EXPERIENCES OF LIVING IN DIRECT PROVISION: A CASE STUDY OF MOUNT TRENCHARD ACCOMMODATION CENTRE
Doras would, first and foremost, like to thank the interviewees who participated in this research and shared their experiences of living in Mount Trenchard. They volunteered this information despite the genuine fear of the perceived consequences of speaking out against the system. Many residents of Direct Provision are afraid to speak up or make formal complaints, as they believe this could have a negative impact on their living circumstances and the decisions made on their applications for International Protection. Doras takes its commitment to confidentiality very seriously, and we have made every effort to ensure the safety and anonymity of all participants.

We very much appreciate the input from other local service providers, whose invaluable insight has allowed us to better understand the issues faced by the residents of Mount Trenchard.

This project would not have been possible without the support of The Community Foundation for Ireland, University of Limerick and the generous support of all of our benefactors, funders and donators, for which we are all very grateful.
This project has received funding from The Community Foundation for Ireland.

The Community Foundation for Ireland stands for a fair, caring and vibrant Ireland for now and the future. We believe in an Ireland where everyone feels they belong. An Ireland where people are equal and communities thrive.

We use our knowledge to help donors translate their aspirations of giving back into effective investments of their experience and resources. We have been providing grants since 2000 and in 2018 we gave out almost €7.5 million to communities in Ireland and abroad. We have a dedicated and committed staff; they have extensive experience of grant-making from working with over 4,000 non-profit organisations at a national, regional and local level throughout Ireland and overseas. With over 1,800 community foundations globally, the community foundation model is a proven and effective model for social change. More information at www.communityfoundation.ie.
Those who are the focus of this report arrived in Ireland seeking the protection of the State and while their applications are being examined the majority reside in accommodation centres around the country under the system of Direct Provision. As of October 2018, there were 6,405 people living in the Direct Provision system (RIA 2018).

Issues about the conditions in Mount Trenchard first emerged in 2005. The establishment of a Working Group in 2014 saw the State acknowledge that the Direct Provision system may not be meeting the needs of those it was tasked with looking after. One of the most significant issues acknowledged and addressed in the subsequent McMahon (2015) report was the varying standards found in Direct Provision centres across the country.

Loyal (2011) argues that the most important perspective when assessing the Direct Provision system is that of those individuals who experience the lived reality of the system on a daily basis. Accordingly, the findings presented in this report raise a number of important issues about the Direct Provision system, and the Mount Trenchard centre in particular, which must be addressed if we are serious about treating “asylum seekers with the humanity and respect that they deserve” (McMahon 2015:10).

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ABOUT DORAS

Doras is an independent non-governmental organisation based in Limerick, established in the year 2000 in response to the introduction of the Direct Provision and dispersal system.

Our vision for Ireland is a society where equality and respect for all human rights are realised. Our mission is to promote and uphold the human rights and well-being of migrants through personal advocacy, integration development and collaborative advocacy campaigns at the local and national levels.

Our core values are rooted in the human rights framework, with a belief in equality and non-discrimination in both public and private life. Our ethos is based on the concept of an open door: representing the idea that we hold open the door to success for people from a migrant background in Ireland, and that our door is always open to all.

Doras takes a holistic approach to supporting the migrant community in Ireland, advocating at all levels on behalf of our clients in order to create a welcoming environment. In addition to providing office-based one-to-one advice and information, Doras provides outreach services to Direct Provision Centres in the Mid-West region. This outreach work allows us to support clients who are unable or unwilling to present at our offices, and to form a trusting relationship with staff in order to better serve our clients who are resident there.

Doras has long advocated for the establishment of an alternative reception system to replace Direct Provision, maintaining that it is unsuitable accommodation that infringes on the human rights and dignity of residents.
INTRODUCTION

There are two perspectives to take into consideration when assessing the Direct Provision system, according to Steve Loyal (2011). The first is the perspective of the State but the most important perspective should come from the resident, who after all lives within the system and experiences the lived reality of the system on a daily basis. Accordingly, Doras aimed to document the experiences of current and former residents of Mount Trenchard, according to the testimonies of residents and practitioners who work with them.

Our goal was to highlight the particular issues experienced by residents living in Mount Trenchard. While many of the issues raised by research participants will be common to other Direct Provision centres, we are particularly interested in focusing on those that are unique to Mount Trenchard.
1.1 THE SYSTEM OF DIRECT PROVISION

Direct Provision was initially introduced as a temporary measure under the direction of the Directorate for Asylum Support Services in order to accommodate the increasing number of people seeking asylum in Ireland in the latter part of the 1990s (FLAC 2009). This system was intended to provide individuals with adequate accommodation on a full-board basis, and include other measures which would meet all of their basic needs. Having deemed the pilot project to have been a success, April 2000 saw the State mainstream Direct Provision across the country and it became official government policy (Dillon 2018).

The Directorate for Asylum Support Services was subsequently replaced by the Reception and Integration Agency (RIA) on 2 April 2001. At the end of October 2018, the RIA accommodation portfolio was comprised of a total of 37 centres and 5 temporary accommodation quarters throughout 18 counties across Ireland, with a contracted occupancy of 5,848. There were 6,405 persons “live on system” in October 2018 (RIA 2018). Of those centres in the RIA portfolio, only three were built for the express purpose of accommodating international protection applicants. The majority of the portfolio comprises buildings that had a different initial purpose i.e. former hotels, hostels, convents, nursing homes, a holiday camp and a mobile home site (RIA 2018). Evidence suggests that the standards of accommodation and living conditions can vary widely from centre to centre and are, for the most part, managed on behalf of the state by private contractors on a for-profit basis (Doras 2019). From time to time, RIA staff visit the centres to conduct unannounced inspections and information clinics for residents (RIA 2019).

Yet in spite of this, the United Nations and a raft of international human rights organisations have criticised the Direct Provision system (see for example O' Brien 2014) and former Supreme Court Judge Catherine McGuinness has argued that in the future she believes that the Government will have to publicly apologise for the damage inflicted on those who have had to endure life within the Direct Provision system (O’ Brien and O’Shea 2014).

From 2000 until 2015, an allowance of €19.10 was provided on a weekly basis to adults, with children receiving €9.50. In 2016 the rate for children was raised to €15.60 and in 2017 the adult allowance was increased to €21.60 (Pollak 2019). In October 2018, as part of the 2019 Budget, a further increase was announced, bringing the allowances to €38.80 for adults and to €29.80 for children, beginning 25 March 2019 (Citizens Information 2019).
1.2 MOUNT TRENCHARD DIRECT PROVISION CENTRE

Mount Trenchard is a single male Direct Provision centre located approximately 40km from Limerick city and approximately 5km from Foynes village.

The centre was first opened in March 2005. The centre subsequently closed in 2006 and reopened in January 2007. Mount Trenchard is privately managed by Baycaster Ltd. In October 2018 the centre was operating at maximum capacity with 85 residents (RIA Monthly Report October 2018). The public, community organisations, politicians, the media and most importantly the residents’ criticisms of living conditions in Mount Trenchard are well established and have been persistent. The centre is located far from an urban area and essential services. It also has poor transport links available to residents. Issues of isolation and inadequate conditions in Mount Trenchard first emerged in 2005, with the former Minister for Finance Michael Noonan raising his concerns about the unsuitability of Mount Trenchard as an accommodation centre.

