



DISABILITY FEDERATION OF IRELAND

**Submission to the Department of Children,
Equality, Disability, Integration and Youth**

Review of Direct Provision

January 2021

The Disability Federation of Ireland (DFI) welcomes the opportunity to submit its comments to inform the Department's review and White Paper process on Direct Provision. We also welcome and endorse the findings of the Catherine Day report, which must inform all policy in this area into the future.

Key Concerns and Recommendations

- The UN CRPD applies to *all* people with disabilities in Ireland, and means that the state has human rights obligations to protect and guarantee the rights of people with disabilities seeking international protection.
- The Direct Provision system is not delivering on these international obligations. It is exacerbating and complicating existing disabilities, and, alarmingly, in many cases it is creating new disabilities (both physical and mental health) through its inhumane approach.
- Ireland must adopt a human-rights based approach throughout this process, including specifically on disability. It must consider all areas of policy within the international protection system with a disability lens throughout, and ensure the early identification of needs of people with disabilities, and a pathway and process towards intervention and support.
- The specific accommodation requirements of people with disabilities must be catered for in any new system.
- There is a strong need for disability awareness training for all staff across state and private agencies dealing with of people with disabilities seeking international protection in Ireland.
- Learn from the ongoing 'decongregation' policy process for people with disabilities in Ireland.
- A cross-departmental approach will be required.
- A transitional, step-down facility will be necessary for those who secure refugee status, as it is currently extremely difficult to secure appropriate and accessible housing for people with disabilities within both the private and public system, and the risk of homelessness is significant.

1. Introduction

People with disabilities have to struggle a lot in Ireland due to the innumerable barriers to their equal participation in society, and the lack of an equal, inclusive and accessible society. They, and their families, struggle to get access to services, and frequently have to advocate for long periods of time in order to get some of their needs addressed or to

get the state to proactively address the physical and societal barriers that exclude and marginalise people with disabilities, and the policy anomalies that do the same. They have to deal with a complex and bureaucratic system, that often sees departments and agencies operating in silos, and not talking to each other and addressing policy challenges collaboratively. They have to deal with a physical environment and transport system that is often inaccessible to them. Moreover, people with disabilities are disproportionately more likely to be unemployed than the general population (our employment rates, at 32%, are almost 20% below the EU average), disproportionately affected by homelessness (27% of those who are homeless have a disability, although only 13.5% of the population have a disability), and have poverty rates that are three times higher than the general population¹. These issues all relate to a lack of joined-up policy making on disability, and a failure to guarantee equality to all citizens. Thus, despite Ireland's commitments under the UN CRPD, which it ratified in 2018, we have a long way to go, and unfortunately the daily life of a person with a disability in Ireland can often be one of frustration, exclusion, struggle and poverty.

It is clear that all of the challenges outlined above will exist for people with disabilities living in the Direct Provision system. Furthermore they will only be exacerbated by Ireland's current approach to international protection. People with disabilities living in Direct Provision will and do experience multiple disadvantages and challenges, and **any reform of the system to address its inadequacies must address intersectional issues of inequality and vulnerability, including disability.**

This submission has been substantially informed by the work and experience of Polio Survivors Ireland, who have been working for years to support refugees and asylum seekers with polio who have come to Ireland seeking international protection (see Appendix 1 and Case Studies in this submission for more detail on the kind of issues that come up). Due to time constraints regarding the Department's own deadlines, we have not had the opportunity to consult the entire DFI membership for this round of consultation, but hope to do so in the second stage of the process.

¹ For more on this see for example – DFI 2021 Pre-budget Submission https://www.disability-federation.ie/assets/files/pdf/prebudget21_dfi_interactive.pdf, SILC 2019 <https://www.cso.ie/en/releasesandpublications/ep/p-silc/surveyonincomeandlivingconditionssilc2019/> and <https://www.disability-federation.ie/news/latest/2020/08/05/dfi-highlights-shockingly-high-poverty-rates-at-pr/>

2. Core Disability Issues

A number of key issues and challenges impact on people with disabilities, which will need to be considered in the context of the review of the international protection system, including the following.

Poverty and Extra Cost of Disability

Almost 40% of people with disabilities in Ireland (not in Direct Provision) are at risk of poverty in Ireland, and 18% live in consistent poverty. This is substantially due to the extra cost of disability, which Ireland does not sufficiently address in its social protection system. People with disabilities and their families live with the many extra costs of disability, including for transport, heating, medical expenses, housing, assistive technology, personal assistance etc. This cost has been estimated to be on average €207 a week, meaning an annual cost of over €10,000. Often families absorb this cost into the household.

Accessibility – Housing, Built Environment, Transport

Unfortunately our built environment is not built to be inclusive of all people living in Ireland. People with disabilities frequently find that housing, public buildings, the general streetscape and towns, villages and cities are not built in an accessible and inclusive way. While the accessibility of public transport is improving in Ireland, it is still imperfect and presents many challenges and obstacles to people with disability.

