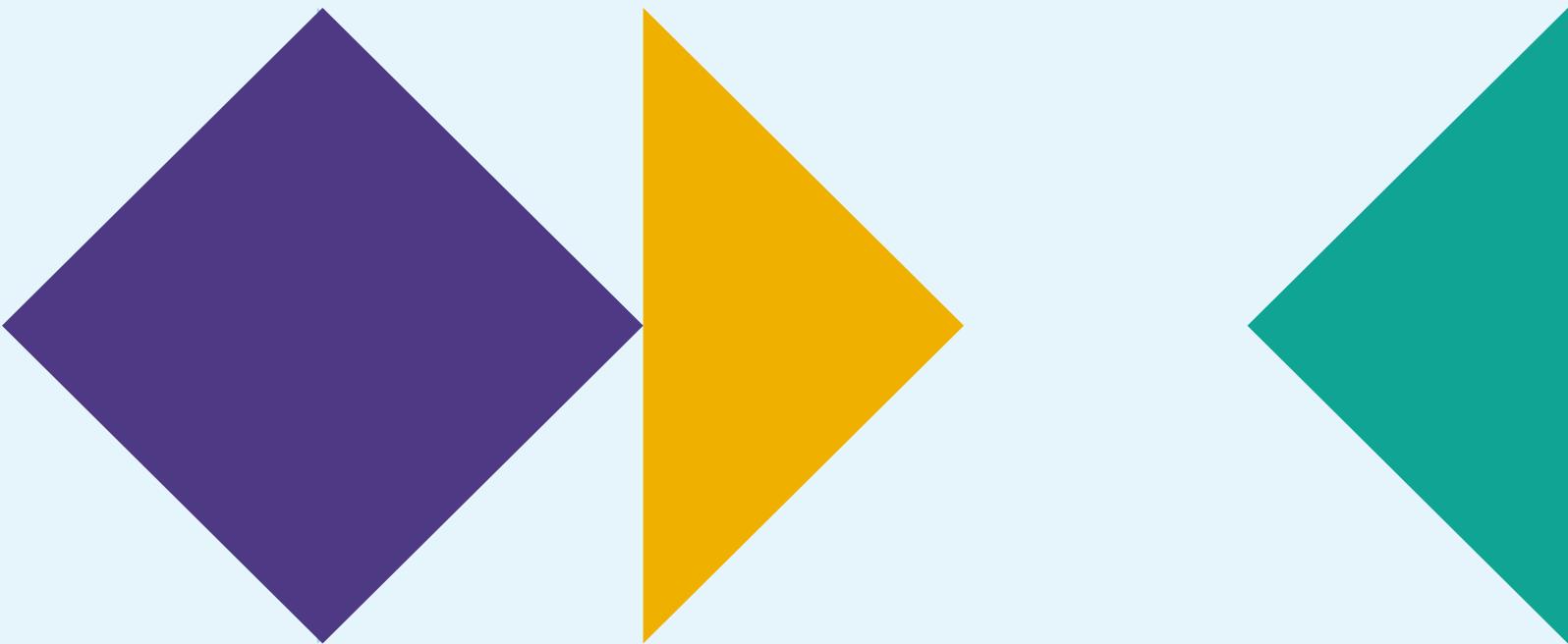# The Reception Gap

Doras
Promoting and Protecting Human Rights

A Report on Permanent International Protection Accommodation versus Emergency Accommodation
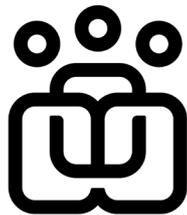
February 2026

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Executive Summary

This report examines reception conditions in emergency International Protection Accommodation Service (IPAS) accommodation in Ireland, contrasting them with conditions in permanent IPAS centres. While permanent IPAS centres have been subject to increased scrutiny in recent years, emergency accommodation now accommodates the majority of people seeking international protection and yet remains largely unexamined, weakly regulated, and effectively outside the scope of independent oversight. This research seeks to address the gaps in research on emergency accommodation. The researchers used a national survey of residents in emergency accommodation, peer-led focus groups, and key informant interviews with key stakeholders working across the reception system to fill the gaps in knowledge. The report documents a system characterised by inconsistency, insecurity, and structural problems. Residents' experiences are contingent on where they are placed, who manages a centre, and the availability of local services. The absence of enforceable standards and routine inspection of emergency accommodation is identified as a significant problem.

Across all data sources generated in this study, congregated living emerged as negatively impacting people living in emergency accommodation. Overcrowding, lack of privacy, inadequate food provision, limited autonomy, and prolonged stays in unsuitable settings undermine people's dignity, family life, health, and wellbeing. These problems are a result of a model of reception that normalises emergency arrangements as long-term solutions and prioritises bed capacity over the needs of people seeking international protection. For families and children, the conditions negatively impact parenting, child development, education, nutrition, and mental health.

The research identifies significant deficits in the operation of complaints and remedies within international protection accommodation. While complaints procedures exist across IPAS accommodation settings, residents frequently do not feel safe using them in practice. Fear of retaliation, transfer, or informal punishment, combined with information barriers and language constraints, means that many issues go unreported. Where complaints are made, outcomes are often inadequate. Key informant interviewees repeatedly emphasised that emergency accommodation increases existing vulnerability. Disability, chronic illness, a history of trauma, gender-based violence, language barriers, and lack of social networks all intersect with poor reception conditions.

The findings must be read against the wider governance context. While the Health Information and Quality Authority (HIQA) has begun inspecting permanent IPAS centres, its remit does not extend to emergency accommodation, leaving the living conditions of thousands of residents without independent oversight. This inspection gap is a structural failure that undermines the National Standards (for Accommodation Offered to People in the Protection Process) and weakens the State's ability to meet its domestic, EU, and international human rights obligations. The increasing reliance on emergency accommodation, combined with the implementation of the EU Pact on Migration and Asylum, risks entrenching a two-tier reception system in which reduced standards become normalised.

The report concludes that emergency accommodation can no longer be treated as a temporary feature of the reception system. It has become a core component of Ireland's response to international protection and must be governed accordingly. Enforceable standards, independent inspection, and accessible remedies are required.

The recommendations set out in this report call for a decisive shift away from reactive, emergency-driven responses towards a coherent, rights-based reception framework. This includes extending independent inspection and oversight to all IPAS accommodation and redesigning complaints mechanisms to address fear and power imbalances.

Acknowledgements

Currency Date of this Report and Legislative Developments

This report reflects the legal, policy and operational landscape governing international protection reception conditions in Ireland as it stood on 12th of January 2026. The research was conducted, analysed and finalised against the legislative framework in place at that date, including the International Protection Act 2015, the European Communities (Reception Conditions) Regulations 2018, the National Standards for accommodation centres, and relevant EU law, including the 2013 recast Reception Conditions Directive. Attention is also paid to the changes that the EU Pact on Migration and Asylum are likely to bring to the reception framework, and to Ireland's National Implementation Plan.

On the **22nd of January 2026**, the Minister for Justice, Home Affairs and Migration published the **International Protection Bill 2026**, which is intended to replace the International Protection Act 2015 and to give effect to Ireland's obligations under the EU Pact. The Bill introduces substantial structural and procedural reforms, including the establishment of a new screening procedure, asylum border procedure, return border procedure, accelerated decision-making timelines, changes to appeals mechanisms, and the creation of a new independent oversight role in respect of asylum border procedures. The Bill is currently before the Houses of the Oireachtas and is subject to amendment as it progresses through the legislative process, with enactment anticipated in advance of the Pact's operational deadline of the 12th of June 2026. In addition, the Minister has indicated an intention to bring forward amendments at Committee Stage addressing material reception conditions, restrictions of movement, detention, special reception needs and labour market access, as required by EU law. Further amendments are also anticipated in relation to legal advice and legal aid, data sharing, and family reunification.

Accordingly, while this report provides a detailed and evidence-based analysis of reception conditions, governance arrangements, complaints mechanisms and lived experiences within international protection accommodation, certain aspects of the legal framework discussed should be read in light of the final enacted form of the International Protection Bill 2026 and the accompanying secondary legislation. Where relevant, the findings of this report should be understood as capturing baseline conditions, structural risks and systemic challenges that are directly relevant to the implementation and oversight of the new legislative regime.

Glossary of Terms & Abbreviations

Term / Abbreviation	Description
AMMR	**Asylum and Migration Management Regulation** An EU regulation adopted as part of the EU Pact on Migration and Asylum, allocating responsibility for processing any given claim for international protection to one EU Member State.
Congregated Setting	A form of accommodation in which residents live collectively rather than independently, typically involving shared bedrooms, bathrooms, dining areas, and communal facilities, with limited personal space and control over daily routines.
Day Report	The Day Report refers to the *Report of the Advisory Group on the Provision of Support including Accommodation to Persons in the International Protection Process*, published in 2020 and chaired by Catherine Day. Unlike the McMahon Report, the Day Report explicitly concluded that Direct Provision was not fit for purpose and recommended its complete abolition.
Doras	Doras is an independent organisation working to promote and protect the rights of people from a migrant background in Ireland.
DP	**Direct Provision** Ireland's system of reception and accommodation for people seeking international protection, involving the provision of housing, food or catering, and a weekly subsistence allowance, rather than access to the full social welfare system.
ECHR	**European Convention on Human Rights** An international human rights treaty binding on Ireland, protecting rights such as dignity, private and family life, and freedom from inhuman or degrading treatment. The Convention informs the assessment of reception conditions and State obligations.
Emergency Accommodation	Accommodation procured by IPAS on a short-term or rolling basis to meet capacity pressures within the international protection system. Emergency accommodation is not currently subject to routine HIQA inspection and may include hotels, hostels, former institutional buildings, or other repurposed premises.
EU	**European Union** The supranational body whose asylum, migration and human rights law determine, in broad terms, Ireland's legal framework for international protection and reception conditions.
EU Charter	**Charter of Fundamental Rights of the European Union** A legally binding instrument guaranteeing fundamental rights, including dignity, equality, children's rights and protection from discrimination, applicable when Ireland implements EU law.
HIQA	**Health Information and Quality Authority** The independent statutory body responsible for inspecting permanent International Protection Accommodation Service centres against the National Standards. HIQA does not currently have remit over emergency accommodation.
IHREC	**Irish Human Rights and Equality Commission** Ireland's national human rights and equality institution, mandated to promote and protect human rights and equality.
IPA	**International Protection Applicant** A person who has applied for international protection in Ireland and is awaiting a final decision on their application. International protection comprises refugee status or subsidiary protection status. The term is used in Irish law and policy in preference to "asylum seeker".

Term / Abbreviation	Description
IPAS	**International Protection Accommodation Service** The State body responsible for procuring, managing and overseeing accommodation and related services for International Protection Applicants across Ireland.
LGBTIQ+	Lesbian, Gay, Bisexual, Trans, Intersex, Queer, Plus
McMahon Report	The McMahon Report refers to the *Report of the Working Group on the Protection Process and Direct Provision*, published in 2015 following the establishment of an independent working group chaired by Judge McMahon. It was the first comprehensive, State-commissioned review of Ireland's international protection process and Direct Provision system.
National Standards (for International Protection Accommodation Services)	A set of standards setting out expectations for governance, accommodation quality, food provision, safeguarding, health, wellbeing, and residents' rights in IPAS centres. While the National Standards apply in principle to all IPAS accommodation, only permanent centres are currently inspected for compliance.
NGO	**Non-Governmental Organisation** An independent organisation, often providing advocacy, legal assistance, research, or direct support services to people seeking international protection. Doras is an NGO.
Own-Door Accommodation	Accommodation that provides individuals or families with a self-contained living unit, including a private entrance, bedroom(s), bathroom, and cooking facilities, allowing for a greater degree of privacy, autonomy, and control over daily life.
Reception Conditions	The material, social, and institutional conditions under which International Protection Applicants live (see RCD).
RCD	**Reception Conditions Directive** An EU directive setting minimum standards for the reception of applicants for international protection, including accommodation, food, health, and safeguards for vulnerable persons. Ireland opted into the 2013 recast Directive in 2018 and will be subject to the 2024 recast from 2026.
Subsistence Allowance	A weekly payment provided to International Protection Applicants living in Direct Provision to cover basic personal expenses, in place of access to the full social welfare system.
UN	**United Nations** The international organisation responsible for core human rights treaties relevant to reception conditions, including treaties on racial discrimination, children's rights, disability rights, and economic, social and cultural rights.
UNHCR	**United Nations High Commissioner for Refugees** The UN agency mandated to protect refugees and support States in the implementation of international refugee law and standards.
Voucher System	A form of in-kind support in which access to goods or services is provided through vouchers rather than cash payments. In the context of international protection reception, voucher systems can be used as an alternative to cash allowances to cover food or essential items.
White Paper on Ending Direct Provision	The White Paper was the Government's formal response to the Day Report. It committed to ending Direct Provision and replacing it with a new reception model centred on own-door accommodation, shorter stays, and enhanced integration supports.

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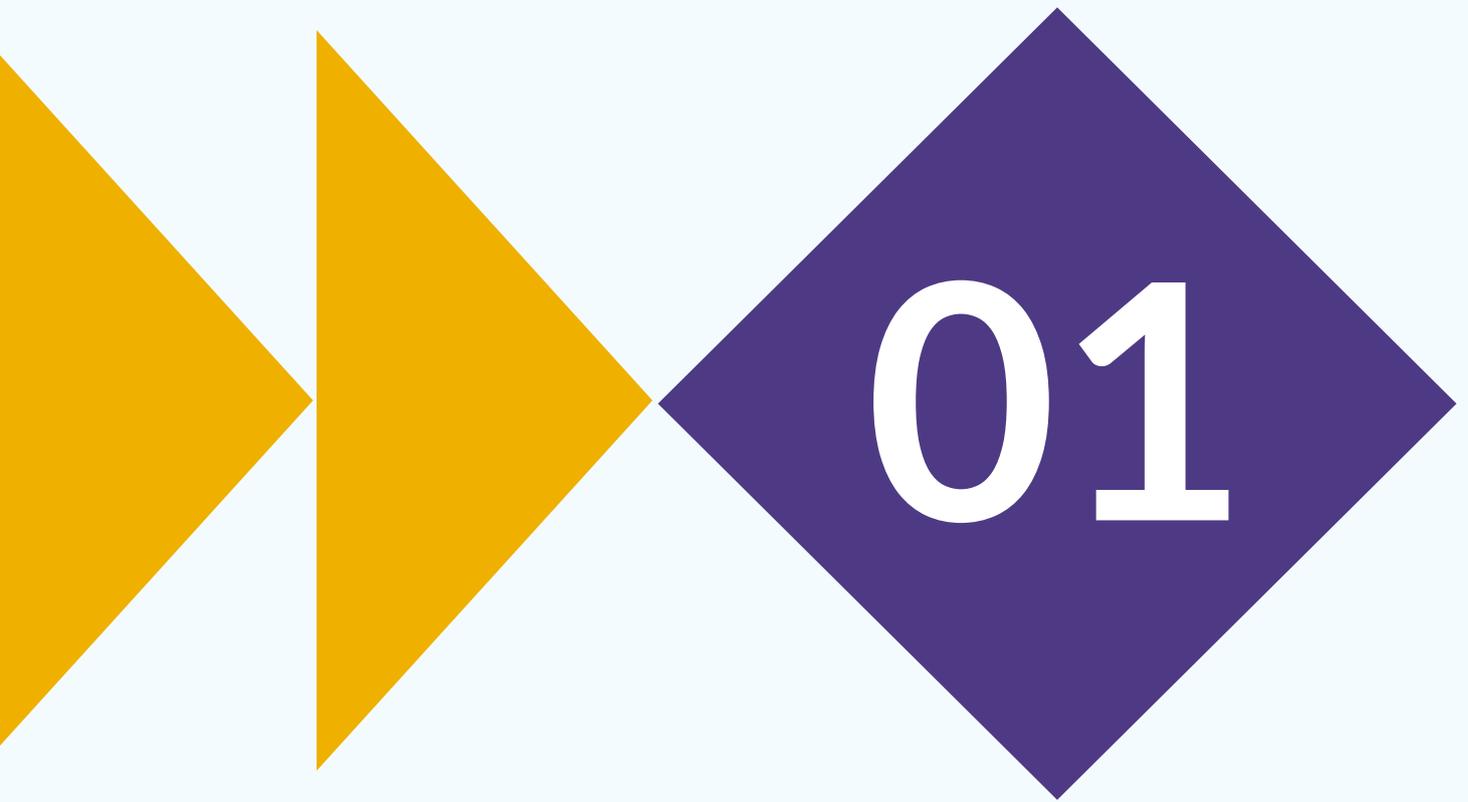
Introduction

Chapter 1
Introduction

1. Background to this research

Ireland's reception system for people seeking international protection has expanded rapidly and unevenly in response to increases in demand and persistent structural pressures. What was originally conceived as a short-term arrangement has, in practice, become a long-term living environment for many residents, with significant implications for autonomy, dignity, health and family life. At the time of writing, the majority of people seeking international protection in Ireland are accommodated in emergency accommodation settings, many of which were never designed or intended for long-term residential use.

Concerns regarding reception conditions have been well documented by civil society organisations, advocacy groups, residents themselves and, more recently, through formal inspection processes of Direct Provision. The introduction of National Standards for accommodation centres and the commencement of inspections by the Health Information and Quality Authority represent important developments in the governance of the system. However, these reforms apply only to accommodation with permanent contractual status. Emergency accommodation, which now constitutes a substantial proportion of the reception estate, remains outside the scope of routine inspection and formal oversight.

2. Scope of this Research

This research was conducted in accordance with the agreed terms of reference and focuses on reception conditions within International Protection Accommodation Services, with particular attention to residents' experiences of emergency accommodation and longer-term IPAS settings. The study examines accommodation conditions, governance and accountability arrangements, access to services, complaints and remedies, transfers, and the lived impacts of prolonged congregated living. It does not provide an examination of the international protection status determination process, asylum decision making, or immigration status outcomes, nor does it assess accommodation arrangements that fall outside the IPAS system.

In addition, tented accommodation does not fall within the scope of this research and is not examined as part of the analysis. While issues affecting children and families are addressed where they arise in the context of reception conditions, the research does not include an examination of unaccompanied minors' accommodation, which is governed by distinct statutory and policy frameworks. Similarly, the research does not include considerations of homeless international protection applicants (IPA), IPA detention, or reception conditions of beneficiaries of temporary protection. It is worth noting that the reception conditions for these groups are also in need of urgent reform.

3. Research Team

Doras was awarded this project funding by the Irish Human Rights and Equality Commission (IHREC) to undertake a participatory and peer-led research project that seeks to assess the availability and appropriateness of reception conditions and other supports in reception and accommodation centres for international protection applicants (IPAs) across Ireland. Doras appointed the research team of

Prof. Ciara Smyth, Mr. Paul Fallon and Dr. Charles O'Mahony to manage and deliver this project. The research team worked with three peer-researchers - Ms. Amani Kamal, Mr. Fisayo Alo and Mr. Mathsaseng Ralekoala – in the design of the questions for the national survey, the dissemination of the survey through peer networks, the conduct of the focus groups and the formulation of the recommendations.

4. Advisory Board

An advisory board was established for this research following agreement between the research team and Doras, in recognition of the importance of oversight, strategic guidance and sectoral expertise in a project of this nature. The advisory board brought together expertise from advocacy, service provision, legal analysis, and research on international protection and human rights. The board was chaired by the Chief Executive Officer of Doras. The role of the advisory board was to provide strategic direction, support methodological rigour, and ensure that the

research remained grounded in lived experience and policy relevance. Board members contributed to the development of the research questions and played a role in reviewing the national survey instrument. Engagement with the advisory board was ongoing throughout the project. This helped ensure that the findings presented in this report were accurate and the recommendations spoke directly to contemporary policy debates and operational challenges within the reception system, while remaining practical.

5. A Note on Terminology in this Report

For the purposes of this report, careful attention has been given to the terminology used to describe people, accommodation, and systems of reception, recognising that language in this area carries multiple and sometimes competing meanings across law, policy, administration, and public discourse. Terms such as emergency accommodation, permanent accommodation, direct provision, residents, applicants, and international protection applicants are used to reflect the language most commonly used in law, policy, and practice in Ireland at the time of writing. At the same time, the report acknowledges that these terms can obscure important differences in legal status, lived experience, and power relations, and may not reflect how people understand or describe their own situations. Where possible, the report

brings to the fore residents' own accounts and lived experiences as captured through the national survey, peer-led focus groups and key informant interviews.

These sources reflect a wide range of perspectives, including those of people living in reception accommodation, those working directly with new members of the community, and those operating at service delivery and policy levels etc. As a result, a diversity of terms and ways of describing the system, accommodation, and those within it inevitably emerges across the data. The report therefore adopts a consistent terminology for the purposes of analysis and coherence, while retaining participants' language in quoted material in order to accurately reflect their lived and professional experience.

6. Understanding Permanent Direct Provision and Emergency Accommodation

A significant challenge encountered throughout this research relates to widespread confusion about the distinction between permanent Direct Provision centres and emergency accommodation. While these categories carry important regulatory and contractual differences, they are not always clearly understood by residents, practitioners or even some frontline service providers. Permanent centres operate under longer-term contracts and fall within the remit of HIQA inspections against the National Standards (see Chapter 3). Emergency accommodation, by contrast, is typically procured on a short-term or rolling basis and is not currently subject to routine inspection. However, in practice residents may live for extended periods in emergency accommodation, and the distinction between temporary and permanent becomes blurred. This confusion has significant consequences. Residents may not know what standards apply to their accommodation or what oversight mechanisms, if any, are in place. Practitioners and advocates encounter difficulty identifying appropriate routes for complaint or escalation.

During the course of this research, it became clear that many people living in emergency accommodation refer to it as 'Direct Provision', reflecting how the system is seen rather than how it is formally categorised and regulated. This issue is particularly relevant to the interpretation of the survey findings presented in this chapter.

While recruitment efforts focused specifically on emergency accommodation, the possibility of some misclassification cannot be excluded. This reflects a system problem rather than a methodological flaw and is addressed further under methodological limitations.

7. Research Ethics

Ethical considerations were central to the design of this research. The project involved engagement with people seeking international protection, a population that may experience heightened vulnerability arising from prior trauma, uncertainty regarding legal status, language barriers, dependency on institutional accommodation, and power imbalances within reception settings. In recognition of these factors, the research was designed and implemented in line with best practice in participatory, trauma-informed and rights-based socio-legal research.

Ethical approval for the research was granted by the University of Galway Research Ethics Committee. The ethics application addressed key issues including informed consent, voluntariness of participation, confidentiality and anonymity, data protection, risk of distress, safeguarding, and the mitigation of potential harms associated with participation. Particular attention was given to the risk of inadvertent identification or adverse consequences for participants arising from criticism of accommodation conditions or service provision.

The survey instrument was designed to minimise risk to participants. No identifying personal data was collected, and respondents were not asked to name specific accommodation centres, staff members or service providers. Questions were framed to focus on experiences and conditions rather than individual incidents or persons. Clear information was provided at the outset of the survey regarding the purpose of the research, how data would be used, stored and reported, and the voluntary nature of participation.

The involvement of peer researchers constituted an additional ethical safeguard. Peer researchers played a role in reviewing and refining the survey to ensure that questions were culturally appropriate, accessible to participants with varying levels of English etc. Their involvement helped reduce power imbalances between researchers and participants, supported trust-building, and mitigated concerns about confidentiality, surveillance or retaliation. Peer researchers were also briefed on ethical boundaries, research integrity, including the avoidance of coercion,

the importance of voluntariness, and how to respond appropriately if participants expressed distress or disclosed sensitive information.

Data protection and confidentiality were prioritised throughout the project. Survey responses were collected anonymously, stored securely, and accessed only by the research team. Findings are reported in aggregate form, and qualitative responses are presented in a way that avoids the risk of indirect identification of individuals or centres. The research team remained attentive throughout the project to the ethical obligation to avoid harm, to respect participants' autonomy and dignity, and to ensure that the research process itself did not reproduce or exacerbate existing vulnerabilities within the reception system.

8. Methodology

This research adopted a mixed-methods, participatory and rights-based approach to examine reception conditions in Ireland's international protection accommodation system. The methodology was designed to capture both structural features of the system and lived experiences within it, recognising that no single method could adequately account for the complexity, scale and variability of reception conditions. The research combined desk-based, doctrinal and legal analysis, quantitative and qualitative empirical methods, and engagement with people with lived and professional experience of the system. Each methodological strand informed and reinforced the others, enabling triangulation and strengthening the validity of the findings.

8.1 Research Design and Analytical Framework

The overall research design was informed by a human rights and socio-legal approach. The study was grounded in an understanding of reception conditions as impacted by legal obligations, governance arrangements, procurement practices and institutional cultures, rather than localised or individual shortcomings. This framework guided the selection of methods, the formulation of research questions and the interpretation of findings across the different components of the project. A participatory ethos underpinned the research. Peer researchers and practitioners were involved in developing research tools, interpreting emerging findings and reflecting on their policy implications. This approach was adopted both to enhance ethical robustness and to ensure that the research remained anchored in lived experience and operational realities.

8.2 Literature Review

The literature review provided the conceptual and legal foundation for the research. It examined the defining features of what is known colloquially as 'Direct Provision' and set out its origin and legal basis, including the EU and international law dimensions. It provided a high-level overview of the various efforts to reform the system and their limited success. It further conducted an in-depth literature review of the multidisciplinary scholarly literature and of NGO and government reports on Direct Provision, setting out key emergent themes and paying particular attention to long-standing critiques that remain relevant today. This allowed the research to situate Ireland's approach within a historical context and to identify recurring challenges associated with prolonged institutional living, fragmented oversight and emergency procurement etc.

The literature review informed the development of the survey instrument, the focus group topic guides and the key informant interview guide, and provided an analytical lens through which empirical findings were interpreted.

8.3 Analysis of HIQA Inspection Reports

A dedicated methodological strand focused on the analysis of inspection reports produced by the HIQA in respect of permanent International Protection Accommodation Service centres. This component examined the scope, findings and limitations of the HIQA inspection regime and assessed patterns of compliance and non-compliance with the National Standards. Inspection reports were analysed thematically to identify recurrent issues relating to governance, accommodation quality, safeguarding, food provision, privacy, complaints mechanisms and access to services etc. This analysis served several purposes. It provided an evidence-based account of conditions within inspected permanent centres, highlighted areas of improvement and persistent concern, and exposed the structural gap created by the exclusion of emergency accommodation from routine inspection. The HIQA analysis also functioned as an important point of comparison for findings from the national survey, focus groups and key informant interviews.

8.4 National Survey of Residents' Experiences

The national survey constituted a central empirical component of the research. It was designed to document residents' day-to-day experiences of living in international protection accommodation and to identify patterns relating to living conditions, safety, services, participation and access to remedies. The survey combined closed questions generating quantitative data with open-ended questions allowing respondents to describe their experiences in their own words. The survey was developed through an iterative and collaborative process involving peer researchers, the advisory board and non-governmental organisations working directly with residents. This process ensured that the survey instrument was accessible, culturally appropriate and focused on issues of greatest relevance to residents, and tailored to those living in emergency accommodation. The survey was distributed nationally between August and October 2025 through online platforms and peer networks. A total of 246 completed responses were received. Quantitative data were analysed descriptively to calculate frequencies and percentages. Qualitative responses were analysed thematically using Braun and Clarke's reflexive approach, allowing for the identification of recurring themes, shared concerns and points of divergence across respondents' responses etc.[1]

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[1] Virginia Braun and Victoria Clarke, *Thematic Analysis: A Practical Guide* (Sage 2021).

8.5 Focus Groups

Focus groups were conducted by the three peer researchers to explore residents' experiences in greater depth and to provide further understanding of issues identified through the literature review. The use of peer-led focus groups was intended to facilitate collective reflection, enable participants to build on one another's experiences, and support open discussion. The focus group topic guides were informed by the literature review and discussions explored themes including daily living conditions, food and facilities, privacy, safety, information provision, complaints processes, transfers and move-on etc. Particular care was taken by the peer researchers to create a supportive environment, with clear ground rules on confidentiality and participation.

8.6 Key Informant Interviews

Key informant interviews were conducted with professionals and practitioners working across the international protection reception system. Participants included people from advocacy organisations, service providers, local authorities and organisations involved in integration, support services and policy-makers. Key informants were selected through a purposive sampling strategy designed to capture a range of perspectives and institutional positions. The interviews explored governance arrangements, operational challenges, accountability mechanisms and the perceived impacts of reception conditions on residents' wellbeing and rights. Interview guides were semi-structured, allowing for consistency across interviews while providing flexibility to pursue issues raised by participants. Interviews were recorded with consent, transcribed and analysed thematically.[2] Given the anonymous and self-selecting nature of the national survey, and the fact that it was targeted at people living in emergency accommodation, the key informant interviews played an important role in strengthening the evidential focus on emergency accommodation. In particular, the interview guides and discussions explicitly centred on emergency accommodation, enabling key informants to reflect in a targeted way on its governance, operation and impacts, and thereby complementing and reinforcing the survey and peer led focus group findings.

8.7 Methodological Limitations

As with all participatory survey research, the findings should be interpreted with an awareness of their limitations. Participation in the survey was voluntary, and respondents self-selected into the study. This may result in some bias, particularly towards respondents who were more engaged, more dissatisfied with their accommodation, or more connected to support networks. Therefore, centres with stronger community links may be somewhat over-represented in the survey responses. Representation is further complicated by the nature of emergency accommodation. Residents in emergency settings are often moved at short notice, may have limited digital access, and may be harder to reach through conventional recruitment channels. Despite these challenges, the survey achieved a substantial sample size.

[2] Ibid.

246 respondents completed the survey. Therefore, it represents one of the largest resident-led datasets on reception conditions in Ireland to date. Research in this field often involves much smaller samples due to linguistic diversity, access barriers and the dispersed nature of accommodation. The scale and diversity of responses provide a strong empirical basis for identifying recurrent patterns and system-level issues. The survey is not a random or nationally representative sample, however the consistency of findings across locations and respondent groups supports their validity and relevance for policy.

A further limitation concerns the distinction between permanent Direct Provision centres and emergency accommodation. Despite targeted recruitment strategies and the use of peer networks to reach emergency settings, it is possible that some respondents were living in permanent centres. This reflects the broader confusion within the system regarding accommodation categories and regulatory frameworks. The absence of clear differentiation in everyday practice makes strict classification difficult. This limitation should be borne in mind when interpreting the findings, particularly given the differences in oversight and inspection regimes. Nonetheless, the themes identified in the data remain robust and directly relevant to policy makers, regulators and service providers.

9. Structure of this Report

This chapter sets the purpose, scope and context of the research, provides an overview of the methodological framework, and explains the structure and approach adopted across the report. The subsequent chapters examine reception conditions in emergency accommodation through multiple sources of evidence, combining legal and policy analysis with lived experience and practitioner insight in order to assess how current arrangements operate in practice.

Chapter 2
Chapter 2 presents the literature review, situating this research within existing research on international protection reception systems, emergency accommodation, governance, human rights obligations and lived experience.

Chapter 3
Chapter 3 examines oversight and governance through a detailed review of HIQA inspection reports, highlighting the scope and limits of existing inspection regimes and their relevance to emergency accommodation.

Chapter 4
Chapter 4 presents the findings from the national survey, analysing residents' experiences of emergency accommodation across key thematic areas and drawing out cross-cutting patterns and concerns. This chapter also analyses the qualitative data generated through the open-ended survey question and its integration with the findings from the peer led focus groups.

Chapter 5
Chapter 5 sets out the findings from the key informant interviews, exploring governance arrangements, operational practices and the structural factors impacting reception conditions.

Chapter 6
Chapter 6 draws the findings together, synthesising evidence across the literature review, survey, focus groups and key informant interviews, and sets out conclusions and implications for policy, and practice.

Direct Provision

The International Protection Accommodation Service System: Context and Literature Review

Chapter 2
Direct Provision – The International Protection Accommodation Service System: Context and Literature Review

1. Introduction

This chapter provides an overview of reception conditions and other supports made available to International Protection Applicants (IPA) in Ireland by the International Protection Accommodation Service (IPAS). While much has been written about reception conditions in permanent IPAS centres, little is known about reception conditions in emergency accommodation secured by IPAS. In order to avoid duplication and add value, this research relies on existing reports and literature to capture the conditions in permanent centres, confining the empirical part of the research to emergency accommodation. Accordingly, this chapter summarises what is known about the IPAS system, describing its defining features, setting outs its legal basis and origin, looking briefly at the many efforts to reform the system, and providing a review of the literature, both scholarly and 'grey'. It sets the scene for Chapter 3, which provides a review of Health Information and Quality Authority (HIQA) inspection reports of permanent IPAS centres. Chapters 2 and 3 form a benchmark for interrogating conditions in emergency accommodation through the empirical part of the research in Chapters 4 and 5. It should be noted that all IPAS centres and ancillary services are known colloquially as 'direct provision'.

2. What is Direct Provision?

Direct provision (DP) is the term used to refer to reception conditions for IPA in Ireland.[1] IPA are people who have applied for international protection (refugee status or subsidiary protection status) pursuant to the International Protection Act 2015 but who have not yet received a definitive decision on their application. However, a significant number of people who live in DP are no longer IPA, in the sense that they are recognised refugees, beneficiaries of subsidiary protection or have been granted leave to remain, but are unable to exit DP because of a lack of supply in the private rental market.[2] The DP system is overseen by IPAS, a unit formerly within the Department of Children, Equality, Disability, Integration and Youth (DCEDIY), which relocated to the Department of Justice, Home Affairs and Migration (DJHAM) in May 2025.[3] IPAS allocates IPA to particular centres – whether permanent centres or emergency accommodation – conducts inspections of those centres, receives complaints and co-ordinates other services, such as health and education. DP centres and services are procured from private service-providers according to the public procurement process, although a small number are State-owned.[4]

There are a number of defining features of DP accommodation and service provision. First, accommodation is provided in a range of different settings, such as former convents, hotels, hostels, holiday resorts and mobile home parks. Generally speaking, these are not purpose-built but have been adapted to house IPA.[5] As noted above, a minority of this accommodation is State-owned (albeit privately run), while the majority is privately-owned. Second, the accommodation is dispersed around the country, in both urban and rural locations.[6] Third, roughly half of DP centres are congregated settings and half comprise own-door accommodation.[7] Fourth, while own-door accommodation tends to be self-catered, only some congregated DP centres offer self-catering facilities.[8]

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[1] In 2020, the Day Report, discussed later in this chapter, recommended the abolition of DP and its replacement with a permanent, State-led system of asylum accommodation. It also recommended that the 'use of the term "direct provision" should be dropped and replaced by a new name for the system which reflects its true purpose, i.e. the Irish reception system.' Government of Ireland, 'Report of the Advisory Group on the Provision of Support including Accommodation to Persons in the International Protection Process', 2020, Annex 14, General Recommendation 2.1. However, as DP has not in fact been abolished, it remains both necessary and accurate to retain the term in this analysis.

[2] About 20% of residents in DP are thought to have status. See Kitty Holland, 'People with right to remain in Ireland stuck in direct provision centres due to lack of housing, HIQA finds', Irish Times, Friday 27 June 2025.

[3] See https://www.gov.ie/en/international-protection-accommodation-services-ipas/publications/about-ipas/ [accessed 29 January 2026].

[4] At the time of writing this report, seven centres are state-owned: Knockalisheen, Co Clare; Kinsale Road, Co Cork; Atlas House, Killarney and Atlas House, Tralee, Co Kerry; Johnston Marina and Park Lodge, Co Kerry; and Midlands Accommodation Centre, Lissywollen, Athlone, Co Westmeath. See Asylum Information Database (AIDA) 2024. 'Housing: Types of accommodation. Country Report: Republic of Ireland', European Council on Refugees and Exiles: <https://asylumineurope.org/reports/country/republic-ireland/receptionconditions/housing/types-accommodation/> [accessed 28 January 2026].

[5] Reportedly, only three DP centres were purpose built for IPA: AIDA, 'Country Report on Ireland – 2024 Update', 2025.

[6] The greatest number of accommodation places are in the greater Dublin area but many rural councils host significant numbers of IPA. See https://assets.gov.ie/static/documents/9149df77/IPAS_Weekly_Report_wk_ending_07.12.2025.pdf [accessed 16 December 2025].

[7] According to HIQA, of the 51 centres falling under HIQA's remit in 2024, 49% were own-door, 47% were communal and 4% were mixed: HIQA, 'Monitoring of International Protection Accommodation Service Centres in 2024', 2025, p. 18.

[8] According to HIQA, of the 51 centres falling under HIQA's remit in 2024, 78% were self-catered, 11% were fully catered and 11% were mixed. Ibid.

Fifth, within the congregated settings, IPA do not generally have own-room accommodation but are required to share a bedroom, either with family members or, if they are single, with other adults. All other spaces in DP centres are communal. Sixth, DP centres, whether State- or privately-owned, are run by private service-providers, which have successfully tendered for the contract, such as former hotel or hostel owners/managers or catering companies. These service providers are not NGOs, organisations with experience in humanitarian provision or housing associations, but rather commercial entities operating on a for-profit basis. Accordingly, they are driven by what HIQA calls 'a hospitality model of service delivery', rather than a 'social care model'.[9] Seventh, in terms of income, IPA in DP are largely excluded from the social welfare system, instead receiving bed, board and a weekly subsistence payment. Since 2018, IPA have been entitled to work if they have not received a first-instance decision within a certain time-frame.[10] The 2025 Programme for Government includes a commitment to introducing a contribution model for people in direct provision.[11] In November 2025, the Minister of JHAM received government approval to establish a pro-rata contributory system.[12] A distinction must be made between 'permanent' DP centres and emergency accommodation. Prior to 2020, emergency accommodation was relied on as a step-down measure between short-stay accommodation in an initial reception centre and placement in a permanent DP centre. However, in recent years, in response to the arrival of large numbers of beneficiaries of temporary protection from Ukraine,[13] an increase in the number of IPA,[14] and an ongoing housing and accommodation crisis,[15] IPA began to be channelled directly into emergency accommodation for the duration of the process. Emergency accommodation comprises commercial building stock and associated management services procured on a short-term basis by IPAS. It includes former schools, hotels, hostels, B&Bs, sites of former religious institutions, apartments, holiday villages, and military barracks. At the time of publication, the number of IPA in emergency accommodation far exceeds the number in 'permanent' DP centres.[16] This is problematic because little is known about standards in emergency accommodation settings or the welfare of the IPA who live there. This opacity is compounded by the fact that the only independent oversight of DP, conducted since 2024 by HIQA, does not extend to emergency accommodation.

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[9] Ibid, p. 8.

[10] From 9 February 2021, the waiting period to be granted labour market access for international protection applicants was reduced from 9 months to 6 months. For a discussion on this, see section 1.4.1 on income poverty below.

[11] Programme for Government 2025, Securing Ireland's Future, p. 125.

[12] See *https://www.gov.ie/en/department-of-justice-home-affairs-and-migration/press-releases/minister-jimocallaghan-receives-government-approval-to-strengthen-migration-legislation-and-introduce-new-rules-on-asylum-and-citizenship-minister-jim-ocallaghan-and-minister-colm-brophy-publishes-family-reunificationreview/* [accessed 16 December 2025].

[13] According to the Central Statistics Office, 109,566 Personal Public Service Numbers were allocated to Beneficiaries of Temporary Protection from Ukraine between 04 March 2022 and 29 September 2024. Arrivals from Ukraine in Ireland, Series 14, 2024: *www.cso.ie/en/releasesandpublications/fp/paui/arrivalsfromukraineinirelandseries14/* [accessed 9 September 2025].

[14] According to the International Protection Office, 13,645 applications for international protection were lodged in 2022, compared to 2,615 in the previous year. 13,220 applications for international protection were lodged in 2023 and 18,561 in 2024 – the highest number recorded. 13,162 applications for international protection were lodged in 2025: *https://ipo.gov.ie/en/IPO/20251204%20IPO%20Monthly%20Website%20Stats%20Nov%202025%20FINAL.pdf/Files/20251204%20IPO%20Monthly%20Website%20Stats%20Nov%202025%20FINAL.pdf* [accessed 13 January 2026].

[15] See Economic and Social Research Institute publications on housing: *https://www.esri.ie/researchareas/housing>* [accessed 9 September 2025].

[16] Aside from two reception centres (the National Reception Centre and Citywest Transit Hub) and tented accommodation, there are 49 permanent DP centres, accommodating 6,523 IPA and 260 emergency accommodation centres, accommodating 25,275 IPA: *https://assets.gov.ie/static/documents/9149df77/IPAS_Weekly_Report_wk_ending_07.12.2025.pdf* [accessed 16 December 2025]. In other words, almost 80% of IPA are in emergency accommodation.

3. Origins and legal basis of Direct Provision

3.1 Domestic law and policy

DP was introduced in 2000. Prior to this, asylum seekers (as IPA were then known) were fully integrated into the social welfare system and availed of private-rental accommodation, mainly in Dublin. However, a number of factors converged in the second half of the 1990s to change this approach to reception: the number of asylum seekers increased significantly;[17] there was a shortage of rental lettings in Dublin;[18] there was a government concern that access to social welfare and employment was acting as a 'pull factor';[19] and, crucially, the UK introduced a system of accommodation and support in-kind for asylum seekers in 1998, which Ireland mirrored in order to avoid any potential draw of asylum seekers from the UK to Ireland enabled by the Common Travel Area.[20]

When it was introduced in 2000, DP was an administrative scheme and had no statutory basis. By contrast, the exclusion of asylum seekers from the labour market was prescribed in the very first piece of asylum legislation – the Refugee Act, 1996, as amended, and restated in its successor – the International Protection Act 2015. The latter was amended in 2018 to allow IPA to work under certain conditions, after a successful constitutional challenge to the prohibition on the right to work.[21] Similarly, the exclusion of asylum seekers from the social welfare system was placed on a statutory footing in 2009 with the introduction of the 'habitual residence requirement', which predicates access to social welfare and other entitlements on a minimum period of lawful residence in the State.[22] Other than these two exclusions, there was no Irish legislation governing conditions in DP. This remained the case until 2018, when Ireland opted into the 2013 EU recast Reception Conditions Directive (described below),[23] and transposed its provisions into domestic law by way of the European Communities (Reception Conditions) Regulations 2018.[24] These regulations now provide the statutory basis for DP.

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[17] Ireland went from 39 asylum seekers in 1992 to receiving 7,724 asylum applications in a single year by the end of the decade. Reported in Pia Prütz Phiri, 'UNHCR, International Refugee Protection and Ireland', in Ursula Fraser and Colin Harvey (eds) Sanctuary in Ireland, Perspectives on Asylum Law and Policy (Institute for Public Administration, 2003), 115.

[18] See Carl O'Brien, 'A short history of renting in Ireland', Irish Times, November 17, 2015.

[19] As stated by the Minister of State at the Department of Justice during the Dáil debate on the Refugee Bill 1995, 'we must be careful not to create conditions which could make it attractive to abuse the asylum procedures. Dáil Eireann debate – Thursday, 19 Oct 1995, Vol. 457, No. 3, Refugee Bill, 1995, Second Stage <https://www.oireachtas.ie/en/debates/debate/dail/1995-10-19/5/> [accessed 11 December 2024].

[20] For commentary, see Ciara Smyth, 'Dining With a New Partner? The End of Ireland's À La Carte Approach to the Common European Asylum System', (2025) 62(4) Common Market Law Review 1031.

[21] N.V.H. v Minister for Justice and Equality [2017] IESC 35.

[22] Social Welfare and Pensions (No.2) Act, 2009.

[23] Directive 2013/33/EU of the European Parliament and of the Council of 26 June 2013 laying down standards for the reception of applicants for international protection (recast).

[24] Statutory Instrument No. 230 of 2018, European Communities (Reception Conditions) Regulations 2018.

It should also be noted that the expansion of emergency accommodation has been facilitated by specific planning law measures. In particular, the Planning and Development (Exempted Development) (No. 4) Regulations 2022 (S.I. 605 of 2022), as extended by S.I. 376 of 2023, provide a temporary planning exemption for the use of certain properties as emergency accommodation centres for international protection applicants. This exemption currently applies until the 31st of December 2028, allowing properties falling within its scope to operate as international protection accommodation for the duration of its applicability.

In terms of 'soft law', a set of National Standards (also described below) were published in 2019 and took effect in 2021.[25] The National Standards 'apply to all service providers contracted by the Reception and Integration Agency [the predecessor of IPAS] to operate and manage accommodation and reception centres'.[26] In principle, therefore, the National Standards apply to both permanent and emergency IPAS centres although it appears that they did not take effect in emergency centres until mid-2023.[27] In 2024, HIQA assumed responsibility for inspecting compliance with the National Standards. However, as HIQA's remit in this regard extends only to permanent DP centres, there is no oversight of compliance with the National Standards by emergency accommodation providers. As revealed in later chapters, it seems certain that the National Standards are not complied with in many emergency accommodation settings.

3.2 EU law and International law

The major source of supranational standards relating to DP is EU law. Asylum became an EU competence in 1999 under the Treaty of Amsterdam and until 2024, when the EU Pact on Migration and Asylum was adopted, the EU had adopted two legislative measures that broadly regulate reception conditions for IPA in Member States – the 2003 Reception Conditions Directive (RCD) and the 2013 recast RCD. However, for complex reasons that lie beyond the scope of this report, Ireland is not automatically bound by EU asylum measures but is entitled to opt in or not as it sees fit. Whereas Ireland did not opt in to the 2003 RCD, it did opt in to the 2013 recast RCD, albeit not until 2018.

The 2013 recast RCD is not prescriptive about the type of reception conditions permissible. In this regard, it allows Member States to provide reception via financial allowances or vouchers, or in-kind through State-owned or privately-owned accommodation. However, it does set a basic reception standard, namely, 'an adequate standard of living for applicants, which guarantees their subsistence and protects their physical and mental health',[28] and establishes particular guarantees for families and vulnerable persons.[29]

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[25] Department of Justice and Equality, 'National Standards for Accommodation Offered to People in the Protection Process', 2019.

[26] Ibid, p. 2.

[27] According to the Office of the Comptroller and Auditor General, '[t]he IPAS stated that, although the national standards were set in 2019, they were only adopted for emergency IP accommodation centres in mid-2023. Consequently, some properties contracted in 2022 and 2023 were not subject to the standards.' Report on the Accounts of the Public Services 2024, Section 10:44, <*Report on the Accounts of the Public Services 2024 - Office of the Comptroller and Auditor General*> [accessed 9 February 2026].

[28] Article 19(2).

[29] Chapter IV.

There has never been a successful challenge of DP on the basis of failure to meet this standard.[30] There is also a 'force majeure' provision which allows States to derogate from the above standard when housing capacities are temporarily exhausted, in which case, 'such different conditions shall in any event cover basic needs'. The State's post-December 2023 policy of refusing to accommodate adult male IPA has been successfully challenged for failing to meet basic needs.[31]

In 2024, the EU Pact on Migration and Asylum was adopted, replacing all former EU asylum measures. Ireland opted into seven of the nine legislative measures of the Pact,[32] and signalled its intention to 'align' with the remaining two measures.[33] This means that, as of July 2026, a new recast RCD (2024) will take effect and will set standards for Ireland. While the basic standard remains as outlined above, there are enhanced provisions for 'applicants with special reception needs' – a term that replaces 'vulnerable persons'.[34] On the negative side, the directive interacts with several other Pact measures in such a way that reception conditions for particular cohorts may be restricted. Thus, Article 3 of the RCD (2024) provides that the directive applies to all persons who make an application for international protection on the territory, including at the external border, 'provided that [such] persons are allowed to remain on the territory as applicants'. This may exclude the seven day period where, under the new Screening Regulation, IPA who do not fulfil entry conditions are not authorised to enter the territory.[35] More worryingly still, it may exclude applicants falling within the scope of the asylum border procedure in the new Asylum Procedures Regulation, because such applicants are not authorised to enter following screening.[36] A large number of IPA fall within the scope of the asylum border procedure, including people who made applications at the external border or who are detected irregularly crossing an external border and then make an application.

Furthermore, the recast RCD interacts with the Asylum Migration and Management Regulation (AMMR), which determines the EU Member

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[30] See *CA & anor. v The Minister for Justice and Equality & Ors.* [2014] IEHC 532.

[31] *S.Y. (a minor) v the Minister for Children, Equality, Disability, Integration and Youth & Ors* [2023] IEHC 187; and *Irish Human Rights and Equality Commission v the Minister for Children, Equality, Disability, Integration and Youth & Ors* [2024] IEHC 493. Although the second case was successfully appealed by the government on the specific question of whether the failure to accommodate the IPA applicants in the case constituted a violation of the right to dignity in the EU Charter of Fundamental Rights, it was uncontroverted that that State was in breach of the recast RCD. Irish Human Rights and Equality Commission v the Minister for Children, Equality, Disability, Integration and Youth & Ors [2025] IECA 156.

[32] Motion re Proposed Approval by Dáil Éireann of the Regulations and a Directive of the European Parliament and of the Council on International Protection, Asylum and Migration *<https://dailbusiness.oir.ie/more/motions/1425?lang=eng.>* [accessed 2 February 2025].

[33] Joint Committee on Justice Debate, Tuesday 23 April 2024 *<https://www.oireachtas.ie/en/debates/debate/joint_committee_on_justice/2024-04-23/2/>* [accessed 2 February 2025].

[34] See Directive (EU) 2024/1346 of the European Parliament and of the Council of 14 May 2024 laying down standards for the reception of applicants for international protection (recast) Chapter IV. This chapter sets out obligations on Member States to identify and respond to the needs of applicants with special reception requirements. It provides a non-exhaustive list of vulnerable groups (including minors, unaccompanied children, persons with disabilities, pregnant women, LGBTI persons, victims of trafficking, those with serious illness or mental disorders, and survivors of torture or violence) and requires early and ongoing assessment of such needs. Member States must ensure appropriate reception conditions, safeguards, and specialised supports, with particular emphasis on the best interests of the child, protection of unaccompanied minors, and access to treatment and rehabilitation for victims of torture and violence.

[35] Regulation (EU) 2024/1356 of the European Parliament and of the Council of 14 May 2024 introducing the screening of third country nationals at the external borders and amending Regulations (EC) No. 767/2008, (EU) 2017/2226, (EU) 2018/1240 and (EU) 2019/817, Article 3.

[33] Regulation (EU) 2024/1348 of the European Parliament and of the Council of 14 May 2024 establishing a common procedure for international protection in the Union and repealing Directive 2013/32/EU, Article 43.

State responsible for any given application.[37] For example, when a decision is notified to an applicant that another EU Member State is responsible for them under the AMMR, the applicant is not entitled to various reception conditions, including accommodation, in any Member State other than the Member State responsible. While this is subject to 'the need to ensure a standard of living in accordance with Union law, including the Charter and international obligations', it does introduce the possibility of seriously reduced reception conditions for certain applicants.[38]

Moreover, applicants in the border procedure and applicants who are subject to a transfer decision under the AMMR may be detained, reside only in specific locations and/or be subject to reporting requirements. The interaction of these Pact measures with the recast RCD introduces the possibility of affording different applicants different reception conditions according to their procedural status. Pact measures enter into force in June 2026 and Ireland has published a National Implementation Plan and is preparing new international protection legislation to enable this to occur. The National Implementation Plan is discussed in the next section (Section 4).

Member States are obliged to implement EU legislation consistently with rights in the EU Charter of Fundamental Rights, which itself must be interpreted in light of the European Convention on Human Rights. Of utmost importance in this regard is the Charter right to dignity. The Irish Court of Appeal recently held that it was not proven on the evidence that failure to provide a group of male IPA with accommodation was a violation to the right to dignity.[39] However, in a separate case concerning Ireland, the Court of Justice of the EU analysed the State's treatment of homeless male IPA in light of the right to dignity.[40] It is also worth noting that, notwithstanding EU law, Ireland remains bound by a number of UN human rights treaties of relevance to reception conditions, including the Convention on the Elimination of Racial Discrimination, the Convention on the Elimination of Discrimination Against Women, the Convention on the Rights of the Child, the International Covenant on Economic, Social and Cultural Rights and the Convention on the Rights of Persons with Disabilities. The UN monitoring bodies of many these conventions have criticised the Irish system of DP, as discussed later.[41]

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[37] Regulation (EU) 2024/1351 of the European Parliament and of the Council of 14 May 2024 on asylum and migration management, amending Regulations (EU) 2021/1147 and (EU) 2021/1060 and repealing Regulation (EU) No 604/2013.

[38] Ibid, Art 18.

[39] *Irish Human Rights and Equality Commission v the Minister for Children, Equality, Disability, Integration and Youth & Ors,* above n. 31.

[40] *Case C-97/24, S.A., R.J. v The Minister for Children, Equality, Disability, Integration and Youth, Ireland and the Attorney General*, ECLI: EU:C:2025:594, Judgment of the Court (3rd Chamber), 1 August 2025.

[41] Ireland is also a State Party to the 1951 Convention relating to the Status of Refugees. Although this convention does deal with reception conditions, its scope is largely confined to recognised refugees.

4. Reform Efforts

Before assessing the literature on DP, it is worth setting out in brief the various efforts to reform the system. Although DP attracted sustained and serious criticism from the outset, the government took no action to examine or improve it until 2014. However, since then, there have been numerous reform efforts if limited actual reform. All reform efforts have focused both on DP and on the endemic delays which characterise the Irish international protection process and which cause people to remain in DP for protracted periods. However, in the discussion that follows, attention is paid only to issues directly relating to DP.

In 2014, the Minister for Justice and Equality established a working group, chaired by Dr Bryan McMahon, to, inter alia, investigate conditions and supports in DP and recommend improvements to government (hereinafter, the **McMahon Working Group/Report**).[42] Although the terms of reference did not allow the Working Group to recommend the outright abolition of DP, the group's 2015 report did contain a suite of costed recommendations about how to improve living conditions in DP centres and enhance supports for people in DP. Key among the recommendations were proposals to: alleviate overcrowding and lack of privacy in DP; facilitate a more normal family life for families, including the provision of own-door accommodation and access to cooking facilities; improve food quality; tackle rural isolation; establish external oversight of DP by creating an independent inspectorate and placing DP under the remit of the Ombudsman and Ombudsman for Children; increase the weekly allowance; allow access to the labour market; increase healthcare

supports; and increase supports for vulnerable asylum seekers. Notably, only some of the proposed reforms were implemented.

One such proposal was the establishment of an expert committee to draft a set of standards that would build on the groundwork of the McMahon Working Group and guide an independent inspectorate of DP. The **Standards Advisory Group** was convened in 2017 and published a set of National Standards in 2019, which were subsequently approved by the Minister for Children, Equality, Disability, Integration and Youth, with implementation to begin in 2021.[43] The standards are arranged under 10 key themes:

1. Governance, Accountability and Leadership;
2. Responsive Workforce;
3. Contingency Planning and Emergency Preparedness;
4. Accommodation;
5. Food, Catering and Cooking Facilities;
6. Person Centred Care and Support;
7. Individual, Family and Community Life;
8. Safeguarding and Protection;
9. Health, Wellbeing and Development; and
10. Identification, Assessment and Response to Special Needs.