Subsequently, in August 2014, after nine years of the centre housing applicants for international protection on behalf of the State, residents reached a crisis point and a protest broke out against their living conditions, and Direct Provision in general. In 2014, a video was circulated by the Irish Times showing punitive and restrictive conditions at the centre. This footage highlighted the disturbing living conditions, with one resident commenting that the centre was “a jungle and a jail” (O’Shea 2014). In October 2014, a Working Group was established by the Government to review the system and to recommend improvements to Direct Provision and supports to residents.
1.3 OVERSIGHT & STANDARDS IN DIRECT PROVISION CENTRES

Doras, along with other NGOs and advocacy groups working with residents of Direct Provision, have long advocated for the development of National Standards that would help to improve living conditions and serve as a monitoring and accountability framework for contractors and centre management. However, despite progress in recent years, Ireland is yet to adopt and implement National Standards.

The current inspection regime is managed internally by RIA and has remained largely unchanged since 2001. The RIA inspection system is mostly concerned with physical conditions such as fire and food safety. RIA aims to undertake three inspections of each centre annually, two of which are carried out by RIA and one of which is carried out by an independent contractor. From 2001 to 2013, RIA inspection reports were not publicly available.

The RIA House Rules & Procedures document sets out the rights and obligations of residents and centre staff. This document has been revised over the years due to legal challenges made against the State, namely the *C.A. and T.A (a minor) v Minister for Justice and Equality, Minister for Social Protection, the Attorney General and Ireland* (C.A. & TA -v- Minister for Justice and Equality 2014) and following the transposition of the EU recast Directive on Reception Conditions in 2018.

The establishment of the Working Group in October 2014 was the first significant acknowledgement by the Government that the Direct Provision system was not meeting the needs of residents. The report of the Working Group, commonly referred to as the McMahon report (2015), was published in June 2015 and produced a set of 173 recommendations for implementation that aimed to address some of the key issues highlighted throughout the review and consultation process. Many of the issues raised in this research were discussed and addressed in the McMahon report recommendations.
An important issue acknowledged and addressed in the McMahon report is the varying standards found across the Direct Provision centres. Members of the Working Group noted the following:

“The implication of these variations in the quality of accommodation and facilities is that the adverse effects of living in Direct Provision for a lengthy period – impacts on privacy, physical, emotional and mental well-being, normal family life and child development - are amplified for those required to live in centres at the lower end of the spectrum.” (McMahon report, 2015, 4.213)

In order to address these variances, the McMahon report recommended the establishment of National Standards.

The Working Group recommends that:

- The Minister for Justice and Equality should establish a standard-setting committee to reflect fully government policy across all areas of service in Direct Provision. The committee should include relevant stakeholders and should recommend a set of standards to the Minister within three months of its establishment.

- The Minister for Justice and Equality should establish an inspectorate (or identify an existing body), independent of RIA, to carry out inspections in Direct Provision centres against the newly approved standards. As is the case with RIA’s existing practice, inspection reports should be written in such a manner that there is no impediment to their being made available to the public.

- The Inspectorate, based on its overall findings, should separately make regular reports to the Minister on general matters relating to the welfare of residents in Direct Provision centres.
In September 2018, the Department of Justice & Equality published the Draft National Standards for Direct Provision Centres as part of a public consultation process to inform the final draft, which have yet to be adopted at the time of writing. The development of these standards was a key recommendation arising from the McMahon report (2015), which produced 173 recommendations that aimed to improve the international protection and Direct Provision systems.

National, EU and international legal frameworks help to inform and influence compliance of minimum standards regarding reception conditions of international protection applicants. In addition, the following documents relate to oversight and standards in Direct Provision centres in Ireland:

- RIA House Rules
- RIA Inspection Reports
- Draft National Standards for Direct Provision Centres
METHODOLOGY

Three sources of evidence provided the basis for this case study:

- Interviews with key informants
- Consultations with community practitioners
- Review of documentation

The main objectives of this study were to:

- Highlight key issues and inform on experiences of protection applicants living in Mount Trenchard hostel.
- Provide feedback from community-level practitioners on their experiences of service provision to the residents of Mount Trenchard.
- Review and analyse the findings in the context of documentary evidence.
- Reflect on the living conditions and experiences of living in Mount Trenchard and provide recommendations to the Government.

Prior to undertaking this project Doras received a number of reports from the residents about the challenges they endure while living in Mount Trenchard. Residents’ feedback formed a primary motivation to conduct this exploratory analysis.

The research was conducted between September 2018 and April 2019.
2.1 INTERVIEWS WITH MOUNT TRENCHARD RESIDENTS

Volunteers were invited to participate in an in-depth face-to-face or telephone interview. Prior to taking part in the interviews, participants received research information letters and consent forms via e-mail.

The interviews on average took 40 minutes and took place at a time and location convenient for participants. Interview questions were designed to focus on varied aspects of living in Mount Trenchard.

With participants' permission, the interviews were audio recorded and later transcribed by a contracted professional. Protecting participants' rights to anonymity and confidentiality was of upmost importance throughout the project. The participants were informed and agreed to the data being used for the purposes of dissemination of this report.

Profile of Respondents:
Number of Respondents: 15
Participants Age: 23 - 56
Origin: Middle East, South/North/West Africa
Length of time in DP: 1 - 10 years

*In order to protect participants' identity it was essential not to reveal any other demographic data.

Volunteers recruited for this research were current and past residents of Mount Trenchard. Participants in this research came from a variety of countries and cultures and were at different stages of their applications for international protection.
2.2 CONSULTATIONS WITH PRACTITIONERS

Community-level practitioners are involved in the delivery of support services to protection applicants across Ireland and form an important link between private, public and voluntary services. A number of practitioners who provide outreach services in Mount Trenchard were invited to take part in an individual consultation. As a result three consultations were conducted. The practitioners were asked questions pertinent to their experiences of providing support to their service users placed in Mount Trenchard. Interviewed practitioners opted to remain anonymous.

2.3 REFLECTIONS FROM THE FIELD WORK

Agreeing to participate in this study was not an easy decision for the volunteers. Many residents declined the invitation due to the fear of perceived consequences that their participation could have on them and their applications for international protection.

A number of invitations extended by Doras to community-level practitioners were left unanswered. Mount Trenchard’s political and contentious history discourages organisations from speaking out publicly about their work and perceptions of the centre.

The fieldwork also attempted to solicit input from staff at Mount Trenchard, however invitations to participate were also left unanswered.
THEMATIC FINDINGS

The thematic findings are categorised under four main areas: Safety & wellbeing of residents; Isolated location; Physical living conditions; Operational & staff issues.

Within each theme, sub-themes are discussed and interview participant quotes are highlighted to exemplify each issue raised.