Education and Employment

Again, while positive work has been done to improve educational supports and provision for people with disabilities, there is still a huge gap, and people with disabilities have lower educational levels than the general population, and can find it hard to get the supports they need. We have seen in Ireland in recent weeks how the system does not always remember the needs of students with disabilities, and how hard parents have to fight for their children to get their needs addressed. In the area of employment, Ireland has the lowest level of employment of people with disabilities across the whole EU, and the largest employment gap between people with disabilities and the general population.

Accessing Health and Specialist Services

It is often very difficult for people with disabilities to get the health and support services that they require. While the vast majority of people with disabilities live in the community, 90% of the disability (health) budget is spent on those living in residential services or accessing day services. There is a literal problem with accessing services - even before COVID-19 waiting lists were often extremely long and most children were not getting

their Assessment of Needs complete within the legally required timeframe. Personal Assistant hours are very hard to get, despite them being integral to enabling people with disabilities to live an equal, independent life. The physical accessibility of services is also an issue for people not living in the main urban centres.

Lack of Joined-up Policy-Making – Systems and Departments

Moreover, many of the policy inconsistencies and contradictions that occur relate to a lack of joined-up policies and inter-departmental coordination. One of the barriers to progressing disability issues has been the ongoing siloed working of Departments. Disability by its very nature is not an issue which can be addressed by one department only – the issue crosses many of the key departments including Health, Housing, Social Protection, Education, Justice etc. Unfortunately, the dots are often not joined across policy areas and Departmental responsibilities, leading to anomalies and inconsistencies.

3. Direct Provision and Disability

It is clear from the above short summary of some of the key issues around disability, that people with disabilities in Ireland face many obstacles to equal participation in society, and struggle with issues around livelihood, poverty, housing, employment, education and access to adequate public, health and specialised services.

The experience of an individual with a disability in the Direct Provision system will be, and is, even more challenging. The addition of the difficulties and challenges that living in Direct Provision creates for people to the already significant barriers which living with a disability creates inevitably mean that under Direct Provision Ireland is failing to deliver on its UN CRPD commitments. Some key issues are outlined below.

General Concerns on Direct Provision and Disability

- Despite the fact that EU legislation obliges member states to identify persons with disabilities in reception centres, this is not currently happening (as we know, vulnerability assessments have not been taking place), and there is a lack of clear and disaggregated data available, meaning that it is not possible to correctly assess the needs, or even the amount, of people with disabilities in the system.
- This is deeply concerning given that people with disabilities are at greater risk of discrimination, inaccessible facilities, inaccessible support services, disruption of these services being

disproportionately more likely to put their lives at risk, and in some cases live with pre-existing health conditions which leave them more at risk of developing serious illness or dying.

- Crucially, and most alarmingly, **it is clear that the Direct Provision system is exacerbating existing disabilities, and in numerous cases is creating new ones – in particular, but not exclusively, physical and often significant mental health disabilities. This is highly problematic and abhorrent, and a failure of Ireland’s commitments to its human rights obligations, and it is likely that future generations will find this scandalous.** Moreover, apart from the crucial moral issue, this does not make economic sense for the state, as instead of supporting people to integrate into Irish society and become financially independent, it is creating a situation whereby refugees may require substantial specialist services into the future, and not be able to work due to a disability that was created or exacerbated by Ireland’s protection regime.
- As we have seen, people with disabilities who do not live in Direct Provision already struggle to get access to services, housing, to secure a good standard of living, with accessibility issues etc. There does not appear to have been any systematic provision for specialist support for people with disabilities in the Direct Provision system, and this needs to change. (This is also reflective of a broader issue around disability in policy-making, where unfortunately the core responsibility for Disability resting with Health has meant that other Departments have not always understood or been proactive on their own responsibilities on disability).
- Many of the rights of people with disabilities under the UN CRPD are not upheld or are even undermined by the Direct Provision system, including the right to an adequate standard of living, the right to employment, the right to independent living within the community and many more.

Case Study 1: 2018-2020 (see Appendix 1 for full details)

A 30 year old woman presents with a significant disability, and cannot bear her own body weight on her legs. She was initially accommodated in Dublin, but later moved to Kerry. She experienced difficulties with unsuitable accommodation, inaccessible transport, access to health services and lack of support and understanding from residents and staff in her centre. She frequently had to rely on Polio Survivors Ireland (PSI) to advocate for her needs, and to privately fund some services. While the HSE funded a power wheelchair for her in Kerry, she was not allowed to keep this when she was moved again to Dublin, and eventually PSI paid privately for a new wheelchair. The woman requires a private room to give her space to store and move in her wheelchair. While she was finally granted this after five months, other ongoing problems remain.

Specific Issues within Direct Provision impacting on Disability

Several disability related issues come up and are inadequately addressed by the current Direct Provision system.

- *Lack of Assessment of Needs and Vulnerability Assessments.* Unfortunately, many people, and especially children, go years without being diagnosed due to a lack of timely and effective vulnerability assessments. Also, their needs may not be immediately clear even if assessment does take place, due to the trauma they or their family may have experienced before arriving in Ireland, or cultural and other issues.
- *Lack of Disability Awareness and Training.* Mostly the staff working in Direct Provision centres, and other state agencies, unfortunately do not appear to have sufficient training in disability awareness or in trauma to be sympathetic and supportive when disability and other issues are raised by residents, and organisations that support them. This is perhaps not surprising given that the current model is a private sector, for-profit one, rather than a state-operated model.
- *Language and Translation.* There are problems in addressing the specialised health needs of people with disabilities in the Direct Provision system, given that many do not have fluent English and will require translation. This presents significant challenges for specialised health services, speech and language therapy, and therapy and counselling services. Another issue can be the cost of translating official documents from home which may be required for assessment.

