Dr. Eleanor Hollywood
Dr Marie Hyland
Muluken Basa

TÚSLA

An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Strengthening Supports for Families Living in International Protection Accommodation Services (IPAS) in Ireland.

CHILDREN'S RIGHTS ALLIANCE

Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

Research Team

Principal Investigator:
Dr Eleanor Hollywood, Associate Professor in Children's Nursing,
School of Nursing and Midwifery, 24 D'Olier Street, Trinity College
Dublin, Dublin 2, D02 T283
087-7867608
hollywoe@tcd.ie

Report Contributors:
Dr Marie Hyland, Researcher Fellow, School of Nursing and Midwifery,
24 D'Olier Street, Trinity College
Dublin, Dublin 2, D02 T283

Mr Muluken Basa, Research Assistant and PhD Candidate,
School of Nursing and Midwifery, 24 D'Olier Street, Trinity College
Dublin, Dublin 2, D02 T283

Research Assistant:
Ms Orla Walsh, School of Nursing and Midwifery,
24 D'Olier Street, Trinity College
Dublin, Dublin 2, D02 T283

Acknowledgments

Disclaimer

This report was written by Dr Eleanor Hollywood, Dr Marie Hyland and Mr Muluken Basa. It was commissioned by and prepared for Tusla and the Children's Rights Alliance. The views expressed in this report are those of the authors and do not necessarily represent those of Tusla and the Children's Rights Alliance.

DOI: 10.52516/UBRT6844

Executive Summary

Background

Europe is experiencing an unprecedented influx of refugees and currently in Ireland there are 32,623 people living in International Protection Accommodation Services (IPAS) accommodation centres (DCEDIY 2024a). Recent statistics from IPAS as of December 2024, reveal the presence of 49 IPAS centres across the country, alongside 267 emergency accommodation centres, one national reception centre, one transit hub and five centres with tented accommodation. When people come to Ireland to seek international protection the Government of Ireland operates a 'one size fits all' direct provision system and although vulnerability assessments are conducted few distinctions are made between applicants (Coakley and MacEinri 2022). Existing reports highlight the unique challenges experienced by refugee children and their families (Ní Raghallaigh, Smith and Scholtz 2019) and this is understandable since the needs of families with children differ significantly to the needs of individual or coupled adults. Although supports do exist for families in IPAS, there is a lack of knowledge in relation to what is working well for families in IPAS, what training and support is provided for staff working with families in IPAS and what specifically are the needs of families living in IPAS in terms of parenting support, integration, prevention and early intervention and family support.

Methods

The chosen methodology for this research was case study research, a particularly useful enquiry method when the boundaries between the case and context are not entirely clear. In this research 'the case' is the family living in IPAS in Ireland and 'the context' is the IPAS centre where the family lives. Within case study research it is the designated 'units of analysis' that form the actual case. The main units of analysis gathered for this case study research were family focus group interviews, interviews with children, interviews with stakeholders, interviews with staff, fieldnotes and archival records. All data collected was managed and analysed with the use of NVivo™ computerised qualitative data analysis software. Thematic analysis was employed to analyse data. Ethical approval was sought and secured prior to recruitment and data collection.

Key Findings

The findings from this research indicate that the greatest concern for families living in IPAS in Ireland is being able to keep their children safe and healthy. Although families are appreciative to the Irish State for accommodating them and for the supports that are available to them, they experience challenges that are unique to families with children and would welcome more support and strategies in this respect. Findings from this study showcase the reality of living in the IPAS system as a family and the difficulties experienced by families when co-ordinated responses are not in place or available. When families come to Ireland they often struggle to 'fit in' to their new surroundings and this can be intensified by past trauma. Findings indicate that children living in IPAS do not have access to play facilities suitable for their age or developmental level and this is a significant source of concern for children. The role of school and the exceptionally positive part it plays in the life of the child and family in IPAS has been highlighted by this research. For children and families living in the IPAS system having access to school and going to school provides children with the opportunity to play, learn, integrate, and relax. It also provides parents with a sense of reassurance as their children have access to education, play and integration with other children which all promotes child growth and development. Since the research was completed, a general election has taken place and the new Programme for Government states that responsibility for International Protection Accommodation and Integration will move from the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) to the new Department of Justice, Home Affairs and Migration.[1] As such they have responsibility for the recommendations related to IPAS.

Summary of Recommendations

Number	Recommendation Description
1	Based on the study findings we recommend that IPAS conduct an assessment on every family who registers with the IPO and enters the Irish IPAS system. This assessment called the **'family assessment'** is exclusive to families who have children under the age of 18 years.
2	We recommend that following the family assessment IPAS makes a **co-ordination plan** for each individual family to enable the placement of the family in suitable accommodation.

---

[1] Government of Ireland, Programme for Government 2025, Securing Ireland's Future (Government of Ireland 2025) p125.

3	Based on the finding that the primary concern of families living in IPAS system accommodation is to keep their children safe and healthy, we recommend that IPAS prioritise families by accommodating families in **'family hub' accommodation centres**. The 'family hub' accommodation centres should be accommodation centres that are designated exclusively for the accommodation of families with children.
4	It is essential that a feeling of **safety and security is fostered for children** seeking international protection. Findings have shown that children and their families often arrive to Ireland with nothing and frequently they have been moved numerous times before reaching Ireland. We recommend that IPAS provides all children with a **'welcome pack'** when they enter the Irish IPAS system. This welcome pack should include age-appropriate sleep wear, toiletries, a blanket, and a sensory toy. The provision of this welcome pack will help children to feel welcome, safe, and secure.
5	Findings from the study have shown that there is a lack of guidance for IPAS accommodation staff and stakeholders who engage with families in IPAS accommodation centres in relation to the specific needs of families. We recommend that the Department of Children, Equality, Disability, Integration and Youth (DCEDIY)[2] in collaboration with Tusla, develop a **guidance document detailing the needs of families living in IPAS accommodation** and for same to be distributed to all IPAS accommodation centres and be made available to relevant stakeholders.
6	We recommend that IPAS provide an **'IPAS Accommodation Centre Liaison Coordinator' (IPAS ACLC)** who will be a qualified Social Care Worker. This person will work with families living in IPAS accommodation centres, local Tusla Child and Family Support Network (CFSN) Coordinators, Tusla Family Support Workers, Tusla Family Resource Centres, CYPSC workers, NGOs, and relevant community / voluntary organisations to help meet the needs of families living in their designated IPAS accommodation centre. We recommend that individual IPAS ACLCs maintain office space in their designated IPAS accommodation centre so that they can meet and work with families on a face-to-face basis.
7	The needs of children differ greatly to the needs of adults. Adapting to a new environment can be challenging for children particularly in circumstances of seeking international protection. To promote a feeling of safety, transition into the new environment and promotion of normal child development we recommend that all children in IPAS accommodation have access to their own **Children's Support Worker**. The role of the Children's Support Worker is to work exclusively with children to help them to make the transition into their new environment.
8	Children who participated in the research provided exceedingly positive accounts of their experience of being in primary school. Findings indicate that **school is a protective factor** for supporting the development of children who live in IPAS

---

[2] Since the research was completed, a general election has taken place and the new Programme for Government states that responsibility for International Protection Accommodation and Integration will move from the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) to the new Department of Justice, Home Affairs and Migration. See Government of Ireland, Programme for Government 2025, Securing Ireland's Future (Government of Ireland 2025) p125.

	accommodation centres. Based on these findings we recommend that gaining access to a place in school (primary and secondary) is continuously prioritised for children living in IPAS.
9	Findings from the study have revealed varied accounts relating to **access to healthcare services** for families living in IPAS accommodation centres. A family's English proficiency has been identified as a significant indicator to successful GP access. To ensure that all families living in IPAS accommodation can access GP services we recommend that IPAS explore the possibility of establishing **specialised GP service(s) for families who experience language challenges**. This may develop as an exclusive online GP consultation service for families in their native language (with the assistance of an interpreter) until the family's English language proficiency improves and they can be linked with a GP practice in the community.
10	Language barriers pose many challenges for families living in IPAS accommodation therefore assistance with learning English should continue to be prioritised. We recommend that **regular[3] English language assessments are offered in every IPAs centre,** this would be in addition to classes already offered. The purpose of this regular assessment is to capture the needs of new families, to track progress and engagement of families with the supports available.
11	It is essential that the voices of children and families in IPAS are sought, listened to, heard, and acted upon. We recommend that the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) **actively seek to listen to children living in IPAS and act on the views of children.** We recommend continued consultation with parents / guardians in IPAS to monitor progress in how their needs are being met.

Conclusions

This research provides a detailed account of the specific and unique needs of families living in the IPAS system in Ireland. It has given voice to children and families living in IPAS accommodation centres and voice to the professionals who provide supports to these families daily. The findings from this research provide the context for the development of policy that will shape an integrated family support approach and provide the foundation to support the individual needs of families living in the IPAS system in Ireland. This is essential since Ireland continues to experience an intense arrival of refugees.

---

[3] Every 6 months

Table of Contents

Abbreviations

Abbreviation	Definition
CYPSC	Children and Young People's Services Committees
CFSN	Child and Family Support Network
DCEDIY	Department of Children, Equality, Disability, Integration and Youth
DoE	Department of Education
DoJ Previously the DoEJ	Department of Justice[4] Previously known as the Department of Justice and Equality (until 31/10/2020)
DoSP	Department of Social Protection
ECCE	Early Childhood Care and Education
EU	European Union
EWO	Education Welfare Officer
FRC	Family Resource Centre
GAA	Gaelic Athletic Association
GDPR	General Data Protection Regulation
GP	General Practitioner
HIQA	Health Information and Quality Authority
HSE	Health Service Executive
IPAS	International Protection Accommodation Services
IPO	International Protection Office
ISD	Immigration Service Delivery
PI	Principal Investigator
PPFS	Prevention, Partnership and Family Support
REALT	Regional Education and Language Team
RIA	Reception and Integration Agency
TESS	Tusla Education Support Services
UNCRC	United Nations Convention on the Rights of the Child
UN	United Nations

Glossary

Term	Definition
Asylum Seeker	An asylum-seeker is a person who is seeking international protection. Their request for refugee status, or complementary protection status, has yet to be processed, or they may not yet have requested asylum, but they intend to do so. When someone crosses an international border seeking safety, they often need to apply to be legally recognized as a

---

[4] Since the research was completed, a general election has taken place and the new Programme for Government states that responsibility for International Protection Accommodation and Integration will move from the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) to the new Department of Justice, Home Affairs and Migration. See Government of Ireland, Programme for Government 2025, Securing Ireland's Future (Government of Ireland 2025) p125.

	refugee. While they seek asylum and await the outcome of their application, they are referred to as asylum-seekers and should be protected. Not all asylum-seekers will be found to be refugees, but all refugees were once asylum-seekers.[5]
Children First E-Learning Programme	Children First E-Learning Programme is an e-learning programme developed by Tusla in association with DCEDIY and the HSE. The programme is called 'Introduction to Children First', it has been designed and written to support people of all backgrounds and experience in recognising concerns about children and how to report concerns if they arise. The programme is based on Children First: National Guidelines for the Protection and Welfare of Children[6] and the Children First Act 2015[7].
Family Assessment	A family assessment, as a proposed recommendation in this research, is a process carried out by IPAS on every family who registers with the IPO and enters the Irish IPAS system. The assessment should be exclusive to families who have children under the age of 18 years, and it aims to identify and establish the unique needs of the family in IPAS. The family assessment will help to inform the suitable placement of families in the IPAS accommodation system.
IPAS Accommodation Centre Liaison Coordinator (IPAS ACLC)	The IPAS ACLC, as a proposed recommendation in this research, is a qualified Social Care Worker employed by IPAS to work exclusively with families living in IPAS accommodation centres. The IPAS ACLC maintains office space in their designated IPAS accommodation centre enabling them to work with families face-to-face and collaboratively with local Tusla Child and Family Support Network (CFSN) Coordinators, Tusla Family Support Workers, Tusla Family Resource Centres, CYPSC workers, NGOs, and relevant community / voluntary organisations to help meet the needs of families living in their designated IPAS accommodation centre. The IPAS ACLC also works jointly with the Reception Officer of their designated centre if present / employed by the service provider.
Reception Officer	"A suitably qualified and trained member of staff in each accommodation centre, whose main duties and responsibilities are to receive information arising from vulnerability assessments for each resident; to liaise with relevant services regarding the needs of the residents and to report to the appropriate authorities (RIA/HSE/An Garda Síochána) when a concern for a resident's health, wellbeing or safety arises within the centre" (DoJE 2019 p.g 14).
Refugee	A refugee is a person who "owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of [their] nationality and is unable or, owing to such fear, is unwilling to avail [themself] of the protection of that country."[8]
The Child and Family Agency	Tusla

---

[5] https://www.unhcr.org/ie/asylum-seekers
[6] https://www.tusla.ie/uploads/content/Children_First_National_Guidance_2017.pdf
[7] https://www.irishstatutebook.ie/eli/2015/act/36/enacted/en/html
[8] 1951 Refugee Convention definition https://www.unhcr.org/ie/refugees

Vulnerability Assessment	A vulnerability assessment is a process carried out by a dedicated Resident Welfare Team within IPAS to determine if, by virtue of a particular category of vulnerability, an applicant is deemed to have any special reception needs, what those needs are and what actions are required by IPAS to address the needs. The process is voluntary, and applicants must consent to participate. The assessment itself consists of a questionnaire that the applicant can choose to complete and submit to the Resident Welfare Team by free post or email. The questionnaire is then reviewed by an Assessment Officer from the Resident Welfare Team to determine if the applicant has any specific reception needs within the meaning of the law governing the vulnerability assessments[9]. Vulnerability assessment questionnaires are available to all persons who make an application for international protection[10].

List of Tables

List of Figures

---

[9] IPAS Vulnerability Assessment Pilot Programme Policy https://assets.gov.ie/235796/13847440-65c4-4fc6-aeec-c5af24f73d6a.pdf
[10] IPAS Customer Service Team 2023 file:///C:/Users/hollywoe/Downloads/262746_46f4d3de-6edd-4899-a2cc-09ac55bbdd6a.pdf

Section 1: Introduction

1.1 Background

The Children's Rights Alliance unites over 150 member groups who work together to change the lives of children and young people in Ireland by ensuring that their rights are respected and protected in laws, policies and services. Tusla - Child and Family Agency is the dedicated State agency responsible for improving wellbeing and outcomes for children. Tusla is committed to working in partnership with children, families, and communities to ensure that children in need or at risk of harm are supported, protected, and connected to people who can safeguard and promote their wellbeing throughout their lives.

At present Europe is experiencing an unprecedented influx of refugees, marking the most substantial movement since the aftermath of the Second World War. Recent statistics from the International Protection Accommodation Services (IPAS) as of December 2024, reveal the presence of 49 IPAS accommodation centres across the country, alongside 267 emergency accommodation centres, one national reception centre, one transit hub and five centres with tented accommodation. In total there are 32,623 people living in IPAS accommodation in Ireland of whom 9,027 are children living with their parent(s) (DCEDIY 2024a).

It is important that the distinct needs of families within the IPAS system are recognised since there are complex dynamics associated with family relocation and adaptation of the family to their new cultural surroundings. The prerequisite to understand the unique needs of families has been emphasised in previous work conducted by the Children's Rights Alliance, notably the 2019 study titled 'Safe Haven the Needs of Refugee Children Arriving in Ireland through the Irish Refugee Protection Programme: An Exploratory Study' (Ní Raghallaigh, Smith, and Scholtz, 2019). The report recommends the development of tailored family support programmes to aid refugee parents in adapting to parenting in a new context.

Since this earlier work focused on families living in Emergency Reception Orientation Centres it was decided that the needs of families living in the Direct Provision system needed to be investigated further. Subsequently the Children's Rights Alliance, together with Tusla, commissioned the research presented in this document to explore the current family support

practices with a view to identifying needs and recommending an integrated family support approach to support families living in the IPAS accommodation system.

1.2 International Protection Accommodation Services (IPAS)

As a division of the Department of Children, Equality, Disability, Integration and Youth (DCEDIY)[11] the International Protection Accommodation Services (IPAS) system is responsible for the provision of accommodation and related services to international protection applicants or asylum seekers (DCEDIY 2024b). Under European Union (EU) and International Law, Ireland is obliged to examine the claim of any person who arrives to the country and claims international protection. While the claim is being investigated by the Department of Justice, IPAS offers accommodation and related services to international protection applicants who wish to accept the offer of accommodation from the Irish State. Living in IPAS accommodation is entirely voluntary, and residents can leave at any time and source their own accommodation. IPAS has no role in the processing of international protection applications or in the application decision making process, this is conducted by the International Protection Office (IPO) in the Department of Justice. The IPO is an office within the Immigration Service Delivery (ISD) and is responsible for examining and processing international protection applications.

There has been a substantial increase in the number of people, including children, seeking international protection in Ireland. In December 2024 there were 32,623 international protection applicants accommodated by IPAS, of whom 9,027 were children (DCEDIY 2024a) compared to 19,104 applicants of whom 3,928 were children in January 2023 (DCEDIY 2023). There are multiple reasons why the number of applicants has increased including a global increase in war and humanitarian crises (Economic and Social Research Institute 2024). IPAS was established in October 2020 and replaced the Reception and Integration Agency (RIA) which operated the Direct Provision System since April 2000. This approach was developed to provide full-board and accommodation to people seeking protection and it largely varied

---

[11] Since the research was completed, a general election has taken place and the new Programme for Government states that responsibility for International Protection Accommodation and Integration will move from the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) to the new Department of Justice, Home Affairs and Migration. See Government of Ireland, Programme for Government 2025, Securing Ireland's Future (Government of Ireland 2025) p125.

in quality. Sometimes the quality of Direct Provision was poor and resulted in institutionalisation when families spent long periods of time there (Department of Justice and Equality 2015). In terms of children's rights and needs, the UN Committee on the Rights of the Child (UN 2023) as well as several other domestic bodies (Health Information and Quality Authority 2015) all expressed concern that Direct Provision centres are, in the main, not suitable for children's needs and that significant changes were required.

Increased oversight and the provision of clear recommendations led to an accelerated reform of the system. In 2015 the McMahon *'Working Group to Report to Government on Improvements to the Protection Process, including Direct Provision and Supports to Asylum Seekers'* made 173 recommendations aimed at improving the international protection process and Direct Provision system (Department of Justice and Equality 2015) including the provision of own door accommodation with cooking facilities and/or family quarters with communal kitchens, adequate recreational space for children and young people, and an increase of the weekly allowance for children from €9.60 to €29.80 (Department of Justice and Equality 2015). Also in 2015, the Health, Information and Quality Authority (HIQA) raised concerns about the significantly higher child protection and welfare referral rate to Tusla of children in Direct Provision compared with the general child population (Health Information and Quality Authority 2015).

A single procedure for status determination was introduced in 2016, aimed at reducing the length of time applicants spend in Direct Provision (Department of Justice 2015) and the extension of the right to work was introduced in 2017 (Department of Justice 2022). The transposition of the EU Recast Reception Conditions Directive (European Commission 2013) into Irish law in 2018, set out binding minimum standards for reception conditions, including rights relating to healthcare, accommodation, employment, and education (European Commission 2018).

1.2.1 National Standards

In 2019, *National Standards* for accommodation offered to people in the protection process were introduced (Department of Justice and Equality 2019) as a recommendation from the McMahon Group. They aim to standardise the quality of care in all accommodation centres

irrespective of location (Department of Justice and Equality 2019). Additionally, the standards address the rights and needs of children through, for example, the requirement to provide families with own-door accommodation, dedicated space for educational activities, access to cooking facilities and age-appropriate information and engagement with children on matters affecting them (Department of Justice and Equality 2019). Across all areas, service providers are also obliged to act in the best interests of the child in line with the UN Convention on the Rights of the Child (UN 1989).

Currently there are 49 permanent IPAS accommodation centres housing 6,558 international protection applicants of whom 2,073 are children and 267 emergency accommodation centres housing 24,496 international protection applicants of whom 6,884 are children (DCEDIY December, 2024a). It is important to note that the *National Standards* apply only to IPAS centres and not to emergency centres. It is also important to note in this context that many people living in IPAS centres, which are subject to *National Standards*, have already been granted refugee status, subsidiary protection, or permission to remain (DCEDIY 2023) and cannot find alternative accommodation to move on. This, alongside the growth in the number of people seeking asylum, has led to an increase in the number of emergency centres providing accommodation.

Emergency centres are subject to the *Guidelines for Temporary Accommodation in Existing Buildings – Single Persons and Family Type Accommodation* (Government of Ireland 2023). The *Guidelines* contain standards to be followed for the structural condition, sanitation, heating facilities, food preparation and storage, ventilation and lighting, fire safety, and building control regulations to be followed by accommodation providers (Government of Ireland 2023). They are not a substitute for the *National Standards* which were specifically drafted for people living in international protection accommodation and exclude a wide range of standards including on child protection and welfare.