Relevant recommendations arising from key Government reports, namely the McMahon report (2015) and Draft National Standards for Direct Provision Centres (2018), are also outlined to illustrate the Government’s acknowledgement of these issues and efforts to address same since 2014.
3.1 SAFETY & WELLBEING OF RESIDENTS

Interview participants expressed their concerns about the safety and wellbeing of both residents and practitioners. These concerns related to multiple inter-related issues including the isolated location of Mount Trenchard; shared living arrangements; lack of support services and staff issues.

3.1.1 WELLBEING OF RESIDENTS

Residents of Direct Provision are five times more likely to develop mental health and psychiatric issues (McMahon et al, 2007). The isolated location of Mount Trenchard increases the likelihood of this development due to the living conditions, limited access to services and social exclusion from the wider community, as discussed further in section 3.2.

“The place, because this place if normal person, you bring him here you see after one year what happen with him. He will change mentally. But in this place anybody normal come, after one year he is not normal. He’s braindead, he’s not normal.”

Many residents of Mount Trenchard are ineligible for access to the labour market, and those who do meet the requirements for eligibility face additional barriers to accessing employment and training due to a number of issues that are relevant to all Direct Provision residents as well as those that are specific to Mount Trenchard, such as the isolated location of the centre.
“So if you don’t have a hobby you will cry at night. There’s a period, in Mount Trenchard it’s like a joke, like first 3 months you are smiling, after 3 months you are begging to be let out.”

Participants reported that living in an unwelcoming, bleak and confined space in Mount Trenchard for extensive periods of time results in disinterest and apathy, eventually leading to depression.

Interviewees also expressed their concern about the wellbeing of some of the residents who reportedly suffer from serious mental health disorders:

“There are people there who have schizophrenia and they are standing in front of mirrors talking for 8, 9 hours straight, you can hear them at night time. You can hear people crying at night time. Believe me for a grown man to cry, it’s really bad.”

Interviewees specifically identified the general lack of activities or social outlets as directly correlating to issues such as addiction and substance abuse.

“If you are not doing anything that is where you have problem. Because you can really be stressed out and the next thing, if you are not strong enough to withstand that stress. You find that you start drinking, or get addicted to drinking and drinking because there are some guys there. They drink themselves drunk on a daily basis as a result of the period of time where they have spent in the system.”

Residents are aware of the dysfunctional nature of their social environment and reported taking action to improve it:

“I called ombudsman about mental health, they said somebody would be there, nobody came whatsoever. There is still people there who are mentally sick, there are still people there who cut themselves, you know there are still people there who would take drugs and sleep for 2, 3 days straight, take alcohol for 2, 3 days, just to escape their reality. You know but nobody has come”
Residents also voiced their concerns about how living in the centre adversely affects their mental health and explained that, for some people, the solution is not to stay in the centre. A number of interviewees referred to the sparse presence of residents in the centre.

“And the first thing he told me, he see that I’m a little bit, I was depressed and active a little bit: ‘Look for a job, live your life, don’t stay here, if you stay here you will become like these people, you will become addicted to the rest, you will become very lazy and you will lose your life’. For us, because if we stayed there, a lot of problems would come, and we will become worse.”

Mount Trenchard residents can avail of General Practitioner services in the village of Foynes and are entitled to a Medical Card. Residents experiencing mental health and addiction issues are referred to appropriate services offered by Churchtown Community Mental Health Centre, Newcastle West, Co. Limerick. However, none of the residents that we spoke with were aware of how or where they can access mental health and wellness supports if needed.

Practitioners also reported observing low mood, anxiety and mental health issues among the residents. In their experience, residents who wish to obtain help are either ill-informed or completely unaware of how and where to ask for help.

“We would have made referrals for counselling to individuals into different services, into low cost counselling and stuff like that. But that was more through our provision than theirs [staff at Mount Trenchard].”

“There is a paucity of availability of mental health supports across the board with the residents of Mount Trenchard.”

On issues relating to wellbeing, the McMahon report acknowledged the complexities of discussing mental health and wellbeing in relation to the international protection and Direct Provision system. This is discussed and addressed in multiple recommendations throughout the report. The wellbeing of residents is also emphasised in the Draft National Standards for Direct Provision Centres (2018) in relation to access to information, support services and activities, as follows:

**Standard 9.1:** The service provider promotes the health, wellbeing and development of each resident and they offer appropriate, person centred and needs-based support to meet any identified health or social care needs.

9.1.1. **Health information.** The service provider makes available to residents the necessary information and supports required to access the physical and mental health and welfare supports for their health, wellbeing and development.

9.1.3. **Referral protocols.** The service provider establishes a clear referral protocol and links residents to community or specialist services and supports.

9.1.4. **Wellbeing.** The health, wellbeing and development of residents is promoted and supported through diet, nutrition, recreation, exercise and mental and physical activities.

9.1.18. **Substance abuse.** Accommodation centres have a substance use statement in line with RIA substance use policy in place, and all staff and residents are advised regarding rights and responsibilities in relation to this.

9.1.19. **Positive risk management.** Staff and management use positive risk management strategies to identify and safely manage the risks associated with substance (e.g. alcohol and drug) misuse.
3.1.2 PERSONAL SAFETY, SECURITY & RESPONDING TO EMERGENCIES

All residents participating in interviews for this report said that they did not feel safe at Mount Trenchard. Interviewees highlighted room sharing as a significant issue, and a majority highlighted the importance of locking the room for safety. One interviewee, who lives in a room designed for 8 people, reported feeling afraid of falling asleep in a room with 7 strangers. He felt safer leaving the door to his room open at night so he could exit the room faster in the event of a threat. This type of living situation adds to residents' vulnerability and increases anxiety.

“My room, mostly its open for safety, in case anything happen and I run out.”

Safety concerns are not only expressed by the residents. Two former providers of outreach services to Mount Trenchard that were previously available to the residents are no longer visiting the centre, reportedly due to safety concerns for the persons providing the service. Safety issues for service providers reportedly arise from the lack of personnel in Mount Trenchard working to ensure the safety of residents and visitors.

All interviewed residents noted a lack of professional security personnel in the centre, which added to their fears of personal safety. They argued that designated security staff are not appropriately skilled to carry out the duties and responsibilities associated with ensuring the safety and security of persons on-site. As a result of inadequate security personnel, interviewees stated feeling anxious and unsafe in the centre.

“The night staff is called security, but it's not really security. They just come, they may clean.”

Furthermore, all interviewees highlighted unsatisfactory reactions from staff and local emergency services when emergency situations and crises arose in the centre. Residents spoke about a lack of response from staff to reports of serious verbal and physical aggression between residents or when self-harm occurs. They reported dangerous instances where staff locked themselves in the office to avoid dealing with issues and did not notify Gardaí.
Respondents also highlighted their disappointment with the latter’s attitude towards residents, reporting crises directly to local Garda stations.

“They [staff at the centre] are not security because any, even a small altercation happens they lock the door, that’s it, they don’t even want to call the guards, they just sit there, we have to call the guards ourselves. And a lot of the times when the guards come they look at you calm down and they’re gone, no report, nothing.”

“We were calling the Garda every day for almost 5 days and they do nothing. They will say when you kill each other we will come, otherwise don’t call us anymore.”

