



# Parenting in Direct Provision: A Mothers Perspective

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## **Declaration**

I, Mary Redmond, declare that this dissertation and the research involved in it are entirely the work of the author. This work has not been submitted for a qualification to any other Institute or University.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## **Abstract**

In order for children to mature in terms of their social, emotional and cognitive development there must be an attachment figure present. Traditionally, the responsibility of childcare has been placed on mothers (Komisar,). Refugees and asylum seekers are among the most vulnerable and stigmatised groups in society (Burchill, 2011; European Migration Network, 2006; Honohan and Rougier, 2016; Mooney, 2015; Pacquiao, 2008; Rape Crisis Network, 2014; Stewart, 2005; Stewart, 2006). Such stigmatisation can hinder a mothers parenting capacity. Another component restricting mothers parenting to their full potential in direct provision is the lack of parental support they receive compared to their wider community in terms of financial income and services.

The purpose of this study was to examine mother's perspective of parenting in direct provision using a direct provision centre in the Midlands region as a case study site. To date, no research has been conducted on mother's perspectives of parenting in direct provision in the Midlands region.

The researcher decided to focus on mothers in direct provision, as they tend to be the main primary care givers across all cultures. A reception centre in the Midlands region was chosen by the researcher as it is a facility designed to accommodate families and is representative to all other direct provision centres nationally in terms of the similar facilities and services available in direct provision centres accommodating parents and their children. The researcher intended to determine how mothers experience parenting in direct provision, the concerns they had for their children while living in direct provision and establishing what changes and reforms could be applied in order to improve and support mothers and their children living in direct provision.

In order to access participants, the researcher liaised with a staff member of a local community development organisation, who acted as a gatekeeper. As this group is a typically hard to access group, a gatekeeper was essential to secure successful access. This study was conducted using a qualitative method in the form of semi-structured interviews. A purposive sampling technique was applied to this research process, with an in-built snowball sampling technique to access a typically hard to

access research population. The researcher interviewed four asylum-seeking mothers who had proficient English.

The findings indicated that although mothers do appreciate what the reception centre has provided them with, they carry a sense of frustration in terms of their cramped living conditions, the availability of services within the centre, the feeling of stigmatisation that is among them compared to their wider community, and the limitations that are involved in regard to accessing education in areas that are of interest to them. Recommendations for change and reform were also established in this research process.

## **1 Introduction**

The purpose of this study is to examine mother's perspectives of parenting in direct provision using a direct provision centre in the Midlands region as a case study site. The researcher sought to establish perspectives of mothers in direct provision as mothers tend to be the main primary care givers across all cultures.

The following objectives have been considered in this research project:

- 1.** To examine mother's experiences of direct provision.
- 2.** To investigate challenges faced by mothers in direct provision.
- 3.** To determine the supports required to assist mothers parenting in direct provision.

Direct provision provides accommodation on a full board basis. Meals, heating, electricity, laundry and household maintenance are paid for by the Irish government (Reception Integration Agency, 2010). Initially, the direct provision system was proposed to house people for a period of six months. However, asylum seekers continue to remain in the application process (Arnold, 2011).

According to McMahon (2015), are a number challenges experienced by mothers in direct provision while parenting their children. As mothers and their children do not have a say in the location or accommodation they are placed in, it can be quite difficult for mothers to parent their children and teach them the traditional norms and values of their cultures due to the various ethnicities who also reside in the same accommodation sites.

Mothers also experience other challenges in direct provision in terms of the isolation, the sense of boredom that is among them due to employment restrictions, mental health issues, the uncertainty of their application process and what the future holds for them and their children.

It has been illustrated by Arnold (2011), that the direct provision system is an unnatural family environment and there have been key issues concerning the cramped unsuitable conditions parents and their children must live in, often sharing with other families who do not share their cultural norms or values. The lack of recreational space has also been posed as a major disadvantage for children and

can have a detrimental impact on their emotional, social, cognitive and developmental stages.

These factors will be discussed in more depth throughout the various sections in this research project.

**Section 2 Literature Review:** This section will give an insight into the current body of literature that surrounds the direct provision policy, highlighting the challenges parents encounter while parenting their children.

**Section 3 Methodology:** This section will give an overview into the procedure that was conducted by the researcher in order to complete this research project. The section will also include a profile of participants that have been interviewed for this research study.

**Section 4 Results:** This section will examine the results that emerged from the interview process with participants. The results will include three themes in line with the aims and objectives of this researcher project followed by additional sub-headings throughout.

**Section 5 Discussion:** This section will examine the results which have occurred from the interview process while also relating the findings to the existing body of literature in the literature review section. Unexpected findings will also be highlighted in this section.

**Section 6 Conclusion:** This section again highlights the purpose of the conducted study and identify the overall findings that emerged during the research process.

**Section 7 Recommendations:** This section will identify changes that should be considered in order to assist mothers in direct provision. The recommendations will be divided into two different categories. Firstly, recommendations that came directly from the research participants and secondly, recommendations that have been considered by the researcher.

**Section 8 Reference List:** This section will identify all pieces of literature that were reviewed through this research process. The reference list will be in alphabetical order and in Harvard referencing style and in line with Athlone Institute of Technology, Department of Social Science and Design referencing guide.

## **2 Literature Review**

### **2.1 Introduction**

This section will give an overview of the current direct provision system, in Ireland. This literature review will highlight the challenges placed upon mothers and children living in direct provision which in turn has affected parenting capacity. This section will highlight the current literature on the following topics: The difference between a refugee and an asylum seeker, Ireland becoming an attractive destination for asylum seekers, current statistical data of direct provision, changes to welfare allowances, income payments in direct provision, living conditions for parents and their children, employment and legislation, duration of time spent in direct provision and its impact on parents and their children, challenges posed on parents in direct provision, the lack of adequate food and dietary requirements to meet cultural needs in direct provision and material deprivation amongst asylum seeking children and their parents.

### **2.2 Difference between an asylum seeker and a refugee**

An asylum seeker is a person who has left their country of origin and is claiming international protection, but their refugee status has not yet been decided on in the country he/she has submitted their claim to (Amnesty International, 2017; Arnold, 2012; Philips, 2011).

A refugee is defined as an individual who has fled their own country of origin due to a risk of human rights violations and fear they may be prosecuted due to their religious beliefs, nationality, race, political opinion or social group. These individuals will flee their own country to seek refuge elsewhere due to their own government being unable to protect their needs (Amnesty International, 2017; Irish Refugee Council, 2013).

### **2.3 Ireland becoming an attractive destination for Asylum Seekers**

Although immigration into Ireland is not a new phenomenon, Ireland was largely a country of emigration up until the 1990's (Christie, 2002; Loyal; 2016; Prutz Phiri, 2003; Uchechekwu Ogbu, Brady and Kinlen, 2014). In the past, Ireland was not a destination that attracted asylum seekers in comparison to other European countries. People generally did not venture to Ireland to seek international protection due to its

geographical location and weak economy. (Mac Einri and White, 2008). When the economic boom hit Ireland in the 1990's, it provided the country with a rapid growth in the economy, which in turn allowed Ireland to become a more attractive location for asylum seekers to reside (Christie, 2002; Lentin, 2015; Mac Eirni and White, 2008).

During November 1999, the Irish government decided to deal with matters relating to asylum seekers entering the country (Irish Refugee Council, 2013). Due to the large increase in asylum seekers that were entering Ireland, the Minister for Justice, Equality and Law Reform described the decision “as a *matter of extreme urgency*” (FLAC, 2003, p. 8). Therefore, during April 2000, the Department of Justice established a system that would solve accommodation for people entering Ireland (Irish Refugee Council, 2013). A system known as ‘Direct Provision’. This system involved the Irish government providing accommodation to families and their children who were seeking accommodation in Ireland (FLAC, 2009). These direct provision centres are managed by private companies who work under the Reception and Integration Agency (RIA) and the Department of Justice and Equality (Doras Luimní, 2018; Fraser and Harney, 2003). Direct provision provides accommodation on a full board basis. Meals, heating, electricity, laundry and maintenance are paid for by the Irish government (Department of Justice and Equality, 2010). Initially, the direct provision system was proposed only to house people for a period of six months. However, asylum seekers still remain in the application process (Arnold, 2011).

Currently, more than one third of residents who reside in the 34 direct provision centres located nationally are children. Many of these children were born in Ireland or were quite young when they first entered into the system (Arnold, 2013; Irish Refugee Council, 2013). Direct provision established in 2000, was firstly identified as an ‘interim’ solution due to the large number of asylum seekers entering Ireland in search for international protection. This in turn led to a growing risk of homelessness for the asylum-seeking population (Stapleton, 2012; The Irish Immigration Centre, 2017). Sadly, eighteen years later the direct provision system is still the primary source of accommodation for asylum seekers with the numbers continuously growing across the nation (The Irish Immigrant Support Centre, 2017).

During April 2000, the Department of Social and Family Affairs issued Ministerial Circular 04/00. This in turn shaped the system of dispersal and direct provision (FLAC, 2009; Martin, Horgan, O' Riordan and Chrisite, 2018). This system was established a number of weeks after a similar system was introduced in the United Kingdom in order to address the limited accommodation in Dublin city centre which permitted Ireland to therefore fall in line with other European Union states that had announced similar policies (O' Mahony, 2003; Thornton, 2014).

#### ***2.4 Statistical Data of Direct Provision***

At the end of April 2018, the Reception and Integration Agency (RIA) accommodation portfolio highlighted a total of 34 direct provision centres located throughout seventeen counties in Ireland. The contracted capacity for each of these seventeen centres is 5,574 (Department of Justice and Equality, 2018). At present, there are currently 4,500 asylum seekers residing in 34 of these direct provision centres with 1,500 of residents being children (Doras Lumni, 2018). According to the RIA (2018) monthly report 12% of residents are married with children, 7% are lone parents and 11% are children of lone parents (Department of Children and Youth Affairs, 2018).

#### ***2.5 Changes to Welfare Allowances***

Direct provision, introduced in April 2000, came during a time of considerable panic in relation to welfare abuse by asylum seekers in Ireland. Panic had struck due to the large volume of asylum seekers entering into Ireland, which lead to their entitlement to the countries welfare system (Thornton, 2014). Before introducing the direct provision policy, asylum seekers were entitled to full welfare allowances. Such entitlements were based on need. Asylum seekers were catered for in the process just like any other Irish citizen (Arnold, 2012; Uchechukwy Ogby, Brady and Kinlen, 2014; Thornton, 2014). As asylum seekers were originally entitled to child benefit allowance it allowed for parents to provide for their children the same way any Irish parents could in terms of food, clothing, school necessities, birthdays and school trips (Arndold, 2013). However, since the introduction of the Habitual Residence Condition during 2004 (FLAC, 2009) payments such as supplementary welfare assistance, rent allowance and one parent family allowance ceased (FLAC, 2009). At present, asylum seekers are entitled to a full medical card which allows the holder

and their family access to medical services including GP visits, subsidised prescriptions of €2.50 each and hospital fees. Free medical screening is also available to all asylum seekers (FLAC, 2003).

During 2007, Minister Martin Cullen emphasised that if there was no restriction to Irelands social welfare payments, many other people would enter into Ireland and take advantage of its welfare system (Arnold, 2011). Such a statement by Minister Cullen was highly criticised by service providers and researchers who highlighted that the variation in social welfare payments between asylum seekers in direct provision and residents from other forms of funded accommodation is a form of discrimination (Arnold, 2011). Ceasing asylum seekers of such payments has therefore resulted in material deprivation for parents and their children residing in direct provision (Arnold, 2013).