Since January 2024 HIQA has the power to inspect IPAS accommodation (European Commission 2023) however they do not have the authority to inspect emergency accommodation. Both IPAS accommodation centres and emergency accommodation centres fall within the meaning of a relevant service provider for the purposes of the Children First

Act 2015 (Government of Ireland 2015) and are required to provide child safeguarding statements which may be inspected by Tusla for their compliance with the Children First Act (Children's Rights Alliance 2024a).

1.2.2 What IPAS provides, and other assistance provided by the State

As a division of the Department of Children, Equality, Disability, Integration and Youth (DCEDIY), IPAS offers accommodation and related services to international protection applicants. All meals and utilities are provided by IPAS centres with some centres operating a self-catering service and some do not. The Department of Social Protection provides international protection applicants with a weekly allowance of €38.80 per adult and €29.80 per child. Families can also access the annual Back to School Clothing and Footwear Allowance Scheme and the Exceptional Needs Payment Scheme for assistance with necessary costs, such as buggies and clothing (Citizen's Information 2023).

Families with children aged between 2 years 8 months and 5 years and 6 months can access the Early Childhood Care and Education (ECCE) programme via DCEDIY. Children and young people seeking international protection have the right to access school on the same basis as other children in the State (European Commission 2018). Primary and secondary school places are available to families via the Department of Education. In order to access school places families must complete a pre-enrolment form and privacy statement which is then returned to the relevant REALT co-ordinator who then identifies the nearest school with capacity facilitated via access to the Department of Education capacity data. The REALT co-ordinator makes arrangements with relevant school principals for admission where places are available. The Department of Health via the Health Service Executive (HSE) provides IPAS residents with a medical card enabling them to access local health services such as free General Practitioner (GP) appointments, free hospital care in public hospitals and low-cost prescriptions (Citizen's Information 2024).

International protection applicants are not permitted to work in Ireland however if after six months the applicant has not received a first decision on their application, they can make an application to access the labour market. If the applicant secures permission to work and are

in employment, they may qualify for the Working Family Payment (Citizen's Information 2024).

1.2.3 White Paper on Ending Direct Provision

The Government of Ireland committed to ending Direct Provision in the 2021 *White Paper on Ending Direct Provision (White Paper)* (Government of Ireland 2021) however the provisions on accommodation stalled due to the increase in the numbers of international protection applicants and the wider housing crisis. In early 2024 the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) published a new *Comprehensive Accommodation Strategy for International Protection Applicants* accommodation which updated the *White Paper* on how it would provide accommodation (DCEDIY 2024). There is concern that there is not enough in-community accommodation in the new Strategy and that there will still be provision for emergency accommodation which will not comply with the *National Standards* (Children's Rights Alliance 2024b).

Key measures for children and families contained in the *White Paper* have been introduced, including increased funding for the Children and Young People's Services Committees (CYPSCs), and an additional allocation of family support workers. A Principal Officer has been appointed in the DCEDIY focusing on child protection, vulnerable people, and welfare, with a team to support the work (Children's Rights Alliance 2024a).

1.3 Supports for Families in Ireland

1.3.1 Family supports for the general public

Family support is defined by Daly (2015) as "a set of activities (service and other) oriented to improving family functioning and grounding child-rearing and other familial activities in a system of supportive relationships and resources (both formal and informal)" (pg. 12). In essence family support is a style of work and a wide range of activities that are focused on strengthening positive informal social networks through community-based services and programmes. The primary emphasis of family support is on early intervention which directs to promote and protect the rights, health and well-being of children, young people, and their families (Tusla 2024).

In Ireland, family supports are available throughout the country with a diverse suite of services in operation in distinct geographical regions. Family support services are delivered on an individual and group basis depending on the needs of each individual family. Specialist services are also available to families such as domestic abuse and sexual abuse services. Families can access services via their local Family Resource Centre (FRC) or by contacting the Child and Family Support Network Coordinator (CFSNC) local to them.

1.3.2 Family supports for families in the IPAS system

A recent development for families living in IPAS system accommodation came when Tusla established 17 Family Support Practitioner (FSP) posts to support families in IPAS. This 5-year initiative has been made possible by European Social Fund Plus (ESF+) funding, co funded by the Government of Ireland and the European Union (EU). A National Steering Group has been established to organise and deliver this new national project. The role of the FSP in IPAS is to provide a service to support the pathway for integrated community-based child and family support services. The role also focuses on improving employment and education opportunities as well as enhancing social inclusion and tackling poverty for children and families in IPAS. These posts are being provided via a blend of Tusla services and commissioned organisations subject to the most appropriate approach in individual areas.

The FSP in IPAS works exclusively with families in IPAS accommodation centres to provide support that improves the quality of life for families in state provided accommodation. This encompasses, but is not limited to, IPAS accommodation centres, Emergency Accommodation centres, National Reception Centre, National Hub, Emergency Reception and Orientation Centres. The FSP also works to promote the personal, social, and educational development of children, young people and their parents whilst keeping the child at the centre of their work. The FSP works in partnership with Tusla services, community based statutory bodies and community and voluntary service providers, IPAS accommodation providers, local Child and Family Support Networks and Children and Young People's Services Committees. Family support may consist of parenting support, delivering individualised parenting programmes, a Family Support Clinic, Youth Groups, family support along with the Family Resource Centre in the community for family integration and social supports.

1.4 Research Aim

The aim of the research presented in this report is to identify the needs of families living in the International Protection Accommodation Services (IPAS) system and to propose an integrated family support approach that will support the individual needs of these families.

1.5 Research Objectives

The overarching purpose of the research was to explore and examine the current family support practices that are available to families in IPAS and to identify the specific needs of families. To achieve this the independent research team set the following objectives:

- To explore the current family support practices (onsite and within the community) and establish what is currently working well for families living in IPAS.
- To examine and evaluate the training and support provided to staff and stakeholders working with families in IPAS and to identify any gaps that may exist in relation to interagency work supporting refugee families.
- To explore and identify the needs of families living in IPAS in terms of parenting support, integration, prevention and early intervention and family support.
- To consult with relevant stakeholders to identify what approaches are currently working well for families living in IPAS.

1.6 Summary

This section has provided an overview of the IPAS system and its functioning. It has also set out the aim, objectives and rationale behind the research commissioned by Tusla and the Children's Right's Alliance.

Section 2: Methodology

2.1 Introduction

This section provides a detailed overview of the research methods which were adopted to identify the needs of families living in the IPAS system and provides the rationale underpinning the methodological decisions employed.

2.2 Research Design

2.2.1 Case study research

Case study research, the chosen methodology for the study presented in this report, is a type of empirical inquiry that sets out to investigate a contemporary phenomenon in-depth, and within its real-world context (Thomas 2016, Yin 2018). When utilising case study research, it is imperative to define 'the case' and 'the context' at the outset of the study. Case study research is particularly useful when the boundaries between phenomenon and context are not entirely clear. In this research 'the case' is the family living in IPAS in Ireland and 'the context' is the IPAS centre where the family lives. The context is comprised of, and influenced by economic, social, political, and historical elements which are all considered in case study research. Although case study research can incorporate both qualitative and quantitative evidence, the case study in this research is built upon qualitative data sources since qualitative evidence is deemed most suitable for exploring the experiences of participants.

The hallmark of case study research is that it uses multiple 'sources of evidence' including but not limited to: interviews, focus groups, direct observation, archival records, documents, and physical artifacts. Within case study research it is the designated 'units of analysis' that form the actual case. The main units of analysis which form the case in this research are the **family focus groups** and the **child interviews**. The sub-units of analysis are the **stakeholder interviews,** the **handprint evaluations**, **fieldnotes** and **archival records** as outlined below:

> **Main unit of analysis 1:** Family focus groups were conducted with parents / guardians of children living in the IPAS accommodation system. Focus groups were conducted in private areas both onsite[12] and offsite[13], depending on the preference of the

---

[12] Onsite IPAS accommodation centre
[13] Away from IPAS accommodation centre e.g., cultural centre

participants. The focus groups concentrated on family support practices (onsite and within the community) that families have experienced and on what has worked well for families. The focus group sessions also explored the needs of families living in the IPAS system in terms of parenting support, integration, prevention and early intervention and family support.

Main unit of analysis 2: Child interviews conducted with children between the ages of 6 and 12 years utilising creative participatory techniques. The focus of the child interviews was children's experiences of living in the IPAS system and exploring children's views of the needs of children living in the IPAS system.

The sub-units of analysis were:

Sub-unit of analysis 1: Interviews were conducted with relevant stakeholders and staff to identify approaches that are currently working well for families living in the IPAS system.

Sub-unit of analysis 2: An evaluation exercise called the 'handprint evaluation' was conducted with stakeholders and staff who work directly with refugee families. The focus of the 'handprint evaluation' was on the training and support that individuals have received to support them in their work with refugee families.

Sub-unit of analysis 3: Fieldnotes were recorded in the form of direct observations by the researcher in the field. The focus of the fieldnotes was on the IPAS accommodation centres and the surrounding communities where the families live. Particular attention was paid to the amenities and services available to families living in the IPAS system.

Sub-unit of analysis 4: Relevant publicly available archival records were identified, and a document analysis was conducted.

An overview of 'the case' and 'the context' inclusive of the main and sub-units of analysis are presented in Figure 1 on the next page.

The Case: The family living in the IPAS system in Ireland

The Context: IPAS Centre where the family lives

| Main unit of analysis: Family focus groups | Main unit of analysis: Child interviews |

| Sub-unit of analysis: Stakeholder & staff interviews | Sub-unit of analysis: 'Handprint Evaluation' exercise |

| Sub-unit of analysis: Archival records | Sub-unit of analysis: Fieldnotes |
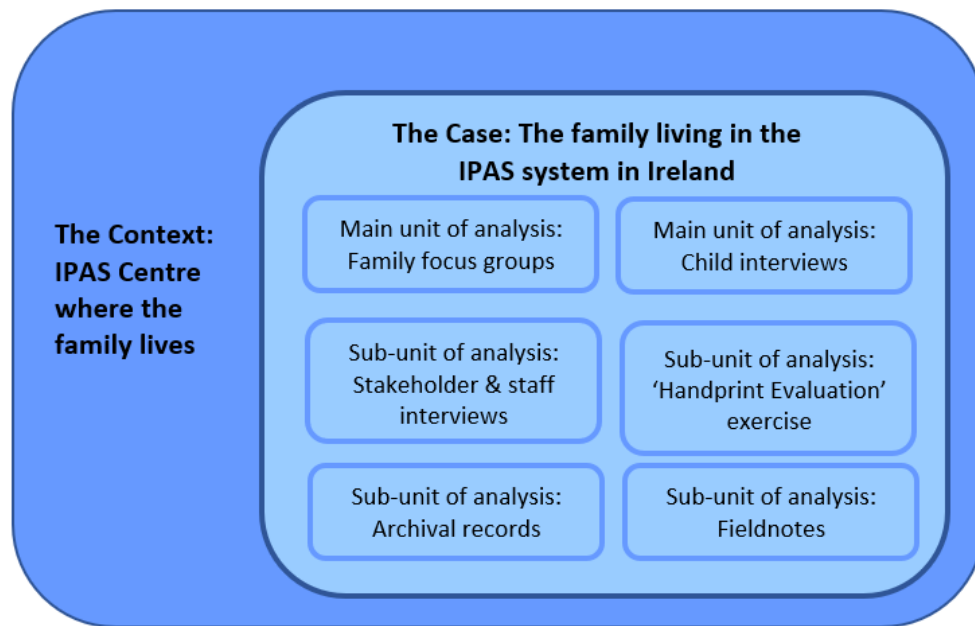
Figure 1: The case and the context

2.2.2 The voice of the child

The study presented in this report utilised a qualitative research approach in the form of case study research. Qualitative research approaches focus on understanding the meaning, experience, and perspectives of individuals or groups. The utilisation of case study research for the study allowed for the exploration and examination of the experiences and the perspectives of children and families who live in the IPAS system in Ireland and for the stakeholders and staff who work with families in the IPAS system. It also facilitated to evaluate the needs of families living in the IPAS system in terms of parenting support, integration, prevention, and early intervention.

For this research it was essential that children were incorporated into the case study since 49.5% of all refugees admitted to Ireland in 2018 were under the age of 18 years (Ní Raghallaigh, Smith and Scholtz 2019). Conducting research with children is different from conducting research with adults and subsequently these differences need to be considered in the data collection plan. The main differences which exist between children and adults relate to ability and power (Hollywood 2020). Ability varies greatly from child to child depending on their unique developmental stage, not all children of the same age have the same ability. Meanwhile, power is closely linked to status. Within society, adults are attributed with

authority over children, and consequently, children may find it difficult to disagree with an adult. Case study research is cognisant of the differences between conducting research with adults and conducting research with children. To ensure that the voices of children were heard and listened to in this research the case study protocol[14] detailed the data collection procedures for children which included participatory methods. Data collection methods were considered carefully to ensure that the adults and the children involved in the research were able to express their own subjective views in a way that would give meaning to their reality. The chosen data collection methods for participating children were informed by the Lundy Model of Child Participation (Figure 2) and incorporated its four elements: space, voice, audience, and influence (Lundy 2007). The model provides a way of conceptualising a child 's right to participation as laid down in Article 12 of the United Nations Convention on the Rights of the Child (UNCRC 1992).

Figure 2: The Lundy Model of Child Participation

Art-based data collection techniques are a well-recognised conduit for children to express their views on a variety of topics (Hollywood 2020). Furthermore art-based techniques and visual methods are particularly helpful for children to recall and explore both positive and negative experiences (Kleine, Pearsons and Poveda 2016). This was an important consideration since participating children were from families who may have experienced trauma, the loss of loved ones as a result of violence, or torture before coming to Ireland.

---

[14] Case Study Protocol: A set of procedures to be used in collecting the case study evidence (Yin 2018).

2.2.3 Implementation science framework

Implementation science is the scientific study of methods to apply research and evidence-based practices into routine practice and service delivery to enhance service provision (Bauer et al. 2015). Comiskey and Sheehan (2017) note that implementation has been described as "making it happen", rather than simply "letting it happen" or "helping it happen" (pg. 238). In recent years implementation science has been used in research to understand factors that facilitate and hinder successful implementation of services (Galligan et al 2020). It was chosen for this reason as the framework for the design and conduct of the stakeholder and staff interviews in this research.

2.2.3.1 Stages of implementation

There are various implementation science frameworks available, however for the purpose of answering the aims and objectives of this research the Burke, Morris and McGarrigle's (2012) framework of implementation enablers and stages was used. The focus within the framework is on factors which facilitate or hinder effective implementation. Such factors are often called implementation enablers, drivers, and facilitators. In this research, they will be referred to as enablers (Galligan et al 2020). Burke Morris and McGarrigle (2012) framework is a combination of Fixsen's Four Stages of Implementation (2005) and key implementation enablers (Figure 3 below).

Implementation Enablers	Stages of Implementation			
	1. Exploring & Preparing	2. Planning & Resourcing	3. Implementing & Operationalising	4. Business as Usual
Stakeholder consultation and buy-in				
Leadership				
Resources				
Implementation teams				
Implementation plan				
Staff capacity				
Organisational support				
Supportive organisation culture				
Communication				
Monitoring and evaluation				
Learning from experience				

Figure 3: Implementation enablers and stages, adapted from Burke, Morris and McGarrigle (2012)

Fixsen's first two stages focus on the exploratory and preparation, and the planning and resourcing aspects, followed by the innovation being implemented in stage 3. Once implementation is complete, the system/service is evaluated in stage 4. Within the current study, the IPAS system is at stage 4, called business as usual, indicating full implementation (Galligan et al 2020). Figure 3 also illustrates the key implementation enablers developed by Burke, Morris and McGarrigle (2012). These range from stakeholder buy-in, leadership, staff capacity, organisational culture, monitoring and evaluation to learning from experience. Along with enablers of implementation, Burke Morris and McGarrigle (2012) discusses the three main types of barriers to implementation, and these are external environment, vested interests, and resistance to change.

The methodological approach of case study research allowed the research team to gather a range of data sources which captured sufficient evidence to map the process of implementation of the supports and services provided to families through the IPAS system. To ensure data accuracy and to reduce bias, a triangulation approach was used to analyse the wide range of data sources. This is a process of collecting and cross-checking information to check for contradictions, conflicts, or consensus between different data sources. The research team repeatedly compared findings to ensure that any inconsistencies in the data were identified (Galligan et al 2020).

2.3 Ethical Considerations

This research was informed by the Ethical Review and Children's Research in Ireland (Felzmann et al 2012) and guided by the principles of beneficence, respect for human dignity and justice. It was underpinned by article 3.1 of the United Nations Convention on the Rights of the Child (UNCRC1989), which states:

> *"In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration".*

The principles of beneficence, respect for human dignity and justice were all considered in detail during the design and data collection phases of the study. This research was also conducted in line with the Code of Professional Conduct for Nurses and Midwives (NMBI 2014) and the Ethical Conduct in Research: Professional Guidance (NMBI 2015).

Ethical approval was sought and secured from the Research Ethics Committee in the Faculty of Health Sciences, Trinity College Dublin, approval was granted on the 14th of April 2023. The study was also submitted to the Tusla Independent Research Ethics Committee and approval was granted on the 7th of June 2023. All project team members underwent Garda Clearance with An Garda Síochána, General Data Protection Regulation (GDPR) training provided by Trinity College Dublin and Children's First training provided by the Health Service Executive (HSE) in accordance with EU child protection and research policies. Obtaining informed consent and assent, maintaining confidentiality and anonymity, and ensuring that the children's rights to participation were respected, as set out in the Declaration of Helsinki, were all adhered to in this research. Finally, this research was designed, planned, and conducted in line with the considerations set out in the document 'Research involving people of a refugee background: Considerations for ethical engagement' written by Albtran et al (2022).

2.4 Sample

The sample for study comprised of all families (parents / guardians living with their children) registered with the International Protection Office (IPO) and living in accommodation provided to them through the International Protection Accommodation Services (IPAS) system in Ireland. The sample also comprised of relevant stakeholders and Tusla staff who either work directly with refugee families in the IPAS system or who are significantly affiliated with the IPAS system in Ireland.

2.5 Recruitment

2.5.1 Co-ordination of access to IPAS system accommodation centres

A Tusla employee was appointed as the study gatekeeper. This individual did not work directly with refugee families, nor did they work directly with relevant stakeholders or Tusla staff. The gatekeeper co-ordinated the introduction of the Principal Investigator (PI) to the Tusla Parenting Support IPAS Working Group and to the Prevention, Partnership and Family Support (PPFS) Senior Managers in various locations for the research. These introductions were significant as members of the Parenting Support IPAS Working Group and PPFS Senior Managers had links with the IPAS system accommodation centres. In addition, these introductions enabled the PI to identify IPAS system accommodation centres that provided

accommodation to families who potentially had a good level of English proficiency. Following discussions with relevant Tusla staff and service providers the PI displayed recruitment posters (Appendix 1) in 11 selected centres. These posters advertised the research and encouraged families to contact the researcher to express their interest or to seek further information. Participants who contacted the researcher were provided with a 'Study Information Pack' containing a letter of invitation, a participant information leaflet, and a consent form. If participants wanted to take part, they were asked to sign their consent form and arrange to meet with the researcher to plan a suitable date and time for the focus group. In some areas this process was assisted by the local CYPSC worker.

2.5.2 Access to IPAS accommodation centres

Several IPAS accommodation centres were visited by the research team for this research. To facilitate authorised access to the centres and to ensure that IPAS centre managers were fully informed about the research, IPAS provided the research team with site access letters detailing the names of research team and the purpose of the access request. These letters combined with university staff identification cards were used when the research team needed to gain entry to individual centres.

2.5.3 Recruitment information sessions

To aid with the provision of additional information to families and to help the recruitment process the PI held several recruitment information evening sessions at various IPAS accommodation centres. These information sessions were organised with relevant IPAS accommodation centre managers and advertised at the reception desk area via the recruitment poster. The sessions were conducted after mealtimes in the evening and at weekends so that families could engage and seek further information as required. Efforts were made to recruit at 11 centres and successful recruitment took place at five centres which comprised of one rural centre and four urban centres.

2.6 Inclusion and Exclusion Criteria

2.6.1 Inclusion criteria

- Parents / guardians of children aged from birth to 18 years who live in the International Protection Accommodation Services (IPAS) system in Ireland.

- Children (6 – 12 years) who live in the International Protection Accommodation Services (IPAS) system in Ireland.