All interviewees referred to the same serious incident that took place in the centre and had a severe impact on their sense of security, highlighting shortcomings of skills of the staff at Mount Trenchard:

“I called emergency number. Now one guy he was asking for a pillow at reception and they didn't give him anyway so he slashed his hand and blood was everywhere, when we called the ambulance they didn't send ambulance, they send the Garda after one hour really. And after that then the ambulance came. He almost died that day. And he lost a lot of blood.”

“We had to patch him up ourselves, we had to rip our own shirts because the staff then locked the door.”
The Draft National Standards for Direct Provision Centres (2018, Standard 9.1.15) recommends that: “The service provider has arrangements in place to assist and enable residents to access medical appointments and psycho-social services and supports, including childcare and transport supports”. Practitioners participating in the research referred to a recent situation whereby a resident attended the hospital in Dooradoyle, Co. Limerick, and subsequently walked back to Mount Trenchard due to lack of transport options.

Practitioners were of the view that centre staff should be obligated to assist in emergency situations, for example where a resident is hospitalised and requires transport to the centre.

“That’s fairly recent, where a young man became ill in Mount Trenchard, an ambulance was called and he went into the Regional by ambulance. And he kind of said look I’ll have no way home, can you not just treat me here and he was told that no, no we’ll be able to drop you out. So he was standing inside in A&E, the doctor had seen him and gave him a prescription and he was told that’s it, thanks very much. So he walked from the Regional in Limerick to Mount Trenchard.”

Serious breaches of safety procedures found in Mount Trenchard are in contrast to safety and security measures recommended by the McMahon Report (2015) and the draft national standards for direct provision centres. (2018)

The McMahon report (2015) discussed safety issues and security arrangements from differing perspectives and ultimately concluded that a standards-based approach would help to overcome these concerns.

“The Working Group has identified a number of specific solutions below in relation to these issues of concern, but more broadly the recommendation in relation to the development of a standards-based approach to accommodation centres, including in relation to the qualifications and expertise required on the part of staff and others working in centres, will be important in ensuring that these concerns are addressed.”

(McMahon report, 2015)
The Draft National Standards for Direct Provision Centres (2018) outlined the following recommendations that aimed to ensure the safety of residents and staff in Direct Provision Centres.

**DRAFT NATIONAL STANDARDS FOR DIRECT PROVISION CENTRES**

**Standard 4.8:** The service provider has in place security measures which are sufficient, proportionate and appropriate. The measures ensure the right to privacy and dignity of residents is protected.

4.8.1. **Security risk assessment:** The service provider conducts a security risk assessment on a regular basis in consultation with residents and this informs security measures which are put in place including the wearing of uniforms, the presence of security staff onsite and physical barriers and/or gates.

4.8.2. **Training:** Any security staff whether directly employed by the Centre or not, undertake cultural sensitivity, equality and diversity training.

4.8.3. **Violence:** The service provider takes measures to prevent and address assault and other forms of violence, including sexual and gender-based assault and harassment, and residents are aware of this.

4.8.4. **Licensing:** Security personnel are licensed by the Private Security Authority and are Garda vetted.

**Standard 4.3:** The privacy, dignity and safety of each resident is protected and promoted in accommodation centres. The physical environment promotes the safety, health and wellbeing of residents.
3.2 ISOLATED LOCATION

Mount Trenchard is located approximately 40km from Limerick city and approximately 5km from Foynes village, which is a 45 minute walk via a dangerous route from the centre. The remote location of the Mount Trenchard centre was reported as the biggest challenge for all interviewed residents and impacts on residents in myriad ways, including preventing access to essential services, education and employment, as well as on residents mental health and wellbeing. Interviewees referred to Mount Trenchard anecdotally as “an open prison” and compared it to Guantanamo Bay, due to the remoteness of the centre. Such comparisons reflect the isolation and social exclusion experienced by residents.

“A lot of people they call it prison, they use the phrase prison. Because number one it is out of town, number 2 the location is very, very far from the route, which is the express route. Number 3 is you don’t see people around, you don’t see houses, you don’t see people, it’s just the building, where it is the male occupants. So everything that happens, happens within the hostel and inside the hostel.”

The closest amenities are located in Foynes village. Reflecting on the trip from the centre to Foynes village, residents highlighted that it is a dangerous route with no footpath and with cars travelling at a speed of 100km per hour.

“It’s still dangerous, and last Monday actually somebody threw coffee at me. My friend actually 3 weeks ago somebody threw a diaper at him from the car. Imagine somebody had a diaper in the car, they planned it.”

In the experience of practitioners working with residents of Mount Trenchard, residents might stay in the centre for months on end without any interaction with the outside world. They underlined that being physically removed from the wider community, with limited access to transport and being unable to walk to the nearest village, has a negative impact on residents' well-being, including their mental health.

“It kind of comes back to the individual and their own wellbeing and where they’re at, at a given time will depend on how much they engage in something. So they could go for huge amount of time, 6 months to a year without having to interact with anything. And everybody is ok with that. That’s not healthy for lots of reasons”.


“The solution to these issues lies in more centrally located centres with easy access to recreational, educational, medical and other services.” (McMahon report, 4.110)
3.2.1 TRANSPORT

Designated free transport is provided for residents of Mount Trenchard by the centre. A private bus operates from Monday to Saturday, providing return travel for residents from the centre to Limerick city, with a stop in Foynes on demand. The bus departs Mount Trenchard at 9:30am and leaves from Limerick city centre again at 5:15 pm. On Mondays and Thursdays there is an additional bus departing Limerick at 1 pm. There is no bus service for residents operating on Sundays.

According to residents, there are no other designated free travel options available. Public transport from Foynes to Limerick is also limited. Interviewees highlighted problems with the way buses are scheduled, particularly on days when there is only one return bus from Limerick city.

As residents of Direct Provision receive a weekly allowance of just €38.80, and paying for lunch means spending a substantial amount of their weekly allowance, residents reported frequently deciding against leaving the accommodation centre due to the limited transport options available.

“If I have something in the city to do, like I want to go to visit someone, to do something, I must go at 9.30 and if I finish my stuff in half an hour I shouldn’t be waiting in Limerick in the rain, until 5 o’clock.”

Four interviewees reported on their experiences of being late for the return bus. One person said that it helps to have friends in Limerick willing to accommodate you overnight. Others highlighted lack of options, reporting instances where, in desperation, residents who miss the bus might borrow money to pay for a taxi, sleep at the Garda station or walk over 40 kilometres from Limerick to Mount Trenchard.

“I know some guys they sleep at the Garda station because they have nowhere to stay when they finish their courses. If you miss the bus at 5.30 you are in trouble. I know one guy he walked to Mount Trenchard, he just fell down on the floor, he came back at 2 o’clock at night, [walked] 8 hours maybe at night, and the road its very dangerous.”
Residents reflected on how the isolated location of Mount Trenchard and the limited transport available to them affects their lives in myriad ways, including with regard to accessing services, education and employment opportunities; socialising or attending events after 5pm; attending religious services in Limerick on Sundays and their overall wellbeing.

Practitioners noted that the increased availability of transport would enable residents to access services and would also positively impact on well-being and mental health.