### ***2.6 Income Payments in direct provision***

Since the introduction of direct provision, asylum seekers have been placed in direct provision centres across the nation, required to live in centres where they are deprived of any social welfare allowances (The Irish Immigrant Support Centre, 2017). Apart from bed and board, residents are provided with a weekly income payment. This weekly allowance was increased during 2017 from €15.60 to €21.60 (per adult) and €19.10 to €21.60 (per child) to cover their personal necessities (Reception and Integration Agency, 2018; The Irish Immigration Support Centre, 2017). However, the increase in this weekly allowance is not in line with the McMahon (2015) recommendations. McMahon (2015) recommended an increase of €38.74 per adult and €29.80 per child. Such an increase would have brought the direct provision weekly payment back in line with the Supplementary Welfare Allowance Payment established during 2000 when direct provision became a government policy (The Irish Immigration Support Centre, 2017). The current weekly income payment has been considered an unrealistic income of survival for families and their children resulting in financial strain and hardship which is likely to pose a challenge to positive and effective parenting (Department of Employment and Social Protection, 2016; Diala Iroh, 2010; Lentin, 2015; Ombudsman Office, 2018; Smyth, 2015; Thornton, 2014).

## **2.7 Living conditions for parents and their children**

*“Direct Provision is not a natural family environment because families share confined spaces with numerous other residents from a variety of cultural, national, linguistic and religious backgrounds”* (Arnold, 2011, p. 16).

Severe housing deprivation in direct provision has resulted in frequent day-to-day tensions and has placed pressures on parents and their children, which in turn has an effect on their psychological well-being (Fanning, Veale and O’Connor, 2001). In a comprehensive review of Ireland’s direct provision system conducted by McMahon (2015) it was highlighted that direct provision centres are cluttered with inadequate storage space. The accommodation granted has been suggested unsuitable for the purpose they are being used. The majority of buildings where asylum seekers and their families reside have been originally designed for other short-term living purposes such as boarding schools, mobile homes and hotels. McMahon (2015) has highlighted that only three direct provision centres nationwide have been purpose built.

According to the Children’s First Guidelines (2017 p. 8) *“The threshold of significant harm is reached when a child’s needs are neglected to the extent that his/her well-being is affected and/or development is severely affected”*. Direct provision is an example of a government policy, which has not only bred discrimination, social exclusion and enforced poverty but it is a policy that has placed children at real risk (Arnold, 2013). This in turn poses a challenge for parents while parenting their children in direct provision. The direct provision system has put immense pressure on parents to parent effectively which can evidently be quite a difficult task due to the factors that surround their daily lives (Arnold, 2011).

The unacceptable nature of direct provision accommodation for growing children challenges the policy outlined in the National Children’s Strategy (2000 p. 65) which documents *“all children must have access to good quality housing appropriate to their needs. Although not homeless, some children are members of family living in inappropriate accommodation”*

According to Shannon (2012), there is a real risk of child abuse in direct provision as most single parent families are required to share one bedroom. In the case of many children in direct provision they have no option other than to share a room with their

family members. Not only is this space the family's bedroom, but it is often their recreational space as well. While there are some direct provision centres that have recreational facilities on site, some do not. Children and their families are therefore confined to their shared bedroom which again, poses another struggle for parents while trying to parent their children (Lentin, 2015). *"The majority of families have been accommodated in units with no separate living space"* (McMahon, 2015, p. 18). As conditions in the resident's accommodation are generally cramped, there is no space for children or their parents to have any form of privacy or time to themselves (Arnold, 2013; FLAC, 2009; Nedeljkovic, 2018).

### **2.8 Employment and Legislation**

There has been an effort made by the EU Common European Asylum System (CEAS) during 2005 in order to ensure asylum seekers have a realistic source of income. These EU laws ensure that all EU member states protect the rights of asylum seekers and refugees (European Migration Network 2003; The Irish Immigrant Support Centre, 2017). There have been some developments however within this spectrum as recommended by the McMahon (2015) report. During 2018, the Supreme Court declared that the International Protection Act, 2015 which has replaced the Refugee Act, 1996 as unconstitutional (Doras Luimní, 2018; Mason, Hayes and Curran, 2018). As a result, the absolute restriction which prohibits asylum seekers to work in Ireland is no longer part of Irish law. In this decision, the Supreme Court found that a person's right to work is connected to their personal dignity, development and self-worth (Corolan, 2018; Mason et al, 2018). Therefore, residents who have spent nine months or more of their time in direct provision and have not had their applications reviewed will be given the right to work, the opportunity to become self-employed or gain access to education and training (Kelly, 2017). This monumental approach in allowing asylum seekers respect, self-worth and dignity will allow parents to access employment when their children are at school which in turn will allow them to better support their family's needs (Kelly, 2017).

### **2.9 The duration of time in direct provision and its impact on parents and children**

It has been highlighted that children who are living in direct provision for a long period of time are restricted from living a normal childhood due to their

institutionalised way of living (Arnold, 2012; Irish Refugee Council, 2001; McMahon, 2015).

The duration of stay in direct provision has been acknowledged as a major concern identified repeatedly by residents and statutory advisory groups (Arnold, 2011; The Irish Refugee Council, 2013). In light of the delays in the direct provision system when considering applications for international protection, the majority of parents and their families have been living in direct provision for over three years (Doras Luimní, 2018; Irish Refugee Council, 2013). Therefore, the length of time parents and their children spend in direct provision has caused for major concern in regard to challenges surrounding asylum seekers and their lives (McMahon, 2015). It is also likely that this has a direct impact on parents, both in terms of their well-being and parental capacity. Research to further explore this would be very important.

### ***2.10 Challenges posed on parents and children in direct provision***

The social conditioning of happiness starts in the family. Most cultural traditions see childhood as the model for innocent happiness, and parenthood as an ideal model for this worldly and virtuous fulfilment (O' Doherty, 2015). Parenting may be described as *“a purposive activity aimed at ensuring the survival and development of children”* (Hoghughy and Long, 2004, p. 5). Parenting has been acknowledged as a key influence in relation to the development of a child (Council of Europe, 2006; Nixon, 2012). However, the placement of asylum seekers and their families undermines a parent's ability to care and nurture their child's development (Ochechekwu Ogby, Brady and Kinlen, 2014).

Children must be reared in an environment where their care providers can offer them support and emotional protection (Arnold, 2011). The environment a child is born into and the type of parenting they receive has a major impact on a child's later development and wellbeing (Collins, Maccoby, Steinberg, Hetherington and Bornstein, 2000). Therefore, it is crucial care providers lead by example in terms of their behaviour, norms, values, and cultural practices (Reception and Integration Agency, 2012). However, parents who reside in direct provision are unable to care for the customs or rules of their own family culture and take part in the upbringing of their children due to the restrictions that are posed on them when living in direct provision (Arnold, 2011).

According to the Refugee Council (2001), there is inadequate space for children to play in many direct provision centres. The lack of such a recreational space for children to thrive and develop has become a major concern. Parents also lack basic autonomy over aspects in their lives regarding cooking, cleaning and going to the shops, which deprives them of a natural family function. Tasks that are considered are the norm in the wider community (McMahon, 2015; Ní Shé, Lodge and Adshead, 2007).

The social learning theory has proposed that a child's life experiences and exposures can shape their behaviour (O'Connor, Matias, Futh, Tantam and Scott, 2013). A child's ability to engage with others, handle conflict scenarios and become familiar with their emotions is learned through experiences and will be carried on throughout their lives. This is quite typical for younger children especially, as the primary source of these experiences is parent-child and family relationships and their environment (Brauer and Tittle, 2012; O'Connor et al, 2013). Therefore, it is impossible to place a value on parenting unless we are clear about the kind of people we want our children to grow into (O'Doherty, 2015). Parenting in direct provision has been undermined by the constraints of the direct provision lifestyle. Parents have little influence or control over matters, which affect their children's day to day lives (Arnold, 2012).

According to O'Doherty (2015), parents are care the primary care givers for their children and people their children should be able to look up to. Parents in direct provision however are unable to become people their children can look up to if they are unable to provide for their children in the way they wish. *"Being an adult or child member of an ethnic minority group, an immigrant, refugee or asylum seeker family raises particular issues in relation to parenting and for the design and delivery of parenting support* (Tusla Child and Family Agency, 2013, p. 13). Daly (2011) has emphasised how there must be a special effort made to target vulnerable families in society who do not present themselves nor make themselves available to universal services. Daily (2011) documents that targeting low income and vulnerable families is particularly important. Ethnically diverse families have been acknowledged in this context (Moran and Ghate, 2005; Rochford, Doherty and Owen, 2014). Taking into consideration different ethnicities, cultures, languages, lifestyles, isolation and the

lack of play space for the development of children in stimulating activities it is no surprise that there has been concerns relating to the long-term impact direct provision has had on people's mental health. Children tend to cope better with challenges when their parents are in a stable place and in the position to offer full encouragement and support to their children (Arnold, 2011). However, parents who suffer from mental health issues due to these challenging factors find it extremely difficult to parent their children to their full potential (Irish Refugee Council, 2013; McMahon, 2015). There is a need to explore the perspectives of mothers further in direct provision in order to further identify the triggers that have brought about their mental health issues.

According to Aristotle (322 BCE- 384 BCE), in order for individuals to flourish and thrive in their lives, they must be able to perform certain actions that will generate to their own happiness. Individuals however, can only flourish when their environment allows them to (Furman and Tuminello, 2015). Children will only flourish when they have a meaning that is purposeful to their own lives. A child's developmental stage is influenced by their environment (Mooney, 2015). The risks a child experiences during their early years can impact their mental wellbeing, personal growth and social skills (Bronfenbrenner and Morris, 1998). Children who are raised in an environment that allows them to pursue their own personal interests and talents will lead a happy life (Layard and Dunn, 2009). However, it can be quite a challenge for children and their families to pursue their goals in an environment like direct provision as it is a policy enforced with many restrictions impacting on the happiness of children and their families (Arnold, 2011).

Giving parents the opportunity to socialise among other parents will give them an indication on the needs of their children. However, knowledge by itself is arid and neutral unless it is translated into action. In order for parents to act on their own knowledge, they must have some form of motivation. This motivation entails a parents wish to do whatever they feel necessary for the needs of their children (Hoghughi and Long, 2004). This sense of motivation can be quite a challenge for parents in direct provision due to the limitations and stressors they experience on a regular basis. It has been emphasised in numerous reports relating to parenting in direct provision that children perceived their parents as unable to protect them

anymore (Fanning, Veale and O' Connor, 2001). According to Barry (2014) there has been a significant strain put on parents to provide for their children's needs. Issues such as leisure activities, travel, expenses for costs associated with school are often difficult to cover on their limited weekly allowance. The ability for parents to cater for their child's needs has been found to be impaired due to factors such as poverty, inadequate accommodation, and unsuitable food as a result of living in direct provision (Irish Refugee Council, 2013). There has also been a significant connection between both a parent and their child's mental wellbeing (Irish Refugee Council, 2011; Stewart, 2006). According to Martin et al (2018) concerns in regard to children feeling stigmatised have also surfaced. Children feel they may be bullied in school due to where they live which has also posed a sense of isolation and shame upon them children as they keep their place of residence a secret from their school peers. Further identifying the perspectives of mothers in direct provision will give an insight into the lives of their children and the situations where this sense of stigmatisation occurs.

### ***2.11 Lack of adequate food and dietary requirements***

The lack of adequate food and dietary requirements to meet asylum seekers cultural needs has suffered in direct provision (Friel, 2004). Barry (2014) documents the food in direct provision has been found unsuitable for the needs of parents and their children. There have been suggestions made by McMahon (2015) regarding the lack of choice and food control experienced by asylum seeking families. Similarly, Fanning (2001) has noted how living in a cramped overcrowded environment with limited control in relation to meal times, inadequate diets and the lack of resources often available in direct provision centres to supplement diets has left a negative impact on the functioning of parents and their children. Direct provision centres also make no provision for new born babies (McMahon, 2015). It has been highlighted that some residents residing in direct provision are faced with extreme deprivation (College of Psychiatrists of Ireland, 2017). Friel (2004) has noted that there is malnutrition among expectant mothers, poor health related to the diet of babies, and extreme weight among young children. Parents in direct provision (92 per cent) of whom have reported it necessary to buy extra food for their children which in turn has contributed to their financial hardship (Fanning et al, 2001; Irish Refugee Council, 2013). Mothering in the home generally involves cooking nutritious meals

for children. It is important to gain the perspectives of mothers in this regard to fully understand whether meal time poses as a struggle for children and their families.