- Stakeholders and staff who are associated with and / or work in the International Protection Accommodation Services (IPAS) system in Ireland.

2.6.2 Exclusion criteria

- Parents / guardians who live in the International Protection Accommodation Services (IPAS) system in Ireland but who do not have children living with them.

- Children below the age of 6 years.

- Children above the age of 12 years.

- Parents / guardians who do not speak English proficiently.

- Children (6 – 12 years) who do not speak English proficiently.

- Stakeholders and staff who are not associated with and / or work in the International Protection Accommodation Services (IPAS) system in Ireland.

2.7 Data Collection

Data collection with participating children comprised of face-to-face, audio recorded interviews which took place across four different IPAS system accommodation centres. Data collection with participating parents / guardians comprised of face-to-face, audio recorded focus groups, taking place across five different IPAS system accommodation centres. Data collection with participating stakeholders and staff comprised of audio recorded, individual interviews that took place either face-to-face or over the phone, depending on what was most convenient for the participant. Table 1 on the next page provides an overview of the data collected for the research.

Table 1: Overview of data collected

Participant Category	Data Collected	No. of Participants
Child	'The Wheel' drawing activity Face-to-face interview Audio recorded	22
Parent	Face-to-face focus group Audio recorded	7 groups* (31 parents)
Stakeholders & Staff	Face-to-face or telephone interview Audio recorded Handprint Evaluation exercise	19
Fieldnote	Direct observations recorded by researcher	6
Archival record	Publicly available online	9
Total No. of Participating Individuals		72

* 7 Focus groups were conducted. 2 in a rural location and 5 in urban locations.

2.7.1 The child interviews

School-aged children were interviewed for this research and asked about their experiences, thoughts, and feelings about living in the IPAS system in Ireland. School-aged children are children who are in middle childhood which spans from 6 - 12 years of age (Franklin and Prows 2013). Middle childhood is denoted by fundamental physical, psychological, emotional, and social development, making it a key period in the life of the child (Greene et al 2010). For this reason, the school-aged child was deemed as being the most suitable family member for the child interviews to explore children's experience of living in the IPAS system.

The individual child interviews took pace in a private area in each of the study data collection sites. A child friendly information sheet was used (Appendix 2) to explain the study rationale to the children. Once the children were fully informed and agreed to take part, they were asked to sign an assent[15] form (Appendix 3) to confirm their agreement to participation.

For the child interviews a task-based drawing activity called 'the wheel' (O'Callaghan et al 2015) was used to scaffold and structure the interviews (Figure 4) with the aim of exploring

---

[15] The assent of each participating child was sought prior to the child interviews in addition to the parental consent.

children's experiences, thoughts, and feelings about living in the IPAS system with their family. The drawing activity 'the wheel' was presented to the children and they were asked to think about what they liked and disliked about where they lived. The children were also asked to think about what they would like to change and about how their voice is heard where they live. Children were given the option of writing on 'the wheel' itself or creating their own drawing of 'the wheel'. All the participating children took time to create their own drawings of 'the wheel'. Once the drawings were complete the children were interviewed individually.
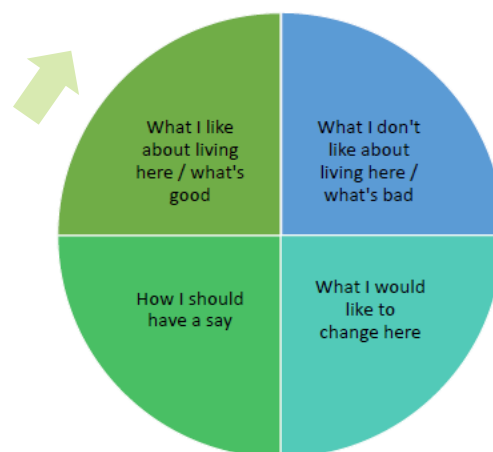
Figure 4: Task based drawing activity 'the wheel'

After the drawing activity was complete and prior to the commencement of the interview, the researcher explained the 'traffic light' (Hollywood 2020) system to each of the participating children. The 'traffic light' system is a set of laminated traffic lights that is used for conducting interviews with school-aged children. The objective of the traffic light system is to provide the child with a non-verbal means of bringing the research interview to a standstill (red light) if they are asked a question that they do not wish to answer. The child can then advance on to the next question (green light) when they are ready to proceed with the next interview question. The inclusion of the traffic light system in this research was important since it ensured that participating children were not coerced into answering questions that they did not want to answer or discuss topics that they did not want to talk about. In total, 22 children between the ages of 6 - 12 years took part in the research.

2.7.2 Family focus groups

The family focus groups were scheduled for a day and time that was suitable for the parents / guardians which included evenings and weekends to maximise participation in the research. All scheduled focus groups went ahead as planned with the groups varying in size from one participant to eight participants, depending on how many participants showed up on the scheduled day. Focus group semi-structured interview guides were developed and followed for each focus group. In total, seven focus groups were conducted across five different IPAS system accommodation centres. The duration of the focus groups varied from 20 minutes to 1 hour.

2.7.3 Stakeholder and staff interviews

The stakeholder and staff interviews were based on the implementation science framework as explained in Section 2 of this report. Implementation science focuses on the approaches that can promote implementation success and on the theoretical underpinnings of these approaches. Semi-structured interview guides were developed and followed for the stakeholder and staff interviews. In total 19 stakeholders and staff were recruited nationally and took part in the research, interviews ranged in duration from 20 minutes to 50 minutes.

2.7.4 Handprint Evaluation

A short evaluation exercise called the 'handprint evaluation' (Appendix 4) was carried out with stakeholder and staff participants. The focus of the handprint evaluation was on the training and support that stakeholders and staff had received to support them in their work with refugee families. The aim of the handprint evaluation was to identify areas that could be improved upon for stakeholders and staff in their work.

2.7.5 Fieldnotes

Fieldnotes in the form of direct observations were collected by the researcher in the field. These fieldnotes focused on the IPAS system accommodation centres and the surrounding communities where the families live. Particular attention was attributed to the amenities and services that are available to families living in the IPAS system.

2.7.6 Archival records

Publicly available archival records relevant to the research aim and objectives were sourced. The research team liaised with the IPAS Parenting Support Committee to ensure that the most relevant records were sourced and included in the data collection. A document analysis was then conducted on these records and information related to the research was coded.

2.8 Data Management

This research yielded a significantly large volume of data which in line with the hallmark of case study research comprised of a variety of data sources. Data management and data analysis were aided using NVivo™ (version 20) the computerised qualitative data analysis software produced by QSR International. All data sources including the children's interview audio, children's drawings, adult focus group audio, adult individual interview audio, fieldnotes, handprint evaluations and archival records were imported into an NVivo software file. The use of NVivo is noteworthy in this research as it is a pragmatic means of maintaining an audit trail which is an essential component of case study research (Bergin 2011). The maintenance of an audit trail is a central means of developing confirmability within a qualitative research study.

2.9 Data Analysis

The analysis of data within case study research can be perused in several different ways since analytic procedures within case study research have not been 'set in stone' or prescribed. Braun and Clarke's (2006, 2012) six-step approach to thematic analysis was the chosen analytical strategy for this case study research since all the data gathered was qualitative in nature. Table 2 on the next page provides a detailed outline of the six-step approach advocated by Braun and Clarke (2006, 2012).

Table 2: Six-step approach to thematic analysis adapted from Braun and Clarke (2006, 2012)

Six-step approach to thematic analysis adapted from Braun and Clarke (2012)	
Step 1: Familiarisation with the data	Involves the researcher becoming completely immersed in the data by listening and relistening to the audio. Initial analytical observations are noted.
Step 2: Generate initial codes	This is the commencement of the systematic analysis of data through coding. Codes, as building blocks of analysis, identify and provide a label for a feature of the data that may be relevant to the evaluation.
Step 3: Searching for themes	A theme captures something important about the data in relation to the evaluation and represents a patterned response or meaning within the data set.
Step 4: Reviewing potential themes	Developing themes are reviewed in relation to the coded data and the entire data set. Essentially this is a quality check of potential themes against the data set.
Step 5: Defining and naming themes	The researcher defines the theme and states clearly, what is unique about the theme. This phase requires deep analytical work, the crucial shaping-up of the analysis into specific themes.
Step 6: Generating the report	Within qualitative research, writing and analysis are interwoven activities. The purpose of the report is to produce a compelling story of about the data based on the analysis.

2.10 Summary

This section has provided a detailed account of the research methods that were employed to conduct the study presented in this report. It offered a thorough description of the study design and procedures, recruitment, ethical considerations, recruitment, data collection and management associated with the study.

Section 3: Findings

3.1 Introduction

This section presents the findings from the study which aimed to identify the needs of families living in the IPAS system and to propose an integrated family support approach that will support the individual needs of these families. When reporting on 'the case' in case study research the aim is to tell the story of the evolution, development, and experience of the case of interest. In this research 'the case' is the family living in IPAS in Ireland and 'the context' is the IPAS centre where the family lives as detailed in Section 2. The reporting of findings in case study research has been described by Yin (2018) as 'composing' and this he attributes to the fact that case study research does not follow any specified conventional format. The case in this research is a single case, comprising of two main units of analysis and four sub-units of analysis. The units of analysis and data sources have been presented and explained in Section 2. The findings of this research are organised under six themes which were formed following a complex triangulated analysis of the various data sources. In line with the final step of thematic analysis described by Braun and Clarke (2006, 2012) each theme has been given a name and a description. An overview of the themes and sub-themes are presented in Table 3 below.

Table 3: Overview of themes and sub-themes

Theme	Sub-themes
Theme 1 **Keeping children safe and healthy**	• Protecting children • Supporting child development in the IPAS system
Theme 2 **The reality of family life in the IPAS system**	• The IPAS system model • Lack of a co-ordinated response
Theme 3 **A system under pressure**	• A system under pressure
Theme 4 **Fitting in and moving on**	• Fitting in and moving on
Theme 5 **Past trauma and life now**	• Parental mental health • Past trauma
Theme 6 **Working collaboratively**	• Bridge building • Training and sustainability

3.2 Theme 1: Keeping children safe and healthy

The theme keeping children safe and healthy is about the unique needs of families in the IPAS system in Ireland. Families living in the IPAS system want to feel safe and they want to be able to keep their children safe. Supporting child development is an important factor for optimum child health and families both want, and need, to be supported in this manner. The two sub-themes that make up this theme are 'protecting children' and 'supporting child development in the IPAS system'. The data sources which contributed to the development of this theme can be viewed in Appendix 5.

3.2.1 Protecting children

The issue of parents wanting to be able to protect their children came up on numerous occasions during the family focus groups. Children also spoke about feeling safe in the child interviews. Findings indicate that when families come to Ireland to seek international protection their need for safety and their need to 'feel safe' is high. Many of the families in this research came to Ireland from countries where they were unable to feel safe in their everyday lives. A reoccurring testimonial in the family focus groups was gratitude to Ireland for the help received and the safety offered as outlined in the below focus group extract:

> **Father:** *First of all, I'd like to clarify, we feel thankful because for the help that we are getting. We have a place to stay, a lot of people live on the streets, so we are thankful to have a place. We didn't choose Ireland to come [to] but it was a country that gave us help because the situation in our own country is very dangerous.*
>
> (FG1_R)

When children were asked what they liked about living in Ireland many cited having friends from many different countries, going to school and being able to 'feel safe' to live normally with their family. Having friends and feeling safe were described as primary concerns for one young girl, she had this to say:

> **Researcher:** *What do you like about living here?*
> **Child:** *My friends and being somewhere where I can be safe.*
> **Researcher:** *You feel safe living here [in IPAS in Ireland]?*
> **Child:** *Yeah, I feel safe here.*
>
> (Girl, 11 years old)

Making friends from different countries was highlighted by another young girl in her 'the wheel' drawing activity and interview. She described the benefits associated with having a diverse group of friends, she had this to say:


Child: The thing I like about living here is that there's like a lot of people from like different countries and like you get to make new friends and everything.
Researcher: And why do you like meeting people from different countries?
Child: Because like I can learn games from their country and they can learn games from my country, and like they can learn how to speak my language, and I can learn how to speak their language!
('The Wheel' drawing and interview with girl, 10 years old)

Normal childhood activities such as being able to interact, play and make friends with other children was highlighted by many of the participating children during 'the wheel' drawing activity and child interviews. Indeed, numerous children went to great lengths to detail how much they enjoy making friends and playing with the other children who live in the same IPAS centre. Having the opportunity to meet, play and make friends with other children has helped to foster a sense of normality and feeling of safety for children living in IPAS centres. Coded sections from a selection of 'the wheel' drawings from participating children indicating the significance of play and making friends in the lives of children living in IPAS is shown below and on the next page.
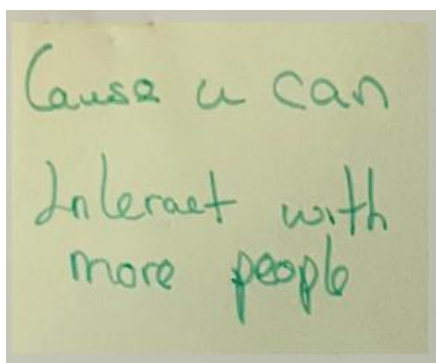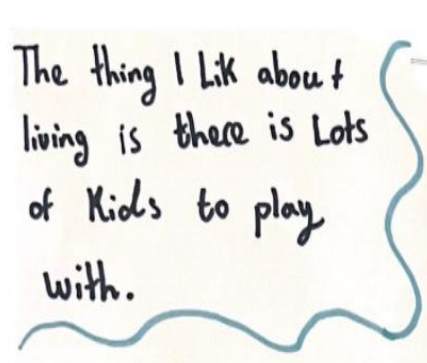
(Boy, 8 years old)   (Girl, 11 years old)
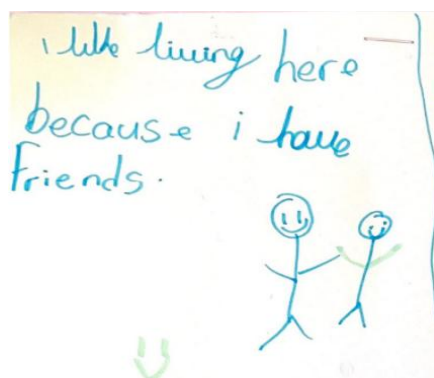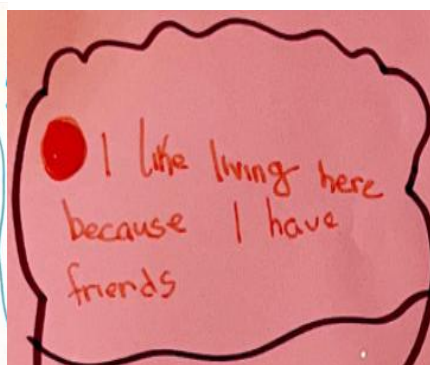
(Girl, 10 years old)   (Girl, 11 years old)

Data gathered from participating children showcases their desire and need to feel safe which emerged as a key feature in the child interviews. Although children were not asked directly about feeling safe or about their school experience in Ireland, feeling safe in school was highlighted by many of the participating children. One child explained how she enjoys being in school in Ireland, being able to feel safe in school and feeling safe to walk to school, an experience she did not have in her home country, she had this to say:

> **Researcher:** *What do you like about living here, what's good?*
> **Child:** *The schools are really nice [in Ireland].*
> **Researcher:** *Do you like school here [in Ireland]?*
> **Child:** *Yeah, definitely, it's safe. Like in my country you couldn't like walk to school or anything, you couldn't leave the school or anything, like you couldn't even go out to play with your friends.*
>
> (Girl, 12 years old)

In addition to feeling safe in school findings also highlight how the environment where people are accommodated impacts on families feeling of safety and on their ability to keep their children safe. The IPAS centres visited for this research comprised of urban and rural settings, with centres providing accommodation for a mixture of families (parents / guardians and their children) and single people, all from different parts of the world. Accommodating people from various parts of the world inevitably means that people with diverse cultural backgrounds are accommodated in centres together and this has its challenges. People from different cultures have different points of view, different ways of communicating with one another and different ways of living in their daily personal and family lives. Some of these differences can be challenging for opposing cultures to understand and tolerate as outlined by one mother who described feeling safe when around people from cultures similar to her own however unsafe when around people from cultures very different to her own, she had this to say:

> **Mother:** *Well for me it's like safe we have like really good neighbours [from neighbouring home country] but in other ways it's not safe because we have neighbours from other countries there and they are like really violent.*
>
> (FG1_R)

The issue of protecting children and keeping children safe was discussed by participants in the family focus groups and also in the stakeholder and staff interviews. A culmination of cultural differences in parental supervision practices and a lack of allocated safe spaces for children to play in IPAS accommodation centres has inadvertently created child protection issues. This is exacerbated when families come from countries where the child protection laws are very different however positive work has been undertaken by Tusla to address some of the issues related to the protection of children as outlined in the below interview extract:

> **Stakeholder:** *When people get here [to Ireland] first, it can be a cultural thing where you have unattended children and people unaware of the dangers of that, and unaware of the law we have here. They maybe come from countries where they may not have the same rules. Where a child is any person under the age of 18 here, it is not really considered that in other cultures, maybe 13 or 14 years and they see it as ok. We did have a lot of issues and reports going into Tusla. Tusla then came and educated a lot of people and sent out literature to pass onto the residents. I think now everybody knows that it is for their children's protection.*
>
> (Stakeholder 14)

Another stakeholder cited a lack of knowledge of, and access to, safe spaces for children to play combined with cultural childcare practices as being a challenge associated with the protection of children in IPAS centres as outlined below:

> **Stakeholder:** *Boredom is a challenge. Not knowing where to take children. The cultural aspect also. There is a lot of children… lots of families are used to leaving children on their own. The Irish law around childcare… that's quite difficult for some families to understand.*
>
> (Stakeholder 8)

The protection of children in IPAS centres is concerning since families are living in an un-natural and temporary setting. Several of the children interviewed described being exposed to violence in centres and how this caused them to feel scared and unsafe. Furthermore, both children and their parents have detailed how parents watch over the children in an effort to protect them or remove them from this type of exposure. Below is a coded section from 'the

wheel' drawing and interview with a girl aged 12 years who was exposed to violence while playing with her friends, she had this to say:
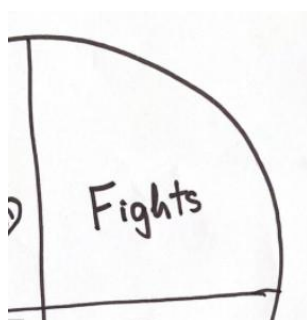
Researcher: Are there fights often?
Child: Yes.
Researcher: How do you feel when there are fights?
Child: I don't know (pause) like, I think it like, it doesn't affect us [my family] but sometimes it does because recently there was a fight here … and there were people that were bringing knives and my friends were there close by so they [people fighting] could like hurt them or something.
Researcher: Oh, that's very dangerous!
Child: Yeah.
Researcher: And were your friends scared?
Child: I think so yeah because their parents went quickly and got them [removed children from the area] so they didn't see a lot [of the fighting].

(Girl, 12 years old)

Another younger boy also depicted fighting in his 'the wheel' drawing activity and spoke about how he felt scared when he witnessed fighting and ran away, he had this to say:

Researcher: On your drawing you wrote 'the fights', are there fights here?
Child: Yeah.
Researcher: And when is there fighting?
Child: One day they were fighting here, and I was scared. I was with my friends; we were scared so we ran.
Researcher: Did you feel scared?
Child: Yeah, very.

(Boy, 10 years old)

The mixing of families with single people in IPAS centres was highlighted by participants in several of the family focus groups and staff and stakeholder interviews. Participants raised the issue of the disproportionate mix of families and specifically of single males at some centres. The discussion that surrounded this issue within the family focus groups centred on the belief of participants that the needs and focus of families differ greatly from the needs and focus of single people who don't have children to care for and protect. Participating families described similar safety needs and family focus such as protecting children and living as a family unit. Families made it clear that they believe their needs and focus differ significantly from that of single people. Families emphasised the challenges that they have experienced related to keeping their children safe while living in an IPAS centre with a large volume of single male

residents. A group of mothers in one focus group explained the difficulties they have experienced related to protecting their teenage children from drug related activity in centres which they attribute to the presence of single men at the centre:

> **Mother a:** *My son complains to me that someone was trying to introduce him to drugs!*
> **Researcher:** *Can I ask, the people who were trying to introduce your son to drugs do they have children also, family?*
> **Mother a:** *No, they are single men.*
> **Researcher:** *Ok I see.*
> **Mother b:** *And we have a lot of young teenagers, and I don't know (pause) it's because of the way things are, if it's possible to separate the families and these single men.*
> **Mother a:** *They try to corrupt the teenagers!*
> **Mother b:** *Yeah, if it is possible to separate the families and all of these single guys because some of our kids here are teenagers and I think that we need to protect them.*
>
> (FG3a_U)

This concern of families not wanting to be accommodated with single men was also identified in the archival evidence examined. This can be seen in the form of change recommendations made for relevant policy makers by young people living in Direct Provision who emphasised that they did not want to be accommodated in centres with single men as highlighted below in the coded archival evidence gathered.