**Based on our findings, none of the recommendations of the McMahon Report (2015) with regards to transport have been implemented in Mount Trenchard.**

The McMahon (2015) report recommended that existing providers located in rural areas should implement a transport plan that meets the “reasonable needs” of residents (4.111).

**The Working Group recommends that:**

- In the case of existing providers that provide a transport service for residents, the plan should be reviewed to ensure that it meets the reasonable needs of residents.

- It should be ensured that future requests for tender for accommodation specify that centres are sought in locations with easy access to recreational, educational, medical and other services, or in the alternative it should be specified that a transport plan specific to the location must be drawn up to meet the reasonable needs of residents (including participation in after-school activities) free of charge – the plan should be drawn up following consultation with residents on their transport needs and reviewed from time to time.
3.2.2 ACCESS TO LEGAL, SOCIAL & HEALTHCARE SERVICES

As per interviewees’ reports, the isolated location of Mount Trenchard and the limited transport available to residents poses a number of issues with regard to accessing necessary services and attending essential appointments in Limerick, Dublin and across the country.

INTERNATIONAL PROTECTION & IMMIGRATION-RELATED APPOINTMENTS IN DUBLIN

International protection applicants are required to attend essential appointments with the International Protection Office (IPO) and to renew their Temporary Residence Card (TRC) in person at the office in Dublin.

Same-day travel to Dublin for required interviews and appointments is challenging and often not possible due to the remote location and limited transport available.

The return bus trip from Mount Trenchard to Dublin typically takes around 8 hours, leaving residents with one hour of available time in Dublin, from 1pm to 2pm, if all bus connections are on-time. As residents reported, overnight accommodation in Dublin or Limerick city was once common practice, allowing them to access necessary services located in different parts of the country. However, due to current capacity issues in Direct Provision accommodation, this option is rarely viable.

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<th>Mount Trenchard To Dublin</th>
<th>Dublin To Mount Trenchard</th>
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</thead>
<tbody>
<tr>
<td>Depart Mount Trenchard</td>
<td>Depart Dublin</td>
</tr>
<tr>
<td>9:30 am</td>
<td>2:15 pm</td>
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<tr>
<td>Arrive Limerick City</td>
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<tr>
<td>10:10 am</td>
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<td>Depart Limerick City</td>
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<td>10:15 am</td>
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<tr>
<td>Arrive Dublin</td>
<td>Arrive Mount Trenchard</td>
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<td>1:00 pm</td>
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</table>

On its current schedule, the bus for residents of Mount Trenchard does not meet the needs of residents with regard to same-day travel for attending essential appointments. This resident spoke about his inability to renew his TRC card:
“And of course I haven’t been able to renew my card, this is the third month because if I go [to Dublin], I don’t have transport to come back to Mount Trenchard. Because Dublin, M7 traffic, you would be there for an hour, you’re going to get there at 2 o’clock, and you have to wait then 1 hour for them to give you your card. If I come back I’m coming back here [in Limerick] at 6 o’clock because even getting out of Dublin city is a big problem.”

SOCIAL WELFARE & HEALTHCARE SERVICES IN CO. LIMERICK

The Community Welfare Service (CWS): The CWS clinic assigned to Mount Trenchard is located in Newcastle West, Co Limerick. There are no free transport options available for residents and there is no CWS outreach service to the centre at present.

Addiction & mental healthcare services: Residents of Mount Trenchard who require support and assistance from addiction and mental healthcare services experience barriers due to transport. The closest addiction service is located in Churchtown, Newcastle West, Co. Limerick, to which there are no free transport options available for residents.

3.2.3 ACCESS TO EDUCATION & EMPLOYMENT

Interviewees noted the many barriers to accessing employment and education, including English language classes and vocational training, for residents of Mount Trenchard.

ENGLISH CLASSES

At the time of the research, there were no certified English classes delivered on-site in Mount Trenchard. Residents provided the following explanation for the lack of on-site English classes.

“Right now there is no English classes, before there was but because of the safety of the teachers they stopped.”
Free English classes are available for the residents in Limerick, however the times are not practical for residents of Mount Trenchard to attend due to the isolated location of the centre and limited transport available.

According to practitioners, access to English classes, is crucial. In their view, provision of services in the Mount Trenchard area is poor.

“On a practical level but also on a psychological level as well you know to be able to give the residents something to focus on at the very least English classes should be provided. As should basic computer classes and other classes as well should be brought to the residents do you know on a regular basis throughout the year.”

EMPLOYMENT

The isolated location of Mount Trenchard and the limited availability of designated and public transport makes it difficult for residents to access employment opportunities. The current bus schedule does not facilitate people to travel to work in Limerick city before approximately 10.30am, after 5pm or on Sundays. Residents must rely on friends or colleagues who are willing to accommodate them or provide transport to and from Mount Trenchard.
EDUCATION & TRAINING
People who possess labour market access permission are entitled to undertake further education and training courses that have an employment, vocational or workplace-training component. Further education and training courses are available free of charge through local Intreo centres. Residents who are not entitled to this work permission must pay fees for those courses.

According to residents, Jesuit Refugee Service Ireland provides small educational grants for part-time courses as needed. However, the lack of transport available to residents in the evening prevents residents from pursuing part-time education in Limerick city, which are typically held from 6pm to 9pm.

“I’ve been granted that [funding] 2 times. He told me you can go and choose any course you want, just level 5 or 6, but I couldn’t do that because of transportation.”

Residents rely upon funding from other organisations, such as Doras, West Limerick Resources and the Redemptorists in Limerick, to cover the cost of travel. Funding to cover such costs is not always available.

According to interviewees, provision of training in close proximity to Mount Trenchard is limited to courses provided through outreach services by organisations such as Limerick Sports Partnership or West Limerick Resources (WLR), under the auspices of the rural employment service. All other courses are delivered in Limerick city.

Residents of Mount Trenchard have expressed concern regarding the effect of boredom and uncertainty, noting that the isolation of the centre and lack of access to employment and education likely lead to the degradation of mental health over time. They report that the lack of access to employment and education creates intense boredom and apathy, which eventually lead to depression and anxiety.

Practitioners noted that the delivery of educational programmes in the centre is not currently viable as there is no private designated area. Common spaces are not appropriate areas for delivery of classes, according to practitioners.

“So again anything that you do you have to be mindful of that structure. There is no dedicated place in Mount Trenchard to do anything like that. There’s no suitable place to run any kind of a program for anyone.”
The adverse effects of living in isolated direct provision centres have been recognised nationally:

The isolated location of Mount Trenchard and the negative impact of same on a person’s physical and mental health; the ability to participate in education or in the community and to access necessary support services is acknowledged in the 2015 McMahon report (para 4.104).

The McMahon report noted that the isolation experienced by residents living in remote locations can “exacerbate the challenges of living in a communal setting for a lengthy period of time and heighten incidents that might otherwise be capable of being shrugged off as minor irritations.” (McMahon report 2015, Recommendation 4.106)

The McMahon report acknowledges that the solution to the key issues expressed by residents in relation to the remote location of centres, such as Mount Trenchard, is sourcing more centrally located centres.