Each standard comprises a high-level statement and is assessed through a series of indicators, which flag how a service provider can be judged to meet the standard. However, the independent inspectorate that was envisaged to oversee the standards was never created. Rather, HIQA assumed responsibility

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[42] Working Group to Report to Government on Improvements to the Protection Process, including Direct Provision and Supports to Asylum Seekers, Final Report June 2015. One of the authors of this report was on the McMahon Working Group.

[43] National Standards, above n. 25. Note that the National Standards were not applied to emergency accommodation until mid-2023: see Comptroller and Auditor General, above n. 27.

[44] The Health Information and Quality Authority (HIQA), established under the Health Act 2007, is an independent authority tasked with promoting high-quality and safe care across Ireland's health and social care services.

for inspecting DP centres against the National Standards in January 2024, following an interim recommendation made in the Day Report (discussed below).[44] However, HIQA's remit is limited to permanent DP centres, and excludes emergency accommodation.

Momentum was now building towards a more radical reform of DP. In 2019, the government appointed an Advisory Group to look afresh at the Irish asylum process and direct provision system, chaired by Catherine Day (hereinafter the **Day Group/Report**).[45] Published in 2020, the Day Report recommended the complete abolition of direct provision. Taking the view that 'a system which places applicants for long periods in segregated, congregated accommodation with little privacy or scope for normal family life is not fit for purpose', the Report recommended replacing DP with a permanent, State-led system.[46] The new system would be based on an estimated 3,500 annual arrivals and a first instance processing time of six months. It would comprise State-owned/provided accommodation in one or more centres for an initial three-month period, where wrap-around services would be provided on site. One such service would be an accommodation-matching service, which would work directly with local authorities, Approved Housing Bodies, NGOs and community volunteer groups to secure accommodation for applicants. After the initial three-month period, IPA would be integrated into the social welfare and housing support system, and directed into own-door accommodation sourced by the accommodation-matching service. The roll out of the new system would be administered through a whole-of-government approach, and was to come on stream in mid 2023. Even before the Day Report was published

in 2020, the Programme for Government 2020 contained a commitment to end DP and to develop the eventual recommendations of the Day Report into a White Paper.[47]

The **White Paper** was published in 2021 and contained an implementation plan based on the number of arrivals and processing time envisaged in the Day Report.[48] It outlined two phases of accommodation for IPA. In Phase One, applicants would be accommodated in one of six State-owned Reception and Integration Centres (RIC), for a maximum period of four months, during which they would receive a weekly allowance. The RIC would provide individual rooms for single people and own-door accommodation for families, both with self-catering options. The centres would be managed by a new International Protection Support Service and would be a one-stop shop for relevant services. In Phase Two, applicants would be dispersed to accommodation in the community and integrated into the social welfare system. The accommodation would comprise various strands: houses/apartments built/acquired by the State through approved housing bodies and managed by housing bodies or NGOs; buildings acquired by the State and repurposed through urban renewal schemes; hosting in the community, such as rent-a-room schemes; and private tenancies. IPA would be channelled into the strand most suited to their profile, with specialised accommodation for women victims of sexual and gender-based violence and victims of trafficking. The transition to the community would be coordinated by an inter-agency working groups established by local authorities.

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[45] Day Report, above n. 1.

[46] Ibid, p. 7.

[47] Government of Ireland, 'Programme for Government: Our Shared Future' (Department of the Taoiseach, 29 October 2020), at p 76.

[48] Government of Ireland, 'A White Paper to End Direct Provision and to Establish a New International Protection Support Service', 2021.

[49] See above n. 13.

[50] See above n. 14.

[51] See above n. 15.

Unfortunately, a number of unforeseen events then unfolded as previously described: the triggering of the EU Temporary Protection Directive in 2022 and the subsequent large scale arrival of people fleeing the war in Ukraine;[49] an exponential increase in the number of IPA from 2022 on;[50] and the deepening of an ongoing accommodation and homelessness crisis.[51] Given the simultaneous pressures of the Temporary Protection Directive, increased asylum applications, and the accommodation crisis, there was no realistic prospect of devolving responsibility for asylum accommodation to already over-stretched local authorities, leaving no viable short or medium-term alternative to DP. At the same time, there were not enough direct provision centres to accommodate IPA. Increasingly, IPAS had to rely on emergency accommodation for this and the Ukrainian cohort, often antagonising local communities by turning the last hotel in the town or a disused nursing home into a DP centre. This sparked a wave of protests against the opening of new accommodation centres by local communities, fuelled the emergence of far-right elements in Ireland and led to the overt politicisation of the asylum issue.[52] In December 2023, the government announced that it was no longer in a position to offer accommodation to single adult male IPA.[53] That policy has been the subject of a number of legal challenges before the Irish superior Courts and the Court of Justice of the EU for failure to comply with the 2013 recast RCD, interpreted in the light of the EU Charter of Fundamental Rights.[54]

In light of these new realities, the government adopted a **Comprehensive Accommodation Strategy** in 2024.[55] The strategy, which is to be fully delivered by 2028, is based on 13,000-16,000 estimated annual arrivals between 2024-2028. It effectively resiles from the previous commitment to abolish DP since it generally provides for accommodation in large congregated settings, set apart from the community. It envisages a blended model of accommodation, whereby up to 13,000 beds will be provided in State-owned Reception and Integration Centres (RIC) where IPA will stay for at least the first six months; and a mix of State-owned accommodation centres and existing IPAS centres 'at national standards' for the ensuing period. It appears, although it is not entirely clear, that the RIC and State-owned accommodation will be managed by specialist organisations. Up to 1,000 beds for 'vulnerable persons' will be provided in community accommodation owned by the State and operated in partnership with NGOs, 'at national standards'. Indeed, this is all that remains of the Phase Two accommodation in the community envisaged in the White Paper. Furthermore, depending on demand, there will be up to 11,000 beds in commercially-owned 'contingency accommodation', 'at national standards'; and up to 10,000 beds in commercially-owned 'emergency accommodation'.[56] There is no reference to the National Standards in respect of the latter. Hence, a possible 30% of the stock could comprise emergency accommodation which may not be subject to the National Standards. The innovation lies in the large-scale purchase by the State of

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[52] Ciara Smyth, 'Ireland's asylum debate has turned violent thanks to the spread of misinformation and disinformation', The Conversation, 24 January 2024: <*https://theconversation.com/irelands-asylum-debate-hasturned-violent-thanks-to-the-spread-of-misinformation-and-disinformation-221788*> [accessed 1 February 2025].

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[53] At the time of writing, there are 2,987 such people who are street homeless and 718 in tented accommodation. Statistics provided by the International Protection Accommodation Services (IPAS): <*www.gov.ie/en/campaigns/d9f43-international-protection-accommodation-services-ipas/*> [accessed 28 May 2025].

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[54] See above n. 31 and 40.

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[55] Department of Children, Equality, Disability, Integration and Youth, Comprehensive Accommodation Strategy for International Protection Applicants: <*https://www.gov.ie/en/department-of-children-disability-andequality/publications/updates-and-reports/*> [accessed 16 December 2025].

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[56] Ibid, see table at p. 5.

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[57] This motivation is reflected in the Programme for Government 2025.

commercial property, the repurposing of State-owned property and the use of fast methods of construction on State land. This will reduce (somewhat) the reliance on private-service providers and the politically sensitive use of 'the last hotel in the town' accommodation model.[57]

No sooner was the Comprehensive Accommodation Strategy produced, than the State opted into seven of the nine legislative measures of the EU Pact on Migration and Asylum, and signalled its intention to 'align' with the remaining two measures.[58] With a short two-year window to implement the new Pact measures, Ireland was required (and assisted by the European Commission) to develop a **National Implementation Plan** (NIP).[59] This plan, made publicly available in May 2025, asserts that it will follow an 'amended version' of the Comprehensive Accommodation Strategy. The division of beds between State-owned, and commercial (contingency and emergency) accommodation remains the same as described above. However, the two-stage RIC and Accommodation Centres foreseen in the Comprehensive Accommodation Strategy are no longer envisaged. Rather, all applicants will be transported to a Screening Centre for 7 days. Thereafter, those who apply for international protection will be channelled into one of four procedural 'pathways', each with corresponding accommodation and co-located services. Critically, reception standards will not be standardised, but will vary according to pathway. Pathway One is for IPA subject to the border procedure and this cohort will receive 'border procedure services'; Pathway Two is for those in standard and accelerated procedures and this group will receive 'standard needs services'; Pathway Three is for IPA considered inadmissible or being assessed for transfer under the AMMR (the new 'Dublin') and this group will receive 'basic needs services'; finally, Pathway Four is for unaccompanied minors and they are referred to Tusla. In addition, there will be in community accommodation for

vulnerable persons. Which of these types of accommodation will be State-owned and which will be commercial is not entirely clear, although since the NIP acknowledges that the screening, border and basic needs facilities will have to be located strategically close to border points, it seems likely that these forms of accommodation, at least, will be State-owned. The NIP makes no mention of the National Standards or HIQA, although an independent monitoring mechanism is required for screening centres and the asylum border procedure under EU law.

In summary, we can divide the attempts to reform DP into three broad phases. First, the McMahon Report and the National Standards attempted to make conditions in DP better. Second, the Day report and White Paper envisaged the complete abolition of DP and its replacement with a two-phase system of short-term State accommodation and in-community accommodation in State-owned property or private tenancies. Third, the Comprehensive Accommodation Strategy and NIP resiled from the complete abolition of DP, instead providing a blend of privately-owned commercial property and State-owned accommodation, with only vulnerable persons benefiting from in-community accommodation. Despite so much effort over a decade, the only reforms that have actually been implemented have been aspects of the McMahon Report, the adoption and implementation of the National Standards and the interim recommendation in the Day Report that HIQA oversee the National Standards – although this recommendation has not been implemented in emergency accommodation. This underscores the renewed importance of the National Standards when evaluating existing and future modes of accommodation. In this regard, it is important to emphasise that the proposed new system bears all the hallmarks of DP, with the notable difference that more accommodation will be owned by the State.

[58] See above n. 32 and n. 33, respectively.

[59] 'Government of Ireland, 'National Implementation Plan, Ireland: Implementation of the Pact on Migration and Asylum', 2025.

5. Literature Review

There is a rich repository of scholarly literature and NGO reports on DP spanning 25 years. There are also 10 years of government reports into the reform of the system – indicating that the State was relatively late to the discussion. There have been some important, if ad hoc, reforms of the system, relating, for example, to the right to work, to an increase in weekly allowance for IPA, to the introduction of the National Standards, to oversight by the Ombudsman and Ombudsman for Children, Tusla and HIQA. Nonetheless, the main themes in the literature remain constant, indicating that the key problems with DP remain stubbornly entrenched. While the sheer volume of scholarly and grey literature prohibits a systematic literature review, this section provides an overview of the main themes to emerge from the literature over the past 25 years, to the extent that they are still 'live'. Particular attention is paid to the National Standards and the literature post-dating their entry into force. The first theme is that of income poverty. Although this is not under the control of DP service providers, it sets the backdrop for an analysis of conditions in DP.

5.1 Income Poverty

A key and enduring theme in the literature is the income poverty faced by IPA in DP. IPA are excluded from most social welfare entitlements, such as the Social Welfare Allowance and Child Benefit. Rather, on the rationale that they receive bed and board in DP, they are entitled to only a modest daily expenses allowance (DEA) paid weekly, a medical card, the back-to-school allowance for parents with school-going children, and the possibility of applying for a discretionary exceptional-needs payment. The legal basis for this exclusion – which was only placed on a statutory footing in 2009 - was questioned as early as 2003,[60] and has been repeatedly analysed in the literature from a regulatory and human rights perspective.[61] Indeed, numerous reports over the years have highlighted the profound consequences of the exclusion in terms of absolute and relative poverty,[62] attendant physical and mental health problems,[63] and social exclusion.[64] These effects have been particularly acute for children, as detailed in section 5.5 below. The McMahon report made two key recommendations in this regard – neither of which was immediately taken up.

The first was that IPA should be allowed to access the labour market if they had not received a first instance decision within nine months. The right to work was eventually introduced in 2017, not as a result of this recommendation, but rather as a consequence of a Supreme Court judgment which found that the outright ban on IPA accessing employment was unconstitutional.[65] Following this,

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[60] See FLAC, 'Direct Discrimination? An Analysis of the Scheme of Direct Provision in Ireland', 2003.

[61] See, for example, Liam Thornton, 'Upon the Limits of Rights Regimes: Reception Conditions of Asylum Seekers in the Republic of Ireland' (2007) 24(2) Refuge: Canada's Journal on Refugees 86; Liam Thornton, 'The Rights of Others: Asylum Seekers and Direct Provision in Ireland' (2014) 3(2) Irish Community Development Law Journal 22; and Liam Thornton, 'Augmenting Social Welfare for Asylum Seekers in Ireland' (2020) 42(4) Journal of Social Welfare and Family Law 441.

[62] See Mary Manandhar et al., 'Food, Nutrition and Poverty Among Asylum Seekers in North-West Ireland', A collaborative study by the Health Service Executive – North Western Area and the Centre for Health Promotion Studies, National University of Ireland, Galway, with funding from Combat Poverty Agency, 2005.

[63] See Doras, 'Mental Health and Direct Provision: Recommendations for Addressing Urgent Concerns', 2020.

[64] See Bryan Fanning & Angela Veale, 'Child Poverty as Public Policy: Direct Provision and Asylum Seeker Children in the Republic of Ireland' (2004) 10(3) Child Care in Practice, 241.

[65] N.V.H. v Minister for Justice and Equality, [2017] IESC 35.

the State opted into the 2013 recast RCD, which mandates access to the labour market if there has been no first instance decision after 9 months. As a result, many IPA are now working,[66] although in 2020 the Day Report highlighted various hidden barriers to employment, such as difficulties in opening bank accounts in order to be paid, difficulties in getting a driving licence, non-recognition of qualifications and the remote location of some DP centres. Notably, only some of these problems have been remedied.[67] Working IPA may lose some or all of the DEA if their income is above certain thresholds.[68]

The second recommendation of the McMahon report was that the DEA – which was originally pitched at the level of a 'comfort payment' for people in State care and which had never been increased despite increases to social welfare payments and inflation – be effectively doubled in the case of adults and trebled in the case of children. However, the rates have only been increased once in the interim, and currently stand at €38.80 per week for an adult and €29.80 per week for a child – a fraction of the basic social assistance payment. The Day Report in 2020 found that, despite the increases, the allowance was still not enough and recommended that it be increased from January 2021 and regularly reviewed in line with the cost of living. The government White Paper in 2020 envisaged the introduction of an International Protection Child Payment, which would be pegged at the level of the Child Benefit, and

which would supplement the DEA. However, this was not introduced.

In a damning report in 2023, the Vincentian MESL Research Centre concluded that the DEA, combined with other benefits and in-kind goods and services received by families in DP, only meets half of the Minimum Essential Standard of Living (MESL) – a 'minimum basket of goods and services people need to live and partake in Irish society, at a standard of living which people agree no one should be expected to live below.'[69] Furthermore, that study found that if the International Protection Child Payment is introduced, household income will be boosted but will still fall significantly short of the MESL. The study pre-dated the announcement that working IPA will be required to contribute to the cost of DP on a pro-rata basis.[70] This will have a further detrimental impact on the standard of living in DP. In Budget 2024, 4.7m was allocated to establish the new International Protection Child Payment, but as noted by the Children's Rights Alliance Report Card 2025, this was not implemented.[71] Budget 2025 makes a similar commitment but it remains to be seen whether it will be implemented. Accordingly, the issue of poverty and social exclusion, which has been flagged since the earliest days of DP, continues to this day.

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[66] See Orla Ryan, 'Number of International Protection applicants working "has increased dramatically"' – CSO', Irish Times, 25 August 2025. However, it should be noted that most IPA are working in low-skills jobs and not necessarily in their area of expertise/qualification: see ESRI, 'Labour Market Integration of International Protection Applicants in Ireland', 2023. There are also concerns about IPA being subject to labour exploitation: Committee on Economic, Social and Cultural Rights, Concluding Observations to Ireland, 20 March 2024, E/C.12/IRL/CO/4, para. 27.

[67] See AIDA, above n. 5.

[68] Ibid.

[69] Hannah Boylan, 'Estimating the MESL Costs for Families in Direct Provision', Working Paper, Vincentian MESL Research Centre, 2023.

[70] See above, n. 11 and n. 12.

[71] Children's Rights Alliance, 'Report Card 2025'.

5.2 Physical Conditions in DP Centres

There are numerous reports and scholarly works on the poor physical conditions in DP. The private, for-profit model of reception in Ireland is a key causal factor, whereby the tension between the competitive tendering process and the need to make a profit incentivises service providers to cut costs.[72] Indeed, the correlation between private companies making large profits from DP and the impoverished conditions in DP, has long been observed in the literature.[73] A further contributory factor is reliance on stock that was designed for some other purpose – often short-stay holiday accommodation – and that is wholly inappropriate for housing high-needs individuals for protracted periods. The commitment in the Comprehensive Accommodation Strategy to move to a blended model of State-owned (purpose built, converted or pre-fabricated) accommodation, in conjunction with commercial accommodation is welcome, although, regrettably, less than half the accommodation will be State-owned.

In terms of precise physical conditions, overcrowding in DP remains a constant theme, with single people being required to share a bedroom with another resident or several other residents, and families being allocated a single room for the entire family.[74] The former leads to conflict between residents and exacerbates physical and mental health problems,[75] and the latter to the suppression of intimacy between parents or to children witnessing and in some cases modelling sexualised behaviour.[76] Both speak to a violation of the right to private and family life.[77] The issue of overcrowding became particularly problematic during Covid, because there was simply not enough space to allow for social distancing, and DP centres became 'super-spreaders'.[78]

The National Standards establish guidelines for bedroom space in Theme 4 (Accommodation), in line with Department of Housing, Planning and Local Government Guidelines. The guidelines require that bedrooms:

(a) Facilitates the range of activities likely to be carried out;
(b) Offers adequate floor space;
(c) Is well-proportioned in terms of footprint;
(d) Provides good-quality living environments for residents;
(e) Adequately accommodates appropriate furniture and equipment while allowing free circulation within that area;
(f) Receives sufficient natural light.

Furthermore, the National Standards – although the wording is somewhat ambiguous – seem to require that DP centres accommodating families provide one bedroom for the parents and other rooms for children 'in accordance with sleeping protocols for children/teenagers, as provided in the Housing Act 1966'.[79]

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[72] See Arpita Chakroborty and Virve Rebo, 'Carceralities and Approved Gender Violence: The Case of Direct Provision in Ireland' (2024) 14 Societies 12; See further, Ronit Lentin, 'Asylum Seekers, Ireland, and the Return of the Repressed' (2016) 24(1) Irish Studies Review 21.

[73] See, for example, FLAC, 'One Size Doesn't Fit All', 2009.

[74] See Doras, 'Mental Health and Direct Provision, Recommendations for Addressing Urgent Concerns', November 2020.

[75] See Doras, 'Experiences of Living in Direct Provision: A Case Study of Mount Trenchard Accommodation Centre', 2019.

[76] See Helen Uchechukwu Ogbu, Bernadine Brady and Louise Kinlen, 'Parenting in Direct Provision: Parents' Perspectives Regarding Stresses and Supports' (2014) 20(3) Child Care in Practice 256.

[77] See Irish Centre for Human Rights, 'Direct Provision's Impact on Children: A Human Rights Analysis', 2020.

[78] See Irish Refugee Council, '"Powerless", Experiences of Direct Provision During the Covid 19 Pandemic', 2020. See further, Fiona Murphy, 'Direct Provision, Rights and Everyday Life for Asylum Seekers in Ireland During COVID-19' 2021 10 Social Sciences 140.

[79] National Standards, above n. 25, Indicator 4.4.4 at p. 35.

However, there is huge variability between DP centres in terms of room size and quality and whether children sleep in the same room as their parents.[80] The provision of 'own door' accommodation, especially for families, is recommended in the McMahon Report, the Day Report and the White Paper, while the Comprehensive Accommodation Strategy envisages a limited number of in-community accommodation places for 'families and the most vulnerable'. Nonetheless, own-door accommodation is currently available only in about half of permanent DP centres.[81]

Another aspect of overcrowding relates to the variable quantity and quality of communal spaces in DP centres, including dining space, indoor and outdoor recreational space, meeting space, prayer/reflection space, and study/homework/afterschool spaces. Although, again, the National Standards set minimum requirements relating to all such spaces, the reality is that not all DP centres meet these requirements.[82] The lack of such spaces has profound consequences, not only for residents' quality of life, but also for self-advocacy and integration. Thus, the lack of unmonitored meeting spaces inhibits the residents from collectively organising and prevents

local support groups from coming into DP centres.[83] As discussed by Vuma, the lack of study space is challenging for residents in further education.[84] More worryingly still, in mixed DP centres, the sharing of communal spaces and lack of a 'safe space' has led to women being harassed by male residents and centre staff.[85] The prevalence of mixed centres is also problematic for vulnerable people, such as people who have experienced sexual violence and those who identify as LGBTIQ+.[86] This issue is further drawn out in the subsection on vulnerable persons below.

Aside from overcrowding, the literature reveals persistent issues with the state of upkeep and repair of some of the DP stock, with reports of dampness, infestations, broken furniture and competition between residents for access to basic facilities such as laundry services.[87] The dismal conditions have been vividly captured in photographic research.[88] Minimum standards relating to DP fixtures and fittings are set out in some detail the National Standards under Theme 4 (Accommodation). However, these standards are not consistently adhered to across DP centres.[89] Although there is limited scholarship or reports on

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[80] See generally HIQA, 2025, above n. 7. As a specific example, HIQA's inspections of the mobile home park in Athlone 'found some cases where children, including teenagers, were sharing a bedroom with a parent and in some of these cases, children and teenagers were sharing a bed with a sibling or a parent.' HIQA, Report of Inspection of an International Protection Accommodation Service Centre, Athlone Accommodation Centre, 2024, p. 7.

[81] See HIQA 2025, above n. 7.

[82] See for example, Doras, 2019, above n. 75.

[83] For an analysis of DP from the point of view of discipline and surveillance as migration management tools, see Dominic Hewson, 'All the Time Watched': An Analysis of Disciplinary Power within the Irish Direct Provision System (2022) 48(3) Journal of Ethnic and Migration Studies 676.

[84] Donnah S. Vuma, 'The Right to Education and Its Denial for International Protection Applicants in Ireland', MASI, 2024.

[85] See AkiDwA, 'Am Only Saying It Now: Experiences of Women Seeking Asylum in Ireland', 2010; AkiDwA, 'No Place to Call Home: Safety and Security Issues of Women Seeking Asylum in Ireland', Stakeholder Survey Report, 2012; and Arpita Chakraborty and Virve Repo, above n. 72.

[86] See Doras, 2020, above n. 74. See further, the 2023 Concluding Observations of the Human Rights Committee to Ireland, in which the committee drew particular attention to the issue of overcrowding in DP and its impact on LGBTIQ+ persons: Human Rights Committee, Concluding Observations to Ireland, 26 January 2023, CCPR/C/IRL/CO/5, paras 37 & 38.

[87] See generally, HIQA, 2025, above n. 7.

[88] Visit The Asylum Archive: >https://www.asylumarchive.com> [accessed 10 October 2025]. See further, Zoe O'Reilly, '"Living Liminality": Everyday Experiences of Asylum Seekers in the "Direct Provision" System in Ireland' (2018) 25(6) Gender, Place & Culture 821.

[89] See generally, HIQA, 2025, above n. 7.

conditions in emergency accommodation centres, it does seem clear that conditions in such centres are worse than those in permanent accommodation centres. This is suggested by research into analogous accommodation for beneficiaries of temporary protection,[90] and by anecdotal evidence provided to NGOs.[91]

5.3 The Policy of Dispersal and Access to Services

Prior to the introduction of DP in 2000, most IPA stayed in the vicinity of Dublin for the duration of their applications. However, the introduction of DP was accompanied by a policy of dispersal, whereby IPA can be sent to an urban, suburban, town, village or remote countryside location. The combination of segregated, congregated living and dispersal is highly problematic. Several commentators have drawn attention to the historical echoes of Ireland's carceral approach to IPA, whereby people are contained and managed apart from society for lengthy periods.[92] This is reminiscent of the State's treatment of other previously unwanted groups, such as the destitute in famine workhouses; unmarried mothers in Magdalene Laundries and mother and baby homes; 'wayward' children in reformatories and industrial schools; and people with mental health problems, people with intellectual disabilities, those deemed socially deviant and 'problematic' family members – often women – in mental asylums and psychiatric hospitals. On this analysis, the DP phenomenon is just the latest State attempt to deal with an unwanted community in a congregated, institutionalised setting – often one that is remotely located.

The location of DP centres can also mitigate or compound the issue of overcrowding, discussed above, with rural and isolated centres being particularly problematic.[93] Remotely located centres impair residents' ability to access services, such as health care, education, community services, religious services, shops, employment opportunities and supports, legal services and NGOs and – critically for those who have received status – housing supports. While issues about the quality of such services are outside the scope of this report since they do not pertain directly to DP, the issue of access to such services from DP centres is pertinent.[94] The National Standards address this issue in Theme 7 (Individual, Family and Community Life), providing in Standard 7.2 that the service provider must ensure that such services are accessible to residents 'where necessary through the provision of a dedicated and adequate transport.' However, transport remains a problem in many DP centres.[95] On the other hand, the creation of Local Authority Integration Teams since 2023, tasked with liaising between IPA and community services, is a welcome development aimed at ensuring that all 31 local authorities across Ireland play a role in supporting IPA.

5.4 Food

The issue of food in DP is an ongoing, critical problem. Although the issue had been considered in the literature since the early days of DP as part of a larger poverty analysis,[96] the first report

[90] See Doras, 'Room to Improve: A Look at Accommodation Centres in Ireland and the Experiences of Ukrainian Beneficiaries of Temporary Protection, 2024.

[91] See Irish Refugee Council, 'Accommodation Crisis 2022: Response and Recommendations', 2022.

[92] See Steven Loyal and Stephen Quilley, 'Categories of State Control: Asylum Seekers and the Direct Provision and Dispersal System in Ireland' (2016) 43(4) Social Justice, 69. See further, Ronit Lentin, above n. 72.

[93] See Doras, 2019, above n. 75.

[94] On the quality issue, see AIDA, above n. 5.

[95] Ibid.

[96] See Fanning and Veale, above n. 64; Manandhar et al, above n. 62; Combat Poverty Agency, 'Working Paper 06/01', 2006; AkiDwA 2010, above n. 85; Doras Luimní and Irish Refugee Council 'Joint Submission on Ireland's Third Periodic Report under the International Covenant on Economic, Social and Cultural Rights', 2011; and Samantha Arnold, 'State Sanctioned Poverty and Exclusion', Irish Refugee Council, 2012.

dedicated to the issue was published in 2014.[97] Barry's 'What's food got to do with it?', which was based on empirical research in three DP centres in Cork, outlined how:

• Food provided in DP is not satisfactory;
• Food does not represent the cultural and multi-faith religious needs of asylum seekers living in Direct Provision centres;
• The food system in Direct Provision has a negative impact on families and children who are residents of Direct Provision centres;
• Food is perceived as one part of a broken Direct Provision system that needs to be changed;
• Food system in Direct Provision centres is negative for the health of asylum seekers.[98]

Food, catering and the lack of self-catering options was also a major theme to emerge from the consultations conducted as part of the McMahon Working Group in 2014. As a result, Theme 5 of the National Standards (Food, Catering and Cooking Facilities) addresses the issue, establishing two basic standards: one requiring accommodation centres to make available self-catering facilities, in the form of self-contained units or communal kitchens; the other establishing standards regarding catered food, including 'access to a varied diet that respects [residents'] cultural, religious, dietary, nutritional and medical requirements'. Despite these standards, 11% of permanent DP centres have no communal kitchen, providing only a catered service; the size, number and location of communal kitchens in some centres is problematic and some do not have enough utensils; and there is a continued problem with food quality in some centres.[99]

5.5 Children and Parenting in DP

The most prevalent issue in the literature on children and parenting in DP is the issue of child poverty. Fanning and Veale analysed the impact of living in DP on children through the lens of child poverty and social exclusion in 2004, noting that children in DP suffered not only from income poverty but from a lack of socially-acceptable material resources.[100] In their 2014 qualitative study on parenting in DP, Ogbu et al. found that parents were under extreme financial stress and lacked the money to provide for their children's essential and social needs – something the children became increasingly aware of as they got older.[101] Reference has already been made to the exclusion of children in direct provision from Child Benefit. This issue was taken up in a major report into the experiences of families and children living in DP by the Irish Refugee Council in 2023.[102] The report explored children's needs and the impact of living in economic vulnerability, noting that 'the denial of Child Benefit payments to these children is not merely a matter of equality and human rights; it is a pressing concern that directly impacts the well-being, integration and social development of vulnerable children and families'.[103] Income poverty is exacerbated by the physical

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[97] Keelin Barry, 'What's Food Got To Do With It? Food Experiences of Asylum Seekers in Direct Provision', Nasc, 2014.

[98] Ibid.

[99] See generally, HIQA 2025, above n. 7.

[100] Fanning and Veale, above n. 64.

[101] Ogbu et al, above n. 76. See further, Submission to the McMahon Working Group received from Ms Maeve Foreman, Assistant Professor in Social Work, School of Social Work and Social Policy, Trinity College Dublin and Dr Muireann Ní Raghallaigh, Lecturer in Social Work, School of Applied Social Science, University College Dublin and endorsed by the Irish Association of Social Workers, 2015.

[102] Sara Sid, 'Living in International Protection Accommodation, Exploring the Experiences of Families and Children in Direct Provision', Research Paper commissioned by the Irish Refugee Council, 2023.

[103] Ibid, p 53.

conditions in direct provision. Numerous reports have attested to the lack of child-friendly spaces in DP, the remote locations of some centres, which are unsupported by a transport service, the limited participation of children in educational and extra-curricular activities and the consequent social isolation of children in DP.[104] Indeed, children themselves have identified the strangeness of their lives in DP as a principal concern.[105] However, this is not to say that children in DP have no agency in navigating their immediate environment or wider society.[106] It is also worth repeating that conditions for children in DP vary enormously between centres, with some centres managing to create a child-friendly and outward-looking environment.[107] Nonetheless, it is reasonable to conclude that the conditions in DP are generally inimical to children's full participation in the community. Indeed, in 2020, the Irish Centre for Human Rights analysed the conditions in direct provision from the point of view of the rights of the child, concluding that they violated numerous rights of the child, including the right to privacy, the right to education, the right to an adequate standard of living and the right to health.[108] In the same year, following

an extensive consultation with 73 children from nine different centres, the Office of the Ombudsman for Children made remarkably similar findings.[109] In the words of the Ombudsman:

"The findings presented here are quite stark. Within their accommodation centres, lack of space and privacy were often cited as problems, with children reporting that there cameras everywhere, and that their rooms were often entered and examined by staff with no notice. All of this prevented the children from feeling that they lived like their Irish peers.[110]

A compounding factor is the length of time spent in the asylum system, with some children spending a significant part of their childhood in DP.[111] Until recently, this could be attributed to delays in the processing of international protection applications;[112] latterly, it can also be attributed to the difficulties in exiting DP after a positive decision, owing to a lack of accommodation in the community.[113]

Another problem for children – and their parents – is the congregated nature of DP settings. A 2014

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[104] Contrast for example, the following two Irish Refugee Council reports produced 10 years apart but containing similar findings: Samantha Arnold, 2012, above n. 96; and Irish Refugee Council, 'Tight Spaces – An Exploration of the Direct Provision System', 2022.

[105] See Department of Children and Youth Affairs, 'Report of DCYA Consultations with Children and Young people Living in Direct Provision', 2016. See further, Ombudsman for Children's Office, 'Direct Division: Children's Views and Experiences of Living in Direct Provision', 2020.

[106] For an account of children's ability to navigate DP and their broader community, see Allen White, '"Every Wednesday I am Happy": Childhoods in an Irish Asylum Centre' 2012 18 Population, Space and Place, 314.

[107] See generally, HIQA, 2025, above n. 7. See Chapter 3 for specific examples of centres with good practice in this regard.

[108] Irish Centre for Human Rights, above n. 77. See further the Concluding Observations of the Committee on the Rights of the Child to Ireland in 2023, which raises a host of issues relating to child poverty and social deprivation. Committee on the Rights of the Child, Concluding Observations to Ireland, 28 February 2023, CRC/C/IRL/CO/5-6.

[109] Ombudsman for Children's Office, 'Direct Division' above n. 105.

[110] Ibid, p. 3.

[111] In its synthesis report of its various visits to DP centres in 2024, HIQA reported that 18% of the children who completed the HIQA questionnaire had been in DP for more than 5 years. HIQA, 2025, above n. 7.

[112] Irish Refugee Council, '"Hanging on a Thread", Delays in the Irish Protection Process', 2021.

[113] Muireann Ní Raghallaigh, Maeve Foreman and Maggie Feeley, 'Transition from Direct Provision to Life in the Community, The Experiences of Those who have been Granted Refugee Status, Subsidiary Protection or Leave to Remain in Ireland', 2016.

study found that a consequence of children sharing a room with their parents was inappropriate, sexualised behaviour by some children.[114] Furthermore, the limited places for children to play meant that they played in each other's rooms or in communal spaces, where their parents had no control over the environment or their children's exposure to other adults. Parents in the study complained of inappropriate disciplining of their children by DP centre management. The difficulties of parenting in DP are compounded by the social exclusion of parents, both from their usual support networks and from community life in Ireland. It is well established that developing social networks is crucial in order to receive support, develop resilience and adapt to life in DP. However, the very nature of DP militates against this, exacerbating mental health and parenting challenges. Several studies have examined the role of local community services in counteracting State-sanctioned exclusion, particularly community childcare, which can be an integration tool for parents, as well as children.[115] These studies call for greater resourcing of culturally competent community services. In a positive development, in 2024, 17 family-support practitioners were allocated to work with families in DP and emergency accommodation centres across a number of areas, including parenting and youth programmes.[116]

Perhaps the most concerning issue about children in DP is that of child safeguarding and protection.

This has been a consistent theme of human rights monitoring mechanisms, both domestic and international.[117] In 2020, the above-mentioned Irish Centre for Human Rights study devoted a chapter to these issues.[118] It noted a statutory gap in child safeguarding and oversight in emergency accommodation, a lack of Tusla (the Child and Family Agency) involvement in the oversight of DP centre management, a lack of transparent vetting procedures for staff and inadequate training for DP and emergency accommodation staff on child protection and rights.

In 2021, the National Standards – which address many of these issues under Theme 8 (Safeguarding and protection) – entered into force. That same year, the Office of the Ombudsman for Children (OCO) investigated IPAS and Tusla compliance with statutory child safeguarding obligations in both permanent DP and emergency accommodation settings.[119]

It highlighted deficiencies with regard to the IPAS duty to inspect accommodation where children reside; the IPAS duty to ensure effective access to an independent internal complaints' procedure; and IPAS and Tusla duties relating to the protection and welfare of children in family accommodation. In 2023, the OCO followed up, finding that progress had stalled or regressed since its investigation.[120] Of particular concern was the fact that HIQA inspections are confined to permanent DP Centres,

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[114] Ogbu et al., above n. 76. See further Ni Raghallaigh et al., ibid.

[115] Nicola Dolan and Catherine Sherlock, 'Family Support through Childcare Services: Meeting the Needs of Asylum-seeking and Refugee Families' (2010) 16(2) Child Care in Practice 147. See further, Lisa Moran Sheila Garrity, Caroline McGregor & Carmel Devaney, 'Hoping for a Better Tomorrow: A Qualitative Study of Stressors, Informal Social Support and Parental Coping in a Direct Provision Centre in the West of Ireland' (2019) 25(4) Journal of Family Studies 427. For an analysis of the impact of direct provision accommodation on organisation

[116] See Children's Rights Alliance, above n. 71.

[117] See, for example, Conor O'Mahony, 'Annual Report of the Special Rapporteur on Child Protection', 2022; and Committee on the Rights of the Child, Concluding Observations to Ireland, 1 March 2016, CRC/C/IRL/CO/3-4, Section I.

[118] Irish Centre for Human Rights, above n. 77.

[119] Office of the Ombudsman for Children, 'Safety and Welfare of Children in Direct Provision, An Investigation by the Ombudsman for Children's Office', 2021.

[120] Office of the Ombudsman for Children, 'Safety and Welfare of Children in Direct Provision, Special Report', 2023.

which leaves emergency accommodation with no oversight. Also in 2023, Tusla conducted a Child Safeguarding Statement Section Compliance review of IPAS accommodation.[121] Unfortunately, the review does not distinguish between permanent DP centres and emergency accommodation although both were considered to fall within the scope of the review. Nonetheless, Tusla found multiple shortcomings in the standard of child safeguarding statements in DP centres and in the level of understanding of what it takes to implement those standards. On the latter point, Tusla was at pains to point out its own lack of powers of enforcement or compellability.

These various reports indicate that, despite the introduction of the National Standards, there are serious child-protection concerns about DP. This is consistent with what HIQA found in its inspections in 2024, with the Head of Programme for IPAS in HIQA observing that 'the system of ensuring that all personnel are appropriately vetted that is currently in place requires review at the national level.'[122] Perhaps unsurprisingly, the Children's Rights Alliance gave the government an 'E' grade in 2025, down from a 'D' grade in 2024 on the issue of children in DP.[123]

5.6 Special Reception Needs/Vulnerability Assessments

The negative impact of DP on persons with special reception needs/vulnerable persons has been well documented in the literature and comprehensively addressed in all government reports. The literature discusses the needs of specific vulnerable cohorts but tends to lack an intersectional dimension, whereby different vulnerabilities intersect to compound relative disadvantage. This is a notable gap in the scholarship.

The experience of women IPA in mixed centres has already been noted, with allegations of sexual violence and harassment made against other residents, accommodation staff and men in the wider community.[124] The (mis)use of DP to accommodate suspected victims of trafficking – who may or may not makes claims for international protection – has been raised many times, with specific concerns expressed about accommodating victims of trafficking in mixed centres and without access to specialist services.[125] The failure to formally identify victims of trafficking while in the asylum process is also a long-standing issue.[126]

The unique vulnerability of children in DP has already been discussed. These concerns relate to children accompanied by their parents, since unaccompanied minors are fortunately dealt with outside the DP system. However, there is an issue about unaccompanied minors who turn 18 during the international protection process. These young adults are transferred from Tusla-provided care or foster care to DP, where they may not receive after-care support. Ni Raghallaigh and Thornton have explored the concept of DP as 'aftercare', noting the extreme vulnerability of aged-out IPA, as depicted by the young people themselves and by key stakeholders.[127] This issue was taken up by the Day Report, with a

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[121] Tusla, Child Safeguarding Sector Compliance Review, International Protection Accommodation Services (IPAS), 2023.

[122] HIQA 2025, above n. 7, p. 7 (emphasis added).

[123] Children's Rights Alliance, above n. 71.

[124] See AkiDwA, 2010 and 2012, above n. 85 and Chakraborty and Repo, above n. 72.

[125] See, for example, Irish Human Rights and Equality Commission, Policy Statement on System of Direct Provision, 2014; Immigrant Council of Ireland, 'The Need for Gender-Specific Accommodation for Sexually Exploited, Trafficked Women', Submission to the Oireachtas Joint Committee on Justice and Equality, 2019'; and Joint Committee on Justice and Equality, 'Report on Direct Provision and the International Protection Application Process', 2019.

[126] For the latest criticism in this regard, see Committee on the Elimination of Discrimination Against Women, Concluding Observations to Ireland,10 July 2025, CEDAW/C/IRL/CO/8, para 29.

recommendation that aged-out separated children remain under the care of Tusla and in foster care until the final determination of their asylum claim. However, that recommendation has not been implemented.

In 2021, the Disability Federation of Ireland made a submission to the DEDCIY in order to inform the White Paper on the issue of persons with disabilities in DP.[128] It noted that DP not only exacerbates and complicates existing disabilities, but creates new disabilities owing to a degradation in the physical and mental health of residents.[129] The literature also draws attention to the impact of the policy of dispersal on people with specific health needs, including victims of torture and those suffering from PTSD.[130] Other research has drawn out the vulnerabilities of LGBTIQ+ persons in DP, who are susceptible to harassment and abuse by other residents and centre staff.[131] Notably, the Comprehensive Accommodation Strategy envisages allocating 1,000 accommodation places in the community for 'families and the most vulnerable'. How this figure was arrived at is unclear.

In order to respond to vulnerability, it is first necessary to identify the vulnerable person. The issue of identification is dealt with in all the government reports from 2014 to today and reflected in some detail in Theme 10 (Identification,

assessment and response to special needs) of the National Standards. The standards establish a two-way conduit between the Department of Justice and Equality (now the DJHAM) and service providers to identify, assess and respond to special needs. Indeed, since Ireland opted in to the 2013 Recast Reception Conditions Directive in 2018, it is under a legal obligation to assess all IPA in order to identify applicants with listed special reception needs and to indicate the nature of such needs. This must be done 'within a reasonable period of time after an application for international protection is made' (30 days per the Reception Conditions Regulations, which transpose the directive into Irish law) and also 'if they become apparent at a later stage in the asylum procedure'.[132]

However, no vulnerability assessment mechanism was put in place – an issue that drew serious criticism from the Joint Oireachtas Committee on Justice and Equality in 2019.[133] In 2021, a pilot vulnerability assessment tool was introduced in one of the initial reception centres in Dublin and later expanded to all newly-arrived and existing IPA in the country.[134] However, in March 2024, the pilot was suspended, reportedly because of the large increase in asylum applications, and no further vulnerability assessments took place until November of that year. At that point, vulnerability assessments were sub-contracted to a

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[127] Muireann Ni Raghallaigh and Liam Thornton, 'Vulnerable Childhood, Vulnerable Adulthood: Direct Provision as Aftercare for Aged-Out Separated Children Seeking Asylum in Ireland' (2017) 37(3) *Critical Social Policy* 386.

[128] Disability Federation of Ireland, 'Submission to the Department of Children, Equality, Disability, Integration and Youth, Review of Direct Provision', 2021.

[129] See further, Doras, 2019, above n. 75.

[130] Ni Raghallaigh et al., 2016, above n. 113.

[131] Doras, 2020, above n. 74.

[132] 2013 Recast Reception Conditions Directive, above n. 23, Article 22.

[133] Joint Committee on Justice and Equality, 2019, above n. 125. See also, Concluding Observations of the Committee on the Elimination of Racial Discrimination to Ireland, 12 December 2019, CERD/C/IRL/CO/5-9, para. 35.

private service provider, which began to tackle the backlog.[135] It should be noted that the new recast RCD (2024), which is due to be transposed into Irish law by June 2026, sets higher standards on vulnerability assessments than the current recast RCD.[136] In light of present realities, it is doubtful that these standards will be met.

5.7 Management, Quality Standards and Oversight

A major concern with DP is the extreme variability in standards between DP centres, reflecting shortcomings in governance and predicating residents' experience on the personality and management style of the manager and his/her team. This variability was illuminated in the McMahon consultation process, and the subsequent report detailed a culture of surveillance and monitoring in some centres, restrictions on residents' privacy and freedom of movement, the lack of an independent complaints procedure, the strategic use of involuntary transfers to control residents who complain, agitate or are perceived as troublesome, a lack of appropriate skills and experience in centre management, deficits in child safeguarding and standards, and a lack of awareness of the needs of vulnerable persons.[137] Similar findings are made in the literature. For example, Hewson has vividly documented techniques of surveillance and control by centre managers in an attempt to subdue and discipline residents.[138] A more recent issue to emerge, since IPA were given the right to work and the right to access third level education, has been the denial of requests to transfer to another DP centre.[139]

In an attempt to standardise the management of DP centres, the National Standards address many of these issues in detail in Theme 1 (Governance, Accountability and Leadership); Theme 2 (Responsive workforce); Theme 3 (Contingency planning and emergency preparedness); aspects of Theme 4 (Accommodation) and, in particular, Standard 4.8 which relates to proportionate and non-invasive security measures and limitations on the use of CCTV; Theme 6 (Person-centred care and support) and, in particular, Standard 6.2 which relates to privacy safeguards and the rule that residents' rooms can only be entered with prior notification to and consent from residents, other than in cases of emergency; and Theme 8 (Safeguarding and protection), which also includes policies and procedures relating to children.

However, as observed by HIQA, the National Standards do not appear to be well known by DP centre managers.[140] Nor do the National Standards appear to form part of the tendering process or the contract with DP service providers.[141]

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[134] For analysis of the tool from a disability rights perspective, see Keelin Barry, 'The Vulnerability Assessment Tool and Disability in Direct Provision: Submission to Minister O'Gorman and Minister Rabbitte', Irish Centre for Human Rights and Centre for Disability Law and Policy, University of Galway, 2021.

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[135] AIDA, 2025, above n. 5.

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[136] 2024 recast RCD, above n. 34, Chapter IV. Committee on the Elimination of Discrimination Against Women, Concluding Observations to Ireland,10 July 2025, CEDAW/C/IRL/CO/8, para 29.

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[137] McMahon Report, above n. 42.

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[138] Dominic Hewson, above n. 83. See further, Donnah S. Vuma, above n. 84.

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[139] See, for example, Ombudsman, 'Annual Report 2024', 2025. One of the authors of the present report can attest to the difficulties the University of Galway has had in disbursing University of Sanctuary Scholarships to IPA scholars outside the Galway area because of obstacles to transfer.

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[140] In its review of its inspections in 2024, HIQA noted that 'just under half (43%) of service providers had low levels of understanding of the regulatory framework within which they operated. This meant that these service providers could not always meet their legal requirements or fully comply with national standards as they did not have the knowledge or expertise to do so at the time of inspection. These were centres where overall compliance levels with many of the national standards assessed were generally low.' HIQA 2025, above n. 7, pp 44, 45.

The IPAS inspection programme, whereby centres are inspected (unannounced) three times a year, is not based on the National Standards. The reports of the inspections are largely a tick-box exercise with no narrative and no critical analysis.[142] In any event, only 'designated' accommodation centres are inspected and a mere 46 of 320 IPAS centres (14%) are 'designated' for inspection.[143] In such a context, the HIQA inspections of permanent DP centres, introduced in 2024, provide a crucial layer of oversight. The HIQA reports have been instrumental in revealing the continued disparity in standards between different DP centres, as the analysis in Chapter 3 reveals. However, again, it is important to reiterate that HIQA inspections do not extend to emergency accommodation – something that has led to calls for the urgent appointment of an inspector.[144]

In the absence of systematic monitoring and oversight, it falls to residents to complain and self-advocate. IPAS runs clinics in all centres, whereby residents can discuss issues with IPAS staff. There is also a formal complaints mechanism, comprising four stages – a verbal complaint to the centre manager, a written complaint to the centre manager, a written complaint to IPAS and an appeal to either the Ombudsman or the Ombudsman for Children.[145] The fourth stage was added in 2017, following a High Court ruling in 2014 that the complaints procedure was unlawful as it did not satisfy the

requirement of independence or impartiality.[146] Since then, both ombudsman's offices have conducted outreach visits to acquaint their staff with the issues in DP and to facilitate the making of complaints by residents. However, there is some suggestion that the Ombudsman offices are not adequately resourced to fully acquit their mandates.[147]

Of perhaps even greater concern, is the highly individualised nature of the above complaints procedure, where the burden is placed on the individual (victim) to expose wrongdoing. It is not realistic to expect everyone with a grievance – regardless of their personal circumstances or vulnerabilities – to lodge a formal complaint. Indeed, as described by Hewson, many residents internalise the above-mentioned culture of surveillance and control, and refrain from complaining for fear of how it might interfere with their asylum claim. Although Hewson acknowledges that this eventuality is unlikely, he underscores that 'the important point is not whether an individual is being observed and judged, rather that they believe themselves "all the time watched" and modify their conduct accordingly.'[148] While it is not the contention that the individual complaints procedure is not worthwhile, nonetheless, in order to be effective, it must operate alongside – and not instead of – more systematic monitoring tools.

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[141] A sample contract is provided on the IPAS website but dates from 2016 and thus pre-dates the National Standards: <*https://www.gov.ie/en/ international-protection-accommodation-servicesipas/publications/sample-contracts/*> [accessed 11 November 2025].

[142] See <*https://www.gov.ie/en/international-protection-accommodation-services-ipas/publications/ipasinspection-reports/*> [accessed 11 November 2025].

[143] See <*https://www.gov.ie/en/international-protection-accommodation-servicesipas/publications/inspections-and-clinics/*> [accessed 11 November 2025].

[144] Irish Refugee Council, 2022, above n. 91.

[145] See https://assets.gov.ie/static/documents/ipas-information-booklet-english-04be08cc-a9a2-4d94-8eac-4d68056b203b.pdf [accessed 11 November 2025].

[146] C.A. & anor., above n. 30. For academic commentary, see Liam Thornton, 'C.A. and T.A.: The Direct Provision Case' (2014) 1(4) Irish Journal of Family Law 116.

[147] For example, between 2018 and 2021, the Office of the Ombudsman published an annual report on its engagement with the DP sector. These reports abruptly ceased in 2021 and now information on DP is limited to a short section in the annual report. As regards the Office of the Ombudsman for Children, that office was forced to suspend its regular complaints-outreach visits to DP centres in July 2023 due to a lack of resources and reportedly now can 'only visit centres where serious concerns are reported to us': Jack Horgan Jones, 'Children's ombudsman stopped visiting asylum seekers due to budget cuts', Irish Times, July 31 2025.

[148] Hewson, above n. 83, p. 688.

6. Conclusion

The analysis in this chapter indicates that Direct Provision is not a temporary or peripheral system but rather a deeply-embedded mode of reception that, for a quarter of a century, has been marked by overcrowding, poverty, lack of autonomy, inadequate safeguards for vulnerable groups, and weak oversight. Despite successive reform initiatives, the literature shows that change has been incremental at best, cynical or rhetorical at worst, and that many of the same critiques first voiced in the early 2000s remain as relevant today as they were then. The persistence of these systemic shortcomings underscores the need to examine not only what has been promised but what is actually delivered in practice. The chapters that follow take up this challenge. Chapter 3 provides a review of HIQA inspection reports of permanent DP centres. Chapter 4 explores the lived experiences of people in Direct Provision through peer-led focus groups, and presents findings from a national survey that capture the voices of residents living in uninspected emergency accommodation. Chapter 5 turns to the perspectives of key informants, offering a critical view from a variety of statutory and non-statutory personnel who work with or provide services to people living in DP. Across Chapters 3, 4 and 5, the emerging themes are triangulated with the literature reviewed here, ensuring that our analysis is firmly grounded in both documentary evidence and lived experience through qualitative research. Together, these strands converge in Chapter 6, where we draw overarching and cross-cutting conclusions and set out recommendations for meaningful and realistic reform.

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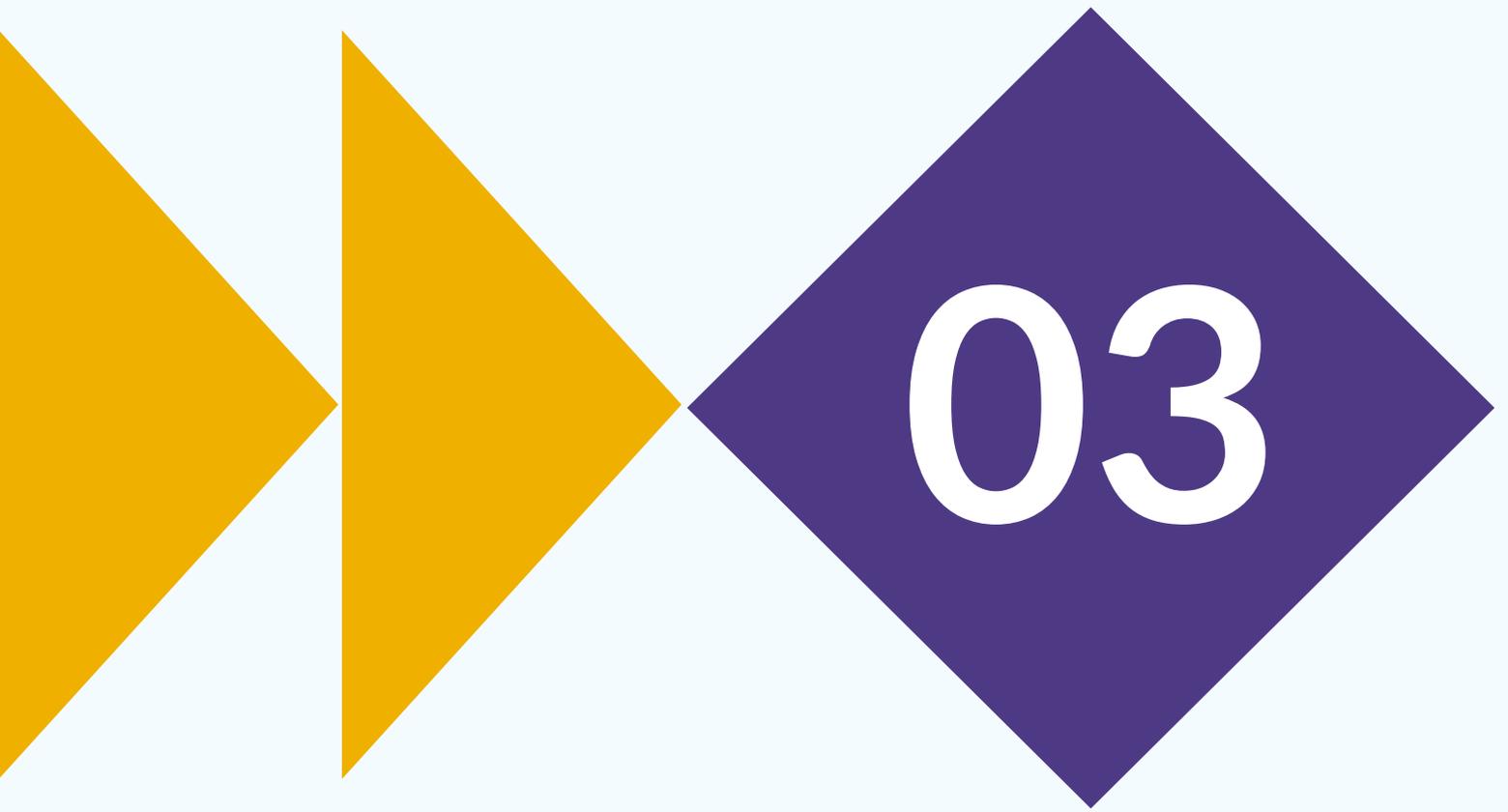
A Review of HIQA inspection reports

Chapter 3
A Review of HIQA inspection reports

1. Introduction

HIQA began inspecting permanent IPAS centres in 2024, carrying out 60 inspections of 51 centres in that first year. HIQA synthesised the findings of these reports in its publication 'Monitoring of International Protection Accommodation Service Centres in 2024', which is extensively referred to in the literature review.[150] 2025 marked the second year of the HIQA inspection regime for permanent IPAS accommodation. HIQA produced 48 reports in 2025 relating to 38 centres.[151] In advance of a possible HIQA synthesis report relating to 2025, this chapter adds value to the information already in the public domain by conducting a thematic synthesis and pie chart visualisation of the 48 reports produced in 2025

(section 3.2). This is followed by a 'snapshot' pie chart comparison of the 2025 data with the data for 2024 extrapolated from HIQA's 'Monitoring of International Protection Accommodation Service Centres in 2024' (section 3.3). This chapter serves several purposes: to add nuance and the latest data to the discussion relating to permanent IPAS centres in the literature review; to track progress in compliance with the National Standards from 2024 to 2025; together with the literature review, to provide a backdrop for subsequent chapters, which investigate conditions in emergency IPAS accommodation; and to make a case for the extension of the HIQA remit to all IPAS accommodation.