### ***2.12 Material Deprivation amongst asylum seeking children and their parents***

Problems that occur in the family home are as a result of poverty. Ghate and Hazel (2002) have noted that parents generally do not see themselves having a problem parenting their children but see poverty as the main contributor to their problems. This was also highlighted in a comprehensive study conducted by Quinton (2004) on the importance of supporting parenting. Quinton (2004) highlighted that overall parents suffering material poverty was the root to many of their problems.

Asylum seeking children face extreme material deprivation despite their parents often using their small weekly allowance to buy supplies such as nappies, baby formula, clothing and non-prescription medicine (Fanning et al, 2001; Fraser and Harvey, 2003). In a more recent report published by the Department of Children and Youth Affairs (2017), similar issues have emerged for children. Children have stated that the food being served in direct provision is not culturally appropriate, is often poorly cooked and of low nutritional value. In turn, children have also expressed their unhappiness with the level of financial assistance received by their parents contributing to the family's financial hardships (Department of Children and Youth Affairs, 2017).

### ***2.13 Conclusion***

The section has provided the reader with an insight into the direct provision policy established in 2000 and some conditions parents and their children must abide by under this policy. The following objectives for this study were considered in this section:

- 1.** To examine mother's experiences of direct provision.
- 2.** To investigate challenges faced by mothers in direct provision.
- 3.** To determine the supports required to assist mothers parenting in direct provision.

The next section will discuss the methodology section, giving providing a detailed description into how she conducted the research process.

### **3 Methodology**

#### **3.1 Introduction**

This section will discuss the researcher's rationale for choosing the direct provision centre in the Midlands region as a case study site. The research design will also be discussed highlighting the methods that were incorporated into this study. The use of semi-structured interviews will be introduced along with reasons as to why this method best suited the purpose of the research project. The materials used while conducting the fieldwork will also be included in this section followed by a profile of participants who took part in the research process. The procedure that was incorporated by the researcher in order to conduct their research will also be considered followed by ethical considerations, limitations into the research and a brief conclusion.

#### **3.2 Choosing a Case Study Site**

The purpose of conducting this research study was to examine mother's perspectives of parenting in direct provision using a direct provision centre in the Midlands region as a case study site. The chosen reception centre is one of 34 direct provision sites located throughout Ireland (Doras Luimní, 2018). *"The majority of direct provision accommodation centres are managed by private contractors on a profit basis, on behalf of the state"* (Doras Luimní, 2018). Each of these centres are managed by the Reception and Integration Agency under the support of the Department of Justice, Equality and Law Reform (Reception and Integration Agency, 2018). The chosen reception centre has been decided by the researcher as an ideal case study site to conduct their research as the centre is representative to other direct provision centres nationally in terms of the similar facilities and services that are available on site for parents and their children.

According to the Reception and Integration Agency (RIA) report issued in March 2018, the current occupation of residents who reside in the chosen reception centre is an average of 280 residents. The reception centre has the capacity to accommodate an average of 300 residents (Reception and Integration Agency, 2018). The reception centre is a direct provision facility for families. Families live in

very confined conditions, with maximum room capacity for six people. This leads to overcrowding and cramped conditions (RIA Independent Inspection Report, 2017). Similar to other direct provision sites which cater for children and their families nationally, there is a large central building that includes a kitchen, a canteen, games room, gym room, laundry facilities, meeting rooms, an on-site shop, on site access to a social welfare office, public health nurse service, a mother a toddler group and a preschool unit.

### **3.3 Research Design**

#### **3.3.1 Consideration of different methods prior to conducting field work**

The researcher considered several research techniques prior to conducting her research. The researcher firstly explored doing quantitative research by providing mothers with surveys. However, this type of data collection was considered more of a challenge due to the lack of opportunities to offer additional question clarification in the survey. In light of this, questionnaires were not deemed suitable to examine mother's experiences of parenting in direct provision.

The researcher also considered conducting the study by organising a focus group. However, the researcher discounted this method as she considered that participants may not be culturally comfortable speaking about their own personal experiences of motherhood in a group form. Smithson (2000) also emphasises how there may be a more dominant voice when a focus group is taking place. A dominant voice within a focus group can therefore override other participant's views and opinions, which could result in participants feeling uncomfortable taking part in a focus group. The influence of cultural norms and expectations of participants who reside in direct provision was important to consider as some participants may have discussed dominant ideas and beliefs established by their own social and geographical contexts, which could cause discomfort to others in a focus group (Koch, 2013).

#### **3.3.2 The use of semi-structured interviews into the research process**

The researcher adopted a semi-structured interview technique in order to explore the experiences of mothers who reside in direct provision. The researcher also recognised that there was a potential for cultural differences presented. It was proposed to conduct this study through qualitative analysis in the form of semi-

structured interviews. According to O' Leary (2017, p. 240) the use of semi-structured interviews can start with a "*defined questioning plan*" but can shift in order to follow the natural flow in conversation. This method worked well within the research study, the shift in conversation resulted in establishing information the researcher had not previously considered when drafting her questioning plan. According to Bryman (2008, p. 437) "*in qualitative interviewing, interviewers can depart significantly from any schedule or guide that is being used during the interviewing process*". Interviewers can therefore ask new questions that follow up from interviewee's responses. "*As a result, qualitative interviewing tends to be flexible, responding to the direction in which interviewees take the interview and perhaps adjusting the emphases in the research as a result of significant issues that emerge in the course of the interviews*" (Bryman, 2012, p. 471). The researcher employed a qualitative interpretivist approach as it allowed the raw data presented tell the story (O'Leary, 2017). This allowed the researcher to gather the perspectives of mothers in direct provision. The researcher also used an inductive method in their research study in an attempt to gain rich information from participants while also understanding the perspectives and experiences of mothers in direct provision (Rooney et al, 2011). The interview process has been considered one of the most appropriate qualitative method of research with ethnic minority groups in order to form a trusting relationship with participants (Rooney et al, 2011).

### **3.3.3 Layout of semi-structured interview schedule**

The researcher formatted interview questions and topics in a particular way that allowed the participants to answer each question without making them too specific (Bryman, 2004). This was achieved by asking the participants general questions about their experiences in direct provision, which allowed the researcher to adjust their questions based on the conversation topic that was presented by the participants (Kelly, 2017).

The interview questions focused on how living in direct provision affects parenting, and resources and supports that are available to mothers at present while also focusing on what resources and supports could be put in to place for the future. The researcher decided to focus on these issues as she felt that mothers in particular are very seldom spoken considered in direct provision. As mothers play an important

role in their child's development, the researcher wanted to explore how mothers experience raising their children in direct provision and the daily difficulties they encounter while mothering their children.

### **3.4 Materials**

During the interviews, each participant was presented with an information sheet (See Appendix A) which provided a description of what the study entailed along with other information including the researchers name, email address, Institute of Technology, course of study and highlighted that each participant's autonomy and confidentiality would remain private at all times during the duration of the research project and after the research project. "*Research participants who have given appropriate consent have a right to expect that identifiable data about themselves, either provided or discovered in the course of research, will not be shared with others without their consent*" (National Consent Advisory Group, 2013, p. 87). The information form also guaranteed that any participant who may want to opt out of the interview or withdraw from the study could do so at any time. Participants read the information form prior to signing the consent form (See Appendix B).

An interview guide (See Appendix C) was prepared for the researcher to have a clear focus regarding the questions that were going to be presented to the interviewee's. The questions were asked to participants in a casual and relaxed manner. The researcher prepared this interview guide in such a way that questions could shift depending on the topic of conversation the interviewee presented during the discussion.

The researcher pre-tested their interview questions with other MA Child and Youth students. This pre-test was conducted to ensure there was a logical flow and consistency within the interview questions.

The researcher used the recording asset on her iPhone to record each interview. Information for the recording of each interview was also distributed on both the information and consent forms (See Appendix A & B). The recordings were then transferred onto a memory stick and saved onto a laptop. The laptop had a password, which was known only by the researcher in order to gain access to any documents that were saved onto it. The interviews were transcribed and deleted immediately after transcription.

### **3.5 Participants**

The research process was open to all nationalities and ethnicities. The researcher was aware that although English may not be the participant's native language, they had sufficient English to take part in the research process (Mc Dermott, 2017).

*“Researchers should be cognisant of any literacy difficulties of participants, and should conduct interviews, in an appropriate research approach that facilitates literacy issues”* (Kennedy, 2011, p. 10). For this reason, the researcher put together a simple consent and information form that all participants were able to read and understand.

The researcher interviewed four mothers with a range of 1-3 children each. Each participant interviewed had proficient English. In order to access participants, the researcher liaised with a staff member of a local community development organisation, who acted as a gatekeeper. This local community development organisation works in line with the selected direct provision site. *“A gatekeeper is an individual who is a member of or has insider status with a cultural group”* (Creswell, 2007, p. 12). As this group is a typically hard to access group, a gatekeeper was essential to secure successful access.

**Table 1: Profile of participants interviewed**

<b>Participant</b>	<b>Nationality</b>	<b>Number of Children</b>	<b>Time spent in direct provision</b>
<b>Anne</b>	<b>Algerian</b>	<b>3</b>	<b>3 Years</b>
<b>Laura</b>	<b>Zimbabwean</b>	<b>1</b>	<b>2 Years</b>
<b>Nicole</b>	<b>Malawi</b>	<b>1</b>	<b>7 Months</b>
<b>Jade</b>	<b>South African</b>	<b>3</b>	<b>3 Years</b>

**Table 2: Age of participants children**

<b>Participants</b>	<b>Age of Participants Children</b>
<b>Anne</b>	<b>5 years old, 2 years old, 4 months old</b>
<b>Laura</b>	<b>1 years old</b>
<b>Nicole</b>	<b>10 years old</b>
<b>Jade</b>	<b>7 years old, 12 years old, 14 years old</b>

### **3.6 Procedure**

#### **3.6.1 Snowball Sampling**

A purposive sampling technique was applied to this research process with the help of the researcher's gatekeeper who put her in contact with one participant. As the researcher gained access to the direct provision site through this participant she was able to increase her sample size to four participants. This snowball sampling technique was applied as asylum seekers typically be a hard to access research population. *"Snowball sampling is used to recruit samples when members of the desired population are hard to reach or access because they feel disempowered, socially excluded, or vulnerable"* (Sedgwick, 2013).

#### **3.6.2 Recruitment of Participants**

One major challenge was gaining access to interviewees in an ethical manner. It was vital the researcher considered how to *"use and not abuse their power"* (O' Leary, 2017, p. 240). Issues such as being culturally aware of the interviewees and adhering by best practices in the ethical procedure was considered during the interview process (Mizock et al, 2011). This in turn allowed the researcher to develop a strong relationship with the interviewee's (Hogan, 2015). *"Researchers should maintain respect for participants in all manners, and pay particular attention to minority ethnic groups, traditions and practices, and ensure knowledge of these practices before conducting research"* (Respect Project, 2004, p. 1)

Through the researcher's gatekeeper, the first research participant was contacted by phone to arrange a time and a date that suited them to meet. As the researcher was using a snowball sampling technique to recruit other participants, she was mindful of the times that would also suit the other participants to meet with and speak to the researcher. As researcher was mindful that all participants had children, the researcher met with each of the mothers at the reception centre at 10am on the 25<sup>th</sup> April 2018 when their children were at school. Conducting interviews in the morning time gave participants the opportunity to share their information at their own pace while also giving participant's adequate time to be home for their children after school. As the researcher was flexible during the interview process, the researcher notified participants that the times could be altered depending on participants own schedules and responsibilities. The interviewing process stopped when saturation point was reached. The point at which no new information emerged (Bryman, 2008).