These issues are reinforced in the Draft National Standards for Direct Provision Centres as follows:

**Standard 9.3:** Staff and management engage with other agencies to provide information and access to a range of services for residents to promote their health, wellbeing and development. The service provider supports residents to participate in education, training, volunteering and employment opportunities.

**9.3.1. Education and training:** The service provider enables and supports residents to participate in further education and training opportunities.

**9.3.2. Educational supports:** The service provider facilitates residents’ access to education supports in the centre and in the community.

**9.3.3. Study facilities:** The service provider facilitates access for adults to appropriate and adequate study materials and facilities.

**9.3.4. Employment:** The service provider enables and supports residents to participate in employment opportunities, where eligible.

**9.3.8. Transport:** The service provider makes available a dedicated transport service which is accessible, taking into consideration the needs of residents attending education, training, support services and volunteering opportunities.
3.3 PHYSICAL LIVING CONDITIONS

Mount Trenchard has a contracted capacity and a current occupancy of 85 residents (RIA Monthly Report 2018).

There are 18 bedrooms in Mount Trenchard in total, two of which are single bedrooms with ensuite bathroom facilities. The remaining 83 bed spaces are in shared rooms with a minimum of three and up to a total of eight adults accommodated per room (QTS Inspection Report 2018).

Bed capacity: Single & shared rooms in Mount Trenchard
18 bedrooms: 85 bed spaces

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<tr>
<th>ROOM NO.</th>
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<tbody>
<tr>
<td>Room 1</td>
<td>8 Beds</td>
<td>Room 10</td>
<td>8 Beds</td>
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<tr>
<td>Room 2</td>
<td>4 Beds</td>
<td>Room 11</td>
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<td>Room 3</td>
<td>4 Beds</td>
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<td>Room 4</td>
<td>4 Beds</td>
<td>Room 13</td>
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<td>Room 5</td>
<td>4 Beds</td>
<td>Room 14</td>
<td>5 Beds</td>
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<tr>
<td>Room 6</td>
<td>1 Bed</td>
<td>Room 15</td>
<td>1 Bed</td>
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<tr>
<td>Room 7</td>
<td>6 Beds</td>
<td>Room 16</td>
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<tr>
<td>Room 8</td>
<td>6 Beds</td>
<td>Room 17</td>
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<tr>
<td>Room 9</td>
<td>6 Beds</td>
<td>Room 18</td>
<td>6 Beds</td>
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There are two residential floors in Mount Trenchard. Each floor has one shared bathroom with 3 showers and 5 toilets available to residents, according to the most recent available inspection report (QTS Inspection Report 2018).

Each resident is assigned a wardrobe and a personal locker. Rooms also contain individual sinks and have a TV installed.
The largest shared bedrooms in Mount Trenchard contain eight beds and each bed is separated by a curtain, with very little private space. Current residents of Direct Provision have spent an average of two years living in Direct Provision centres in Ireland, with some residents having already spent more than seven years living in these centres.

**Length of stay of current residents in Direct Provision Centres in Ireland:**

![Pie chart showing the distribution of length of stay.]

- 0–1 Year = 40.4%
- 1–2 Years = 18.6%
- 2–3 Years = 17.6%
- 3–4 Years = 12.6%
- 4–5 Years = 4.8%
- 5–6 Years = 2.1%
- 6–7 Years = 1.3%
- 7+ Years = 2.6%

Residents interviewed for this research have spent between 1 – 10 years in Direct Provision.

### 3.3.1 PRIVACY & COMMUNAL LIVING

When asked about their experiences of sharing bedrooms in Mount Trenchard, interviewees underlined how difficult it is to live with other adults, particularly for extended periods of time. Residents of Direct Provision have limited privacy and have no choice but to become accustomed to shared bedrooms and living spaces. Interviewees reported not being able to enjoy simple comforts such as a private space in which to relax, watch TV, read a book or have an uninterrupted sleep due to the layout of the accommodation centre.

“So different mentalities, one wants to open the door, the window, another one close it, if one want to turn on the light the other one don’t want it, some of them want to talk on the phone to their families, the other want to watch TV, the other, you couldn’t fix that issues every single day. It’s easy to deal with it for a month, it’s ok but not always. Especially when everyone is depressed. So every single noise will be, will cause a problem.”
Interviewees underlined the issue of sharing rooms with others, stating that it takes away their right to privacy. Curtains are put in place to separate individual spaces, but residents report that they provide little privacy. Interviewees underlined that their privacy is further hindered by other residents and staff entering the rooms unannounced and without permission.

Residents noted how sharing rooms and communal living spaces exacerbated mental health issues and increased tension between residents. Residents have different routines and want to do different things at different times. According to the interviewees, the lack of privacy experienced by residents emphasises the many differences between room-mates, including the diversity of religious beliefs and practices, which can create animosity between residents.

“I pray a lot, I like to pray in the morning before I talk, before I do anything. So like I was in the room before, it wasn’t conducive at all. Because a lot of them, like people in the room they drink a lot, so when they drink they started messing up. I like to sleep, they will make noise like 3, 4 o’clock in the midnight so you wouldn’t be able to sleep. Then I moved to the next room so I want to pray, the person next to me doesn’t want to hear me pray, so I had to go to the first room so that I can pray gently. So I wouldn’t disturb him. You like to play music in the morning, I might not like it, I might like to pray, you might not like it. So the relationship is not cordial because, there are individual differences whereby you want to do a particular thing and I don’t want to do it.”
The McMahon report acknowledged the negative impact that sharing rooms can have on mental health.

“Sharing can also lead to or exacerbate mental health difficulties.”
(McMahon report, 4.84)

The McMahon report recommended that RIA reduce the number of single people sharing rooms in order to address privacy issues and related challenges. In particular, the McMahon report recommended that single people are offered a single room within 15 months of living in Direct Provision accommodation (4.87).

The Working Group recommends that:

• In the short term, and subject to contractual obligations, RIA should ensure that available capacity within existing accommodation is brought on stream to reduce the number of single people sharing rooms.

• Single people should be given the right to apply for a single room after nine months and it should be ensured, in so far as practicable, that they are offered a single room within 15 months.
3.3.2 COOKING FACILITIES & FOOD

Unlike many of the other centres, residents in Mount Trenchard have access to communal cooking facilities, since 2017, and are permitted to prepare their own meals. Dry products are available in the kitchen for the residents to use. All other products need to be purchased independently. All interviewees highlighted their gratitude for being able to cook their own food.

“I cook myself. When I cook like most time they give us rice, they cook rice. But I don’t enjoy the sauce. So I prefer cooking my own sauces too. I can use it eating the rice. I prefer it that way.”

On meals provided by centre staff, an interviewee made the following observation:

“Food sometime is okay nowadays. Sometimes they don’t cook good one. When the people, if more people came inside hostel. Like twenty five, forty they are in trouble, they cannot cook for these people. If eighty people would come, they cannot cook, they cannot cook.”