2. HIQA's methodology and the methodology used in this chapter

2.1.1 HIQA's methodology

It is important to reiterate that HIQA is only entitled to inspect premises which have the contractual status of permanent IPAS centres; emergency accommodation centres (which may temporarily include formerly permanent IPAS centres which are out of contract but still functioning and awaiting a new contract) are excluded from the remit of HIQA. To put this in context, at the time of writing 260 emergency

accommodation centres accommodating 25,568 IPA fall outside the HIQA inspection regime.[152]

HIQA's methodology is explained to service providers in four key documents HIQA published in 2024.[153] It can also be gleaned from HIQA's 'Monitoring of International Protection Accommodation Service Centres in 2024' and from individual inspection reports.

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[150] HIQA, 'Monitoring of International Protection Accommodation Service Centres in 2024', 2025.

[151] See <https://www.hiqa.ie/reports-and-publications/inspection-reports> [accessed 08/01/2026]. Notably, some of these reports relate to inspections conducted in 2024 – a complication that is discussed below.

[152] See *https://assets.gov.ie/static/documents/0ea709da/IPAS_Weekly_Report_we_04_01_2026.pdf* [accessed 14 January 2026].

[153] HIQA, 'Assessment-Judgment Framework for the Monitoring of International Protection Accommodation Service Centres', 2024; HIQA, 'Guidance on the Assessment-Judgment Framework for the Monitoring of International Protection Accommodation Service Centres', 2024; HIQA, 'A Guide to Monitoring of International Protection Accommodation Service Centres', 2024; HIQA, 'Self-Assessment Questionnaire and Quality Improvement Tool for International Protection Accommodation Service Centres', 2024.

HIQA carries out monitoring (short-term announced and unannounced) inspections of permanent IPAS centres. It also conducts targeted inspections in response to information received, including unsolicited complaints, indicating a risk to residents. Many centres are now in the third or fourth round of inspections, and each inspection builds on the findings from previous inspections. HIQA employs a triangulated inspection methodology, combining multiple sources of evidence to assess whether standards are met in practice. Inspectors conduct onsite inspections of accommodation centres, during which they directly observe living conditions, including bedrooms, communal areas, catering facilities, safety features and overall maintenance. Inspectors speak with residents, often informally and in private, to understand lived experience, access to services, safety concerns, food provision and complaints handling. Inspectors also interview centre managers and staff to assess governance arrangements, staffing capacity, training, safeguarding awareness and emergency preparedness. Furthermore, inspectors undertake a documentary review, examining policies, procedures, staff files, training records, complaints logs, incident records, risk registers and emergency plans and procedures. Findings are reached by weighing and cross-checking these evidence sources. In 2024, HIQA added to these results by reporting on the outcome of a large survey which allowed adults and children to provide feedback on a range of issues including safeguarding, complaints processes, management of the centre, food and catering, rights, education, play, and accommodation conditions.

When conducting inspections, HIQA uses as a benchmark the 10 themes set out in the National Standards, each of which comprises between one and nine discrete standards, thus yielding a potential 40 standards to be evaluated. The themes and standards are set out in the next section. However, for operational reasons, HIQA has whittled down the standards to 28 'core' standards.[154] Nonetheless, not all of the core standards are evaluated in every inspection.[155] And conversely, HIQA does sometimes inspect for and report on non-core standards.[156] Following each inspection, HIQA produces a report according to a set template. The report opens with basic data about the centre and information about the inspection, before moving on to an account of 'What residents told us and what inspectors observed'. This is followed by a section on the centre's Capacity and Capability, which includes a judgment on compliance with the standards under Themes 1-3, as well as a section relating to the centre's Quality and Safety, which includes a judgment on compliance with Themes 4-10. The centre is judged to be 'Compliant', 'Substantially Compliant', 'Partially Compliant' or 'Not Compliant' with each standard inspected. Appendix 1 of the report comprises a summary table of compliance, and the report concludes with a detailed compliance plan drawn up by the service provider.

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[154] See HIQA 2025, above n. 1, Appendix 1.

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[155] For example, in the inspections reported on in 2025, in respect of 'core' Standard 1.3, which relates to the existence of a residents' charter, only 37/48 inspections reported on this standard. While some of the omissions are understandable (for example, child-specific standards will only be inspected in centres that contain children), others can be questioned. However, this issue lies outside the scope of this report.

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[156] For example, HIQA's 'Monitoring of International Protection Accommodation Service Centres in 2024' shows that non-core Standards 1.5, 2.2, 4.2, 4.3 and 4.5 were inspected and reported on. This was the same in the reports published in 2025, with the addition of non-core Standard 7.3 and the omission of core Standard 10.5.

2.1.2 The methodology used in this chapter

The upcoming section (3) contains a standard-by-standard synthesis of the findings from the 48 HIQA reports released in 2025, illustrated by pie charts and select examples. Data was manually extracted from Appendix 1 of each report and entered into a compliance table.[157] The compliance table was inputted into an AI tool for the sole purpose of generating the pie charts, which were individually cross-checked by the authors. The accompanying text, which contains commentary on the data and illustrative examples to showcase each finding, was drafted by the authors after surveying all 48 reports. The subsequent section (4) presents a 'snapshot' pie chart comparison between the 2025 data and the 2024 data extrapolated from HIQA's 'Monitoring of International Protection Accommodation Service Centres in 2024.' Data was manually extracted from this report and entered into a compliance table, identical in format to the 2025 compliance table. The 2024 and 2025 compliance tables were processed through an AI tool to generate pairs of pie charts and an accompanying one-sentence summary. Each summary was reviewed and edited by the authors. All commentary was drafted by the authors.[158]

A number of limitations to the methodology used in this chapter should be noted. Firstly, there is some overlap between the data extrapolated from HIQA's 'Monitoring of International Protection Accommodation Service Centres in 2024' and the 48 reports that HIQA produced in 2025. This is because the latter include some reports on inspections conducted in 2024.[159]

This may reflect the time-lag between when the inspection was conducted and when the report was published – a gap that is no doubt necessitated by the fact that the service provider must complete the compliance plan in the report. Indeed, HIQA may well publish some further reports on inspections conducted in 2025 in early 2026, after the research for this report has come to a close.[160] Accordingly, if HIQA produces a second synthesis report of its monitoring activities in 2025, deference should be given to the data in that report. Secondly, HIQA's 'Monitoring of International Protection Accommodation Service Centres in 2024', from which the data for 2024 was extracted, gives percentage figures for compliance but not the number of centres (n) which were inspected for each standard. By contrast, when extracting the data for the 2025 cohort, the authors generated the compliance rate as a percentage of the number of centres (n) inspected for each standard. Therefore the 2025 data is more nuanced and may not be fully comparable to the 2024 data. Nonetheless, it is submitted that the methodology adopted here is sufficiently accurate to paint a general picture of trends.

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[157] Columns: Standard, Compliant, Substantially Compliant, Partially Compliant, Not Compliant, Total (n); Rows: 40 standards.

[158] Accordingly, an AI tool was used only for data visualisation and basic summarising, but not for data extraction or analysis. See Alduais, A., Qadhi, S., Chaaban, Y., & Khraisheh, M. 'Utilizing Generative AI Responsibly and Ethically for Research Purposes in Higher Education: A Policy Analysis' (2025) 51(3-4) *Serials Review*, 120.

[159] When prompted for IPAS inspection reports by year, the HIQA website produces 48 reports for 2025, but 17 of these relate to inspections conducted in 2024. Similarly, when prompted for 2024, HIQA's website produces 41 reports, whereas in its 'Monitoring of International Protection Accommodation Service Centres in 2024', it alludes to 60 inspections in 2024 (unidentified).

[160] The cut-off for this research is 31 December 2025.

3. Synthesis of HIQA inspection reports produced in 2025

This section synthesises the findings from the 48 HIQA inspection reports produced in 2025, which pertain to 38 centres.[161] Compliance is assessed thematically, standard-by-standard, and the general trend under each standard is illustrated by one or more representative examples. This is to ensure that the narrative remains rooted in the practice on the ground and avoids being overly abstract.

Theme 1:
Governance, Accountability and Leadership

Standard 1.1

The service provider performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect residents living in the accommodation centre in a manner that promotes their welfare and respects their dignity.

● Compliant

● Substantially Compliant

● Partially Compliant

● Not compliant

27%
21%
27%
25%

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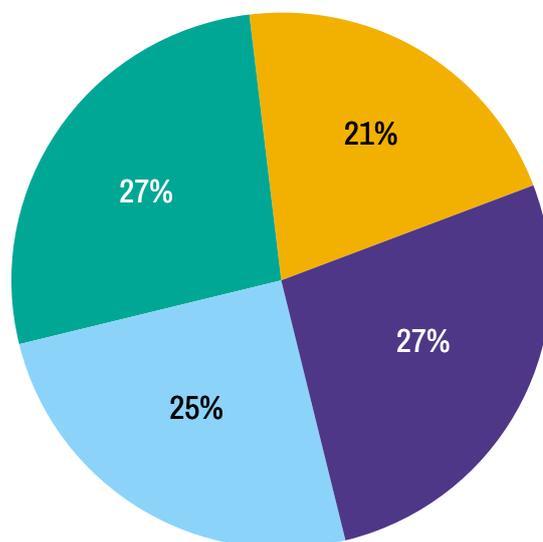
[161] Eight Centres which were inspected twice: Athlone Accommodation Centre, Co. Westmeath; Atlas House, Killarney, Co. Kerry; Didean Portlaoise, Co. Laois; the Eglinton Hotel, Galway; Glenvera Hotel, Co Cork; Milligan Court, Co. Sligo; Viking House, Co. Waterford and Johnston Marina, Co. Kerry. One centre. Knockalisheen, Co. Clare, was inspected three times.

This standard was assessed in all 48 reports. 13 centres (27%) were found to be compliant, 12 centres (25%) were substantially compliant, 13 centres (27%) were partially compliant, and 10 centres (21%) were not compliant. In other words, slightly over half of centres inspected in 2025 were found to be compliant or substantially compliant with this standard. There was also some evidence of improved practice following previous inspections. For example, Johnston Marina, Co. Kerry, which was visited in September 2024, was found to have made significant improvements when re-inspected in July 2025.[162] HIQA found that management demonstrated improved understanding of its statutory and policy obligations and had developed centre-specific policies to support residents, although these were not always in full alignment with national policy. Nonetheless, a significant minority of centres were found to be partially compliant or non-compliant with regulatory requirements. For example, Atlantic Lodge in Co Kerry was found to be not compliant: the management team did not have a full understanding of regulatory requirements and although residents were treated with respect in the centre, management lacked awareness of their obligation to notify safeguarding incidents to HIQA.

Standard 1.2

> The service provider has effective leadership, governance arrangements and management arrangements in place and staff are clearly accountable for areas within the service.

- ● Compliant
- ● Substantially Compliant
- ● Partially Compliant
- ● Not compliant

This standard was assessed in all 48 inspections reported on in 2025. 11 centres (23%) were found to be compliant, 11 (23%) were substantially compliant, 21 (44%) were partially compliant, and 5 (10%) were not compliant. Accordingly, less than half the centres were compliant or substantially compliant with this standard. The Eglinton Hotel in Salthill, Galway provides a clear example of compliance difficulties. HIQA visited the centre in January 2025 and again in June 2025. As noted in the first report, the governance arrangements in place were not adequate to ensure appropriate oversight of incidents, risks, complaints and safeguarding concerns; management systems under development were not fully effective; and the system for maintaining records and managing complaints required improvement. However, by the second visit, remedial action had not been comprehensively taken and indeed the verdict went from partially compliant to not compliant.

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[162] Johnston Marina was actually inspected three times: in February and September 2024 and July 2025. However, the February 2024 report was published in 2024 and hence falls outside the scope of this section.

Standard 1.3

There is a residents' charter which accurately and clearly describes the services available to children and adults living in the centre, including how and where the services are provided.

● Compliant

● Substantially Compliant

● Partially Compliant

5%

16%

79%
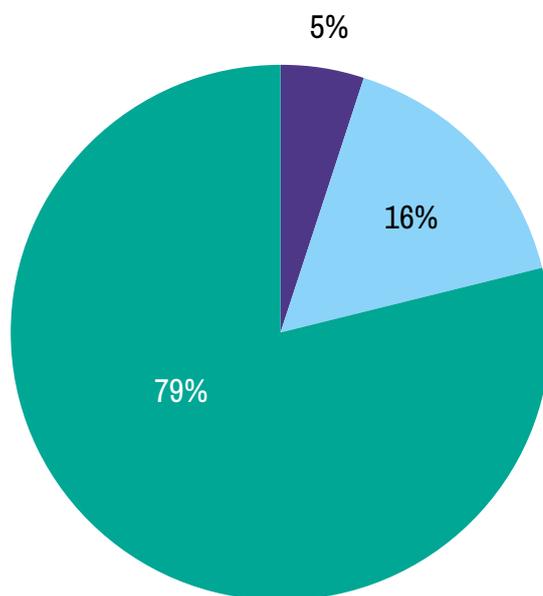
The existence of a residents' charter was assessed in 37 of 48 reports. Since a residents' charter is one standard that is relatively easy to comply with, it is submitted that HIQA should inspect all centres for compliance with this metric. Of the 37 centres assessed for this, 29 centres (78%) were found to be compliant, 6 (16%) were substantially compliant, 2 (5%) were partially compliant, and no centre was found to be non-compliant. An example of good practice in this regard was Milligan Court, Co Sligo, where a residents' charter was made 47 available in seven languages and was explained by the manager to new residents on arrival. The charter also provided important information on the complaints process and reassurance that personal information would be treated confidentially.

Standard 1.4

The service provider monitors and reviews the quality of care and experience of children and adults living in the centre and this is improved on an ongoing basis.

● Compliant

● Substantially Compliant

● Partially Compliant
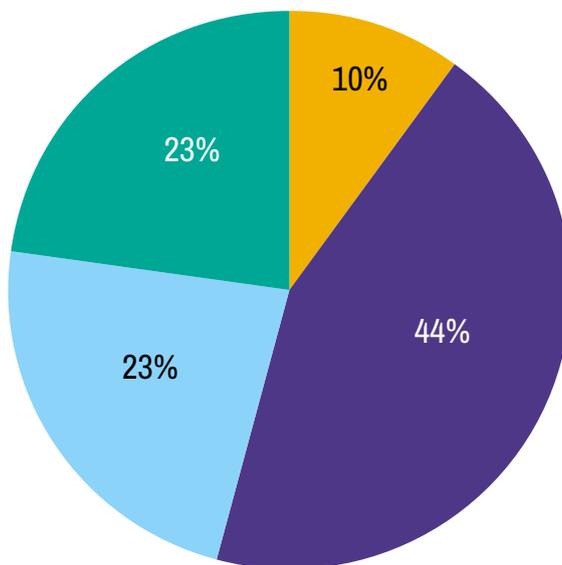
● Not compliant

9%

21%

28%

43%
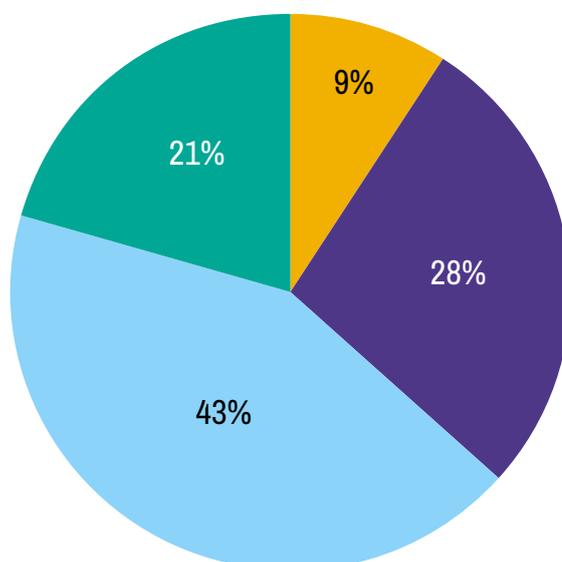
This standard was assessed in 47 of 48 inspections: 10 centres (21%) were found to be compliant, 20 centres (43%) were substantially compliant, 13 centres (28%) were partially compliant, and 4 centres (9%) were not compliant. An example of good practice was Glenvera House, Cork, where the provider had put arrangements in place to monitor and review the quality of the service, with recording and reporting systems that supported the use of relevant and up-to-date information. Although only 4 centres were not compliant, it is worth giving an example of poor compliance given the importance of this standard. In Mosney, Co. Meath, there was a lack of systemic monitoring and review of residents' experiences, and key moments in which this information gap might have been identified and remedied, such as audits, service improvement plans and annual reviews, had not been completed.

Standard 1.5

Management regularly consult residents on their views and allow them to participate in decisions which affect them as much as possible.

- Compliant
- Substantially Compliant
- Partially Compliant

53%

35%

12%

This standard, which is not designated as a 'core standard' by HIQA, was assessed in 17 of 48 reports, with the following breakdown: 9 centres (53%) were compliant, 6 (35%) were substantially compliant, 2 centres (12%) were partially compliant and no centre was found to be non-compliant. An example of substantial compliance with this standard was Viking House, Co Waterford, which had mechanisms in place to gather residents' feedback and had 48 undertaken a resident survey with plans to introduce more regular and formal engagement structures to ensure issues were identified and addressed in a timely manner.

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Theme 2:
Responsive Workforce

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Standard 2.1

There are safe and effective recruitment practices in place for staff and management.

- Compliant
- Substantially Compliant
- Partially Compliant
- Not compliant
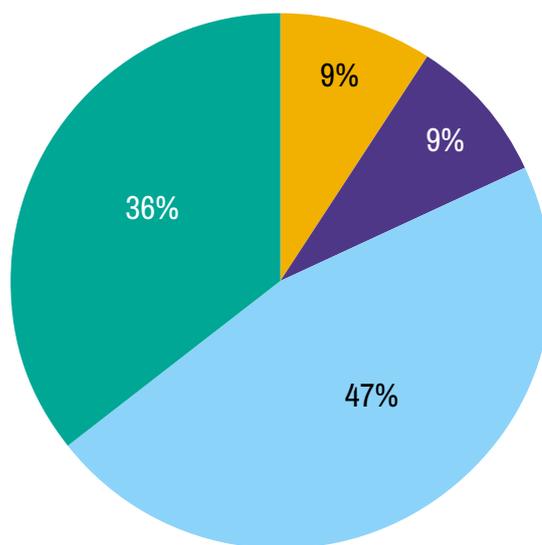
This standard was assessed in 45 of 48 reports: 16 centres (36%) were compliant, 21 (47%) were substantially compliant, 4 (9%) were partially compliant, and 4 (9%) were not compliant. Thus, the vast majority of centres were compliant. An example of this was Davis Lane Apartments in Co. Cork, where HIQA found that the centre was adequately staffed with experienced and competent staff, that there were safe and effective recruitment practices and that all staff had up-to-date garda vetting and international police checks in place.

Standard 2.2

Staff have the required competencies to manage and deliver person-centred, effective and safe services to children and adults living in the centre.

- Compliant
- Substantially Compliant
- Partially Compliant
- Not compliant
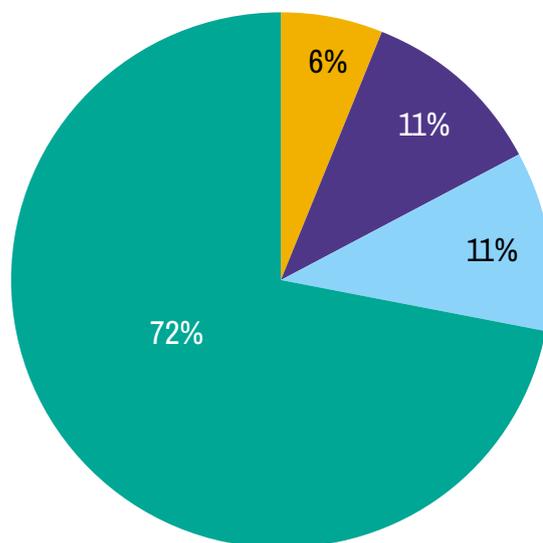
This standard, which is not designated as a 'core standard' by HIQA, was assessed in 18 of 48 reports as follows: 13 centres (72%) were compliant; 2 (11%) were substantially compliant; 2 (11%) were partially compliant and just 1 centre (6%) was not compliant. In other words, the vast majority of centres were either compliant or

substantially compliant with this standard. An example of good practice was Glenvera Hotel in Co. Cork. When inspected in May 2025, staffing levels were found to be adequate and flexible to respond to need. Staff were well trained and competent and overall a safe and high quality service was provided to residents.

Standard 2.3

Staff are supported and supervised to carry out their duties to promote and protect the welfare of all children and adults living in the centre.

- ● Compliant
- ● Substantially Compliant
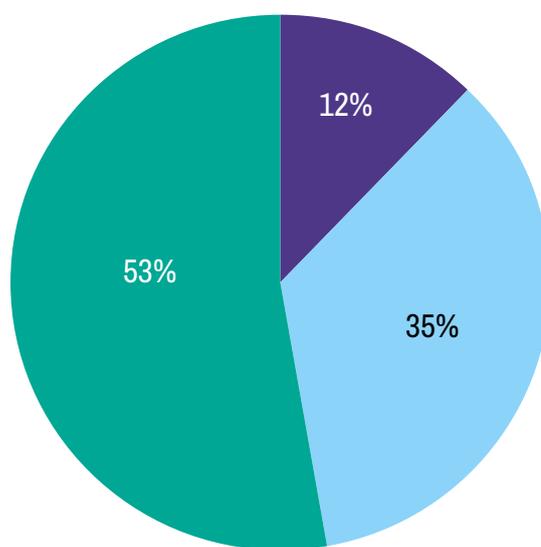- ● Partially Compliant
- ● Not compliant
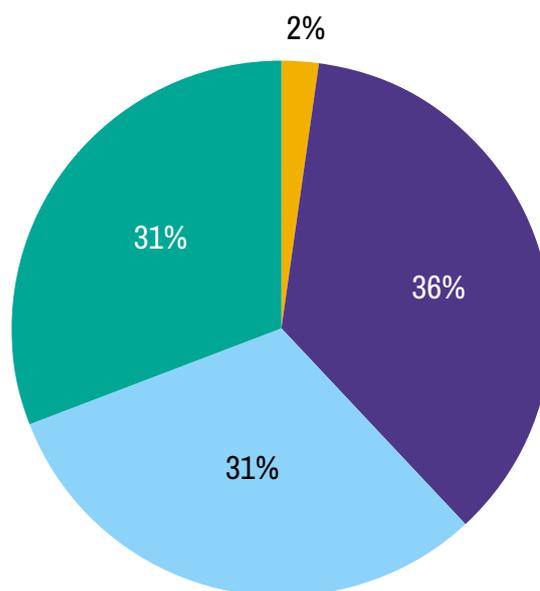
This standard was assessed in 45 of 48 inspections. 14 centres (31%) were found to be compliant, 14 centres (31%) were substantially compliant, 16 centres (36%) were partially compliant and just 1 centre (2%) was not compliant. An example of good practice was seen in Belbulben Court, Co Sligo. The provider had recently introduced regular staff supervision and had begun meeting with all staff, with plans in place to continue this practice. Staff understood their roles in supporting and safeguarding residents and reported feeling well supported by the centre manager. An example of the 16 centres that were only partially compliant was Slaney Court Apartments in Co. Wicklow, where it was found that no formal supervision arrangements were in place at the time of the inspection.

Standard 2.4

Continuous training is provided to staff to improve the service provided for all children and adults living in the centre.

- ● Compliant
- ● Substantially Compliant
- ● Partially Compliant
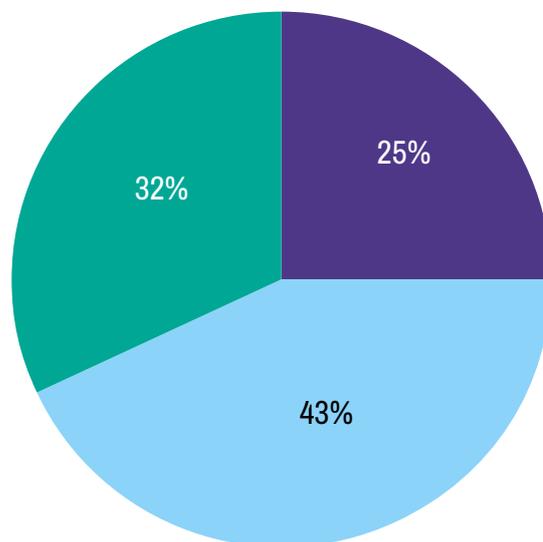
This standard was assessed in 44 of 48 reports: 14 centres (32%) were deemed to be compliant, 19 (43%) were substantially compliant, 11 (25%) were partially compliant; and no centre was found to be not compliant. An example of a compliant centre was Ocean View House in Co. Waterford, where it was found that staff had received specific training in key areas such as adult safeguarding, child protection and mental health awareness. An example of a partially compliant centre was Atlas House, Killarney, Co Kerry. Although a training matrix was used to record mandatory and completed training, oversight of staff training requirements was limited. Thus, role-specific training gaps were identified, including among kitchen staff, and the absence of a formal training needs analysis meant that these gaps had not been systematically identified or addressed.

Theme 3:
Contingency Planning and Emergency Preparedness

Standard 3.1

The service provider will carry out a regular risk analysis of the service and develop a risk register.

- ● Compliant
- ● Substantially Compliant
- ● Partially Compliant
- ● Not compliant
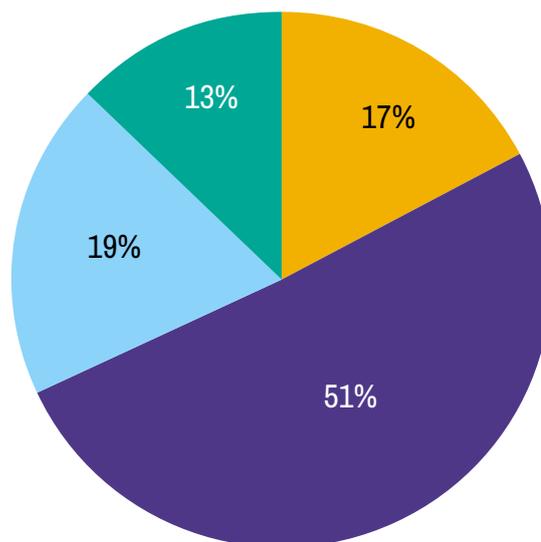
Theme 3 comprises just one extremely important standard: that of undertaking a regular risk analysis and maintaining a risk register. This standard was assessed in all 48 reports. HIQA found that 6 centres (13%) were compliant, 9 (19%) were substantially compliant; 25 (52%) were partially compliant, and 8 (17%) were not compliant. Put differently, a significant majority of centres (69%) were only partially compliant or not compliant with this standard. An illustrative example of the shortcomings in this regard is provided by the fourth HIQA inspection report of Knockalisheen, Co. Clare. This was a focused inspection in response to issues of persistent non-compliance. The report noted that the centre's risk management arrangements were ineffective, with risks not consistently identified, recorded, escalated

or managed in a timely way. Although some controls had been put in place, significant and longstanding risks – including fire safety concerns, tended accommodation and deteriorating premises – were not recorded or adequately assessed. In particular, the absence of a comprehensive fire safety risk assessment meant key risks remained unaddressed. Similarly, in Dominick Street Complex in Galway, HIQA found that the risk management framework was 'not effective'. The risk register omitted some risks, incidents had occurred that had not been risk assessed, risk ratings were inconsistent and residents had not been consulted on the risk register. Furthermore, although regular fire drills were carried out, most staff members had not completed fire safety training.

Theme 4:
Accommodation

Standard 4.1

The service provider, in planning, designing and allocating accommodation within the centre, is informed by the identified needs and best interests of residents, and the best interests of the child.

- ● Compliant
- ● Substantially Compliant
- ● Partially Compliant
- ● Not compliant
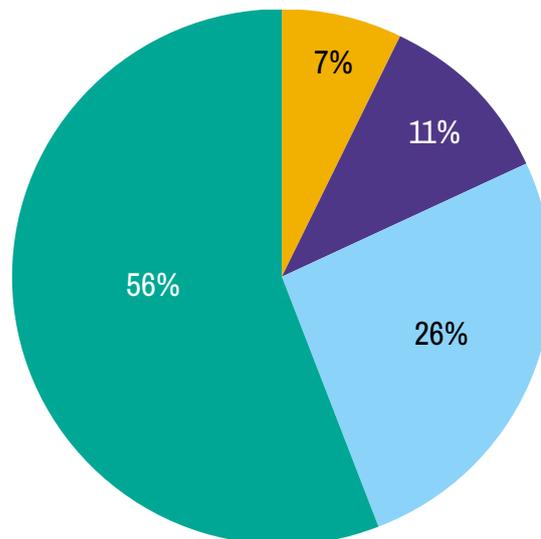
This standard was assessed in 46 of 48 reports: 26 centres (56%) were found to be compliant, 12 (26%) were substantially compliant, 5 (11%) were partially compliant, and 3 (7%) were judged to be not compliant. Accordingly, the majority of accommodation centres were deemed to be compliant or substantially compliant. For example, Didean Portlaois, Co Laois was compliant in the way it allocated accommodation to residents and was found to be responsive to residents' needs and requests to change their accommodation.

Standard 4.2

The service provider makes available accommodation which is homely, accessible and sufficiently furnished.

- ● Compliant
- ● Substantially Compliant
- ● Partially Compliant
- ● Not compliant

This standard, which is not considered by HIQA to be a 'core standard', was assessed in 25 of 48 reports, with the following breakdown: 6 centres (24%) were compliant, 6 (24%) were substantially compliant, 8 (32%) were partially compliant, and 5 (20%) were not compliant. Accordingly, the majority of centres assessed on this standard were only partially or non-compliant. An example of non-compliance is Athlone Accommodation Centre in Co.Westmeath. This is a mobile home park which, residents acknowledged,

allowed them to live independently and enjoy private and family life. Nonetheless, inspectors found that despite the refurbishment and upgrading of the mobile homes, many were substandard, with bedrooms that did not meet the minimum size requirements set out in the National Standards and such limited storage space that families had to compromise on seating to store essential items, like buggies. There was also limited space for children to study.

Standard 4.3

> The privacy, dignity and safety of each resident is protected and promoted in accommodation centres. The physical environment promotes the safety, health and wellbeing of residents.

- ● Compliant
- ● Partially Compliant
- ● Not compliant
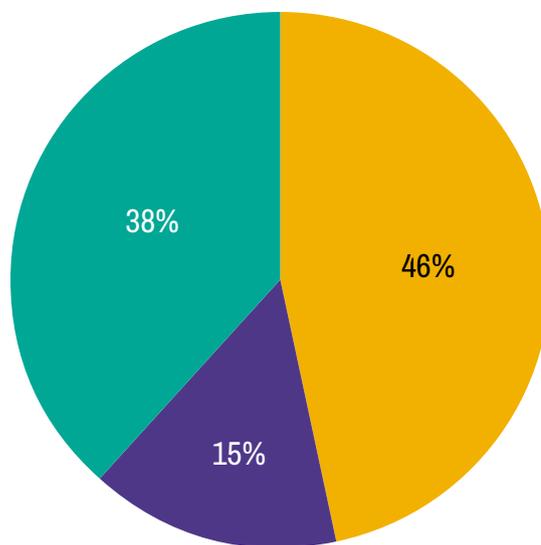
This important standard was not regularly reported on by HIQA, being assessed in only 13 of 48 reports. Of the centres inspected the breakdown was as follows: 5 centres (38%) were compliant, 2 centres (15%) were partially compliant, and 6 centres (46%) were not compliant. Put differently, the largest finding was one of non-compliance. There were some stark examples of non-compliance. For example, in Clonakilty Lodge, Co. Cork, which otherwise scored well in the inspection, inspectors were notified of and observed the presence of pests in one of the bedrooms at the centre and there were issues of safety concerning the first floor windows.

Standard 4.4

The privacy and dignity of family units is protected and promoted in accommodation centres. Children and their care-givers are provided with child friendly accommodation which respects and promotes family life and is informed by the best interests of the child.

● Compliant

● Substantially Compliant

● Partially Compliant
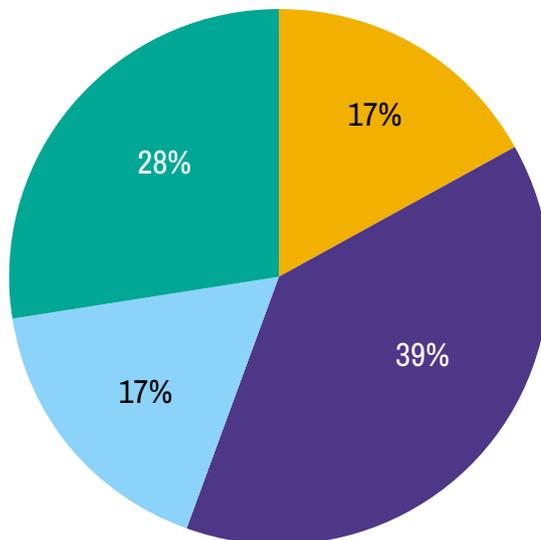
● Not compliant

This standard was assessed in 36 of 48 reports: 10 centres (28%) were found to be compliant, 6 (17%) were substantially compliant, 14 (39%) were partially compliant and 6 (17%) were not compliant. Accordingly, 56% of centres inspected for this standard were found to be not compliant or only partially compliant. An example of poor practice was provided by The Towers, Co. Dublin, where inspectors found that children shared bedrooms with parents or older siblings of different genders, which impacted the privacy and dignity of the families and was contrary to the sleeping protocols of the Housing Act 1966. These sleeping arrangements had not been identified by the centre as potential risks.

Standard 4.5

The accommodation centre has adequate and accessible facilities , including dedicated child-friendly, play and recreation facilities.

● Compliant

● Substantially Compliant

● Partially Compliant

● Not compliant

This standard, which is not deemed to be a 'core standard' by HIQA, was assessed in only 18 of 48 reports. 13 centres (72%) were found to be compliant, 3 (17%) were substantially compliant, 1 (6%) was partially compliant, and 1 (6%) was not compliant. Accordingly, the vast majority of centres were considered compliant. For example, in Mosney, Co Meath, the management provided appropriate and safe play and recreational facilities for children. This was helped by the fact that the grounds were ideal for recreation, walks and cycling. Similarly, in Kinsale Road Accommodation Centre, Co. Cork, the centre manager had overseen a programme of renovations, which included the addition of a new sensory room, a mother and toddler room and a play area in the dining room to enable parents to eat while supervising their children. There was also age appropriate toys and games and Wi-Fi throughout the centre.

Standard 4.6

The service provider makes available, in the accommodation centre, adequate and dedicated facilities and materials to support the educational development of each child and young person.

- Compliant
- Substantially Compliant
- Partially Compliant
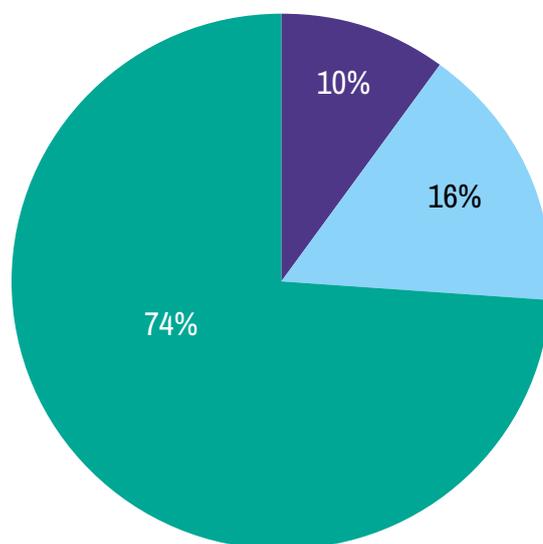
Assessed in 31 of 48 reports, this standard was complied with or substantially complied with in the vast majority of centres. Thus, 23 centres (74%) were compliant, 5 (16%) were substantially compliant; 3 (10%) were partially compliant and no centre was not compliant. An example of good practice is Ashbourne House, Co. Cork, where there was found to be an onsite creche, a dedicated space for a homework club, access to Wi-Fi and computers, support for parents to secure school places and transport to and from school. Notably, all children in the centre of school age were in full-time education.

Standard 4.7

> The service provider commits to providing an environment which is clean and respects and promotes the independence of residents in relation to laundry and cleaning.

● Compliant

● Substantially Compliant
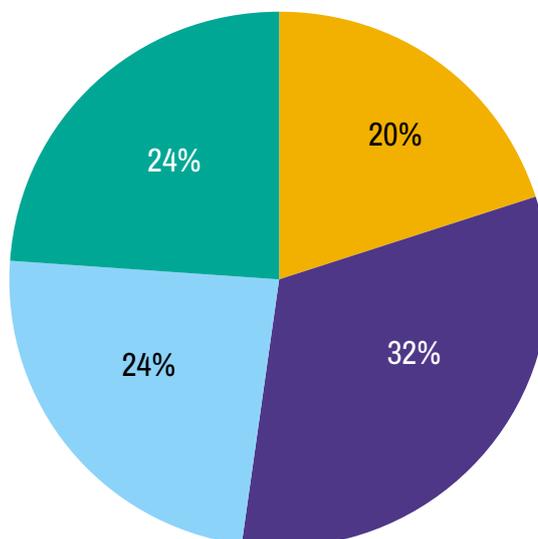
● Partially Compliant

● Not compliant

2%
5%
7%
86%
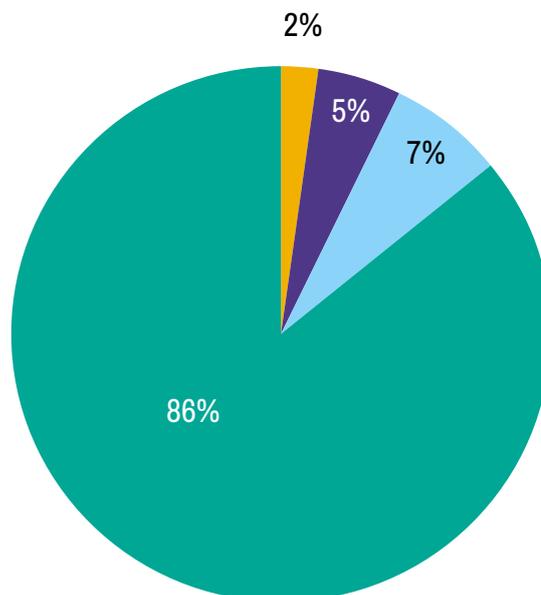
This standard was assessed in 44 of 48 reports: 38 centres (86%) were deemed to be compliant, 3 (7%) were substantially compliant, 2 (5%) were partially compliant, and just 1 (2%) was not compliant. Therefore, this standard had a high overall level of compliance (86%). A typical example was Atlas House Killarney, Co Kerry. Systems were in place to maintain cleanliness and upkeep of the centre, which was observed to be well maintained and orderly. Residents had access to shared laundry facilities with sufficient washing and drying equipment, and cleaning materials were provided on arrival and made available on an ongoing basis within the centre.

Standard 4.8

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

● Compliant

● Substantially Compliant

● Partially Compliant

● Not compliant

2%
5%
15%
78%

This standard was assessed in 41 of 48 reports: 32 centres (78%) were compliant; 6 (15%) were substantially compliant, 2 (5%) were partially compliant, and just 1 (2%) was not compliant. Therefore, the vast majority of centres assessed for this standard were largely compliant. The one finding of non-compliance relates to HIQA's May 2025 inspection of Knockalisheen. It noted that security arrangements at the centre were not adequate to keep residents consistently safe and requested the provider to urgently put in place a proper security plan to address risks to residents' safety,

wellbeing and safeguarding. By its next inspection in June, Knockalisheen was deemed to be substantially compliant with this standard. The provider had improved security in the centre and addressed issues raised in earlier inspections. Oversight had increased through new procedures and reporting arrangements, helping staff respond more quickly to concerns, and a further review of security was underway at the time of inspection. This is an example of the importance of repeat, targeted inspections.

Standard 4.9

> The service provider makes available sufficient and appropriate non-food items and products to ensure personal hygiene, comfort, dignity, health and wellbeing.

- ● Compliant
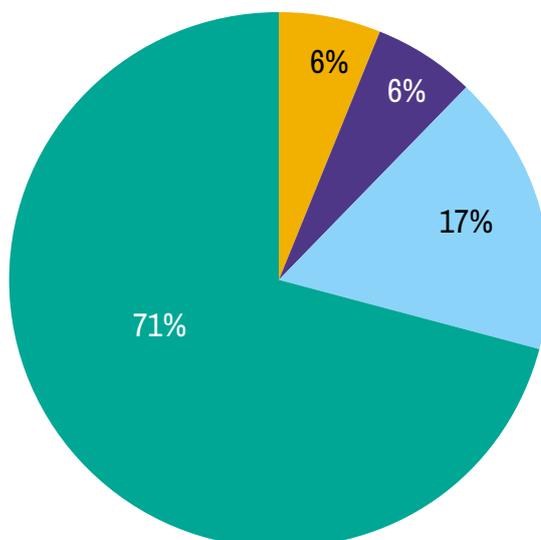- ● Substantially Compliant
- ● Partially Compliant
- ● Not compliant

This standard was assessed in 45 of 48 reports. 28 centres (62%) were found to be compliant, 5 (11%) were substantially compliant, 9 (20%) were partially compliant, and 3 (7%) were not compliant. Accordingly, this standard was largely complied with (73% of centres were compliant or substantially compliant). For example in Birchwood House, Co Waterford, residents were given a prepaid card to buy all non-food items in local shops and they were satisfied that the amount was adequate for toiletries and cleaning products.

Theme 5:
Food, Catering and Cooking Facilities

Standard 5.1

Food preparation and dining facilities meet the needs of residents, support family life and are appropriately equipped and maintained.

- ● Compliant
- ● Substantially Compliant
- ● Partially Compliant

This standard was assessed in 46 of 48 reports. Of those, 34 centres (74%) were compliant, 7 (15%) were substantially compliant, 5 (11%) were partially compliant, and no centre was found to be not compliant. Although accommodation centres that provided communal self-catering options were largely compliant, the degree of compliance depended on how well communal kitchens were stocked. For example, in Bridgewater House, Co. Tipperary, there were numerous communal kitchens in the centre, which were well equipped, and residents could choose the most convenient kitchen in which to prepare their meals. By contrast, in Great Western House in Galway, although HIQA found that there was adequate food preparation facilities, residents did not have access to sufficient cooking utensils, crockery, cutlery or refrigerated storage space.

Standard 5.2

The service provider commits to meeting the catering needs and autonomy of residents which includes access to a varied diet that respects their cultural, religious, dietary, nutritional and medical requirements.

- ● Compliant
- ● Substantially Compliant
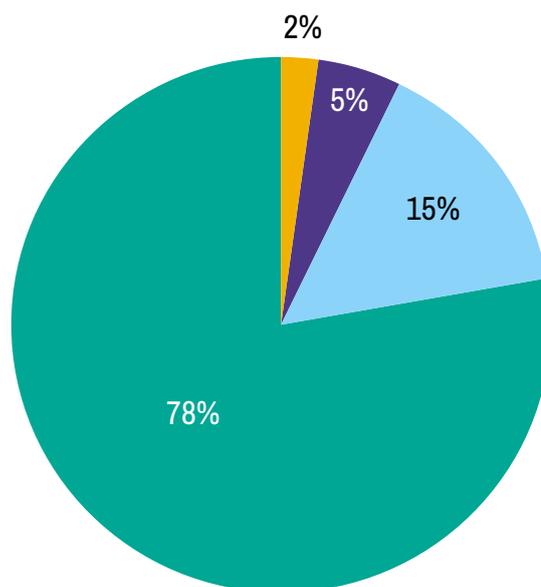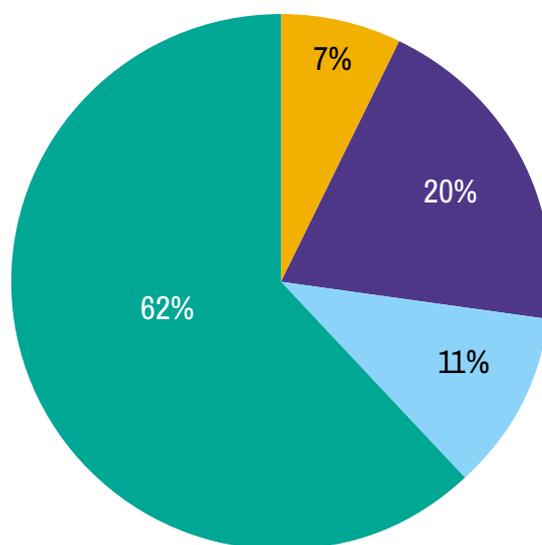- ● Partially Compliant
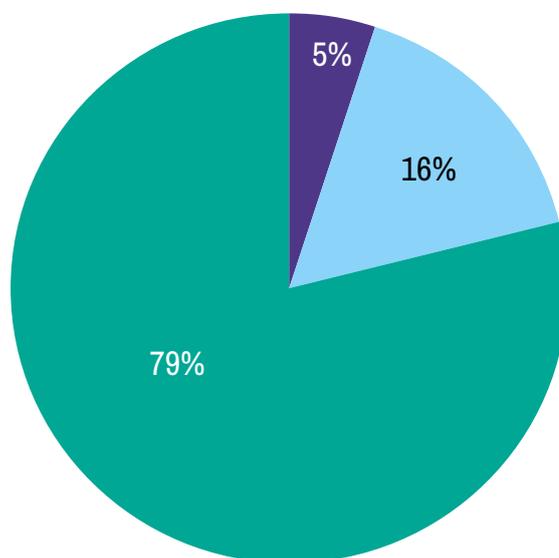
This standard was assessed in 37 of 48 reports: 29 centres (78%) were deemed compliant, 6 (16%) were substantially compliant, 2 (5%) were partially compliant, and no centre was found to be not compliant. There was a general correlation between compliance and self-catering accommodation, with problems found more frequently in accommodation that offered a fully catered service. Nonetheless there were exceptions to this. In Atlas House

Tralee, Co Kerry, which is fully catered, HIQA found that the menus had been changed since the previous inspection to operate on a 28-day cycle. The provider offered culturally appropriate meals and accommodated residents' dietary requirements, with kitchen staff demonstrating flexibility in responding to requests. Residents were consulted about food provision and expressed satisfaction with both the quality and variety of meals.

Theme 6:
Person-Centred Care and Support

Standard 6.1

The rights and diversity of each resident are respected, safeguarded and promoted.

- ● Compliant
- ● Substantially Compliant
- ● Partially Compliant
- ● Not compliant
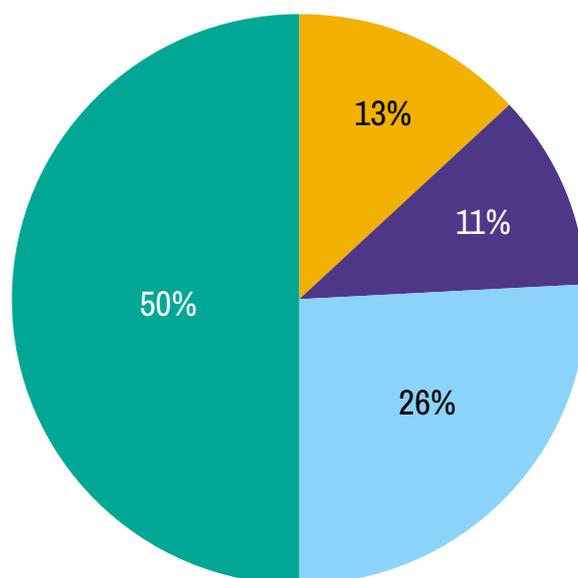
This standard was assessed in 46 of 48 reports, with the findings as follows: 23 centres (50%) were compliant, 12 (26%) were substantially compliant, 5 (11%) were partially compliant, and 6 (13%) were not compliant. Therefore almost a quarter of centres inspected for this standard had compliance problems. An example of non-compliance is found in the August 2024 inspection report of Athlone Accommodation Centre, in Co. Westmeath. Despite some ad hoc examples of good practice and well intentioned behaviour on the part of management and staff, it was

found that various practices impacted negatively on the rights of the children and adults living in the centre. These included restrictions on visitors, how safeguarding was applied and the poor living conditions of some residents. These had not been human rights proofed by the provider, although a review had begun. In an unannounced inspection in March 2025, the provider had managed to turn the dial only to 'partially compliant', mainly because of the type of accommodation provided in the centre.

Standard 6.2

The service provider respects and safeguards the privacy of each resident.

This standard is not deemed to be a 'core standard' by HIQA and was not assessed in any of the 48 inspections reported on in 2025.

Standard 6.3

The service provider respects and safeguards the privacy of each resident.

This standard is not deemed to be a 'core standard' by HIQA and was not assessed in any of the 48 inspections reported on in 2025.

Standard 6.4

The service provider makes information available, and communicates this, in an accessible format which is appropriate to any special requirements of residents' communication needs.

This standard is not deemed to be a 'core standard' by HIQA and was not assessed in any of the 48 inspections reported on in 2025.

Theme 7:
Individual, Family and Community Life

Standard 7.1

Food preparation and dining facilities meet the needs of residents, support family life and are appropriately equipped and maintained.
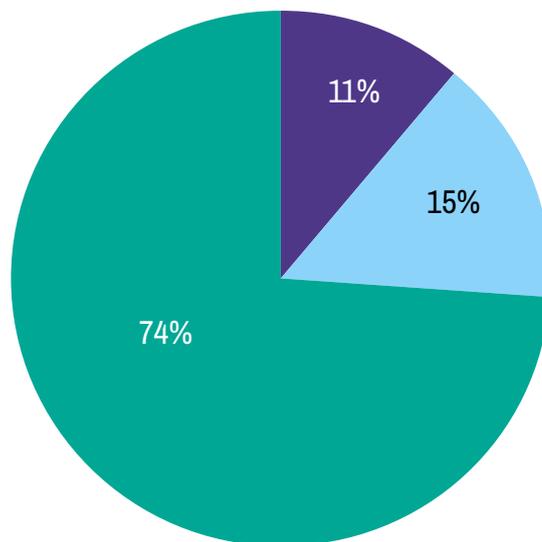
- Compliant
- Substantially Compliant
- Partially Compliant
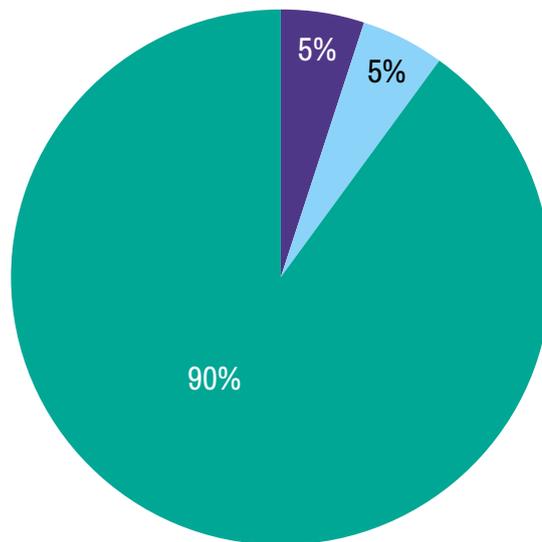
This standard was assessed in 38 of 48 reports. 34 centres (89%) were deemed compliant, 2 (5%) were substantially compliant, 2 (5%) were partially compliant, and no centre was found to be not compliant. Accordingly, almost all centres attained high levels of compliance with this standard. For example, in relation to Lindon House,

Co. Kerry, HIQA noted that '[r]esidents were supported to develop and maintain personal relationships and they could invite family and friends to visit them in communal areas, The family unit was respected and privacy and dignity were promoted by the service provider and staff team.'[163]

Standard 7.2

The service provider ensures that public services, healthcare, education, community supports and leisure activities are accessible to residents, including children and young people, and where necessary through the provision of a dedicated and adequate transport.

- Compliant
- Substantially Compliant
- Partially Compliant
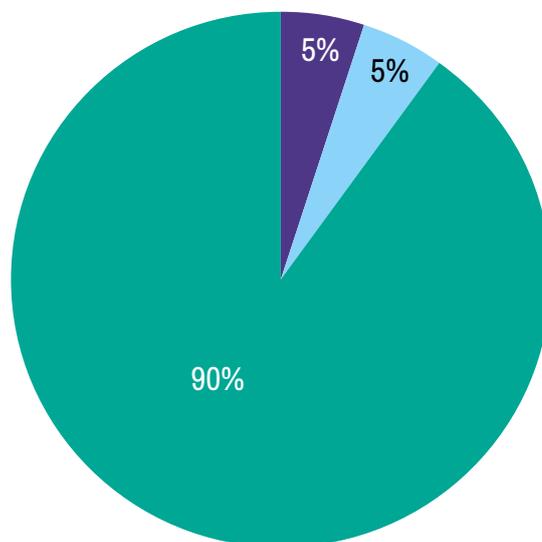
[163] Report of an Inspection of an International Protection Accommodation Service, Linden House, March 2025, p. 21.

This standard was assessed in 37 of 48 centres inspected, of which 33 (89%) were deemed compliant, 2 (5%) substantially compliant, 2 (5%) partially compliant, and none not compliant. Here again, the vast majority of centres inspected for this standard were highly compliant.

An example of compliance is Millstreet Accommodation Centre, Co. Cork, where NGOs had access to the centre to provide support and advice on accessing education, employment and other services, and residents had access to local recreational services and bus and rail links.