- *Disruption of Moves significant for People with Disabilities.* The disruption involved in being moved from one centre to another is significant for all within the Direct Provision system, but it is particularly disruptive for people with disabilities and their families. Where individuals, or children, have been assessed and are receiving specialised support, the move to another centre disrupts this support and sets back progress leading to regression.
- *Mental Health.* The impact of the direct provision system on people's mental health is perhaps one of the most crucial and problematic issues with the current system. It is very clear that living in Direct Provision for a long period of time has a significantly negative impact on people's mental health, often doing substantial harm which cannot be undone.
- *The Extra Cost of Disability.* Living with a disability is costly, as previously mentioned. Often in Ireland families absorb the cost of disability into the household budget - however this is impossible for families living on the extremely meagre allowance provided to people living in Direct Provision. Accessing a medical card can be difficult, and people with disabilities in Direct Provision are not given free travel.

4. International Responsibilities and EU Best Practice

Article 11 of the UN Convention on the Rights of Persons with Disabilities (CRPD) addresses the rights of persons with disabilities in situations of risk and humanitarian emergencies, stating that: "States Parties shall take, in accordance with their obligations under international law, including international humanitarian law and international human rights law, all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters." Ireland ratified the UN CRPD in 2018 and is thus bound by this Article, as well as all others in the convention, and is due to make its first report under the Convention to the UN later this year.

The European Disability Forum (EDF), of which we are the Irish member, has called on the EU (and thus on member states like Ireland) to protect and guarantee the rights of refugees and migrants with disabilities. The concerns highlighted by EDF are highly relevant in the Irish case (please also see Appendix 2 for more details).

EDF note that refugees and asylum seekers with disabilities "face the same risks as other refugees, however compounded by many other issues: finding themselves at heightened risk of violence, including sexual and domestic abuse, discrimination, inaccessible facilities, inaccessible

support services or disruption of these services being disproportionately more likely to put their lives at risk, risk of being confined to segregated, institutional settings, underdiagnosed invisible disabilities and in some cases pre-existing health conditions which leave them more at risk of developing serious illness or dying”.

The EDF points out that EU legislation obliges member states to identify persons with disabilities in reception centres, but there is a lack of formally defined procedures to identify and support persons with disabilities. Many are identified on an informal or ad hoc basis, or late in the procedure, and there is a lack of clear and disaggregated data – we see this in the Irish system also.

They have called for member states to:

- collect data disaggregated by disability, gender and age on refugees and asylum seekers.
- Ensure early identification of refugees and asylum seekers with disabilities, chronic illnesses and their families to properly plan and manage their reception and to guarantee they receive the necessary support and assistance during the asylum-seeking procedure.
- Ensure all mainstream support services to refugees and asylum seekers are accessible and inclusive to persons with disabilities and their families and that asylum seekers with disabilities and chronic illnesses have access to inclusive education, health care, decent living conditions, accessible housing and support to live in the community.
- Ensure that asylum seekers with disabilities have access to integration programmes, language and digital competency training and to the necessary technical equipment.
- Take measures to make policies on family reunification accessible and inclusive of the needs of persons with disabilities.
- Include the rights of persons with disabilities in every element of the EU’s approach to refugees and asylum seekers, including in the responses to and recovery from COVID-19.
- Meaningfully involve and consult with persons with disabilities and their representative organisations in designing, implementing and evaluating the New Pact on Migration and Asylum and any related initiatives, including on COVID-19.

As a member of EDF DFI strongly endorses all the above and calls on Ireland to adhere to these recommendations in its reformed international protection system.

Case Study 2: 2018-2021 (see Appendix 1 for full details)

A 46 year old man presents with a significant disability and cannot bear his own body weight using legs. He, his wife and two children are initially accommodated in Dublin, but then moved to Galway. It was extremely difficult for 4 people to share one hotel room, which was also unsuitable for a person with a physical disability – the man had to crawl around the room. The man was not entitled to Free Travel, unlike other people with disabilities in Ireland, and thus had to spend much of his family's allowance on travel to and from an educational course he undertook. While the man and his family gained status in early 2020, it has proven extremely difficult to find suitable accommodation (that is accessible and with a landlord willing to take HAP, and to rent to disabled refugee tenants) for the family to move to. Meanwhile they also had a third child, and the mother (the primary caregiver to the whole family) was trying to recover from a c-section. The family was moved to Baleskin but due to shortage of space it was proposed to return them to the previous, unsuitable hotel room in Galway (now with a newborn baby also, meaning they would be 5 to one room). The man indicated that they would prefer to "sleep in the streets" than return to the unsuitable room. The search continues for suitable housing.