- feel unsafe when families are sharing space with single men

(Archival evidence: Report of DCYA consultations with children and young people in Direct Provision [16])

3.2.2 Supporting child development in the IPAS system

All participants including children, parents, staff, and stakeholders discussed the topic of the developmental impact on children and young people living, and for many, growing-up in the IPAS system in one format or another. Staff and stakeholders mainly reported their developmental concerns relating to the lack of physical living space for children, siblings, and parents. It was reported that families are often trying to parent their children in one or two

---

[16]https://hubnanog.ie/wpcontent/uploads/2023/06/Report_of_DCYA_consultations_with_children_and_young_people_living_in_Direct_Provision-Jul-2017.pdf

rooms, with toddlers, school aged children and young people sharing the one small space with their parents.
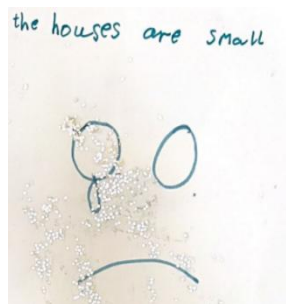
Several participants reported that families in IPAS are living in extremely cramped conditions with very limited space to store belongings or move around. Living in such cramped conditions is challenging for families and can have a negative impact on children's physical, psychological and emotional development for a variety of reasons. Children's dissatisfaction with the cramped nature of the accommodation was also captured in participating children's drawings as shown in 'the wheel' drawing by boy, 11 years old above on the left.

Findings indicate that frequently up to three families, of different culture, religion, and language, who have never met before can be accommodated together in one house or apartment with a shared living space. This typically results in children being exposed to differing approaches to parenting, culturally different attitudes to what constitutes an adult and sensitivities around young females living with non-relative males. One staff member outlined their concerns in the below interview excerpt:

> **Staff:** *Maybe a family of four living in one bedroom. Small children may not even have space to move around in terms of their developmental needs. Or kids coming home from school, how can you put a structure in place around homework support when it could be impacted by that of another family. Or your parenting style is different to other families that you share that house with.*

(Staff 1)

The fostering and support of positive child development requires certain components and one such component is the environment where the child lives with their family. All the children interviewed spoke about play in various forms showcasing, from the perspective of children, the critical role of play in the life of the child. Children detailed how much they enjoy play time with their peers and many of the children specified that living in a communal setting like IPAS facilitates access to the development of new friendships with children from different parts of the world. Children also explained how they enjoy having friends from various countries as they can learn from one another, one child had this to say:

42

Researcher: And tell me, what have you learned from children from the different countries?

Child: I have learnt the accent, the way they do things, they have like different cultures … like if I come from like France now, I might like to say oh I want the food, the escargot so.

Researcher: I see, so you like to learn from people from different countries and that's the good thing about living here?

Child: Pretty much yeah.

(Girl, 10 years old)

Findings indicate however that the play experience of children varies considerably, depending on the IPAS environment where they live. When children completed 'the wheel' drawing exercise they were asked what they liked about where they lived. Drawings from the children living in rural IPAS centres depicted designated spaces for children to play in the format of playgrounds, as seen below, and children detailed positive play experiences in their accompanying interviews.

(Boy, aged 10 years)   (Boy, aged 9 years)

Findings from the interviews with children living in rural IPAS centres also indicate better play facilities as shown in the below drawing of a football pitch.
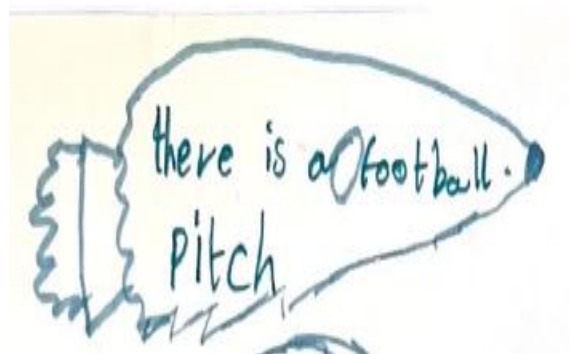
(Boy, 11 years old)

Findings concerning child development and the critical role of play from the children living in urban IPAS centres differ considerably. Many of the children interviewed stated that there were no designated areas for them to play. Children in hotel accommodation reported utilising the long hotel corridors for soccer however this was not permitted by hotel management. One child had this to say when he was explaining his 'the wheel' drawing:

> *Researcher: Ok. So, what I don't like about living here, what's bad?*
> *Child: Sometimes like they [hotel management] don't allow us to play on the corridors, like (pause) there is nowhere to play, you're not allowed to play outside because of the noise and if you go downstairs, they'll maybe ask us some things you 'know [about where your parent is].*
>
> (Boy, 12 years old)

Some hotel managers did organise improvised playrooms for children however due to supervision issues and parents not following the rules of child supervision and child protection regulations, the playrooms were closed which was not understood by children. One child explained that he just wanted the playroom open again, he had this to say:

> *Child: Yeah, and like we don't make that much noise, we just like want them [hotel management] to open the playroom on the third floor.*
> *Researcher: Is there a playroom on the third floor?*
> *Child: Yeah, like we had it last year and like that's where me and my friends used to play soccer … but now they closed it and put the rules there.*
> *Researcher: Ok and you think that that's bad [closing the playroom]?*
> *Child: Yeah, I want them to open it again.*
>
> (Boy, 12 years old)

Several children from urban IPAS accommodation centres interviewed reported a lack of designated space to play, a lack of space to hangout and feeling bored due to the lack of play space where they live. Children also reported being told by hotel management to go outside even though there is no designated play space outside or to go back to their allocated room and not to be 'hanging around' in the hotel communal areas after they come home from school. One child explains:

> *Researcher: Now tell me what is it that you don't like about living here?*
> *Child: The thing I don't like about living here is that there is no playground and the thing I don't like is that the security is always telling us "you must go outside" or "go home".*
> *Researcher: Oh, and when you say "go home" do you mean back to your room?*

> **Child:** *Yeah … Every single time we come down here [hotel foyer] they tell us to like "go home" or "go outside".*
>
> (Boy, 10 years old)

For children living in hotel accommodation retiring to their one room with parents and siblings after school is not something that children want to do. Rooms are cramped and there is no space for children to play or relax. One boy discussed his drawing in his interview to say that all he wants is somewhere to play, anywhere to play, he had this to say:
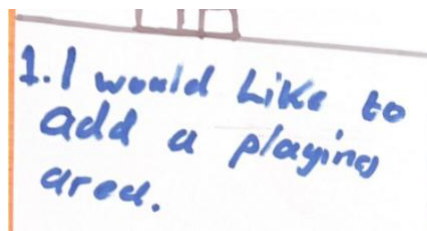
> **Researcher:** *Ok, now what I would like to change here? So, what did you say [in your drawing]?*
> **Child:** *A place for kids to play because now we don't have a playground.*
> **Researcher:** *You would like a playground?*
> **Child:** *Yeah, but inside the hotel.*
> **Researcher:** *Ah, so an area to play inside the hotel?*
> **Child:** *Yeah.*
> **Researcher:** *And what kind of an area would you like that to be?*
> **Child:** *I don't know really what it's going to be like, but I just want to play, like anywhere.*
> **Researcher:** *So, you just want somewhere to play?*
> **Child:** *Yeah.*
>
> (Boy, 10 years old)

The lack of available space for children to play was also reported by several stakeholders who noted that since families are living in IPAS for long periods of time, the lack of play space for children could negatively impact on children's development. They had this to say:

> **Stakeholder:** *You can have big families where you have the mother and father, four or five children would have two rooms. The kids are like from toddlers up to young adults, living in those kinds of conditions for a long, long time. I don't think that could be good. There is no area for the children to play.*
>
> (Stakeholder 12)

The non availability of play space for children in IPAS accommodation was also acknowledged by IPAS managers who understand that play is a normal and natural activity for children. Indeed, many managers have endeavoured to come up with alternative solutions for example opening improvised playrooms in hotel style accommodation centres supervised by parents as detailed previously, or by organising summer camps for children during school holiday time as detailed below by one stakeholder:

Stakeholder: I have 67 children down here under the age of 18, the majority under 12. I do not have any access to a playground or swings. The kids have no outlet. They have a small back garden. There is nothing for them to do other than the summer camps we are getting in. If there was some way of getting them into the local community, into clubs, or even have a local park to take them to play, would be very helpful.

(Stakeholder 7)

Although children were not asked specifically about school all children interviewed spoke about school and about how much they enjoy school. Findings indicate that for children living in IPAS school is an extremely important factor as it facilitates play and fosters positive development for children. No children expressed negative stories or experiences associated with school. In the below interview extract one child explains what she likes about where she lives and adapting to life in a new country. During this conversation the positive experience of school is clear as the child details how she likes having a nice teacher, she had this to say:

Researcher: Now what I like about living here, what's good?
Child: I like it because it's a nice country [Ireland].
Researcher: And what else do you like?
Child: I like staying in the nice hotel and having a nice teacher.

(Girl, 7 years old)

For many of the participating children school is a haven for them to escape to, somewhere where they can play, relax, and learn. School offers children the opportunity to grow and develop in a natural environment. The significance of school is very clear in the below interview extract when one child explains how the lack of space to play in her accommodation makes her feel sad and how she would much prefer to be in school with her friends. She had this to say:

Researcher: And tell me, is there a place here in the hotel for you and your friends to play?
Child: Nowhere.
Researcher: Really, there is nowhere for ye to play?
Child: No.
Researcher: And would you like it if there were places for ye to play?
Child: Yes, I'd like a slide and a chill out room for when you're sad.
Researcher: I see, and do you feel sad sometimes?
Child: Yes.
Researcher: And what makes you feel sad?
Child: Like when I'm going home, and my friends are going home too.
Researcher: From school, is it?
Child: Yeah.

>   **Researcher:** *So, you prefer to be in school, do you?*
>   **Child:** *Yeah.*

<div align="right">(Girl, 7 years old)</div>

Although all children spoke positively about school there exists issues associated with school for some children as explained by parents in the family focus groups. Findings reveal challenges such as access to school places for children, some parents had to wait a long time for a school place for their child. It was also reported that for some parents although they could access school places for their children, the places were in different schools (not due to same sex schools but availability of school places) which is logistically very challenging for families living in IPAS.

Other issues reported by parents and stakeholders related to children not being able to engage fully in their school day due to transportation issues. Findings show that school transportation associated with some centres is inadequate with the school bus collecting children too late in the morning to get them to school on time and then picking children up from school for home time before the school day has concluded. Practices like these mean that children are losing out on valuable educational time in school and moreover they are being singled out as being different since they arrive late and depart early from school every day in comparison to their peers. Inadequate school transportation was highlighted by parents and stakeholders in one focus group location as being a significant problem which caused children feel marginalised. One parent explained in a family focus group how the children from her location were marginalised because they arrive late for school and are collected early from school, she had this to say:

>   **Mother c:** *They are called the refugee kids [by other children in the school].*
>   **Researcher:** *Because they arrive late and leave early [for school]?*
>   **Mother c:** *Yeah, every day they are late [arriving to school] and have to leave early [for bus collection] before lessons finish.*

<div align="right">(FG6_U)</div>

3.3 Theme 2: The reality of family life in IPAS

The theme reality of family life in IPAS relates to what it is really like to be a family and living in the IPAS system in Ireland. This theme describes the impact of the IPAS model on families and family life which includes how families do not have a choice in where they live, for how

long or the type of accommodation that they receive. The two sub themes that make up the theme are 'the IPAS model' and 'lack of a coordinated response'. The data sources which contributed to the development of this theme can be viewed in Appendix 5.

3.3.1 The IPAS system model

Concerns regarding the IPAS model were voiced during the family focus groups and the staff and stakeholder interviews. Indeed, the impact of the model was also alluded to in the child interviews. Findings show that many families end up living in IPAS for considerable lengths of time as indicated in the below interview extract with one child:

> **Researcher:** *Lovely, very good and tell me how long are you living here?*
> **Child:** *Two years and seven months.*
>
> <div align="right">(Girl, 10 years old)</div>

Several participants voiced views and opinions regarding an imbalance of power and inequality which they believe exists based on their personal experiences of supporting families in IPAS. The reported inequalities are complex and perceived by participants as being both internal and external to the system. One stakeholder remarked on the extensive length of time that families spend in the system and how they consider that the processing of applications by the IPO needs to be expedited. However, the stakeholder also believes that having families in the system is a source of revenue for several parties, thus dampening the potential for the speedier processing of applications, they had this to say:

> **Stakeholder:** *You have a very unequal and disjointed system. It all needs to speed up [appeals system] but it won't speed up because too many people are making too much money … lawyers, accommodation services … there is an awful lot of money to be made in this [IPAS] system.*
>
> <div align="right">(Stakeholder 5)</div>

During the family focus groups many of the parents took time to express their gratitude to Ireland for 'taking them in' and providing for their family via the IPAS system. Parents wanted to make it very clear that they are grateful however, the current IPAS system as it operates poses challenges for families in respect of the unique needs of families. Many participants described how the IPAS model impacts on families and family life. Some stakeholder participants reported excessive levels of supervision of families in accommodation centres to

the extent that they often feel unable to have private conversations with families when providing support. One participant had this to say:

> **Stakeholder:** *Our team had to go out there [to IPAS centre]. All of our team was followed by two members of staff when we were talking to the residents and some of the issues were private issues, but the staff were always within ear shot. There is a culture from an organisational point of view, so when the residents say they are feeling compressed and they are unable to express themselves, it holds some water.*
>
> (Stakeholder 10)

Findings indicate that families in IPAS lack autonomy which makes family life very challenging, and the situation feels unnatural for families. Participants spoke about how families are unable to 'home make' in their accommodation, families are subjected to 'spot checks' in their accommodation and there are many rules to follow for families living in IPAS accommodation. One participant explained:

> **Stakeholder:** *The IPAS centres are quite a difficult place for families to be in at times. They are not allowed put curtains up on the windows. There are lots of rules … people could go into their apartment and inspect the premises at any time … There is a lot of rules there. Some [families] will question those rules, and some are very subservient to those rules. There seems like there are inequalities …. From an outsider looking on, that is what I see.*
>
> (Stakeholder 8)

The lack of designated space for children to play, a requirement of all families with children, has led to the creation of rules in centres that supress children's natural desire to play and explore. This creates a very abnormal environment for children and children feel bored when they come home from school as they have very little option for activity. It also creates a difficult situation for parents as they parent their young children. One mother explained the boredom her children experience because of being cooped up in a hotel room and not having anywhere to play when they come home from school, she had this to say:

> **Mother:** *Once they [children] come back from school the next thing, you either [tell them to] sleep or you watch TV and you know they will be bored from watching TV so they feel like ok, so my son will tell me "I want to go and play football outside", you know boys.*
> **Researcher:** *Yes, I do know boys!*
> **Mother:** *I will say "no chance, you can't go" and they just feel boring, like what is going on and you know we are new here and we have to follow the rules that they [hotel management] give us.* (FG3a_U)

The majority of IPAS centres visited for this research do not have designated play space for children which makes the parenting and supervision of children difficult. Cognisant of Irish child protection regulations, IPAS centre managers expect parents to supervise their children at all times. IPAS centre managers interviewed for this research understand that there is a lack of safe space for children to play in centres, they do not want children to get injured and thus take time to inform parents accommodated in their centres of the Irish child protection legislation and the requirement to supervise their children. However, a situation has now been created in IPAS centres when children are not always supervised by their parents. IPAS centre managers view the non-supervision of children by parents are 'rule breaking' and when rules are broken sanctions are enacted. Several stakeholders, children and parents explained that the sanction for not supervising children was the management providing the parent with a written warning or for repeated incidents, the parent being reported to Tusla. One staff member explained:

> **Staff:** *There can be threats around [the supervision of children].... If you don't do this, I am going to contact Tusla. You can't use Tusla to threaten people … There has been a lot of that stuff.*
>
> (Staff 3)

Since most of the IPAS centres visited for this research do not meet the play needs of children, there exists conflicting priorities between families and centre management. Children by their nature will endeavour to engage in play since play is innately natural for developing children. Participating children detailed their efforts to play in hotel corridors however reported getting into trouble with hotel management, one boy explained:

> **Researcher:** *So, is that [not having a playroom] the biggest issue for you here?*
> **Child:** *Yeah, because like they [hotel management] don't allow us to like play in the house [hotel], only on party's are we allowed to play here in this room [spare room used for birthday parties]. But like the last time we were here and like the door was open and we just sit and like we didn't make noise and the receptionist came and just like asked us all our room numbers and things.*
> **Researcher:** *And what happened then?*
> **Child:** *So, like they reported us [to hotel management] and like that's a bad thing cos they don't allow us anywhere else.*
>
> (Boy, 12 years old)

The current practice of using hotels as IPAS centres does not appear to be conducive to meeting the needs of children and families. Hotel buildings are not designed to facilitate the play needs of children, or the specific accommodation needs of families. Furthermore, the dual use of hotels as IPAS centres and hotels further complicates the situation for families in IPAS since the needs of hotel guests must be taken into consideration. Many of the children interviewed told stories about hotel management repeatedly telling them to return to their rooms so that hotel guests would not be disturbed as indicated in the interview excerpt below:

> **Researcher:** *Do you have enough space to play here?*
> **Child:** *No. People [hotel management] tell us to go to our rooms.*
> **Researcher:** *And why do they tell you that?*
> **Child:** *Because we're not allowed to play here because people are sleeping [in the hotel].*
>
> (Boy, 7 years old)

This young boy went on to explain how much he wants to be able to play however he understands that he does not have this option since he came to Ireland with his family seeking international protection and does not have a home of his own. He concluded his interview by saying that he hopes for a home of his own so that he can play freely, he said:

> **Researcher:** *Ok, and where would you like to play?*
> **Child:** *I would like to play in my own home, but I don't have a home, I just travelled here.*
>
> (Boy, 7 years old)

For some families the IPAS model surrounding the provision of food is exceptionally challenging and is having negative health consequences on their children. At one family focus group a group of mothers explained that although IPAS provide them a card to buy food, they do not have access to adequate cooking facilities to cook the food for their family. The cooking facilities that families in this particular centre have consist of a kettle, a mini fridge and a microwave. It is not possible for families to provide nourishing meals for their growing children without access to proper cooking facilities. They had this to say:

> **Mother a:** *For me, I think it's ok, we have a place to sleep. But about the living for the kids, it's difficult because we can't cook here, and children is always inside the room.*
> **Researcher:** *You're not allowed to cook, so do they provide meals for ye here? Is that how it works?*

> **Mother b:** *No, they give you a card and you go and buy the food, but the problem is, say if you want to buy chicken you can't cook it.*
> **Researcher:** *Sorry am I understanding this correctly, you have a card to buy food, but you're not allowed to cook the food?*
> **Mothers (collectively):** *Yes.*
> **Mother a:** *Your only [supposed] to buy the cooked food.*
> **Mother b:** *Or frozen foods.*
> **Mother c:** *The ready to eat food. You can buy bread or the pizza and put it into the microwave.*
> **Mother b:** *But that now like, too much pizza, like my daughter, I take her to hospital today, too much constipation. I give medicine … it's from all of the ready [readymade] food.*
>
> (FG4_U)

Situations like this mean that families are not able to engage in food preparation together which is a normal and natural family activity and likewise not able to dine together since hotel rooms do not have adequate dining space suitable for a family. It also means that families are exceptionally limited in the type of food that they can give to their growing children which will inevitably cause health issues such as the constipation reported in the above focus group excerpt, for children as they grow and develop.

Findings indicate that stakeholders perceive the provision of IPAS accommodation as a lucrative business option for interested people. Stakeholders noted that the original not for profit model has lapsed and they now believe that anyone can open an IPAS centre regardless of qualifications or experience in working with refugee families. They had this to say:

> **Stakeholder:** *Any Tom, Dick or Harry can open an IPAS centre now and they don't have to have any background or qualifications in supporting people and they are just milking it, bleeding it, they're getting all the profits and not putting anything back into it.*
>
> (Stakeholder 1)

Participants acknowledged private providers frequently during the interviews and are acutely aware of the level of finance that is being invested into the provision of IPAS accommodation. Many participants however believe that the current model is not working and that there must be a better way to address the provision of IPAS accommodation to individuals in need. One participant noted:

> **Staff:** *We have to be there for people fleeing persecution and war, there has to be an agency to deal with that, but I suppose there is an awful lot of*

money being put into private providers, but I do think there has to be a better model.