### **3.6.3 Interview Location**

All interviews took place in a private at the reception centre. The duration of the interviews lasted on average 20-30 minutes long. Each of the participants were happy to have the interview recorded during the process. Although the researcher met participants at reception centre, which is their home, the researcher, made a courtesy call to the manager of the centre on the 24<sup>th</sup> April 2018, the day before arriving to explain the purpose of her visit and booked a private room within the centre for the interviews to take place. The manager gave the researcher permission to conduct the interviews in the participant's homes. However, conducting interviews in their homes may have posed some problems. For instance, privacy may have been limited if children, other family members or neighbours wandered in and out (Grinnell, and Unrau, 2010). The researcher was aware in the importance of the interviews taking place outside their home and in a neutral setting. Neutral settings are most preferable for interviewees because of the absence of family and acquaintances (Grinnell and Unrau, 2010).

### **3.6.4 Interview Transcription**

The recordings of each interview were transcribed in full, and the results were correlated using a thematic analysis approach. *"Thematic analysis is the process of identifying patterns or themes within qualitative data"* (Maguire and Delahunt, 2017,

p. 33352). The full transcription took the researcher approximately three days to complete. The researcher firstly became familiar with the data by listening to the recordings in full a number of times before fully transcribing them. This gave the researcher an indication of certain themes that were presented in the interviews. The researcher then generated initial codes and searched for common themes that were prevalent from each interview. The themes were identified during the transcription process and coded using the interview questions as a guide. The researcher then reviewed each of the themes identified, defined each of the themes and wrote up the themes that were established (Braun and Clarke, 2006). The researcher compared the themes that were discovered with the aims and objectives of their study and the existing body of literature.

### **3.7 Ethical Considerations**

This research project was approved by the Department of Social Sciences Ethics Committee on the 22<sup>nd</sup> February 2018, prior to conducting any fieldwork, with no changes recommended.

During the course of the interviews, the researcher made every effort to ensure participants felt comfortable sharing their experiences. The researcher tried to make participants feel most comfortable by asking questions in an informal manner and introducing themselves to each participant separately, explaining the process and potential questions that would be a topic of conversation during each discussion. The researcher only asked open-ended questions, which gave each participant flexibility on how much information they would like to share. Participants were also given the opportunity to refuse to answer any questions they were unsure about or felt uncomfortable answering. Participants were made aware that all information and topics discussed would be kept confidential and the anonymity of each participant was assured at all times during the interview process. This was assured verbally by the researcher prior to conducting the interviews and in the information and consent forms, which were issued to participants (See Appendix A & B).

Each participant in this study was assigned pseudo names to protect their anonymity and confidentiality. The potential risks for participants in this study are low. Parenting is not a 'sensitive' topic, per se. However, if mothers felt constrained in their

parenting role within the direct provision environment, may have become upset in an interview. One participant did express that mothers do like speaking to people about their experiences in direct provision. This participant stated that when they speak to people, changes in the centre are made. This really validated using semi-structured interviews and highlighted that being involved in research can be a very empowering opportunity for participants. Findings from this research will be made available to a local community development organisation, in order for recommendations can be implemented.

### **3.8 Conclusion**

This section has identified the methods that were acquired to complete this research process. The researcher also identified the materials used during the research process. Two tables were shared in this section providing a profile of the participants that were interviewed. The researcher has also given a detailed description of the different procedures that were considered prior to conducting their field work and the purpose behind choosing individual semi-structured interviews as their methodology technique, followed by a detailed description of the recruitment process for this research project.

The next chapter will explore the findings that emerged from the thematic analysis process and are in line with the aims and objectives for this research process.



## **4 Results**

### **4.1 Introduction**

The purpose of this section is to present the results that have emerged from the four semi-structured interviews conducted with mothers in direct provision. The semi-structured interviews explored the parenting experiences of mothers who reside in the Midlands reception centre and have identified the challenges mothers' experience while mothering their children. Recommendations for changes are also incorporated in this section to assist mothers in direct provision.

Thematic analysis has been conducted with reference to the following themes that have emerged.

**Theme 1:** Environment of the Reception Centre.

**Theme 2:** Availability of Services in the Reception Centre.

**Theme 3:** Mothering in the Reception Centre.

**Theme 4:** Recommendations to assist parenting in direct provision.

### **4.2 Theme 1: Environment of the Reception Centre**

Mothers expressed their frustration due to living in direct provision and the length of time they have been waiting for a decision on their application status. It was evident that all mothers are tired of living in direct provision and the restrictions that are placed upon them and their children. The mothers did express that they do appreciate what they have been given in the reception centre however, they felt it was not enough.

Several sub-themes have emerged under this theme.

- Experiences of moving to Direct Provision.
- Routine in the Midlands Reception Centre.
- Mothers hopeful to leave Direct Provision before children reach a certain age.

#### **4.2.1 Experiences of moving to Direct Provision**

Anne spoke about her first experiences of moving to Ireland. She described how when she arrived she felt happy and at ease. Anne highlighted how at first, she did

not find it difficult to adapt to her new surroundings and felt hopeful for her family to rebuild a better life. However, Anne discussed the difficult questions her daughter later started to ask when she and her family were relocated from Dublin to the Midlands.

*“When I came to this beautiful country, I became a stronger person. I made many friendships, I just felt alive. At first, I did not find it difficult to adapt but a year later, my daughter started to ask some questions... Like why our house is tight, why do we not have a car, why do my friends have packed lunches and I don’t?”* Anne, three children (4 months- 2 years old), 3 years in DP<sup>1</sup>.

#### **4.2.2 Routine in the Midlands Reception Centre**

Nicole described her daily routine in reception centre. Nicole spoke about the sense of frustration she feels having to relive the same routine each day with no changes.

*“You wake up, you clean the house and in thirty minutes you’re done. You sleep you do nothing. You wake up again, you cook for the kids it’s just the same routine everyday”* Nicole, one child (10 years old), 7months in DP.

Jade expressed her gratitude for what the reception centre has provided her with, however she feels there could be more done for mothers and children in the centre on a daily basis in terms of more educational opportunities, and the facilities in the centre.

*“We are grateful for the accommodation and we are grateful for what they are doing but there are things they really need to improve on like education, facilities”* Jade three children, (7-14 years old). 3 years in DP).

#### **4.2.3 Mothers hopeful to leave Direct Provision before children reach a certain age**

Laura also expressed the sense of frustration she carries with her daily and how she hopes to leave direct provision before her son reaches a certain age. Laura does not want her son to grow up in direct provision and is fearful this may happen.

*“My son is just one year old now, and I just pray he is out of here before he starts realising what is going on”* Laura, one child (1 years old), 2 years in DP.

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<sup>1</sup> Direct Provision= DP

### **4.3 Theme 2: Availability of Services in the Midlands Reception Centre**

The following sub themes have emerged under this theme:

- Availability of the Public Health Nurse.
- Access to the onsite pre-school.
- Importance of the onsite preschool in order to give mothers some downtime.
- Children no longer interested in the indoor play area.
- The effectiveness of the Community Development Activities.

#### **4.3.1 Availability of the Public Health Nurse**

All participants noted that there is a public health nurse on site to assist mothers and children when they are poorly. However, the participants expressed that the Public Health Nurse is only available to see mothers and their children once a week which has seemed to cause quite a bit of stress for mothers when their children are unwell outside of the nurses visiting times.

Laura expressed her concern in regard to the nurse visits the reception centre.

*“When you talk about the nurse, how many times is she here? I remember when I came we had to wait two weeks for our medical card... you know sometimes there are sickness like the flu”* Laura, one child, (1 year old), 2 years in DP.

Anne also expressed her concern with regard to the public health nurse being unavailable when her children are poorly.

*“The nurse is just here for a check-up. Me, every time I have to phone, I need to make a call and arrange an appointment with her”* Anne, three children, (4 months- 5 years old), 3 years in DP.

#### **4.3.2 Access to the onsite preschool**

Participants expressed that they would like to see the preschool open for their children. There is a purpose-built pre-school built in the reception centre however, it is currently not available to mothers. The mothers referred to this pre-school as the ‘crèche’. At present, there is an indoor play area where mothers supervise their children as they play. However, some of the participants expressed that their toddlers get bored in this room as it is the same games and toys and the room is

small. Other participants also expressed that having the pre-school open for their children would give the mothers some time to themselves.

#### **4.3.3 Importance of the onsite preschool in order to give mothers some downtime**

Jade emphasised how she would like the onsite preschool to open for children in the reception centre. She expressed the importance of mothers being able to have a break away from their children.

*“If they open for two hours for the mothers to get a break, to go to town alone you know. The mothers need that break, two hours at least to go to town, have a coffee alone. You do need a break, it’s very important for you, for your mental health and because when you are stressed you take it out on your children”* Jade, three children, (7 -14 years old), 3 years in DP.

#### **4.3.4 Children no longer interested in the indoor play area**

Anne stated how the preschool would be a big benefit for the community of mothers in the reception centre. This participant also expressed how her son is no longer interested in the indoor play area that is currently available for children in the centre.

*“That room, my son is done, it’s the same room it’s the same walls it’s the same play horse. One time what he did in there, he just made the place dirty and went”* Anne, three children, (4 months- 5 years old), 3 years in DP).

*“Open the crèche for the children, leave them inside to play for an hour or two, you know it’s their right, it’s near the houses open it”* Anne, three children, (4 months- 5 years old) 3 years in DP.

It is evident from these findings that the mothers within the reception centre would really appreciate somewhere they could send their children for two hours each day, a place they know is a safe environment for their children and a place that is located near the children’s homes.

#### **4.3.5 The effectiveness of the Community Development Organisation Programme**

Jade expressed her gratitude for the community development organisation and how the members of the programme do gather funding to try and give mothers and their

children outings and parties during seasonal occasions. However, Jade did state that due to the members of the community programme not having an office in the centre like they did previously, they are not on site as often as they used to be which has put a halt on the public donations being dropped into the programme.

*“The New Horizon Programme are working so hard. Where ever they can get a little bit of funding to help us with the children especially you know at Christmas parties, summer holidays, maybe a day to do something with the children, they are trying. On a Wednesday people brought in clothing and toys and you could go pick. You find something your child wants, you save a euro or two euro in that way. Now there’s nothing”* Jade, three children, (7 years-14 years old), 3 years in DP.

#### **4.4 Theme 3: Mothering in Midlands Reception Centre**

The following sub-headings have emerged under this theme.

- Accommodation Conditions.
- Challenges faced by children in the Reception Centre.
- Personal Stressors on Mothers.
- Children’s Summer Holidays.
- Access to Education for Mothers.

##### **4.4.1 Accommodation conditions**

Participants spoke about their living accommodation being too small for their families to live in. Although each family area has the capacity to sleep six people, some participants expressed how their accommodation is too cramped.

Jade particularly spoke about how her daughter’s room is so cramped and small that she cannot fit inside the room to clean it. Jade discussed how the lack of space has increased the pressure and responsibility posed on her daughter to clean her own cramped bedroom.

*“I’m here with my fourteen-year-old child, my twelve-year-old daughter and my seven-year-old daughter. If you must see the room my two daughters are sleeping in. I can’t even clean it. I can’t go in there and you know to give that*

*responsibility to my twelve-year-old daughter I know it's too much, but I don't have a choice"* Jade, three children, 7- 14 years old), 3 years in DP.

Jade also spoke the lack of appliances that are present in her accommodation for herself and her children.

*"You know, they give us a fridge, but there's no freezer side to it. If you buy ice lollies for example for your children, they have to eat them that day"* Jade, three children, (7-14 years old), 3 years in DP.

Laura expressed how her daughter calls their home a container due to it being so small. Laura quoted what her daughter has said about their home and her mother's response.

*"It's better if we live in a house, because this container is so small. So, I say don't worry God will make a plan one day. My caravan is very small"* Laura, one child, (1 year old), 2 years in DP).