5. DFI Recommendations for the White Paper

In the past few weeks people in Ireland have been shocked and disturbed by the publication of the Mother and Baby Homes report, which documented what is now agreed by all to have been a dark period in Ireland's history, and a failure of the Irish state to cherish all of its children equally. The report is also a reminder of the disturbing way in which people and children with disabilities were treated for a long time in Ireland, touching, as it does, on the role of the county homes, and highlighting the number of children placed there due to their disability. Thankfully, in the context of disability, there has been a broad acceptance at policy-making level that institutionalisation is unjust and inappropriate, and a concerted policy of 'decongregation', ie moving people with disabilities out of institutions and into supported living arrangements in the community. This process and transition, which has been prioritised in recent years, is ongoing.

It has been observed over the years, and particularly in recent weeks, that the Direct Provision system as it exists and was run over the past twenty years, will be Ireland's Mother and Baby Homes of the future, and that in years to come our society will be scandalised by how we treated

people coming to Ireland seeking international protection, often after extremely traumatic experiences in their home country.

There is much, to be learned, in this context and the ongoing review of Direct Provision, from the gradual move towards a rights-based approach to disability that has been happening in Ireland in recent decades (due to decades of advocacy from people with disabilities) – although a lot more still needs to be done to ensure people with disabilities can participate equally in society.

In this context, this review and the commitments in the Programme for Government offer a positive opportunity, to create a more humane, person-centred, kind and supportive system - one that supports all those who look to Ireland to offer them international protection, and in particular to support people with disabilities who seek international protection in Ireland to become valued and valuable members of Irish society in the years to come.

In order to do this, Ireland must, and can:

- Learn from the ongoing 'decongregation' policy process for people with disabilities. There has been much learning from this journey and process, within disability organisations, HSE, people with disabilities and their families, and other experts. This learning should inform the ongoing work to plan the transition away from Direct Provision.
- Use and adopt a human-rights based approach throughout this process, and specifically on disability. Ireland must consider all areas of policy within the international protection system with a disability lens throughout - the UN CRPD protections and entitlements apply to those seeking international protection in Ireland.
- Collate and share disaggregated and accurate data on people with disabilities who are seeking international protection in Ireland, and those who are resettled here.
- Ensure the early identification of the needs of people with disabilities, and develop a clear pathway and process towards intervention and support in all relevant areas.
- Vulnerability assessments must be done carefully, on time and by experienced professionals. They must address and identify any specialised accommodation and other support needs of people with disabilities. This assessment should, however, not be a static, one time only assessment, as some disabilities may only become clear or be diagnosed over time.

- Develop mechanisms and processes for coordination and joined-up work with the HSE, and local disability organisations, to address the needs of people with disabilities.
- Ensure that the system has a process for signposting individuals in the system to the community and other specific services they may need, and to support them in accessing those services.
- Ensure that there are extra resources within this system to specifically support people with disabilities (given that a number of disability services are already stretched and underfunded), and to draw on the expertise that is there in the disability sector.
- Explicitly commit to providing 'reasonable accommodation' and support for asylum seekers with disabilities throughout the official asylum process –in terms of the process involved in assessing and determining their status, and in terms of accommodation while and after that status is being determined, amongst other areas.
- Train all relevant staff working within the system, across agencies public and private, in disability awareness, public sector duty, UN CRPD entitlements etc. Sadly many disabled asylum seekers report that the communication with, and lack of sympathy/sensitivity from officials, causes them extra stress and difficulty.
- Adopt a trauma-informed approach throughout, and consult and involve mental health experts in designing and implementing the new system.
- Ensure that active participation and consultation takes place, so that people with disabilities within the system can have their voices heard and right to participation vindicated.

Also, particular assessments of the specific requirements of asylum seekers and refugees with disabilities will be needed, and special provisions may be required, including around the following:

- The need for private rooms for people with disabilities, to ensure space for mobility aids and mobilisation, and to avoid tension with roommates over lack of space. This should also include appropriate, accessible bathrooms.
- The need for any accommodation offered to be fully accessible in all areas, including common areas.
- The need to ensure that the space outside an accommodation is also accessible – the entrance and exit, the public footpaths around the accommodation, to enable the use of public transport etc.
- Access to information and referral to appropriate health and specialised services and supports – for example OT visits and support, speech and language, rehab, podiatry, hydrotherapy and physiotherapy. This includes literal access, but also ensuring that staff at accommodation centres understand that they must enable

OTs etc to visit the centre to assess the living arrangements, and, crucially, ensuring that OT reports are acted on.

- Consideration must also be given when placing people with disabilities in accommodation centres, or when moving them, to the impact of their geographical placement on their capacity to access specific medical or other supports.
- Training of all staff working in accommodation centres in disability awareness, and potentially of other residents also.
- Access to education. All accommodation must provide facilities and sufficient space to enable residents to study and/or work, and the system must support residents who pursue studies while their application for asylum is being processed.
- Social Welfare and Cost of Disability. People with disabilities in Ireland are entitled to extra supports, including a free travel pass. People with disabilities within the international protection system should be entitled to the same social protection as other people with disabilities in Ireland.
- There is a need for a pathway and step down/transition facility to support refugees with disability after their status is granted. Ireland is in the midst of an ongoing housing and homelessness crisis. It is very challenging for people with disabilities to find suitable accessible housing on the private market, and they can be waiting on the social housing list for years. This leaves people with disabilities exiting the Direct Provision system at significant risk of homelessness. Moreover the improvement in people's status in an already overcrowded system cancels their right to Direct Provision accommodation too swiftly and the gap between living in difficult conditions in DP for a person with disability and the non-existence of a step down facility or accommodation is proving to be extremely difficult. Again here there will need to be a link to those working on housing and disability across the country, and formal links to the Department of Housing, the local authorities etc.