Standard 7.3

The service provider supports and facilitates residents, including children and young people, to integrate and engage with the wider community, including through engagement with other agencies.

● Compliant

100%
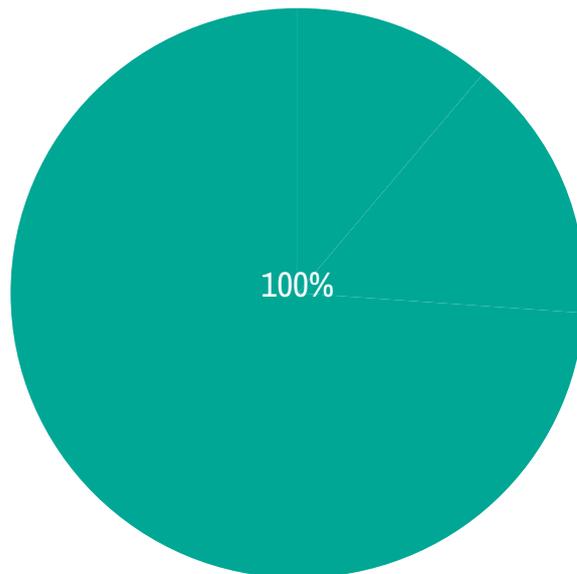
This standard is not identified by HIQA as a 'core standard', possibly because it is perceived to be already covered by the preceding standard (7.2). Accordingly, it was specifically assessed in only 8 of 48 reports, with a 100% compliance rate. However, as only 17% of centres were inspected, this high rate of compliance cannot be extrapolated to form a general finding.

Indeed, in some reports which did not enter a finding for this standard, there was evidence elsewhere in the report of a lack of compliance. For example, in the report on the May 2025 inspection of Knockalisheen, there was no return for Standard 7.3. Nonetheless, elsewhere in the report it is noted that '[t]eenagers said they did not want to tell their friends they lived in the centre and said they would feel "stigmatised" if they told the truth. They also said that there were limited facilities in the centre for their age group'.[164] It is possible that this observation was not connected to Standard 7.3 because integration is perceived as happening 'out there', whereas for children and teenagers, it must also be facilitated 'at home'. It is submitted that a specific metric on children's access to integration measures – in the full sense – is important and that HIQA could usefully redesignate this standard as 'core'.

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[164] Report of an Inspection of an International Protection Accommodation Service Centre, Knockalisheen, inspected June 2025, p. 9.

Standard 7.4

Staff and management support and encourage community initiatives and a sense of community within the centre.

This standard is not deemed to be a 'core standard' by HIQA and was not assessed in any of the 48 inspections reported on in 2025.

Theme 8:
Safeguarding and Protection

Standard 8.1

The service provider protects residents from abuse and neglect and promotes their safety and welfare.

- Compliant
- Substantially Compliant
- Partially Compliant
- Not compliant

13%

15%

50%

23%
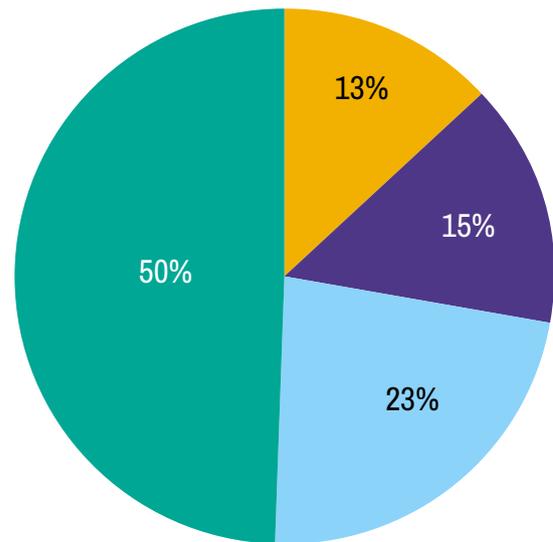
This standard was assessed in all 48 reports, with 24 centres (50%) deemed compliant, 11 (23%) substantially compliant, 7 (15%) partially compliant and 6 (13%) not compliant. Although almost three quarters of centres were compliant or substantially compliant with this standard, more than a quarter were partially compliant or fully non-compliant. In view of the importance of safeguarding and protection, this considerable minority is worrying. An example of partial compliance is Dublin Central Inn. HIQA found that safeguarding measures were in place and that staff had received relevant training. However, the safeguarding policy required further clarification on staff responsibilities and reporting pathways, and while referrals were made, associated risk assessments and support plans were not consistently in place.

Standard 8.2

The service provider takes all reasonable steps to protect each child from abuse and neglect and children's safety and welfare is promoted.

- Compliant
- Substantially Compliant
- Partially Compliant
- Not compliant
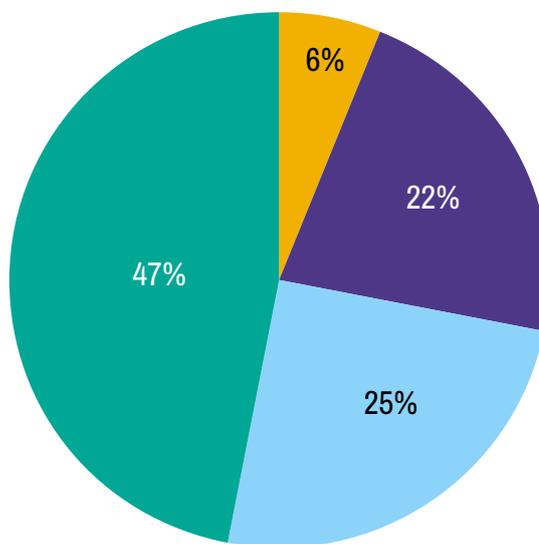
This important standard was assessed in 36 of 48 reports, no doubt reflecting the fact that not all centres accommodate children. Of those inspected on this standard, 17 centres (47%) were deemed compliant, 9 (25%) substantially compliant, 8 (22%) partially compliant and 2 (6%) not compliant. Notwithstanding the general levels of good compliance, the fact that 28% of centres were deemed partially or wholly non-compliant is a serious cause for concern. For example, Johnston Marina, Co Kerry was found to be non-compliant in September 2024, with HIQA bluntly finding that '[c]hild protection and welfare practices in the centre were not effective'.[165] Although child protection policies were in place, not all child protection incidents were reported as required and practices did not consistently following the Children First guidance. Gaps were identified in awareness, training and oversight, including outdated vetting and training for a designated liaison person, and limited understanding among staff and management of their responsibilities to safeguard children. By the next inspection in July 2025, Johnston Marina had only turned the dial to 'Partially Compliant'.

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[165] Report of an Inspection of an International Protection Accommodation Service Centre, Johnston Marina, inspected September 2024, p. 22.

Standard 8.3

> The service provider manages and reviews adverse events and incidents in a timely manner and outcomes inform practice at all levels.

- ● Compliant
- ● Substantially Compliant
- ● Partially Compliant
- ● Not compliant
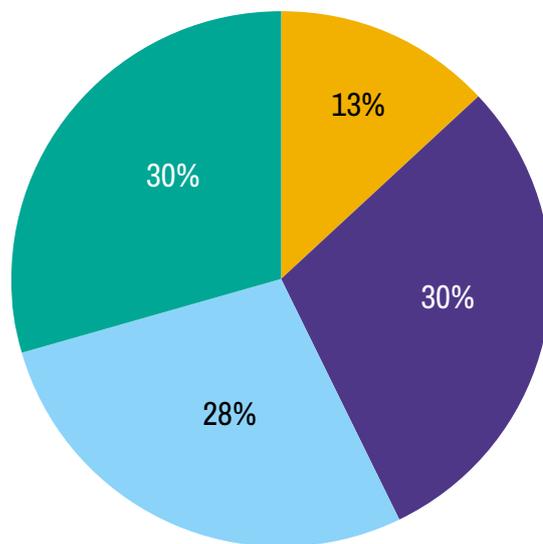
This standard was assessed in 47 of 48 reports: 14 centres (30%) were found to be compliant, 13 (28%) substantially compliant, 14 (30%) partially compliant and 6 (13%) not compliant. For example, the Eglinton Hotel in Galway was found to be only partially compliant with this standard. While staff and management responded to incidents as they arose, internal processes were not consistently followed, with some matters escalated externally without adequate risk assessment or internal review. HIQA found that the absence of structured systems for incident-related risk analysis and clear escalation pathways limited the provider's ability to manage and escalate risks effectively.

Theme 9:
Health, Wellbeing and Development

Standard 9.1

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

- ● Compliant
- ● Substantially Compliant
- ● Partially Compliant
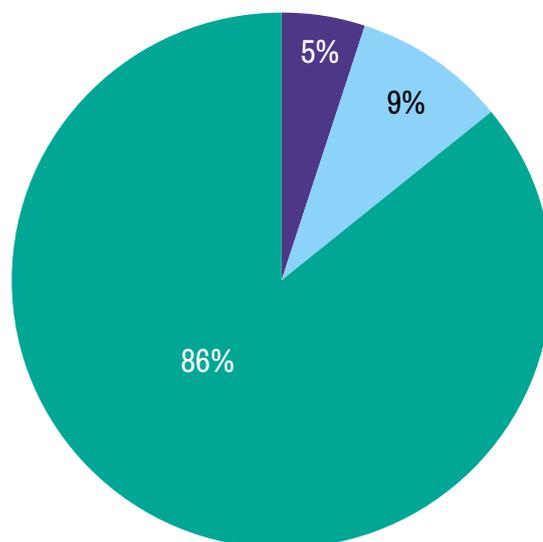
This standard was assessed in 44 of 48 reports: 38 centres (86%) were held to be compliant, 4 (9%) were substantially compliant, 2 (5%) were partially compliant and none were not compliant. The high level of compliance is exemplified by Atlantic Lodge in Co. Kerry. HIQA found that the provider supported residents' health and wellbeing through person-centred care. Staff offered appropriate supports and assisted residents to access physical and mental health services, working with community healthcare providers and local organisations where needed.

Standard 9.2

The service provider makes available in the accommodation centre services which support residents' physical and psychological health, wellbeing and development, and promote a self-care approach.

This standard is not deemed to be a 'core standard' by HIQA and was not assessed in any of the 48 inspections reported on in 2025.

Standard 9.3

Staff and management engage with other agencies to provide information and access to a range of services for residents to promote their health, wellbeing and development. The service provider supports residents to participate in education (both formal and non-formal), training, volunteering and employment opportunities.

This standard is not deemed to be a 'core standard' by HIQA and was not assessed in any of the 48 inspections reported on in 2025.

Theme 10:
Identification, Assessment and Response to Special Needs

Standard 10.1

The service provider ensures that any special reception needs notified to them by the Department of Justice and Equality are incorporated into the provision of accommodation and associated services for the resident.

● Compliant

● Substantially Compliant

7%

93%
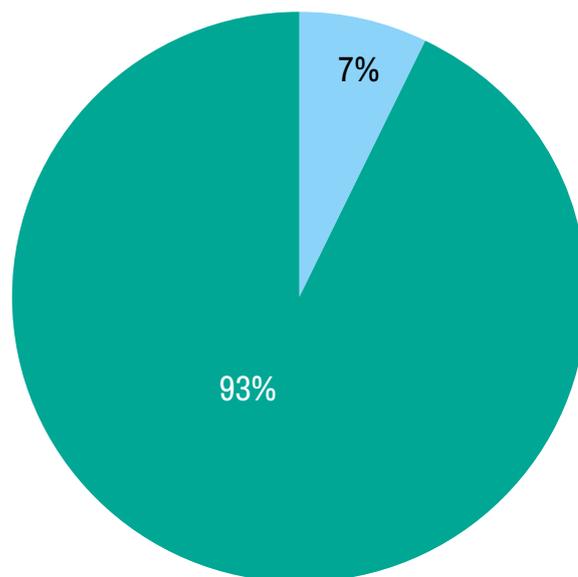
This standard was assessed in 42 of 48 reports with very high levels of compliance: 39 centres (93%) were deemed to be compliant and 3 centres (7%) were deemed to be substantially compliant. There were no findings of partial or non-compliance. However, two points deserve to be made about this. First, it is submitted that in view of the importance of responding to special reception needs and vulnerabilities, all centres should be assessed under this metric. Second, the high compliance levels sometimes masked a failure on the part of the Department to notify centres of special reception needs, no doubt reflecting the abandonment of any vulnerability assessment for a sustained period, as detailed in the literature review. For example, in St. Patricks Centre, Co. Monaghan, HIQA reported that '[i]n the event that the provider was notified of any special reception needs, it was found that they strove to meet them. *For the most part, the provider was not made aware of any special reception needs in advance of resident admissions.*'[166]

[166] Report of an Inspection of an International Protection Accommodation Service Centre, St. Patrick's Accommodation Centre, inspected February 2025, p. 23, emphasis added.

Standard 10.2

All staff are enabled to identify and respond to emerging and identified needs for residents.

- ● Compliant
- ● Substantially Compliant
- ● Partially Compliant
- ● Not compliant
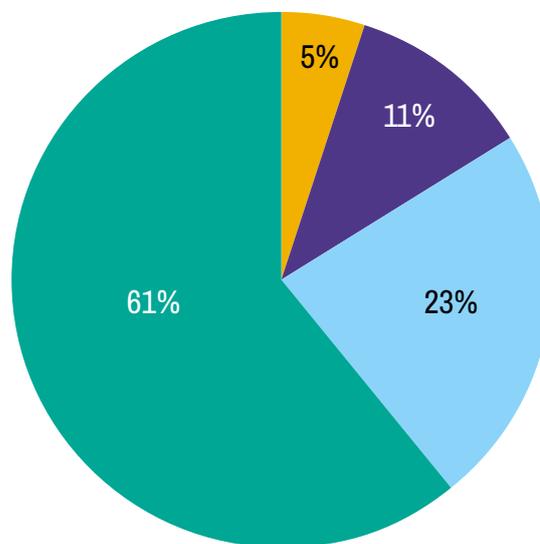
This standard was assessed in 44 of 48 reports as follows: 27 centres (61%) were found to be compliant, 10 (23%) were substantially compliant, 5 (11%) were partially compliant, and 2 (5%) were not compliant. Accordingly, there were broad levels of compliance with this standard.

For example, in Slaney Court Apartments, Co. Wicklow, it was found that staff members had been trained in a wide range of areas and were competent to identify and respond to emerging needs.

Standard 10.3

The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.

- ● Compliant
- ● Substantially Compliant
- ● Partially Compliant
- ● Not compliant
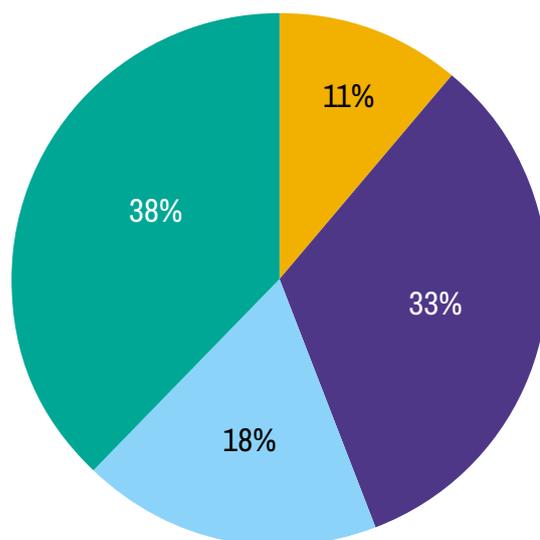
This standard was assessed in 45 of 48 reports. 17 centres (38%) were considered compliant, 8 (18%) substantially compliant, 15 (33%) partially compliant, and 5 (11%) not compliant. Although a small majority of centres were deemed wholly or substantially compliant, a significant number (one third) were found to be only partially compliant. Temple Accommodation Centre, in Co. Westmeath, provides an illustrative example. At the time of the inspection, recruitment of a reception officer was ongoing and there was no reception officer in situ. And although residents' special needs were responded to and acted on where they were known, there was no established practice and only a draft policy on identifying and responding to emerging special reception needs. This is indicative of a reactive approach to reasonable accommodation.

Standard 10.4

The service provider makes available a dedicated Reception Officer, who is suitably trained to support all residents, especially those people with special reception needs both inside the accommodation centre and with outside agencies.

- Compliant
- Substantially Compliant
- Partially Compliant
- Not compliant
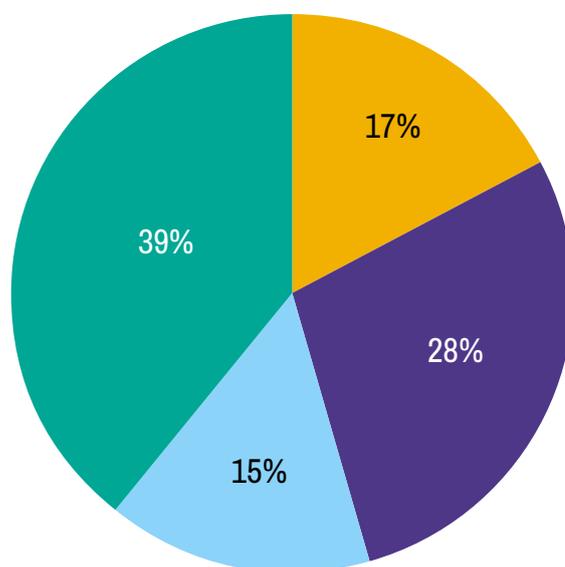
This standard was assessed in 46 of 48 reports and the breakdown was as follows: 18 centres (38%) were compliant, 7 (15%) were substantially compliant, 13 (28%) were partially compliant and 8 (17%) were not compliant. Ocean View House, Co Waterford, provided a good example of compliance: there was a dedicated reception officer who was suitably experienced and qualified and who exercised leadership in assessing and meeting the needs of residents with special reception needs. By contrast, in Atlas House, Killarney, Co Kerry, it was found that the role of reception officer was currently vacant (similar to Temple Accommodation Centre above). In the absence of a reception officer, and also owing to competing duties, staff were unable to consistently identify or respond to residents' special reception needs.

Standard 10.5

> In accommodation centres where a significant percentage of residents are deemed to be exceptionally vulnerable or in cases where a centre has been designated for exceptionally vulnerable international protection applicants, the service provider makes additional measures available.

This standard, which is identified by HIQA as a core standard, was not assessed in any of the 48 reports published in 2025. While centres may not have been specifically designated for exceptionally vulnerable applicants, nonetheless, it seems unlikely that there are no accommodation centres 'where a significant percentage of residents are deemed to be exceptionally vulnerable'. Therefore, it is suggested that HIQA should consider inspecting on this standard.

While a granular thematic discussion of these findings is beyond the scope of this report, the following general trends emerge. Across the reports, Theme 1 (Governance, Accountability and Leadership) was generally complied with in the majority of centres, with the exception of governance and management arrangements, which were frequently partial and ad hoc. The results for Theme 2 (Responsive Workforce) showed that most centres achieved higher compliance levels, although there were findings of gaps in staff supervision and training. Compliance with Theme 3 (Contingency Planning and Emergency Preparedness) was problematic. Although most service providers had developed basic emergency procedures, many centres required stronger implementation practices, such as systematic drills, tested contingency plans and robust risk registers. Theme 4 (Accommodation) presented the most

pronounced variability, with many centres providing safe and well-maintained environments, but others having persistent challenges around privacy and dignity, space, configuration, maintenance and overcrowding. Compliance with Theme 5 (Food, Catering and Cooking Facilities) tended to be strong, with food provision and facilities typically meeting needs; where deficits arose they most often related to choice, self-catering autonomy in fully catered settings, storage arrangements and food-safety controls. Theme 6 (Person Centred Care and Support) showed good compliance levels but a significant minority of centres struggled to respect, safeguard and promote the rights and diversity of each resident. Theme 7 (Individual, Family and Community Life) was generally characterised by efforts to promote integration and access to community supports, but more data is needed on child-specific integration initiatives.

There were mixed results for Theme 8 (Safeguarding and Protection), with safeguarding awareness present in many centres but recurring shortfalls in incident management, learning systems and safeguarding governance. The fact that a significant minority of centres were partially or not compliant with the duty to take steps to protect each child from abuse and neglect is concerning. Compliance with Theme 9 (Health, Wellbeing and Development) was high, reflecting generally effective linkage to health and social care supports. Compliance with Theme 10 (Identification, Assessment and Response to Special Needs) was uneven, most frequently due to limitations in reception officer capacity, vulnerability assessment processes, recording systems and the systematic monitoring of identified needs. A persistent trend across all ten themes was the variability that exists across IPAS centres.

4. HIQA inspection reports: 2024 and 2025 at a glance

This section uses pie chart visualisation to compare at a glance the data from HIQA's 'Monitoring of International Protection Accommodation Service Centres in 2024' with the data from the 48 reports HIQA published in 2025. This will give a general sense of the direction of travel, i.e. whether permanent IPAS centres are improving, deteriorating

or remaining the same in their compliance with the National Standards. The colour coding remains the same as in the previous section, with Green indicating 'Compliant', Blue indicating 'Substantially Compliant', Purple indicating 'Partially Compliant' and Yellow indicating 'Not Compliant'.

Standard 1.1

2024

- 24%
- 33%
- 31%
- 12%

2025

- 27%
- 25%
- 27%
- 21%
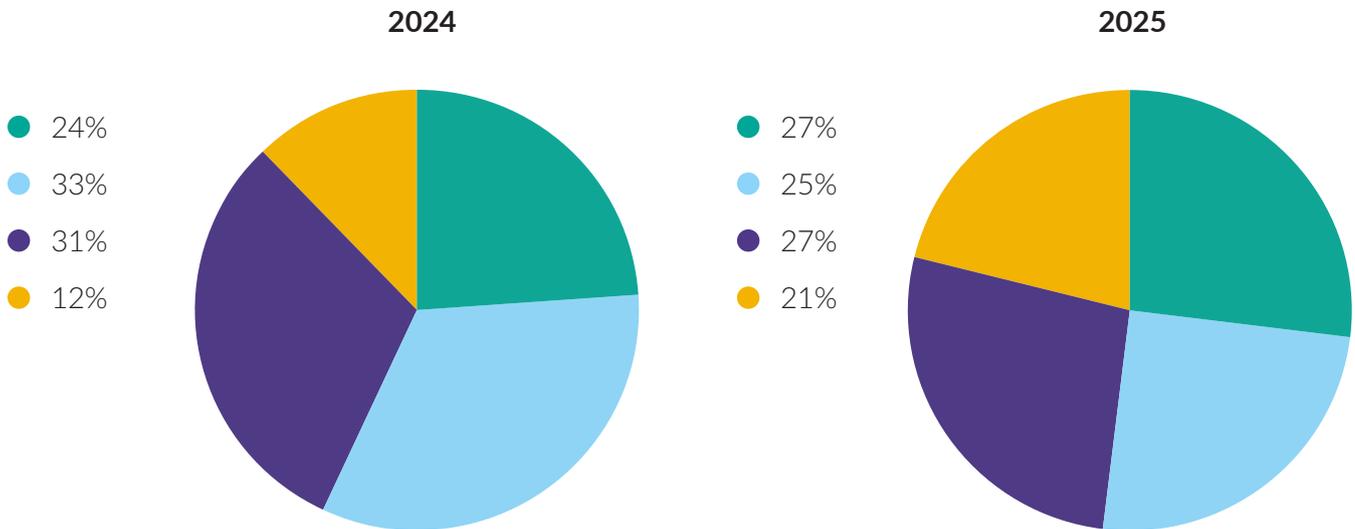
Standard 1.1 weakened in 2025, with a fall in higher compliance (i.e. Compliant + Substantially Compliant: 57%→52%) alongside rising non-compliance (12%→21%).

Standard 1.2

2024

- 21%
- 23%
- 52%
- 4%

2025

- 23%
- 23%
- 44%
- 10%
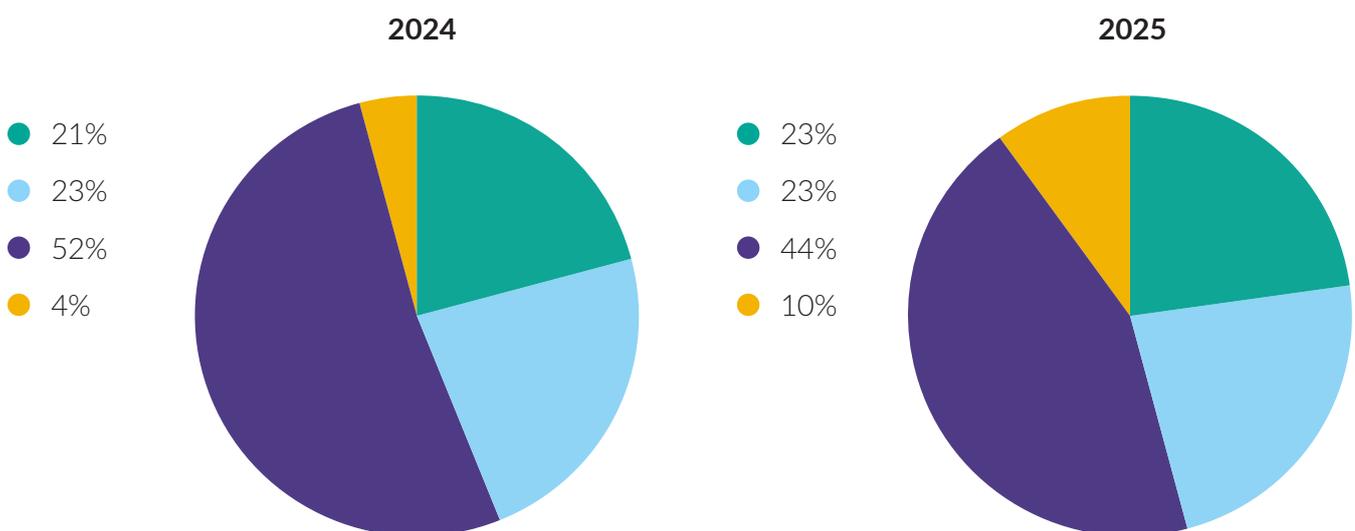
For Standard 1.2, higher compliance edged up overall (Compliant + Substantially Compliant: 44%→46%), with a corresponding decrease in lower compliance (Partially Compliant and Not Compliant: 56%→54%). Of some concern, however, the Not Compliant category increased by 6%.

Standard 1.3

2024	2025

2024

- 63%
- 24%
- 11%
- 2%

2025

- 78%
- 16%
- 5%
- 0%
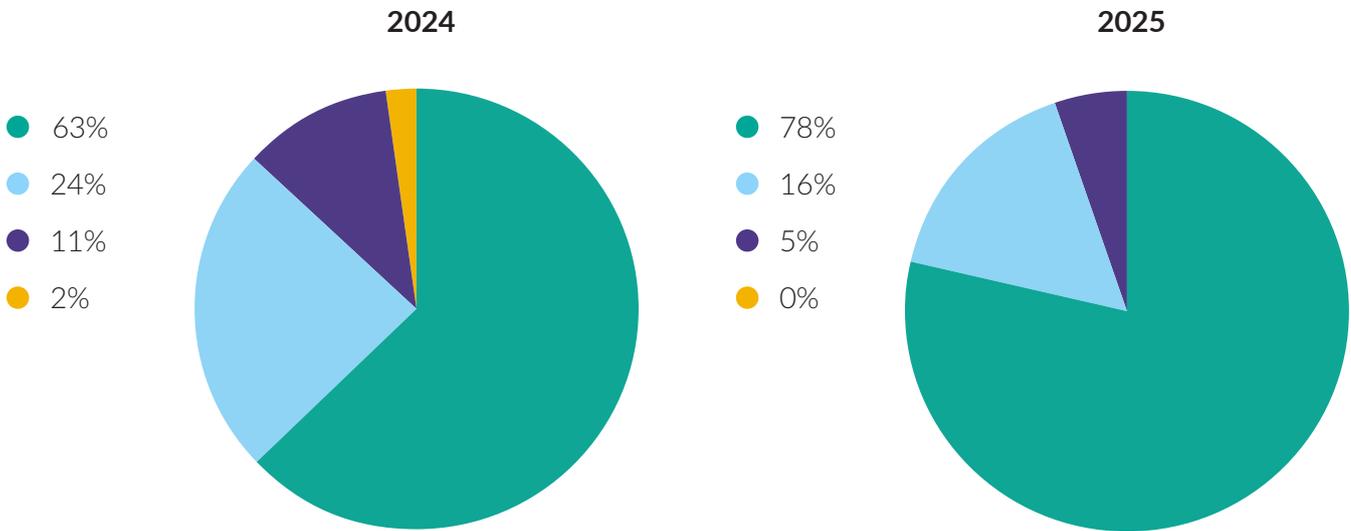
Standard 1.3 shows a clear uplift in higher compliance (Compliant + Substantially Compliant: 87%→94%), driven mainly by a 15% increase in compliance, with non-compliance contained (2%→0%).

Standard 1.4

2024

- 18%
- 32%
- 42%
- 8%

2025

- 21%
- 43%
- 28%
- 9%
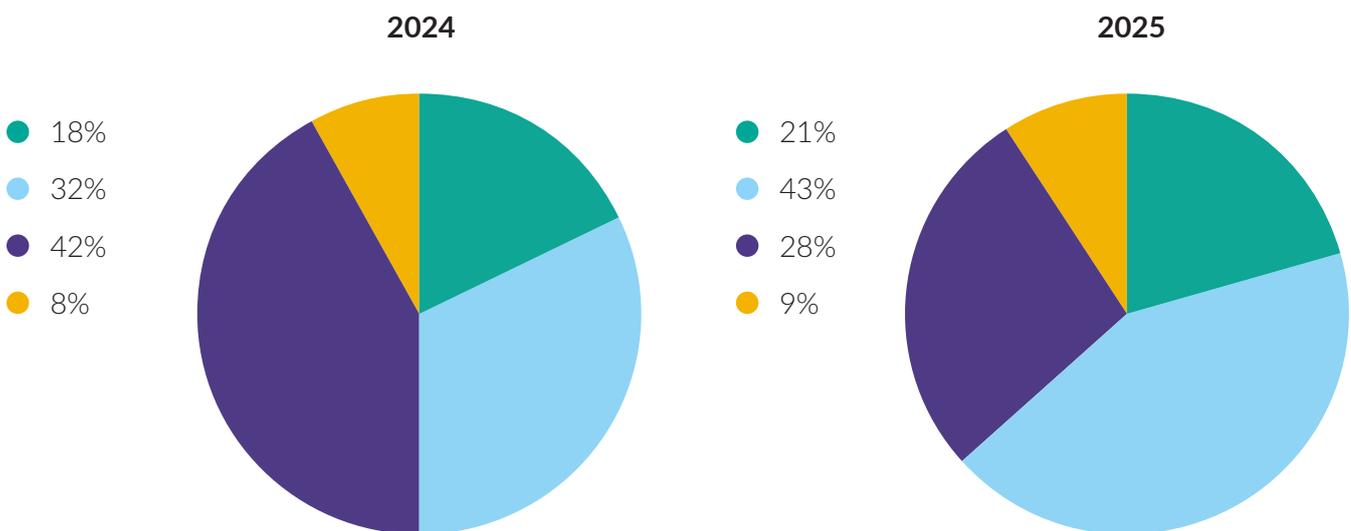
For Standard 1.4, higher compliance improved significantly (Compliant + Substantially Compliant: 50%→64%). At the other end of the scale, non-compliance was contained (8%→9%).

Standard 1.5

2024

2025

- 40%
- 47%
- 13%
- 0%

- 53%
- 35%
- 12%
- 0%

In Standard 1.5, overall higher compliance remained broadly stable (Compliant + Substantially Compliant: 87%→88%), but there was a notable upward redistribution within the higher compliance categories, with an increase in Compliant (40%→53%) and a decrease in Substantially Compliant (47%→35%).

Standard 2.1

2024

2025

- 28%
- 33%
- 4%
- 35%

- 36%
- 47%
- 9%
- 9%
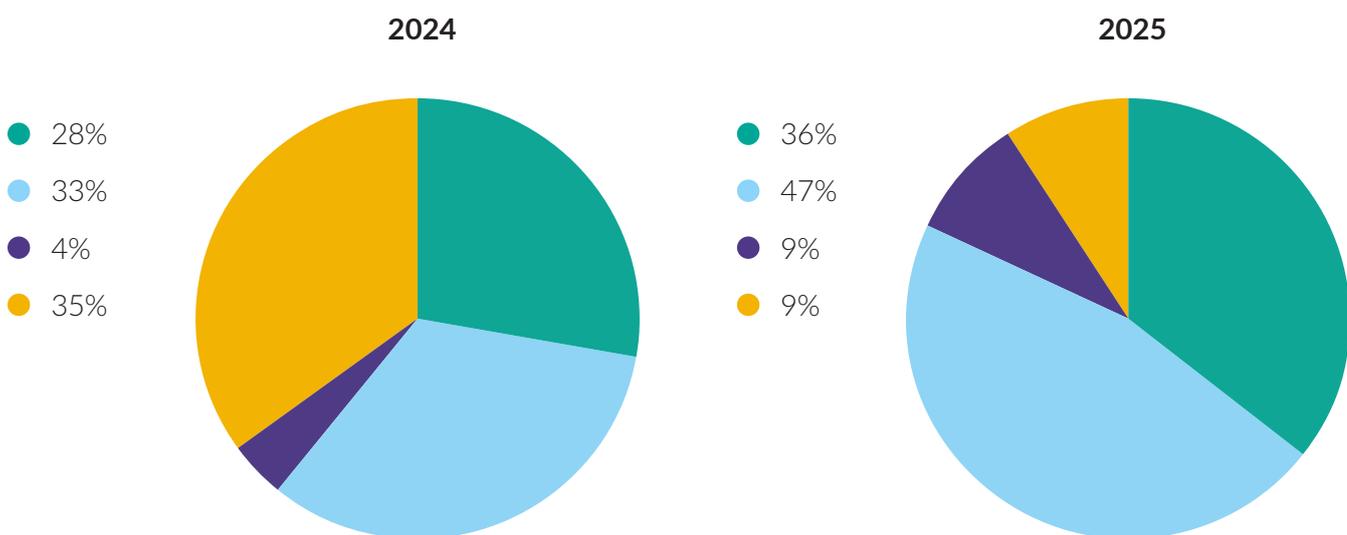
Standard 2.1 shows a clear uplift in higher compliance (Compliant + Substantially Compliant: 61%→83%), driven mainly by a 26% decrease in non-compliance.

Standard 2.2

2024

- 78%
- 5%
- 17%
- 0%

2025

- 72%
- 11%
- 11%
- 6%
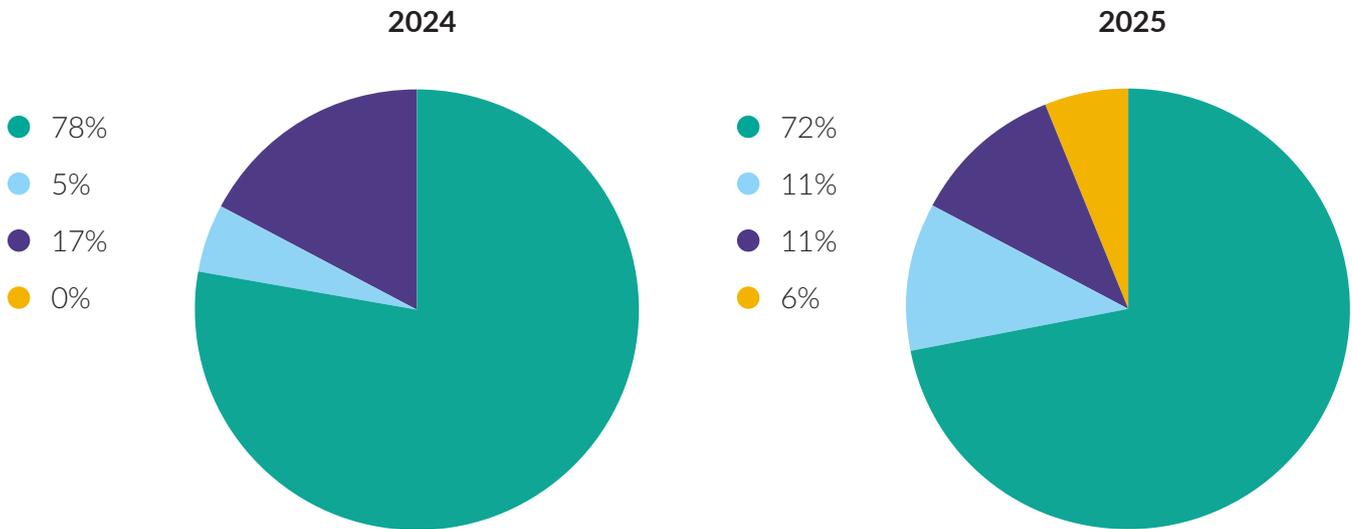
For Standard 2.2, higher compliance (Compliant + Substantially Compliant) remained stable (at 83%), but this was tempered by an increase in non-compliance (0%→6%), indicating variability across centres.

Standard 2.3

2024

- 25%
- 15%
- 48%
- 12%

2025

- 31%
- 31%
- 36%
- 2%

Standard 2.3 shows a clear uplift in higher compliance (Compliant + Substantially Compliant: 40%→62%), driven mainly by a 16% increase in the Substantially Compliant category, with non-compliance significantly reduced (12%→2%).

Standard 2.4

2024

- 19%
- 43%
- 34%
- 4%

2025

- 32%
- 43%
- 25%
- 0%
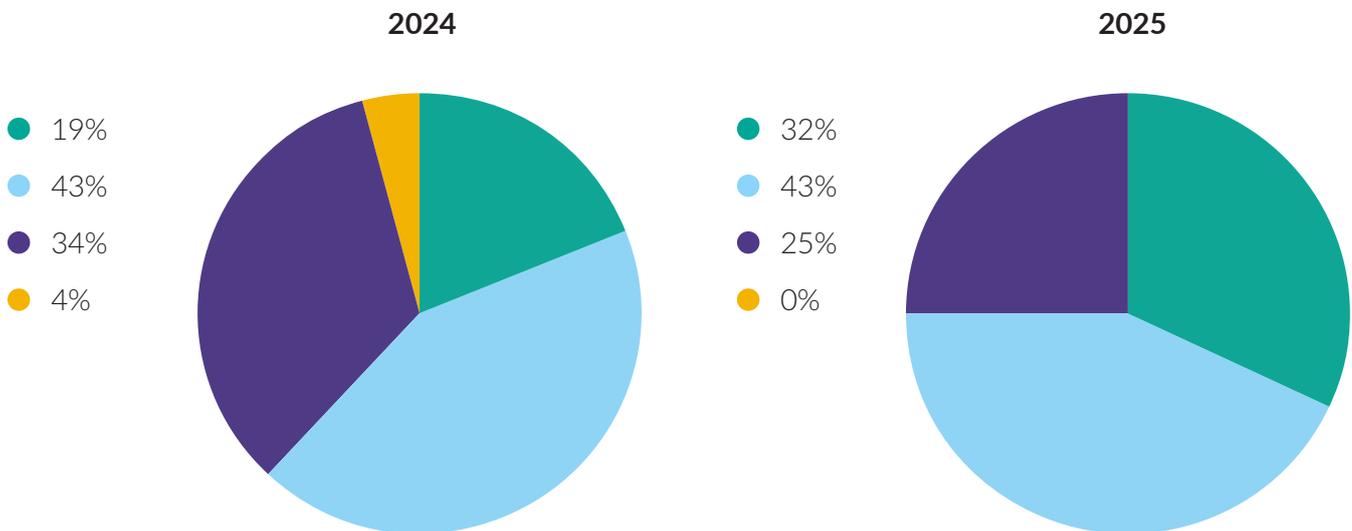
Standard 2.4 shows a clear increase in higher compliance (Compliant + Substantially Compliant: 62%→75%), driven mainly by a 13% increase in the Compliant category, with noncompliance eliminated (4%→0%).

Standard 3.1

2024

- 14%
- 12%
- 62%
- 12%

2025

- 13%
- 19%
- 52%
- 17%
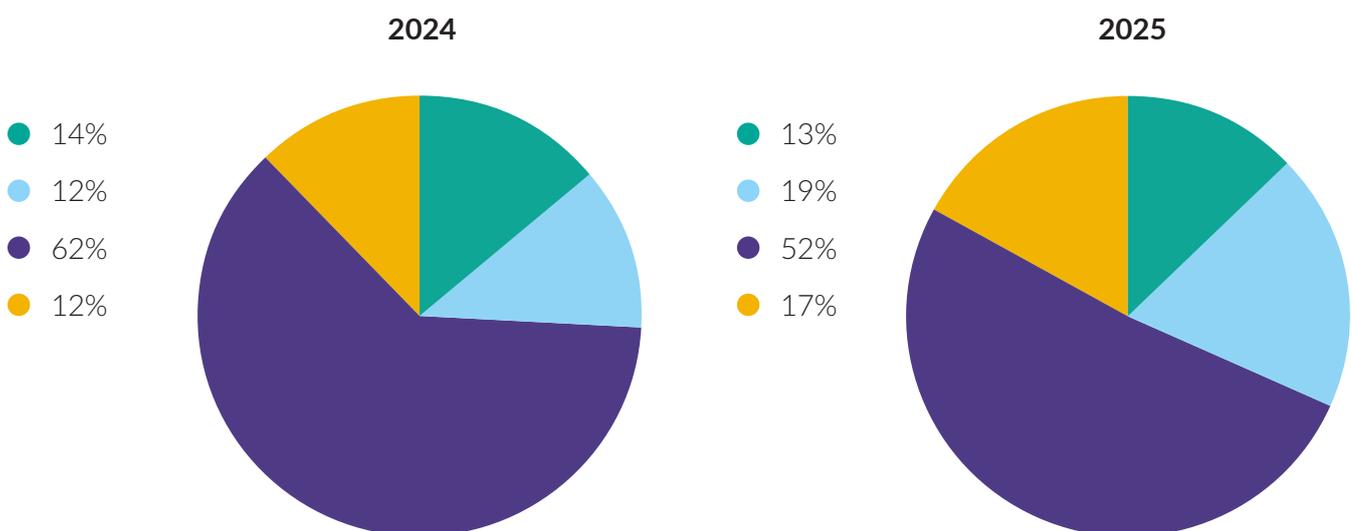
For Standard 3.1, higher compliance went up overall (Compliant + Substantially Compliant: 26%→32%), but this progress was tempered by an increase in non-compliance (12%→17%), indicating backsliding in some centres.

Standard 4.1

2024

- 43%
- 39%
- 16%
- 2%

2025

- 57%
- 26%
- 11%
- 7%
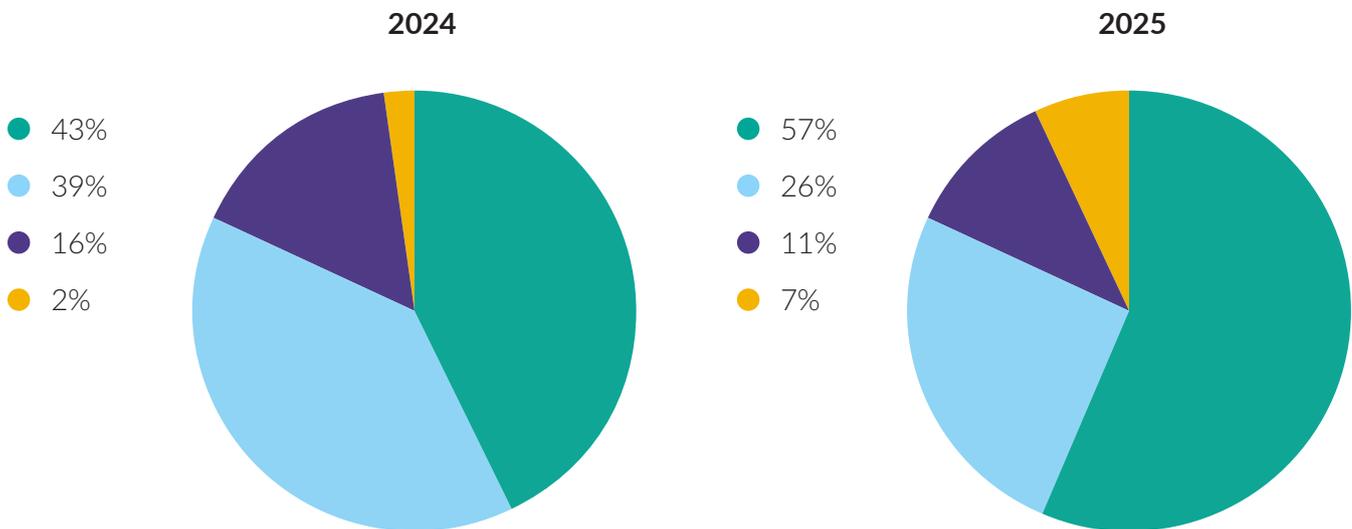
For Standard 4.1, higher compliance edged up overall (Compliant and Substantially Compliant: 82%→83%), but this progress was modified by an increase in non-compliance (2%→7%), indicating uneven performance across centres.

Standard 4.2

2024

- 43%
- 22%
- 26%
- 9%

2025

- 24%
- 24%
- 32%
- 20%
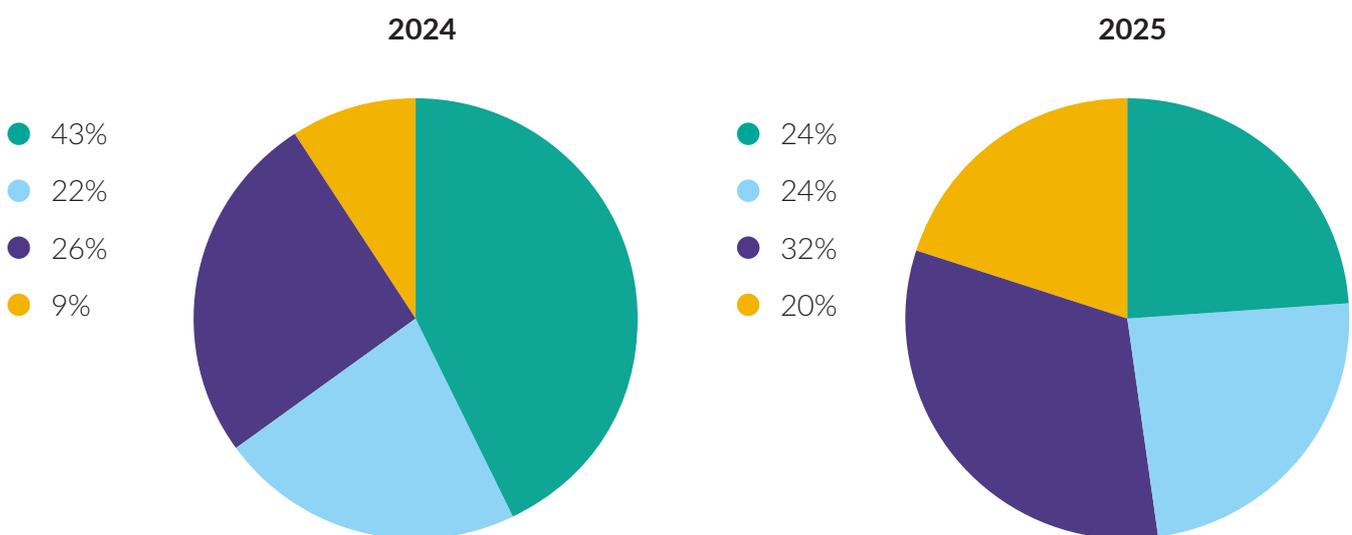
Standard 4.2 weakened in 2025, with a significant fall in higher compliance (Compliant and Substantially Compliant: 65%→48%) alongside rising non-compliance (9%→20%).

Standard 4.3

2024

- 37%
- 12%
- 13%
- 38%

2025

- 38%
- 0%
- 15%
- 46%
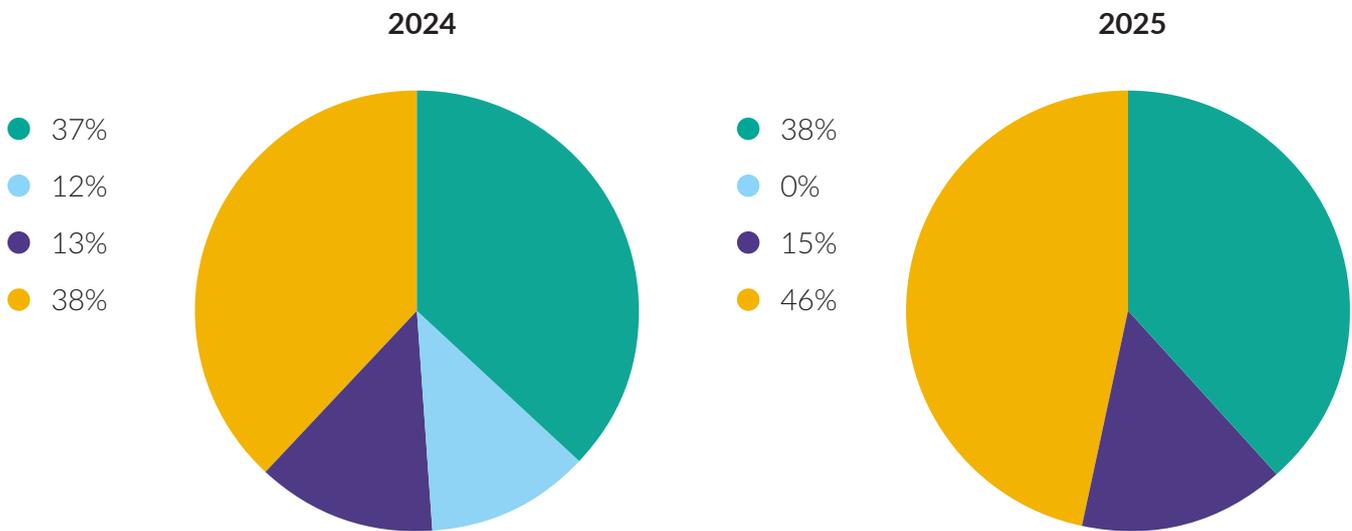
Compliance with Standard 4.3 diminished in 2025, with a fall in higher compliance (Compliant and Substantially Compliant: 49%→38%) alongside rising non-compliance (38%→46%).

Standard 4.4

2024

- 47%
- 21%
- 29%
- 3%

2025

- 28%
- 17%
- 39%
- 17%
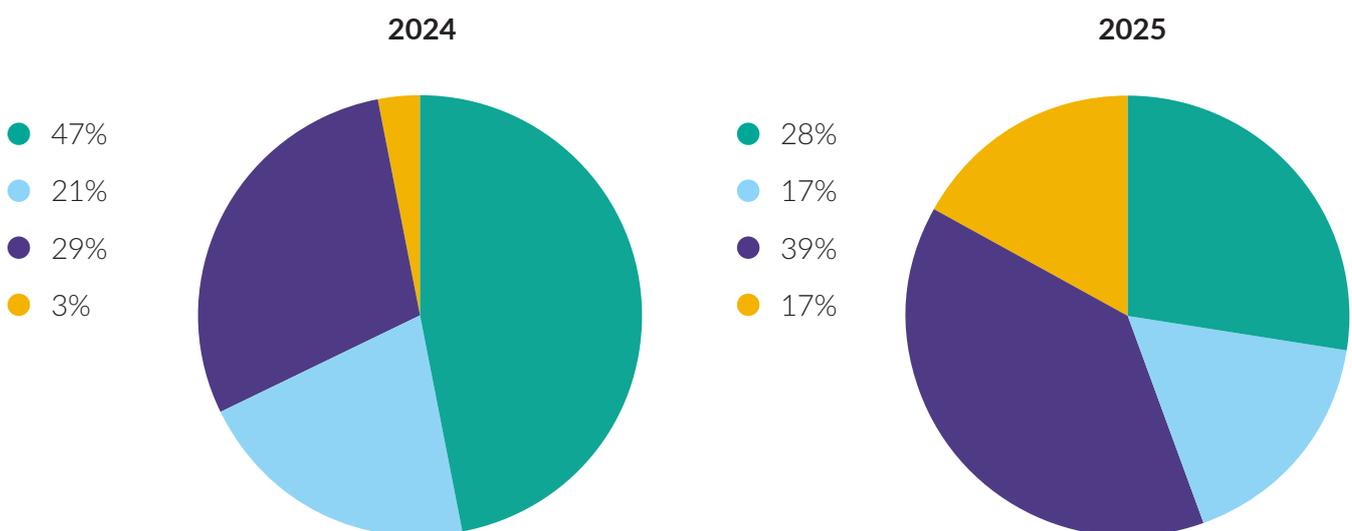
Standard 4.4 weakened in 2025, with a significant fall in higher compliance (Compliant + Substantially Compliant: 68%→45%), alongside rising non-compliance (3%→17%).

Standard 4.5

2024

- 69%
- 23%
- 8%
- 0%

2025

- 72%
- 17%
- 6%
- 6%
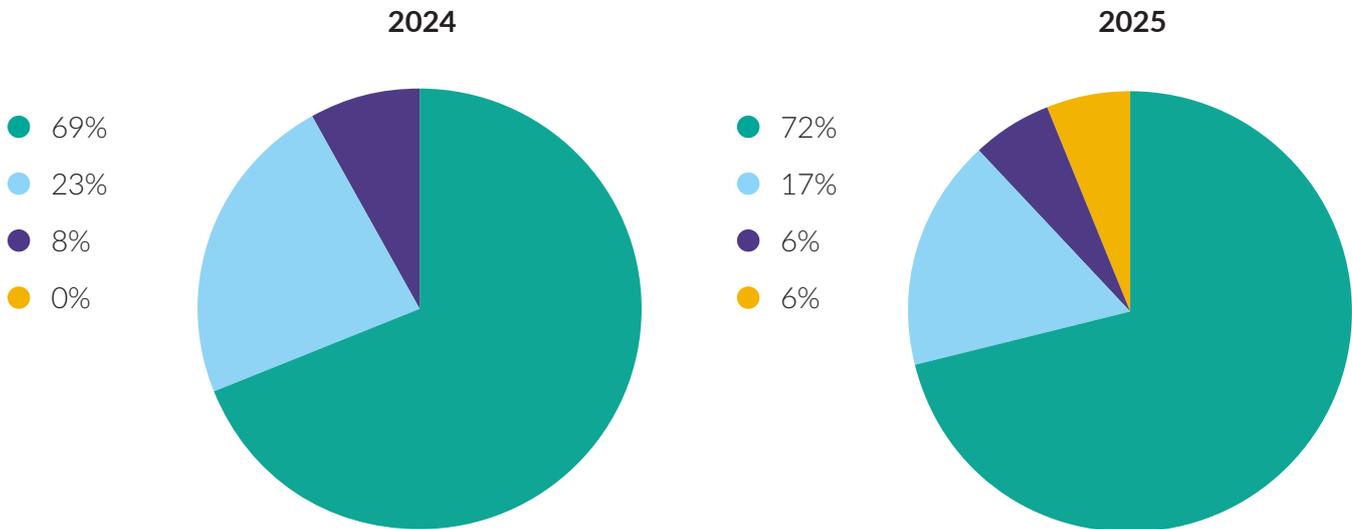
Standard 4.5 weakened in 2025, with a slight fall in higher compliance (Compliant and Substantially Compliant: 92%→89%), alongside rising non-compliance (0%→6%).

