refugee status, while all other countries had 82-99% rejection rate (8). Previously, up to 90% of asylum applications were rejected (6, 11). The system is now above capacity (capacity: 6,209 people) (8), with even less appropriate emergency alternative accommodation being used.

Direct Provision Concerns

The 2015 McMahon report published 173 recommendations for improvement of the DP system (12). The final implementation report published by the Department of Justice in 2017 claimed that 98% of these recommendations were implemented (13). This was contested by The Irish Immigrant Support Centre who stated that only half (51%) of recommendations had been implemented (14). Significant improvements had been made regarding waiting times, living conditions, access to the labour market and drafting of national standards for DP centres (9, 14).

Currently, there is no enforcement mechanism for DP standards (8, 15). The draft national standards for DP centres are due to be finalised shortly, with suggestions that HIQA would be the most appropriate body to ensure adherence (16, 17). Under European Receptive Conditions Directive, vulnerability screening has been a legal requirement since July 2018. However, apart from unaccompanied children, there is no formal mechanism for vulnerability identification (8).

1,778

children living in Direct Provision in
Ireland in October 2018

Health Concerns

Mental Health

International studies have shown that migrants suffer 10 times the rate of post-traumatic stress disorder (PTSD), and 2.9 times rate of psychosis than the general population (4, 18, 19). Irish studies of psychiatric outpatients have found a PTSD lifetime prevalence of 47% in international protection applicants, compared to 6% in an Irish population (18, 20). While only 6% of international protection applicants had a psychiatric history prior to migration, 36% were found to be depressed, and 52% had presented with psychosis (20). Other Irish studies have found that international protection applications were six times more likely than refugees to report symptoms of PTSD, depression and anxiety (11). Reported stressors included post-migration stress, legal status, female gender, separation from children, and discrimination (11, 21).

94% of international protection applicants have experienced traumatic events prior to arriving in Ireland, with 32-53% reporting torture (18, 20). This is on par with international studies which estimate a torture prevalence of 30-84% among asylum seekers. Despite this, SPIRASI (Spiritans Asylum Services Initiative), Ireland's national treatment centre for survivors of torture, reports that only 6% of all asylum seekers are referred for treatment (19).

Access to health services

In Ireland, infectious disease screening is on a voluntary basis, with many international protection applications being relocated prior to completion (23, 24). Both the College of Psychiatrists of Ireland, and the RCPI Faculty of Public Health Medicine, have called for routine psychological assessment on arrival (4, 24). The Faculty of Public Health Medicine has also called for compulsory systematic screening for all international protection applicants, including for infectious and chronic disease.

Although international protection applicants are eligible for medical cards, barriers for access to healthcare include language, transport and medication costs (24, 25). GP administration costs are not paid for 'catch up' childhood vaccines after 12 years of age (24). This is of particular concern as Médecins du Monde reported that only 60% of children attending their migrant clinics in London and Belgium had been vaccinated against MMR, TB and HBV (22).

Safetynet Primary Care, an NGO focusing on the healthcare of marginalised groups, fund additional health assessments in DP centres to those who were unable to avail of screening at

initial registration (26). Concerns have been raised by primary care providers whereby services are expected to absorb large numbers of migrants with little notice and no additional allocation of resources (24, 27).

“We only get €19 and there are so many things that need money, you can’t work and we only get €19. These days shoes cost €30 so how are we supposed to pay for other stuff?”

[8-12 years] (5)

94%

of international protection applicants
have experienced traumatic events
prior to arriving in Ireland

Children in Direct Provision

“People should stop knocking on our doors while being drunk at night”

[8-12 years] (5)

Multiple professional bodies have by now voiced concerns about the welfare of children within Ireland’s DP system. Specific concerns around children in DP include institutionalisation, length of stay, living conditions, inadequate supports, inability to participate in extra-curricular activities due to funds, lack of transport and strict meal times, lack of access to further education, sexual harassment experienced by women, and sharing accommodation with unknown single men (5, 7, 9, 15, 25).