Anne also quoted what her daughter has said about their cramped living conditions

*"Why is our house so tight?"* Anne, three children, (4months- 5 years old), 3 years in DP).

It is evident from these results that the cramped conditions are also having an impact on children leading to them questioning their mothers about the size of their homes.

#### **4.4.2 Challenges faced by mothers and their children in the Reception Centre**

Mothers expressed several challenges that they and their children face on a regular basis while living in direct provision.

The following sub-themes have emerged under this theme.

- Children unable to travel outside Ireland on school trips along with their peers.
- Children trying to keep their place of residence a secret.
- Difficult questions posed to mothers by their children.
- Lack of space within the Midlands Reception Centre to facilitate functions.

#### **4.4.3 Children unable to travel outside Ireland on school trips along with their peers**

Jade expressed how her fourteen-year-old child cannot take part in secondary school trips that venture outside of Ireland due to her child not having the relevant paper work to travel.

*“They want to go on secondary school trips. My boy every time asks why? I say you know why, we don’t have the papers, you can’t. I mean at least give our children travel documents, where are they going to go? There not going to flea nowhere because we are here. Let him go with the school because it’s for school things. When it’s outside of Ireland for example like the UK or France, they can’t he’s not allowed to it’s not fair. I mean, what is it for the Department of Justice to give them a travel document?”* Jade, three children, (7 years-14 years old), 3 years in DP.

#### **4.4.4 Children trying to keep their place of residence a secret**

Jade also expressed how her children feel stigmatised because they are living in direct provision. This participant expressed how her children do not want any of their peers knowing where they live.

*“There shy, they don’t want to tell their friends where they are living, there shy even to go on their bus because people know the accommodation centre is up this way, so they are not taking it. They will walk to the other side of the road to get the bus. If they get dropped off in town, they will get another bus home because they are too shy to get off here, I mean it’s not right”* Jade, three children, (7 -14 years old), 3 years in DP.

#### **4.4.5 Difficult questions posed to mothers by their children**

Nicole also spoke about the difficult questions her daughter presents to her about not being able to travel outside of Ireland.

*“My daughter always comes home, and she says Mum when are we going to Paris? Because my friends would tell me I’m going to Portugal, I’m going to Paris. Soon my daughter I would say”* Nicole, one child, (10 years old), 7 months in DP.

#### **4.4.6 Lack of space within the Midlands Reception Centre to facilitate functions**

Jade also spoke about her daughter recently making her Confirmation and the limited space that was available in the centre for her family to throw her a Confirmation party. This participant discussed how mothers would try to make their children happy for their special days with the limited resources and funds that are made available to them.

*“All the other direct provision centres have a hall for functions. All our children are in catholic schools here. They do communion, they do confirmation. You want to give them a little party. We try our best for our children not to feel they don’t belong. I have been saving up, things I need I couldn’t buy because I wanted her to be happy for that day”* Jade three children, (7 -14 years old), 3 years in DP.

Several challenges have been expressed here. It is evident children who reside in the Midlands reception centre feel a sense of isolation and shame as a result of them being unable to participate in activities along with their peers. Jade has also expressed her frustration in the difficulties that occur when mothers are trying to make an occasion special for their children due to the unavailability of large rooms in the centre to hold small functions.

#### **4.4.7 Personal Stressors on Mothers**

Overwhelmingly, all participants expressed that they are stressed and feel surreal pressures while living in direct provision. Mothers spoke about how they and their children are stigmatised by other people due to their circumstances.

*“I wish to kill that emotion that we are different from other people. But this feeling of being different from other people. You know, every time I say no I’m normal, but every time people give you this feeling”* Anne, three children (4 months- 5 years old), 3 years in DP).

*“Don’t treat my children different, that is where I’m gonna draw the line”* Jade, three children, (7 -14 years old), 3 years in DP).

Jade expressed how she does try and encourage her children through the tough times they face living in direct provision.

*“You know, I try to encourage my children, be proud of where you are today, where you come from”* Jade, three children, (7 years-14 years old), 3 years in DP.

Participants also highlighted that the only way they can continue to keep strong and cope with the stress of living in direct provision is for their children.

*“Believe me if it was not for my children I would be a crazy woman. People push you to do things you don’t like, push you to say things you don’t want to say. It’s really stressful. My children need a strong mommy not a weak one”* Anne, three children, 4 months- 5 years old), 3 years in DP.

*“If you give up, the kids give up. You have to be strong for them. But you are human, you can only give so much and take so much. They keep denying you your papers. Every time they refuse, it’s like they just make you tired, they drain you”* Jade, three children, (7 -14 years old), 3 years in DP).

#### **4.4.8 Children’s Summer Holidays**

Mothers expressed how their children’s school holidays during the summer are generally a hard time for mothers. Some mothers spoke about the little activities there is for their children to do inside the centre during the holidays and although the reception centre does organise a day trip to Galway each year, the mothers would like the location of the trip changed to allow their children explore Ireland further.

*“When the summer holidays come I’m thinking I prefer to take my daughter to Limerick where my brother is to do activates. Here there is nothing, you only know you are going to Galway”* Nicole, one child, (10 years old), 7 months in DP.

*“All we know is that we are going to Galway during the summer, let the children go somewhere different we go to Galway every year at least let them explore Ireland”* Jade, three children, (7 -14 years old), 3 years in DP.

Summer holidays has posed as a difficult time for mothers in the centre. They find it difficult to keep their children occupied during the summer months. Mothers expressed the need for a change in the day trip that has been to Galway each year in order to allow their children to explore Ireland and experience the Irish culture.

#### **4.4.9 Cost of medical needs that do not fall under the medical card**

Although each mother and child who reside in the Midlands reception centre are entitled to a full medical card which caters for their GP visits, participants spoke about medicine that must be bought for their children when they are poorly, but not poorly enough to visit their GP.

Jade expressed her concerns regarding the cost of medicine she has to buy when her children are unwell, as over the counter medicine is not funded under the medical card scheme when she does not visit the doctor.

*“And you know the bad thing about the GP is the medical card they give us, it doesn’t cover a lot of things. Here when your child is sick, you can’t even get cough medicine. You need to go and buy it yourself. I mean come on, we are getting 21euro a week, cough medicine is about six to eight euros and if you have babies you need a certain type of cough medicine”* Jade, three children, (7 -14 years old), 3 years in DP.

#### **4.4.10 Access to Education for Mothers**

Although education does not directly affect mothering, it does influence a mother’s wellbeing. For instance, mothers who are given a sense of achievement are more inclined to be in a better position both mentally or emotionally to look after the needs of their children. The issue regarding education or lack of accessible education was a central topic in the results findings.

Jade expressed how although she appreciates the free courses she has been completing, the free courses are repetitive, and they are not in aspects residents have an interest in.

*“They want you to do the free courses, fine we appreciate the free courses we do. But listen, you can only do them to a certain extent and then you’re just tired”* Jade, three children, (7 -14 years old), 3 years in DP.

Jade discussed her previous occupation in her own country and is frustrated that she cannot gain access to third level education to complete her preferred course of choice.

*“You know I’m a chief. Where I was back home that was my job. You’re not allowed to even go into that sector of things. That is my passion and that is what I want to do but they don’t allow me”* Jade, three children, (7 -14 years old), 3 years in DP.

Jade also spoke about visiting Athlone Institute of Technology and discussing a possible course of interest. To her disappointment she could not gain access to her course due to her undecided application status. Jade displayed a sense of anger when speaking about how much longer she will be living in direct provision and possibly not having any interest in pursuing her passion when she finally gets a decision on her status.

*“I went into AIT, I asked them what if I managed to scrape that €3,000 together to do the course I want to do. They told me oh you don’t have papers, so you can’t even if you are paying. So when? When am I allowed to do things? If I live here ten years, do you think I will have the stand to do something when I get out of here? It’s not right”* Jade, three children, (7 -14 years old), 3 years in DP.

Nicole also highlighted a similar frustration she faces about completing a course in a third level college and financially being unable to cover third level costs with her weekly allowance.

*“Allow us to go to education. I only earn 21 euro am I able to pay €3,000? No, I can’t. It’s really hard for everyone here”* Nicole, one child, (10 years old), 7 months in DP.

A sense of real frustration was expressed amongst mothers here. Mothers voiced their willingness to complete a course of interest but have not been given the opportunity to progress onto third level education which they all seem to have a desire to complete.

#### **4.5 Theme 4: Recommendations to assist parenting in direct provision**

Mothers in the reception centre highlighted reforms they would like to see in order to assist their parenting roles.

The following sub-themes emerged under this theme.

- Children and parents interrogating into the community.
- Changes in the environment structure to assist young children.
- Encourage mothers to practice their trade.

#### **4.5.1 Children and parents integrating into the community**

One participant spoke about how she would like her teenage children to be able to take part in more academic factors in secondary school with their peers. This participant spoke about how the Reception Integration Agency (RIA) encourage mothers and their children to integrate, however this has posed to be quite a challenge. *“They want us to integrate but at the end of the day, they don’t allow us to integrate. You know for children it’s easy to make friends and things like that but when it comes to the academic side of things they are not allowed to explore. Let them explore. So, what is the use for us integrating?”* (Jade, three children, 7 years, 12 years, 14 years old. 3 years in DP).

#### **4.5.2 Changes in the environment structure to assist young children**

One participant expressed how she would like to see a change in the outside areas of the site to allow children to play in all weather conditions. *“Make a big park with lots of trees and a cover for the park. They need to go out for an hour or something”* (Anne, three children, 4 months, 2 years, 5 years old. 3 years in DP).

#### **4.5.3 Encouraging mothers to use their skills**

One participant spoke expressed how people come into the direct provision system with lots of talents. However, they are not given the opportunities to practice these talents. One participant highlighted how she would like a room allocated to residents which would allow them to practice their talents, such as hair, nails and makeup on each other. *“There are people here with so much talent. They can’t do anything about it. A lot of people have different talents, hair, nails, make up. At least give them a room so they can teach people just to keep busy for maybe two or three hours”* Nicole, one child, (10 years old), 7 months in DP.

#### **4.6 Conclusion**

This section has highlighted the results that have emerged from the four semi-structured interviews that have been conducted with mothers who reside in direct provision. Thematic analysis has been conducted in order to determine the emerging

themes within the semi-structured interview process. The results have indicated that although mothers do appreciate what the reception centre has provided them with, they carry a sense of frustration in terms of their cramped living conditions, the availability of services within the centre, the feeling of difference that is among them compared to their wider community, and the limitations that are involved in regard to accessing education in areas that are of interest to them. It has been highlighted that mothers have noticed their children also feel a sense of shame due to residing in direct provision and how their children tend to keep their place of residence a secret from their peers due to fears of stigmatisation.

The next chapter will entail a discussion which will elaborate some more on the results indicated above.

## **5. Discussion**

### **5.1 Introduction**

The purpose of this section is to discuss the findings that occurred from the results section while relating these findings to the existing body of literature. This section will be laid out according to the objectives of the study to verify that they have all been adequately measured:

1. To examine mother's experiences of direct provision.
2. To investigate challenges faced by mothers in direct provision.
3. To determine the supports required to assist mothers parenting in direct provision- this objective will be underpinned throughout various sections in the discussion to alleviate any repetition.

### **5.1 Mothers experiences of parenting in direct provision**

The results have indicated mother's experiences of living in direct provision with their children and the daily hardships they encounter while trying to parent their children to their full potential. Arnold (2011) has documented that parenting in direct provision has been undermined by the constraints of direct provision. Parents have little control or influence over matters, which affect the day-to-day lives of their children. The results have indicated that mothers and their children are restricted in every aspect of their lives in terms of:

1. Income Payments.
2. Financial Hardship.
3. Recreational Facilities.
4. Living Accommodation.
5. Freedom.
6. Education.
7. Dietary Requirements.