3.3.3 HYGIENE & CLEANLINESS

Interviewed residents raised their concerns regarding standards of hygiene in the centre. Residents reported issues regarding the cleanliness of communal areas. According to interviewees, cleaning staff are working daily to make sure that the centre is clean. They are responsible for sanitation of common spaces, such as hallways, bathrooms, toilets, and recreation areas. Residents are required to clean their rooms with the exception of the bins, which are emptied by the cleaners twice per week.
Six residents raised issues regarding cleanliness of bathrooms and recreational areas. According to those residents, the bathroom and toilet areas are not hygienic, despite being cleaned in the morning and in the evening. Concerns were also raised about only half of the bathrooms and toilets being open for use. Lack of soap in bathrooms was also highlighted.

As previously noted, there are two ensuite bathrooms and two shared bathrooms available to residents of Mount Trenchard. The two shared bathrooms each contain 3 showers and 5 toilets (QTS Inspection Report 2018). It is likely that the limited availability of bathroom facilities is linked to hygiene and cleanliness issues raised by residents.

Finally, in the view of those residents, recreational areas, the gym in particular, are not clean.

“We don’t have enough staff, there is no cleaning, there is no sanitation, there is bacteria, viruses so any disease can. Because really the sanitation is very low.”
3.4 OPERATIONAL & STAFF ISSUES

The staff at Mount Trenchard are employed by Baycaster Ltd., a private company contracted by the Department of Justice and Equality to manage day-to-day operations at the centre. Although there is a 24-hour presence, night shifts are often staffed only by auxiliary staff such as security and housekeeping personnel.

The RIA House Rules and Procedures (2019) outline the services and treatment that residents can expect from centre staff. The document also includes details of the RIA complaints procedure.

3.4.1 INTERACTION WITH RESIDENTS & PRACTITIONERS

Residents had differing views on the supportiveness of staff. Interviewees note that staff do not hold consistent office hours and are not readily available to residents during the day.

“Sometimes if you can come at 4 o’clock and you will see the staff in the gym, he is working out while around 4 o’clock if somebody needs an appointment, solicitor, anything, because all of us we have credit to use the phone, and you are banging on the door and then staff telling you to eff off. I will see you later, I will see you at 5 o’clock, this is the behaviour, this is the behaviour.”

The RIA House Rules and Procedures (2019) state that “improper behaviour such as sexual harassment, racism or intimidation of any kind,” by staff is unacceptable. However, interviewees reported inappropriate comments made by staff in relation to these issues.

The following comment on intimidation was made by a practitioner:

“But also levels of intimidation of you know [staff] well if you [resident] don’t toe the line we’re going to call the guards, you know but there was a lot of fear around that.”
Respondents noted that the staff are also not consistent with regard to respecting personal space or ensuring the privacy of all residents.

“[He] is offering good help for letters, he is saying if any letter comes to you he will call you and he will tell you. And if it’s something serious from justice he will open it without our permission. They are very curious to know everything. So any letter that would come they would open it and read it. And the posts are on a table at the office. And lots of the time you will go to the office, it’s always open, there’s no one inside, you can come and you can take whatever you want. You can go out and the post are just there.”

Practitioners’ experiences of interacting with staff at Mount Trenchard are satisfactory and courteous. However, practitioners noted that staff have a passive approach to residents and engagement with supporting organisations.

“A very clear divide of roles [between staff and residents]. There’s no [staff] interaction with any activity or there’s no inference of helping out with an activity.”

A number of interviewed practitioners felt that increased engagement with residents and service providers around needs and solutions would be of benefit.
3.4.2 SKILLS, EXPERIENCE & TRAINING

Under the current system of Direct Provision and as per existing tender agreements, centre staff are not required to have any particular qualifications that relate to working with people in the international protection process and it is unclear whether staff of Mount Trenchard have undertaken any relevant training, for example in first aid, conflict resolution, working with vulnerable persons, diversity or intercultural awareness.

Residents report that in general, staff are ill-equipped to solve internal problems or emergency situations that arise in the centre. A number of interviewees cite incidents where they believe Garda or emergency services should have been notified immediately, and staff refused to do so, leaving it to the residents to contact the authorities. While these incidents might be infrequent, a lack of skills, training, guidelines and monitoring regarding crisis management, working with vulnerable people and emergency response creates differing expectations among staff and residents.

“No he did not call an ambulance; he say there’s nothing we can do. And then they say to me can you have paracetamol or something. And then one of the guys took me with his car to the hospital straight away they admitted me, so.”
The importance of contracting adequately skilled, knowledgeable and experienced staff at direct provision centres have also been raised in the McMahon Report (2015):

“The Working Group considers that the contract with providers should include specific provision in relation to the skills and experience that are required on the part of a manager and should also specify requirements in relation to staff training in equality and diversity issues.” (McMahon report)

Issues relating to staff and management working in Direct Provision centres are raised and discussed in the McMahon report (2015), which reported “mixed impressions” of centre staff during centre visits as part of the McMahon process. The report notes the broad remit of the work and the range of skills required to carry out the duties of same, suggesting that a requirement to employ staff with particular skills, experience and qualifications may address some of the issues going forward.

- The contract with providers should include additional requirements in relation to the qualities required of a centre manager. The Working Group considers that ideally a manager should have: substantial experience of working cross-culturally and working with protection applicants and refugees; have an understanding of basic mental health issues, medical and social welfare systems; have strong communication skills; and have a compassionate and empathetic style.

- RIA should ensure that managers and staff members have undergone training in equality and diversity issues – this should be included as a requirement in the contracts with providers, and would assist in ensuring that misunderstandings as potential sources of conflict are avoided.
3.4.3 COMPLAINTS

The Reception and Integration Agency (RIA) complaints procedure requires residents to first submit a formal, written complaint to the centre management before contacting RIA or the Ombudsman directly. This procedure deters many residents from raising any concerns, due to fear of retaliation from the staff or simply out of discomfort surrounding making a complaint to the subject of the same.

“And if you have problem with one of them, you should be kind to all of them because they are just friends and they are working there for maybe 17 years or how long, the same staff. So they know how to manage it and you couldn’t make complaint, if you have an issue you cannot complain because they are just like family. How can I complain, complain against who and to who, they are just friends all the time to each other and they hire each other, they cover each other.”

One respondent felt altogether positive about the staff in Mount Trenchard:

“Staff of the hostel is good. The staff are nice; the staff are exceptionally nice, very friendly. Down through its simple, they are complete gentleman.”
The McMahon Report acknowledged that the existing RIA complaints procedure is not fit for purpose and that residents frequently express concerns about the consequences of making complaints to centre staff.

In an effort to address the shortcomings of the internal complaints procedure, the McMahon report made the following recommendations:

- The remit of the Office of the Ombudsman and the Office of the Ombudsman for Children should be extended to include complaints relating to: – services provided to residents of Direct Provision accommodation centres, and – transfer decisions following a breach of the House Rules.

- Recourse to the two Offices should be available to a complainant who is dissatisfied with the final outcome of the RIA complaints procedure.