DFI also supports the broader and more general submissions on the problems with the Direct Provision system highlighted by a range of other organisations, including organisations such as IRC, MASI and others, as well as IHREC.

Appendix 1: Case Studies of Individuals Supported by Polio Survivors Ireland

Case Study 1

Female, 30 years old, student, presents with a significant disability due to lower limb damage and muscle atrophy, cannot bear her own body weight on her legs.

2018

- Individual initially accommodated in Dublin.
- Accommodation did not address mobility / accessibility (access, use of aids and appliances, bathroom adaptations, aids to assist with activities of daily life)

2018

- Transferred to accommodation centre at a hotel in Kerry.
- Accommodation did not address mobility / accessibility (access, use of aids and appliances, bathroom adaptations, aids to assist with activities of daily life)
- Individual referred to Tralee Women's Resource Centre for coursework.
- No transport provided.
- Tralee Women's Resource Centre reported the individual's difficulty attending the centre to both her accommodation centre (hotel) and Polio Survivors Ireland (PSI) due to lack of transport. PSI unable to assist with transport.
- Tralee Women's Resource Centre made an application for help to the CWO for assistance - the request turned down.

December 2018

- Community physiotherapist reported a need for the individual to be assessed for an orthotic – individual placed on their waiting list.
- Given the waiting time, the physiotherapist contacted PSI for help with the orthotic referral.
- PSI referred individual to Sota Orthotic & Prosthetics, Cork.

January 2019

- HSE agreed to have community Occupational Therapist assess individual for a mobility aid.
- HSE provided individual with a mobility scooter.
- PSI funded wet weather cape for the scooter.

February 2019

- Rehab, Tralee, compiled a report noting the young woman's significant mobility issues and the necessary supports she needed.
- Accommodation centre unable to address issues in the report with regard to her mobilisation and daily living environment.

July 2019

- PSI recorded increasing stress and upset for the young woman at her accommodation centre (hotel).
- Her room had to be shared with at least one other resident and the residents were regularly and consistently changed, without warning. This was having a significant impact on her ability to sleep.
- With regard to her medical/disability need, the young woman required additional heat/warmth – symptomatic of post-polio syndrome – in her room, and space to facilitate her scooter – this had caused numerous disagreements with other residents due to the lack of space. At times there was a lack of respect shown by other residents to her condition and her equipment (i.e. her scooter was subject to damage by others).
- The individual complained about the situation to the accommodation staff - however she reported feeling unsupported by the staff and felt that they labelled her as a 'trouble maker'. She reported that her interactions with staff became a negative experience.
- She requested other options where she might have more space, to mobilise with and store her scooter and other belongings.
- She was informed by an accommodation officer that they could move her to an alternative accommodation centre - in Cork. No report on the centre or the room that would be provided there was available.
- The individual had already moved from Dublin to Tralee and found resettling with her disability difficult so she refused the accommodation in Cork.

July 2019

- PSI forwarded a letter of support to the Reception and Integration Agency (R.I.A.) highlighting the immense difficulty of sharing a space given her disability and dependence on a motorised scooter.

August 2019

- PSI contacted the Principal Officer Department of Justice and Equality Reception and Integration Agency (R.I.A.) to advocate for the individual to be considered as an 'exceptional case' for accommodation transfer and allow her to be moved from the accommodation centre in Tralee to an accommodation centre in Dublin so that she might accept her offer of a place on a course: 'Cothrom na Feinne' Scholarship Scheme for Refugees and Asylum Seekers at UCD Access & Lifelong Learning Centre.

September 2019

- Individual moved to Baleskin accommodation centre, Finglas, Dublin to attend her course at UCD. This accommodation did not

address mobility / accessibility (access, use of aids and appliances, bathroom adaptations, aids to assist with activities of daily life)

- No accommodation could be identified at or near the UCD campus. The motorised scooter, provided by the Community OT, HSE, Tralee was reclaimed before she left Kerry as the aid was not permitted to leave the HSE South district where it was purchased.
- The individual mobilised with crutches. She completed the daily, return journey from Finglas to Belfield on four buses using a pair of support crutches (Sept to Jan).