“I would not put any single man in family hostels because it’s not safe”

[13-18 years] (5)

A review of 43 asylum seeking families in rural Ireland found asylum seeking children were living in extreme deprivation, below the 20% poverty line. 92% considered it necessary to buy extra food to support their families, however 69% were unable to afford to do so. Inadequate nutrition meant that breastfeeding mothers often had to switch to formula feeding after a few weeks, putting further financial strain on the family. Hostels provided no baby food and many family’s cash supplements were spent on baby related items. Most families reported racism and intimidation by hostel staff, with many children suffering stress related illnesses. Usually one family was allocated to a single room, and parents felt overcrowding contributed to safety risks (28).

“In my school people are mean to me because I sleep with my mum”

[8-12 years] (5)

Social exclusion has a significant negative impact on children’s wellbeing. Children in DP feel most included in society while at school but are excluded from many social and extra-curricular activities due to funds, transport, strict meal times and a visiting ban to DP centres (7). At the same time access to third level education is essentially non-existent for international protection applicants (8).

“What about those that haven’t lived in Ireland for five years and finished their leaving. What are they supposed to do? Stay home, waste their lives and time?”

[13-18 years] (5)

Although there have been longstanding concerns regarding children and families living in DP, the situation has improved somewhat with the implementation of the McMahon recommendations, and expanding the remit of the Ombudsman for Children to include DP (13-15, 25).

The Health Information and Quality Authority (HIQA) reports that 14% of all children in DP were referred to the Child and Family Agency (TUSLA) in a single year, compared to 1.6% in the general population of children. Referral reasons included physical abuse, supervision, domestic violence and proximity of unknown adults. There were also significant delays in social work assessments (29). This is further emphasised in an Irish study which found that international protection applicants accounted for 11% of paediatric burns admissions, while only accounting for 0.3% of the population. They presented at a younger age than Irish children, usually with scalds, which are typically associated with unsafe domestic environments, poverty, and overcrowding (30).

92%

of asylum-seeking families in rural
Ireland considered it necessary to buy
extra food

Recommendations

Direct provision is not an appropriate environment for a child to grow up in and the Faculty of Paediatrics calls for this system to be abolished.

Our society must ensure that we do not add to the burden of adverse childhood experiences in this vulnerable group to avoid further serious long-term effects on their physical and mental health. Direct Provision is not an environment that will enable a child to achieve their fullest potential.

Asylum-seeking children and their families should be placed in community-based family-appropriate housing with appropriate supports to ensure mental health and their ongoing emotional development

In the interim period, changes need to be made to ensure that children and young people's rights are upheld as follows:

Accommodation

- Families should have own-door accommodation with a private living space, as opposed to communal areas
- All families should have access to self-catering facilities and culturally appropriate foods

Resources

- Baby-related items should be made freely available
- There should be an increased allowance for families for school and clothing expenses
- Access to translational and transport services should be improved, to allow international protection applicants to access their entitlement to free legal aid and health care

Health

- Improved access to psychotherapy and psychological services throughout the country with targeted support services provided by appropriately trained staff
- Specific funding should be made available for additional vaccinations for all age groups
- Sexual and reproductive health services need to be enhanced, including access to health information, family planning and contraception

Cultural Awareness and Safeguarding

- Medical, social and legal workers should have extra training regarding intercultural awareness, international protection issues, trauma, torture, impact of migration and safeguarding concerns in international protection seeking children.

Education

- Access to third level education is essentially non-existent for international protection applicants and the current Post Leaving Certificate (PLC) scheme is very restrictive and disqualifies students that haven't been in the Irish education system for more than 3 years. We would recommend that no waiting period is imposed on the PLC schemes for children completing secondary school wishing to pursue third level education. We also recommend that the non-EU fees that international protection applicants are subjected to should be waived.

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