<div align="right">(Staff 4)</div>

Findings show that there is significant variance in the way the current IPAS model is operationalised nationally. Evidence from the family focus groups indicate that managers in some IPAS centres go above and beyond their role to help residents make the transition into the IPAS system and life in Ireland. It is clear from the data that there is great willingness on the ground amongst staff and stakeholders to provide support to families however, the findings also showcase how families often experience unhelpful and unpractical situations in some centres for example large families being accommodated at opposite ends of a hotel subject to room availability. Disparity in how the IPAS system model is operationalised and lack of clarity regarding the unique needs of families in the IPAS system appears to hinder effectively meeting the needs of families in IPAS accommodation.

3.3.2 Lack of co-ordinated response

Many of the participants interviewed described how a lack of co-ordination impacts families living in IPAS. Numerous staff and stakeholders relayed their experiences of the covert opening of IPAS centres in their areas of work without any prior notice for preparation. Participants described how large numbers of international protection applicants arrive on site to be accommodated without notification to them or to relevant local support agencies. This creates a stressful situation for staff and stakeholders who want to provide support to families, a stressful situation for IPAS managers who must try to organise families and a stressful and dangerous situation for families who arrive in a new place and are waiting for their allocated accommodation. One stakeholder described a situation:

> **Stakeholder:** *The first day we arrived down there [new IPAS centre] … all I can say was it was total chaos. It was just bedlam; I can't begin to tell you how chaotic it was. The owner of the hotel looked very overwhelmed … There were just children everywhere, walking around unaccompanied, toddlers walking around. Lots of non-related teenagers and toddlers hanging around … a red flag for me.*

<div align="right">(Stakeholder 1)</div>

The lack of notification and communication from IPAS to relevant agencies was reported by many of the staff and stakeholders interviewed and this results in chaotic scenes when families

are transported to accommodation centres. Participants believe that if communication from IPAS was better and they were notified about the opening of new centres, they would be better prepared and better positioned to offer support to families as explained by one participant:

> *Staff: There was a large amount of children, a lot of needs … there was no medical services going in there, there was no educational services going in there. We became 'jack of all trades' within days to try and respond to the centre. They are opening centres … if IPAS even notified us … we are a multi-disciplinary team. If they had notified us, we would have been able to come with a more co-ordinated response … be prepared, rather than coming after the fact.*
>
> (Staff 2)

Staff and stakeholders highlighted a desire for relevant communication from IPAS when new centres are being opened or a new group of residents are scheduled for arrival to a centre. Staff and stakeholders want IPAS to prioritise communication with them since they are the professionals on the ground providing support to families. They highlighted that communication with them is essential, communication is not gossip but rather a critical component of enabling professionals to plan and organise so that families in IPAS can be adequality supported and their needs met.

> *Staff: There should be communication from IPAS, talk to the networks … but notify us it [new centre or group of residents] is coming. We are all here with GDPR [training], we are not here to gossip. The communication needs to be with the key agencies.*
>
> (Staff 2)

The extent of the lack of communication is palpable in the below interview extract:

> *Stakeholder: It was like one day, all these people are arriving, we don't know where they are coming from, we don't know what they need … just get there and figure it out. There was no plan in place.*
>
> (Stakeholder 12)

Findings also indicate that there is little or no continuity or collaboration between established IPAS centres and new centres coming on stream. Participants identified this as a missed opportunity for learning and for planning for the development of future centres.

The centralised decision-making process which participants reported as being currently utilised by IPAS was heavily criticised. Participants were critical of the process in respect of families specifically and believe that centralised decision-making is not conducive to meeting the unique needs of families in the IPAS system. The main issue relating to centralised decision-making commented on by participants was the mobilisation of families. Participants relayed situations of families being moved without rationale and with very little advance notice or information regarding their new location. This was the source of much concern, explicitly for families who were settled into communities and who had children settled and established in school. This is what participants had to say:

> **Stakeholder:** *How quickly families can be moved from the centre they have been living in. You can be working with a family, and you go back the next week, and they are gone. One family given no notice to be moved and the son was doing his leaving cert exams. Very stressful. Agencies intervened to ensure he sat his exams.*
>
> (Stakeholder 3)

> **Staff:** *We have families that were basically told on a Friday to be in reception on Monday morning, that they were moving. One family went to Kerry and one family went to Galway … and that child had been in school for a year. Those are the things that concern me.*
>
> (Staff 2)

> **Stakeholder:** *They [family] were advised at 8pm in the evening that they had to be out by the next morning. They missed their child's graduation [school].*
>
> (Stakeholder 4)

Centralised decision-making impacts enormously on the effective co-ordination and suitable placement of families in IPAS accommodation. This was highlighted by staff, stakeholders, and families as being problematic for a variety of reasons. In the family focus groups parents shared their experiences of being placed to live in cramped apartments with other families of different religions, families with children of all different ages, families from different cultures and families who all spoke different languages and no one common language amongst families sharing the same living space. Situations like this result in the creation of exceptionally challenging living circumstances for families, heightened stress for parents and child protection issues for children. One mother describes the practical daily challenges associated with living in an overcrowded apartment:

> *Mother a: In my house we are eleven in the house … three families … myself we are four, I have three kids, the other family has two kids and husband and wife, the other has two kids and her so three plus four plus four is eleven … that's how bad it is.*
> *Researcher: And how many bedrooms are there?*
> *Mother a: Three bedrooms.*
> *Mother b: One master and two small ones.*
> *Mother a: Like I, I share with somebody a toilet and bathroom. I have a three [children] he [father of other family] has a boy and a girl, I have three girls and we share the same bathroom. It's hard because we have to wait for each other. So, I wake up early to get the water, the hot water or else it's cold … there are days that my younger daughter goes to school without bathing [as there is no hot water left].*
>
> <div align="right">(FG5_U)</div>

Living in overcrowded accommodation also poses challenges for families providing meals for their family and cultural challenges that can be difficult to tolerate as explained in a family focus group:

> *Researcher: And how do you manage with cooking?*
> *Mother a: We have to schedule our time. Like I will say "are you cooking now? Ok I will wait and cook later".*
> *Researcher: And how do you manage with your children because children are always looking for food?*
> *Mother a: Yes, I have to say take [give the children] a biscuit or tea, take this for now until I can cook for you. So, I have to find an alternative for them.*
> *Researcher: And are people cooking all different foods then?*
> *Mother a: Yes, and this is a problem too because they cook garlic and there is [the smell of] garlic all-around and I don't like this, and the smell is on me.*
>
> <div align="right">(FG5_U)</div>

Families living in cramped conditions together when there are teenage boys and girls from different families poses concern and stress for parents. Families feel that they have no privacy and are worried about keeping their teenage daughters protected. One mother explains her concerns about her teenage daughter:

> *Mother a: I have to be back before my kids because he [father of other family] has a boy and a girl and I'm not saying (pause) but anything can happen. You have to be very careful when it comes to raising children, you know. So, I need to be home before the children are back [from school].*
> *Researcher: Do you feel it's [living situation] not safe?*
> *Mother a: For me, it's not safe because I have three girls … everything is not well … my older girl she is not happy.*
> *Mother b: Yeah, she needs her privacy.*
> *Mother a: She's thirteen nearly fourteen.*   (FG5_U)

Placing families in houses or apartments to share without consideration regarding their religious backgrounds also poses problems for families. It is difficult for families to have religious or cultural awareness and respect for one another especially when they are living together in very cramped accommodation. Situations like this cause tension and disquiet amongst families as explained in excerpt below:

> **Staff:** *Putting Christian and Muslim families into the same house is causing stress … when the decisions are made in Dublin and there is nothing around [no consideration given to] suitability.*
>
> (Staff 1)

Families, children, staff, and stakeholders all spoke about the wait and the delays associated with being an international protection applicant. All participants believe the process is exceptionally slow and this makes the situation much more burdensome to live with. Participants believe that the lack of coordination and joined up thinking contributes to the process being excessively lengthy which in turn is stressful for families. One stakeholder explained:

> **Stakeholder:** *The biggest frustration at the moment is having their voices heard. When you apply for international protection, they are sent down to us (IPAS accommodation) the next communication with IPAS is when they get called for an interview. That could be anywhere from one week to one year. In all that time they hear nothing. Even the legal aid, they won't engage until they are given an interview, which is normally one week before the interview. So, it goes from no communication to rushed and the families find that very distressing.*
>
> (Stakeholder 7)

3.4 Theme 3: A system under pressure

The theme a system under pressure provides an account of the constraints in the IPAS system and how it impacts on families. There are many issues which make living in the IPAS accommodation system challenging for families and this is due to the unique needs of families. The data sources which contributed to the development of this theme can be viewed in Appendix 5. Findings clearly indicate that the IPAS accommodation system is under severe pressure.

Ireland is currently experiencing a momentous challenge relating to the availability of accommodation and this directly aggravates the capability of IPAS to source accommodation for international protection applicants. During the family focus groups several parents voiced their understanding that Ireland is experiencing a severe accommodation shortage as explained in the excerpt below:

> **Mother:** *Ok, first I want to say thanks to the [Irish] government, they really did a great job by at least providing a place for us but here, it's not easy. The accommodation is not ok at all. I understand the problem about the housing [in Ireland] but staying together in one room with my baby and older child is not easy at all. We don't have any privacy, no privacy at all!*
>
> (FG_7_U)

Stakeholders commented on the exceptional efforts of IPAS to source accommodation which, in the crisis situation, has resulted in the sourcing of less than suitable accommodation. One stakeholder noted the array of buildings that are now in use by IPAS and how they feel that the model is wrong, they had this to say:

> **Stakeholder:** *They are [using] old hotels, nursing homes, schools whatever, even a disused pub has opened as a centre recently. It is so wrong.*
>
> (Stakeholder 2)

The type of accommodation offered to families in IPAS was a focal point of discussion for most participants. Children reported living in cramped conditions, not having anywhere to play as detailed previously, not having anywhere to store their belongings, not being able to get enough sleep and not having anywhere to do their homework. The lack of available living space featured strongly in the children's 'the wheel' drawing when they were asked what they didn't like about where they were living, as shown in the drawings on the next page:

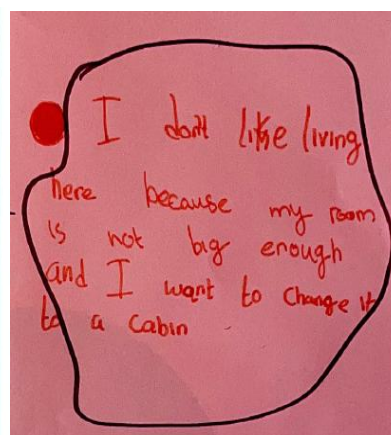| (Boy, 11 years old) | (Girl, 11 years old) | (Girl, 11 years old) |

Families accommodated in hotels feel cramped in hotel rooms with limited access to suitable communal space. Not having access to cooking facilities in some hotel centres is a source of major dissatisfaction for families as detailed in a previous theme. Large families in hotel centres are typically divided between rooms which are often located far away from one another despite hotels having some interconnecting rooms. Families are regularly dispersed throughout hotel centres without consideration regarding the potential benefit that an interconnecting room might offer to a family. Houses and apartments are now being used to accommodate multiple families causing severe overcrowding which puts pressure on sleeping space, cooking facilities, sanitation facilities and communal space within houses and apartments. Furthermore, families are being placed in houses and apartments with other families without due consideration of family space needs, ages of children, cultural or religious background or language spoken. The current placement of families in IPAS appears to mirror a firefighting approach rather than a considered approach and this is the source of great stress to families, staff, and stakeholders. This is what some of the participants had to say:

> **Staff:** *The biggest challenge for families is the unnatural environment. Some of these rooms [hotel] are overloaded. You have teenage boys sharing with mothers … It's an unnatural environment to rear children in. I think it is inhumane.*
>
> (Staff 2)

> **Stakeholder:** *I am thinking of several families with single mothers with children in one room, it's really difficult. The idea of being in a small bedroom with three or four tiny children, maybe under six or seven years old. That's horrendous really … bigger families with mothers and fathers and maybe*

four or five children in two rooms. Living in those type of conditions for a long, long time. I don't think that could be good.

<div align="right">(Stakeholder 12)</div>

Many families and stakeholders noted the psychological impact of long-term overcrowding:

> **Stakeholder:** *We have rooms here and we have four people in them. It's feasible, but it must be very hard mentally for those families, this is where they are living…. and if you are in this situation for more than a few months it must get very hard.*
>
> <div align="right">(Stakeholder 14)</div>

Accommodating families of various backgrounds, unknown to one another, in shared houses was identified frequently by participants as creating the foundation for the development of tension and broader problems amongst resident families. The impact of grouping families unknown to one another was explored by one participant:

> **Stakeholder:** *If you think in terms of child welfare, those shared living arrangements shouldn't happen. That's not even considering cultural or religious considerations. The strain it puts on families… could you image moving into a three-bedroom house with two other families you don't know. It's shocking … I think it should never happen. I think it is asking for trouble putting people together in such close proximity without any supports.*
>
> <div align="right">(Stakeholder 6)</div>

Participants are aware of, and understand, the problems associated with overcrowding and mixing families from different backgrounds. Findings indicate that, when possible, some efforts are being made to improve the arrangement of families in accommodation as detailed in the interview excerpt on the next page:

> **Stakeholder:** *We have 160 people living in 15 houses. It was a bit of nightmare at the start because there was different cultures, different countries put together [sharing in houses]. We have been doing swap arounds, trying to fix that for the past few months.*
>
> <div align="right">(Stakeholder 7)</div>

Own door accommodation was identified as being the most suitable accommodation type for families as it affords families privacy and the opportunity to live as a family unit in the manner in which they want to live. The only drawback to own door accommodation is that it requires more space and is typically located in rural settings which poses other difficulties for families as explained in the excerpt on next page:

Staff: The modular homes are a step in the right direction, so people can turn a key into their own space, but in terms of the location. You are kilometres from (name of town). It's not the best of roads. There are no footpaths for people to walk on. It's not lit up at night. You might as well be in the middle of nowhere.

(Staff 4)

3.5 Theme 4: Fitting in and moving on

The theme fitting in and moving on provides an account of the issues experienced by families when they try to 'fit in' and adapt to their new environment and country. The theme describes the challenges associated with integration, getting on with family life and moving on. The data sources which contributed to the development of this theme can be viewed in Appendix 5.

Families experience many 'settling in' issues when they arrive to Ireland first. For many the climate is much cooler than what they are used to, and this can take some time to adjust to. Adaptation to the cooler climate was highlighted by one child in their 'the wheel' drawing when they were asked what they did not like about where they were living, indicated in the drawing and interview excerpt below:
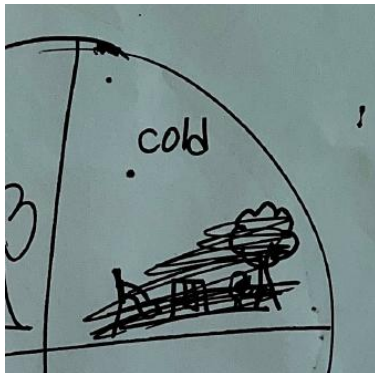
Researcher: Ok great. And tell me what do you not like about living here? What's in your picture?
Child: The cold.
Researcher: Oh, is Ireland very cold?
Child: child says nothing
Researcher: It's ok, you can tell me because I know that Ireland is a very cold country! You can say it's cold!
Child: child laughs
Researcher: Is it [Ireland] much colder than your homeland?
Child: Yeah!

(Boy, 9 years old)

Adapting to life in a new country, settling in and learning how processes work in Ireland is challenging for families as discussed by parents during one family focus group:

Father: Myself I have a lot of issues with the processes right, what you do at one stage, what you do at the other stage, where you find the things even though like right now we have six months (um) my wife she has graduated from the (name of university) in my country, we're able to bring her degree so she is validated [qualification] but those kinds of things like, you have to go and check.

61

Researcher: Is it difficult to navigate?

Mother: Yeah, like we live in a certain way but here we have to start over again but it's fine, we have like the skills, but it takes time and you have to learn because like everything about the Garda [police] is different, even like the schools is different so we have to learn … if we are living here we have to embrace the culture and grow up with the culture which is fine for us.

(FG1_R)

Families welcome help and support to integrate when it is available however the availability of such support varies from centre to centre. In some centres the management offer very good support to families, this tends to be in the more well-established IPAS accommodation centres. In other centres there is less support available from management and external agencies. More established centres are well served by government and other agencies whereby families can access additional help however this is not the case with newer, less established centres.

One of the primary milestones that assists with families 'settling in' when they arrive to Ireland seeking international protection is getting their children into school. Attending school, which is a standard activity for children, was highlighted by all families as being important for their children. Indeed, all families who were able to access school for their children reported how it impacted positively on their children and the wider family. Parents feel reassured and comforted when they children are in school since school is a normal part of the child's life and has a significant role to play in a child's personal learning, growth, and development. Findings indicate that the importance of school cannot be underestimated for families living in IPAS. For a minority of the participants access to school was difficult, with parents having to search themselves and on their own for school places for their children, one parent explained their experience during a family focus group:

Mother: We came here last September, and she was three [years old] then and we tried to get into school for her, like preschool. We had to wait for a whole year because I went to like, close to seven schools around here trying to enrol her, but they were all saying that they are fully booked so it was just this September that she was able to get into school … and she really like it [school] because before she went she was crying every day because it's really bored here.

(FG4_U)

All parents expressed great satisfaction associated with their children attending and being settled in school. Despite doing their best to home school their children there is clearly no comparison with having a school place for their child as explained by one mother during a family focus group, she had this to say:

> **Mother:** *Sometimes we use the internet to teach them but all of a sudden, the Wi-Fi goes off so we don't have access to the Wi-Fi, so the children can't access the internet, they can't go to school, they can't go to play outside … and we just have to deal with it, and it's a lot.*
>
> (FG4_U)

Many of the families in the family focus groups identified the help and support offered to them by IPAS staff and managers, stakeholders and voluntary organisations regarding processes as being particularly helpful and supportive to their integration. When help is available families are eager to engage. Many parents volunteer as a means of fitting in and to make connections in the local community, examples provided by parents include the local cultural centre. Some parent's provided accounts of engaging with local health initiatives for example the 'park run' as a means of connecting with the local community and making friends. Parents reported that these types of initiatives were very useful since they facilitate meeting new people and getting out for physical activity increase parents' sense of well-being. Local sports organisations such as soccer clubs and the Gaelic Athletic Association (GAA) were also reported by parents as being useful for integration especially for children.

The continued integration of families once they are granted their legal status remains a challenge. Families typically get stuck in the IPAS system since they are unable to compete in the current aggressive and competitive accommodation market. One staff member noted:

> **Staff:** *They have legal status, they should not be in an IPAS centre, but there is nowhere to house them. So, they are living in a hotel with their family for years, when they shouldn't be there at all, but they have nowhere else to go.*
>
> (Staff 3)

Many families are simply unable to move on from IPAS in the current climate in Ireland:

> **Staff:** *There are people here who could move out but there is nowhere for them to go.*
>
> (Staff 4)

Although stakeholders are doing what they can to help families to secure accommodation when they have their papers, the lack of accommodation suitable for families compounds the challenge of families moving on from IPAS since accommodation needs to be sourced for the family group (more than one person). One stakeholder explains below:

> **Stakeholder:** *We post information everyday about housing etc. At the end of the day, it is difficult for us, we also know there is no accommodation out there and no one is going to give them accommodation.*
>
> (Stakeholder 12)

This is a really complex and challenging problem for families who have secured the right to remain in Ireland and participants anticipate that the situation will not change in the near future:

> **Stakeholder:** *The reality is people are still living in the IPAS system because they can't get accommodation. That is only going to continue.*
>
> (Stakeholder 10)

Indeed, participants believe that the situation will not improve until more housing is available in Ireland. Participants also noted how the extreme lack of housing and accommodation in Ireland fuels negative attitudes towards refugees, one participant had this to say:

> **Stakeholder:** *It all boils back to this housing crisis that is going on. The knock-on effect it's having … I don't think the Government realise … these people, we are looking after them, giving them food and shelter, but to live in a hotel room for an extended period of time is not healthy for people. You have Irish people in the same boat and it's creating an animosity among the Irish. They are not getting looked after either. It creates an animosity towards refugees. We are trying to help everybody and in effect helping nobody. Until houses are provided for people the situation is not going away any time soon.*
>
> (Stakeholder 14)

3.6 Theme 5: Past trauma and life now

The theme past trauma and life now is about the trauma families carry with them when they arrive to Ireland, how it impacts on them and their adaptation to their new life in Ireland. The experience of trauma confronts a family's ability to adjust and to make the transition to life in Ireland. Furthermore, the experience of trauma can greatly impact on parents' ability to support and parent their children as they would like to. The two subthemes which form this

theme are 'parental mental health' and 'past trauma'. The data sources which contributed to the development of this theme can be viewed in Appendix 5.

