



Cork Equal & Sustainable Communities Alliance

Bringing Communities Together in Cork

Submission from CESCA to the Working Group on the Protection Process in Ireland

Background to CESCA

CESCA is an alliance of community and voluntary groups in Cork city who have joined forces to better address issues of disadvantage in the city. This alliance - *Cork Equal and Sustainable Communities Alliance* (CESCA) – sees 14 diverse groups in Cork city, who share a common goal of social inclusion and social justice, working together as part of this innovative new partnership. By working together, CESCA is facilitating the effective pooling of resources and expertise and helping to achieve cost savings by maximising existing resources and addressing gaps in service provision. This new and innovative way of doing business will harness and protect the vast experience and excellent work of these front-line organisations that are at the heart of social inclusion services in Cork city.

CESCA members include a range of community groups in Cork city including Ballyphehane / Togher Community Development Project (CDP), 'Before 5' Family Centre, Churchfield Community Trust, Cork Gay Project, LINC Advocating for Lesbians and Bisexual Women in Ireland, Mahon Community Development Project (CDP), Mayfield Community Development Project (CDP), Meitheal Mara, NASC (Irish Immigrant Support Centre), Northside Community Health Initiative Cork (NICHE), Social and Health Education Project (SHEP), Traveller Visibility Group (TVG) and Cork YMCA. CESCA is supported by the HSE's Social Inclusion Services Cork.

CESCA in particular supports NASC in its submission to this process.

More information on CESCA is available at www.cesca.ie

Summary of Recommendations in relation to Accommodation issues and Social Supports



The introduction of an independent complaints mechanism; and expanding the remit of the Ombudsman and the Ombudsman for Children to receive, investigate and respond to individual complaints made by residents of direct provision, or any future reception system

Placing the weekly allowance on a statutory footing and increasing payments in line with the objective of the Supplementary Allowance Scheme

Beginning the closure of centres that do not provide self-catering facilities

Food and diet is a prominent issue and constant education is required. The choice of food that families begin to eat is reflective of their length of stay in Direct Provision, as people become more despondent and depressed, and start to load food, and choose food combinations for themselves and their children that are not healthy. Pregnant and nursing mothers need more flexibility in the existing provision. Growing children and teenagers studying and involved in sport should be able to go a kitchen when they are hungry, and require a higher level of healthy, available snacks.

Cap or limit the time applicants can spend in a reception centre and begin providing step down processes and alternative accommodation for residents who have been in direct provision for an excessive amount of time

Provision of special accommodation units or alternative accommodation for particularly vulnerable families/individuals needs to be provided as a matter of urgency

The EU Receptions Directive defines vulnerable persons as: *'minors, unaccompanied minors, disabled people, elderly people, pregnant women, single parents with minor children, victims of human trafficking, persons with serious illnesses, persons with mental disorders and persons who have been subjected to torture, rape or other serious forms of psychological, physical or sexual violence, such as victims of female genital mutilation'* (Directive 2013/33/EU, Article 21)

That RIA develops a risk assessment framework for vulnerable persons in Direct Provision and liaises with local statutory and social services in developing care plans. Risks identified should include vulnerable persons as mentioned above.

Counselling and support should be prioritised for vulnerable persons.

Victims of trafficking should be accommodated outside of direct provision

Direct provision accommodation is not suitable for victims of trafficking and does not meet our international obligations in relation to the provision of safe and secure accommodation.



Secure care accommodation needs to be provided for trafficked women.

Using the EU Receptions Conditions Directive as a framework for establishing a humane reception system

Comprehensive needs assessment upon submission of protection application

Transfers

Transfers from one reception centre to another should only happen if absolutely necessary, and they should be done in consultation with the resident. If a transfer is necessary, every effort must be made to ensure that the best interests of any children involved are a priority, for example not issuing a transfer during the school year.

We are concerned as professionals, that many people experiencing mental health difficulties appear to be transferred from hostel to hostel as a result of their behaviour, rather than being highlighted and multi-disciplinary team care plans being developed.