Since April 2000, asylum seekers have been placed in direct provision centres across the nation, forced to live in centres where they are deprived of any social

welfare allowances (The Irish Immigrant Support Centre, 2012). Apart from bed and board, residents are provided weekly income payment. This weekly allowance was increased during 2017 from 15.60 to €21.60 (per adult) and 19.10 to €21.60 (per child) to cover their personal necessities (Reception and Integration Agency, 2018; The Irish Immigration Support Centre, 2017). However, the increase in this weekly allowance is not in line with the McMahon (2015) recommendations. In addition, many children in direct provision are not entitled to child welfare allowance, which in turn has posed financial hardships on parents to provide for their children. The results have indicated that mothers generally struggle with their €21.60 allowance received on a weekly basis and covering costs for their children can become a struggle. The results have indicated that no mothers in the research study acknowledged the increase in their weekly allowance has made a sufficient difference to their financial situations. One participant spoke about her daughter recently making her confirmation. This mother discussed how she had to “go without” certain necessities for her family to make her daughters Confirmation day special. It is evident that there is pressures put on mothers parenting capacity in direct provision due to their limited income.

One mother did highlight that the onsite community development programme did take public donations such as clothing and toys to help families however, due to space restrictions in the centre; the programme does not have adequate space to place the public donations. In addition, mothers must therefore pay full price for items their children would like for birthdays or other special occasions. It is the opinion of the researcher that due to mother’s limited income, mothers are unable to provide for their children in terms of gifts, something every mother likes to do for their children giving their child a sense of happiness during celebratory time such as birthdays. It is understandable mothers feel frustrated with the weekly income they currently receive as they cannot treat their children in ways they may have been treated before leaving their home country and moving to Ireland. Such financial hardships may not be something children are used to if they come from a family environment where financial matters were not as prominent. Therefore, children having to adjust to a new life style may pose some challenges in regard to parenting.

According to Martin et al, (2018) asylum seekers are entitled to a full medical card which allows the holder and their family access to medical services including GP visits, subsidised prescriptions of €2.50 each. Fanning et al (2001) has highlighted that asylum-seeking children face extreme material deprivation despite their parents often using their small weekly allowance to buy necessities such as prescription medicine. Although obtaining a medical card is a financial relief on mothers, the results were in line with the existing body of literature and the financial struggles that occur when children in direct provision become unwell. The results indicated the cost of over the counter medicine has posed as a financial struggle for mothers to care for their children. *“I mean come on, we are getting 21 euros a week, cough medicine is about 6 to 8 euros and when you have babies you need a certain type of cough medicine”*. This seemed to cause much frustration amongst mothers as again, they are unable to provide for their children due to the limited weekly income they receive. According to Ghate and Hazel (2002) parents generally do not see themselves having a problem parenting their children but see poverty as the main contributor to their problems. The researcher is of the opinion that the unrealistic income mothers and their children are expected to live off on a weekly basis does not take into consideration emergency supplies mothers may need to purchase for their children such as over the counter medicine as indicated in the results.

According to the Refugee Council (2001), there is inadequate space for children to play in many direct provision centres. The lack of such a recreational space for children to thrive and develop has become a major concern. The results have indicated that there is an indoor play space for small children in the centre. However, most children get tired of the indoor play space that is provided and no longer want to use the room. Mothers have also indicated that they would like the opportunity to send their children to pre-school for their children’s personal growth and development. The results have also indicated that there is a purpose-built pre-school on site for children in the reception centre, however it is currently closed and not in use. It has been highlighted that mothers would appreciate if their children could access this pre-school, as it would give them the opportunity to have some down time and complete their daily tasks. *“You do need a break, it’s very important for you, for your mental health and because when you are stressed you take it out on your*

*children*". It is the opinion of the researcher that the lack of such recreational space for children on site prohibits mothers from accessing any adult communication during the day. The unavailability of the pre-school services results in mothers having a complete lack of stimulation. The effects of being confined to their accommodation with their children therefore impacts on their parenting and frustration levels. According to Aristotle (322 BCE- 384 BCE), in order for individuals to flourish and thrive in their lives, they must be able to perform certain actions that will generate to their own happiness. Individuals however, can only flourish when their environment allows them to. Furman and Tuminello (2015) has documented that children will only flourish when they have a meaning that is purposeful to their own lives. Similarly, Mooney (2015) suggests a child's developmental stage is influenced by their environment. The researcher has noted that the environment children are growing up in seems to be extremely isolating. Prohibiting children access services such as the onsite preschool therefore hinders their personal growth, cognitive, emotional and social development which could drastically impact on their adult years.

The issue regarding education and the lack of accessible education was a central topic illustrated in the results section. Mothers highlighted that they would enjoy having the opportunity to access third level education in an area they are passionate about. The findings indicated that although mothers appreciate the free courses they are placed on, it is generally not in an area of personal interest. As mothers are unfortunately not entitled to any third level grants to cover their education fees, they cannot complete the courses they wish. Parents having access to a course of their choice would not only benefit their own personal developments, but it would also influence their children to make decisions. There was limited research available on the importance of asylum seeking parents having access to third level education. This highlights the need for a large national study to be completed on the importance of education for parents in direct provision in order to explore this matter further.

## **5.2 Challenges faced by mothers in direct provision**

Arnold (2011) has documented that initially, the direct provision system was intended only to house people for a period of six months. However, asylum seekers still remain in the application process. The results have indicated that on average three years has been the length of time mothers and their children have been living in the Midlands reception centre. This average is also in line with the existing body of literature. According to Doras Luimní (2018) and the Irish Refugee Council (2013), the majority of parents and their families have been living in direct provision for over three years. The results have indicated the frustration placed upon mothers living in direct provision with their children and the uncertainty that surrounds their applications. The results indicated that mothers are hopeful they are granted naturalisation before their children are old enough to remember their time in direct provision *“My son is just one year old now, I just pray he is out of here before he starts realising what is going on”*. Overwhelmingly, all mothers feel a sense of surreal pressure living in direct provision. Mothers and their children have been stigmatised due to their circumstances. *“I wish to kill that emotion that we are different from other people”*. The results have indicated that mothers are fearful for what the future holds for their children as they continue to live in direct provision.

Arnold (2011) documents that children must be raised in an environment where their care providers can offer them protection and support. Similarly, the Reception and Integration Agency (2012) suggests it is crucial care providers lead by example in terms of their behaviour, norms and values, and cultural practices (Reception and Integration Agency, 2012). However, parents who reside in direct provision are unable to care for the rules and customs of their own families and the upbringing of their children due to the restrictions that are posed on them when living in direct provision (Arnold, 2011). The findings have illustrated that mothers in the reception centre find it difficult to integrate into the community alongside their children, as there has been restrictions placed on mothers in terms of the lack of freedom that is placed upon them. The results have illustrated that children generally do not tell their school peers where they are living due to a fear of being isolated. The results from this research study also support Martin et al (2018), highlighting the concerns in

regard to children feeling stigmatised in direct provision. Children feel they may become bullied in school due to where they live which has also posed a sense of isolation and shame upon them while keeping their place of residence a secret from their school peers (Martin et al, 2018). Mothers have expressed how it is difficult for their children to integrate alongside their peers in the community, as they are unable to enjoy school trips that venture outside of Ireland. The researcher suggests that these school trips are a great learning experience for children and an exciting part of their development. It could be argued that if children are unable to learn from experiences due to the isolation that has been imposed on them while living in direct provision, their socialisation will be very much affected. This is likely to affect confidence, self-esteem and mental well-being as they mature into young adults. One can imagine how difficult it is for mothers in direct provision to see their children so disheartened and unable to make these life time memories along with their peers. It is quite difficult to comprehend the emotional distress such restrictions can have on a mothers parenting capacity.

According to the National Children's Strategy (2000 p. 65) *"all children must have access to good quality housing appropriate to their needs. Although not homeless, some children are members of family living in inappropriate accommodation"* (Fanning et al, 2001) suggests that severe housing deprivation in direct provision results in numerous day-to-day tensions and frustrations placed on mothers and their children, which in turn has an effect on their psychological well-being.

The results have indicated that the accommodation mothers and their children reside in are cramped and unfit for purpose. It has been emphasised in the findings that mothers are frustrated with the lack of storage available and the cramped conditions in their homes. The results from this research study support McMahon (2015), and his comprehensive report on direct provision. McMahon (2015) has highlighted that direct provision centres are cluttered with inadequate storage space. The accommodation granted for asylum seekers and their families has been suggested unsuitable for the purpose they are being used. The findings highlighted how one child calls their accommodation a *"container"* due to it being so small. In contrast, very little has changed in regard to the McMahon (2015) recommendations in relation to the size and functioning of accommodation where asylum seekers along

with their children reside. The majority of buildings where asylum seekers and their families reside have been originally designed for other short term living purposes such as mobile homes, boarding schools and hotels (McMahon, 2015). The lack of accommodation space not only frustrates mothers while parenting their children but the cramped conditions have also had a negative impact on their children as they continuously pose questions to their mothers regarding their living conditions. “*Why is our house so tight?*” It is the opinion of the researcher that the accommodation conditions mothers and their children are expected to live in are extremely institutionalised. Understandably, it can pose quite a challenge for mothers to parent their children and provide them with a sense of normality in regard to family life living in such cramped accommodation.

According to Barry (2014), the food in direct provision has been found unsuitable for the needs of parents and their children. Interestingly, the results did not include any form of complaints by mothers in relation to food in the Midlands reception centre. This may be explained by the fact that mothers have facilities to cook within their living conditions. The results did indicate how mothers have the facilities in their accommodation to cook for their children, which has been a positive aspect to the results section. Mothering in the home generally involves cooking nutritious meals for children. Although the results have indicated the lack of appliances in resident’s accommodation as stated by one mother in regard to having no freezer in their accommodation, it is the opinion of the researcher that by mothers having the opportunity to cook meals for their children it can provide a sense of a family unit despite their accommodation conditions being quite cramped.

### **5.3 Limitations**

This study while providing very useful insights into parenting in direct provision is a localised study. The findings here will give an insight into parenting issues for mothers, from the perspective of mothers, in the Midlands area. This research could be supplemented with large-scale national research to further explore this issue.

This study is a cross-sectional study, providing valuable information on parenting in direct provision at this point in time only. However, it could be used in follow-on comparative studies to determine changes over time.

This study focuses in on mothers only as they tend to be the main primary care givers to their children across all cultures. While it provides valuable information on mothering in direct provision, future research looking at parenting from a fathering perspective would be very interesting.

#### **5.4 Conclusion**

This section has provided a discussion in relation to the main themes that have emerged from the results section including income payments, recreational facilities, freedom, education, accommodation and dietary requirements. Such findings were liked alongside the existing body of literature presented in section two.

The next section will include an overall conclusion on the entire search study followed by recommendations for potential future research.

## **6. Conclusion**

To conclude, the purpose of conducting this research project was to examine the perspectives of mothers parenting in direct provision using a direct provision centre in the Midlands region as a case study site. The researcher intended to establish how mothers experience parenting in the direct provision, what concerns did they have for their children in the accommodation centre and establishing what changes and reforms could be applied in order to improve and support mothers and their children living in direct provision.

The researcher focused on mothers on direct provision, as they tend to be the main primary care givers across all cultures. The Midlands reception centre was also chosen by the researcher as it is a facility designed to accommodate families and is representative to all other direct provision centres nationally in terms of the facilities and services available to mothers and their children.

The research has indicated that mothers in the Midlands reception centre are unhappy and frustrated due to their current circumstances. Mothers have felt the restrictions that are being placed on them in direct provision has affected their ability to parent their children. Mothers are concerned by their children feeling stigmatised in school and by their peers in the wider community. However, it was also emphasised that mothers in the reception centre are concerned about the length of time they and their children have been in direct provision and are concerned for their children's social and emotional development due to residing in direct provision.

## **7. Recommendations**

For the purpose of this section, recommendations to assist mothers living in direct provision will be identified into two separate parts. 1) Recommendations from research participants. 2) Recommendations from the researcher.