October 2019

- PSI referred the individual to the primary care team in Finglas. The Community Occupational Therapist for Baleskin is located at Ballygall Health Centre, Seamus Ennis Road, Finglas, Dublin 11.
- The Community OT services could not agree to visit the individual as they could not give her priority 1, she was added to their waiting list.
- PSI agreed to fund a private occupational therapist given the extensive waiting list, and the importance of the assessment to the individual and keeping her in university.
- The private occupational therapist agreed to call to the individual at her accommodation centre in Baleskin, to avoid disruption to her classes, however when the OT arrived there was some confusion around allowing her to review the individual's environment. She was told she would not have permission to enter certain areas of the building to review where the individual would use a powered wheelchair, and she was not permitted to review how mobilisation would work in the individual's personal room as it is shared with another resident. PSI contacted Baleskin Accommodation Centre and the situation was resolved.
- The private occupational therapist was allowed to complete her work and continued to visit the accommodation centre with product specialists to trial a number of powered wheelchairs inside and outside the building.

November 2019

- Invacare Powered Wheelchair TDX-SP @ €8,261.00 recommended. Report identifies work required to access areas (ramps, grab rails etc.)
- PSI communicated the recommendations to the accommodation officers, social worker at Baleskin and R.I.A. contact(s) and emphasised the need for an accessible secure room to allow for mobilisation with the powered wheelchair, to allow the individual to charge (electrical) the wheelchair overnight and to avoid damage. HSE Community services were unable to prioritise the purchase of the powered wheelchair.
- PSI agreed to purchase the powered wheelchair.

January 2020

- Individual received her powered wheelchair.
The private occupational therapist and product specialist complete tutorial with individual on using her wheelchair safely.
- Polio Survivors Ireland contacted Bus Connect – Dublin Bus Assist Programme to discuss a travel companion for Awa to assist her with the initial journeys and to navigate her bus route to and from university.
- Dublin Bus Assist Programme officer reported that the bus stop that the individual must disembark from on her way home is in very poor condition and is a potential hazard for her, particularly if it is dark and/or wet conditions.
- The officer made some recommendations to her as to how to manage herself safely at this point.
- Polio Survivors Ireland provided the report to the accommodation officer, at Baleskin Accommodation Centre.
- Baleskin Accommodation Centre submitted a report to Dublin County council.

February 2020

- The individual was granted a room which allowed space for her wheelchair and one which she does not have to share with other residents.
- The accommodation does not address bathroom aids or aids for ADLs for the individual.
- The shared areas of the building and her room do not provide suitable space for her to study (space, light, ergonomics, disability aids for learning/use of computers etc.).
- The individual has been asked to move from her room, but she refused.

Case Study 2

Male, 46 years old, student, presents with a significant disability with lower limb damage and muscle atrophy, cannot bear his own body weight using legs.

November, 2018

- The individual made contact with Polio Survivors Ireland (PSI), he was being accommodated with his family (wife and two young sons) at Baleskin Accommodation Centre. This accommodation did not address mobility / accessibility (access, use of aids and appliances, bathroom adaptations, aids to assist with activities of daily life).
- He requested help with regard to obtaining secure calipers, crutches and other supports, he did not appear to be receiving information within the centre.
- PSI referred the man to Ottobock (orthotics) Dublin and sent a referral form to the local HSE office Ballygall Health Centre, Finglas with a view to linking him in with physiotherapy, occupational therapy and social workers.

December 2018

- HSE office Ballygall Health Centre, Finglas contacted PSI and explained that there was a primary care social worker on site at Baleskin Accommodation and the man should be referred back there.
- When contacted the HSE Primary Care Social Worker at Baleskin reported that the man and his family were to be moved so all referrals should wait as he would have to be linked in with the Primary Care Services in the new area.
- The HSE Primary Care Social Worker at Baleskin stated that he would assist the man with communications to the Department of Justice identifying his disability in order that they facilitate him, where possible, in suitable accommodation when moved.

January 2019

- The individual contacted PSI with the address of his new accommodation in a hotel, in Galway. This accommodation did not address mobility / accessibility (access, use of aids and appliances, bathroom adaptations, aids to assist with activities of daily life).
- The Galway Reception Centre advised PSI that the man would be referred to a local GP and Health Centre for appointments with a Physiotherapist and Occupational Therapist.
- A HSE Community Occupational Therapist assessment and report was completed and highlighted the **extreme** unsuitability of the room and the hotel as a living environment for a disabled man and the young children, including the following:

- The family of four (two adults and two children) were found to be sharing an insufficient hotel room and bathroom.
- The room was furnished with two single beds - one of them a profiling hospital bed - and a cot which left the family, but in particular the man, with no space to mobilise.
- The bathroom did not address his disability.
- The man was accessing the bedroom and bathroom by crawling along the floor.
- His older son was observed by the Occupational Therapist mirroring this action and shuffling/crawling along the hall floor outside their room in his free time.
- There were no facilities for the family to cook, or play with the children.
- The accommodation/reception centre received the report, all those involved were asked to allow the accommodation centre to review the report and consider what action could be taken.

October 2019

- Communication with the man and his wife revealed that no action was proposed or taken with regard to more suitable accommodation.
- PSI contacted the Reception & Integration Agency (R.I.A.) with a letter of advocacy and urgent need.
- The man highlighted another issue within the system that as an asylum seeker he was not entitled to Free Travel, as this requires a residency status in order to qualify for a disability allowance. Therefore he was using the family weekly direct provision allowance to cover transport costs for him to attend a course at the local VTOS, as it required two buses each way (four bus journeys in total), Monday to Friday. While the man and his wife prioritised his education, it left no money or time for them to attend any other appointments and/or activities with their two children. The current situation was not sustainable for them and was now impacting their mental health.
- The R.I.A. accepted the report that the accommodation was not suitable, and agreed to address the requests for larger adjoining rooms and/or accessible bathroom facilities immediately.