3.6.1 Parental mental health

The experience of trauma effects an individual's mental health which impacts on a variety of life aspects for example ability to parent effectively, ability to adapt to new surroundings, ability to form and maintain healthy relationships. When a parent is experiencing poor mental health, this has a direct impact on the family thus creating a vulnerability. Parental mental health was brought up by many of the staff and stakeholders. In addition to past experience of trauma impacting on parental mental health, participants also noted that parental mental health is also impacted upon by overcrowded living conditions, living in unnatural environments, parents being with their children around the clock and the lack of family privacy. Participants have identified post-natal depression in new mothers living in IPAS and how it impacts on other children within the family.

> **Stakeholder:** There was a woman who had a baby a few months after she arrived, and she was just terrified of leaving her room. So, for her the post-natal depression was very obvious. That had an impact on her toddler. Her whole mental health and well-being … my heart broke for her.
>
> (Stakeholder 1)

Parents ability to connect with their children is dramatically affected by the state of their mental health and well-being as observed by participants. The impact of this on parents and children is yet to be ascertained as observed by one stakeholder:

> **Stakeholder:** Because the parent is suffering… they are depressed they can't even communicate; they can't connect to their kids. They are not even able to play with the children. It is really worrying, concerning… how will that impact.
>
> (Stakeholder 13)

Participants believe that parents should be able to avail of a mental health assessment service to help them however findings indicate that this is not happening.

> **Staff:** There should be some kind of assessment centre to see what mental health support they [parents] need as well. I don't think that is all happening as well as it could be.
>
> (Staff 4)

Although vulnerability assessments, which are available to all persons who make an application for international protection, are carried out in many centres these assessments are futile since appropriate accommodation is simply not available to meet the needs of individuals or of individual families. One stakeholder explains:

> **Stakeholder:** *We do vulnerability assessment on people here [Large IPAS centre] for all sorts of reasons. The idea is that we highlight people that, in an ideal world, if accommodation was available, they would be prioritised. We still keep doing vulnerability assessments and IPAS come in an interview these people, but obviously there is no accommodation.*
>
> (Stakeholder 12)

Many of the participants who work directly with families in IPAS suspect that domestic abuse[17] is an issue; however, confined living conditions, the social isolation of women and cultural beliefs often conceal the abuse to people on the outside. Experienced professionals in this research who work directly with families in IPAS expressed concerns about the potential presence of domestic abuse in families in IPAS. One participant described the problem as follows:

> **Stakeholder:** *It's like opening a can of worms.*
>
> (Stakeholder 10)

This participant elaborated to explain how difficult it is to get the opportunity to speak with women privately about potential abuse situations and how the limited options available to women living in IPAS may prevent women from disclosing situations of abuse. Experiencing domestic abuse while living in IPAS places the woman in a very precarious position since their ability to seek help may be compounded by a language barrier or by the fact that their abuser is in such proximity to them. One stakeholder explains on the next page:

---

[17] Department of Children, Equality, Disability, Integration and Youth (DCEDIY) (2021) A white paper to end direct provision and to establish a new international protection service. Government of Ireland. Available at: https://www.gov.ie/en/publication/7aad0-minister-ogorman-publishesthe-white-paper-on-ending-direct-provision/ Accessed 30th of March 2024.
Royal College of Physicians of Ireland (2019) Children in Direct Provision. Royal College of Physicians of Ireland, Dublin, Ireland. Available online:
https://www.rte.ie/documents/news/2019/12/direct-provision-position paper-full-final-pdf.pdf Accessed 23rd December 2024.

> *Stakeholder: The women are quite confined in how they can seek support because they live in such close proximity. Women experiencing domestic violence and children experience domestic violence it is the unavailability to get away, to report it or seek support. It is a huge issue for them.*
>
> (Stakeholder 6)

Findings indicate that recently domestic abuse services have commenced work in IPAS centres by trying to reach out to women who may be suffering domestic abuse within the family in conjunction with other organisations. This has enabled women to speak with services and access help safely if required. When domestic abuse is a problem for a family in IPAS it impacts on other families also. One stakeholder explained how all families in one shared accommodation were impacted by domestic abuse in one family:

> *Stakeholder: Straight away we got two referrals. One from a women who had experienced domestic abuse in the past and one from a women who was currently experiencing it. That was difficult as the woman who was experience domestic abuse, she was sharing a house with two other families. So, it was not just her experience of abuse, it was having an impact on the other families as well.*
>
> (Stakeholder 5)

Participants also believe that the true extent of domestic abuse in IPAS accommodation centres has yet to be unveiled. One stakeholder had this to say:

> *Stakeholder: We are only seeing the tip of the iceberg when it comes to domestic violence.*
>
> (Stakeholder 6)

3.6.2 Past trauma

There are many reasons why international protection applicants leave their home country and travel to seek protection in Ireland. For some families it is to escape feared persecution, real persecution, armed conflict, or human rights violations. Many families make the decision to leave to keep their children safe and to protect their future as discussed during one family focus group:

> *Father: In our country you will find people in bags you know, children will disappear, I'm talking about (name of home country) like six to seven children [will disappear] every day, so like it's very bad.*
>
> (FG1_R)

The exposure to, and experience of threat to life, destruction and devastation leaves many families traumatised. Often families must endure being separated from close family members when deciding to flee their home country. Staff and stakeholders are aware of the trauma that families may have experienced in their journey to Ireland.

> **Staff:** *You have to be mindful when going into centres, there is lots of trauma you meet from families. You are talking about war torn countries they have come from and through journeys they have taken to get here. That's a big one for sure.*
>
> (Staff 5)

Numerous participants spoke about their observations of both parents and children living in IPAS centres displaying signs of significant past trauma. Children's lives have been impacted by their own lived experiences however they are also impacted upon by their parent's trauma. The impact of this trauma on growing children has yet to be determined as observed by one stakeholder:

> **Stakeholder:** *You don't know how it is going to impact the children. There is a lot of young children impacted by their parent's trauma, and what they have left behind. The stories are horrific. I don't know what the next few years will be [like] for them [children].*
>
> (Stakeholder 12)

Staff and stakeholders spoke about family's lack of opportunity to process their past trauma when they arrive to Ireland, and this is due to language barriers, cultural differences, and uncertainty around the future protection for their family within Ireland. Support is available to people through organisations such as Spirasi[18] which helps families to re-build their lives in Ireland through a holistic and multi-disciplinary approach to rehabilitation, however participants reported lengthy referral times.

> **Staff:** *People are fleeing war or been through a trauma, Spirasi is a national organisation but there is waiting list to see them.*
>
> (Staff 4)

Furthermore, several participants believe that families are concerned with purely surviving and seeking out the necessities in life for their children, leaving very little time or thinking space for psychological therapy. One staff member remarked:

---

[18] https://spirasi.ie/

> **Staff:** *I have not even touched on the whole area of trauma. Nobody really knows the stories, why they left, what were the conditions, that whole separation piece.*
>
> (Staff 1)

The experience of trauma is projected for many families in IPAS through family separation. Many families are separated from loved ones who were left behind and this is the source of ongoing trauma, especially for children as explained by one stakeholder:

> **Stakeholder:** *We have a number of children presenting with trauma, trying to get some counselling secured for them. Families being separated or mums and dads being left behind in the country of origin. Trying to give direction to those families.*
>
> (Stakeholder 8)

Findings also indicate that the experience of past trauma impacts on parent's ability to trust, while finding their way in their new environment. This can pose challenges for staff and stakeholder who wish to work with families and offer support:

> **Stakeholder:** *These people [parents] have been through trauma and it changes your outlook on the world, if you have gone through what some of these people have gone through. It can be difficult to deal with them on a daily basis, because they are very mistrusting of people.*
>
> (Stakeholder 14)

The vulnerability of families can lead to mistrust of IPAS staff, government agencies and support agencies which greatly alters a family's ability to interact openly and effectively:

> **Stakeholder:** *Because of the uncertain situation and being retraumatised … actually their trust is very minimal, they are doubting everything.*
>
> (Stakeholder 13)

Many families are 'on edge' when they arrive in Ireland as a result of their journey:

> **Stakeholder:** *Often when people arrive here they are very watchful and untrusting. The stress levels will be quite high. They are always looking over their shoulder… what is going to happen now. People are very on edge*.
>
> (Stakeholder 5)

Working with families in IPAS, families who have experienced trauma can take a toll on staff and this can manifest as vicarious trauma as noted by one stakeholder who had this to say:

> *Stakeholder: We do a lot of trauma-informed care because we come across a lot of trauma here. I think trauma informed care [training] is very important. I think vicarious trauma is something that has not been highlighted... I think that is very important. I never really thought about vicarious trauma until I came here [IPAS Centre]. Because we are exposed to it a lot.*

> (Stakeholder 12)

3.7 Theme 6: Working collaboratively

The theme working collaboratively is about the need for effective interagency work and collaboration and the current interagency relationships which exist in and surrounding the IPAS system. In order to effectively meet the needs of families in IPAS a collaborative working arrangement between agencies is essential. The two sub themes which form this theme include 'bridge building' and 'training and sustainability'. The data sources which contributed to the development of this theme can be viewed in Appendix 5.

3.7.1 Bridge building

Findings indicate that significant efforts are being made on the ground amongst agencies to work collaboratively for families living in IPAS accommodation. Definitively, these professional relationships are the backbone of the collaborative work that is undertaken to support families in the IPAS accommodation system. Bridge building takes place amongst regional family support services through the establishment of working groups which aim to co-ordinate service responses to raise awareness about the needs of families in IPAS, to meet the needs of families and to ensure that family support services are allocated and committed to working with IPAS accommodation centres. One staff member commented:

> *Staff: There are some really, really, really good people working in different services.*

> (Staff 5)

Another participant relayed the effort made to create a co-ordinated response and the benefits associated with having a working group, they said:

> *Staff: We set up working groups and the key agencies that would be involved in the centre would meet, so then we have a more co-ordinated response and the manager [IPAS centre] would sit on that working group also. I*

> *formed the working group … that working group also gives us that peer support.*
>
> (Staff 2)

The willingness and enthusiasm amongst staff and stakeholders to help and get the work done for families in IPAS accommodation centres is evident from the below excerpt:

> **Staff:** *I think it [collaboration] is really positive. I think a lot of our local services, even though they are at capacity, and everyone is under resourced, there has always been open arms and been really willing to help where they can. A lot of it is done with good will and no funding. There has always been an openness to support families where they can.*
>
> (Staff 3)

Bridge building has also taken place between family support services, IPAS management and staff which has strengthened working relationships considerably. The development of these effective working relationships ensures service access for families in IPAS centres. In many instances, IPAS management has also been present on local working groups further affirming relationships as explained below:

> **Stakeholder:** *There has been a good response here [from IPAS centre manager]. We have had certain charities that have approached us to help out. Everyone has to be IPAS vetting before we can engage with them. Tusla are quite good and respond to any cases I raise quite quickly.*
>
> (Stakeholder 14)

Bridge building takes time, knowledge, and experience. Family support workers patiently build trust, rapport, and protective connections, to foster confidence among families to access their services which support parents and children living in IPAS. Participants spoke most favourably about the willingness of agencies to support and work together collaboratively while also noting that working with families in IPAS is different to working with families in the community (not in IPAS) one staff member examined:

> **Staff:** *We are trying to support a family within a system. We are trying not to make things any worse for them. You are constantly on a balancing act with them, which you don't get with working with families in communities.*
>
> (Staff 5)

Findings show that participants have varying viewpoints regarding the IPAS centre manager. Several participants remarked that they believe IPAS centre managers should have a social care qualification to meet the requirements of the role effectively. Several managers

participated in this research and spoke passionately about their work with families in IPAS. Their social conscience was evident through their interviews and discussion of work with families. Managers remarked about the challenges of being an IPAS manager and trying to achieve a balance between meeting the individual needs of families living in IPAS and applying universal decisions for the greater good of the centre. The significance of the role of the IPAS centre manager and their need for support in their dynamic role was highlighted by staff:

> **Staff:** *The managers are key. If they see a parent is struggling or a child, they know what is available within their community and they are able to access that. So, I do think that manager in IPAS centres need to be well supported. They also need to be well supported in terms of "Children First" [e-learning programme] and knowing what is available.*
>
> (Staff 1)

Intensifying resources by having a dedicated staff member in all IPAS centres to work with families was highlighted by several participants, they had this to say:

> **Staff:** *Our issue would be staffing, I would love a staff member or even half a post to be dedicated to these centres. We have a new one [centre] opening up and there is going to be 200 people in it… these are the initial figures and there is supposed to be 90 children in it.*
>
> (Staff 2)

> **Stakeholder:** *Changes I would like to see … obviously more funding, you could have a worker down there at the centre every single day. For the sake of the families. Funding and resources, it goes back to that.*
>
> (Stakeholder 3)

3.7.2 Training and sustainability

Staff and stakeholder participants discussed the type of training and / or support they had received that was helpful to them in their work with families living in IPAS. Using the Handprint Evaluation technique (Appendix 4) these participants were asked five questions pertaining to training and support that they had received. While a minority reported that they had not received any training, a greater number stated that they had received some training. The training that was reported on as being helpful included cultural awareness, trauma informed care, how children can play in small spaces, Children First.

E-Learning Programme, perceived attitudes to mental health, suicidal awareness, parenting, and social justice. Trauma informed care training was mentioned by more participants than any other training as being "good" and "helpful". Participants commented on the new learning they had discovered from the training or support they had received in their role in supporting families living in IPAS. Training offered most participants new perspectives or clarity in how best to support families and children living in the IPAS accommodation system. Participants noted the impact of culture awareness training:

> *Staff: [I now understand] How culture can impact on parenting practices. In many cultures the mother is the main care giver and not seen as the father's role. Involving fathers in school runs etc. in an Irish context.*
>
> (Staff 1)

> *Staff: The cultural awareness training. Cultural issues, staff can be inappropriate without meaning to me. Training awareness around building trust with the men to get to the women. Building respectful relationships. Also, trauma training made me aware of vicarious trauma and to be aware of my own levels.*
>
> (Staff 2)

Training on understanding trauma and how it can be transferred onto children from their parents was cited as being helpful.

> *Stakeholder: [I now understand] How important it is to understand trauma. Trauma experienced by parents is vicariously transferred to the children.*
>
> (Stakeholder 12)

Nearly all staff and stakeholders agreed that the training and support they received within their role was valid and targeted to their needs. However, as one staff member articulated, once off training has no value unless it is implemented and embedded, for future sustainability.

> *Staff: Cultural awareness and diversity- keeping the narrative going, state agencies leading the way. A whole organisation approach, with staff learning from staff. Rather than one day's training and its gone.*
>
> (Staff 1)

Participants offered their opinions on future training or support they felt would be helpful for them in their role in supporting families living in IPAS. The following training was suggested:

domestic violence and coercive control, baby massage, trauma informed care, cultural awareness training, equity and inclusion, migrant legislation.

> *Staff: More staff training in Baby massage. It has been very successful at many levels. Culturally, not all mothers give their babies eye contact and physical contact. It would be good to see it rolled out to all [IPAS] centres.*
>
> (Staff 2)

> *Stakeholder: Training in equity and inclusion. Recognition of racism and how to react, and not to diminish it.*
>
> (Stakeholder 5)

> *Stakeholder: There are agencies that will offer training in relation to domestic violence, and it would be good for the sector in general. But putting families together and how domestic violence can impact other families and children living with it.*
>
> (Stakeholder 6)

In conclusion of the Handprint Evaluation, participants offered final views around training and support for their role working with families in IPAS. These views are imperative for the sustainability of services for families and children living in IPAS accommodation centres.

> *Staff: Service user involvement and partnership working – genuine engagement. How to include parents and youth participation, building positively on an on-going basis that would be meaningful for all.*
>
> (Staff 1)

> *Staff: Training workshops around the responsibilities of IPAS and the responsibilities of Tusla. The need for psychology support for children in IPAS. The success of IPAS by employing a social care worker in one of their centres.*
>
> (Staff 5)

> *Stakeholder: Community services not advised when new groups or families arrive. How many children, women or men, or families? Link between IPAS and community services needs to improve.*
>
> (Stakeholder 10)

And finally, the participants believe that the support of children in IPAS needs to be prioritised:

> *Stakeholder: The most important of all are the kids. No matter what you can do to make them smile or have fun, they are deserving, when working with families.*
>
> (Stakeholder 5)

3.8 Summary

This section has presented the findings from the research under six main themes. The themes were formed following a comprehensive thematic analysis involving the triangulation of data sources which has been previously described in detail in Section 2. The themes presented in this section have been represented and supported by verbatim interview extracts from children, parents, staff, and stakeholders and analysed documents.

Section 4: Discussion and Recommendations

4.1 Introduction

The aim of the research presented in this report was to identify the needs of families living in the International Protection Accommodation Services (IPAS) system and to propose an integrated family support approach that will support the individual needs of these families. Tusla and the Children's Right Alliance (CRA) commissioned this research to explore and examine the current family support practices that are available to families in IPAS and to identify the specific needs of families. The study was conducted using case study research and a qualitative approach was maintained throughout the methodological process. The objectives were:

- To explore the current family support practices (onsite and within the community) and establish what is currently working well for families living in IPAS.

- To examine and evaluate the training and support provided to staff and stakeholders working with families in IPAS and to identify any gaps that may exist in relation to interagency work supporting refugee families.

- To explore and identify the needs of families living in IPAS in terms of parenting support, integration, prevention and early intervention and family support.

- To consult with relevant stakeholders to identify what approaches are currently working well for families living in IPAS.

4.2 Overview of the Findings

The findings from the study indicate that the greatest need for families living in IPAS in Ireland is the need to feel safe and to be able to keep their children safe and healthy. This finding is not unforeseen since personal safety and good health have already been recognised as basic human needs by Maslow (1943) in the prominent pyramid 'Maslow's Hierarchy of Needs' (Maslow 1943). Maslow's pyramid of human needs recognises personal safety and personal health as basic human needs, needs that if unmet negatively affect human life and dignity instantly (Maslow 1943). When families come to Ireland to seek international protection their need to feel safe is high. Families want and need to feel safe, and parents specifically want to be able to keep their children safe and healthy. Children interviewed for this research spoke positively about living in IPAS centres where there were other children from different

countries that they could both play with and learn from. Data from the family focus groups also show that parent's favour being in centres where there are other families with children. When families arrive to Ireland and register with the IPO they are offered accommodation, which they are not obliged to accept, and they have no say in where their family is placed. The placement of families is currently very challenging due to the lack of available accommodation for international protection applicants in Ireland. Furthermore, the placement of families to accommodation suitable to the needs of families with children has been compounded by the fact that the numbers of people seeking international protection has increased significantly in Ireland, especially since the onset of the war in Ukraine in February 2022 (OCO 2023).

Adult participants in the research are cognisant of the constraints experienced by IPAS, a division of DCEDIY, regarding the provision of accommodation to international protection applicants however, findings suggest that an alternative approach by IPAS to the allocation of accommodation would be beneficial to families. Currently all people who register with the IPO can avail of a vulnerability assessment which is conducted by a designated Resident Welfare Team within IPAS to determine if the applicant has any special reception requirements that need to be addressed. Due to the current limitations on the IPAS accommodation system and the fact that the vulnerability assessment is available to all IPO applicants, when needs are identified it is often unfeasible for IPAS to address the needs of all applicants. Findings from this research suggest that families would benefit from a different assessment, an assessment designed specifically for families with children and offered exclusively to families with children under the age of 18 years when they register with the IPO. It is currently understood that it is the family who meets the needs of the individual for personal growth, development and for physical and emotional integrity (Hollywood 2020). Indeed, the family is the is the primary and most powerful system to which humans belong (McGoldrick, Gerson and Petry 2008). In Family Systems Theory (FST) the family is viewed as a whole that is more than the sum of its parts. The concept of wholeness is central in FST as the system cannot be understood by examining its individual parts in isolation (Bowen 1972, Bowen 1978). If a family systems approach was adopted for the placement of families, this could be very beneficial for families in IPAS since the family would be viewed in a more unique

and holistic way thus creating a better understanding of the needs (accommodation, play, supports, language) of the family requiring accommodation placement.