Standard 4.6

2024

- 79%
- 12%
- 9%
- 0%

2025

- 74%
- 16%
- 10%
- 0%
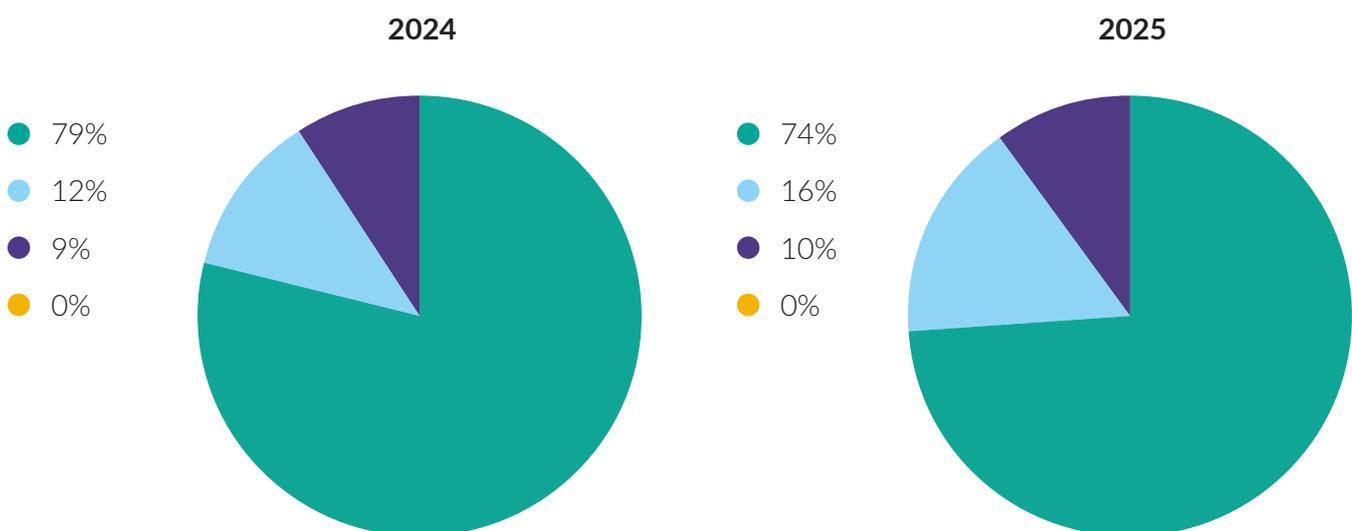
Standard 4.6 remained broadly the same in 2025, with a 1% fall in higher compliance (Compliant and Substantially Compliant: 91%→90%), alongside a corresponding 1% increase in the number of centres that were Partially Compliant.

Standard 4.7

2024

- ● 74%
- ● 11%
- ● 11%
- ● 4%

2025

- ● 86%
- ● 7%
- ● 5%
- ● 2%
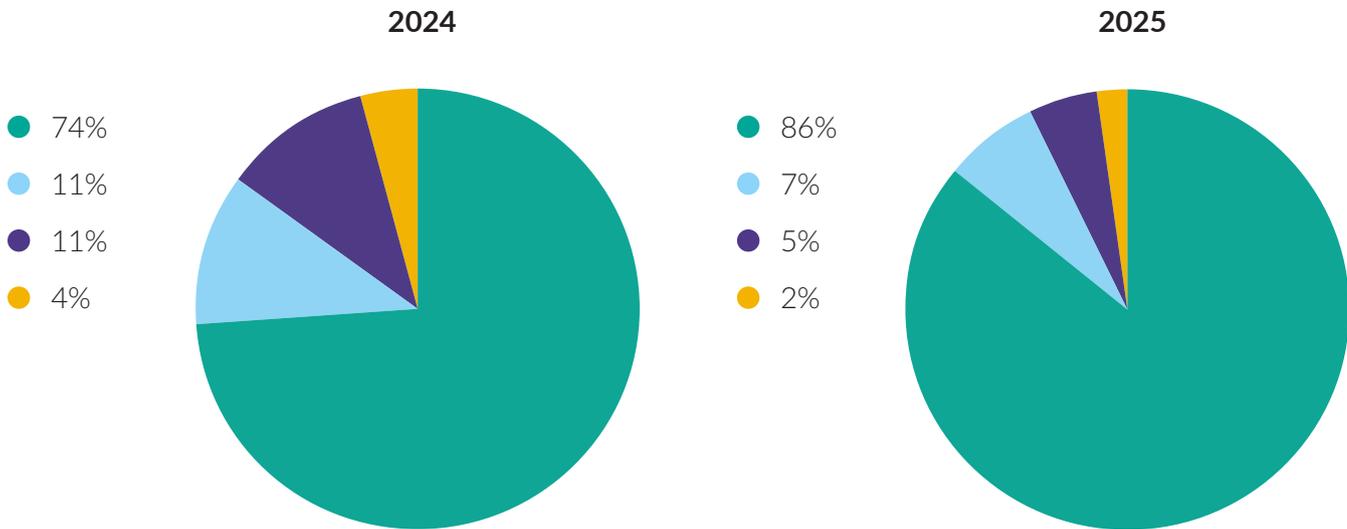
Standard 4.7 shows a clear uplift in higher compliance (Compliant + Substantially Compliant: 85%→93%), driven mainly by a 12% increase in the Compliant category, with non-compliance contained (4%→2%).

Standard 4.8

2024

- ● 77%
- ● 14%
- ● 9%
- ● 0%

2025

- ● 78%
- ● 15%
- ● 5%
- ● 2%
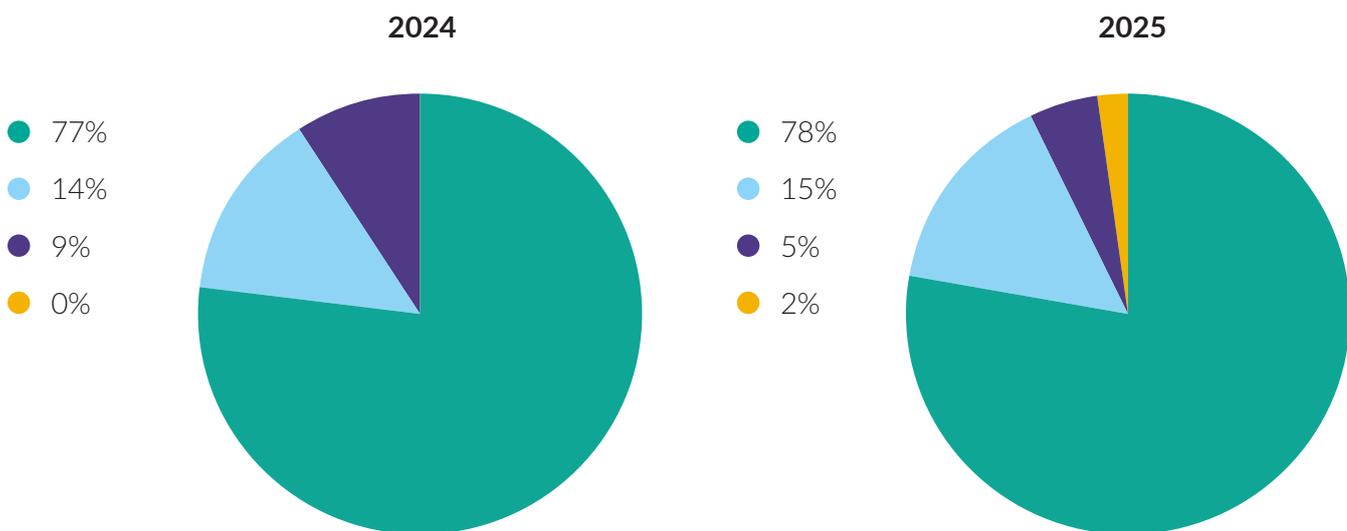
For Standard 4.8, higher compliance edged up overall (Compliant + Substantially Compliant: 91%→93%), but this progress was counter-balanced by a corresponding increase in noncompliance (0%→2%).

Standard 4.9

2024

- 57%
- 24%
- 15%
- 4%

2025

- 62%
- 11%
- 20%
- 7%
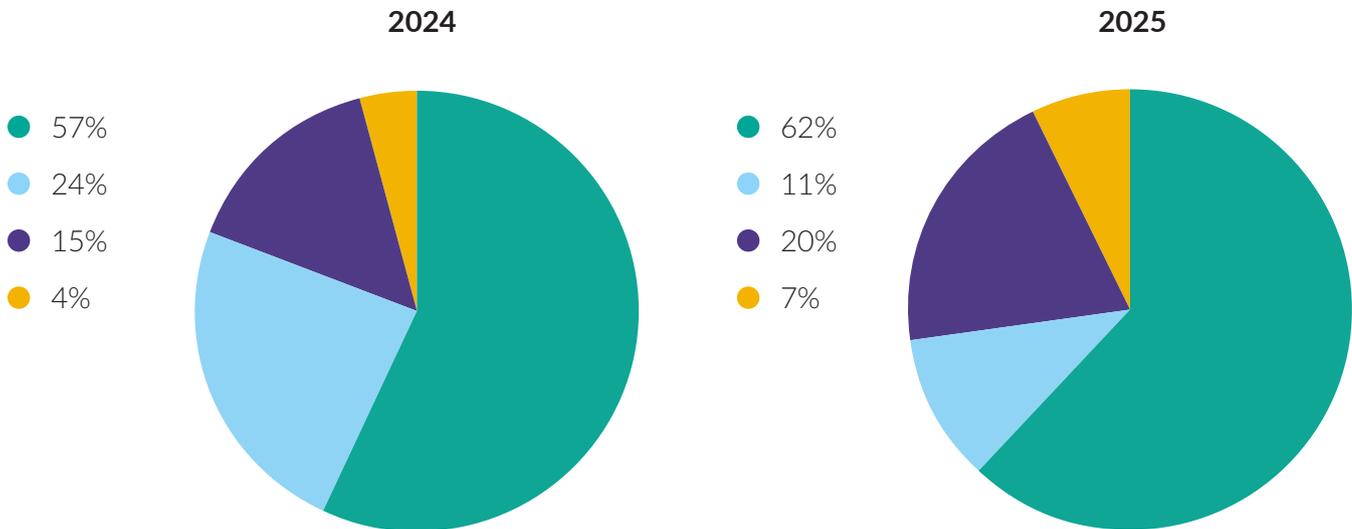
Standard 4.9 deteriorated in 2025, with a significant fall in higher compliance (Compliant + Substantially Compliant: 81%→73%) alongside rising non-compliance (4%→7%).

Standard 5.1

2024

- 79%
- 13%
- 6%
- 2%

2025

- 74%
- 15%
- 11%
- 0%
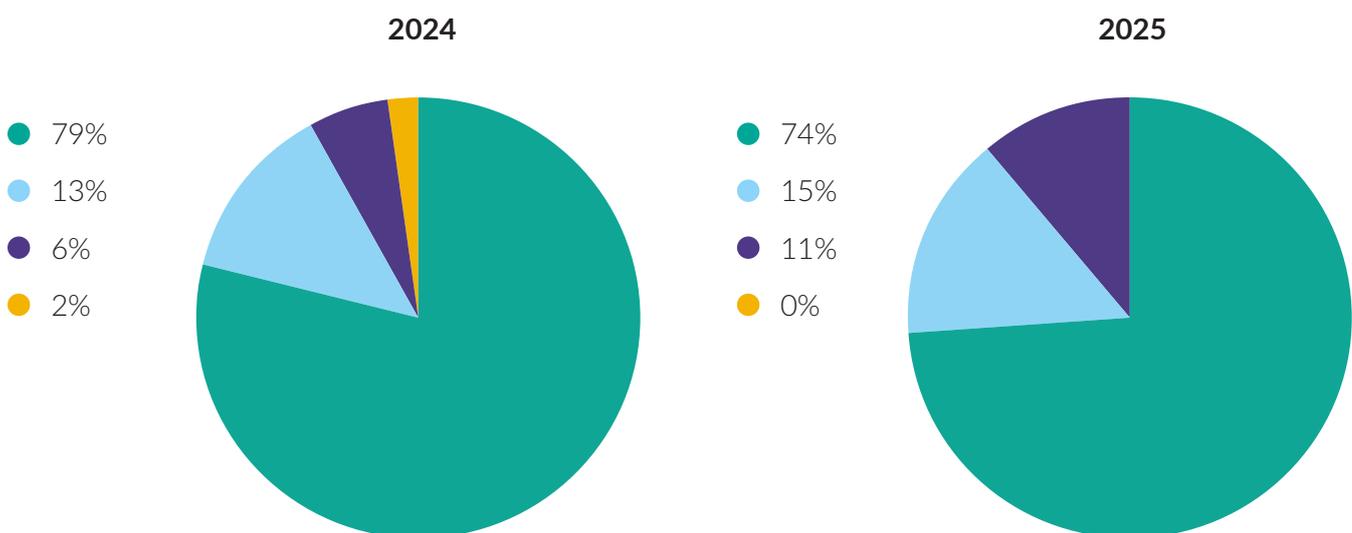
As regards Standard 5.1, there was a slight reduction in higher compliance levels (Compliant + Substantially Compliant: 92%→89%), with some redistribution from Compliant to Substantially Compliant and, notably, a 5% increase in Partially Compliant.

Standard 5.2

2024

- 77%
- 14%
- 9%
- 0%

2025

- 78%
- 16%
- 5%
- 0%
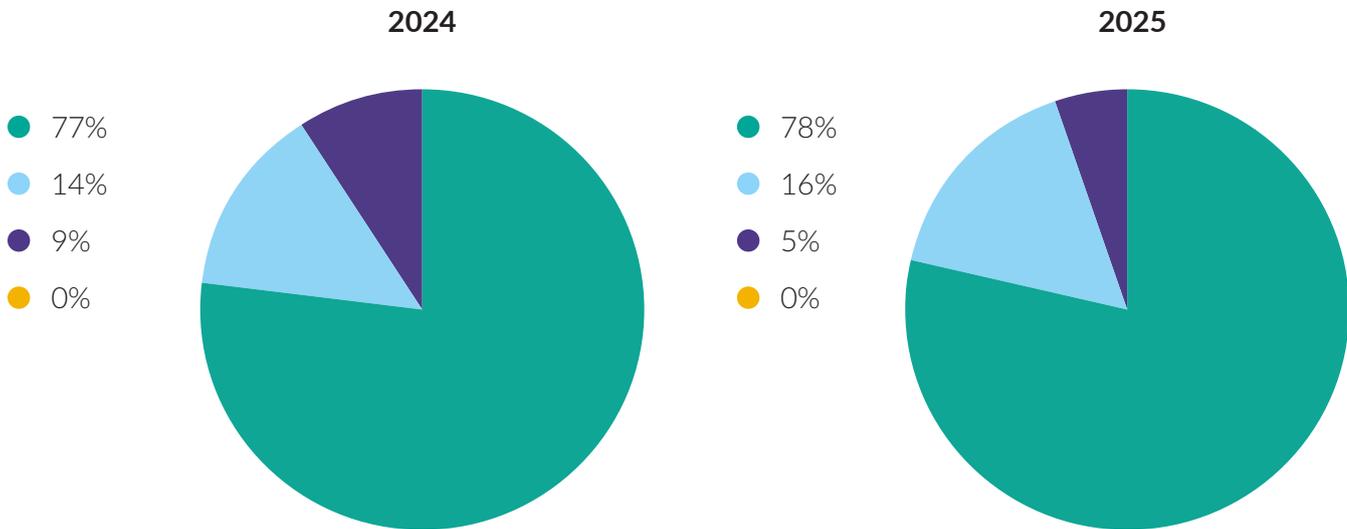
In Standard 5.2, there was a slight uptick in higher compliance (Compliant + Substantially Compliant: 91%→94%), with partial compliance reduced by 4%.

Standard 6.1

2024

- 65%
- 15%
- 13%
- 7%

2025

- 50%
- 26%
- 11%
- 13%
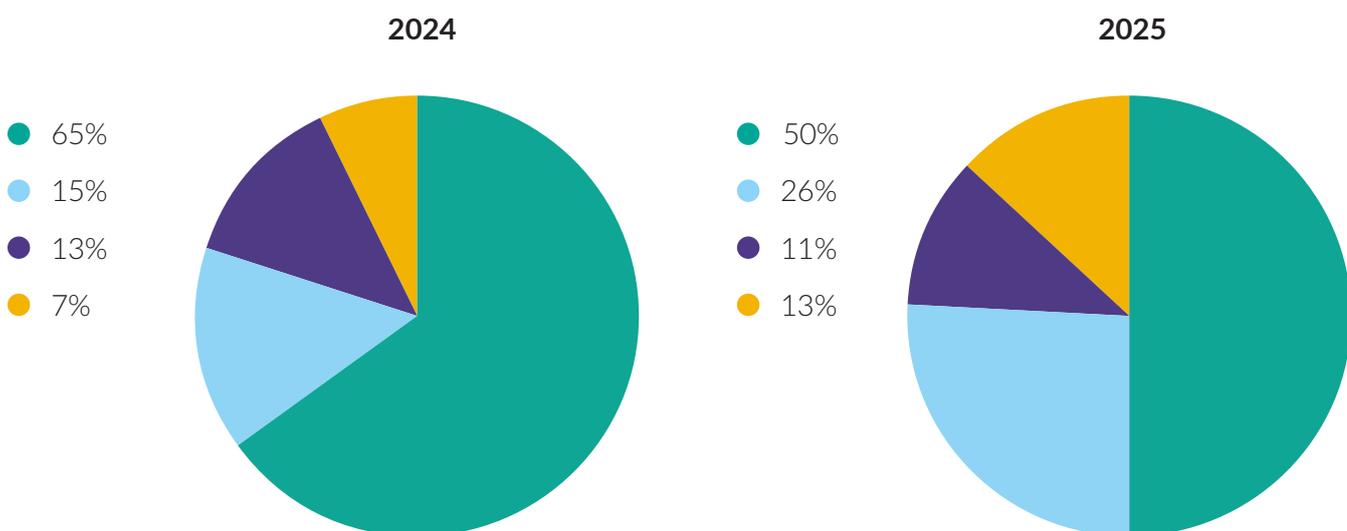
Standard 6.1 weakened in 2025, with a fall in higher compliance (Compliant + Substantially Compliant: 80%→76%) alongside rising non-compliance (7%→13%).

Standard 7.1

2024

- 85%
- 10%
- 5%
- 0%

2025

- 89%
- 5%
- 5%
- 0%
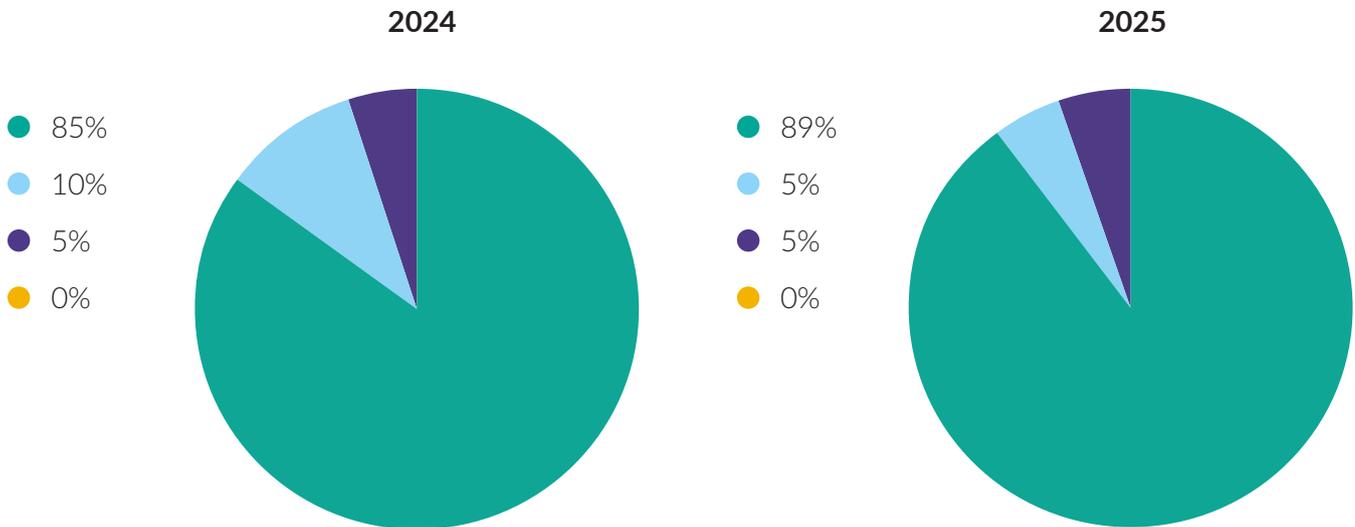
Standard 7.1 remained broadly steady in 2025, with a slight fall in higher compliance (Compliant and Substantially Compliant: 95%→94%).

Standard 7.2

2024

- 85%
- 7%
- 5%
- 2%

2025

- 89%
- 5%
- 5%
- 0%
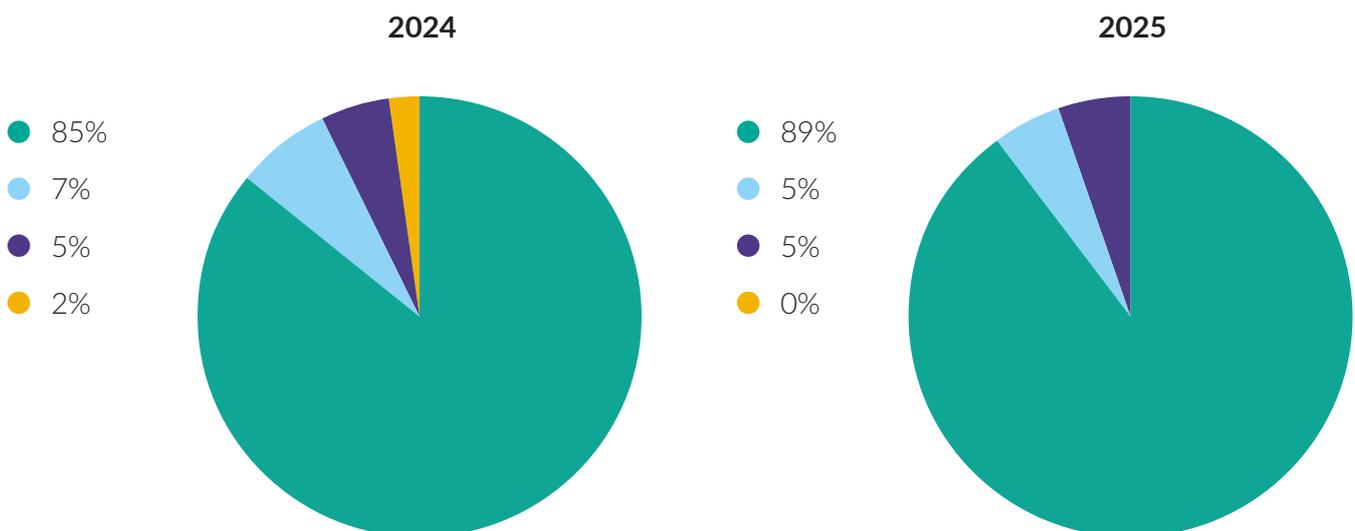
In Standard 7.2, overall higher compliance remained broadly stable (92%→94%), but there was some redistribution within categories—most prominently Compliant (85%→89%) and Substantially Compliant (7%→5%).

Standard 8.1

2024

- 46%
- 30%
- 18%
- 6%

2025

- 50%
- 23%
- 15%
- 13%
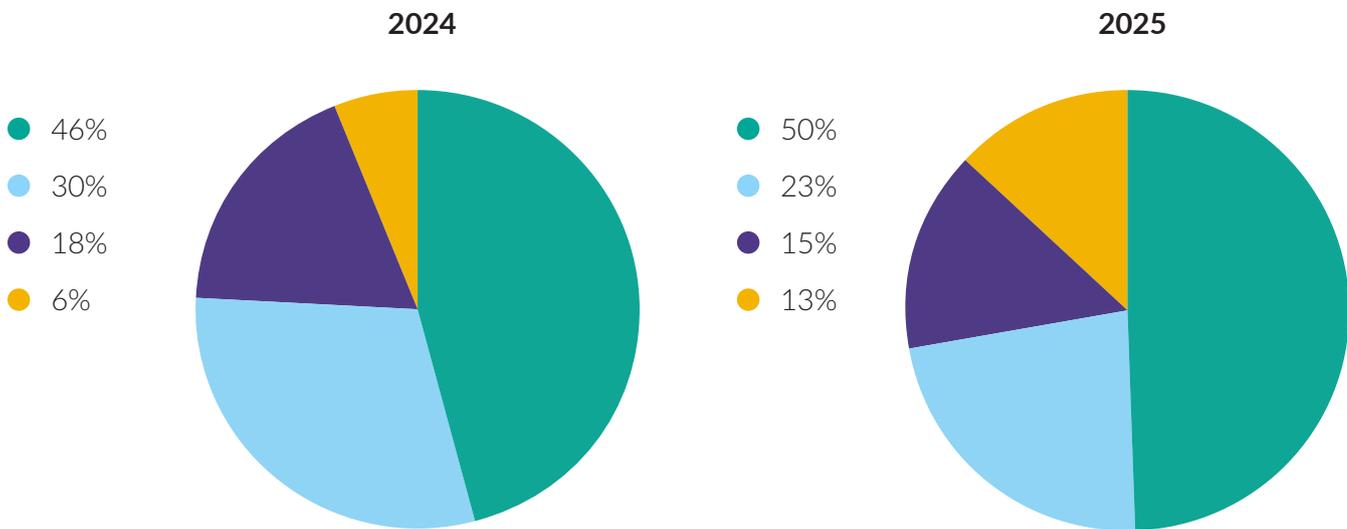
Standard 8.1 weakened in 2025, despite an increase in the Compliant category (46→50%). This was due to an overall fall in higher compliance (76%→73%) alongside rising noncompliance (6%→13%).

Standard 8.2

2024

- 51%
- 22%
- 20%
- 7%

2025

- 47%
- 25%
- 22%
- 6%
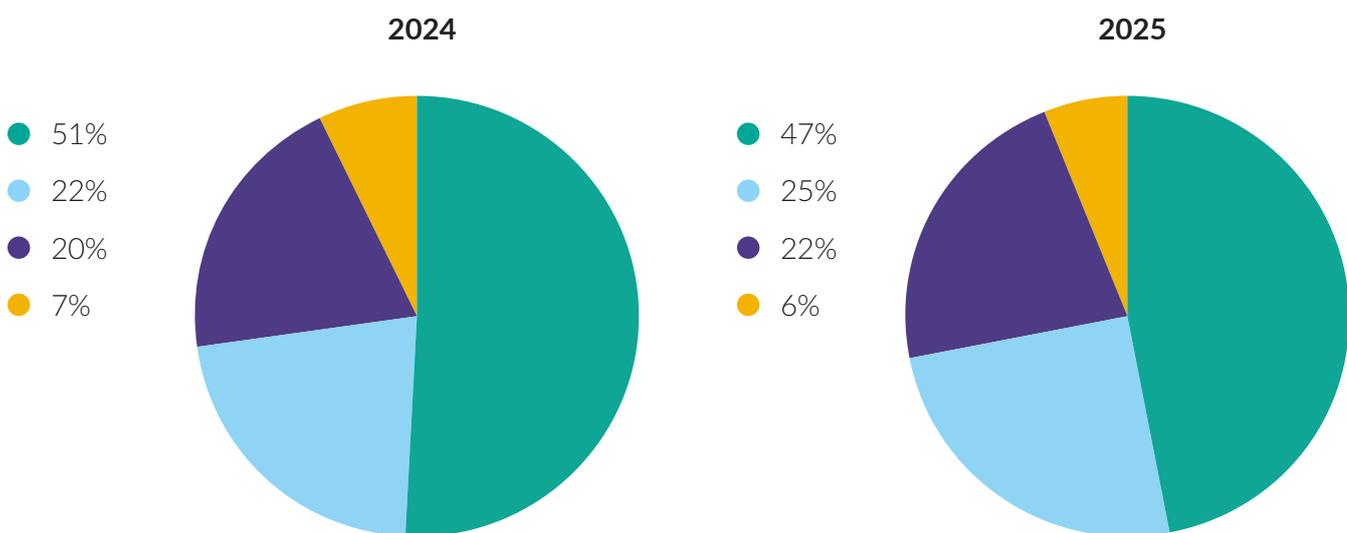
In Standard 8.2, overall higher compliance remained broadly stable (Compliant + Substantially Compliant: 73%→72%), with some redistribution within categories—most prominently Compliant (51%→47%) and Substantially Compliant (22%→25%).

Standard 8.3

2024

- 31%
- 26%
- 37%
- 6%

2025

- 30%
- 28%
- 30%
- 13%
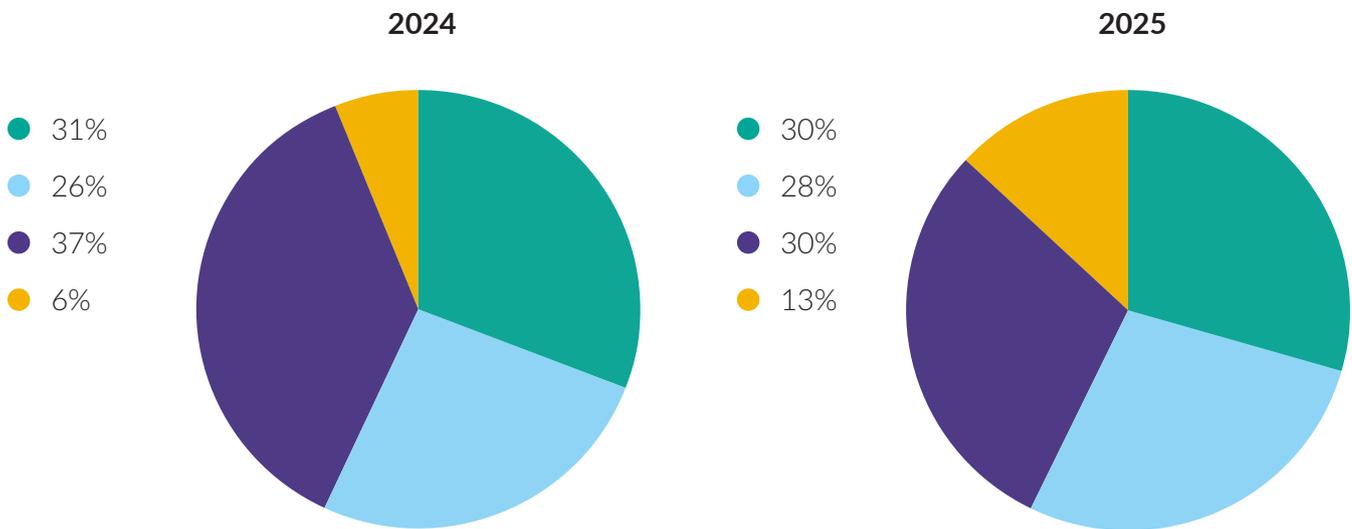
For Standard 8.3, higher compliance edged up overall (Compliant + Substantially Compliant: 57%→58%), but this progress was countered by an increase in non-compliance (6%→13%), indicating uneven performance across centres.

Standard 9.1

2024

- 86%
- 14%
- 0%
- 0%

2025

- 86%
- 9%
- 5%
- 0%
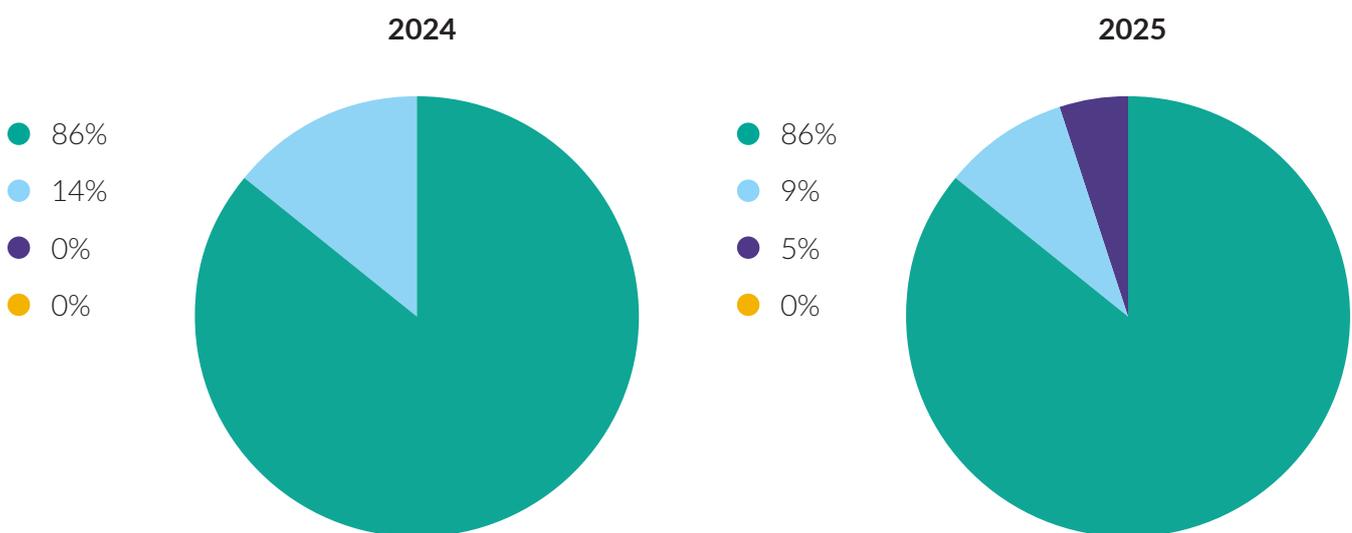
Standard 9.1 weakened somewhat in 2025, with a fall in higher compliance (Compliant + Substantially Compliant: 100%→95%) and a 5% increase in Partial Compliance.

Standard 10.1

2024

- 85%
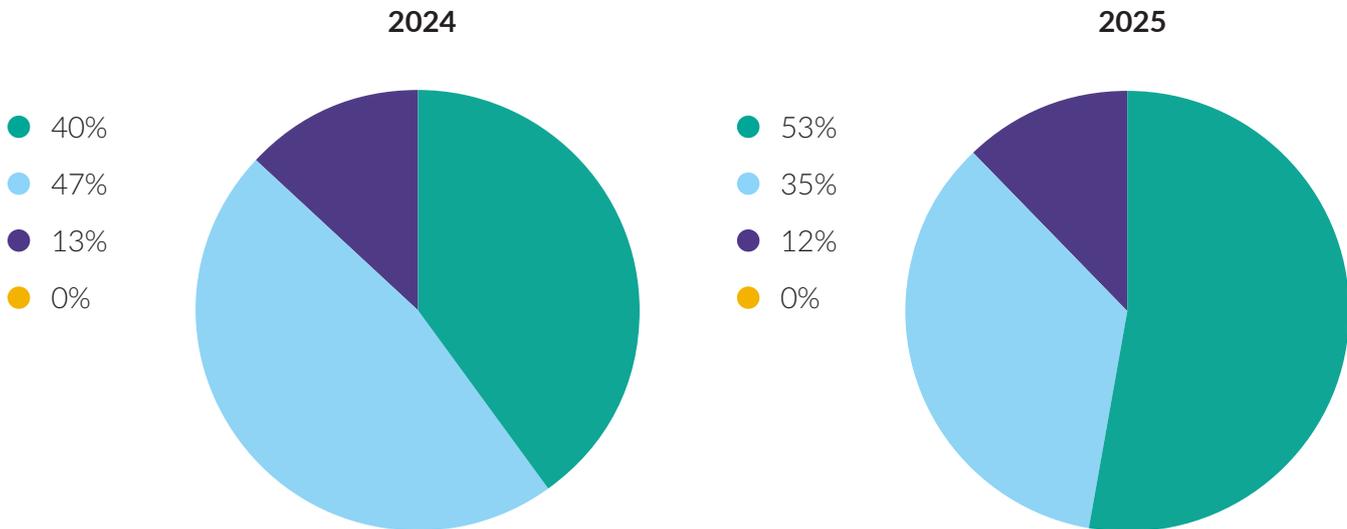- 10%
- 5%
- 0%

2025

- 93%
- 7%
- 0%
- 0%
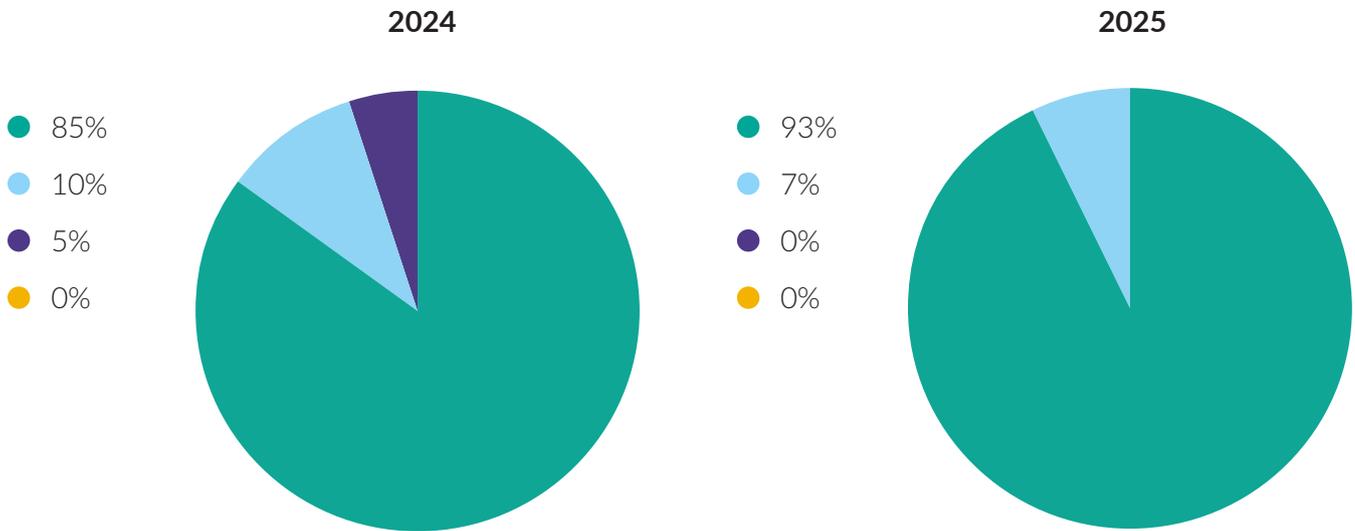
Standard 10.1 shows a clear uplift in higher compliance (Compliant + Substantially Compliant: 95%→100%), driven mainly by a 8% increase in the Compliant category.

Standard 10.2

2024

- 46%
- 33%
- 19%
- 2%

2025

- 61%
- 23%
- 11%
- 5%
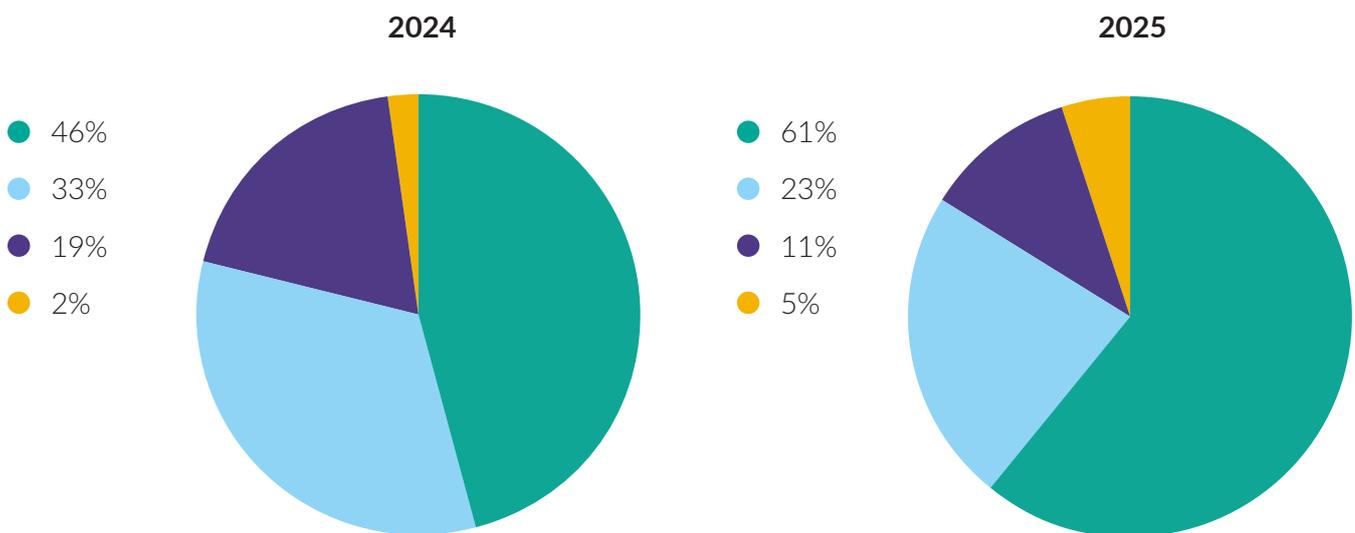
For Standard 10.2, higher compliance increased overall (79%→84%), but this progress was tempered by an increase in non-compliance (2%→5%).

Standard 10.3

2024

- 20%
- 20%
- 31%
- 29%

2025

- 38%
- 18%
- 33%
- 11%
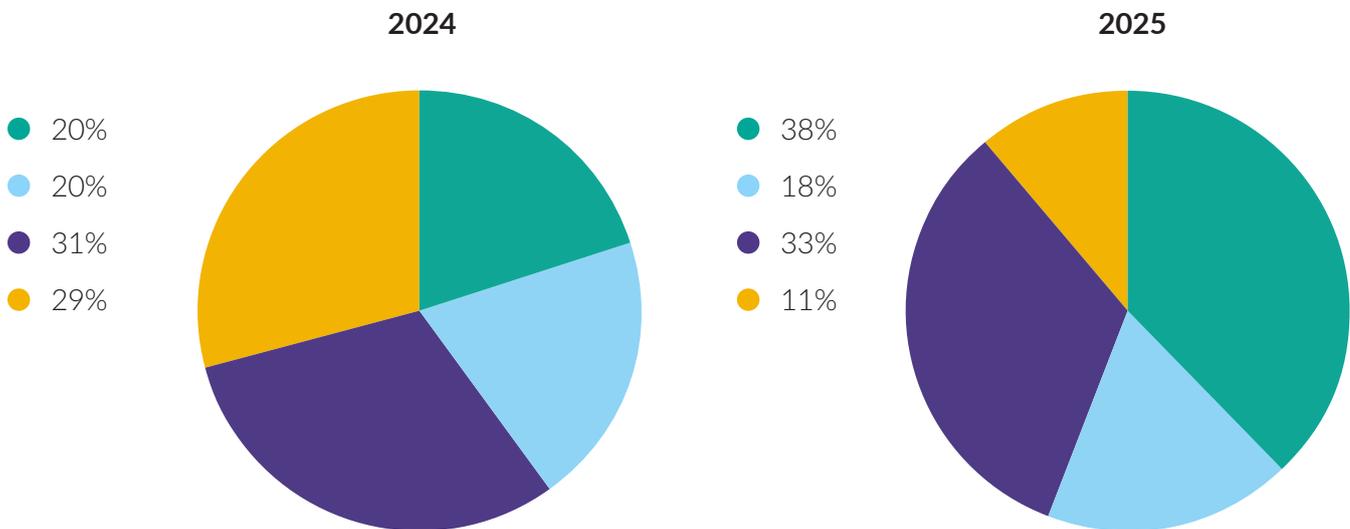
Standard 10.3 shows a clear uplift in higher compliance (Compliant + Substantially Compliant: 40%→56%), driven mainly by a 18% increase in the Compliant category, with non-compliance significantly reduced (29%→11%).

Standard 10.4

2024

- 26%
- 18%
- 29%
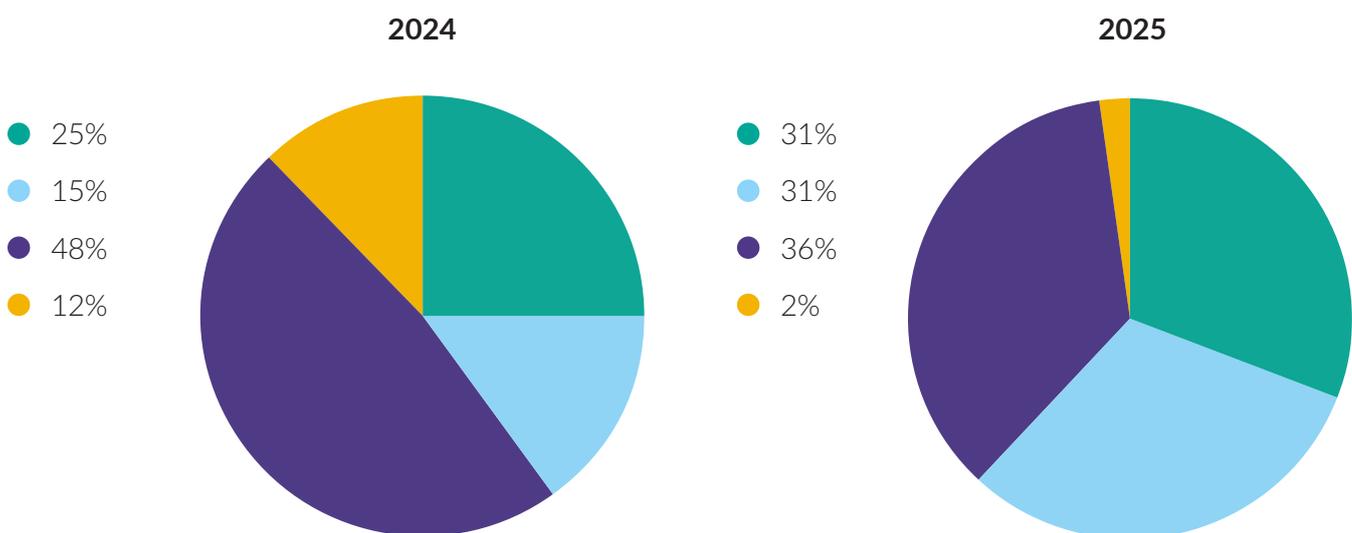- 27%

2025

- 39%
- 15%
- 28%
- 17%
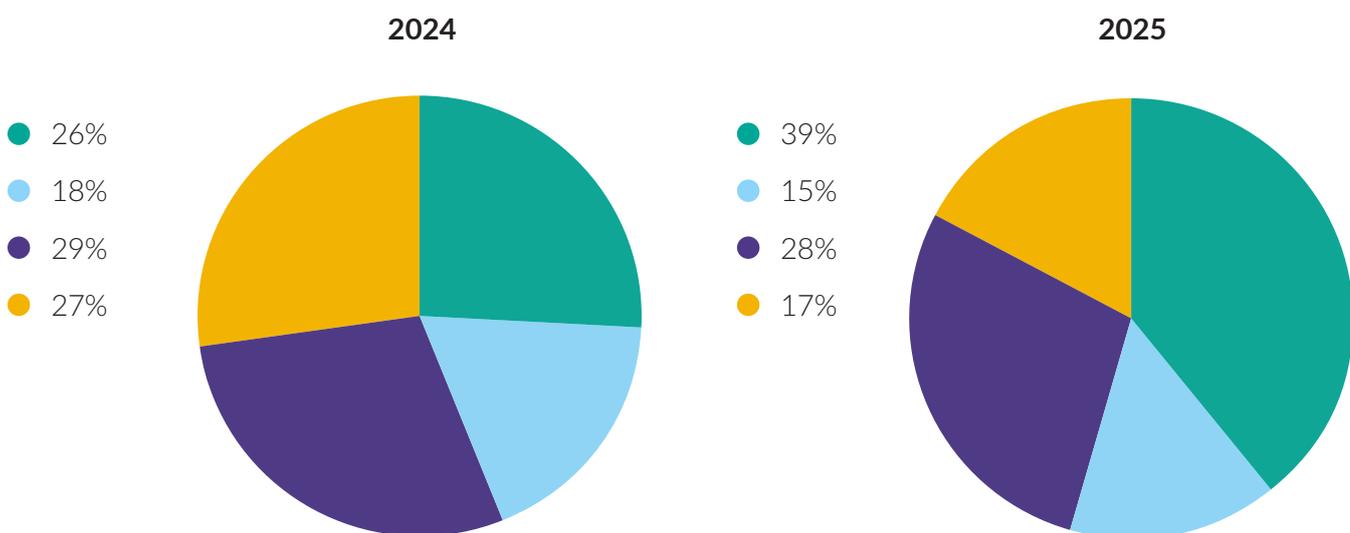
Standard 10.4 shows a clear uplift in higher compliance (Compliant + Substantially Compliant: 44%→54%), caused mainly by a 13% increase in the Compliant category. Non-compliance was reduced by 10% (27%→17%).

In terms of general trends across the 2024 inspections and the reports published in 2025, the latter showed an overall improvement in 12 standards;[167] a deterioration in compliance with 10 standards;[168] and no change, incremental change (≤2%) or improvement counter-balanced by dis-improvement in respect of 10 standards.[169] A notable area of improvement was in Theme 2: Responsive Workforce, where there was an improvement in recruitment practices, staff support and supervision, and staff training, alongside an overall steady state in relation to staff competencies. A notable area of deterioration was in Theme 4: Accommodation, where there was slippage in relation to the provision of accommodation that is homely, accessible and sufficiently furnished; a physical environment that promotes the privacy, dignity and safety of individuals; the privacy and dignity of family units and children; child-friendly accommodation; and the provision of sufficient and appropriate non-food items. Just one standard under Theme 4 (relating to laundry and cleaning) improved.

5. Conclusion

This chapter conduced a synthesis of all reports of HIQA inspections published in 2025, revealing considerable variability in compliance with the National Standards across (and sometimes within) permanent IPAS centres. The 2025 reports show significant levels of compliance with some themes and standards, and yield many examples of good practice; conversely, they also reveal significant levels of partial- and outright non-compliance with some themes and standards, with stark examples of poor practice. This chapter also compared the results of the above synthesis, with the synthesis that HIQA conducted of its inspections in 2024. Notwithstanding the limitations of this comparison, as discussed earlier, some broad trends can be observed. Overall, the picture of compliance in 2025 looks broadly similar to that in 2024, reflecting the fact that 2025 was only the second year of HIQA inspections of permanent IPAS centres. As noted in 'Monitoring of International Protection Accommodation Service Centres in 2024', HIQA's role is to 'support the transition of a sector primarily grounded in a hospitality model of service delivery, to comply with national standards which are underpinned by a social care model, and which broaden the expectations and responsibilities of service providers when compared to what they have previously experienced.'[170] Since DP (and all the institutional practices associated with it) has been in existence since 2000, it cannot be expected that this transition will happen overnight.

Nonetheless, the HIQA inspections mark the beginning of the transition, while also shining a light on what is happening in an otherwise opaque sector – providing transparency and oversight and prompting accountability. The next two chapters (4 and 5) now shift focus to emergency IPAS accommodation, which is specifically excluded from HIQA's remit. Since conditions in emergency accommodation are not captured in the literature review or in HIQA inspection reports, it was necessary to conduct empirical research to access the lived experience of IPA living in those centres. Chapter 4 captures the voices of IPA and Chapter 5 the reflections of key professionals.

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[167] Standard 1.3, 1.4, 1.5, 2.1, 2.3, 2.4, 4.7, 5.2, 10.1, 10.2, 10.3 and 10.4.

[168] Standard 1.1, 4.2, 4.3, 4.4, 4.5, 4.9, 5.1, 6.1, 8.1 and 9.1.

[169] Standards 1.2, 2.2, 3.1, 4.1, 4.6, 4.8, 7.1, 7.2, 8.2, 8.3.

[170] HIQA 2024, above n. 1, p. 8.

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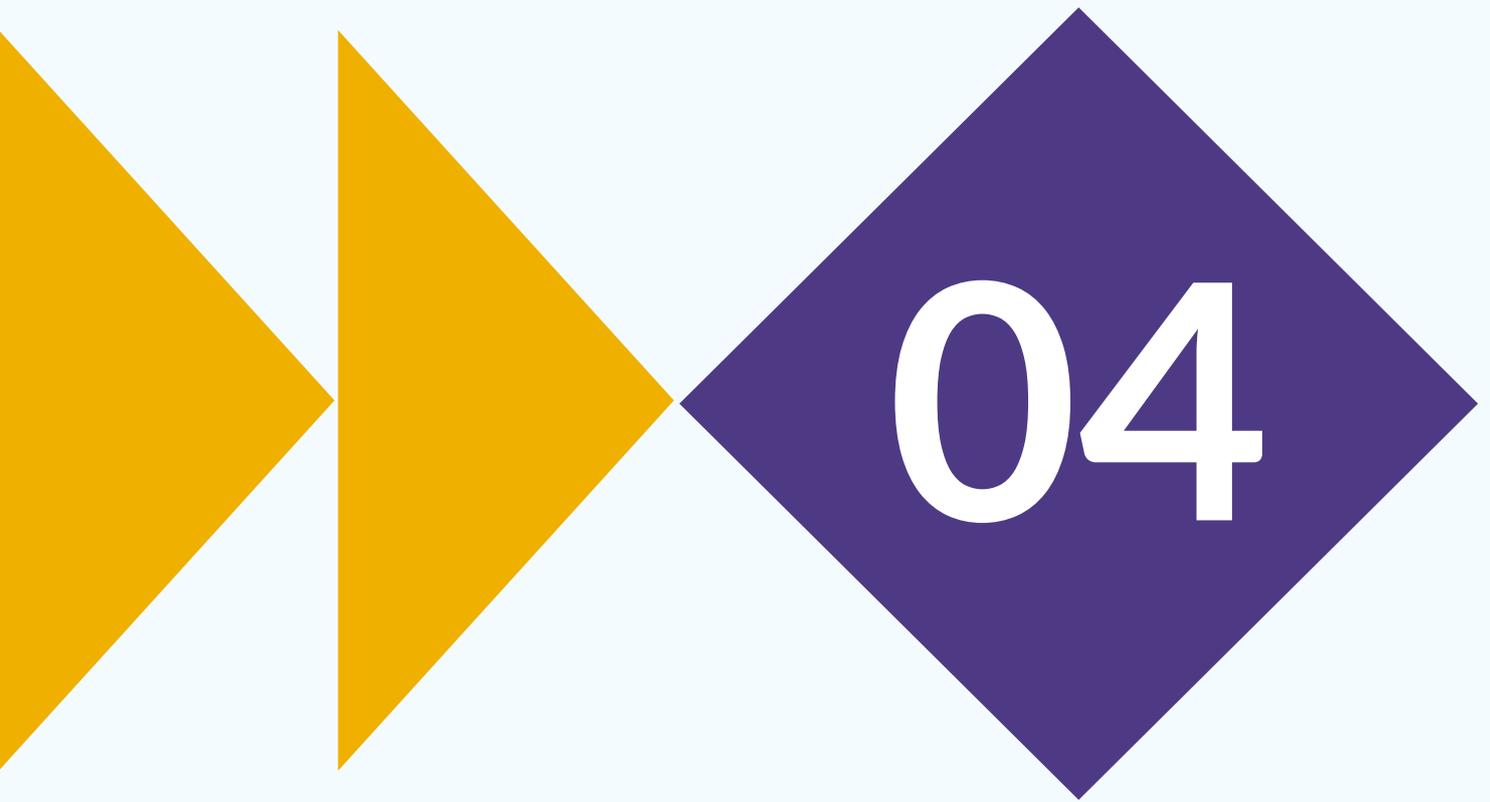
Survey and Focus Group Findings

Chapter 4
Survey and Focus Group Findings

1. Introduction

In the sections below, the findings from the survey are presented under the six thematic headings around which the survey instrument was structured. These headings reflect the organisation of the questionnaire and were deliberately designed to align with key issues identified in the literature review, as well as with feedback provided through an iterative, participatory development process involving peer researchers, members of the project advisory group, and non-governmental organisations working directly with people seeking international protection. This collaborative process in designing the survey ensured that the questions addressed issues of greatest relevance to residents' lived experience and policy concerns. Most survey questions were mandatory in order to ensure a robust and consistent dataset across respondents. However, some sections or questions

were intentionally optional to reflect differences in residents' circumstances; for example, the section relating to families with children was designed to be completed only by respondents who currently live with children, and respondents were clearly instructed to skip this section if it did not apply to them. In the analysis below, the main findings are examined thematically under each of the six headings: demographic information, accommodation, food, catering and cooking facilities, families with children, access to services and supports, and complaints, advocacy, and self-representation. This structure allows for a systematic and transparent presentation of both the quantitative and qualitative data, while maintaining coherence with the design and objectives of the survey.