November 2019

- The R.I.A. reported that the hotel did not have any adjoining rooms or accessible rooms to offer the family and therefore the only option that could be explored would be to move the family elsewhere. No report could be provided on the proposed accommodation if they moved.
- The man and his wife refused the option to move because there could be no guarantee that he would be able to continue the

educational course he had enrolled in if they were to accept the accommodation transfer.

- PSI responded by way of letter to the R.I.A. with this explanation that the family did not wish to move from their current accommodation – despite its unsuitability for a family and a disabled person - because the individual was successfully engaged in his coursework in Galway and a move would mean moving to a location from which he might not be able to travel to his course or it might mean being moved to another county, severing the ties that the family had made to date.
- PSI asked that the R.I.A. explore accommodation that would not add further disruption and trauma to the family, as they had already endured the move from Baleskin (Dublin) to Galway and were doing their best to engage positively as active people in the area.

January 2020

- The couple were granted a Refugee Declaration. The man explained that the family would now be allowed to transfer to mainstream housing. They explained that their hope would be to be housed by the summer (June 2020), as they were expecting another child.
- The man's coursework/education was scheduled to end in April 2020.
- PSI engaged with local housing authorities and housing charities to help identify a suitable home for the man and his family.

March 2020

- The family were forced to undertake COVID lockdown in the hotel room in Galway. PSI provided a helpline and information service to the family.

April 2020

- PSI continued to support the family with their search for a suitable home.
- No action taken at the accommodation centre to improve the living conditions for the family.

June 2020

- The man and his wife welcomed their third child on 29/05/20, she was delivered by C-Section. The room at the hotel was entirely unsuitable for recovery.
- The medical social worker at the hospital in Galway wrote to I.P.A.S. on behalf of the family requesting suitable accommodation. I.P.A.S. responded that they could do nothing for the family.
- The reception/accommodation centre (hotel) in Galway responded that they did not have any other rooms for review (despite new families arriving to the centre during this time).

- The family approached the church they attended and luckily were linked in with a local couple who offered the family their holiday home in Athenry – it offered two bedrooms, bathroom and a kitchen.
- The family were hopeful a house would be found while they stayed in Athenry, so they would not have to return to the hotel room.

July 2020

- The man and his family were informed that the bathroom at the hotel was now being adapted for a person with a disability i.e. a wetroom was to be installed. Therefore the family could not return to the room in the hotel in Galway until the bathroom was completed.
- The owners of the house in Athenry asked the family to vacate this month.
- The man and his family were moved to Baleskin Accommodation Centre, Finglas, Dublin 11.
- This accommodation did not address mobility / accessibility (access, use of aids and appliances, bathroom adaptations, aids to assist with activities of daily life).

August 2020

- I.P.A.S. informed the man and his family that they will be moved back to the room at the accommodation centre (hotel) in Galway within the next week despite the bedroom being found to be 'wholly unsuitable' by the Community HSE Occupational Therapist before the arrival of their third child. The family became very distressed.
- The man emailed PSI with the following description:

"This is a room where I am expected to move around in wheelchair — a room with three beds and two buggies. Each time I went out and returned, I was compelled to disembark from the door and crawl on all fours because of the narrowness of the room, and while in the room, I was forced to crawl around because of the limited space. My limbs get cold all the time and I find it extremely difficult to sleep because of this. Now they are asking us to return to that room. The room is so cramped that there is no space left for a baby cot, not to talk of another cot for our younger son. It is unbelievable that IPAS will insist on herding us into that room.

If they insist on evicting us forcefully, like they promise to do next week, we are ready to talk to the media — or sleep in the streets — rather than go back to that room."

- I.P.A.S. responded that the services at the hotel had invested in adapting the bathroom to convert it into a wet-room and the room would be suitable for the family to return to.

- They added that the family had been awarded residential status and were eligible to receive HAP which would allow them to achieve their own home in the community, and therefore the family were considered lucky to be allowed stay at an accommodation centre since their status and allowance had been approved.
- PSI responded to I.P.A.S. on behalf of the family that every option and agency was being explored to find a suitable home for them – a home that would finally facilitate the man’s disability and accept the HAP allowance to cover their rent. It was explained that the accommodation had to address the family’s needs and in particular the man’s mobility needs, therefore it was PSI’s belief that being awarded status and the HAP allowance should not automatically result in the family being removed from shelter. It was emphasised that the children would suffer developmentally if they had to continue being moved around and end up using a hotel corridor to as their play area.
- I.P.A.S. was not in agreement with these observations but agreed that the issue should be discussed with the accommodation officer at Baleskin Accommodation Centre.
- The Baleskin accommodation officer expressed concern that there had not been more intervention by the HSE given that the family presented as an adult with a disability, an infant, a two year old, an eight year old child and an adult recovering from surgery (caesarean section), who is the main carer to the other four family members. The accommodation officer did emphasize that the demand on accommodation at this time was at a peak and the idea had been to move the family out of Baleskin by 31/08 and return them to the accommodation in the hotel in Galway and return the eldest child to a school setting in Galway.