The role and magnitude of play in the life of the child cannot be underestimated. The United Nations Convention on the Rights of the Child (UNCRC) enshrines the child's right to play in Article 31 such is its significance in the growth and development of the child. Play has also been identified as a priority area for optimum child health and well-being in Ireland in the most recent government policy 'Young Ireland: National Policy Framework for Children and Young People 2023-2028' (DCEDIY 2023). Findings from this research reveal that the majority of children living in IPAS accommodation do not have access to play facilities suitable for their age or developmental level. This is an issue of concern for children, parents, stakeholders, and staff who participated in the research. In addition to being a fundamental right for children, play occupies a very important role in the physical and mental health and well-being of children. Play helps children to express how they feel, helps children to forget about their worries, helps children to make sense of new experiences and change in their world and helps children to feel safe and secure; therefore, its role for children experiencing crisis is noteworthy (International Association of Play 2020). Access to suitable play facilities for children of all ages and developmental levels must be prioritised in the planning and co-ordination of accommodating families in the IPAS system.

Data yielded from the family focus groups clearly identified that parenting while living in IPAS accommodation is exceptionally challenging. The Tusla vison for parenting support is that support should be available for all parents, when and where it is needed to help parents in the challenges that they face (Tusla 2022). Findings have highlighted that great will and intention exist on the ground amongst non-government support services and the State agency Tusla to endeavour to provide parenting supports to families living in IPAS accommodation. Programme initiatives such as the 'My Place to Play'[19] strive to enhance parent infant connections. IPAS have also published an 'International Protection Accommodation Services (IPAS) Parenting Guide'[20] to help parents living in IPAS. Families are eager to avail of parenting supports when they are accessible to them however it is evident from the findings that the

---

[19] https://www.cypsc.ie/_fileupload/final-mptp-cypsc-ipas-practitioner-guide-docx.pdf
[20] https://acrobat.adobe.com/id/urn:aaid:sc:EU:78173319-b901-4489-96a0-e48ff7e94280

availability of such supports varies from centre to centre. If non-government and State agencies are not aware of the presence, or not informed about the arrival of families to IPAS centres in their catchment area, then it is not possible for them to provide family support services to families in IPAS. Findings unequivocally indicate that families in IPAS would benefit significantly from a co-ordination plan. The development of a co-ordination plan by IPAS for each family would ensure that the unique family needs, which are dependent on the number of people in the family and the ages of the children, would have a greater possibility of being met. A co-ordination plan would also enhance communication between IPAS, IPAS centre management and relevant non-government and State agencies in the IPAS centre area.

Recording information and keeping track of progress for families can be complex and some information either gets lost in translation or forgotten. The commencement of a hard copy Family Profile Folder (FPF) for each family would help families to record all necessary communications and information points. The folder could be provided to the family for them to keep, populate and reference as required for example when working with the local Family Support Practitioner.

As previously highlighted, a very strong sentiment which has emerged from the findings of this study is the primary desire of families to be able to keep their children safe and healthy. The fostering of a feeling of safety and security for children and families seeking international protection is essential. Research to date has found that many refugee families suffer from considerable anxiety, depression, mental health disorders and paranoia because of the trauma they have experienced in their lives and their displacement (Miller at al 2018, Müller et al 2019). Findings from this research indicate that children and their families often arrive to Ireland with little or no possessions and frequently they have been moved numerous times before reaching Irish shores. It is currently well understood that within the refugee populations children are particularity vulnerable to trauma and the impact of trauma on their lives (Genç 2022). Conclusions from this research suggest that there needs to be a focus on making children feel safe and welcome when they arrive in Ireland. The protection of children and fostering feelings of safety and security amongst children in IPAS needs to be prioritised. This could be achieved through the provision of a 'welcome pack' to each child following registration with the IPO.

This research has placed a spotlight on the protective factor that school has on the life of the child living in IPAS in Ireland. Similar to research from Portugal on the welcoming and integration of refugee families conducted by Barbosa et al (2019) the role played by school is not only significant for the child but also for the family as a whole. In this research the relational care received by children in school was clearly evident from the children's overwhelmingly positive account of their school experience despite not being asked directly about school. Indeed, parents also spoke enthusiastically about getting their children settled into school and their experience of the school system in Ireland. Findings show that school acts as a haven for the child living in IPAS creating safe space for the child to play, learn, integrate, and relax. School coins a sense of normality which is exceptionally important for families that are living in very abnormal circumstances. It also provides parents with a sense of reassurance as their children have access to education, play and integration with other children which all promotes child growth and development. Since school plays such a vital role for the child and family in IPAS, access to and support with school needs to continue to be prioritised for families. This can be achieved through effective communication between IPAS, the Department of Education and REALT co-ordinators.

The study findings show that although significant supports are provided to families by IPAS managers, State agencies, NGOs, and voluntary organisations there is a deficit of guidance regarding the needs of families living in the IPAS system. The needs of families differ considerably from the needs of individuals and IPAS centres nationally would benefit greatly from a guidance document addressing the explicit needs of families in international protection. The introduction of the new Family Support Practitioner (FSP) by Tusla to provide direct support to families in IPAS has been a welcome initiative. This initiative could be further strengthened by the introduction of guidance specific to the needs of families. If a guidance document was developed and made available to all IPAS centres and relevant staff and stakeholders, the ability of professionals to provide the correct support to families in IPAS would be enhanced. The provision of specialist help by professionals in the form of 'correct support' to the family during a challenging time of transition has previously been identified as being especially helpful to families with young children (Hollywood et al 2023). This can only be achieved when relevant professionals understand the needs of the population they endeavour to support.

There exists substantial variation nationally in relation to the operationalisation of the IPAS model with more streamlined services and supports in centres which have been established for a longer period. Many of the stakeholders interviewed suggested that the lack of communication between new centres and well-established centres was a lost opportunity from a knowledge development perspective believing that communication between the two would be beneficial. As previously acknowledged the Irish State faces a momentous task in sourcing IPAS accommodation due to the shortage of accommodation in Ireland currently. There has been a significant increase in the number of emergency centres opening which has occurred as a direct response to the increase in the numbers of people seeking international protection in Ireland. Findings from this research strongly suggest that IPAS centres would benefit by having a designated 'IPAS Accommodation Centre Liaison Coordinator' (IPAS ACLC), a professional with a social care background. The role of the liaison worker for refugee communities has been shown to be critical in several aspects of life for families and individuals when they arrive to a new country (Wei et al 2021). In this instance and context, the role of the IPAS ACLC would be to work directly with families living in the IPAS centre, local Tusla Child and Family Support Network Coordinators, local Tusla Family Resource Centres, local CYPSC workers, NGOs, and relevant community / voluntary organisations to help meet the needs of families living in their designated IPAS accommodation centre.

Children have rights that are independent of their parents (Hollywood et al 2023). In recognition of the rights of the child all children in IPAS would benefit from having access to a Children's Support Worker. Previous research by Hollywood et al (2023) on the role of the Children's Support Worker has shown that the role is very effective and worthwhile for children making the transition into refuge as a result of domestic violence and abuse. Access to a Children's Support Worker in IPAS could help children to understand and navigate their feelings regarding the transition that they are enduring. Children would also be afforded the opportunity to express how they are feeling through one-to-one sessions with the Children's Support Worker. This person would have a social care background and experience of working with children who have endured trauma and / or adversity in their lives. In line with the Young Ireland Policy Framework[21] it is imperative that a rights-based approach to meeting the needs of children in IPAS is adopted and reflected in relevant policy.

---

[21] https://www.gov.ie/en/policy-information/47d98-young-ireland-policy-framework/

Previous work by the Royal College of Physicians of Ireland (2019) has highlighted challenges associated with refugee family's access to healthcare. The research presented in this report shows that access to healthcare for families in IPAS varies and families accommodated in urban setting reported more streamlined healthcare access. Findings show that for families who do not speak English proficiently there are barriers associated with healthcare access. Language has been previously identified as being a major barrier for refugee families seeking access to healthcare (Au et al 2019, Floyd and Sakellariou 2017, Fennelly and Flaherty, 2017). The study has identified that English proficiency is an indicator of healthcare access for families in IPAS. All families have a right to access healthcare and the challenges experienced by families living in IPAS need to be acknowledged and addressed by the Health Service Executive (HSE).

The experience of trauma emerged as a central theme in this research. For this reason, it is imperative that all professionals who work with families living in the IPAS system have access to cultural awareness training and basic trauma informed care training. This type of training will ensure that professionals working with these families can have a firm understanding of trauma and how it can impact the individuals' brain, everyday functioning, and needs. Currently there are several education and training resources available to professionals free of charge which could contribute to professional development in this area. The HSE provide Intercultural Awareness e-learning training[22] which is available to HSE staff and relevant support organisations and agencies. The Department of Education have published a guidance document called 'Support the Well-being of Children from Ukraine in your School'[23] available to access online which is relevant for all refugee children in school. Furthermore, the Psychological Society of Ireland have published a toolkit for professionals who work with refugees called 'Psychological First Aid for Refugee Care: Helpful Do'd and Don'ts'[24] which is available freely online. There are also other relevant resources available to professionals that

---

[22]https://healthservice.hse.ie/staff/training-and-development/intercultural-awareness-elearning-programme/#:~:text=Training%20programme%20to%20help%20staff,and%20is%20available%20on%20HSeLanD.

[23]https://www.gov.ie/en/publication/61206-supporting-the-wellbeing-of-children-from-ukraine-in-your-school/

[24]https://www.psychologicalsociety.ie/source/SIGHRP%20-%20Rapid%20Response%20Psychology%20Tool%20Time%20of%20War%20Resources%20(Final).pdf

when engage with can help refresh and update professionals' knowledge in relation to trauma and the impact of trauma on the whole family and family functioning.

4.3 Recommendations

The following recommendations have been written based on the findings of the study. They provide the context for the development of policy that will shape an integrated family support approach and provide the foundation to support the individual needs of families living in the IPAS system in Ireland. These recommendations have taken the voices of families and children into consideration and strive to ensure that the voices of families in IPAS are heard, listened to, and acted upon. Since the research was completed, a general election has taken place and the new Programme for Government states that responsibility for International Protection Accommodation and Integration will move from the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) to the new Department of Justice, Home Affairs and Migration.[25] As such they have responsibility for the recommendations related to IPAS.

Recommendation 1	Based on the study findings we recommend that IPAS conduct an assessment on every family who registers with the IPO and enters the Irish IPAS system. This assessment called the **'family assessment'** is exclusive to families who have children under the age of 18 years. The family assessment should include the following: • How many members are in the family. • What are the ages of each family member. • Do family members require English language proficiency support referral? • What are the strengths of the family. • What are the specific needs of the family in relation to accommodation (e.g. cot, number of beds, accessibility, play space, safety issues for children) • Does the family have any available resources or supports? • Do family members require psychological assessment referral? • Do the parents / guardians require specific parenting support(s)? • Does the family require specific supports for family members with a disability?
Recommendation 2	We recommend that following the family assessment IPAS makes a **co-ordination plan** for each individual family to enable the placement of the family in suitable accommodation. The development of the plan will be aided by IPAS liaising with Tusla Child and Family Support Network Coordinators, Tusla Family Resource Centres, CYPSC and

---

[25] Government of Ireland, Programme for Government 2025, Securing Ireland's Future (Government of Ireland 2025) p125.

	relevant community organisations who work with refugee families. The co-ordination plan should include the following:
	- Identification of the accommodation type most suited for the family.
	- Identification of any specific accommodation resources[26] required by the family.
	- Organisation of access to English language support relevant for the family.
	- Organisation of access to education suitable (pre-school primary and/or secondary) for the children in the family.
	- Organisation and access to play space suitable for the children in the family.
	- Organisation and access to psychological care for the parents / guardians.
	- Organisation and access to emotional / psychological supports or services for the children in the family if and as required.
	The commencement of a hard copy **Family Profile Folder (FPF)** for the family to record all their necessary information. This folder should be given to, and remain with, the family to populate and reference as required.
Recommendation 3	Based on the finding that the primary concern of families living in IPAS system accommodation is to keep their children safe and healthy, we recommend that IPAS prioritise families by accommodating families in **'family hub' accommodation centres**. The 'family hub' accommodation centres should be accommodation centres that are designated exclusively for the accommodation of families with children[27]. Centres selected as 'family hubs' should have play space suitable for children of different developmental ages and should be located within the vicinity of schools (pre-school, primary and secondary) or have transport links / services suitable for accessing schools for children. Ideally 'family hub' accommodation centres should comprise of 'own door' accommodation with 'own kitchen' facilities. This recommendation is in line with the provision in the White Paper to end Direct Provision to provide own door accommodation for families. Given the current context where there has been a substantial increase in international protection applicants and where DCEDIY have updated their strategy on accommodation we recommend that all IPAS accommodation, including emergency centres meet the National Standards.
Recommendation 4	It is essential that a feeling of **safety and security is fostered for children** seeking international protection. Findings have shown that children and their families often arrive to Ireland with nothing and frequently they have been moved numerous times before reaching Ireland. We recommend that IPAS provides all children with a

---

[26] Such as cots for infants, highchair, safety measures in accommodation, space for children to play etc.
[27] As per the UNCRC definition a child is a person under the age of 18 years.

	'welcome pack' when they enter the Irish IPAS system. This welcome pack should include age-appropriate sleep wear, toiletries, a blanket, and a sensory toy. The provision of this welcome pack will help children to feel welcome, safe, and secure.
Recommendation 5	Findings from the study have shown that there is a lack of guidance for IPAS accommodation staff and stakeholders who engage with families in IPAS accommodation centres in relation to the specific needs of families. We recommend that the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) in collaboration with Tusla, develop a **guidance document detailing the needs of families living in IPAS accommodation** and for same to be distributed to all IPAS accommodation centres and be made available to relevant stakeholders. Tusla should be consulted on the development of the guidance document. The guidance document should include information relating to application for legal status, application for social security numbers, how to access schools for children, how to access healthcare services. The guidance document should promote an individualised approach to meeting the needs of families in IPAS. Guidance detailing the needs of families living in IPAS accommodation will help to improve staff and stakeholder efficiency in providing the correct supports for families and enable a more coherent and co-ordinated approach to the provision of support.
Recommendation 6	The Irish IPAS system has experienced many challenges in terms of the numbers of people seeking international protection and the availability of suitable accommodation. The system is currently under significant pressure and families, staff and stakeholders are aware of this. Findings from the study indicate a pronounced willingness amongst state, NGO, and voluntary organisations for a collaborative working approach however there is a need for an identified IPAS accommodation centre link to facilitate this collaborative approach. We recommend that IPAS provide an **'IPAS Accommodation Centre Liaison Coordinator' (IPAS ACLC)** who will be a qualified Social Care Worker. This person will work with families living in IPAS accommodation centres, local Tusla Child and Family Support Network (CFSN) Coordinators, Tusla Family Support Workers, Tusla Family Resource Centres, CYPSC workers, NGOs, and relevant community / voluntary organisations to help meet the needs of families living in their designated IPAS accommodation centre. We recommend that individual IPAS ACLCs maintain office space in their designated IPAS accommodation centre so that they can meet and work with families on a face-to-face basis. We recommend one IPAS ACLC per centre and two (or more) for large centres. The IPAS ACLC would be in addition to, and work collaboratively with, the Reception Officer employed by service provider.
Recommendation 7	The needs of children differ greatly to the needs of adults. Furthermore, the needs of children of different developmental ages and stages also differ. Adapting to a new environment can be challenging for children particularly in circumstances of seeking

	international protection. To promote a feeling of safety, transition into the new environment and promotion of normal child development we recommend that all children in IPAS accommodation have access to their own **Children's Support Worker**. The role of the Children's Support Worker is to work exclusively with children to help them to make the transition into their new environment. The provision of a Children's Support Worker to children in IPAS is in recognition of the rights of children to services independently of their parents. The Children's Support Worker will be separate, and in addition, to family support practitioners. We recommend one Children's Support Worker per centre and two (or more) for large centres.
Recommendation 8	Children who participated in the research provided exceedingly positive accounts of their experience of being in primary school. Findings indicate that **school is a protective factor** for supporting the development of children who live in IPAS accommodation centres. In addition to supporting children's development, findings also reveal that access to and attending primary school provides support to the family living in IPAS. Based on these findings we recommend that **gaining access to a place in school (primary and secondary) is continuously prioritised for children living in IPAS**.
Recommendation 9	Findings from the study have revealed varied accounts relating to **access to healthcare services** for families living in IPAS accommodation centres. A family's English proficiency has been identified as a significant indicator to successful GP access. To ensure that all families living in IPAS accommodation can access GP services we recommend that IPAS explore the possibility of establishing **specialised GP service(s) for families who experience language challenges**. This may develop as an exclusive online GP consultation service for families in their native language (with the assistance of an interpreter) until the family's English language proficiency improves and they can be linked with a GP practice in the community. We also recommend that every IPAS accommodation centre has a designated Health Noticeboard displaying information about the Irish Health System for example posters with scannable QR codes in various languages[28]. This would enable families to access information regarding access to healthcare and health maintenance in their own language.
Recommendation 10	Language barriers pose many challenges for families living in IPAS accommodation therefore assistance with learning English should continue to be prioritised. We recommend that **regular[29] English language assessments are offered in every IPAs centre,** this would be in addition to classes already offered. The purpose of this regular assessment is to capture the needs of new families, to track progress

[28] https://www.hse.ie/eng/about/who/primarycare/socialinclusion/intercultural-health/about-the-irish-health-service.html

[29] Every 6 months

	and engagement of families with the supports available. Current supports such as English language classes for adults should continue as required. Additional supports that should be considered include the provision of family English language camps during school holiday periods to prevent language skill (reading, writing, spoken) regression. To avoid duplication the IPAS ACLC should coordinate with the Family Support Worker regarding who organises this support for families since the Family Support Worker has a role in improving educational opportunities.
Recommendation 11	It is essential that the voices of children and families in IPAS are sought, listened to, heard, and acted upon. We recommend that the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) **actively seek to listen to children living in IPAS and act on the views of children.** We recommend continued consultation with parents / guardians in IPAS to monitor progress in how their needs are being met. We also recommend that the DCEDIY consider commissioning a longitudinal research study to follow the experiences of children and families living in IPAS to create a full understanding about the environment and its impact on family health and well-being.

4.4 Study Strengths and Limitations

The findings of this study are rich, and they provide an in-depth account of the needs of families living in the International Protection Accommodation Services (IPAS) system in Ireland. All research has strengths and limitations, and these will now be duly acknowledged.

4.4.1 Study strengths

- Careful consideration was given to the ethical issues associated with the research for this study as presented in Section 2. Recruitment of families, staff and stakeholders was conducted fairly. To ensure that the findings of the study were representative of the participants, children's drawings were included in the analysis and triangulation of data sources was employed. Collectively these approaches increase the trustworthiness and credibility of the study.

- Currently there is a deficit of knowledge relating to the unique needs of families in IPAS. This study addresses this deficit and presents an in-depth account of the specific needs of families living in IPAS in Ireland.

- Through the use of case study research, it was possible to explore and examine the current family support practices that are available to families in IPAS from a variety of

perspectives and data sources. The utilisation of various data sources greatly increases the validity and reliability of the study findings.

- This study was designed to ensure that the voices of children who live in IPAS were captured and listened to. Using creative participatory research techniques, the voices of children aged six to twelve years were heard. Children were asked about their experiences of living with their families as international protection applicants and an in-depth account of these experiences was created.

- The research interviews and focus groups for this research were conducted by highly experienced qualitative researchers. This helped the development of rapport between researchers and participants and created a calm and relaxed atmosphere whereby participants felt safe to share their experiences.

- The sample yielded for the study was a national sample therefore representative of all IPAS centres in Ireland. Focus groups were conducted in urban and rural centres therefore capturing the experiences associated with both centre settings.

4.4.2 Study limitations

- Families recruited for this research were proficient in the English language however many families living in IPAS are not proficient in English. Budgetary constraints did not allow for the inclusion of interpreters in this study therefore it was not possible to recruit non-English proficient speaking families. This is a notable limitation since language is a significant factor for families in IPAS and impacts upon their needs. Despite this limitation staff and stakeholders interviewed were asked about the language issues that they have experienced for families therefore many of the common issues were highlighted on the behalf of families.

- Recruitment for the research was challenging and required creativity on the part of the research team. Access to IPAS centres was not always initially granted however this was aided by the gatekeeper who organised IPAS site access letters for the research team which enabled access. Data collection had to be moved to weekends as it became increasingly difficult to recruit families for the family focus groups during weekdays.

- Many families were reluctant to participate in the research. Staff and stakeholders anticipated this reluctance as they anticipated that families may not want to speak up about their experiences for fear of potential consequences. The research team made

extra effort to permit time for participants to ask questions by holding evening information sessions in centres where families had expressed interest in participation. The research team reiterated to families who expressed interest in participating that this research was being conducted by an independent research team.