Short notice in a transfer can result in people leaving a county in less than 24 hours, having a devastating impact on the social network people have built up on that site.

HIQA inspections

As an oversight of the reception provided to asylum seekers, accommodation centres contracted by RIA or owned by the State, should be subject to regular inspections by the Health, Information and Quality Authority (HIQA). This was recommended by Special Rapporteur Geoffrey Shannon in his Fifth Report on Child Protection.

Transitional supports for moving out of direct provision

When an asylum seeker is given a residency permission, they are in a particularly vulnerable situation, especially if they have been living in direct provision for several years. Their ability to successfully transition out – for instance, securing accommodation, accessing social welfare and employment – can be significantly compromised. More supports must be provided for those in this position. A good model here is the supports provided to Programme Refugees by the Office for the Promotion of Migrant Integration. This would ensure the effective integration of former direct provision residents into the social and economic fabric of Irish society.

In the Kerry area, a transitioning programme was developed and implemented in conjunction with a range of agencies from the statutory and community/voluntary sector.

At least during the current housing crisis, it is not recommended that RIA puts a time limit on vacating direct provision, but make it conditional upon the person finding housing.

Access to education and educational supports

Language classes and other general up-skilling classes should be made available at or near every reception centre, and new contracts should include clear stipulations about



who (e.g. the owner) is responsible for the provision of classes and/or transport to classes.

We recommend that the Department of Education issue a public statement noting clearly that being in the asylum process is not prohibitive of accessing third level education.

The right to work after 9 months

The issue of not being able to work is hugely problematic and incomprehensible to many living in Direct Provision and leads to huge lethargy and depression - People become de-skilled and institutionalised.

Access to individuals and families in Direct Provision by Groups

It is our experience that, access to residents in direct provision can be difficult for NGOs and community and voluntary groups, who provide much needed supports, information and services to residents.

These services are no risk to the security of the premises or the residents, and should not be denied. In many cases, this is the only information residents receive regarding the protection process and their rights as protection applicants. Indeed, the State relies heavily on the provision of much of these services and supports by outside agencies.

Review contacts with Direct Provision service providers

The State has contracts/S.L.A's with all providers who manage Direct Provision sites. We recommend that all contracts be reviewed to ensure the inclusion of health and social well being provisions. Examples include; self catering facilities and Integrated Play areas which promote participation, socialisation and interaction.

Specialised intercultural training for staff dealing with asylum applications and those working in and managing Direct Provision sites.

Dedicated Translation services

Dedicated translator, rather than a survivor having to ask friends/family to translate is recommended as this denies them a confidential space. Ref: *On speaking terms: Good Practice Guidelines for HSE Staff in the provision of Interpreting Services.*

Appropriate Sleeping Space should be provided

The practice of room sharing with people of different ethnic backgrounds, religions, languages and sexual orientation can be problematic. There is evidence of individuals being in fear, experiencing sleep deprivation and sometimes being forced to share with people with mental health difficulties.

Of particular concern is the fact that families with small, in many cases also adolescent children are kept in single room accommodation, which leads to:

The risk and rapid spread of infections, the inability to engage in age-appropriate activities, individually or jointly, such as; playing, drawing, doing homework, meeting friends, cooking, baking and most other activities of natural family life. Consideration also needs to be given to intimacy and privacy for parents and teenagers alike.

Independence/decision making skills should be promoted

Our recommendation is that every effort is made to ensure people retain independent, decision making skills while in Direct Provision. For Example, people could be involved in choosing toiletries etc. through an internal online system that is set up in the hostel, that allocates each family a budget that they use. This is cost neutral as these contracts are already calculated per head within the contract.

Finally, every effort that is made early in the process of asylum, will pay dividends in terms of reduced illness, criminality, mental health problems and, most importantly, by allowing people in the process to start contributing to our society according to their abilities.