September 2020 – January 2021

- PSI continues to engage with local housing authorities and the local housing charities to identify properties for the family.
- Property reviewed has been scarce and of a poor quality, one home had no bathroom upstairs (downstairs toilet and shower only), another property will not allow the installation of a stairlift. Another two landlords do not wish to accept a disabled tenant who may move on again – they believe former residents of Accommodation Centres to be transient and not looking to settle. Isolation and transport links do need to be considered for this family to remain active and independently able and therefore settled.
- The man and his family continue to reside at Baleskin Accommodation Centre. The accommodation in Baleskin is an improvement on the room in the hotel in Galway but does not address the man’s needs as a disabled person.

Appendix 2: European Disability Forum Position on New Pact on Migration and Asylum

The EU must protect the rights of refugees and migrants with disabilities

12.01.2021

The New Pact on Migration and Asylum aims to create a comprehensive, sustainable and crisis-proof framework for managing asylum and migration in the EU. It will cover the whole migration route – from origin and transit countries to the receiving countries in the EU. This initiative must guarantee the rights of refugees and migrants with disabilities.

Refugees and migrants with disabilities in Europe

Refugees and asylum seekers with disabilities face the same risks as other refugees, however compounded by many other issues: finding themselves at heightened risk of violence, including sexual and domestic abuse, discrimination, inaccessible facilities, inaccessible support services or disruption of these services being disproportionately more likely to put their lives at risk, risk of being confined to segregated, institutional settings, and in some cases pre-existing health conditions which leave them more at risk of developing serious illness or dying.

EU legislation obliges member states to identify persons with disabilities in reception and detention centres, but there is a lack of formally defined procedures to identify and support persons with disabilities. Many are identified on an informal or ad hoc basis, or late in the procedure.

Lack of data disaggregated by disability, gender and age means that it is not possible to correctly assess the situation.

Lack of necessary support and assistance to persons with disabilities, in the reception centers, and during the asylum-seeking procedure.

Especially women and children with disabilities at heightened risk of violence, including sexual and domestic abuse.

Our demands

We call the European Commission to comply with the UN Convention on the Rights of Persons with Disabilities (CRPD)* through the New Pact on Migration and Asylum:

- Collect data disaggregated by disability, gender and age on refugees and asylum seekers
- Identify refugees and asylum seekers with disabilities, chronic illnesses and their families when arriving to the European Union as to properly plan and manage their reception and to guarantee they

receive the necessary support and assistance in the reception centers and during the asylum-seeking procedure

- Take measures to guarantee that all mainstream support services to refugees and asylum seekers are accessible and inclusive to persons with disabilities and their families
- Ensure that refugees and asylum seekers with disabilities and chronic illnesses have access to inclusive education, health care, decent living conditions, accessible housing and support to live in the community
- Ensure that refugees and migrants with disabilities have access to integration programmes, language and digital competency training and to the necessary technical equipment, as to be able to make decisions for their own lives
- Take measures to make policies on family reunification accessible and inclusive to the needs of persons with disabilities, as its high requirements and short deadlines do not take into account that persons with disabilities need more time to access services and complete the process
- Include the rights of persons with disabilities in every element of the EU's approach to refugees and asylum seekers, including in the responses to and recovery from COVID-19
- Meaningfully involve and consult with persons with disabilities and their representative organisations in designing, implementing and evaluating the New Pact on Migration and Asylum and any related initiatives, including on COVID-19

*Article 11 of the UN Convention on the Rights of Persons with Disabilities (CRPD) addresses the rights of persons with disabilities in situations of risk and humanitarian emergencies, stating that: "States Parties shall take, in accordance with their obligations under international law, including international humanitarian law and international human rights law, all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters."

See also

<https://www.edf-feph.org/a-missed-opportunity-how-europe-can-better-protect-migrants-with-disabilities-and-mental-health-problems/>

<https://www.edf-feph.org/newsroom-news-we-call-eu-protect-rights-migrants-and-asylum-seekers-disabilities/>

www.edf-feph.org/content/uploads/2020/10/EDF-input-New-Pact-on-Migration-and-Asylum.docx

DFI is about making Ireland fairer for people with disabilities.

We work to create an Ireland where everyone can thrive, where everyone is equally valued.

We do this by supporting people with disabilities and strengthening the disability movement.

There are over 120 member organisations in DFI. We also work with a growing number of other organisations that have a significant interest in people with disabilities.

DFI provides:

- Information
- Training and Support
- Networking
- Advocacy and Representation
- Research, Policy Development and Implementation
- Organisation and Management Development

Disability is a societal issue and DFI works with Government, and across all the social and economic strands and interests of society.

DFI, Fumbally Court, Fumbally Lane, Dublin 8

Tel: [01-4547978](tel:01-4547978), Fax: [01-4547981](tel:01-4547981)

Email: info@disability-federation.ie

Web: www.disability-federation.ie

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