### **7.1 Recommendations from research participants**

- The reception centre to consider the availability of the Public Health Nurse in order to assist mothers more frequently when they or their children are poorly.
- The reception centre to consider opening the onsite pre-school.
- The reception centre look into the number of children residing in the reception centre and the numbers of mothers interested in sending their children to the on-site preschool.
- The possibility of the reception organising a new location for the yearly trip, which is currently Galway. Possibly rotating this trip to various parts of Ireland each year to allow for children and adults to experience Irish culture.
- There is a need for the on-site Community Development Programme to have an office unit in the centre where they can support mothers and their children. The public donations seemed to be a big help for mother's financially in order to give their children items of toys or clothing that they may have requested for occasions such as Christmas or birthdays. Without the public donations, mothers are required to subsidise their weekly allowance of €21.60 in order to provide their children with such items.

#### **7.1.2 Recommendations from the researcher**

Future researchers should consider the following:

A large-scale study examining mother's experiences of living in direct provision, a localised study to compare the perspectives of fathers living in direct provision, and an international study comparing parenting in direct provision to other jurisdictions.

## **8. Reference List**

Amnesty International (2017). *Refugees, Asylum Seekers and Migrants*. [Online].

Available at: <https://www.amnesty.org/en/what-we-do/refugees-asylum-seekers-and-migrants/> (Accessed 1<sup>st</sup> February 2018).

Arnold, S. (2011). *State Sanctioned Child Poverty and Exclusion The case of children in state accommodation for asylum seekers*. Dublin: Irish Refugee Council.

Arnold, S. (2012). *State sanctioned child poverty and exclusion: The case of children in state accommodation for asylum seekers*. Dublin: Irish Refugee Council.

Arnold, S. (2013). *State Sanctioned Child Poverty and Exclusion*. Irish Research Council Dublin.

Barry, K (2014). *What's Food got to do with it: Food Experiences of Asylum Seekers in Direct Provision*. [Online]. Available at: <http://www.nascireland.org/wp-content/uploads/2014/05/WhatsFoodFINAL.pdf> (Accessed 20<sup>th</sup> January 2018).

Brauer, J.R and Tittle, C.R. (2012). Social Learning Theory and Human Reinforcement. *Sociological Spectrum*, 32(2), 157-177.

Braun, V. and Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77-101.

Bronfenbrenner, U and Morris, P. A. (1998). The ecology of developmental processes. In W. Damon and R. M. Lerner (Eds.), *Handbook of child psychology: Theoretical models of human development*. Hoboken, NJ, US: John Wiley & Sons Inc. p. 1993-1028.

Bryman, A. (2004). *Social Research Methods*. (2<sup>nd</sup> Ed.). Oxford University Press. Oxford.

Bryman, A. (2008). *Social Research Methods*. (3<sup>rd</sup> Ed). Oxford University Press. Oxford.

Bryman, A. (2012). *Social Research Methods*. (4<sup>th</sup> Ed). Oxford University Press. Oxford.

Burchill, J. (2011). *Safeguarding vulnerable families: work with refugees and asylum seekers*. *Community Practitioner*, 84(2), 23-26.

Carolan, M. (2018). Supreme Court strikes down ban preventing asylum seekers working. *The Irish Times*. February 2018.

Christie, A (2002). Asylum Seekers and Refugees in Ireland: Questions of Combat Poverty Agency (2002). *Poverty Today Issue 53*, Google Books [Online], Available at:

<https://books.google.ie/books?id=1ilfdtvGweYC&pg=PA4&dq=ireland+direct+provision&hl=en&sa=X&ved=0ahUKEwiagNbumPvYAhUkD8AKHet0BtoQ6AEIMjAC#v=onepage&q=ireland%20direct%20provision&f=false> (Accessed 19<sup>th</sup> January 2018).

College of Psychiatrists of Ireland. (2017). *The Mental Health Service Requirements in Ireland for Asylum Seekers, Refugees and Migrants from Conflict Zones*. Dublin: College of Psychiatrists of Ireland.

Collins, W. A., Maccoby, E. E., Steinberg, L., Hetherington, E. M and Bornstein, M. H. (2000). Contemporary Research on Parenting: The Case for Nature and Nurture. *American Psychologist*, 55 (2), 218-232.

Council of Europe (2006). Parenting in contemporary Europe: A positive approach: Committee of Experts on Children and Families. Paper presented at the Conference of European Ministers Responsible for Family Affairs, Lisbon, Portugal, 16<sup>th</sup> and 17<sup>th</sup> May 2006.

Creswell, J (2007). *Qualitative Inquiry and Research Design: Choosing among Five Approaches*, Google Books [Online], Available at:  
<https://books.google.ie/books?id=DetLkgQeTJgC&pg=PT143&dq=gatekeeper+in+research&hl=en&sa=X&ved=0ahUKEwikIOP0xJ7ZAhWiLsAKHX9XBc4Q6AEILTAB#v=onepage&q=gatekeeper%20in%20research&f=false> (Accessed 11<sup>th</sup> February 2018).

Daly, M. (2011). *Building a coordinated strategy for parenting support*. Paris: European Commission: Employment, Social Affairs and Inclusion.

Department of Children and Youth Affairs (2017). *Children First: National Guidance for the Protection and Welfare of Children*. Department of Children and Youth Affairs: Dublin.

Department of Children and Youth Affairs (2017). *Report of DCYA consultations with children and young people living in Direct Provision*. Dublin: Department of Children and Youth Affairs.

Department of Employment Affairs Social Protection (2016). *Government announces increase to the Direct Provision Allowance for Children*. Dublin: The Stationery Office.

Department of Justice and Equality (2010). *Direct Provision*. Dublin: Reception and Integration Agency.

Department of Justice and Equality. (2018). *Reception and Integration Agency: Monthly Report March 2018*. Dublin: Department of Justice and Equality.

Diala Iroh, A (2010). *Transition and transformation: Nigerian familial formations in Ireland's spaces of regulation and regimentation*. *African and Black Diaspora: An International Journal*, 3(1), 69-89.

Doras Luimní. (2018). *Direct Provision*. [Online]. Available at: <http://doraslumni.org/direct-provision/> (Accessed 2<sup>nd</sup> May 2018).

Doras Luimní. (2018). *Right to Work*. [Online]. Available at: <http://doraslumni.org/right-to-work/> [Accessed 13<sup>th</sup> April 2018).

European Migration Network (2003). *Directive 2003/9/EC of 27 January 2003 on minimum standards for the reception of asylum seekers*. [Online]. Available at: [http://emn.ie/cat\\_search\\_detail.jsp?clog=4&itemID=221](http://emn.ie/cat_search_detail.jsp?clog=4&itemID=221) (Accessed 21<sup>st</sup> January 2018).

European Migration Network. (2016). *UN Committee on the Rights of the Child published Concluding Observations on Ireland*. [Online]. Available at: <http://emn.ie/index.jsp?a=2431&n=242&p=105> (Accessed 12<sup>th</sup> May 2018).

Fanning, B and Veale, A (2004). *Child poverty as public policy: Direct Provision and Asylum seeker children in the Republic of Ireland*. *Child Care in Practice*, 10 (3), 241-251.

Fanning, B., Veale, A. and O' Connor, D. (2001). *Beyond the Pale: Asylum Seeker Children and Social Exclusion in Ireland*. Dublin: Irish Refugee Council.

Fraser, U and J. Harvey, C (2003). *Sanctuary in Ireland, Perspectives on Asylum Law and Policy*, Google Books [Online], Available at: <https://books.google.ie/books?id=PqAoaNx2eVwC&pg=PA132&dq=social+welfare+allowances+for+asylum+seekers+in+ireland&hl=en&sa=X&ved=0ahUKEwjnn6n7IYXZAhVIJ8AKHWs9ADUQ6AEILDAB#v=onepage&q=social%20welfare%20allowances%20for%20asylum%20seekers%20in%20ireland&f=false> (Accessed 21<sup>st</sup> January 2018).

Free Legal Aid Centre (2003). *Direct Discrimination? An analysis of the scheme of Direct Provision in Ireland*. Dublin: Free Legal Aid Centre.

Free Legal Aid Centre (2009). *One Size Doesn't Fit All: A Legal Analysis of the Direct Provision and Dispersal System in Ireland, 10 Years on*. Dublin: Free Legal Aid Centre.

Friel, S. (2004). *Food Poverty and Policy*. Dublin: Combat Poverty Agency.

Furman, T.M and Tuminello, A. (2015). Aristotle, Autism, and Applied Behaviour Analysis. *Philosophy, Psychiatry and Psychology*, 22(4), 253-262.

Grinnell, R.M. and Unrau, Y.A. (2010). *Social Work Research and Evaluation: Foundations of Evidence-Based Practice*, Google Books [Online], Available at: <https://books.google.ie/books?id=SO9IDwAAQBAJ&printsec=frontcover&dq=Social+Work+Research+and+Evaluation:+Foundations+of+Evidence-Based+Practice+2010&hl=en&sa=X&ved=0ahUKEwjx3YCSlqHbAhVpL8AKHXdEA10Q6AEIJzAA#v=onepage&q=Social%20Work%20Research%20and%20Evaluation%3A%20Foundations%20of%20Evidence-Based%20Practice%202010&f=false> (Accessed 21<sup>st</sup> January 2018).

Ghate, D and Hazel, N. (2002). *Parenting in Poor Environments: Stress, Support and Coping*. Jessica Kingsley Publishers: London.

Hogan, P. (2015). *Direct Provision, Diminished Development: An Exploration of the Impact that Residing in the Lissywollen Direct Provision Centre has had on the*

*Social, Personal and Academic Development of Child Asylum Seekers*. Masters Dissertation. Athlone Institute of Technology, Ireland.

Hoghugh, M.S and Long, N. (2004). *Handbook of Parenting: Theory and Research Practice*, Google Books [Online], Available at:

<https://books.google.ie/books?id=fV0z5i4SnhcC&printsec=frontcover&dq=handbook+of+parenting&hl=en&sa=X&ved=0ahUKEwiPk4iPhqTbAhVpB8AKHcDKDFcQ6AEILDAB#v=onepage&q=handbook%20of%20parenting&f=false> (Accessed 12<sup>th</sup> May 2018).

Honohan, I and Rougier, N. (2016). *Tolerance and Diversity in Ireland, North and South*, Google Books [Online], Available at:

[https://books.google.ie/books?id=t9jJCgAAQBAJ&pg=PA137&lpg=PA137&dq=refugees+stigmatised+in+ireland&source=bl&ots=KkyNfF5G07&sig=uWtgD5NI8hgl7b\\_TWzrqFDSYTwQ&hl=en&sa=X&ved=0ahUKEwjBm5bosqbbAhUlalAKHY\\_iCJc4ChDoAQhVMAc#v=onepage&q=refugees%20stigmatised%20in%20ireland&f=false](https://books.google.ie/books?id=t9jJCgAAQBAJ&pg=PA137&lpg=PA137&dq=refugees+stigmatised+in+ireland&source=bl&ots=KkyNfF5G07&sig=uWtgD5NI8hgl7b_TWzrqFDSYTwQ&hl=en&sa=X&ved=0ahUKEwjBm5bosqbbAhUlalAKHY_iCJc4ChDoAQhVMAc#v=onepage&q=refugees%20stigmatised%20in%20ireland&f=false) (Accessed 11<sup>th</sup> May 2018).

Irish Refugee Council. (2001). *Direct Provision and Dispersal 18 months on*. Dublin: Irish Refugee Council.

Irish Refugee Council. (2013). *Direct Provision: Framing an alternative reception system for people seeking international protection*. Dublin: Irish Refugee Council.

Kallio, H., Pietila, A.M., Johnson, M and Kangasniemi, M. (2016). Systematic methodological review: developing a framework for a qualitative semi-structured interview guide. *Journal of Advanced Nursing*, 72(12), 2954-2965.