2. Demographic Information

The respondent group reflects the gender, age, and family diversity living in Ireland's emergency accommodation for people seeking international protection. Age distribution skewed toward adults in the middle of their working lives; 40% were aged 35-44 years, 31% aged 25-34, and the remaining 29% spread across younger and older age categories. Women accounted for 61% of respondents, men for 36%, 3% preferred not to say, and 1% identified as 'other'. In terms of length of residence in Ireland, 57% had lived in the State between one and three years, 19% between six months and one year, and

13% for more than three years. A small minority (9%) had arrived within the previous six months. Respondents were geographically dispersed across all regions of Ireland. While respondents were located across multiple regions of Ireland, further disaggregation by county, town, or accommodation site was not asked in the survey. This decision was made on data protection and research ethics grounds, to protect respondent anonymity and minimise the risk of reidentification, particularly given the small number of residents in some emergency accommodation settings.

What is your age group?

- 18 – 24
- 25 – 34
- 35 – 44
- 45 – 54
- 55 – 64
- 65+

(Bar chart showing age group counts)

- 18 – 24: 17
- 25 – 34: 77
- 35 – 44: 99
- 45 – 54: 46
- 55 – 64: 6
- 65+: 1

(X-axis: 0, 20, 40, 60, 80, 100)
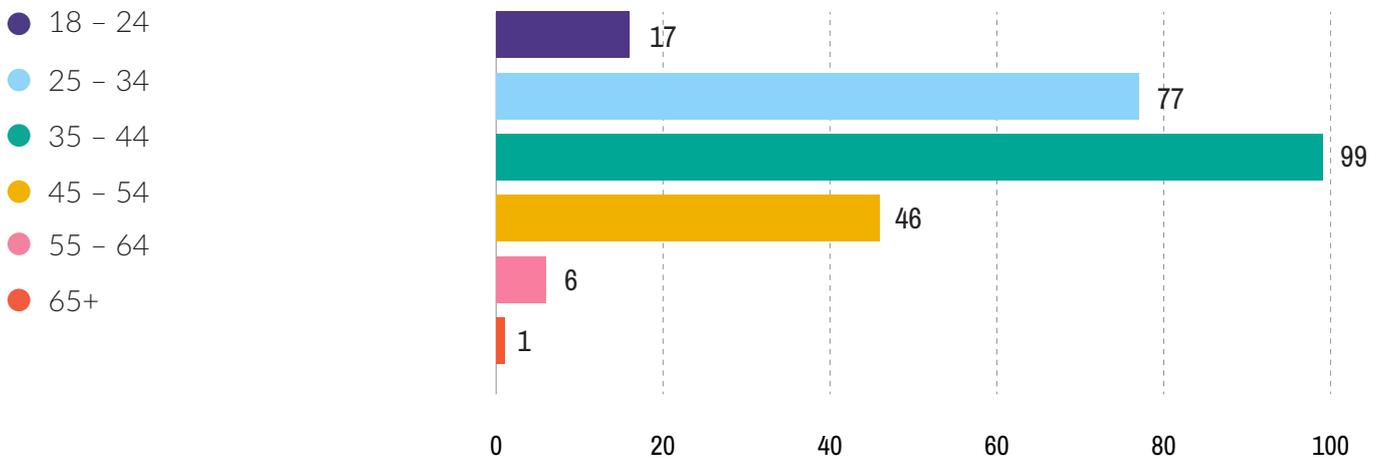
Responses to the question on country of origin indicate that the survey captured a highly diverse group of respondents, reflecting the varied profile of people seeking international protection in Ireland. Respondents identified a wide range of countries across Africa, the Middle East, Asia, Eastern Europe, and the Americas. The largest number of respondents identified Nigeria as their country of origin, followed by significant representation from countries including Zimbabwe, Somalia, Pakistan, Bangladesh, South Africa, Afghanistan, Palestine, Jordan, and Ukraine. Smaller numbers of respondents reported origins in countries such as Malawi, Kenya, Cameroon, Algeria, Botswana, Sierra Leone, Zambia, Uganda, Iran, Iraq (Kurdish region), Morocco, Georgia, Uzbekistan, Nicaragua, Guyana, among others.

Country of Origin of Survey Respondents (n=246)

Country of Origin	% of respondents
Nigeria (90)	36.6%
Zimbabwe (24)	9.8%
South Africa (15)	6.1%
Pakistan (14)	5.7%
Somalia (10)	4.1%
Bangladesh (8)	3.3%
Palestine (7)	2.8%
Jordan (6); Afghanistan (6)	2.4%
Botswana (5)	2.0%
Eswatini (4); Ukraine (4)	1.6%
Algeria (3); Kenya (3); Lesotho (3); Malawi (3); Swaziland (3); United States of America (3)	1.2%
Cameroon (2); Georgia (2); Guyana (2); Syria (2); Zambia (2)	0.8%
Guinea; Iran; Morocco; Nicaragua; Sierra Leone; Tanzania; Uganda; Uzbekistan; Western Sahara (each 1)	0.4%

This survey was not designed to mirror IPO country of origin proportions. It is notable that Nigeria, which has consistently featured among the top countries of origin in IPO statistics between 2022 and 2024, is also the most frequently reported country of origin among survey respondents. Zimbabwe is more prominently represented in the survey than in recent IPO headline figures, which may reflect patterns of engagement with the survey rather than application volumes. These differences underline that the survey findings should be interpreted as reflecting experiences within emergency accommodation rather than national application trends.

A small number of responses were provided in non-English script or using regional descriptors, and a small minority of respondents preferred not to disclose their country of origin. This distribution demonstrates that the survey reached people living in emergency accommodation from a broad range of geopolitical contexts, and conflict regions, which enhance the relevance of the findings across different national, cultural, and linguistic backgrounds while also underscoring the importance of culturally responsive and inclusive accommodation and support services for those seeking international protection.

Responses to the question on length of time spent in Ireland indicate that the survey predominantly captured the experiences of residents who have been in the State for 1-3 years. The largest proportion of respondents, 143 people, reported living in Ireland for between one and three years, representing the clear majority of the sample. A further 47 respondents indicated that they had been in Ireland for between six months and one year, while 33 respondents reported being in the State for more than three years. A smaller group, 23 respondents, had been in Ireland for less than six months. This distribution suggests that the findings primarily reflect the perspectives of people who are no longer newly arrived but who remain within the reception system over extended periods. This is an important contextual information when interpreting issues relating to wellbeing, access to services, autonomy, and transition to independent living, as longer durations within the system are associated with cumulative impacts of living in emergency accommodation over time.

How long have you been in Ireland?

- Less than 6 months
- 6 months - 1 year
- 1 - 3 years
- More than 3 years
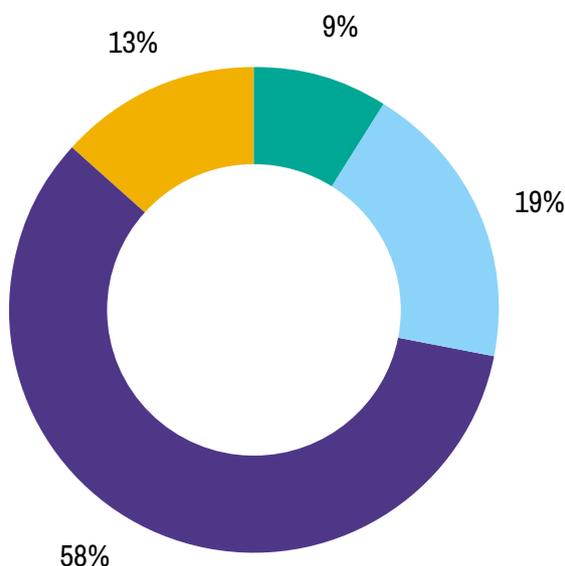
Responses to the question on current employment status indicate a mixed picture of labour market participation among respondents. 109 respondents (44%), reported that they were currently working. However, a substantial proportion were not in employment due to structural or practical barriers. Sixty-five respondents (26%) indicated that they were not yet eligible to work, reflecting ongoing restrictions associated with length of time in the protection process. A further 42 respondents (17%) reported

that they were unable to find a job despite being eligible to work, while 30 respondents (12%) identified lack of access to child-care as the primary barrier to employment. These responses demonstrate that while a significant number of residents are engaged in paid work, many others face legal, economic, and care-related obstacles that limit their ability to participate in the labour market. This has important implications for income security, integration, and long-term independence, particularly given the extended periods many respondents spend in the emergency accommodation system.

3. Accommodation

This question asked respondents to indicate which types of private, shared, and communal spaces they had access to within their accommodation. It was structured as a multiple response item, allowing respondents to select all options that applied to their living situation, in order to capture the range and combination of spaces available to residents. Responses to the question on access to different spaces within accommodation indicate that most residents live in shared environments with limited private facilities. Responses to the question should also be interpreted in light of the fact that respondents could select more than one option. Only 68 respondents reported having access to a private room. By contrast, 90 respondents shared a room with family members and 96 respondents shared a room with other residents. Access to private sanitation was similarly limited, with 64 respondents reporting access to their own bathroom, compared to 98 respondents who relied on shared bathroom facilities. Beyond sleeping and sanitation spaces, access to recreational and communal facilities was relatively low. Only 21 respondents reported access to an indoor recreational space, while 52 respondents had access to an outdoor recreational area such as a garden or yard. Purpose-built communal facilities were uncommon; 23 respondents indicated access to a meeting space that could be booked, 23 respondents reported access to a designated prayer or quiet space, and just 19 respondents had access to a computer room with internet facilities. These findings highlight the highly congregated nature of emergency accommodation settings and the limited availability of private, recreational, and communal spaces that support wellbeing, and autonomy.

In what circumstances do centre staff enter your room?

- ● ONLY during emergencies (e.g. fire risk)
- ● On routine inspection WITH my consent
- ● On routine inspection WITHOUT my consent
- ● Never

4%   6%

47%

43%
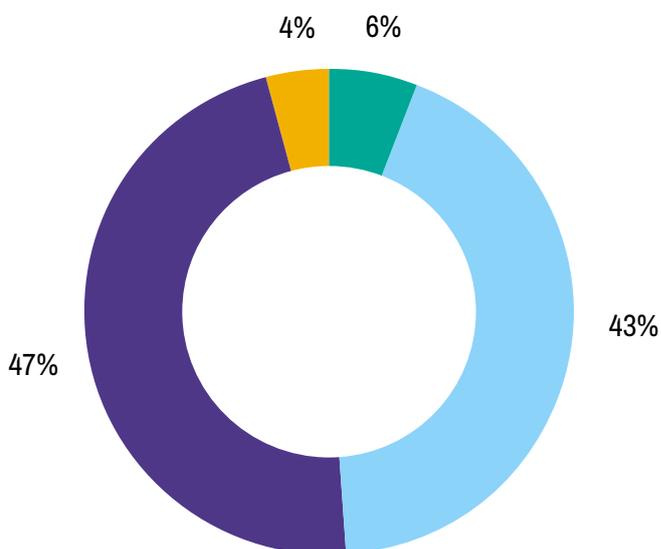
Responses to the question on the circumstances in which centre staff enter residents' rooms indicate significant variation in practice and raises concerns in relation to privacy and consent. Only 15 respondents (6%) reported that staff entered their room only during emergencies, such as where there was a fire risk. A larger group, 106 respondents (43%), indicated that staff entered their room on routine inspection with their consent. However, a slightly higher number, 116 respondents (47%), reported that staff entered their room on routine inspection without their consent, making this the most commonly-reported practice. A small number of respondents, 9 individuals (4%), stated that staff never entered their room. These findings suggest that for a substantial proportion of residents, routine room entry occurs without consent, raising concerns about respect for privacy, autonomy, and dignity within accommodation settings and pointing to inconsistent implementation of the National Standards relating to staff access to personal living space.

Responses to the question on access to facilities and essential non-food items indicate mixed levels of provision across accommodation settings. Responses to the question should also be interpreted in light of the fact that respondents could select more than one option. The majority of respondents, 211 people, reported access to laundry facilities such as washing machines or dryers. Access to personal storage and basic items was more uneven. 104 people reported having access to their own locker, while 71 respondents indicated access to separate storage facilities, such as space for suitcases. Provision of basic personal items varied; 135 respondents reported access to toiletries, 148 respondents reported access to towels, and 162 respondents indicated that bedding was provided. Access to other essential non-food items was notably limited, with only 41 respondents reporting access to items such as contraception. These findings suggest that while some core facilities are widely available (e.g. laundry services), access to personal storage and essential non-food items remains inconsistent, with potential implications for dignity, privacy, and personal autonomy within accommodation settings.

Responses to the question on the quality of shared facilities and spaces suggest mixed standards across accommodation settings. 125 responses reported that facilities were kept in good repair, while a higher proportion, 144 respondents indicated that facilities were kept clean. Perceptions of shared spaces were less positive; 115 responses reported that communal spaces were kept clean, and only 80 respondents considered shared spaces to be adequately furnished. These findings indicate that while basic cleanliness is more commonly achieved, issues relating to maintenance, furnishing, and the overall quality of communal environments remain of concern. The relatively low proportion of respondents who considered shared spaces to be adequately furnished highlights potential gaps in providing environments that support comfort, social interaction, and wellbeing within emergency accommodation settings.

Are you allowed to have visitors or friends meet you at your accommodation?

- Yes
- No
- Don't know
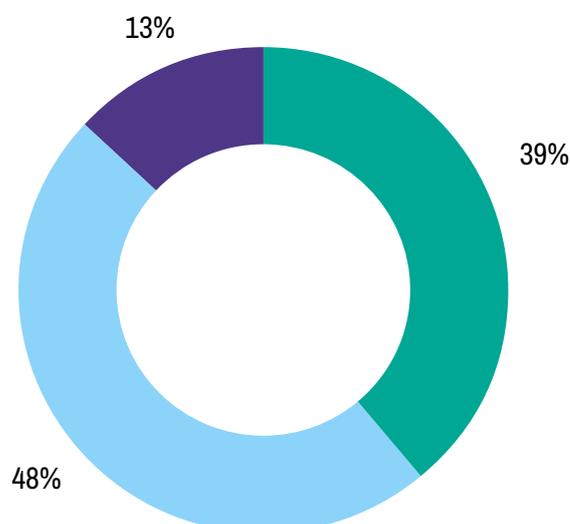
Responses to the question on whether residents are allowed to have visitors or friends meet them at their accommodation indicate significant restrictions on social interaction. Fewer than half of respondents, 96 individuals (39%), reported that they were allowed to have visitors. By contrast, 119 respondents (48%) stated that visitors were not permitted, while 31 respondents (13%) indicated that they did not know whether visitors were allowed. These 90

findings suggest that for many respondents, opportunities maintain social relationships and receive visitors are limited or unclear. Restrictions on visitors, combined with uncertainty about applicable rules, may contribute to social isolation and undermine residents' ability to maintain family, friendship, and community connections while living in emergency accommodation settings.

Can you come and go from your centre as you please?

- ● Yes
- ● No

45%

55%
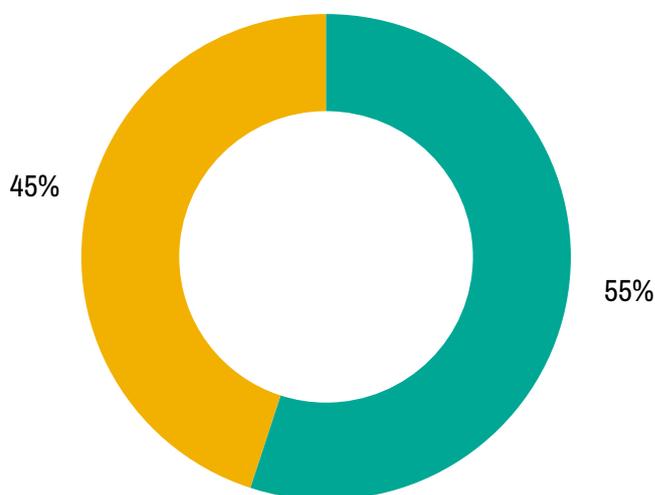
Responses to the question on freedom of movement indicate a divided experience among respondents. Just over half of respondents, 136 (55%), reported that they could come and go from their accommodation centre as they pleased. However, a substantial proportion, 110 respondents (45%), stated that they were not able to do so. This suggests that for a significant number of residents, freedom of movement is restricted in practice, with potential implications for autonomy, access to work or education, social participation, and overall wellbeing. The variation in responses also points to inconsistent rules or practices across accommodation settings, raising questions about clarity, proportionality, and alignment with the National Standards (see literature review chapter 2).

3.1 Summary of Findings on Accommodation Conditions, Privacy, and Autonomy

The main findings under this part of the survey indicate that emergency accommodation is characterised by highly congregated living arrangements, limited privacy, and significant restrictions on residents' autonomy. Most respondents lived in shared rooms and relied on shared bathroom facilities, with fewer than one third reporting access to a private room or bathroom. Access to recreational, communal, and quiet spaces was limited, and provision of essential non-food items and personal storage was inconsistent. Practices relating to privacy were particularly concerning, with almost half of respondents reporting routine room entry by staff without consent. Restrictions on visitors and limits on freedom of movement were also commonly reported, contributing to social isolation and reduced autonomy. These findings suggest systemic shortcomings in accommodation conditions, privacy, and everyday living arrangements, with clear implications for dignity, wellbeing, and alignment with the National Standards.

4. Food, catering and cooking facilities

What are the biggest challenges you face in your accommodation?
(Tick all that apply)

- ● Overcrowding
- ● Cultural/religious/other differences with roommates
- ● Differences with staff
- ● Lack of privacy
- ● Isolation
- ● Lack of transport
- ● Safety concerns in the centre
- ● Safety concerns in the neighbourhood of the centre
- ○ Temperature – too hot
- ● Temperature – too cold/damp
- ● Language barriers
- ● Not enough income to cover basic expenses
- ● Food
- ● Other

Challenge	Value
Overcrowding	33
Cultural/religious/other differences with roommates	13
Differences with staff	3
Lack of privacy	48
Isolation	2
Lack of transport	8
Safety concerns in the centre	2
Safety concerns in the neighbourhood of the centre	11
Temperature – too hot	0
Temperature – too cold/damp	7
Language barriers	5
Not enough income to cover basic expenses	26
Food	41
Other	47

Responses to the question on the biggest challenges faced in accommodation should be interpreted in light of the fact that respondents were able to select more than one option. The findings indicate that challenges are often overlapping and cumulative rather than single issues. The most frequently reported issue was lack of privacy, identified by 48 respondents, followed closely by concerns categorised as "other" (47 respondents), suggesting that many residents experience difficulties not fully captured by the predefined response options co-developed with stakeholders. Food-related issues were reported by 41 respondents, while overcrowding was identified by 33 respondents, reinforcing the broader findings on congregated living conditions. Financial strain was also prominent, with 26 respondents reporting insufficient income to cover basic expenses. Smaller but notable numbers highlighted safety concerns in the neighbourhood of the centre (11 respondents), lack of transport (8 respondents), and cold or damp conditions (7 respondents). Issues relating to language barriers, cultural or religious differences with roommates, and differences with staff were reported less frequently, though they remain significant for those affected. These findings illustrate that residents often face multiple, intersecting challenges within emergency accommodation settings, particularly relating to privacy, food, overcrowding, and financial insecurity.

Again responses to the question on food and meal options indicate that food provision varies across accommodation settings and that some residents have access to more than one arrangement. 130 respondents (53%) reported that food was provided through a canteen or catered food system, while 116 respondents (47%) indicated that they had access to a self-catering option. The relatively even distribution between these two options suggests significant variation in food provision models across accommodation settings. These findings are important when considered alongside residents' reported challenges relating to food, as differences in catering arrangements have implications for autonomy, cultural appropriateness, nutrition, and residents' ability to exercise choice in their daily lives.

Responses to the question on the characteristics of canteen or catered food provision should be interpreted in light of the fact that respondents were able to select more than one option. Among those with access to catered food, the most commonly reported feature was the availability of a menu that changes regularly, identified by 116 respondents.

Fewer respondents reported aspects that support choice and participation, such as flexibility around meal times, the ability to choose between menu options, or opportunities for residents to be consulted about menu planning; 49 respondents indicated flexibility around meal times, 38 reported having options to choose from on the menu, and only 23 stated that residents were consulted about the menu. Provision relating to quality and appropriateness was also mixed. 48 responses reported that the food was nutritious, 33 respondents indicated that culturally appropriate food was available, and 32 respondents reported access to snacks and drinks between meals.
These findings suggest that while menu rotation is relatively common, opportunities for resident input, cultural responsiveness, flexibility, and choice in food provision remain limited across emergency accommodation settings.

Responses to the question on self-catering arrangements should also be interpreted in light of the fact that respondents could select more than one option. The findings indicate that while some basic facilities are available, access is often constrained by practical and organisational barriers. A majority of respondents, 159 responses, reported access to fridge space and cupboards, and 112 respondents indicated access to cooking appliances such as a cooker, oven, microwave, air fryer, or slow cooker. Access to cooking utensils was reported by 89 respondents. However, systems governing use of these facilities appear limited or unclear. Only 32 respondents reported having a clear timetable for accessing cooking facilities, while 54 respondents experienced delays or queues when attempting to cook. In addition, 79 respondents reported reliance on a points or voucher system for purchasing food items within the emergency accommodation centre.[1] These findings suggest that while self-catering is formally available in some settings, the conditions under which it operates frequently limit residents' ability to cook independently, flexibly, and with dignity.

The final question in the section on food, catering and cooking facilities related to the cost of items under points or voucher systems. The responses highlight mixed and, for many residents, unfavourable experiences. Among respondents who engaged with such systems, 132 responses reported that items were priced at roughly the same cost as in a supermarket. However, a substantial proportion, 84 respondents, indicated that items were more expensive than in a supermarket, while only 30 respondents reported that items were cheaper. These findings suggest that for a significant number of residents, points or voucher systems do not offer financial value and may in fact exacerbate existing financial pressures. When considered alongside earlier findings on limited income and reliance on vouchers for food purchases, this raises concerns about affordability, fairness, and residents' ability to meet basic nutritional needs in a cost-effective manner.

4.1 Summary of Findings on food, catering and cooking facilities

The findings from this section of the survey indicate that food provision within emergency accommodation is a significant source of concern for many residents and is closely linked to broader issues of autonomy, dignity, and financial insecurity. Food-related challenges were commonly reported and often intersected with overcrowding, lack of privacy, and insufficient income. While food provision models varied across accommodation settings, with respondents almost evenly split between catered food and self-catering arrangements, neither model consistently supported choice, flexibility, or participation. In catered settings, menu rotation was relatively common, but opportunities for resident consultation, culturally appropriate food, and flexible meal times were limited. In self-catering settings, although basic facilities such as fridge space and cooking appliances were available to many respondents, access was frequently constrained by unclear schedules, queues, and reliance on points or voucher systems. The use of voucher systems appeared particularly problematic, with a substantial proportion of respondents reporting that food items were more expensive than in supermarkets. The responses to this part of the survey suggest that current food, catering, and cooking arrangements often fail to support residents' nutritional needs, cultural preferences, and everyday autonomy, and may exacerbate existing financial pressures within emergency accommodation settings.

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[1] Under these systems, residents are allocated points or vouchers instead of cash, which can be used to obtain food items either within the centre or through specified retailers.

5. Families with children

The following section presents the findings from Section 4 of the survey, which focused specifically on the experiences of families living in emergency accommodation and, in particular, the circumstances of children. As outlined earlier, the questions in this section were optional and were completed only by respondents who indicated that they currently live with children. The analysis below examines responses relating to family life, children's wellbeing, and access to appropriate facilities and supports. These findings provide important insight into how emergency accommodation settings affect family routines, parenting, and children's development, and they should be read in the context of the broader accommodation, food, and autonomy issues identified elsewhere in this chapter.

Which of the following do you have access to in your accommodation?
(Tick all that apply)

- Own door accommodation — 58
- Accommodation in centre for families — 39
- Accommodation in centre for families and single people — 48
- One bedroom for all family members — 73
- One bedroom for the parent(s) and a separate bedroom for the children — 21
- Family living space (apart from bedrooms) — 15
- Indoor recreation space for children — 18
- Outdoor recreation space for children — 27
- Toys and games for children — 29
- Study space and materials for children — 13
- Crèche or access to a crèche — 12
- Pre-school or access to a pre-school — 17
- Homework or study club — 8
- Transport to school — 38
- Transport to extra-curricular and community activities (e.g sports) — 17

The first question in this section asked respondents about access to family-appropriate accommodation and supports. The responses indicate significant constraints on family life within emergency accommodation settings. While 58 respondents reported living in accommodation with their own door, many families continued to reside within shared centres, with 39 respondents reporting accommodation designated for families and 48 respondents living in centres accommodating both families and single people. Sleeping arrangements were often highly restrictive. 73 respondents reported that all family members shared a single bedroom, while only 21 respondents had separate bedrooms for parents and children. Access to dedicated family living space beyond bedrooms was limited, reported by just 15 respondents. Facilities supporting children's play, learning, and development were also uneven. 18 respondents reported access to indoor recreational space for children and 27 respondents to outdoor recreational space. 29 respondents indicated access to toys or games, while only

13 respondents reported access to study space or learning materials. Formal early-years and educational supports were limited based on responses. 12 respondents reported access to a crèche, 17 respondents to a pre-school, and 8 respondents to a homework or study club. Transport-related supports were somewhat more common but still inconsistent, with 38 respondents reporting access to transport to school and 17 respondents reporting transport to extra-curricular or community activities. These findings suggest that many families in emergency accommodation lack access to the physical space, facilities, and supports necessary to sustain family routines and children's development. The prevalence of single-bedroom living arrangements, combined with limited recreational, educational, and early-years supports, highlights the challenges families face in maintaining privacy, stability, and opportunities for children within emergency accommodation environments.

What stage is your child or children at? *(Tick all that apply)*

- Preschool
- Primary school
- Secondary school
- Finished secondary school and in employment
- Finished secondary school and attending further education course (e.g post leaving)
- Finished secondary school and currently unemployed
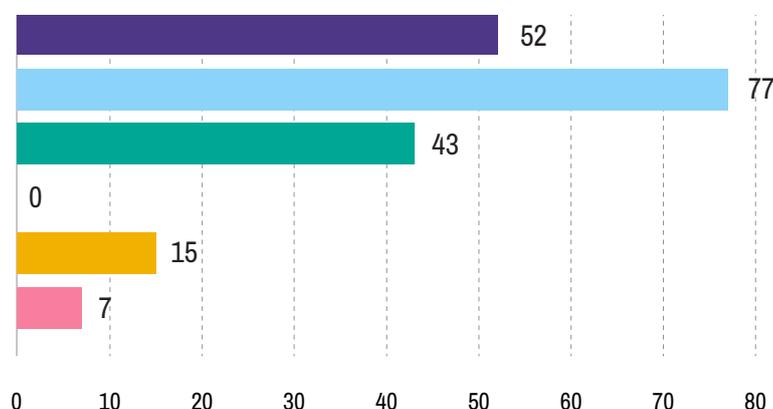
Responses to the question on the educational stage of respondents' children indicate that the survey captured families with children across a wide range of ages and educational stages. Again, responses to the question should also be interpreted in light of the fact that respondents could select more than one option. The largest group of responses related to children attending primary school (77 responses), followed by preschool-aged children (52 responses) and children in secondary education (43 responses). A smaller number of respondents reported children who had completed secondary school and were engaged in further education or training, such as post-Leaving Certificate courses, apprenticeships, or university (15 responses). A further 7 responses indicated children who had finished secondary school and were currently unemployed. No respondents reported children who had completed secondary school and were in employment. This distribution of responses highlights that many families in emergency accommodation are parenting young and school–age children, for whom stability, space, and access to educational supports are important.

Has your child experienced any of the following challenges in education?
(Tick all that apply)

- Unable to go on school tour or other school activities
- Unable to attend extra-curricular activities because of lack of finances
- Unable to afford school books/ uniform/'voluntary contribution'
- English or Irish language difficulty
- Racism from classmate(s) or teacher(s)
- Lack of motivation because of uncertainty about continuing in education after school
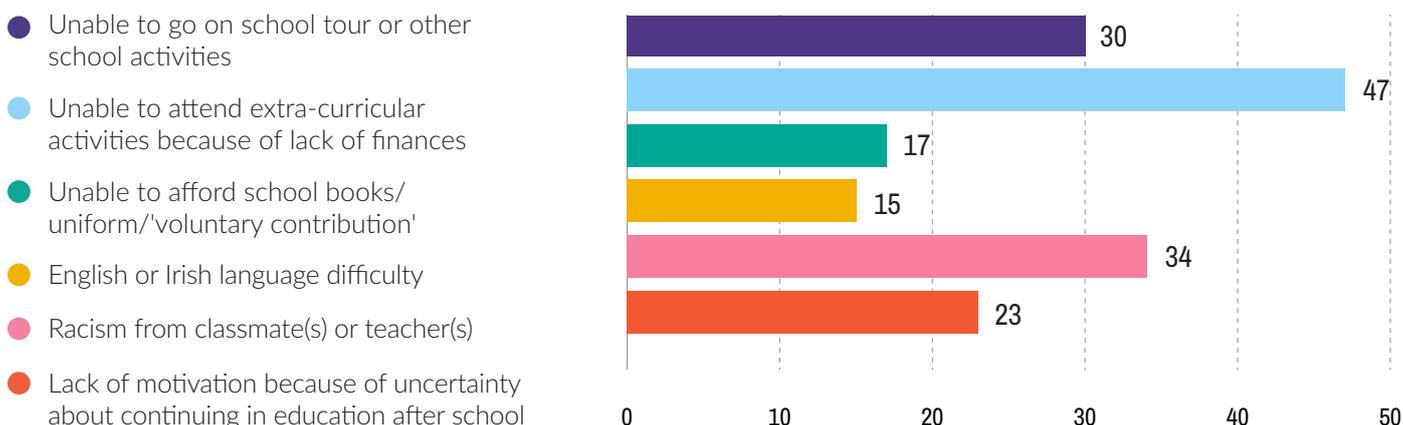
Responses to the question on educational challenges should be interpreted in light of the fact that respondents could select more than one option. The findings indicate that children living in emergency accommodation face a range of barriers that limit their full participation in education. The most frequently reported challenge was inability to attend extra-curricular activities due to lack of finances (47 responses), followed by experiences of racism from classmates or teachers (34 responses). 30 respondents reported that their child was unable to participate in school tours or other school activities, while 23 respondents identified a lack of motivation linked to uncertainty about continuing in education after school. Financial barriers were also evident, with 17 respondents reporting difficulty affording school books, uniforms, or voluntary contributions. 15 respondents reported English or Irish language difficulties. These findings suggest that children in emergency accommodation experience 96 both material and psychosocial barriers to education, with financial constraints, discrimination, and uncertainty about the future impacting educational engagement and wellbeing.

What are the challenges you face as a parent in IPAS accommodation?
(Tick all that apply)

● Concerns over child safety
and protection

● Unable to prevent other people
influencing or disciplining your child

● Unable to invite your child's
friends into IPAS centre

● Unable to cook for your child

● Lack of support with child-care

● Unable to be a role model to your
child in the way you would like

● Lack of privacy for you/your child
because of shared room

● Having to rely on your child for translation

● Other

Chart values: 50, 41, 52, 58, 44, 47, 68, 12, 19 (x-axis 0 to 80)

The final question in this section related to challenges faced by parents in emergency accommodation. Responses to the question on challenges faced by parents should also be interpreted as reflecting multiple, overlapping pressures rather than isolated issues. Again, the findings here should also be interpreted in light of the fact that respondents could select more than one option. The most frequently reported challenge was lack of privacy for parents and children due to shared rooms (68 responses), underscoring the impact of accommodation arrangements on family life. 58 respondents reported being unable to cook for their child, while 52 respondents indicated that they were unable to invite their child's friends into the accommodation centre. Concerns about safety and protection were widely reported, with 50 respondents identifying this as a challenge, and 41 respondents reporting difficulty preventing other people from influencing or disciplining their child. 47 respondents reported feeling unable to act as a role model to their child in the way they would like, while 44 respondents highlighted a lack of support with child-care. A smaller number of respondents reported having to rely on their child for translation (12 responses), and 19 respondents identified other challenges not captured by the listed options. These findings illustrate the constraints placed on parenting within emergency accommodation, affecting parents' ability to provide care, maintain boundaries, support their children's development, and sustain family relationships in a safe and dignified way.

5.1 Summary of Findings on families and children

The findings from the responses to section 4 of the survey highlight the significant challenges faced by families and children living in emergency accommodation. Many families reside in constrained living arrangements, often sharing a single bedroom with limited access to private family living space. Facilities and supports that are critical for children's development, including recreational areas, study spaces, childcare, and early-years provision, were limited and

inconsistently available. Children across preschool, primary, and secondary school age 97 groups faced multiple barriers to educational participation, including financial constraints, exclusion from school activities, experiences of racism, and uncertainty about the future of their education. Parents / respondents also reported difficulties in meeting their children's needs, particularly in relation to privacy, safety,

cooking, childcare, and maintaining parental authority and routines within shared accommodation settings. The findings indicate that emergency accommodation environments frequently fail to support family life or uphold children's wellbeing, stability, and development, with clear implications for long-term outcomes and the need for more family-appropriate, regulated accommodation and supports.

6. Access to Services and Supports

The following section presents the findings from the survey questions relating to residents' access to services and supports while living in emergency accommodation. These questions explored access to key services such as healthcare, mental health supports, legal advice, education

and training, and community-based supports, as well as practical barriers to accessing these services. The findings provide insight into how effectively existing service structures support residents' needs and highlight gaps, challenges, or problems.

Is your accommodation:

- In a city
- In a suburb
- In a town
- In a village
- In the countryside
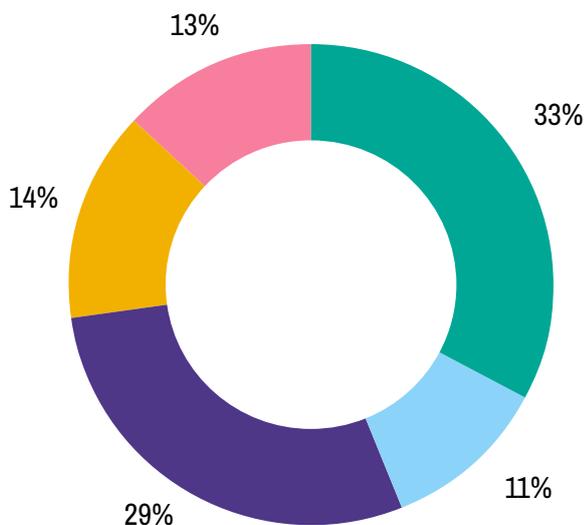
The first question in this section asked respondents about the location of their accommodation. Responses indicate that residents are dispersed across a wide range of geographic settings. The largest proportion of respondents, 81 individuals (33%), reported living in accommodation located in a city, followed by 72 respondents (29%) living in a town. A further 34 respondents (14%) indicated that their accommodation was located in a village, while 33

respondents (13%) reported living in the countryside. Smaller numbers, 26 respondents (11%), reported living in suburban locations. This distribution highlights the varied spatial contexts of emergency accommodation, which has important implications for access to services, transport, employment, education, and community supports, particularly for those living in more rural or remote settings.

Are the centre/staff management knowledgeable and can they advise you about the following services? *(Tick all that apply)*

- Healthcare
- Educational opportunities
- Your local Intreo office for help in finding a job
- Legal services
- Community supports
- NGOs for internation protection applicants (e.g. MASI)
- Social welfare
- Housing supports (if you have your papers)
- Volunteering opportunities
- Location of churches/mosques/temples
- The post office
- The garda station

	Value
Healthcare	136
Educational opportunities	105
Your local Intreo office for help in finding a job	103
Legal services	56
Community supports	85
NGOs for internation protection applicants (e.g. MASI)	47
Social welfare	100
Housing supports (if you have your papers)	42
Volunteering opportunities	83
Location of churches/mosques/temples	47
The post office	130
The garda station	94
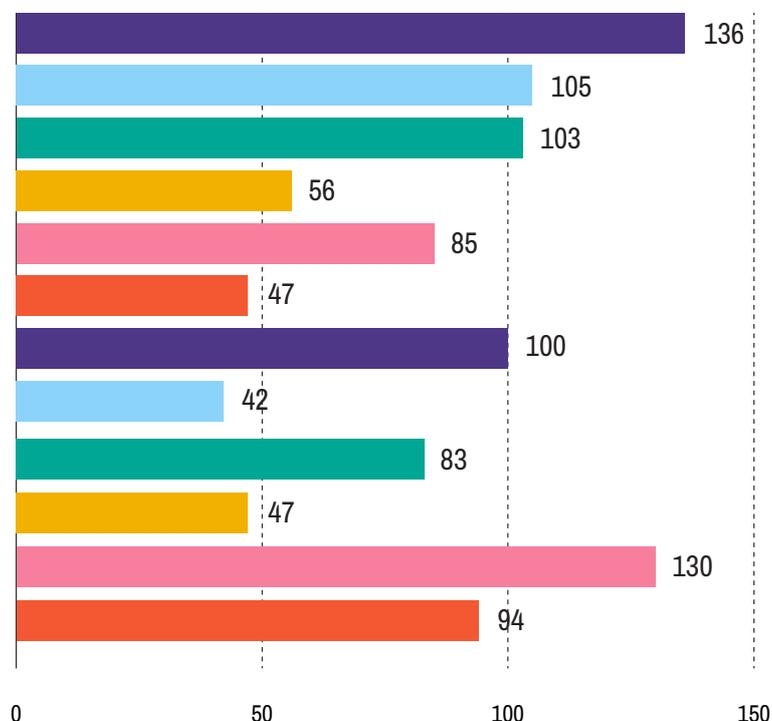
Responses to the question on whether centre staff or management are knowledgeable about, and able to advise on, key services should be interpreted in light of the fact that respondents could select more than one option. The findings indicate variable levels of staff knowledge across different service areas. The highest levels of reported knowledge related to healthcare (136 respondents) and the post office (130 respondents), followed by educational opportunities (105 respondents), Intreo offices for employment support (103 respondents), and social welfare services (100 respondents). Moderate levels of knowledge were reported in relation to the Garda station (94 respondents), community supports (85 respondents), and volunteering opportunities (83 respondents). By way of contrast, fewer respondents indicated that staff could advise on legal services (56 respondents), NGOs supporting international protection applicants (47 respondents), places of worship (47 respondents), or housing supports for those with permission to remain (42 respondents). These findings suggest that while centre staff are often able to provide practical guidance on basic services and local amenities, knowledge relating to legal advice, specialist NGO supports, and longer term housing is more limited. This uneven distribution of information may affect residents' ability to access critical supports in the community and navigate towards stability and integration.

How do you travel to the services you need (e.g. shops, GP, Church)?

- 🟢 By car
- 🔵 By public transport
- 🟣 In transport organised by the centre
- 🟡 Walking
- 🩷 Bike

2%   10%

31%

44%

13%
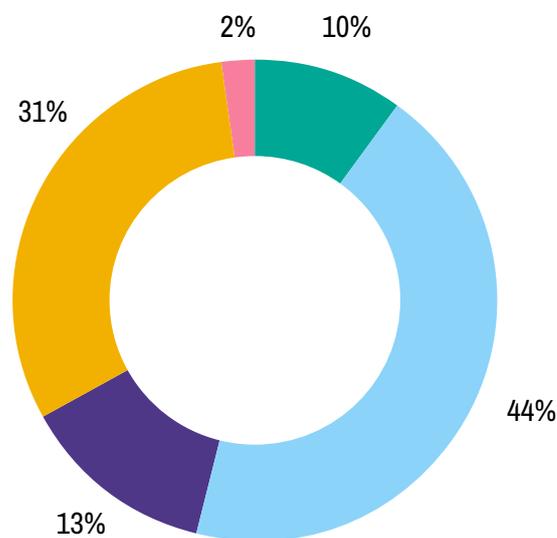
Again, responses to the question on how residents travel to access essential services should be interpreted in light of the fact that respondents could select more than one option. The findings indicate that most residents rely on forms of transport that may limit flexibility and access. The most commonly reported mode of travel was public transport, used by 109 respondents, followed by walking, reported by 77 respondents. A smaller proportion, 33 respondents, relied on transport organised by the accommodation centre, while only 24 respondents reported travelling by car. Very few respondents, 3 in total reported using a bike. These findings suggest that many residents depend on public transport or walking to access essential services, which may pose significant challenges, particularly when considered alongside the earlier finding that accommodation is dispersed across cities, towns, villages, and rural locations. For residents living in more remote or rural settings, limited or infrequent public transport can significantly restrict access to healthcare, education, employment, and community supports. Reliance on centre-organised transport further raises questions about flexibility, autonomy, and residents' ability to independently access services and participate fully in community life.

Responses to the question on the quality of available transport indicate mixed and, for many respondents, inadequate provision. While 83 respondents reported that transport was regular (34%), a similar number, 84 respondents (34%), indicated that transport was not frequent enough. Only 38 respondents (15%) reported that transport took them where they needed to go, while 41 respondents (17%) stated that it did not. These findings

suggest that even where transport is available, it does not consistently meet residents' needs in terms of frequency, coverage, or usefulness. This reinforces earlier findings that transport represents a significant barrier to accessing services, employment, education, and community supports, particularly for residents living in more remote locations. For people with disabilities and families with children, limited, inflexible, or inaccessible transport options pose additional challenges in attending appointments, accessing education, and participating in community life etc.

Responses to the question on whether there is a designated staff member to support people with additional needs reveal considerable gaps in provision and awareness. Only 47 respondents (19%) reported that such a staff member was available, while 125 respondents (51%) stated that there was no designated person providing this support. A further 74 respondents (30%) indicated that they did not know whether such a role existed. These findings suggest that dedicated support for residents with additional needs, including mental health difficulties and disabilities, is either absent, inconsistently provided, or poorly communicated and understood. The high level of uncertainty among respondents also points to a lack of clarity about available supports, which may leave people with additional needs without appropriate assistance or advocacy. This raises concern when considered in light of the National Standards, which requires service providers to have an established policy to identify, communicate, and address existing and emerging special reception needs. The survey findings suggest a gap between this standard and residents' reported experiences in practice.

113

Does your centre provide you with a translator to communicate with centre staff, if you need one?

- ● Yes
- ● No
- ● I don't know

13%

36%

50%
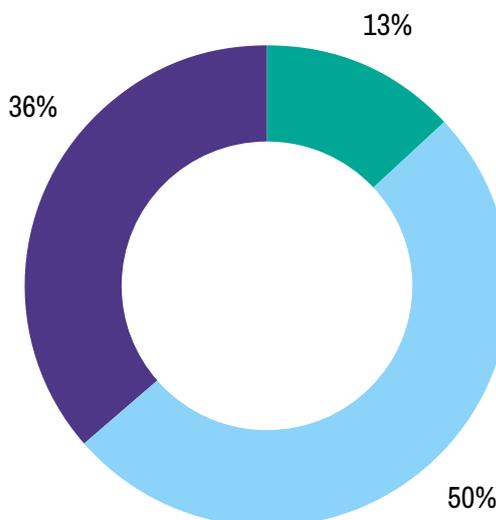
The final question in this section related to access to translation support. Responses to this question highlight significant barriers to communication within accommodation settings. Only 33 respondents (13%) reported that their centre provided access to a translator when needed. By contrast, 124 respondents (50%) stated that no such support was available, and 89 respondents (36%) indicated that they did not know whether translation services were provided. These findings suggest that many residents may be required to communicate with centre staff without adequate language support, potentially affecting their ability to understand rules, access services, raise concerns, or advocate for themselves etc. This is particularly significant when considered alongside the survey's country-of-origin data (see above), which indicates that the vast majority of respondents come from countries where English is not the primary language. Limited access to translation services has important implications for equality of access, informed decision-making, and residents' capacity to engage effectively with accommodation management and external services etc.

6.1 Summary of findings on access to services or supports

The findings from this section of the survey point to significant structural and practical barriers affecting residents' access to services and supports while living in emergency accommodation. Residents were dispersed across a wide range of geographic locations, including towns, villages, and rural areas, which impacted access to healthcare, education, employment, and community supports. While centre staff were often able to provide information on basic services such as healthcare, social welfare, and local amenities, knowledge relating to legal services, specialist NGOs, housing pathways, and places of worship was more limited. Transport emerged as a major constraint, with many residents relying on public transport or walking, and transport options frequently described as infrequent, poorly connected, or not meeting residents' needs. In addition, supports for people with additional needs were often absent or poorly communicated, and access to translation services was limited, leaving many residents without adequate assistance to communicate effectively with staff or external services. These findings suggest that location, transport constraints, uneven access to information, and limited specialist supports combine to restrict residents' autonomy, hinder access to essential services, and undermine participation in community life.

7. Complaints, Advocacy, and Self-Representation

The following section presents the findings from the survey questions relating to complaints, advocacy, and residents' ability to represent themselves while living in emergency accommodation. These questions explored residents' awareness of complaints mechanisms, their confidence in using them, access to advocacy and support when raising concerns, and perceived barriers to speaking up. The

findings provide important insight into how accountability operates in practice within emergency accommodation settings and highlight the extent to which residents feel able to raise concerns, and seek redress.

Does your accommodation centre have a Resident's Charter, which sets out your rights?

- ● Yes
- ● No
- ● I don't know

23%

34%

43%
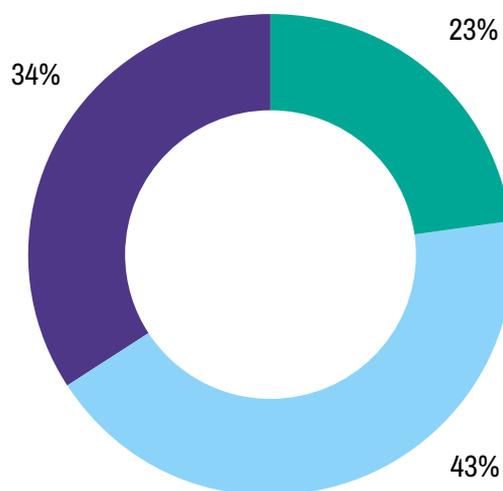
The first question in this section of the survey related to whether accommodation centres have a Residents' Charter setting out residents' rights. The responses indicate low levels of awareness and availability of these charters. 56 respondents (23%) reported that their accommodation centre had a Residents' Charter. By contrast, 107 respondents (43%) stated that there was no Residents' Charter in place, while a further 83 respondents (34%) indicated that they did not know whether such a charter existed. These findings suggest that many residents either do not have access to clear, written information about their rights within accommodation settings or are not aware of its existence. This points to a gap between practice and the National Standards, which require that a residents' charter clearly and accurately sets out the services available and how they are provided. The limited visibility or communication of Residents' Charters may undermine

transparency, accountability, and residents' ability to understand and assert their rights.
Responses to the statement that management and staff at the centre are generally helpful, kind, and professional reveal mixed views among respondents.

A total of 50 respondents (17%) strongly agreed with the statement and 63 respondents (21%) agreed, indicating that just under half of respondents held a positive perception of staff and management. However, a comparable proportion expressed neutral or negative views, with 67 respondents (23%) selecting a neutral response and 66 respondents (22%) disagreeing. These findings suggest that while many residents experience staff as supportive and professional, a substantial proportion do not, pointing to inconsistency in staff-resident interactions across accommodation settings.

Does the management at your centre consult with the resident's about how to improve life in the centre? *(Tick all that apply)*

- ● Yes, regularly
- ● Yes, sometimes
- ● Yes, but not all residents are consulted
- ● Yes, but it does not change anything
- ● No

16%

18%

6%

13%

47%
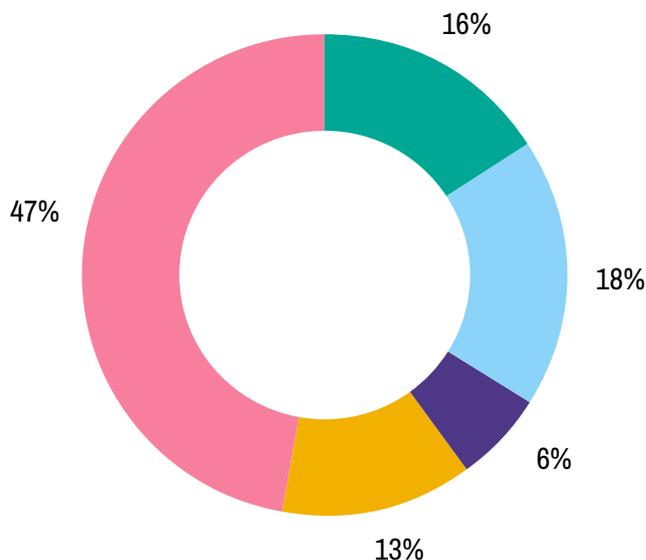
Responses to the question on whether management consults with residents about improving life in the centre indicate limited and uneven engagement. Only 41 respondents (16%) reported that consultation occurs regularly, while 47 respondents (18%) stated that it happens sometimes. Smaller numbers reported partial or ineffective consultation, including 16 respondents (6%) who indicated that not all residents are consulted and 32 respondents (13%) who stated that consultation takes place but does not lead to change. Notably, nearly half of respondents, 120 individuals (47%), reported that there is no consultation with residents. These findings suggest that meaningful participation in decision-making is limited for many residents, undermining opportunities for respondents to have their views voiced and shared problem-solving within emergency accommodation settings. These findings raise concerns in light of the National Standards, which emphasise residents' participation, consultation, and involvement in decisions affecting daily life in the centre.

Do you feel that you can make a complaint to the centre manager about issues in your centre?

- ● Yes, and I know how to do this
- ● Yes, but I don't know how to make a complaint
- ● No, I don't feel comfortable making a complaint
- ● No, I was not aware I could make a complaint

7%

40%

7%

46%
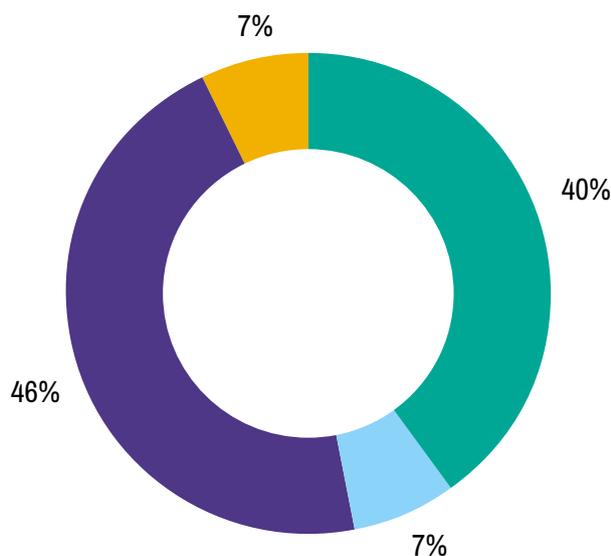
Responses to the question on whether residents feel able to make a complaint to the centre manager indicate significant barriers to accessing complaints mechanisms. While 99 respondents (40%) reported that they felt able to make a complaint and knew how to do so, a much larger proportion expressed discomfort or uncertainty. 114 respondents (46%) stated that they did not feel comfortable making a complaint, 16 respondents (7%) indicated that they could make a complaint but did not know how, and 17

respondents (7%) were not aware that making a complaint was possible. This is particularly concerning given that the lack of a clear, independent, and trusted complaints procedure was explicitly identified as a key deficiency in the McMahon Report, and was intended to be addressed through subsequent reforms to the reception system (see Chapter 2 above). The persistence of these barriers is of significant concern.

Have you experienced any of the following types of conflict or disagreements in your accommodation? *(Tick all that apply)*

- With a roommate
- With another resident
- With a member of staff (e.g receptionist, security guard, kitchen staff)
- With the centre manager
- Feeling unsafe because of conflict in the centre
- Noisy or aggressive behaviour from others
- Verbal abuse or threats
- Physical fights or violence
- I have not experienced any problem like this

Category	Value
With a roommate	31
With another resident	61
With a member of staff	54
With the centre manager	49
Feeling unsafe because of conflict	44
Noisy or aggressive behaviour	66
Verbal abuse or threats	41
Physical fights or violence	16
I have not experienced any problem	90

Responses to the question on conflict and disagreements should be interpreted in light of the fact that respondents could select more than one option. The findings indicate that conflict is a common feature of life in emergency accommodation for many residents. 66 respondents reported experiencing noisy or aggressive behaviour from others, while 61 respondents reported conflict with another resident. 54 respondents reported conflict with a member of staff, and 49 respondents reported conflict with the centre manager. Safety-related concerns were

also prominent; 44 respondents reported feeling unsafe because of conflict in the centre, 41 respondents reported experiencing verbal abuse or threats, and 16 respondents reported physical fights or violence. While 90 respondents reported that they had not experienced problems of this kind, the prevalence of multiple forms of conflict highlights the challenging and, at times, unsafe environments faced by a substantial proportion of residents of emergency accommodation who responded to this survey.