- In relation to its internal complaint procedure, RIA should: – appoint a designated officer who is not involved in operational matters to handle complaints that are referred to it or are submitted to it directly, – review the complaints procedure to ensure that it is accessible to residents including children and young people, – engage in renewed efforts to build confidence and trust in the complaints procedures, including by ensuring that residents understand the House Rules, are aware of the complaints procedures and how to use it, and understand that it is impartial and that they will not be adversely affected by making a complaint, – engage in efforts to ensure that centre management buy into the importance of ensuring an open culture that is conducive to residents making complaints.
3.4.4 INVOLUNTARY TRANSFERS TO MOUNT TRENCHARD

Practitioners commented on the common perception of the centre, that a person is accommodated in Mount Trenchard because they are being punished for something that they have done. Practitioners also reported on their experiences with other international protection applicants who were asking for transfers or re-accommodation, worrying about a possibility of being potentially accommodated in Mount Trenchard.

Residents also spoke about their involuntary transfers to the centre and questioned if their being assigned to Mount Trenchard was correlated with their actions, for which they were consequently punished.

“Just a false accusation, I was accused of, one of the workers there; the lady there, accused falsely accused me of something I didn’t do. So they transferred me out from there to Mount Trenchard. Which I literally call Guantanamo Bay.”

“So then I was provoked and then I responded. Then that put me in trouble, so I was transferred [to Mount Trenchard].”
The McMahon Report considered involuntary transfers in relation to challenging behaviour, staff training & provision of support services:

The McMahon report notes that the recommendation to adopt National Standards, including requirements for management and staff skills and qualifications relate to the issue of involuntary transfers.

“The Working Group considered whether the solution to dealing with residents with challenging behaviour might lie in a different direction – the provision of the supports that they need in the centre in which they are already living.”
(McMahon report 2015, 4.141)

The McMahon report noted the following input from RIA:

“It is important to note that officials from RIA emphasised that there is no policy as such of using particular centres for challenging residents; rather it is simply the case that the majority of those with challenging behaviour are single men and there are a limited number of single male centres.”
(McMahon report 2015, 4.141)

The McMahon report made the following recommendations on this issue:

- RIA should continue its policy of providing detailed written reasons for involuntary transfers.
- RIA should define what constitutes an involuntary transfer and record voluntary and involuntary transfers and include details in its Annual Report.
RECOMMENDATIONS

Almost all of the issues and concerns raised in this report have previously and repeatedly been raised by residents and practitioners in research studies, media reports, advocacy briefings, via the complaints procedures, through legal challenges made against the State and in consultations held during the McMahon report process in 2014 and 2015.

These concerns are acknowledged and reflected in the recommendations made in the McMahon report and are reinforced through the Draft National Standards for Direct Provision Centres, as cited throughout this report.

However, despite the Government’s acknowledgement of the concerns in the McMahon report (2015) and drafting solutions to address them, the living conditions and standards in Mount Trenchard remain largely the same.
SHORT-TERM PRIORITY RECOMMENDATIONS ON MOUNT TRENCHARD:
Based on the findings discussed in this report, the following actions are recommended as a matter of urgency:

- Investigate the allegations raised in this report in relation to safety, security, occupancy and involuntary transfers.
- Ensure that security personnel are appropriately qualified, trained & vetted.
- Ensure a security assessment of Mount Trenchard is carried out in consultation with residents.
- Undertake an independent unannounced and thorough inspection of Mount Trenchard, reviewing living conditions and issues raised in this report, in consultation with residents.
- Undertake vulnerability assessments with all residents.
- Ensure provision of transport at evenings, weekends, to and from essential services & in cases of emergency.
- Discuss & address transport issues & access to services in partnership with relevant agencies and in consultation with residents.
- Ensure overnight accommodation is made available to residents who are required to attend essential appointments.
- Designate appropriate space on-site for the delivery of classes & education programmes.
- Review shared bedrooms & living space available to residents.
- Review availability of shower & toilet facilities to residents accommodated in shared bedrooms.
- Provide mandatory training for staff of Mount Trenchard addressing issues raised in this report, including mental health, working with challenging behaviour, cultural diversity, first aid, crisis management and conflict resolution.
- Ensure residents have access to information regarding making complaints and are enabled to make a complaint directly to RIA when required.

With an intention to monitor the progress in addressing issues raised in this report, Doras commits itself to conducting a second round of follow up consultations with the residents of Mount Trenchard and community-level practitioners in September 2019. At the end of this timeframe for action, if the findings of this report have not been addressed the contract for accommodation services in Mount Trenchard should be terminated.
CONCLUDING REMARKS

The experiences of Mount Trenchard residents, outlined in this report, raise a number of concerns that relate to Mount Trenchard specifically and to the system of Direct Provision system more broadly.

Complex and serious concerns were raised by residents and practitioners during this study that warrant further investigation, such as allegations in relation to involuntary transfers, occupancy issues and the safety and wellbeing concerns of residents. RIA inspection reports of Mount Trenchard do not reflect these concerns, which illustrates the urgent need for an independent complaints and inspection system to be established.

Throughout this report, reference is made to the recommendations outlined in the 2015 McMahon report, which aimed to improve the living conditions in Direct Provision centres. However, it is clear that implementation of the McMahon report recommendations have not been fully realised in Mount Trenchard.

Furthermore, Mount Trenchard does not meet the requirements outlined in the draft National Standards for Direct Provision Centres, due to a number of fundamental factors that are discussed in this report. Failure to meet the State’s minimum requirements should be grounds for terminating the contract for accommodation services in Mount Trenchard.

The negative impact that the isolated location of Mount Trenchard is having on residents’ wellbeing and the barriers to accessing essential services due to same, may be somewhat alleviated in the short-term through the provision of increased transport options and outreach services. While it is recommended that these short-term measures are urgently implemented, these concerns can only fully be addressed if alternative accommodation is provided for residents.
The following issues were highlighted throughout this research and relate more broadly to the shortcomings of the Direct Provision system:

- Lack of access to appropriate accommodation and necessary support services for vulnerable persons.
- Lack of privacy with regard to bedrooms, living space and bathroom facilities.
- Lack of transparency regarding involuntary transfer decisions.
- No minimum qualifications, skills or experience required for employees and lack of training for staff provided.
- Inadequate complaints procedure and inspection regime.
- No national standards to enable monitoring and compliance of contractors.
- Negative impact of isolated location of centres on residents' wellbeing.
- Lack of access to essential services, education and employment opportunities.
- Private contractors operating on for-profit basis with limited oversight.

Since its establishment, over €1 billion has been paid to private contractors on a for-profit basis for services relating to Direct Provision. As this research suggests, some of the centres offer substandard living conditions in unsuitable locations, precipitating anxiety and trauma for, more often than not, already disadvantaged and vulnerable individuals. The State should ensure that public funds are distributed appropriately and strategically, moving towards an alternative reception system that operates on a non-profit basis. An alternative reception system should take a human rights based-approach to upholding standards and put responsibility for reception conditions with the State, and not private contractors.

In light of these findings, it is essential that the State urgently addresses the concerns raised in this report and the shortcomings of the Direct Provision system. Furthermore, the State must adopt a long-term strategy that looks beyond Direct Provision and minimum standards, and implement a non-profit alternative reception system that meets the needs of international protection applicants and respects the international human rights obligations of the State.
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FLAC (2009) One Size Doesn’t Fit All: A Legal Analysis of the Direct Provision and Dispersal System in Ireland: 10 Years On, Dublin: FLAC.