- There was potential for socially desirable bias to occur during the collection of data. Participants may have withheld their true feelings and garner answers they felt were more socially acceptable. The experienced qualitative interviewers made every effort to ensure that participants were carefully supported during each stage of the data gathering process.

- The agreement by several IPAS centre managers to participate in the individual interviews may have been limited to those centres which were more enlightened, proactive, and empathic to the needs of families and children living in IPAS.

- The study captures the experiences of families and children living in IPAS at one time point in their lives. To accurately understand their experiences and the implications of living within such a system, longitudinal data is required with follow-up time points.

4.5 Summary

To conclude, the study presented in this report has shown that families living in the International Protection Accommodation Services (IPAS) system in Ireland have unique needs in terms of parenting support, integration, prevention and early intervention. Using case study research, the hallmark of which is the collection of 'multiple sources of evidence', the experiences of children and parents in IPAS were explored and the approaches used by staff and stakeholders to support families were examined. The impact of living in IPAS on families and issues associated with supporting families in IPAS have been recognised. This research has given voice to children in IPAS and their families. Furthermore, it has explored how the IPAS model is operationalised nationally and created an understanding of what is currently working in terms of supporting families in IPAS. Ireland continues to experience an influx of refugees, and this study has created an in-depth account of how families arriving to Ireland can be best supported as they await the outcome of their international protection applications.

References

Albtan, A., Al-Dubaee, S., Al-Hashimi, H., Beja, M. N., ; Gilson, N. F., Izzeddin, A., Kirkwood, S., Mansaray, A., Mpofu, S. D., Ní Raghallaigh, M., O'Reilly, Z., Smith, K. M., and Zamir, M. (2022) Research involving people of a refugee background: Considerations for ethical engagement. University College Dublin, Dublin, Ireland. https://www.irishrefugeecouncil.ie/Handlers/Download.ashx?IDMF=55b3a286-1692-4b92-a05d-fc5ccefa953e Accessed on 22nd of June 2024.

Au, M., Anandakumar, A.D., Preston, R., Ray, R., and Davis, M. (2019) A model explaining refugee experiences of the Australian healthcare system: a systematic review of refugee perceptions. MBC International Health and Human Rights. 19 (22), doi.org/10.1186/s12914-019-0206-6

Barbosa, M., Santos, M., Veiga, E., Martins, F., Ribeiro, M.T. and Faria, J. (2019) Welcoming refugees in Portugal: preliminary assessment through the voices of refugee families. International Journal of Inclusive Education. DOI: 10.1080/13603116.2019.1678752

Bauer, M.S., Damschroder, L., Hagedorn, H., Smith, J. and Kilbourne, A.M. (2015) An introduction to implementation science for the non-specialist. BMC Psychol. 16, 3(1), 32.

Bowen, M. (1972) Towards the Differentiation of a Self in One's Own Family, Family Interactions. Springer-Verlag, New York.

Bowen, M. (1978) Family Therapy in Clinical Practice. Aronson, New York.

Braun, V. and Clarke, V. (2006) Using thematic analysis in psychology. Qualitative Research in Psychology. 3(2), 77 - 101.

Braun, V. and Clarke, V. (2012) Thematic analysis. In APA Handbook of Research Methods in Psychology, Vol. 2: Research Designs: Quantitative, Qualitative, Neuropsychological and Biological. (Cooper, H., Camic, P., Long, D., Panter, A., Rindskopf, D. and Sher, K. eds), American Psychological Association, Washington, pp.57 – 71.

Burke, K., Morris, K., and McGarrigle, L. (2012). An Introductory Guide to Implementation. Dublin.

Children's Rights Alliance (2024a) Report Card 2024 Is Government keeping its promises to children? Children's Rights Alliance, Uniting Voices for Children. Available online: https://childrensrights.ie/wp-content/uploads/2024/02/Report-Card-2024.pdf Accessed on 12th of November 2024.

Children's Rights Alliance (2024b) Child Poverty Monitor. Available online: https://childrensrights.ie/wp-content/uploads/2024/05/Child-Poverty-Monitor-2024-4.pdf Accessed on 12th of November 2024.

Citizen's Information (2024) Available online: https://www.citizensinformation.ie/en/

Coakley, L. and MacEinri, P. (2022) Ireland's White Paper to End Direct Provision (2021): Migrant Accommodation and Control. International Migration Review. 56(4), 1030-1039.

Comiskey, C. M., and Sheehan, A. (2017) Using science implementation to guide leadership and determine readiness for change in healthcare. Leadership and Change for the Health Professional. Open University Press, London, 238 - 253.

Daly, M. (2015) Part 1: Prevailing policy and provision: Analytical framework and future work. in M. Daly, R. Bray, Z. Bruckauf, J. Byrne, A. Margaria, N. Pecnik and M. Samms-Vaughan (Eds.) Family and Parenting Support: Policy and Provision in a Global Context. Florence: Innocenti Insight, UNICEF Office of Research (pp. 8-35)

Department of Children, Equality, Disability, Integration and Youth (DCEDIY) (2024a) IPAS Weekly Accommodation and Arrivals Statistics. Report date 04/12/2024 Available online: https://www.gov.ie/pdf/?file=https://assets.gov.ie/314070/31463a2f-d16e-45d1-99ff-4d2d51bcd989.pdf#page=null   Accessed 13th December 2024.

Department of Children, Equality, Disability, Integration and Youth (DCEDIY) (2024b) Comprehensive Accommodation Strategy for International Protection Applicants. Available online: https://www.gov.ie/pdf/?file=https://assets.gov.ie/288978/3e46c1ca-39d9-41c5-974a-b5c14af16031.pdf#page=null Accessed 28th August 2024.

Department of Children, Equality, Disability, Integration and Youth (DCEDIY) (2023) 'Young Ireland: National Policy Framework for Children and Young People 2023-2028'. Available online: https://assets.gov.ie/280807/66d25198-b019-4734-b516-0014a119e261.pdf Accessed on 20th December 2024.

Department of Children, Equality, Disability, Integration and Youth (DCEDIY) (2023) IPAS Weekly Accommodation and Arrivals Statistics. Report date 01/01/2023 Available online: https://www.gov.ie/pdf/?file=https://assets.gov.ie/245578/e49e42f3-950b-4317-aad8-2bf24573f680.pdf#page=null Accessed 19th December 2024

Department of Children, Equality, Disability, Integration and Youth (DCEDIY) (2021) A white
paper to end direct provision and to establish a new international protection service.
Government of Ireland. Available at: https://www.gov.ie/en/publication/7aad0-
minister-ogorman-publishesthe-white-paper-on-ending-direct-provision/ Accessed
30th of March 2024.

Department of Justice and Equality (DoJE) (2019) National Standards. Dublin: The Stationery
Office. Available online: https://www.gov.ie/en/press-release/198873-ministers-
flanagan-and-stanton-welcome-publication-of-the-spending-
r/?referrer=https://www.justice.ie/en/JELR/Pages/PR19000215 Accessed 19th
December 2024.

Department of Justice and Equality (DoJE) (2015) Working Group to Report to Government
on Improvements to the Protection Process, including Direct Provision and Supports
to Asylum Seekers. Available online: https://atii.ie/wp-
content/uploads/2023/05/Working-Group-to-Report-to-Government.pdf Accessed
28th August 2024.

Department of Justice (2022) International Protection Act. Available online:
https://www.irishstatutebook.ie/eli/2015/act/66 Accessed 28th August 2024.

Economic and Social Research Institute (ESRI) (2024) Annual Report on Migration and
Asylum 2022: Ireland. Available online: https://emn.ie/wp-
content/uploads/2023/11/SUSTAT124-Annual-Report-on-Migration-and-Asylum-in-
Ireland.pdf Accessed 28th August 2024.

European Commission (2018) European Communities (Reception Conditions) Regulations
2018. Available online:
https://www.irishstatutebook.ie/eli/2018/si/230/made/en/pdf Accessed 19th
December 2024.

European Commission (2013) 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)   Available online: https://eur-lex.europa.eu/legal-
content/EN/TXT/?uri=celex%3A32013L0033 Accessed 28th August 2024.

Felzmann, H., Sixsmith, J., O'Higgins, J., Ni Chonnachtaigh, S. and Nic Gabhainn, S. (2012)
Ethical Review and Children's Research in Ireland. Office of the Minister for Children

and Youth Affairs and the Department of Health and Children. The Stationery Office, Dublin, Ireland.

Fixsen, D., Blase, K., Naoom, S., and Wallace, F. (2005) Stages of implementation: activities for taking programs and practices to scale. Chapel Hill, NC: National Implementation Research Network.

Fennelly, E. and Flaherty, G.T. (2017) Responding to Migrant and Refugee Healthcare Needs in Ireland. International Journal of T TMGH ravel Medicine and Global Health. 5(1), 1-4. Available online:

https://www.ijtmgh.com/article_43365_06e47e2024d73c336b763500a41a946a.pdf Accessed 7th October 2024.

Floyd, A. and Sakellariou, D. (2017) Healthcare access for refugee women with limited literacy: layers of disadvantage. International Journal for Equity in Health. 16, 195. Available online: https://link.springer.com/content/pdf/10.1186/s12939-017-0694-8.pdf Accessed 7th October 2024.

Franklin, Q. and Prows, C. (2013) Developmental and genetic influences on child health promotion. In Wong's Essentials of Pediatric Nursing, 9th edn. (Hockenberry, M.J., and Wilson, D. eds.), Elsevier, USA, pp. 64 - 86.

Galligan, K., Banka, D. S. P., Earls, L., and Comiskey, C. (2020) Mapping Retrospective Outcomes and Existing Processes of The Dublin Simon Community Detoxification Unit in Order to Inform Client Needs and Future Service Developments. Dublin Simon Community.

Genç, E. (2022) The effectiveness of trauma treatment approaches in refugee children and adolescents: A systematic review. Children and Youth Services Review. 141 doi.org/10.1016/j.childyouth.2022.106602.

Government of Ireland (2023) Guidelines for Temporary Accommodation in Existing Buildings – Single Persons and Family Type Accommodation. Dublin: Government of Ireland Available online: file:///C:/Users/hollywoe/Downloads/260874_00e9ce67-97e9-4f68-b46a-b1627577e863%20(2).pdf Accessed 19th December 2024.

Government of Ireland (2021) A White Paper to End Direct Provision and to Establish a New International Protection Support Service. Dublin: Government of Ireland.

Government of Ireland (2015) Children First Act 2015. Dublin: Government of Ireland.

Greene, S., Williams, J., Layte, R., Doyle, E., Harris, E., McCrory, C., Murray, A., O'Dowd, T., Quail, A., Swords, L., Thornton, M. and Whelan, C.T. (2010) Growing Up in Ireland National Longitudinal Study of Children: review of the literature pertaining to the first wave of data collection with the child cohort at 9 years. Office of the Minister for Children and Youth Affairs, Dublin, Ireland.

Health Information and Quality Authority (2015) Report on inspection of the child protection and welfare services provided to children living in direct provision accommodation under the National Standards for the Protection and Welfare of Children. Available online: https://migrant-integration.ec.europa.eu/library-document/ireland-report-inspection-child-protection-and-welfare-services-provided-children_en Accessed 28th August 2024.

Hollywood, E., Banka-Cullen, S., Comiskey, C., and Basa, M. (2023) An Evaluation of the 'Where I'm At' Project at Meath Women's Refuge and Support Services (MWRSS). Available online: https://www.tara.tcd.ie/bitstream/handle/2262/104111/MWRSS_Final_Report_November_2023_FINAL.pdf?sequence=8&isAllowed=y Accessed 7th October 2024.

Hollywood, E. (2020) Children who live in disadvantaged areas: a case study of the health and wellbeing perceptions and experiences of school-aged children and their families. Trinity College Dublin. Available online: http://www.tara.tcd.ie/bitstream/handle/2262/92559/Hollywood_Eleanor_Final_Thesis_Jan_2020.pdf?sequence=3&isAllowed=y

International Association of Play (IAP) (2020) IPA Play in Crisis: support for parents and carers. International Association of Play. Available online at: https://ipaworld.org/wp-content/uploads/2020/04/IPA-Play-in-Crisis-Booklet-for-parents-and-carers-2020.pdf Accessed 4th October 2024.

Kleine, D., Pearsons, G. and Poveda, S. (2016) Participatory Methods: Engaging Children's Voices and Experiences in Research. Global Kids Online, London.

Lundy, L. (2007) 'Voice' is not enough: conceptualising Article 12 of the United Nations Convention on the Rights of the Child. British Educational Research Journal. 33(6), 927-942. https://berajournals.onlinelibrary.wiley.com/doi/abs/10.1080/01411920701657033

Maslow, A. H. (1943): Theory of Human Motivation, in Psychological Review, vol. 50, no. 4, pp. 370- 396.

McGoldrick, M., Gerson, R., and Petry, S. (2008) *Genograms Assessment and Interventions*, 3rd edn. W.W. Norton and Company, New York and London.

Miller, A., Hess, J. M., Bybee, D., and Goodkind, J. R. (2018) Understanding the mental health consequences of family separation for refugees: Implications for policy and practice. American Journal of Orthopsychiatry. 88(1), 26-37. Available online: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5732089/ Accessed 7th October 2024.

Müller, L. R. F., Büter, K. P., Rosner, R., and Unterhitzenberger, J. (2019) Mental health and associated stress factors in accompanied and unaccompanied refugee minors resettled in Germany: A cross-sectional Said and King 225 study. Child and Adolescent Psychiatry and Mental Health. 13(1), Article 8. Available online: https://capmh.biomedcentral.com/articles/10.1186/s13034-019-0268-1#citeas Accessed 7th October 2024.

Ní Raghallaigh, M., Smith, K. and Scholtz, J (2019) Safe Haven The Needs of Refugee Children Arriving in Ireland through the Irish Refugee Protection Programme: An Exploratory Study. Children's Rights Alliance and the Department of Children and Youth Affairs. Available online at: https://www.childrensrights.ie/content/needs-refugee-children-arriving-ireland Accessed 30th of March 2024.

Nursing and Midwifery Board of Ireland (NMBI) (2014) Code of Professional Conduct for Nurses and Midwives. Nursing and Midwifery Board of Ireland, Dublin, Ireland.

Nursing and Midwifery Board of Ireland (NMBI) (2015) Ethical Conduct in Research: Professional Guidance. Nursing and Midwifery Board of Ireland, Dublin, Ireland.

O'Callaghan, C., O'Sullivan, S, and Byrne, L. (2015) Children's Voices in Housing Estate Regeneration. Dublin: Department of Children and Youth Affairs.

Ombudsman for Children Office (OCO) (2023) Safety and Welfare of Children in Direct Provision. October 2023, Ombudsman for Children Office. Available online at: https://www.oco.ie/app/uploads/2023/10/OCO-Special-Report-on-Safety-and-Welfare-of-Children-in-Direct-Provision.pdf Accessed 4th October 2024.

Royal College of Physicians of Ireland (2019) Children in Direct Provision. Royal College of Physicians of Ireland, Dublin, Ireland. Available online:

https://www.rte.ie/documents/news/2019/12/direct-provision-position-paper-full-final-pdf.pdf Accessed 23rd December 2024.

Thomas, G. (2016) *How To Do Your Case Study*. Sage, London and Singapore.

Tierney, E., Kennan, D., Forkan, C., Brady, B. and Jackson, R. (2018) Children's Participation Work Package Final Report: Tusla's Programme for Prevention, Partnership and Family Support. Galway, UNESCO Child and Family Research Centre, National University of Ireland Galway.

Tusla (2024) What is family Support. Available online: https://www.tusla.ie/services/family-community-support/family-support/#:~:text=Family%20Support,-What%20is%20Family&text=The%20main%20focus%20of%20these,are%20vulnerable%20or%20at%20risk. Accessed on 12th of November 2024.

Tusla (2022) Parenting Support Strategy 2022-2027. Tusla Child and Family Agency. Available online:https://www.tusla.ie/uploads/content/Tusla_Parenting_Support_Strategy_2022-2027_Web.pdf Accessed on 20th December 2024.

United Nations (UN) (1989) Convention on the Rights of the Child. United Nations.

United Nations (UN) (2023) Concluding observations on the combined fifth and sixth periodic reports of Ireland. Available online: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRC%2FC%2FIRL%2FCO%2F5-6&Lang=en Accessed 28th August 2024

Wei, K., Chopra, P., Strehlow, S., Stow, M., Kaplan, I., Szwarc, J. and Minas, H. (2021) The capacity-building role of community liaison workers with refugee communities in Victoria, Australia. International Journal of Mental Health Systems. 15, 64. Available online: https://link.springer.com/content/pdf/10.1186/s13033-021-00485-9.pdf Accessed 7th October 2024.

Yin, R.K. (2018) Case Study Research and Applications: Design and Methods, 6th edn. Sage Publications, Thousand Oaks, California.

Appendices

Appendix 1: Study Recruitment Poster

Appendix 2: Child Friendly Information Sheet

Child Friendly Information Leaflet

Identifying integrated family support approaches for families living in the International Protection Accommodation system.

What do you like about IPAS, where you currently live?

What is your favourite part?

What do you think about the activities here?

Does coming here make you happy?
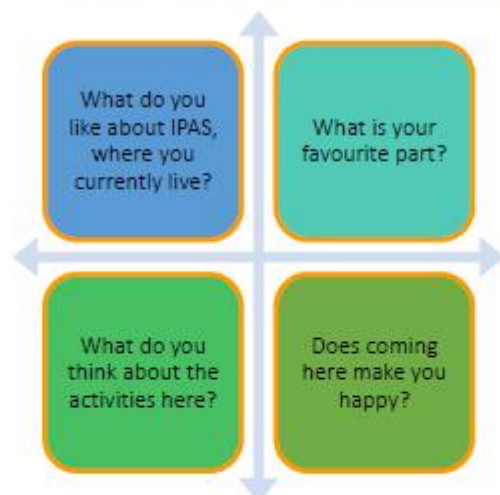
Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

CHILDREN'S RIGHTS ALLIANCE
Uniting Voices For Children

TÚSLA

Child Assent Form

> **STUDY NAME:** Identifying integrated family support approaches for families living in the International Protection Accommodation System (IPAS).

This study and this form have been explained to me   Yes / No

My questions have been answered in a way I understand   Yes / No

I understand that taking part in this study involves collecting

and using information about me   Yes / No
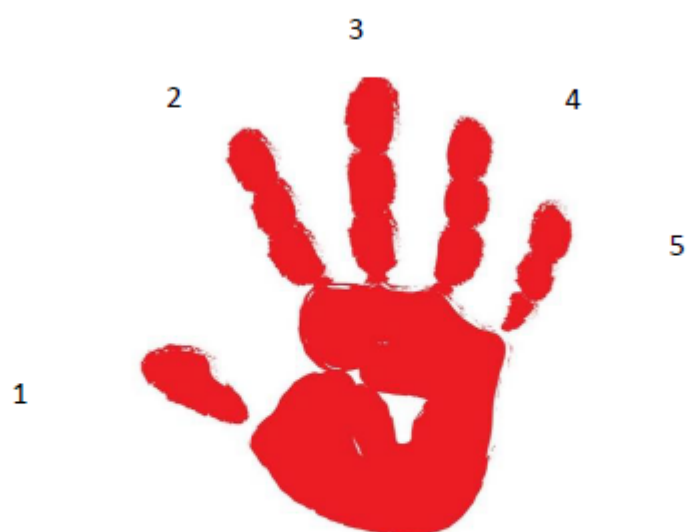
I understand that it's OK to stop taking part at any time   Yes / No

I have read, or had read to me, this assent form   Yes / No

I am happy to take part in this research project   Yes / No

Name of child	
Name of researcher	
Date	

Appendix 4: Handprint Evaluation

Think about the **training** and / or **support** that you have received to date that has helped you in the **work that you do with refugee families**:

The thumb (1): training / support that was good, something I think was helpful:

_____

_____

The index finger (2): something new I learned or discovered, something that I did not know before the training / support:

_____

_____

Middle finger (3): training and / or support that I did not think was helpful to me in my role:

_____

_____

Ring finger (4): training and / or support that I think would be helpful to me in my role in the future:

_____

_____

Little finger (5): something else I would like to say about training and/or support and my role:

_____

_____

Appendix 5: Theme by Data Source

	Child Interviews	Family Focus Groups	Stakeholder & Staff Interviews	Fieldnotes	Handprint Evaluations	Archival Records
Theme 1	68	34	40	12	3	28
Theme 2	8	29	129	4	7	17
Theme 3	46	30	71	5	0	8
Theme 4	14	17	56	2	1	7
Theme 5	3	15	50	0	4	14
Theme 6	0	9	190	3	56	9