If you made a complaint, was it addressed effectively?

- ● Yes, my complaint was taken seriously and resolved
- ● Yes, but the response was not satisfactory
- ● No, my complaint was ignored
- ● I have never made a complaint

21%

19%

29%

31%
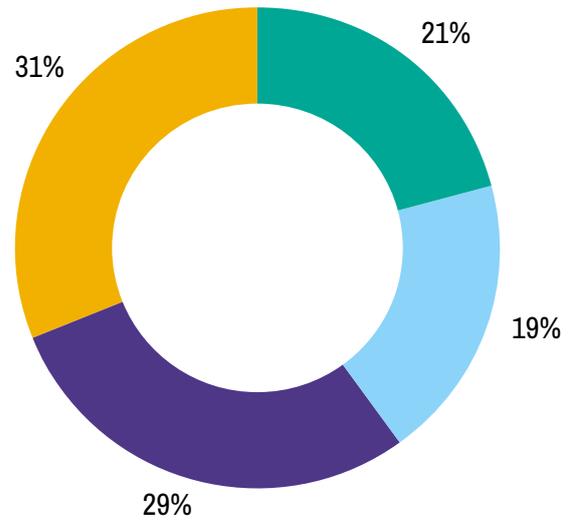
Responses to the question on whether complaints were addressed effectively reveal low levels of satisfaction with outcomes. Among respondents who had made a complaint, only 51 respondents (21%) reported that their complaint was taken seriously and resolved. A similar number, 47 respondents (19%), reported that their complaint was addressed but the response was not satisfactory. Of

concern is that 72 respondents (29%) stated that their 104 complaint was ignored altogether. A further 76 respondents (31%) indicated that they had never made a complaint. These findings suggest that even when residents do engage with complaints mechanisms, positive outcomes are not guaranteed, reinforcing perceptions that complaints processes lack effectiveness or accountability.

If you had a problem but did not make a complaint, why was that?
(Tick all that apply)

- ● Fear it might affect my asylum application
- ● I didn't know who to complain to
- ● I didn't have support or legal advice
- ● I had difficulty with the language
- ● My complaint was about the manager, so I had no-one to complain to
- ● I didn't think complaining would make any difference
- ● I have never needed to make a complaint

Category	Value
Fear it might affect my asylum application	67
I didn't have support or legal advice	12
I didn't know who to complain to	22
I had difficulty with the language	8
My complaint was about the manager	49
I didn't think complaining would make any difference	100
I have never needed to make a complaint	67
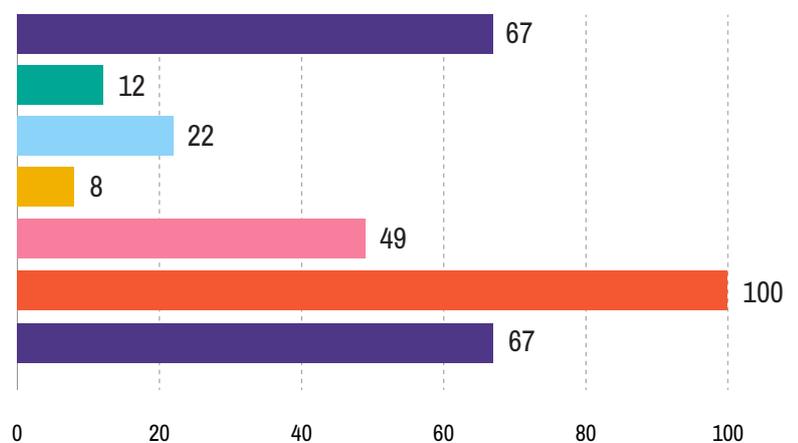
Responses to the question on reasons for not making a complaint should be interpreted as reflecting multiple, overlapping concerns. Again, responses to the question should also be interpreted in light of the fact that respondents could select more than one option. The most frequently reported reason was a belief that complaining would not make any difference, identified by 100 respondents. 67 respondents reported fear that making a complaint might affect their asylum application, while 49 respondents indicated that their complaint related to the centre manager, leaving them with no clear avenue for redress. Other barriers included lack of support or legal advice (22 respondents), uncertainty about who to complain to (12 respondents), and language difficulties (8 respondents). These findings highlight fear of making complaints, power imbalance, and mistrust that discourages residents from raising concerns, even where formal complaints mechanisms exist.

Responses to the question on whether residents complained in writing to IPAS following an unresolved issue reveal limited awareness and significant barriers. Only 17 respondents (8%) reported that a complaint to IPAS was taken seriously and resolved. By contrast, 45 respondents (22%) reported receiving an unsatisfactory response and 22 respondents (11%) stated that their complaint was ignored. It is of note that 72 respondents (34%) reported that they did not know about this complaints mechanism, while 53 respondents (25%) reported being afraid to make a complaint to IPAS. These findings suggest that escalation routes beyond the accommodation centre are poorly understood and, for many residents, perceived as inaccessible or risky.

Did you know that the Ombudsman can deal with some complaints about Direct Provision and emergency accommodation?

- Yes – and I know how to contact them
- Yes – but I'm not sure what they can do
- No – I didn't know this
- I've heard of the Ombudsman, but I don't understand their role

10%
9%
17%
65%
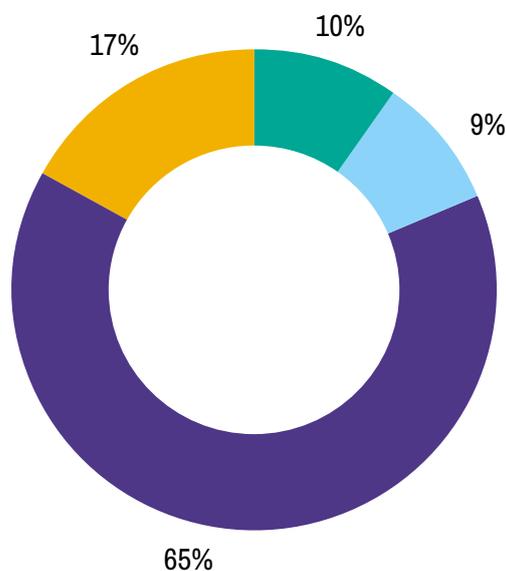
Responses to the question on awareness of the Ombudsman indicate very low levels of knowledge about external oversight mechanisms. Only 25 respondents (10%) reported knowing that the Ombudsman can deal with some complaints and understanding how to contact them. A further 21 respondents (9%) were aware of the Ombudsman but unsure of their role, while 41 respondents (17%) had heard of the Ombudsman but did not understand what they do.

The majority of respondents, 159 individuals (65%), reported that they were not aware of this oversight mechanism at all. These findings point to a significant accountability gap, where residents lack awareness of independent avenues for redress and oversight beyond complaint directly to accommodation providers and IPAS.

7.1 Summary of findings on complaints, advocacy, and self-representation

The findings in this section point to significant weaknesses in complaints, advocacy, and accountability mechanisms within emergency accommodation. Awareness of residents' rights was limited, with low visibility of Residents' Charters and widespread uncertainty about their existence. While some respondents reported positive interactions with staff and management, perceptions were mixed and consultation with residents was limited, uneven, or ineffective for many respondents. A substantial proportion of residents did not feel comfortable making complaints, and conflict, including safety concerns and aggressive behaviour, was a common feature of accommodation settings.

Where complaints were made, outcomes were frequently unsatisfactory or complaints were ignored, reinforcing perceptions that raising concerns does not lead to meaningful change. Fear of negative consequences, lack of trust, power imbalances, and limited access to support or information further discouraged residents from voicing concerns and complaints. Awareness of escalation mechanisms, including complaints to IPAS and the Ombudsman, was very low. This indicates a significant accountability gap and underscores the need for clearer, safer, and more accessible routes for advocacy and redress within the emergency accommodation system.

8. Residents' Perspectives in Their Own Words

The final section of this chapter outlines the residents' perspectives in their own words. It draws on two qualitative sources generated as part of this research project: the open-ended question included at the end of the national survey and the findings from the peer-led focus groups. Both components were intentionally designed to complement the structured survey questions by providing opportunities for residents to articulate their experiences, priorities, and concerns in their own terms, and to raise issues that may not have been fully captured through predefined survey response options.

The final survey question was an open-ended question that invited respondents to identify the single most important change they would make to their accommodation or to the wider system. This question was included to bring to the fore residents' voices and to capture crosscutting concerns, lived experiences, and recommendations emerging directly from the people living emergency accommodation. As the question was mandatory, it generated a

substantial qualitative dataset, reflecting a wide range of experiences across accommodation types, geographic locations, and family types. The volume and richness of the responses underscore both the significance of this question to respondents and the extent to which many felt a need to be heard beyond structured survey format and predefined response options.

In addition, this section incorporates findings from the peer-led focus groups conducted as part of the study. These findings are integrated here in order to present residents' voices in a coherent and accessible way, and to avoid unnecessary duplication across chapters. The focus groups provide depth, context, and collective reflection on many of the issues raised in the survey, allowing for a better understanding of conditions in emergency accommodation. Five peer-led focus groups were conducted with people living in IPAS accommodation, with a particular focus on emergency accommodation. Four focus groups were facilitated by peer researchers across a range of urban and semi-

urban locations, including women-only, mixed gender, and family groups. One additional focus group was facilitated jointly in a rural setting.

The focus groups reflect a geographic spread across the State and capture diverse experiences of residents living in emergency accommodation. To protect participant anonymity and minimise the risk of identification, specific accommodation centres are not named. Instead, focus groups are referred to numerically as Focus Groups 1-5. This approach is particularly important given that participants frequently expressed concern about potential repercussions for speaking openly about their experiences.

The focus groups were designed to complement the national survey findings by providing depth, explanation, and context to the issues identified quantitatively. While the survey captures the prevalence of particular conditions and experiences across emergency accommodation, the focus groups allow for further understanding of the issues. The peer-led nature of the research was key. Facilitators shared lived experience of the international protection system, which contributed to trust and

open discussion, particularly in relation to sensitive issues such as food, parenting, complaints, and fear of transfer. Both qualitative data sources were analysed using reflexive thematic analysis, following the approach developed by Braun and Clarke (see chapter 1).[2] This involved repeated familiarisation with the data, inductive coding, and the development and refinement of themes capturing shared patterns of meaning across individual survey responses and focus group discussions. While many participants raised multiple issues within a single response or discussion, the analysis focused on identifying dominant themes that reflect residents' priorities and the conditions in emergency accommodation.

Bringing both of these qualitative strands together provides a more comprehensive account of life in emergency accommodation. These accounts are provided in the residents' own words and presented alongside the quantitative findings presented earlier in the chapter. This approach seeks to strengthen the analysis by ensuring that the statistical patterns discussed earlier are interpreted through lived experience.

Theme 1:
Food, Nutrition, and the Loss of Everyday Autonomy

Food emerged as one of the most dominant and emotionally-charged issues across both the open-ended survey responses and the focus group data. In the survey, respondents frequently criticised the quality, quantity, and cultural appropriateness of food provided in accommodation centres, with meals commonly described as repetitive, poorly prepared, or unsuitable for dietary, medical, or religious needs. These concerns were echoed and explored in greater depth during the focus groups, where participants

described food not just as inadequate or inconvenient, but as a daily site of stress, humiliation, and loss of dignity. Participants in Focus Groups 1-4, all living in emergency accommodation, reported being either fully reliant on catered meals or provided with food vouchers or points while simultaneously being prohibited from cooking for themselves.

These experiences are illustrated by the following survey responses, which capture residents' frustration

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[2] Virginia Braun and Victoria Clarke, *Thematic Analysis: A Practical Guide* (Sage 2021).

with both the quality of food and the lack of meaningful choice in daily meals.

"Food menu, every dinner gets the same menu sometimes with over cooked rice, meat and chicken cooked in a very sweet sauce."

Survey Respondent 60

"One thing out of many is food that's always been served. Many times I and some other residents that I have seen gets to avoid it and option to buy snacks or other things. Sometimes I just manage it just to put something in my belly."

Survey Respondent 66

A strong sub-theme concerned the absence of meaningful self-catering facilities. Respondents framed the ability to cook as essential to dignity, health, and family life rather than personal preference. Parents, in particular, highlighted the distress of being unable to prepare food for children, babies, or family members with specific medical needs.

"If I could change one thing, it would be to have access to a kitchen. My baby is 1 year old and is growing, so she needs to try different kinds of food, but I cannot prepare them for her. My husband also has diabetes and needs a special diet, which is very difficult to manage without cooking facilities. Having a kitchen would make a big difference for our family's health and wellbeing."

Survey Respondent 120

Even where limited self-catering existed, respondents described barriers such as lack of fridges, restricted access times, queues, or inadequate equipment. The food voucher systems were criticised for limited value and flexibility, compounding financial pressure and restricting choice.

"Changing the food voucher method, they only give Lidl voucher."

Survey Respondent 141

Catered meals were widely described as repetitive, nutritionally poor and culturally inappropriate, often served at inflexible times that conflicted with work, study or childcare responsibilities in the focus groups. Parents described distress at being unable to meet their children's dietary needs, particularly where children had allergies, medical conditions or religious requirements.

"We are not allowed to cook, what we supposed to eat and feed the children?"

Focus Group 2, Participant 1

Where voucher or points systems operated, participants described these as inadequate, particularly for families. Ready-made food was expensive and did not provide sufficient nutrition, especially for children attending school. Several participants described the arrangement as illogical and degrading, noting that they were expected to purchase food without being permitted to prepare it.

Across Focus Groups 1-3, participants reported being explicitly prohibited from cooking or even heating food. Some described being prevented from making soup, warming milk or preparing simple meals for children.

"Not allowed to cook even soup or heating the milk."

Focus Group 1, Participant 3

In some cases, cooking appliances purchased with residents' own funds were reportedly confiscated by management.

"The hotel management … got the cooking mini oven I bought to cook."

Focus Group 2, Participant 3

These practices were experienced as punitive and infantilising, reinforcing a sense that residents were not trusted to manage basic aspects of daily life.

"[There is] no place to cook in the room, many cooking in the bathroom."

Focus Group 2, Participant 5

For participants living with chronic illness, disability or trauma, food restrictions were described as exacerbating physical and psychological distress. Several participants linked food-related stress to

experiences of displacement and war, describing meal times as emotionally charged and retraumatising.

"I have immune disease and my mother is 80 years old, we are from war crises, the food issue is increasing our trauma, and they told us to buy ready-made food from Lidl?"

Focus Group 2, Participant 2

Participants in Focus Group 5, who had access to kitchens, described different experiences. The ability to cook was framed by some participants as restoring dignity, autonomy and family life. However, even in this setting, some challenges remained, including sharing facilities and managing communal expectations. Nonetheless, the contrast highlights the central role of cooking and food autonomy in impacting the wellbeing of people living in emergency accommodation.

Theme 2:
Privacy, Overcrowding, and the Erosion of Dignity

A key theme to emerge across both the open-ended survey responses and the peer-led focus groups concerned the absence of privacy and the effects of overcrowded living conditions in emergency accommodation. Across both qualitative data sources, participants consistently described shared rooms, shared bathroom facilities, and high-occupancy levels as the defining features of everyday life within the system. Privacy was described as a basic condition for dignity, health, and family life. Many respondents to the open-ended survey question reported living with multiple adults or entire families in a single room for prolonged periods, often extending over months

or years. Overcrowding was described as physically uncomfortable and distressing, with respondents highlighting constant noise, poor ventilation, and the ease with which illness spreads in shared spaces. Several respondents explicitly linked overcrowded living conditions to declining physical and mental health. The lack of privacy was described as causing harm.

These concerns were echoed and deepened in the focus group discussions, where participants reflected collectively on how overcrowding impacted daily life, relationships, and wellbeing over time.

"We are struggling... seeking asylum and life... is not easy."

Focus Group 3, Participant 4

"Illnesses such as colds and similar conditions spread easily."

Survey Respondent 4

Families emphasised the particular harm caused by lack of space, especially where children of different ages or genders shared sleeping areas. Privacy was also discussed in relation to shared bathroom facilities, which were experienced as undignified and unsafe, particularly at night or for people with health conditions.

"Giving enough space to families, because my 3 children aged 15, 13 and 11 a girl and 2 boys all share 1 room also I and my husband also share 1room, we don't have any privacy. 5 of us live in just 2 rooms."

Survey Respondent 39

"I would change the living system to be more independent and private. A large family of 4 or more should have a bathroom, not shared bath with many residents. I would let people have a life of themselves not a controlled environment."

Survey Respondent 54

While cleanliness and physical quality varied, residents consistently emphasised that the defining feature of life in emergency accommodation was the extent to which daily routines and personal relationships were impacted by institutional rules in emergency accommodation rather than personal choice. Participants in Focus Groups 1, 2 and 3, all conducted in urban or semi-urban settings, described being

required to share a single room with multiple family members for prolonged periods, often exceeding one or two years. Parents spoke of the strain this placed on family life, privacy and emotional wellbeing. Teenagers were described as having no private space, while couples reported a lack of intimacy and ongoing tension arising from overcrowding.

"My teenagers aged 18 and 16 are boys and we all stay in the same room. They need to burn their energies. The restriction is challenging. They cannot play outside and are confined. I allow my children to be on the phone 24/7 because that is the only alternative. They play games long into the night because they are bored."

Focus Group 5, Participant 2

Restrictions on movement and visitors was a recurring theme across the focus groups. This aligns with the survey findings on limited autonomy and social isolation. Participants described strict rules over who could visit, how long visits could last, where visitors could be received and, in some cases, requirements to sign in and out or formally record. These restrictions were described as intrusive and infantilising, limiting participant's ability to maintain ordinary relationships.

"[Visitors] with signing in, but not allowed to stay."

Focus Group 4, Participant 2

Theme 3:
Restricted Freedom, Control, and Social Isolation

In both the survey data and the focus groups, emergency accommodation was repeatedly described as a highly regulated and controlling environment that constrained residents' freedom of movement, autonomy, and social lives. Respondents described daily life as governed by rules, monitoring, and rigid routines that limited their ability to live independently, maintain relationships, or participate in the life of the community. In the open-ended survey responses, restrictions on visitors, signing requirements, surveillance practices, and strict daily schedules were among the most frequently discussed concerns. These controls were seen as intrusive and degrading.

"Manager of [x] home... she is so rude and ignorant we are in prison it's so sad."

Survey Respondent 159

"There is no freedom – visits are not allowed... Residents cannot go to other towns or cities for work. It feels like a prison. You must sign every 7 days each week or 10 days each month. Everywhere you go, you must show proof with your ID card, as if you are new. If you forget to sign or leave for personal matters, you risk losing your place."

Survey Respondent 4

These controls were experienced as infantilising and dehumanising, particularly by adults who were otherwise capable of independent living. Respondents described being unable to host visitors, travel freely for work or study, or manage their own schedules without fear of repercussions. Social isolation emerged as a significant consequence, especially for children and single residents. Restrictions on visitors and limited opportunities to engage in community life were described as contributing to loneliness and disconnection.

"Allow visitors it gets lonely for kids during the weekends."

Survey Respondent 101

"Be able to cook our own meals, respectful staff and management, be able to have visitors over."

Survey Respondent 222

Some respondents explicitly highlighted the contradiction between expectations of integration and self-sufficiency on the one hand, and the imposition of structural constraints imposed by accommodation rules on the other. Respondents expressed concern about their limited mobility, rigid schedules, and transport issues placed barriers to participation in local communities and undermined their efforts to build connections to their new community.

"I feel very isolated from the local culture. I have friends among the other asylum seekers, but due to very poor transit and the strict schedule imposed by meal times, I'm heavily discouraged from exploring my community. It's disheartening in its own right, and I'm afraid that this lack of social integration will be a mark against me when it comes time to review my asylum plea."

Survey Respondent 181

These themes were echoed and discussed further in the focus groups. Participants described how rules and monitoring impacted everyday behaviour. The sense from these discussions was that this created a constant awareness of being observed and a need to self-regulate to avoid conflict with management or adverse consequences. Several participants spoke of living with persistent uncertainty and fear that their accommodation could be withdrawn or that they could be transferred elsewhere, highlighting that stability within the system is never fully secure or guaranteed.

"[S]ome families have spent up to one year and were moved to some other locations due to different circumstances."

Focus Group 5, Participant 4

Participants in the focus group participants also explained that rules, policies, and monitoring practices impacted not only movement but also opportunities for social interactions within accommodation settings. This was described as reinforcing a sense of control and constraint.

"The managers control and polices, in every possible way."

Focus Group 4, Participant 3

Several focus group participants described consciously modifying their behaviour to avoid conflict. This discussion spotlighted the subtle yet pervasive ways in which power dynamics operated within their accommodation.

"I had to curtail my movement within the house to avoid conflict. I will not call it direct house arrest though. The compound is okay but facilities good for wellbeing are lacking. I have never been in kitchen without 5-7 people cooking at the same time. Not too good experience, but we learn not to infringe others, we sort our things amicably, just to make peace."

Focus Group 5, Participant 2

The open-ended survey responses and focus group discussions speak to how emergency accommodation operates as a tightly-regulated environment. People with lived experience described restrictions on movement, surveillance practices, and the constant threat of transfer or loss of accommodation contribute to social isolation, heightened anxiety, and a diminished sense of control over their own lives.

Theme 4:
Power Imbalances, Treatment by Staff, and Fear of Retaliation

In both the open-ended survey responses and the focus group data, residents' interactions with accommodation management and staff emerged as a key and contentious issue. Across both data sources, participants repeatedly described unequal power relations within accommodation settings. Concerns were repeatedly expressed about power imbalances, treatment by staff, and the fear of retaliation, with focus group participants expanding on and contextualising issues identified in the survey responses. These accounts illustrate how authority is experienced and exercised within emergency accommodation settings, and how this impacts upon residents' willingness to speak up, complain, or seek redress.

It is important to note that not all experiences were negative. A small number of survey respondents reported positive relationships with accommodation staff and management, highlighting variability in practice across centres.

"Our manager and staff they are very kind and very helpful, I'm very happy with them."

Survey Respondent 31

However, many survey respondents described treatment by management and staff that they experienced as disrespectful, lacking empathy, or intimidating. In a number of responses, participants used strong language to convey feelings of powerlessness, fear, and humiliation, particularly in relation to how authority was exercised within their accommodation. These concerns appeared across multiple accommodation settings, suggesting system wide problems.

The following quotations illustrate the intensity and consistency of these concerns across different centres:

"A lot of the managers treating us like slaves and the workers are very rude to us, like we have to beg for even toilet paper."

Survey Respondent 13

"Centre managers to be trained to have confidentiality and respect to people who are seeking asylum as they are going through stress and depression."

Survey Respondent 70

"I would definitely like the manager of my accommodations to be replaced with more suitable person that is actually trained well enough, to care more about justice and equality and human rights. My accommodation manager... was not fit to be in his current position, he put fear in residences hearts, and he is not an honest person what so ever. He abuse his power to only serve him and he constantly bully and mistreat residents, and am one of them."

Survey Respondent 80

"That the emergency accommodation centres should be inspected by an independent body, not IPAS, because there's abuse of position by managers who usually have an insider in IPAS office."

Survey Respondent 117

A prominent sub-theme across the survey responses was fear of retaliation. Respondents expressed concern that raising issues could result in negative consequences, including threats of transfer, eviction, or impacts on their asylum application.

"[M]anagement are starving people and [telling] them that they will tell IPAS to deport us."

Survey Respondent 213

These accounts highlight significant power imbalances within accommodation settings and help explain earlier survey findings regarding residents' reluctance to engage with complaints mechanisms. These dynamics were discussed in greater detail in the focus groups, where participants provided detailed accounts of how fear of management impacted behaviour and decision making. Participants described carefully managing interactions with staff, remaining silent about problems, or avoiding complaints altogether to minimise risk.

"I do [complain] but it's not correct, the staff behaviour changed badly after [I] complain."

Focus Group 3, Participant 3

Fear of transfer, retaliation or being labelled difficult was a recurrent theme. Several participants explicitly stated that they avoided speaking up because they feared negative consequences. Others described changes in staff behaviour following complaints, reinforcing perceptions that advocacy carried personal risk.

"I [am] really frustrated from the housing managers, both of them [are] unfair".

Focus Group 3, Participant 1

Focus group participants repeatedly emphasised that fear of transfer or retaliation discouraged them from speaking up. Some described direct changes in staff behaviour following complaints. This reinforced their perceptions that raising concerns carried personal risk rather than offering protection or resolution of concerns.

The issue of transfers between accommodation settings was also identified as a key issue. Participants described being moved with little notice or explanation, disrupting access to schools, healthcare, employment, and social supports. It was noted that for families with children, repeated transfers were destabilising, compounding stress.

Focus Group 5 involved participants living in emergency accommodation with a different model for cooking facilities. This offered a partial contrast to the experiences described in Focus Groups 1–4. Some participants in this group described a greater sense of normality, control, and stability in daily life. However, even within this comparatively less restrictive setting for food, concerns about management practices, complaints processes, and the threat of transfer remained. Participants also described complaints

processes as opaque and inconsistent. In some cases, complaints were escalated without consultation or explanation, leaving residents confused and upset. The absence of resident committees or collective forums further limited opportunities for collective voice of people living in emergency accommodation. Where issues were resolved, this was often attributed to informal intervention by NGOs or direct contact with accommodation owners rather than formal complaints mechanisms. This raises serious concerns about the accessibility, effectiveness and independence of existing systems for accountability.

"The process of complaints and conflict resolution is often not followed. Complaints are often escalated to IPAS without exploring the house rules on conflict resolution. A problem can be escalated to the management or IPAS even before you are consulted, the next thing you get letter from IPAS, you wonder why was I not called? Management here bypasses the processes, even house rules are bypassed. There is no resident committee... One was being put together but went under when a new management took over. The channel of complaint is not effective; complaints are easily taken care of when the owner (of accommodation) is contacted directly."

Focus Group 5, Participant 1

The survey and focus group findings indicate that power imbalances, fear of retaliation, and weak complaints mechanisms are structural features of the emergency accommodation system.

Theme 5:
Parenting, Children, and Family Life under Constraint

Parents' responses across the survey, the open-ended survey question, and the focus groups consistently highlighted the significant impact of accommodation conditions on children's wellbeing and on parents' ability to fulfil their role as parents. Key concerns included lack of space for study and play, shared rooms with unrelated adults, persistent noise, and the absence of child-friendly facilities. These issues were described as key problems that negatively impacted upon daily family life and undermined parents' capacity to provide stability, routine, and care etc.

Survey respondents frequently emphasised the lack of privacy and space available to families, particularly where multiple children and adults were required to share small rooms. These conditions were described as having direct consequences for children's education, wellbeing, and emotional security.

"If I could change one thing about my accommodation or the system, I would improve the conditions for people living in emergency accommodation. I would provide them with a decent standard of living, so that they have their own space and privacy, and their children can continue their education in a safe and supportive environment."

Survey Respondent 58

"The lack of privacy to the rooms and to the post mails that I receive, and no quiet spaces for studying or researching. And some rude behaviour from staff or residents."

Survey Respondent 1

Parents described feeling unable to establish routines that support education, health, and emotional security, particularly in overcrowded and noisy environments where there was little control over daily conditions. Several respondents explicitly linked shared accommodation to difficulties supporting children's learning and development.

"I would like to see better facilities for families, especially more private space for children to study and play. Shared accommodation makes it difficult for children's education and family privacy."

Survey Respondent 46

The inability to cook for children or provide appropriate food emerged as a recurring concern, closely tied to parents' sense of responsibility and care.

"Allow us cook [for our] kids, [kids] are suffering a lot."

Survey Respondent 41

These accounts from the survey illustrate how accommodation arrangements impacted family life and children's development, reinforcing findings from earlier sections of the survey relating to space, food, and autonomy etc. These issues were explored in greater depth during the focus groups, where experiences of parenting in emergency accommodation were consistently described by participants as causing stress, surveillance, and fear. Parents across Focus Groups 1-4 described raising children in environments that were physically restrictive, emotionally exhausting, and closely monitored. Participants repeatedly highlighted strict rules governing children's movement and play within accommodation settings.

"My children are not allowed to play out of the Hotel room."

Focus Group 1, Participant 2

Parents described being warned or reprimanded if children were perceived to be unsupervised, even briefly, even where supervision expectations were unrealistic or incompatible with everyday parenting and family life.

"The housing manager is blaming us for our sick child for being hyperactive."

Focus Group 1, Participant 4

"Having children with no play room and warning[s] about them."

Focus Group 1, Participant 5

These restrictions were widely seen as unreasonable, particularly for parents managing illness, disability, or multiple caregiving responsibilities. Focus group participants also described physical environments that further compounded these challenges, including inaccessible accommodation and delays in securing school places.

"I am 57 and obese with knee problem, they gave me the third floor without a lift, I refused but I was forced, we were 3 adults in a small room... not easy to find schools, it took 3 months".

Focus Group 3, Participant 2

Parents in the focus groups also expressed concern about the cumulative impact of these conditions on children's mental health and development. Teenagers,

in particular, were described as bored, isolated, and confined, often spending excessive time on phones due to the absence of alternative activities or safe spaces for social interaction. One participant articulated their aspiration for normality and stability in stark terms:

"Just normal life, stable and quiet without accommodation staff threatening."

Focus Group 1, Participant 5

Another parent described how digital devices had become the only available coping mechanism for children living in confined conditions:

"I allow my children to be on the phone 24/7 because that is the only alternative. They play games long into the night because they are bored."

Focus Group 5, Participant 2

Participants in the rural focus group described children living lives that follow inflexible routines, with limited opportunities for play, independence, or engagement beyond school hours. Geographic isolation and limited transport further restricted children's lives, which reinforced a sense of confinement despite being outside urban areas. The fear of child-protection intervention also emerged as a significant source of anxiety for some parents in the focus groups. Participants described receiving warnings about supervision and expressed concern that complaints or minor incidents could be misinterpreted. Several parents reported living in constant fear that raising concerns or challenging conditions could result in negative consequences for their family. This prevalent sense of surveillance was described as undermining their confidence as parents and their autonomy. A number of participants described this as contributing to exhaustion, guilt, and taking an emotional toll.

Parents in Focus Group 5 also noted that the accommodation's isolation from surrounding communities limited opportunities for integration and participation. This served to reinforce a sense of separation even where material conditions were comparatively improved.

"Big difference, for me it's more of a lockdown. I normally like going out, I am a social person, I like walking out, but I can't here because the road is not safe to take a walk… When I was coming here the first time, it was a beautiful scenery on the way, I was happy on the road, but it turned out to not being a great experience."

Focus Group 5, Participant 2

In both the survey and focus group data, parenting in emergency accommodation was described as a deeply constrained and emotionally demanding experience. Parents described environments that limited their ability to provide care, structure, and protection for their children, while also subjecting them to scrutiny and control.

Theme 6:
Location, Transport, and Barriers to Integration

Access to services, transport, and information emerged as a significant theme across both the survey data and the focus groups. Respondents repeatedly described how the location of accommodation, combined with inadequate transport provision and limited access to information, impacted their ability to engage with employment, education, healthcare, and life in the community. While these issues were clearly evident in the survey responses, the focus group discussions provided further insight into how transport barriers, service access, and information gaps intersect in residents' everyday lives.

Survey respondents frequently identified the location of accommodation and the lack of adequate transport as key barriers to participation and integration. Those living in rural or peripheral locations described isolation and reliance on infrequent, costly, or unreliable transport options.

"Transport system, no school bus to convey the residents to school, the one we got, we are paying for it, the transport system is so bad, we walk a lot and we don't have access to jobs that are far."

Survey Respondent 146

"[S]olve the transportation problem."

Survey Respondent 237

Transport difficulties were often discussed alongside rigid centre schedules, creating compounded barriers to participation in everyday life and undermining integration within the community.

"I changed my residence because I live in the countryside, in shared accommodation with others, and there is no privacy. Also, the location lacks transportation, and buses are few and insufficient."

Survey Respondent 69

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These concerns were echoed across all focus groups, where access to services was described as uneven and heavily dependent on location, accommodation type, and external support. Participants consistently contrasted the quality of local communities with the practical barriers posed by distance and transport.

"The community is great but far from the city and the jobs."

Focus Group 4, Participant 1

Participants in focus groups described difficulties accessing healthcare, education, legal services and shops, particularly where accommodation was located far from town centres. Transport was identified as a persistent challenge across the focus groups.

"Far from the transportation, we have to walk a long distance from the hotel to the bus stop (or the Luas). If someone is elderly or unwell, they need to use a taxi."

Focus Group 2, Participant 4

Participants described limited bus services, rigid schedules and requirements to book transport through accommodation management. Evening and weekend transport was often unavailable, restricting access to social, cultural and recreational activities. Several participants described difficulties attending medical appointments, particularly when emergency situations arose. Access to healthcare, especially GP services, was widely reported as problematic across the focus groups. Participants described long delays in registration and reliance on NGOs for assistance.

"No one was available to provide GP support, I stayed without any."

Focus Group 2, Participant 5

Participants noted that language barriers compounded these difficulties, particularly for newly arrived residents in emergency accommodation.

"There is need for interpreters, at times even sign language is needed. We are living in a commune. It is though accommodating and over the period we have come to adapt to the diverse culture, language and the shared space."

Focus Group 5, Participant 1

In addition to transport and access to services, the provision of information emerged as a key issue across the focus groups. Participants reported receiving little or no guidance from accommodation staff about entitlements, available services, or local opportunities. Information was often described as inconsistent, delayed, or absent altogether. Some participants in the focus groups noted that they became aware of events or supports through friends in other centres, rather than through their own accommodation providers. Notice boards were underused, and information frequently arrived too late to be of practical use to them. Across all focus groups, NGOs were consistently identified as the primary source of information, advocacy, and support. Participants described NGOs as filling critical gaps left by accommodation providers, particularly in relation to healthcare access, legal information, education, and community engagement.

The survey and focus group findings indicate that access to services in emergency accommodation is influenced by factors that include location, transport provision, information flows, and language support. These factors interact to restrict residents' ability to meet basic needs, exercise autonomy, and participate meaningfully in community life. The reliance on NGOs to bridge these gaps underscores the inadequacy of existing support structures.

Theme 7:
Uncertainty, Harm, and the Absence of Accountability

In addition to the material conditions of accommodation, a significant number of respondents identified prolonged uncertainty within the international protection system as a source of harm to them. Delays in decision-making were described as exhausting, preventing respondents and their families from planning for education, housing, employment, or lives as new members of the community. These concerns emerged most clearly in the open-ended survey responses, where participants reflected on the cumulative effects of waiting, uncertainty and lack of clarity about their future.

"Give a status to asylum seekers as soon as possible so we know on which path to move next… because we are here to work and create a better life for our 4 children… Due to a delay in our correspondence we are not able to make a move like buying our own house or register our children in different curriculum fearing the answer from IPAS…"

Survey Respondent 18

"Prompt processing of the asylum seekers status. It feels lonely and traumatising to wait for long."

Survey Respondent 62

Respondents repeatedly linked this uncertainty to wider system-level failures, emphasising the absence of clear pathways out of emergency accommodation and the lack of meaningful oversight or accountability within the system itself. For many, long waiting form times was described as harmful and intensified the stresses of overcrowding, restricted autonomy and social isolation, which was also outlined earlier in this section. Concerns about accountability and oversight were closely intertwined with the experiences of uncertainty. A number of respondents explicitly called

for stronger, independent regulation of emergency accommodation centres. These respondents expressed mistrust in existing governance structures and highlighted what they perceived as unchecked power held by accommodation providers and management.

"[T]he emergency accommodation centres should be inspected by an independent body, not IPAS… This centre should be looked into or closed due to abuse and the safety of residents. The centre houses both international protection applicants and non IP applicants."

Survey Respondent 117

These responses reflected concerns about abuse of power, lack of transparency, and absence of effective redress mechanisms. This theme aligns closely with earlier survey findings on low awareness of external complaints mechanisms and mistrust in their effectiveness.

"Take the needs of disabled people seriously and not dismiss medical orders and vulnerability assessments once status is received. I have brought my complaints to the Ombudsman but they agree that IPAS is only responsible for providing me with a bed and not for reasonable accommodations related to my disability. This creates an abusive situation."

Survey Respondent 223

A number of respondents emphasised the need to consult with people living in emergency accommodation.

"[A]lways consult with residents before taking some steps."

Survey Respondent 191

One indicated that addressing many of the issues raised would not necessarily require additional resources, but rather more effective organisation and meaningful engagement with residents.

"System to consult with residents on improving living conditions. Most solutions don't need additional resources just the reorganization of the existing resources."

Survey Respondent 223

It is notable that issues relating to asylum decision-making delays and system-level accountability featured more prominently in the open-ended survey responses than in the focus group discussions. This divergence is likely influenced by a number of factors. The national survey achieved a high response rate,

with 246 respondents. As a result, it captured a broader diversity of experiences and concerns, including those relating to longer-term uncertainty and governance structures that may not arise as readily in focus group based discussions. By contrast, the focus groups tended to centre on immediate, everyday experiences of living in emergency accommodation, such as food, privacy, parenting and interactions with staff. In addition, given the fear of retaliation and transfer documented elsewhere in this chapter, participants may have been more cautious about discussing system-level processes, including status determination and oversight, in a focus group. The anonymous nature of the survey provided greater space for personal reflection on these issues, and allowed respondents to articulate concerns about uncertainty, delay and accountability.

These findings indicate that prolonged uncertainty and weak accountability are structural features of the emergency accommodation system. Uncertainty negatively impacts residents' lives and intensify the harms associated with life in congregated living arrangements.

Summary of Integrated Qualitative Findings

The open ended survey responses and the peer led focus group discussions presented here provide a consistent account of life in emergency accommodation that deepens the quantitative findings presented earlier in this chapter. Across both data sources, residents described conditions that undermine their dignity and autonomy, with food, overcrowding, lack of privacy and restrictive rules features of everyday life. The qualitative data also identifies how these conditions accumulate over time, impacting people's relationships, routines, mental health and the capacity to live an ordinary life while awaiting decisions within the international protection system. It is of note that for families and children in particular, participants described how cramped living arrangements, the absence of safe play and study spaces, limited autonomy over cooking and often rigid institutional rules negatively impact parenting, education and children's development.

The integrated findings also highlight how power operates within the system. Residents described unequal relationships with management and staff, with fear of retaliation or transfer discouraging them from making complaints. The focus groups added further depth to this by illustrating how residents navigate daily life in these settings through self-regulation, caution and reliance on informal advocacy, particularly from NGOs, in order to access services, and at times resolve problems. While a small number of participants reported positive experiences, the dominant pattern across both datasets points to significant problems. It is also important to note weaknesses in accountability, transparency and participation. Residents' responses note that meaningful improvement requires better material conditions, but also a system that supports their voices, provides accessible information and safeguards people from repercussions when they raise concerns or complaints.

9. Summary of Survey and Focus Group Findings

Both the survey findings and residents' qualitative accounts present a stark and consistent picture of life in emergency accommodation. Across a large and diverse national survey sample (246 responses), and supported with the thematic analysis of the open-ended survey responses and peer-led focus groups, residents described a system marked by overcrowding, lack of privacy, restricted freedom, inadequate food provision, limited access to services, and significant power imbalances between residents and emergency accommodation providers. These conditions are not isolated problems. They need to be understood as interrelated and cumulative harms undermine people's dignity, strain relationships, and negatively affect physical and mental health.

For parents and children in particular, emergency accommodation was described as very harmful, negatively impacting their development, with long-term implications for their wellbeing and integration as new members of the community. The strong convergence between quantitative patterns and residents' own words indicate that these issues are not confined to particular centres, but are structural features of emergency accommodation as currently provided and governed. Therefore, this chapter provides empirical evidence that emergency accommodation, as experienced by many residents, falls significantly short of the National Standards. Systemic reform is urgently required.
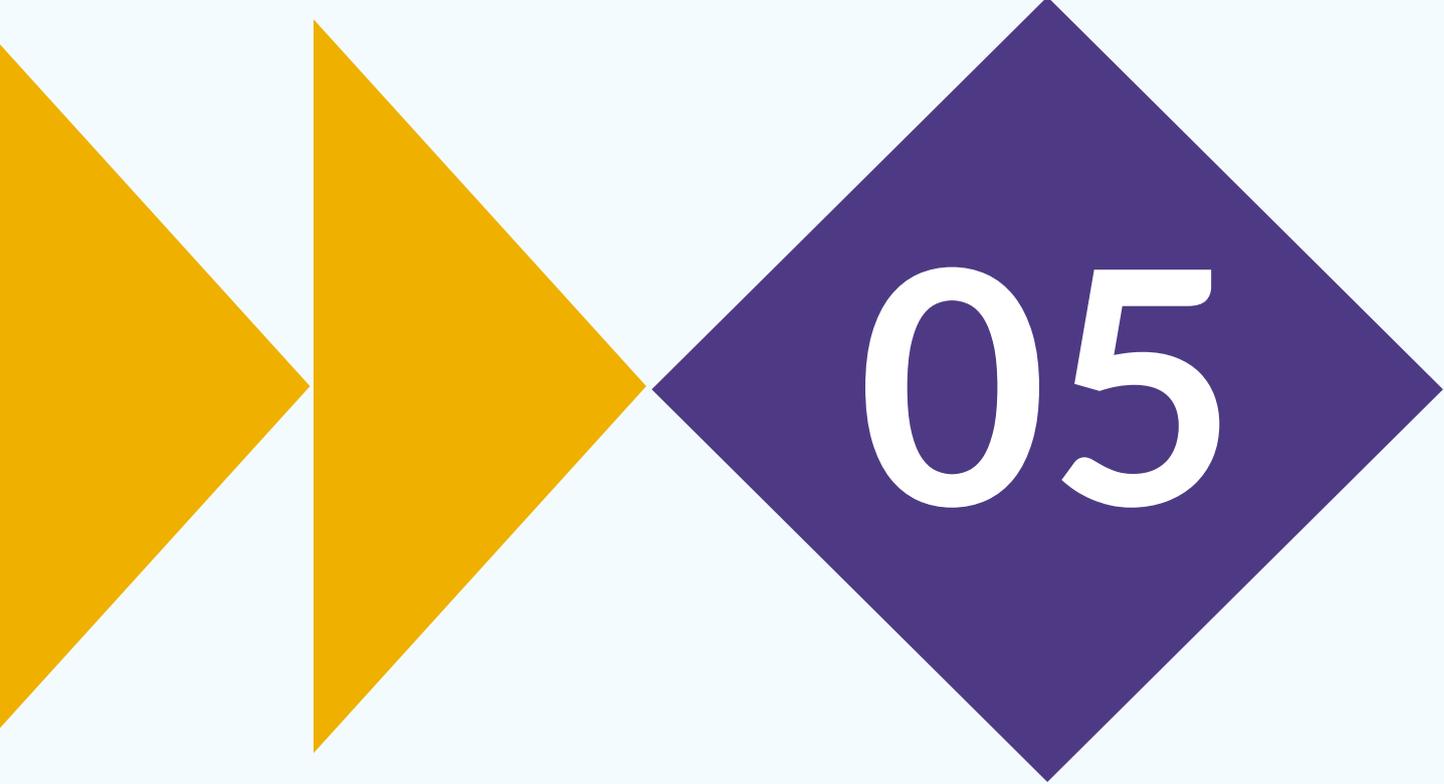
Key Informant Interviews Findings

Chapter 5
Key Informant Interview Findings

1. Introduction

This chapter sets out the thematic analysis of the 11 key informant interviews conducted as part of this research. The key informants were selected through a purposeful process that identified key stakeholders relevant to the research aims, informed by reflection on the literature review and discussions with the project advisory group.[1] This approach sought to ensure the interviews captured perspectives from professionals, practitioners, advocates and institutional actors with direct knowledge of international protection reception conditions and related systems of support. Therefore, the key informants represent a range of professionals, practitioners, advocates and institutional actors working in and around International Protection Accommodation Services, including both longer-term centres and emergency accommodation. The interviews span local statutory integration roles, NGO information and advocacy services, specialist organisations supporting women and families, and stakeholders engaged in reception policy and practice nationally. The analysis is grounded in the interview transcripts provided.

The key informant interviewees pointed to a recurring set of concerns about the organisation of reception conditions and the ways in which institutional and structural factors impact the lived experiences of people seeking international protection. The key informants discussed reception conditions in terms of operational challenges and service quality. However, key informants also noted that these conditions were produced through a governance model that relies on a mix of emergency procurement, contracted provision, and fragmented accountability, with uneven oversight and variable local support services.

Key informants noted that international protection applicants spend prolonged periods living in congregated settings, often under conditions that restrict autonomy, privacy and family life. At the same time, applicants are expected to navigate complex rights and entitlements with limited information and practical support. It was noted that the system amplifies existing vulnerability, including disability, chronic illness, history of trauma, safety concerns for women and children, and the particular risks facing people without English or without established peer/support networks. The analysis of the key informant interviews is organised around six themes. Within these themes points of convergence and divergence across interviews are identified, including minority or dissenting perspectives where they emerged.

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[1] See Chapter 1 methodology section.

2. Theme 1: Inconsistent Reception Conditions and the Absence of Consistent Standards

A key theme that emerged across the dataset was the inconsistency in reception conditions, with key informants highlighting that the experience of people entering this system was largely contingent on decisions about where the person was to be placed, the approach of management within centres, and the availability of local services and supports. Key informants did not present this variation as accidental. A number of key informants understand this disparity as arising from governance arrangements that allow significant discretion within centres as a result of the absence of effective monitoring/inspection of accommodation. This theme was articulated most clearly by key informants who work or have worked at the interface of national reception policy and the day-to-day management of accommodation centres. This key informant framed disparity as one of the defining features of the current system. They suggest that the problem is not in individual staff behaviour alone but in an absence of standardisation and oversight of accommodation standards.

"I mean, one of the things that came out most strongly, the problem currently is huge disparity of the experiences in direct provision. So it really just depends on where you land… you can have a positive experience or a more positive experience maybe as opposed to a very negative experience depending on which centre you end up in and who is the manager at the time, so it's the lack of standardisation I think is what it comes down to and the absence of enforceable, monitoring mechanisms."

Interview 11

This observation resonates with accounts from key informants from NGO backgrounds, who consistently emphasised that residents' access to

supports, information and even basic responsiveness is highly contingent on the goodwill, priorities and competence of the individual centre management. This key informant highlighted how emergency accommodation operates through uneven and discretionary practices:

"So, in emergency accommodation, it's … varies between the level of I suppose the goodwill of the management and the teams and stuff. Some of them are better and some of them are worse. But they I suppose the quality of accommodation is another big piece."

Interview 1

Another key informant extended this point, describing how access to everyday supports is dependent upon centre management practices.

"Yeah, the current direct provision system is very inconsistent. And then I think the kind of the level of support that residents are able to access and then even just like understanding from management, you know around supporting residents in trying to navigate work commitments, childcare commitments, whether they need to travel to another part country for, you know, like something like an interview or like a hospital appointment or things like that. It's very much dependent on the centre management and that can be incredibly varied in terms of like you could have a centre manager who genuinely cares about the residents, you know and the site they're managing and then you have centre management who you know, it seems to be quite punitive in how they respond to their residents' needs."

Interview 10

Key informants suggested that the inconsistency in reception conditions needs to be understood as a function of how the system has been set up and governed, as opposed to isolated failures in particular accommodation settings. It was suggested that where reception provision is delivered through contracted and emergency arrangements, uneven quality is a foreseeable consequence unless it is mitigated by enforceable standards, effective inspection and accountability mechanisms for providers.

"They're not uniform. Some of them don't have any space at all."

<div align="right">

Interview 11

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This key informant also linked inconsistency in accommodation standards to the emergency nature of procurement during periods of acute pressure on the system:

"Centres were being opened anywhere and everywhere, and almost any place with a bedroom was being used because of the pressure on the system."

<div align="right">

Interview 2

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Several key informants questioned the absence of any clear strategic endpoint for emergency accommodation, expressing concern that centres that are supposed to be temporary have become a permanent feature of the system without a clear plan for transition or closure.

"Emergency centres were supposed to be temporary, but there's no clarity about how long they will operate or what the end goal is. You would expect that as larger, HIQA compliant centres come on stream, the smaller emergency centres would close and people would be moved into better places, but there's no indication that this is actually happening."

<div align="right">

Interview 8

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This key informant described visiting an emergency accommodation setting that raised concerns about safeguarding, oversight and basic living standards. The centre was located above a commercial premises and lacked even minimal communal facilities, a situation the informant found particularly troubling given that the residents were unaccompanied minors with complex protection and support needs.[2]

"They were living above a bar, with no living room or communal space, and it wasn't clear where people were even meant to cook or eat... They were unaccompanied minors, under the care of Tusla... from Somalia and had experienced female genital mutilation. The centre itself was in very poor condition; there were no basic facilities, and even the manager did not have a proper workspace, simply coming in briefly and leaving again."

<div align="right">

Interview 4

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Several informants contrasted examples of "good centres" with the absence of a consistent baseline. They suggested that good practice in these instances is the result of local mitigation rather than evidence of a system functioning well. Therefore, good practice was described as fragile and dependent on individual actors and difficult to replicate or sustain.

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[2] This research does not examine reception conditions in accommodation designated exclusively for unaccompanied minors. References in this chapter to congregated living, restrictions on autonomy, and the navigation of rights and entitlements relate to the experiences of adult applicants and families within the international protection reception system. Where examples or quotations refer to unaccompanied minors, these are included illustratively to highlight wider systemic features identified by key informants, rather than to suggest that this study undertakes an assessment of specific accommodation or services for unaccompanied minors.

There is also a subtle but important divergence in how key informants interpret the source of inconsistency. Some key informants spoke in terms of individual manager goodwill and centre culture, while others emphasise structural incentives and the nature of the business model. This key informant noted tentative signs of increased oversight and inspection in recent times, while emphasising that this remains uneven and highly variable across centres:

"Accommodation providers were able to get away with almost anything at one point because the balance of power lay so heavily in their favour due to bed shortages. That has shifted slightly, and IPAS now appears more willing, or more able, to enforce certain standards. This is anecdotal and certainly not true of every centre I visit, but there does seem to be an increase in inspection activity."

Interview 2

This key informant illustrated this fragility by describing how service delivery in emergency accommodation often depends on the knowledge and presence of individual staff members.

"In emergency centres, service delivery is often determined by the owner and the individual staff on site… In some centres there are knowledgeable staff who connect residents to local activities, while in others there may be no staff presence at all, outdated noticeboards, and people feeling effectively abandoned."

Interview 3

This key informant drew a distinction between state-run centres and many emergency accommodation settings, particularly in relation to staffing levels, training and oversight.

"State-run centres are generally better staffed, with people who have been in their roles longer and work to clearer IPAS guidelines…many emergency centres lack adequately trained staff, particularly in relation to child protection, domestic violence and mental health. In some emergency settings there is little or no staff presence… limited oversight… instances where residents who attempted to complain were then bullied or had complaints used against them."

Interview 5

Another key informant explicitly contrasted state-run centres with emergency accommodation in terms of openness to community engagement, staff experience, and institutional knowledge, arguing that these differences have concrete consequences for residents' access to support.

"The key difference that we've seen on our team is that in the state-run centres their doors are more open for communities' support and help. They're very welcoming, they're very open, they're quite transparent and they want us to help, I suppose another thing as well is that in the emergency centres we see the inexperience of the people that are running the centres, so they have no qualifications, they don't come from social care backgrounds and you can see you can see that, you know, they're just Joe Soaps off the street, I suppose. So, they wouldn't really understand how the system works."

Interview 8

This key informant elaborated on the structural sources of inconsistency, contrasting the staffing models and induction practices.

"There's no standardisation. In longer-established, state-funded centres, even newer staff receive proper induction and work alongside experienced colleagues, and you can see the difference. They're not perfect, but the contrast with many emergency centres is stark… In emergency settings, staff are often dropped into former hotels or nursing homes with little training, sometimes

with no security or consistent staff presence at all, and that is simply not acceptable."

<div align="right">Interview 5</div>

Key informants linked inconsistency directly to the absence of enforceable contractual standards, particularly in emergency accommodation. They noted that where obligations are loosely defined or unevenly applied, provision varies widely between centres, including in relation to basic matters such as food allowances in self-catering settings. The lack of standardisation was described as limiting both oversight and effective advocacy, as it becomes difficult to identify clear breaches rather than pointing to examples of better practice elsewhere.

"When there aren't clear contractual standards that IPAS can enforce, providers can do whatever they want, and that has very concrete impacts on residents' lives."

<div align="right">Interview 2</div>

One key informant distinguishes between centres run with a social care orientation and centres run as "bed and board" businesses, arguing that the latter approach is particularly visible in emergency settings and is misaligned with the needs of people living for prolonged periods in congregated accommodation.

"So it seems to depend on the centre and the nature of the business running the centre like some of them you know have reception officers and are run much more from kind of a social work or social care perspective and others are just run as businesses and the approach is to just give bed and board and the rest it's got nothing to do with us. I suppose you don't find that kind of bed and board only approach in the permanent centres for obvious reason but that's not to say that they're all like that in the emergency centres. It's just very, very varied."

<div align="right">Interview 11</div>

The interview data is largely consistent in how this issue is interpreted. Key informants noted that

disparity creates uncertainty about what residents can expect and what supports will be available in any given centre. It was suggested that this makes the experience of reception contingent, unpredictable and difficult to challenge. It was also noted that this contributes to an environment in which residents struggle to know what they can reasonably expect, what they can safely ask for, and what remedies exist when conditions are harmful. This key informant summarised this unevenness succinctly, describing lack of consistency as the defining challenge across the system.

"The main challenge across the system is a lack of consistency. There is no real standard in emergency accommodation. People can arrive into anything from a centre where residents have their own houses to accommodation where several people are sharing a single room, sometimes with no windows or ventilation. The experience of the system varies enormously depending on where people are placed."

<div align="right">Interview 2</div>

This key informant contrasted the relative predictability of state-run centres with the variability of emergency accommodation. They emphasised that the absence of independent oversight has allowed conditions to range from minimally adequate to significantly inappropriate.

"I think with the state-run accommodation, there is a level of consistency that is conducive to managing people's expectations. In emergency accommodation, it's much trickier because it is so inconsistent. You can be placed anywhere from a reasonably good apartment near a town centre to a military-grade tent in the countryside. The lack of HIQA oversight of emergency centres is a serious problem. You're relying on individual staff goodwill rather than a system, and that's not acceptable when there are thousands of children living in emergency accommodation. That's staggering. Like, you know, no oversight, it's crazy."