Kelly, F. (2017). Ministers to approve work rights for asylum seekers. *The Irish Times*. November 2017.

Kennedy, S.S. (2011). *Ethical Guidelines for Conducting Research Involving People at Risk of or Experiencing Homelessness*. Focus Ireland: Dublin.

- Komisar, E. (2017). *Being There: Why Prioritizing Motherhood in the First Three Years Matters*. (1<sup>st</sup> Ed). Penguin Publishers: New York.
- Koch, N. (2013). Technologizing the Opinion: Focus Groups, Performance and Free Speech. *Area*, 45(4), 411-418.
- Layard, R and Dunn, J. (2009). *A Good Childhood: Searching for Values at a Competitive Age*. (1<sup>st</sup> edition). London, UK: Penguin Group.
- Lentin, R. (2015). Asylum Seekers, Ireland, and the Return of the Repressed. *Irish Studies Review*, 24(1), 21-34.
- Loyal, S. (2016). Categories of State Control: Asylum Seekers and the Direct Provision and Dispersal System in Ireland. *Social Justice*, 43(4), 69-97.
- Mac Éinrí, P and White, A (2008). Immigration into the Republic of Ireland: a bibliography of recent research. *Irish Geography*, 41 (2), 161-179.
- Maguire, M. and Delahunt, B. (2017). Doing a Thematic Analysis: A Practical, Step-by-Step Guide for Learning and Teaching Scholars. *All Ireland Journal of Teaching and Learning in Higher Education*, 3, 33351-33354.
- Martin, S., Horgan, D., O’Riordan, J and Chrisite, A. (2018). Advocacy and surveillance: primary school’s teachers’ relationships with asylum-seeking mothers in Ireland. *Race Ethnicity and Education*, 21(4), 458-470.
- Mason, D., Hayes M, and Curran, M. (2018). *Employment Update: Ban on Asylum Seekers Working in Ireland Declared Unconstitutional*. [Online]. Available at: <https://www.mhc.ie/latest/insights/employment-update-ban-on-asylum-seekers-working-in-ireland-declared-unconstitutional>. [Accessed 12<sup>th</sup> April 2018].
- Mc Dermott, C (2018). Personal Communication, Law Lecturer in Athlone Institute of Technology, Coordinator of College Sanctuary Project and Legal Consultant Community Development Organisation.
- McMahon, B. (2015). *Working Group to Report to Government Working Group on the Protection Process on Improvements to the Protection Process, including Direct Provision and Supports to Asylum Seekers*. Dublin: Department of Justice and Equality.

- Mizock, L., Harkins, D. and Morant, R. (2011). Researcher Interjecting in Qualitative Race Research. *Qualitative Social Research*, 12(2), Art. 13.
- Mooney, R. (2015). *A Model Supporting Research on Children Growing up in Asylum Systems*. Dissertation Paper. University College Dublin, Ireland.
- Moran, P and Ghate, D. (2014). The Effectiveness of Parenting Support. *Children and Society*, 19(4), 329-336.
- National Children's Strategy. (2002). *Our Children- Their Lives*. Dublin: The Stationery Office.
- National Consent Advisory Group (2013). *National Consent Policy*. Dublin: Health Service Executive.
- Nedeljkovic, V. (2018). Reiterating Asylum Archive: documenting direct provision in Ireland. *Journal of Applied Theatre and Performance*, 23(2), 289-293.
- Ní Shé, E., Lodge, T, and Adshead, M. (2007). *Getting To Know You - A Local Study of the Needs of Migrants, Refugees and Asylum Seekers in County Clare*. Centre for Peace and Development Studies. Department of Politics and Public Administration. University of Limerick.
- Nixon, E. (2012). *How families matter for social and emotional outcomes of 9-year old children: Child Cohort, Report 4*. Dublin: Growing Up in Ireland: National Longitudinal Study of Children.
- O' Connor, T.G., Matais, C., Futh, A., Tantam, G and Scott, S. (2013). Social Learning Theory Parenting Intervention Promotes Attachment-Based Caregiving in Young Children: Randomized Clinical Trial. *Journal of Clinical Child and Adolescent Psychology*, 42(3), 358-370.
- O' Doherty, C and Jackson, A (2015). *Learning on the Job: Parenting in Modern Ireland*. 1<sup>st</sup> ed. Oak Tree Press, Cork.
- O' Leary, Z. (2017). *The Essential Guide to Doing Your Research Project*. (3<sup>rd</sup> Ed). SAGE Publications: London.

O'Mahony, P. (2003). Supporting asylum seekers. In U. Fraser, & C. Harvey (Eds.), *Sanctuary in Ireland, perspectives on asylum law and policy* (p. 127–145). Dublin: Institute of Public Administration.

Ombudsman Office. (2018). *The Ombudsman and Direct Provision: The Story so Far*. Dublin: Ombudsman Office.

Pacquiao, D.F. (2008). *Nursing care of vulnerable populations using a framework of cultural competence, social justice and human rights. A Journal of the Australian Nursing Profession*, 28(2), 189-197.

Philips, J. (2011). *Asylum seekers and refugees: what are the facts?* Parliament of Australia: Department of Parliamentary Services.

Prutz Phiri, P. (2003). UNHCR, international refugee protection and Ireland. In U. Fraser, & C. Harvey (Eds.), *Sanctuary in Ireland, perspectives on asylum law and policy* (p. 115–125). Dublin: Institute of Public Administration.

Quinton, D. (2004) *Supporting Parents: Messages from Research*. Jessica Kingsley Publishers: London and Philadelphia.

Rape Crisis Network Ireland. (2014). *Asylum seekers and Refugees surviving on hold*. Dublin: Rape Crisis Network Ireland.

Reception and Integration Agency (2012) *Monthly Statistics Report: March 2012*. Dublin: Reception and Integration Agency.

Reception and Integration Agency. (2013). *RIA Independent Inspection Report: Athlone Accommodation Centre*. Dublin: Department of Justice and Equality.

Reception and Integration Agency. (2017). *RIA Independent Inspection Report: Athlone Accommodation Centre*. Dublin: Department of Justice, Equality and Law Reform.

Reception and Integration Agency. (2018). *Direct Provision*. Dublin: Department of Justice and Equality.

Reception and Integration Agency. (2018). *RIA Independent Inspection Report: Athlone Accommodation Centre*. Dublin: Department of Justice, Equality and Law Reform.

Respect Project. (2004). *RESPECT for research ethics: guidelines*. [Online]. Available at: <http://www.respectproject.org/ethics/guidelines.php> (Accessed 15th April 2018).

Rochford, S., Doherty, N., and Owens, S. (2014). *Prevention and early intervention in children and young people's services: Ten years of learning*. Dublin: Centre for Effective Services.

Rooney, L.K., Bhopal, R., Halani, L., Levy, M.L., Partridge, M.R, Netuveli, G., Car, J., Griffith, C., Atkinson, J., Lindsay, G. and Sheikh, A. (2011). Promoting recruitment of minority ethnic groups into research: qualitative study exploring the views of South Asian people with asthma. *Journal of Public Health*, 33(4), 604-615.

Sedgwick, P. (2013). Snowball Sampling. *British Medical Journal*, 347, 1-2.

Shannon, G. (2012). *Sixth Report on the Special Rapporteur on Child Protection*. Dublin: Department of Children and Youth Affairs.

Smithson, J. (2000). Using and analysing focus groups: Limitations and possibilities. *International Journal of Social Research Methodology*, 3(2), 103-119.

Smyth, C (2015). *Report to government Working Group on the Protection Process on improvements to the protection process, including direct provision and supports to asylum seekers*. Doctoral Dissertation. Galway: National University of Ireland, Galway.

Stapleton, B. (2012). In and after 'Limbo': The impact of Direct Provision on asylum seekers in Ireland. *Critical Social Thinking: Policy and Practice*, 4, 1-16.

Stewart, R. (2006). *The Mental Health Promotion needs of Asylum Seekers and Refugees*. Galway City Development Board Health Promotion Services.

Stewart, E. (2005). Exploring the vulnerability of asylum seekers in the UK. *Population, Space and Place*, 11(6), 499-512.

The Irish Immigrant Support Centre (2017). *What is Direct Provision?* [Online]. Available from: <http://www.nascireland.org/campaigns-for-change/direct-provision/> (Accessed 31<sup>st</sup> January 2017).

The Irish Immigration Support Centre. (2017). *Direct Provision Allowance Increase*. [Online]. Available at: <http://www.nascireland.org/campaign-for-change/direct-provision/direct-provision-allowance-increase-good-start-says-nasc-ceo-fiona-finn/> (Accessed 12<sup>th</sup> April 2018).

Thornton, L. (2014). Direct Provision and the Rights of the Child in Ireland. *Irish Journal of Family Law*, 17 (3), 1-19.

Tusla Child and Family Agency. (2013). *Investing in Families: Supporting Parents to Improve Outcomes for Children*. Dublin: Tusla Child and Family Agency.

Uchechukwu Ogbu, H., Brady, B, and Kinlen, L. (2014). Parenting in Direct Provision: Parent's Perspectives Regarding Stressors and Supports. *Child Care in Practice*, 20(3), 256-269.

## **9 Appendix**

### **9.1 Appendix A**



#### ***Athlone Institute of Technology Information Form***

#### ***Dissertation Topic:***

#### ***Parenting in Direct Provision: A Mothers Perspective***

I would like to know if you would help me with a piece of research that I am doing for my Masters in Child and Youth Studies in Athlone Institute of Technology. The purpose of my study is to explore mother's views of parenting in direct provision.

If you agree to participate in my research study I will include you in my interview process. It will be used to learn more about opinions and views on a chosen topic (Parent's views on living in direct provision), and to develop an overall picture of this topic.

The interview process will last for 40 minutes to 1 hour. I will ask you for information on your views of parenting in direct provision and your experiences to date. It is completely your choice to get involved and you do not have to be involved if you do not wish. If you do agree to take part you can withdraw at any time. If you take part in my research study, the information will be treated with the strictest level of confidentiality. Your name will not be presented in my study. For the interview process, is it ok if I ask your permission to let me tape what we are talking about? If you do not want me to do this, I will write down what you say.

If you have any questions, please do not hesitate to contact me on:

Phone: XXX

Email: XXX

I have attached a consent form, for participation in the interview and for the interview to be taped. If you agree to participate, please sign the consent form attached. Thank you for taking the time to read the information above.

Kindest Regards,  
Mary.

## 9.2 Appendix B



### ***Athlone Institute of Technology***

#### ***Consent Form***

#### ***Dissertation Topic:***

#### ***Parenting in Direct Provision: A Mothers Perspective***

Name: Mary Redmond

Email: XXX

#### **Please initial box**

1. I confirm that I have read the participation information sheet for the above study and have had the opportunity to ask questions.
2. I am satisfied that I understand the information provided and have had enough time to consider the information.
3. I understand that my participation is voluntary and that I am free to withdraw at any time.
4. In signing this consent form I \_\_\_\_\_ agree to volunteer to participate in this research study being conducted by Mary Redmond.
5. I understand that I will participate in a recorded interview with the researcher on the agreed topic.
6. I understand that a written transcription of the interview is available to me on request.
7. I grant full approval for the use of the above information, including publication and conference presentation on the full understanding that my anonymity and confidentiality are preserved.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Researcher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

### **9.3 Appendix C**



#### ***Athlone Institute of Technology***

#### ***Interview Questions***

#### ***Dissertation Topic:***

#### ***Parenting in Direct Provision: A Mothers Perspective***

1. Could you tell me a little about yourself? (Age, Nationality, Current situation, Number of children, Ages of children).
2. How long have you been living in direct provision?
3. How do you feel about living in direct provision with your family?
4. Could you explain to me what it is like to be a mother in direct provision?
5. Are there any challenges that you experience while trying to parent your children?
6. Is there anything to help you as a parent in direct provision? (What do you think of these?)
7. What supports do you think should be put in place?