<div align="right">Interview 6</div>

3. Theme 2: Congregated Living, Overcrowding, Food, Privacy and Related Matters

A second major theme concerns the material and related effects of congregated living, particularly in emergency accommodation and other settings that are not designed for long-term residence. Key informants linked accommodation conditions to wellbeing, health, safeguarding and the capacity to live a dignified family life. Key informants repeatedly highlighted the ways in which harm is generated through the routines and ordinariness of everyday life in accommodation for people seeking international protection. They noted this eroded their autonomy and privacy. Food emerged as a persistent and emblematic issue. Key informants connected the vexed issue of food to health, culture and autonomy, and identified congregated accommodation, especially catered settings without cooking facilities, as the source of many of the difficulties identified. One informant is explicit that, in principle, cooking for oneself should be the standard, but acknowledges that the physical infrastructure of emergency centres is often incompatible with that standard:

"I suppose frankly, we think everyone should be able to cook for themselves, realistically the infrastructure within most of the emergency centres probably won't make that possible."

Interview 9

As a result, family and cultural food practices are replaced by third-party provision, with implications for children's nutrition, religious observance and family routines. The same informant described the particular friction of Ramadan in catered settings, where meal timing, sleep disruption and the logistics of communal food provision collide.

"It's really difficult if people are fasting during Ramadan to have food available at the correct times and it's also very difficult for the residents who are then, you know, trying to sleep through that time and they're being woken up at 4:00 or 5:00 because there is food being prepared, so there really isn't an ideal solution in a congregated setting to provide people the healthy meals that they need. I think the issue at the heart of it is congregated settings."

Interview 9

This is of note because the issue described is not just about food quality, but about how food provision in congregated settings undermines autonomy, health, culture and family life. Therefore, the problem lies in the congregated nature of the accommodation itself, which limits people's ability to choose and plan meals. Several informants also emphasised that food inadequacy has particularly acute consequences for children, with impacts extending beyond the centre into schools and other services.

"The weekly allowance is often not enough to cover groceries, particularly for families. We hear of children going to school hungry, with schools raising concerns... Parents then have to explain this to centre staff just to secure enough food."

Interview 4

This key informant made a distinction between how food provision is experienced in single adult centres and family centres, highlighting the gendered and health-related consequences of removing cooking from family life:

"In single-male centres, people are often reluctant to complain about food, but in family centres the impact is much more severe... For many women, cooking is central to caring for their family, and removing that has real emotional and health consequences. I see this particularly with pregnant women, who struggle to tolerate unfamiliar food and sometimes lose a significant amount of weight."

<div align="right">

Interview 5

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Key informants also described overcrowding and lack of privacy as major issues, with particular emphasis on family life, intimate relationships and children's development. Key informants repeatedly highlight the effects of raising children in one room. The key informants emphasised that this was uncomfortable but also emphasised that these conditions placed significant constraint on parenting, intimacy and conflict management within the family. One key informant described the impossibility of private adult life when children share the same room as their parents, and the inevitable exposure of children to adult conflict.

"Yeah, I mean, I spoke to women... deeply, personal conversations where they... spoke about their inability to have an intimate life with their partner as they were sharing a room with their children.... Again, very difficult on relationships, very difficult on families where you can't have any kind of like a private space. You know, if you have an argument with your partner, you're having it in front of your children again, which you know, most people will try to avoid, if at all they can."

<div align="right">

Interview 9

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This key informant provided a stark example of how overcrowded family accommodation erodes not only privacy, but intimate relationships and sexual health, even where the accommodation is deemed "adequate" by official standards.

"One case that sticks out to me about crowded living in the emergency centre here is I know this gentleman, he's sharing a room with his wife and three teenage children... So, they were literally on top of each other, all in one room all day long. But he was like, I have no time to be intimate with my wife, and I was kind of thinking that should be the least of your worries. But at the same time, that is like sexual health, sexual needs. It's just part of being human... it was something I'd never thought of like. But like, it didn't warrant transfer or change of room because apparently this is the adequate size for the family."

<div align="right">

Interview 8

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Key informants also described how overcrowding in family centres extends into the regulation of everyday domestic life. Sharing a single room across ages and genders was described as eroding privacy and intensifying stress, while communal cooking arrangements and the management of children in shared spaces were said to generate constant tension. This key informant also pointed to the micro-management of basic necessities, such as toiletries, as representing how ordinary family decision-making is constrained within congregated settings:

"There were conversations between staff about how much shower gel a family with two adults and three children really needed."

<div align="right">

Interview 3

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This key informant also highlighted how the absence of private space affects early childhood development and parenting, impacting the experience of ordinary family milestones:

"There's often no floor space for children to crawl or learn to walk. Parents tell me about their child taking their first steps in a communal sitting room, with other adults

around… like strangers. There's no privacy for those moments. It's awkward and it takes something very personal and makes it public."

Several key informants also raised concerns about how centres respond to children's behaviour in overcrowded and poorly resourced environments, describing practices that shift responsibility onto parents and children rather than addressing the conditions that produce distress for families.

"In one centre a colleague was in, all the toys had been removed because staff said parents weren't supervising children properly. The children had nothing to play with… Their behaviour became more destructive and harder to manage. I would consider that cruelty. If a parent did that, Tusla would intervene, but here it was a centre funded by the state. If this were a nursing home and TVs or radios were removed, there would be consequences, but nobody seems to be following up on this."

Key informants also noted that the absence of private space can make it difficult for residents to raise deeply personal issues, particularly in relation to sexual orientation or gender identity.

"In large centres with many residents and little private space, informants noted that it can be very difficult to raise sensitive or personal issues confidentially. This was described as particularly challenging for people who are trans or gay, where disclosure may already be difficult, and where the absence of private space makes it harder to speak openly or seek support."

Even where accommodation standards are poor, this key informant noted that the ability to work

or attend education can mitigate some of the harm, whereas exclusion from work was described as deeply destabilising:

"When people are able to work or go to school, even if the accommodation is poor, it makes a difference. Where they are denied the right to work, it becomes much harder and people begin to feel trapped."

This key informant described how attempts to create privacy through physical modifications in centres can fail in practice:

"[I]n a centre I have been to there used to be this open space where people lived together in a complex on the site. Then they put in partitions but there was an open ceiling between all the partitions, and everyone could hear everyone. So, its now boxes with the ceilings, but still, there's no windows. So again, it's really difficult to live like that. Well, it's still better than being on the street, but it's awful. It's not appropriate for family living, but then it's still better than to live on the street."

This key informant went on to highlight the psychological impact of poor physical conditions, particularly overcrowding, lack of ventilation and absence of natural light (Interview 1). They noted that being required to live for prolonged periods in confined spaces, sometimes with several people sharing a single room without windows, was deeply distressing and as having a cumulative effect on mental wellbeing. Key informants also highlighted the distinct pressures facing people in single-adult centres, particularly single-male accommodation, where extreme overcrowding, lack of ventilation and disrupted sleep routines were described as having serious impacts on mental wellbeing. Others pointed to the particular challenges faced by single parents

with young children, noting that expectations around labour-market participation often fail to account for childcare constraints within congregated settings.

"Living in rooms with seven or more people, often without windows and with different routines is just really challenging for people's mental health."

Interview 3

This key informant described childcare as one of the most significant and under-recognised pressures on families in IPAS accommodation, particularly for women parenting young children in congregated settings.

"One of the biggest challenges for families in IPAS centres is childcare. Without childcare, parents cannot attend English classes or other courses, and we know there is a broader crisis in crèche availability. If parents cannot access childcare, they become effectively stranded... This has a significant impact on mental health, particularly where families are living in centres with no outlets or supports. Parents are with their children constantly, sharing a bedroom, meals and all aspects of daily life, with no private space or respite. Over time, you can see engagement withdraw... People arrive relieved and grateful for accommodation... but as the lack of childcare and supports persists, the pressure intensifies, especially on parents who are expected to supervise their children at all times... that is having a massive impact."

Interview 5

Another key informant also spoke how ordinary domestic matters become complex and cause tension in shared rooms, particularly where one device, one space and multiple competing needs must be negotiated and managed.

"It often means that tensions kind of escalate more and you know, you have different needs of different family members. One child might need to be asleep for 8pm, but another child's got a school project and they need to be awake until 11pm and they're all trying to use... mum's phone because it's there for the white noise to get the youngest to sleep, but also the oldest needs to look up what the GDP in Malawi is for their project, so you know it is and that's just the everyday reality of, like, the mundane stuff of living life when you're all sharing a room."

Interview 9

This emphasis on the ordinary issues in accommodation is shared across key informant interviews. It is of note that the issue of overcrowding was linked to sleep disruption, interpersonal conflict, and the escalation of stress. It was also suggested that these conditions intersect with trauma, including PTSD, where night terrors, nightmares and hypervigilance are magnified by the requirement to sleep in shared rooms and the lack of control over the environment in the room. This key informant described how conflicting needs, cultural differences, phone use across time zones and trauma symptoms collide when people are living in close quarters, which can result in significant distress:

"I genuinely think due to the current political climate around direct provision is that sense from residents that you're almost fortunate that you're not homeless which has lead people to accepting or being more accepting of really difficult conditions... over the years we absolutely have heard people talking about that clash of needs and clash of cultures where someone is listening to music because they need to get to sleep, whereas the other person needs perfect silence and a dark room to get to sleep and someone else is traumatised and they're having nightmares because they're experiencing PTSD and that's triggering someone else's PTSD because that person's screaming in their sleep."

Interview 9

Key informants noted that congregated living raises both rights and wellbeing issues. Key informants' accounts shared in the interviews describe conditions in accommodation as negatively impacting autonomy and family life, with consequences that accumulate over time and impact health, relationships and children's development.

4. Theme 3: Fear, Information Deficits and the Limits of Complaint and Remedies

A third theme that emerged relates to concerns about the accessibility of rights, entitlements and complaint mechanisms about reception conditions. Across the dataset, key informants consistently describe how residents are formally entitled to complain, but feel unsafe in doing so, or lack confidence that their complaints will be taken seriously. Key informants identified information gaps. However, they also described these issues in terms of power imbalances, perceived retribution for making complaints, and how residents precarious immigration status and the threat of being transferred to a different centre impact upon decisions to make complaints. A number of key informants emphasised fear as being pervasive. They suggested that residents expressed significant fear of conflict with other residents because of how it may be interpreted by centre management. Key informants also suggested that fear of conflict with management was impacted by the possibility of informal or discretionary sanctions. This key informant described how residents often worried that raising concerns might lead to transfer, loss of small privileges, or subtle punitive measures.

"I think there are really strong individuals within some centres who are doing this well, but we also encounter many people whose primary response is fear. They are afraid of having a conflict with another resident because of how that might be interpreted by management, and whether it could result in a transfer. They are also afraid of raising issues with management, because of concerns

that small privileges might be withdrawn. These consequences are difficult to trace, but the fear of them is very real."

Interview 9

The same informant describes residents refusing to attach their name to complaints, even when problems are serious. It should be noted that the key informants did not characterise this reluctance as apathy, but as a result of uncertainty and dependence on the system. Other comparable concerns were raised in other interviews, where residents are described as avoiding external complaints mechanisms due to fears about the potential impact on their accommodation. Key informants also linked the limits of complaint and escalation mechanisms to unresolved safety concerns within centres, particularly where staff lacked the training or authority to effectively mediate conflict.

"There are centres where people feel unsafe to even leave their rooms... Conflict, verbal intimidation and tensions between residents are common, including in female centres.... trained staff need to mediate, these issues go on, and people are afraid to complain because they don't believe it will lead to justice."

Interview 4

This theme is also framed as a systemic problem of complaint design and credibility. One informant states plainly that residents may know how to complain, but do not experience the process as real or impartial, and that anonymity is absent.

"Yeah, they know how to make complaints, but the complaint process, I think is not seen as a real process. It's like you make a complaint you never really hear anything. They always side with the manager and that there's no anonymous way to complain... even staff would have said they don't believe that the complaint system is a real one because sometimes the things that are complained of are incredibly serious but not taken seriously. If the manager says oh well, you know, I've just submitted an incident report and that's why this complaint has been submitted for example."

<div align="right">Interview 11</div>

Several key informants described how access to complaints procedures varied significantly between centres, with some residents never being informed of their right to complain and others actively discouraged from doing so. In some cases, complaints were reported to provoke retaliatory action from management rather than remedial responses.

"In some centres, residents are clearly informed about house rules, IPAS regulations and the complaints procedure, particularly where staff are experienced and well trained... But in other centres, residents are not told about any complaints process at all. Sometimes this is because staff do not want complaints to be made. What we see instead is a kind of tit-for-tat; when a resident tries to complain, the manager responds by making a complaint against the resident. I have seen cases where managers submit spiteful incident reports once they know a complaint is being made about them."

<div align="right">Interview 5</div>

Several informants described formal complaints procedures as difficult to use in practice, particularly

for residents unfamiliar with written or bureaucratic processes.

"To be honest, I think it's a bit of a joke. Nobody really follows it. First you're expected to speak to the manager, then put it in writing, and then email IPAS. There are all of these steps and ladders. In theory it should work, but in practice it doesn't, particularly for people who come from cultures where complaints are dealt with through discussion rather than formal written processes. People want to talk to the manager, but the manager follows the procedure and refuses to engage, and at that point the complaint goes no further. Some people are terrified of the process. While the procedure may be clearly laid out and accessible to someone like me, it simply doesn't work for vulnerable people."

<div align="right">Interview 1</div>

This key informant elaborated that the complaints process privileges a particular style of written communication, placing those who struggle to articulate their concerns at a further disadvantage.

"If you are able to express yourself clearly in a written complaint, you may be taken seriously, but if your complaint is emotional or poorly articulated, it is likely to be ignored. In practice, people often need support to frame a complaint in a way that will be heard."

<div align="right">Interview 1</div>

A number of key informants indicated this this extends beyond residents. Staff are also said to question the credibility of the complaint process, particularly where serious issues are not treated with the seriousness the matters require. Therefore, the fear of complaining is not solely cultural or psychological, but also institutional. Key informants indicated that the complaint processes are experienced as non-responsive or biased and consequentially they are as sources of risk for residents. The key informants also highlight information deficits about rights and complaints route as a contributing factor. One key

informant described the discovery, during a training on complaints and rights, that residents lacked knowledge of appropriate mechanisms, including how to complain and where to escalate.

"We also found when we were providing training around making complaints and understanding rights, including complaining to the Ombudsman, that people had no knowledge of what the appropriate mechanisms were. So even where there were house rules or handbooks that included information on how to make a complaint, people either weren't receiving that information or weren't understanding it. It wasn't prominently displayed and they weren't being clearly made aware of how to make a complaint."

Interview 9

Key informants emphasised that information may exist without being accessible or trusted, with many residents instead relying on peer networks. One key informant noted that residents often trust information shared by other residents, particularly within the same cultural group, more than leaflets or official communications, and suggested that resident-led initiatives may therefore be more effective than externally designed information provision.

"[T]he peer led kind of information is stronger than all the leaflets and flyers you could throw up on a notice boards."

Interview 11

Therefore, the credibility of information is impacted by the experience of residents. A number of key informants noted that, in the absence of clear and responsive official processes, residents often rely on peer networks for information and guidance. Several key informants questioned the format of information provision, noting that reliance on written materials assumes literacy levels that do not reflect the realities of many residents.

"You know, induction training into life in Ireland can be done maybe in a more visual way, I suppose a little bit like the children's first training we do ourselves that a lot of it is video based, some of the people living in direct provision have low literacy levels."

Interview 5

This key informant noted that inconsistency in outreach by external organisations can unintentionally deepen uncertainty, as residents struggle to understand who is available to support them and whether engagement will lead to something useful.

"Sometimes organisations come just once to a centre and only a few people attend, so organisations then assume they're not needed.. without sustained presence, people don't become familiar with what support is available."

Interview 4

This key informant also described how residents experience the system as fragmented and difficult to navigate, with repeated attempts to raise concerns yielding little response and leaving people unsure who is responsible for addressing even basic needs.

"People tell us they have raised the same issues again and again, but nothing changes. Housing is a ... problem, access to treatment is difficult, and transport makes it impossible to work because some centres are so isolated... Many don't know who is meant to help them, or what organisations exist to support them."

Interview 4

The theme that emerged provides evidence for the broader claim about accountability. Key informants suggested that the existence of complaint mechanisms does not necessarily translate into an

effective remedy for residents. It was suggested that complaints are experienced as risky or unresponsive. Therefore, harmful conditions in accommodation may remain unreported. Key informants also indicated that informal discipline through the threat of transfer or withdrawal of minor entitlements within their accommodation are deterrents for raising complaints. Even where formal policy says that residents can complain, raise concerns, or exercise rights without penalty, key informants describe a situation in which the perceived risk of informal sanctions carries greater weight than those formal assurances.

Key informants also described how complaints directed to IPAS are often perceived as low risk for institutions but potentially consequential for residents. This key informant noted that residents are generally aware of the IPAS inbox and external complaint routes, they suggested that fear of identification and informal retaliation remains pervasive, particularly in centres where power is concentrated in individual managers:

"People will often say, 'please don't use my name' or 'please don't raise this with management'. That fear is very real."

                                                    Interview 2

This key informant characterised the emergency accommodation system as a large-scale funnel for public funds into private provision, arguing that this structure weakens accountability. They suggested that directing concerns to IPAS can, in practice, diffuse responsibility, as issues are absorbed within a large central agency rather than generating consequences for individual centres.

"At the end of the day this private emergency accommodation system is a huge funnel. It's a huge transfer of public funds to private providers … in my experience anyway is that when we direct our queries or concerns regarding residents directly to IPAS, it kind of lets the centre off the hook sometimes because IPAS is such a big government agency that it just gets absorbed and nothing really arises out of it."

                                                    Interview 6

5. Theme 4: Transfers, Mobility and Communication Failures

A key theme that emerged relates to the transfers and movement of people seeking international protection within the system. This includes sudden relocation between centres, transfer letters issued to people with status, and the experience of being moved with little notice and inadequate information. Key informants described the issue of transfer as hugely disruptive but also as a mechanism that produces risk, undermines continuity of services and support, and

fractures new members of the community to their emerging ties and networks in the community.

This key informant framed transfer practices as actively undermining integration and compounding trauma, particularly where people had begun to establish work, childcare and community connections.

"If it's about heads on beds, moving them somewhere else doesn't reduce the number of heads on beds. It just re-traumatises an already traumatised individual or family who have by sheer luck and sweat and blood, maybe managed to get employment, maybe managed to get crèche places or schools or whatever in the community… and now that they've done that, you're going to pull them out of that community and send them to Timbuktu, where you have no schools, no creches, no GP's, and they have to start all over again. If we're looking at integration from a human rights lens, we've just blown the whole thing out of the water. By doing that, it makes absolutely no sense whatsoever, you know."

<div align="right">

Interview 5

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A significant related sub theme is the failure of institutional communication regarding the needs of residents. One key informant described a case involving a family with a child with a physical disability being sent to centres that were not appropriate, requiring repeated transfers. The key informant emphasised that centres often receive inadequate information about who is arriving, and that the lack of background information is not a fault of centre staff but a significant failure with the system.

"So one family I met had a child with a physical disability… and they kept being sent to direct provision centres that weren't appropriate to the child's needs so they were having to ask to be moved again. So, I guess it wasn't a typical situation, but they were just being shunted around the country each time they'd arrive at a new centre the centre wouldn't have been told anything about them, even things like they would be allocated rooms that the child wasn't able to get to so it's just this complete lack of communication, you know. A huge impediment to looking after people the way they should be looked after was the lack of knowledge about them before they arrived at your door and that's not the centre staff's fault."

<div align="right">

Interview 11

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The same key informant generalises this problem, giving examples of people arriving with diagnosed mental illness and medication needs that are not communicated, creating safety risks for residents and staff and placing centres in reactive crisis management rather than planned support.

"[T]he transfers are problematic, there is an awful lot on the lack of information for centres around transfers like about who's arriving, you know, people are arriving who maybe have a diagnosed mental health condition and are on medication and they only have a few days medication left and you're not told that this person needs urgently to get, you know, seen by a doctor, so their prescription can be filled again. You know, that kind of basic information. In this one case it was just be left to chance is all I can say to you. This centre didn't know that this person had any issues until everything went wrong and he started threatening people and then it was discovered that he had this empty medication in his bed side locker and they managed to address it that way. But yeah, it's dangerous, like it's a safety risk."

<div align="right">

Interview 11

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This observation focuses on organisational arrangements and highlights how information on people being transferred is inadequate and inconsistent and results in limited preparation at centre level and causes risk. Key informants also distinguished between transfers perceived as improvement and those experienced as regression, noting the particular distress associated with moves into poorer quality accommodation.

"People often accept being moved where it is perceived as an improvement, but moves into poorer accommodation are extremely difficult and deeply distressing."

<div align="right">

Interview 2

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Key informants also identified that transfers also intersect with the issue of fear and complaints as discussed earlier in this chapter. A number of key informants suggested that limited information about where someone is going, the unexpectedness of transfers, and the lack of transparency about conditions in the destination centre served to compound stress and contribute to residents feeling powerless. Key informants also reported that residents subject to transfer may be told only a place name, look it up online, and find the reality does not match expectations. It was also suggested that this limited disclosure to residents may be deliberate to reduce resistance before departure, which served to delay residents' distress to the point of arrival at their new accommodation.

"[J]ust how sudden it is and how little information you have about the place you're going, you might but just be told the name of the place and you look it up online and it looks like a nice hotel, you know? And then you get there and it's something else completely. IPAS seem quite clear that they sort of deliberately don't tell people... there's going to be 10 of you in a room."

Interview 11

This is a minority perspective in the sense that it is the most explicitly cynical interpretation of institutional intent across the dataset. However, it is not isolated from the broader narrative that emerged from the key informant interviews. Even where key informants do not attribute intent, they describe the effects of transfers as disruptive, destabilising and difficult to challenge, with the burden placed on resident to prove vulnerability or medical necessity in order to avoid inappropriate transfer. Key Informant 10 gave a concrete example of advocating against a transfer for a person attending dialysis and on a transplant list, requiring consultant letters and urgent intervention. They argued that such needs should be known before letters are issued, rather than discovered through crisis advocacy and intervention.

Several informants noted that the effects of transfer and move-on pressures are not experienced evenly, with single women facing distinct risks.

"For single females in particular, the threat of transfer or being required to move by a certain date really creates a significant personal risk, especially where people are trying to hold on to employment and may feel pressured into unsafe or unsustainable housing choices to avoid it."

Interview 2

6. Theme 5: Move on as a Structural Failure of Housing and a reconfiguration of vulnerability

Key informant interviews consistently identified housing as a key problem that impacted moving on and the broader reception system for people seeking international protection. The housing crisis was framed as being central to reception conditions as the lack of housing blocked people exiting IPAS provided accommodation and intensified overcrowding, prolonged living in congregated settings, and created new forms of fear and instability for residents granted their status to remain. Key informants repeatedly described the move-on process as poorly supported, with residents offered little practical assistance beyond the completion of initial paperwork. Success in moving on is highly dependent on residents' own individual capacity to navigate the system.

This key informant described how the absence of housing availability makes moving on from emergency accommodation problematic, forcing families to abandon jobs, schools and community ties in order to source housing.

"There is absolutely no housing to be got in where I am and those then that have children It's like if they do move, they have to move out of the county and start all over again with school places and getting them set up. There's people that have to leave jobs to try and go or they're just being stuck within centres or transferred to more centres. So, it's like a revolving door system."

Interview 8

This key informant described a case involving a single man with status who had secured fulltime employment locally and was parenting a child in the area, but who received a letter from IPAS stating that his accommodation would end unless he sourced private housing by a specified date. The letter indicated that failure to do so would result in transfer to a centre in the south of the country known for placing single men in tented accommodation. The key informant emphasised that this threat operated regardless of the person's employment or family ties, and created significant insecurity at the point where stability would be expected.

"and then the very last paragraph was… If you haven't secured alternative accommodation by X date, you will be transferred to a centre known for placing single men in tented accommodation."

Interview 3

Key informants questioned the design of housing supports available at move-on stage, noting that reliance on social housing and HAP can undermine independence and create perverse incentives within an already complex system.

"The reliance on social housing and HAP is kind of wrong as well in a way that everyone just seems to need help, even though they might want to be independent. If a couple are both working to be eligible for social housing, they may need to adjust their earnings and reduce their hours … because they want to qualify for HAP… the system is so complex it's hard to understand for anyone like, it's hard to understand for local people how to navigate that."

Interview 1

This key informant went to criticise restrictions on labour market access during the appeals process, describing prolonged exclusion from work as demoralising and counterproductive.

"I know that there are issues around speeding up the interview process with the IPO and if they get their first instance refusal quickly they can never access the labour market. So they have to appeal, it takes time, they are not able to work and it's really demoralising. I don't think that's right. I think people who are appealing should be allowed to work, like it's better to be working than to feel like a burden on society."

Interview 1

One key informant described the state's support letters as well intentioned but inadequate in practice. They noted that letters increasingly contained generic rather than named contacts and placed the onus on the resident themselves to initiate engagement. These key informants interpreted move on outcomes as being largely dependent upon language, literacy and their mental wellbeing, with those least resourced being least able to access limited supports.

"[W]hat can happen is that when someone gets status to stay in Ireland, moving on from direct provision comes down to a person's individual capacity. So, do they have the language and literacy skills? And are they like mentally

in a good place to contact the support agency that's been assigned to them to ask them, who's my support worker? Who can I get in touch with … [what] I hear from our service user's [is] that maybe they try to follow up with the support service but all they can offer them is help getting that housing application submitted, but then that's it. Once a person actually gets approved, if they need guidance around you know, navigating the rental market or tenancy finding it's quite limited in terms of what they can actually access around that. A lot of people are looking for more one-to-one support which those services can't provide."

Interview 10

This perspective also highlights a recurring claim across the dataset. Key informants suggested a mismatch between the support model and the challenges it is meant to address. Several key informants also emphasised that language barriers impact people's ability to move on from accommodation. Where residents do not speak English, navigating housing options was described as particularly difficult, even with NGO involvement, and outcomes were said to depend heavily on informal support from staff or community contacts.

"If someone doesn't speak English, moving on becomes much harder, and it often depends on whether staff or people in the community step in to help."

Interview 4

This key informant illustrated how the interaction between family reunification, language barriers, and housing precarity can expose significant gaps in coordination between state systems.

"We are currently working with a gentleman whose family arrived through family reunification. He has been in Ireland for three years… and has very limited English. Although he was granted family reunification, he was couch surfing with a friend at the time. When

he presented to the council with his family to register as homeless, the council had no knowledge of his situation beyond an open housing application. An NGO eventually helped him search for accommodation, but the whole process was extremely chaotic."

Interview 8

This key informant highlighted significant gaps in training and awareness within local authority housing services, describing how rigid procedures and poor communication practices can exclude people attempting to move on from IPAS accommodation.

"Local authorities are often not well trained on international protection… I have seen people turned away because they were told they had no local connection, despite not even being from the country. Communication is rushed and jargon-heavy… no effort to provide information in writing or in accessible formats, leaving people unable to understand or act on what they are being told."

Interview 5

It was noted that completion of a housing application is necessary but not sufficient. It was suggested that the major barrier is securing a tenancy in a highly constrained rental market, navigating the Housing Assistance Payment (HAP) scheme and homelessness supports, understanding entitlements, and sustaining tenancies where people who get their status are under significant financial pressure. This key informant provided an example of the practical consequences of inadequate information provision. They described a situation where a person who moved out of IPAS accommodation without support and entered a tenancy topping up income to maintain a mainstream HAP tenancy, unaware they were entitled to homeless HAP, which would have provided more support, but unable to access it once already in tenancy.

I met with a person there recently who ... moved out of direct provision without any support, and now they are in a tenancy topping up a lot of their income to supplement their HAP tenancy, and they never knew they were entitled to homeless HAP which would have meant 20% more support for their rental accommodation and now they can't access it as they are already in the tenancy."

Interview 10

This example illustrates that the move-on process is constrained by housing supply. However, it is also impacted by the technical complexity of social welfare entitlements and the absence of proactive, structured information delivered at key points in a person's navigation through the system. The key informant suggested the need for a state-provided information pack analogous to the pack provided at the beginning of the protection process, covering housing pathways and other key rights such as family reunification. Another key informant was particularly critical of how housing supports are framed and delivered in practice, arguing that the complexity of the system, combined with inadequate training and negative attitudes within key state agencies, places people seeking international protection at an almost insurmountable disadvantage.

"There is an illusion of housing support... Even for Irish people, navigating social housing is a minefield, but expecting people without English as a first language to do so without compassionate support is completely unrealistic. I also see negative attitudes towards migrants within government agencies... without proper training and cultural awareness, the system is failing people at the point where they most need support."

Interview 5

Key informants also emphasised the emotional and social dimensions of move on. One key informant stated that 'getting status' does not feel like celebration for many because it triggers a new crisis, often involving loss of community ties built in

centres and the requirement to move away to find accommodation in the community.

"Moving on is difficult, you get the letter to say you know have your status and throws up a whole set of new problems, because you're on the back foot, on a low income... and you're in a country that's new to you. You know, depending on the centre, there can be quite a kind of an established community, particularly between the kids and, you know, having a friend leave or leaving your friends behind. All of those things are difficult... just the loss of that whole network that they'd spent time building up because most of them had to move from the area in which they'd been in direct provision to find cheaper accommodation."

Interview 11

The housing constraint was repeatedly described as overriding. It was noted that even if support capacity were increased, key informants emphasised that supply is the core constraint. One key informant described the 'tennis' dynamic where responsibility is batted between agencies and local authorities, leaving people "caught in the middle" (Interview 10).

Several participants noted that the Department of Justice contracts external organisations, including the Peter McVerry Trust and DePaul Ireland, to support people to transition out of IPAS accommodation. However, these supports were described by a number of participants as operating under significant capacity constraints, with very high caseloads and limited resources. As a result, support workers were often required to focus on completing housing applications, rather than providing more sustained or intensive transition support.

Participants emphasised that, in this context, the existence of move-on supports does not mitigate the fundamental lack of available housing, which continues to determine outcomes for residents.

7. Theme 6: Access to Services, Health, and Trauma

The final theme that emerged from the key informant interviews concerned access to services, particularly healthcare and mental-health services, and the ways in which the location of IPAS accommodation, capacity constraints and the design of the system compound the vulnerability of people seeking international protection. Key informants emphasised that needs in reception centres were often predictable, including chronic illnesses, trauma-related distress, accessibility for disabled residents, and culturally appropriate support. However, key informants noted that service infrastructures were under resourced, unevenly distributed, and often do not meet the specific needs of people seeking international protection.

Informants also highlighted a significant disconnect between the international protection system and disability supports, noting that disability is not readily identified or addressed proactively within reception settings.

"I really think that international protection space and the disability [services] never speak. At least I've never heard or come across it. I know that like, for example, there's certain areas that are good at entering the direct provision space well enough, like the LGBT services. When people are applying for mainstream payments and then they discover disability payment it's the first time they start to unpack their issues, peoples understanding of disability is different it's like the first like, what is it? I don't want to be called someone with a disability. What is disability?"

Interview 1

Key informants also emphasised that people's ability to access services was dependent upon location and the availability of services locally. This includes the availability of GPs, transport, and other specialised

supports. This key informant noted that information may be provided, but the "infrastructure is not there".

"You know they're having huge issues accessing GPs and you know depending on where you are in the country, there is a long wait for your access to the labour market. The information seems to be provided to residents in most places about how to go about things, but the infrastructure is not there. You can't access mental health services in your area if they don't exist."

Interview 11

This key informant questioned whether existing mental health provision is capable of responding to the specific forms of trauma experienced by people in the reception system, particularly where support is delivered through generic primary care services.

"So in the location I work in there is no mental health programme for this cohort of people. It's not targeted. So it's your generic twelve week or nine week counselling from which the GP refers you on and by the time your slot comes along people have lost interest in doing it or don't believe it will help them because it's taken so long to get it… I think as well then, because of the background of these people, like, is it PTSD, coming from war, from displacement, from huge traumas and I don't feel the counsellors in primary care would be used to that kind of presentation. So I don't, I just don't know are they getting the mental health supports that they need, there's a gap between what's available and what's needed immediately."

Interview 8

This key informant contrasted the responsiveness of voluntary and community organisations with

experiences of state services, describing serious failures at the point where people transition to status and lose existing supports.

"While some support services are excellent, particularly NGOs and voluntary organisations, experiences with state services such as Intreo and the Community Welfare Service have been described to me as appalling... We see people with status losing payments immediately, being turned away because they lack an IRP card, and left with no income... In one case, a mother with a four month old baby had no money for formula or nappies after her payment stopped and was told to come back later."

Interview 5

This key informant also described how placement in remote centres creates acute barriers for people with serious health needs, particularly where responsibility for transport and support is unclear and disputed between different agencies.

"People with cancer, complex diabetes or high risk pregnancies are being placed in rural centres with no transport infrastructure... They are travelling hours for treatment, borrowing money to attend urgent appointments, and being refused reimbursement because the system can't agree who is responsible."

Interview 5

This key informant went on to further reflect upon repeated service failures, suggesting that they point to a deeper absence of training and cultural competence across state funded roles, particularly in relation to international protection and trauma.

"State professionals need proper training in international protection, trauma and cultural competence... without that, they are simply not equipped to engage with people who are already among the most vulnerable, and the system repeatedly fails those who most need support."

Interview 5

This point was further illustrated with reference to rigid procedural requirements and lack of staff awareness placing practical barriers for residents attending urgent medical appointments.

"If someone is placed in a centre with no public transport and receives a medical appointment at short notice, they simply cannot comply with requirements like two weeks' notice to the Community Welfare Service. Even where IPAS or HSE guidance says centres are responsible for arranging transport in emergencies, staff are often unaware, and people end up paying out of pocket or borrowing money, with no reimbursement."

Interview 5

Another informant, drawing on experience with families and people with chronic health conditions, provides a detailed account of how congregated living interact with people trying to manage their condition. They describe how conditions that should be manageable, such as hypertension or diabetes, can become dangerous when residents cannot control diet, cooking or routines, resulting in avoidable complications.

"You know, like a person in Ireland who's experiencing hypertension, they go to their GP. They may or may not get put on medication. The GP will advise them around diet. They might get referred to like a registered dietitian or physiotherapist, get guidance around like physical activity and like at least that person will have access to

their own kitchen space to try to put that kind of advice into practises. But like people we work with in the direct provision centres, can't do that."

A number of key informants noted that in many cases the deterioration of a person's health is not as a result of their failure to comply with medical advice, but rather as a result of the provision of accommodation that denies them the opportunity to implement medical advice, in accommodation systems that are not designed around the realities and challenges of people seeking international protection. This informant described how this structural mismatch becomes problematic for people with complex health conditions, where medically necessary control of their diet is simply not possible within catered accommodation.

"In catered centres, people have no control over what or when they eat... This becomes critical for those who are pregnant or have complex health conditions. I am working with someone with severe diabetes who has been prescribed a specific diet but has no access to cooking. He has lost significant weight and developed serious health complications, simply because he has to eat whatever is provided."

Informants also highlighted particular groups whose needs were poorly accommodated within the system, including disputed minors placed in adult accommodation and individuals with serious medical needs assigned to remote centres. This key informant described assisting a woman with significant illness who was required to travel several hours to access hospital care, incurring substantial personal cost.

"She was travelling two and a half to three hours to get to hospital because there was no hospital closer, and she was paying for that herself."

Key informants also identified disability and vulnerability arising from serious medical conditions as areas where procedural failures are most acute. Key informants provided case examples of wheel chair users, people with visual impairments, people with end stage kidney disease requiring dialysis, and a young person recovering from surgery for a tumour in their leg being placed in physically inaccessible accommodation, with inadequate accommodations when relocation was requested. One key informant provided the example of a centre placing a young person post-surgery on an upper floor of an old building, with the suggestion of a bunk bed on another floor as a "solution," and the threat of relocation outside Dublin if the person could not cope, leading the young person to accept unsafe conditions (Interview 10).

The example illustrates that medical and disability related needs are addressed reactively through crisis driven advocacy, rather than recognised as foreseeable needs requiring advance planning. Key informants also highlighted how transport arrangements can effectively exclude disabled residents from participation in work, education and volunteering. This key informant described a wheelchair user whose access to town was limited to a centre-run bus operating on a restricted schedule, leaving them unable to reach services or opportunities that others could access independently.

"[T]here's a gentleman, a wheelchair user in a centre I was in and there's a bus that goes from the centre to the town, but it only goes twice in the morning and twice in the afternoon. Everybody else has the option to walk

into the town… walk down the road to get a public bus, cycle, whatever it is but the wheelchair user doesn't have those options."

Interview 3

A cross-cutting theme of trauma and mental health support emerged across the interviews. Key informants acknowledged that mental health services are under strain nationally. They noted that international protection applicants have significant need for these services need due to trauma, uncertainty and the stresses of living in congregated settings. A number of key informants noted that the system should not wait until crisis to intervene.

"There needs to be… a multi multi-level of intervention. [I]f we are looking at like what are preventative strategies or what are coping strategies initially, how are we providing people with coping strategies so that they can understand the stresses in their lives and deal with them so that it doesn't spiral. [It] is really important, so we shouldn't simply be targeting people when it's a crisis situation. We need to be like looking at how we're building people's mental health from day one, really."

Interview 9

Several key informants also raised concerns about how vulnerability is identified and acted upon in practice, particularly for people with cognitive or memory difficulties who may struggle to engage with new and complex systems or advocate for themselves. While a vulnerability assessment process now exists, this key informant questioned whether designation translates into any meaningful improvement in placement or support.

"There was a designation of vulnerability, but no concrete improvement in living standards."

Interview 2

Several key informants raised serious concerns about how emergency accommodation settings respond to residents with complex mental health needs, including neurodivergence, addiction and challenging behaviour, noting that these environments often lack the capacity to provide appropriate support and instead result in exclusion.

"We work with a lot of men who have mental health issues, sometimes combined with addiction or substance misuse… Speaking frankly, I don't think they stand a chance in some IPAS centres. Any challenging behaviour and they're out on the street, and that's it. That happens particularly in emergency centres."

Interview 6

This key informant described how neurodivergent needs can remain effectively invisible within emergency accommodation, even where a person is clearly struggling and in need of support.

"So like we know one case where this guy in an emergency centre could really do with intervention. He doesn't really leave his room. They do take welfare cheques on him. But like, he's obviously on the spectrum and needs, supports but, there's a reluctance there from him, whether it's reluctance that he's afraid or that he doesn't know the service exists. We can't even get to talk to him… We can't pull him out of the room either. I don't think the staff fully get it or are able to provide support."

Interview 8

Some key informants also expressed concern about the quality and availability of legal advice at the early stages of the protection process, particularly in the context of increasing demand.

"Mental health, accommodation and the international protection process itself are a significant source of worry for people. With the increase in those seeking protection, legal services are under real strain, and many people appear to receive poor quality or insufficient legal advice at the very start of the process."

Interview 1

Several key informants also highlighted significant difficulties accessing clear and timely information about the protection process itself, particularly in emergency accommodation settings.

"One of the most recent difficulties has been access to information about the protection process itself. Legal advice and assistance are hard to secure, with legal services, including the Legal Aid Board, under significant strain. Many people, particularly those on accelerated procedures, have not spoken to a lawyer before their interviews and have little understanding of what refugee status or subsidiary protection involves. As a result, the system can feel opaque, with people relying on rumours or informal sources of information. Access to accurate guidance also varies significantly by where you are, depending on the experience of centre managers and the presence of local support organisations, and is particularly limited in emergency accommodation where staff may not have relevant expertise."

Interview 2

This key informant discussed how multiple pressures converge in residents' everyday experience, making it difficult to separate accommodation conditions from wider legal and other uncertainties.

"When people are in this situation, there is often a great deal happening at once and limited access to clear information. Legal processes may move quickly, decisions can be made before they have had meaningful engagement with legal aid, and opportunities to work are lost. These pressures tend to merge into a general sense of frustration, and while it can be difficult to separate out individual problems, concerns about living conditions most often come to the fore."

Interview 2

A number of key informants also highlighted the limits of existing trauma supports, noting that reliance on overstretched mainstream services places a significant burden on individuals, particularly those without access to advocacy or family support.

"I don't think they have any adequate supports at all for trauma truly, it's mainstream services and it's very hard to navigate through mainstream. It's so overloaded and it's hard to navigate. It's not the easy system to navigate through. If you are affected like you kind of need an advocate with you, and if you don't have a like a partner or I don't know a relative with you or good friends, it'd be really difficult to navigate through that system on your own. You do need either a support worker to help you with your case or a family member."

Interview 1

A further area of concern related to access to services for children and young people. A number of key informants referred to barriers in accessing services, and also emphasised how stigma results in exclusion from social participation and limits engagement with supports. This key informant reported being struck by

young people's isolation from local communities, including reluctance to participate in sports or after school activities because they did not want their peers to know they live in a direct provision centre.

"[O]ne thing that struck me that I hadn't been expecting was young people's isolation from the local community. They've seemed very unlikely to be involved in things outside of their centres apart from school, but any of the other activities like sports and after school, things they would have said that they didn't feel comfortable engaging [in], they didn't want other young people to know that they lived in a direct provision centre."

Interview 11

8. Conclusions

The key informant interviewees describe a reception system that can adversely impact the lives of people seeking international protection. Across the six themes described above inconsistency emerges as one of the defining features of reception conditions, impacting everything from accommodation quality and food provision to access to healthcare, information, and the possibility of moving on. The experience of people seeking international protection is largely dependent upon where they are placed, who manages the centre, and what local infrastructure/supports happen to exist.

According to the key informants, poor practice persists in the absence of enforceable standards, effective oversight and effective accountability mechanisms. As a result, residents often live with uncertainty about what they can expect, what they can safely challenge, and what consequences may follow from making complaints.

The analysis also shows how reception conditions interact with broader problems in housing, healthcare, transport and legal aid. These failures compound the vulnerability of people seeking international protection. The key informants spoke about how congregated living arrangements negatively impact privacy, autonomy and family life over time, while fear, information deficits and ineffective complaint mechanisms limit residents' capacity to seek remedies. Transfers and move-on processes further destabilise people at the time when they get status and when security should increase for them. Transfers result in severing emerging ties to work, education, community and integration. From a human rights perspective, the interviews speak to a system that formally recognises rights but fails to deliver the conditions necessary for those rights to function in practice.

06

Conclusions and Recommendations

Chapter 6
Conclusions and Recommendations

1. Synthesis of findings and way forward

This research assessed the reception conditions and other supports made available to International Protection Applicants (IPA) in Ireland by the International Protection Accommodation Services (IPAS) of the Department of Justice, Home Affairs and Migration. It focused specifically on permanent IPAS centres and emergency commercial accommodation secured by IPAS, comparing and contrasting conditions in both. It is hoped that this research will feed into ongoing reform efforts at government level.

Chapter 2 comprised an overview of the key features, evolution, legal basis and attempts to reform direct provision (DP), before turning to a literature review covering the 25 years of the system, with particular attention to recent literature. At this key juncture, with Ireland resiling from its commitment to abolish DP, adopting the 2024 Comprehensive Accommodation Strategy, and moving to implement the EU Pact on Migration and Asylum, revisiting this literature has both contemporary and historical value. This chapter highlighted the remarkable continuity of criticism across time, raising questions as to whether reform has been more rhetorical than a genuine commitment to abolish the system and address the well accepted deficits of this system. This literature review also provided a crucial backdrop against which to assess whether current reforms and forthcoming Pact obligations will finally prompt substantive change, or whether Ireland risks not only reproducing long-standing failures under a new guise (the EU Pact), but deepening them by embedding lower standards and more restrictive practices into the system.

Chapter 3 provided a review of HIQA inspection reports of permanent DP centres. HIQA began to inspect permanent IPAS centres against the National Standards in 2024 and published a synthesis of its 2024 inspection findings in its report 'Monitoring of International Protection Accommodation Service Centres in 2024.' As there is not (yet) a synthesis report for HIQA's inspection reports published in 2025, this report added value to the information already in the public domain by synthesising those 48 HIQA reports. It found considerable variation between IPAS centres in terms of compliance with the National Standards, and also considerable variation between standards. In its inspections, HIQA found many examples of embedded good practice but also many worrying practices, including in relation to risk assessment, child protection and overcrowding. When the 2025 data was compared with the 2024 data, it was found that areas of improvement and dis-improvement more or less cancelled each other out and that compliance with many standards remained even. This is to be expected since it takes time to cultivate and embed systemic change, especially when the required change relates not only to the physical infrastructure but to a radical transformation in management and service culture. Nonetheless, the HIQA inspection regime marks the beginning of this process.

Chapter 4 set out the findings from the national survey and peer-led focus group. This chapter provided an account of life in emergency international protection accommodation as characterised by overcrowding, limited privacy and constrained autonomy, which causes cumulative harm to wellbeing and family life. Residents described emergency accommodation as operating as a prolonged and normalised living arrangement in which basic

conditions for dignity and health are not met and participation in the community is restricted. The integration of structured survey data with open-ended responses and focus group discussions strengthened the evidential base of these findings. They demonstrated that issues such as food provision, lack of private space, restricted family life, and barriers in making complaints are not isolated concerns but cut across structural problems with the emergency model of accommodation for people seeking international protection. Residents repeatedly described these conditions negatively impacting upon mental health, parenting, children's development, and their ability to live an ordinary life and be part of the community. Therefore, this chapter underscored that emergency accommodation, as currently configured, systematically undermines rights and wellbeing, and that residents' voices provide a further evidence base to urgently ensure enforceable standards, meaningful oversight, and a shift away from prolonged congregated living as the default model.

Chapter 5 set out the findings from the thematic analysis of 11 key Informant Interviews. The key informant interviews deepened and contextualised the lived experience evidence set out in chapter 4 by situating it within the governance, policy, and practice of the international protection reception system. Across professional, advocacy, and institutional perspectives, key informants consistently identified system-wide inconsistency, fragmented accountability, and emergency procurement practices as core drivers of harm. Reception conditions were described in terms of the foreseeable outcome of a model that lacks enforceable standards, independent inspection across all accommodation types, and credible and effective complaints and remedial mechanisms. Key informants also highlighted how congregated living intensifies vulnerability, particularly for families, women, children, disabled people, and those with experiences of trauma. They described also how fear, information deficits, and power imbalances constrain residents' ability to challenge poor and harmful conditions. Importantly, the interviews exposed how reliance on discretion and goodwill produces some pockets of good practice rather than a coherent baseline of good practice across emergency accommodation. Therefore, the findings from the key informant interviews reinforced the conclusion that meaningful reform requires structural change. This requires extending oversight to all accommodation, embedding rights-based standards in contracts and practice, and moving policy on reception away from a responsive emergency model to one that places a premium on planning and delivery of accommodation that respects residents dignity, and ensures predictability and accountability.

2. Key messages from the findings

While conducting the research, it became clear to the researchers that conditions in emergency accommodation can be quite dire and are reminiscent of conditions that characterised DP in its first decade and a half. The changes that have occurred in permanent IPAS centres over the past decade have been hard-won and are still incomplete and inconsistent. Nonetheless, the HIQA reports paint a picture of a sector that is open to change, with the National Standards and HIQA inspections being a key driver of that change. But the worst features of DP are now replicated in emergency accommodation, where the vast majority of people seeking international protection live. There is no independent oversight of emergency accommodation and Chapter 5 revealed that there is considerable confusion about whether the National Standards even apply to emergency accommodation.

Ideally, we would recommend the complete cessation of reliance on emergency accommodation. However, mindful of the government commitment to continue its reliance on emergency accommodation signalled in both the Comprehensive Accommodation Strategy and the National Implementation Plan, we wish our recommendations to be practical and effective. Accordingly, our recommendations are tailored to this reality. Furthermore, this report comes at a critical juncture as Ireland prepares to implement the EU Pact on Migration and Asylum, raising the real risk that the failures of DP will not only be reproduced but further entrenched under a new legal and policy framework. In this context, our aim is to move the debate decisively beyond the repetition of long-standing critiques towards concrete, actionable reform.

3. Key recommendations

1   Emergency accommodation should be used only as a measure of last resort, where an unforeseeable surge in demand temporarily exceeds available supply, and should never function as a routine or default component of the reception system. Government should continue to strengthen forecasting and contingency planning for increases in applications for international protection to ensure, insofar as possible, that emergency accommodation is not required.

2   Emergency accommodation should be genuinely short-term and tightly time limited. Its routine or prolonged use is incompatible with human rights obligations. The State should prioritise non-congregated, self-contained accommodation models that support privacy, family life, autonomy and integration, recognising that living in congregated settings for prolonged periods generates cumulative and foreseeable problems as detailed in this report.

3   All IPAS accommodation, irrespective of ownership, duration or operational model, should be delivered within a social care framework and supported by a suitably qualified and professionally regulated workforce. The appointment of centre management and staff should be subject to relevant experience and qualifications, with a requirement that a proportion of centre staff be CORU-registered social care professionals, or demonstrably eligible for registration and required to complete registration within a defined transitional period, particularly for roles that involve direct and ongoing engagement with residents, the exercise of decision-making authority or responsibility for safeguarding and care. All management and staff should be required to undergo initial and ongoing training and continuous professional development in relevant areas of competence.

4 All accommodation centres should be required to have private meeting spaces, where State bodies with statutory roles and responsibilities towards IPA and NGOs in the international protection space can provide support services on site. This is particularly important in accommodation centres in isolated areas, where residents may struggle to travel to the cities where State bodies and NGOs tend to be based. NGOs providing critical supports to IPA, for example, in the area of trauma support or legal advice to vulnerable applicants, should be resourced by the State to acquit these important roles on site where necessary.

5 All accommodation used to house international protection applicants, including emergency and short-term provision, must be brought within a single, mandatory inspection and enforcement regime aligned with the National Standards (see further point 8 below). The continued exclusion of emergency accommodation from inspection has produced a two-tier system of oversight in which substandard conditions are normalised for some residents while others benefit from better governance. This regulatory and inspection gap must be closed as a matter of urgency by extending enforceable oversight to all international protection accommodation without exception.

6 Compliance with the National Standards must be a mandatory condition of procurement, contracting and continued operation across all IPAS accommodation. While standards exist, this research demonstrates that they do not currently operate as binding and enforceable requirements across the system, particularly in emergency accommodation. Therefore, the National Standards should be explicitly included as contractual obligations and operational requirements and service providers should be trained accordingly. Clear and escalating consequences for non-compliance should be introduced, including defined remedial timelines, financial sanctions and contract termination or non-renewal where persistent non-compliance is evidenced. This should apply equally to State owned centres, permanent IPAS centres and emergency accommodation.

7 IPAS itself and all accommodation centres, irrespective of ownership, duration or operational model, should be made subject to the Public Sector Duty as outlined in Section 42 of the Irish Human Rights and Equality Commission Act 2014. This duty is imposed on all public bodies and requires that they protect the human rights of the persons to whom they provide services, identify relevant human rights in their strategic plan and report on how those rights have been met in their annual report. This reorients the focus from reactive, ad hoc responses to proactive and planned service delivery. This duty subsists when public bodies outsource essential public services, such as IPA accommodation, to private-service providers. Accordingly, compliance with this duty should be included as a requirement in all procurement processes and service level agreements.

8 Reception standards must be applied uniformly across the reception system, other than specialist reception standards for vulnerable applicants, and must not be varied according to IPA cohort or used in a punitive or deterrent manner. All people seeking international protection should be entitled to the same level of accommodation conditions, safeguards and supports, regardless of country of origin or transit or mode of entry.

9 Complaints and remedial mechanisms must be redesigned to address the fear, power imbalances and information barriers identified throughout this research. The current arrangements are fragmented, discretionary and regarded as risky, inaccessible and ineffective by residents. A coherent statutory oversight framework is required. The Health Information and Quality Authority (HIQA) should be provided with additional dedicated funding and an expanded statutory remit to inspect all international protection accommodation, including emergency and short-term provision. Inspection should be underpinned by a targeted, evidence-based model, with complaints data, risk indicators and thematic concerns used to prioritise inspections where concerns about conditions arise. In parallel, a statutory complaints mechanism should be established within HIQA, placing it under a clear legal obligation to receive, investigate and respond to complaints within defined timeframes, with effective protections against negative consequences for residents. The relationship between HIQA and the monitoring/inspection mechanisms pertaining to the screening stage and the border procedure that are envisaged in EU law should be clarified.

10 The roles of the Office of the Ombudsman and the Ombudsman for Children should be given greater clarity in relation to reception conditions. This is particularly important to ensure independent review of individual complaints and systemic failures, especially where the rights and welfare of children arise. These functions should be coordinated through a formal memorandum of understanding between the Department of Justice, Home Affairs and Migration, HIQA, the Ombudsman, the Ombudsman for Children and other relevant State bodies, enabling information sharing, pooled expertise and strategic deployment of inspection and oversight resources. The Ombudsman offices should be appropriately resourced to carry out their statutory duties towards IPA.

11 Special reception centres in the community for people with vulnerabilities or special reception needs, as envisaged in government policy, must be fully compliant with the standards set out in the recast Reception Conditions Directive 2024. Where vulnerabilities are identified after the initial screening stage and indicate a special reception need, there should be a prompt re-evaluation of whether the person is placed in the most appropriate accommodation.

12
Further resources and structured supports should be put in place across the full range of relevant public bodies and housing charities to enable timely and sustainable exit from IPAS accommodation following the granting of international protection status or leave to remain. Further clarity is required on the respective responsibilities of and connections between the IPAS transition team, the Department of Housing, Local Government and Heritage, Local Authorities, Chief Executives of Local Authorities and organisations such as DePaul Ireland and the Peter McVerry Trust. Where roles and responsibilities are devolved or outsourced, they should be appropriately resourced and their impact should be periodically reviewed. Support for a mapping exercise could be provided by the Local Government Management Agency and could usefully result in a memorandum of understanding or circular outlining respective competences and resourcing.

13
Ireland should treat the implementation of the EU Pact on Migration and Asylum as an opportunity to correct longstanding structural failures in the reception system rather than further entrench reactive emergency responses. The evidence demonstrates that reliance on ad hoc and uncoordinated emergency accommodation is inherently reactive rather than strategic, leading to haphazard decision making, weakened standards and avoidable tensions within local communities. Instead, the Pact should be used as a reset point for reception policy and governance, grounded in proactive planning, clear and enforceable standards, transparent decision making and meaningful early engagement with communities.

14
Finally, in light of demonstrations, riots, arson attacks and intimidation directed at international protection applicants in certain existing and proposed IPAS centres, it is essential that all members of government exercise leadership and restraint in public discourse. Language used by political actors has real consequences. Careless or inflammatory framing of immigration law and policy risks legitimising hostility and exacerbating tensions, while responsible leadership is necessary to protect safety, social cohesion and the rights of people seeking international protection.

Doras

Promoting and Protecting Human Rights

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